Children's Integrative Medicine ~ The Healing Place

Children's Hospitals and Clinics Integrative Medicine offers children and families additional effective health care choices while safe-guarding the health and well-being of the children who use complementary or integrative care.

Children's Integrative Medicine exists to:

~ provide pediatric integrative clinical care services

~ educate staff, families and patients in pediatric integrative care

~ disseminate pediatric integrative care information

~ research specific pediatric integrative therapies

Mission: Children's Integrative Medicine champions the special needs of children and their families by honoring their health and wellness belief systems. We are committed to improving children's health by providing high quality, family-centered pediatric services that enhance the wellness of the *whole* child: body, mind, emotion, and spirit. We advance these efforts through research, clinical services, education, evaluation, and partnership with integrative health practitioners within our local and national community.

Children's Integrative Medicine ~ The Healing Place

2525 Chicago Avenue South
Third Floor
Minneapolis, MN 55404
PHONE: 612/813-7888
FAX: 612/813-7199

347 North Smith Avenue
Suite #403 Garden View
St. Paul, MN 55102
PHONE: 651/220-6995
FAX: 651/268-2150

Children's
HOSPITALS AND CLINICS

CHILDREN'S HEALING HELPLINE ~

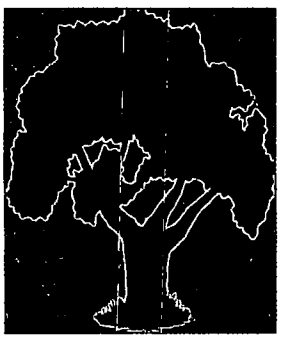
an informational service for pediatric integrative care questions

#612-813-7887 ~ METRO AREA OR #888-554-7887 ~ TOLL FREE

Children's Integrative Medicine

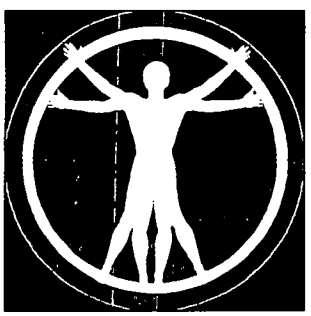
Children's Hospitals and Clinics Integrative Medicine advocates family-centered holism that cares for the body, mind, and spirit. Children's Integrative Medicine promotes a blending of traditional, cultural, and complementary avenues in medical practice and treatment, while also offering clients a new haven for holistic healing—The Healing Place. The Healing Place helps bridge some gaps and lighten the stress for patients, parents, and staff by providing clinical, educational, and research services in complementary and integrative care. The Healing Place encompasses: *The Retreat Room*, a place to guide the spirit; *The Care Room*, a place to nurture the body; and *The Resource Room*, a place to enlighten the mind.

THE RETREAT ROOM ~ A Place to Guide the Spirit



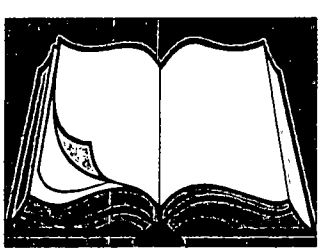
The Retreat Room offers access free of charge to a quiet place of retreat for parents, families, and staff where they can regroup and regain some control in a relaxed, soothing atmosphere away from the stresses of the hospital environment. The Retreat Room also provides a forum, network, or connection for community practitioners and cultural care practices, and promotes a collaboration of hospital and local groups concerned with the cultural and spiritual health of children. For general information call: 612/813-7888 ~ Minneapolis or 651/220-6995 ~ St. Paul

THE CARE ROOM ~ A Place to Nurture the Body



The Care Room at Children's Hospitals and Clinics is a center for the clinical integration of integrative therapies and holistic care services, providing patients, families and caregivers with fee-for-services access to such treatment options as full-body and seated-chair massage, infant massage, healing touch and energy therapies, acupuncture or acupressure, aromatherapy, and relaxation techniques. The Care Room also encompasses clinical research activities in pediatric complementary and integrative treatment modalities. For appointments and fees call: 612/813-7888 ~ Minneapolis or 651/220-6995 ~ St. Paul

THE RESOURCE ROOM ~ A Place to Enlighten the Mind



The Resource Room provides access free of charge to educational services and information resources in pediatric integrative care. The Resource Room includes: Children's Healing Helpline (an informational service for pediatric integrative and complementary care questions, #612/813-7887 ~ metro area or #888/554-7887 ~ toll free), web-site access, reading materials, fact sheets, and help guides for families and practitioners on pediatric integrative care. The Resource Room also supports clinical research activities in pediatric complementary and integrative care. For general information call: 612/813-7888 ~ Minneapolis or 651/220-6995 ~ St. Paul

Susan M. Hageness
Program Director
Integrative Medicine and Cultural Care Program
Children's Hospitals and Clinics
Minneapolis & St. Paul, Minnesota

Transcript of Oral Statement

4th White House Commission on Complementary and Alternative Medicine Policy
Town Hall Meeting
March 16, 2001
Cowles Auditorium
Hubert Humphrey Institute
University of Minnesota

Introduction

Thank you for allowing me to address you today on the access to and delivery of pediatric complementary and integrative care. My name is Susan Hageness. I am a nurse and the director of *Children's Hospitals and Clinics Integrative Medicine and Cultural Care program* in Minneapolis and St. Paul.

Children's Hospitals and Clinics is a not-for-profit, comprehensive health care provider serving the diverse needs of children from infancy through adolescence. With 268 staffed hospital beds, we are the largest children's health care organization in the upper Midwest with services available in all major pediatric specialties.

Program Overview

For the past two years I have had the pleasure of being the program director of *Children's Integrative Medicine and Cultural Care program.* During this time, I have gained some insights into how to provide safe and effective pediatric complementary/integrative care.

First, find out if your clients are using or want to use CAM. In order to assess the use of CAM by our pediatric clients, our program staff surveyed 281 parents of general and sub-specialty clinics from February 1999 – September 2000. The preliminary, unpublished analysis of our survey has found that 52% of our pediatric patients are already using some form of CAM, and only 4% of those parents surveyed reported using CAM with their children due to dissatisfaction with standard health care.

Specific Programmatic Components

Our Integrative Medicine program incorporates four components that I believe are essential for the effective functioning of any CAM program:

1. Provision of pediatric integrative therapies/clinical services
2. Education and information services in pediatric integrative care
3. Research in specific pediatric integrative therapies
4. Integration of cultural care practices

Provision of Pediatric Integrative Therapies/Clinical Services

One of the failures I have seen in other CAM delivery models has been the segregating of integrative clinical services in stand-alone clinics. Since the start of *Children's Hospitals and Clinics Integrative Medicine and Cultural Care program,* we have integrated our CAM clinical services into both the inpatient and outpatient care settings. By not segregating our pediatric integrative clinical services, staff through-out Children's system has had greater exposure to these "new" care approaches and have also seen the value in integrating CAM into the standard medical care practiced here.

Perhaps the greatest barrier to the delivery of CAM here at Children's has been the re-imbursement issue. Our CAM services have either been supported through fee-for-service payment or modest philanthropic support. We have received occasional re-imbursement for massage therapy and acupuncture services. Our concern has always been for the equitable delivery of our CAM services, so that no matter what your socio-economic status, our clients can receive integrative care. With no established re-imbursement mechanism, we jeopardize serving those clients who can not afford to pay out-of-pocket for our pediatric CAM clinical services.

Education and Information Services in Pediatric Integrative Care

The second component of our integrative medicine program supports most of the other work that we do. If you do not educate providers who have been mostly trained in allopathic medical care, and provide them with reputable information on pediatric integrative medicine, then those providers will not refer patients for CAM clinical services and will not integrate CAM into their practice models.

Research in Specific Pediatric Integrative Therapies

The third component of *Children's Integrative Medicine and Cultural Care program* revolves around the need to do research in pediatric integrative therapies. Outcomes research will not only support the development of practice standards in pediatric integrative care, but will also help "make the case" for re-imbursement of CAM to third-party payers.

Currently, we have two research studies underway at Children's. Our first study is using clinical aromatherapy as an adjuvant therapy for chemotherapy nausea in conjunction with standard treatment for childhood cancer. Our second research study is looking at the effects of massage therapy on children with cancer and their parents.

Integration of Cultural Care Practices

The last component of our integrative medicine program involves incorporating cultural care into our services. The World Health Organization report of the late 1990's found that 80% of the world's population did not use allopathic (Western) medicine as it's primary form of health care. *Children's Hospitals and Clinics Integrative Medicine and*

Cultural Care program has always recognized that we can be a bridge for those cultural communities who see Western medicine as their CAM!

Our program currently has web page information through Children's main web site (www.childrenshc.org) that offers staff information on how to provide culturally competent care to Hmong clients, and we will soon offer information on Somali and Latino clients, as well.

Closing Statement

Children's Hospitals and Clinics Integrative Medicine and Cultural Care program has found that to effectively integrate CAM into standard care here at Children's, four components are needed to support that integration:

1. Provision of pediatric integrative therapies/clinical services
2. Education and information services in pediatric integrative care
3. Research in specific pediatric integrative therapies
4. Integration of cultural care practices

However, if CAM clinical services are not supported through public policy and re-imbursement mechanisms, then the continued integration of CAM into pediatric health care will not be sustainable. We found in our recent survey that 52% of our pediatric patients are already using CAM. The time is now to provide our children and health care practitioners with the means to use pediatric CAM safely and effectively.

Preliminary Data (Not For Publication)

Post-White, J., Sencer, S.F., Fitzgerald, M., et al. (2001).

Survey On The Use Of Complementary and Alternative Medicine By Children

Use of CAM by Pediatric Patients

- Convenience Sample of parents seen in general and sub-specialty clinics from February 1999 - September 2000
- Clinics were surveyed consecutively

Post-White, J., Sencer, S., Fitzgerald, M., et al. (2001)

Use of CAM by Pediatric Patients: Survey Items

- 30 items
- Use by Parent
- Use by Child
- Desire for information or clinical services
- Ability to access providers
- Reasons for use

Use of CAM by Pediatric Patients: Survey Items

- Have they discussed use with provider
- Why/why not
- Payment for cost
- Demographics

Demographics of Sample

Child		Parent	
African Am	8%	African Am	7%
Native Am	2%	Native Am	2%
Asian	3%	Asian	2%
Hispanic	1%	Hispanic	1%
Caucasian	76%	Caucasian	82%
Other	7%	Other	3%
No response	3%	No Response	3%

52% of the Sample Used Some Form of CAM

CAM Therapies for Pediatric Patients

Want Information On		Want Clinical Services	
• Herbals	13%	• Massage	15%
• Homeopathy	12%	• Relaxation	10%
• Acup/Acupr	11%	• Chiropractic	9%
• Aromatherapy	11%	• Prayer, Meditation, Acupuncture, Herbals	8%
• Megavits	10%		

Total users were 52%

CAM Therapies in Pediatric Pulmonary

Most often USED		Greatest INTEREST IN	
• Prayer	20%	• Massage	25%
• Megavits	17%	• Megavits	20%
• Chiropractic	12%	• Prayer	20%
• Massage	12%	• Relaxation	20%
• Aromatherapy	9%	• Herbal Therapy	17%
• Herbals	9%	• Nutritionals	17%
• Music Therapy	9%	• Acupressure	16%
		• Meditation	16%

Total users were 51%

CAM Therapies in Pediatric Epilepsy

Most often USED	
• Chiropractic	38%
• Prayer	33%
• Nutritionals	29%
• Music Therapy	24%
• Acupuncture	9%

Total users were 62%

CAM Therapies in Pediatric Cancer

Most often USED		Greatest INTEREST IN	
• Prayer	41%	• Massage	14%
• Nutritionals	16%	• Nutritionals	14%
• Megavits	16%	• Herbal Therapy	11%
• Massage	16%	• Homeopathy	11%
• Chiropractic	11%	• Megvits	8%
• Imagery	10%	• Art Therapy	7%

Total users were 59%

CAM Therapies in Pediatric Sickle Cell Disease

Most often USED		Greatest INTEREST IN	
• Prayer	39%	• Energy Healing	39%
• Massage	21%	• Massage	39%
• Acupuncture	11%	• Aromatherapy	33%
• Herbal Therapy	11%	• Acupressure, Art Therapy, Craniosacral, Herbal therapy, Music Therapy, Nutritionals	28%
• Music Therapy	11%		
• Megavits	11%		

Total users were 47%

Use of CAM by General Pediatric Patients

• Prayer	20%
• Chiropractic	10%
• Megavits	9%
• Massage	8%
• Nutritionals	7%

Total users were 52%

Reasons for Use in Pediatrics

• Parent Used	37%
• To help fight disease	33%
• Recommended to me	31%
• To be more hopeful	30%
• To manage side-effects	29%
• To cope	29%

Reasons for Use

- Only 4% reported using due to dissatisfaction with standard health care

Experienced Ill Effects from CAM

No 81%
Yes 3%
No Response 16%

48% Told Health Care Team about ALL of the CAM
18% Told about Some

28% did not tell their HCP because <u>they were never asked</u>

75% Found CAM Services to be Easily Accessible

Pamela L. Ahrens, M.L.S.
Family Information Specialist
Integrative Medicine and Cultural Care Program
Children's Hospitals and Clinics
Minneapolis and St. Paul, Minnesota

347 North Smith Avenue
St. Paul, MN
55102
651/220-6996
pam.ahrens@childrenshc.org

Transcript of Oral Statement

4th White House Commission on Complementary and Alternative Medicine Policy
Town Hall Meeting
March 16th, 2001
Cowles Auditorium
Hubert H. Humphrey Institute
University of Minnesota
Twin Cities Campus

Introduction

I am Pam Ahrens, Family Information Specialist and medical librarian with Children's Hospitals and Clinics Integrative Medicine, and I am addressing the Delivery of Reliable and Useful CAM Information for Health Professionals and the Public.

(Children's system is a not-for-profit, comprehensive health care provider with 268 staffed hospital beds, 4 hospital sites, and 5 outpatient locations in the Twin Cities metro area. It is the largest children's health care organization in the upper Midwest, with services available in all major pediatric specialties.

Children's Integrative Medicine Program began two years ago, and currently includes eight health care professionals involved in a variety of clinical, educational, and research activities. Inpatient and outpatient holistic assessment/consultation and CAM treatment modalities include aromatherapy, acupuncture/acupressure, healing touch, massage and infant massage, biofeedback, hypnosis and relaxation techniques, integrative cancer care, herbals/botanicals, and spiritual guidance.)

Overview

We know that the public has immediate, direct access to health information, medicine and medical products online, and they readily use what they find with their children. Over 70% of Minnesotans have access to the internet, 54% of all adult internet users are searching for health information, and the top 10 subjects searched include Children's Health and CAM. (1, 2) **In our clinics at Children's, 52 % of the surveyed patients' families already use CAM therapies with their children, 49% of a specific survey group want CAM information provided through**

Children's, and the top 5 subject areas wanted are: herbals, homeopathy, acupuncture/acupressure, aromatherapy, and megavitamins. (3)

Pediatric CAM Information Needs

My Integrative Medicine role is to facilitate the sharing of quality CAM information with health professionals and patients' families throughout the patient care process. On a daily basis, I am asked for information on CAM clinical trials, dosing, adverse effects or interactions, treatment guidelines or options, herbs, vitamins, supplements, immune boosters, or other CAM products and therapies specific to children. Examples of these requests are:

- **A pharmacist with an ICU patient whose parent wants to mega-does the child with an immune booster supplement**
- **A mom who wants to know about holistic therapies for colic because nothing else works**
- **An ER manager who needs to know what might be in the 5-powders mixture that was fed to a comatose patient**
- **A parent and pediatrician who want information on a fat reducing product for a depressed adolescent**
- **A surgery team working with a mom who wants to use magnet therapy pre and post-op**
- **A non-English speaking family who wants information on ADHD because of their child**
- **The grandparent of an inpatient who wants to give aloe vera juice to her grandchild**

Issues With Delivery of Reliable and Useful CAM Information

The millions of health-related information sources that the public accesses everyday cannot be ignored by providers who are often put into a position of just having to

react, even though it is extremely time-consuming to quality-filter that kind of information, because health consumers are readily buying and using unconventional products or therapies for themselves and for their children based on whatever information sources they access. Physicians and other health professionals expect to find the same kind of information support that is out there for mainstream medicine, and are accustomed to the quick Medline-type retrieval of applicable research data, reviewed literature and protocols, and drug/product/treatment evaluation, but this is still very limited in CAM and especially pediatric CAM. As an informational professional, I routinely search a vast number of databases, web sites, print and non-print materials, and evaluate for criteria-based CAM information, but I still struggle with the critical review of difficult information or product sources, background checking and experiential data, or trying to uncover what might apply to children.

Opportunities for Involvement in the Delivery of Reliable and Useful CAM Information

Health professionals at Children's and elsewhere need to get actively involved in quality-filtering and offering reliable pediatric CAM web information and materials because families are asking for it. For health professionals and consumers alike, help is needed in providing access to tools, training, and support for evaluating information about health resources and experts, therapies and techniques, products and manufacturers, and health on the Net; and the pediatric world needs more evidence-based information and research on CAM for kids.

1 Cyber Dialogue 2000.
2 Cybercitizen Health 1999, a Deloitte Consulting-Cyber Dialogue Study.
3 Complete survey analysis of The Use of CAM by Pediatric Patients at Children's Hospitals and Clinics, Minneapolis/St. Paul, is still in preparation.

March 16,2001

Bob Barron, R.N.
Wellness Educators
P.O. Box 75
Marine on St. Croix, MN. 55047
651-433.3878
info@wellnesseducators.com

Thank you for the opportunity to provide my testimony. Today, I wish to speak to you about two subjects related to the topics under discussion. The first being the necessity of educating health care professionals in the recognition of complementary and alternative medical practices, and the second in looking at those same practices as a means of helping to alleviate the rising prescription drug costs for the elderly in our country.

My background in these subjects includes over thirty years of experience in using complementary and alternative medicine and over twelve years experience as a registered nurse in settings that include hospitals and home care.

- Whatever your stance on the use of CAM there can be no doubt that the American public is spending millions of dollars yearly on them. During the last half of the 1990's I began to see an increasing number of the patients I encountered in their homes and in hospitals using CAM products that included herbal and homeopathic preparations, and nutritional supplements, among others. In many instances patients concealed their use for fear of being ridiculed or interfered with by their care givers. Only by building trust between us were some patients finally comfortable enough to openly discuss their own involvement in CAM. During these discussions I often found that the patient made his or her choices based on inadequate or erroneous information. A very few people were well informed and understood the possible interactions between CAM and the more conventional treatments they were receiving. Most weren't.
- At the same time, the professional care givers charged with advocating for and protecting those patients were usually even less informed. Reasons for that included lack of exposure and information, their own biases, and a lack of appreciation for how thoroughly CAM has permeated our society.
- If we as health care professionals are to continue to deserve the trust and

responsibilities to educate and protect that come with our role we must become more informed about CAM practices now.

Moving to the subject of prescription medicines:

Studies released this week show that the cost of prescription drugs is the fastest rising portion of health care costs in our country. The elderly are among the largest consumers of these drugs and the hardest hit by their rapidly rising cost. Perhaps there will be some solutions found in economic and political maneuvering but such huge economic interests will be difficult to sway.

- I recommend that we look to the many CAM practices available that would help any number of the ills the elderly are prone to and do so inexpensively and safely. I would especially promote the use of herbal and homeopathic remedies. An herbal diuretic prescribed for hypertension, for instance, may provide effective relief for just pennies rather than its the more expensive drug counterpart.
- To counter the claim that many of these remedies are unproven it is easy to point to the many that are using any measure of science found in this country or in Europe.
- If we had the will to do so we could offer these affordable alternatives to our elderly population soon.

This is the end of my testimony.

Address to the White House Commission on Complementary and Alternative Medical Practices. March 16, 2001 Minneapolis, MN

My Name is Kate Birch, I am a homeopath and a Massage therapist
I am here today to discuss solutions for point #4: The delivery of reliable and useful information on complementary medicine to the public.

My understanding is that the public has been limited to the access of CAM practices through the public and collegiate educational systems. The absence of curriculums designed to embrace CAM healing concepts limits our exposure to the possibilities in our own health choices. Our educational system is based on a reductionistic and mechanistic view of life. Furthermore, as there is a separation of church from state, this education system negates any understanding into the development of the human spirit. Tragically this mechanistic view of the world has been fully developed into the existing medical model.

Allopathic methodology is molded by the following principles:

1) Disease processes are a mechanistic and physiological phenomena of the body.
2) Infections are due to the microbes instead of the susceptibility of the person with the infection.
3) The mind and spirit are separate from and play no part in pathological processes.
4) Disease is seen as an invader of the body so it must be cut out, annihilated or otherwise suppressed in order to manage it.
5) Unless it can be registered by test or mechanical device, any symptoms expressed by the person must be imaginary or phsycosomatic.

At this moment healing modalities are becoming more and more wide spread but the biggest limit for the consumer to them is education. Superstition, fear, ignorance and naivete rooted in the public education system about concepts having to do with spirituality, energetic understandings about life, or the true nature of our internal healing mechanism is limiting the American publics' right to the healing modalities that respect them as an integration of mind, body and spirit.

Contrary to conventional medicine most CAM practices operate under the following principles

1) There is a dynamic life force that regulates health and disease.
   This has been called i) chi
   ii) the Vital force
   iii) the healing principle
2) Mind, body and spirit effects all disease and disease processes.
3) The origins of disease set in long before anything can be registered by any diagnostic machine or test.
4) That each disease is individual to the person who is experiencing the disease and is based on their own unique susceptibility.

One only has to look at the crisis within public educational systems to see there is something inherently missing in an education system that denies vitalistic principles, sees people as mere protoplasm and negates any spiritual recognition of the individuals that get churned through the system. The increased occurrence of hyperactivity, ADD, violent and abusive behavior, marginalized academic and social skills , apathy, indifference, alienation and defiance, which are common mental and emotional disorders in school age children mark the expression of an individual who's soul and character has not been recognized in their educational environment.

Remedying the educational system to incorporate some of the following solutions will have the effect of not only exposing the populace to CAM theories but would also be therapeutic in itself and reduce the need for palliative conventional medical intervention.

With this understanding I offer some solutions.
Education at the primary, high school and collegiate level to include:
1) The theory behind vitalism and healing.
2) History of medicine be reviewed in encyclopedias and amended to include more comprehensive and unbiased material on great physicians or trends of thought with regards to healing practices that have otherwise been omitted, disregarded or disparaged as they offer ideas and conclusions contrary to allopathic medical practices.

For example: Samuel Hahnemann, founder of homeopath was one of the great thinkers in the 1800's comparable to Einstein and Hippocrates yet fails to be recognized as such; the fact that Susan McKinney-Steward, the first Black American female physician was actually a homeopath yet that piece of information is deleted from most American history books; that while Louis pasture developed the germ theory which our current understanding of disease is based upon, but his latter works, when he detailed that the susceptibility of the individual was the primary reason for infections, are completely ignored.
3) Design curriculums where the concepts of Mind, Body and Spirit are discussed and incorporated into learning strategies.
4) Have courses open as to metaphysical science and practices, meditation, hands on healing practices.
5) Explore and apply principles in Anthroposophical education within the public school setting.

Rudolph Steiner's Waldorf curriculum is based on a spiritual view of the child and this educational system is focused on the emerging human spirit. Though spiritually based Waldorf education is not religious based. It draws from religious texts from around the world, concepts and ideas to bring greater understanding into the human spirit and its evolution.

I believe that not only will the public and society as a whole greatly benefit from such implementations, the access to information on CAM practices will become a part of our cultural makeup and CAM practices will become the norm rather than the exception.

Thank you.
please note attachments: Where Modern Medicine Fails Us
with addendums , What is Homeopathy and Forging the Link Between Homeopathic Medicine and energetic healing. Which further expound on these ideas.

Kate Birch
English 1A
May 9, 1988
Revised May 8, 1998

Prepared for WHCCAMP, March 16, 2001

Where Modern Medicine Fails Us

Every form of medicine that has ever existed, Chinese, Greek, Egyptian, Asian, etc., all but Allopathic (modern or western) medicine, operates with the philosophy that there is a vital force in the human system that governs ones state of health. All medical practices except modern medicine aim at attuning this vital force. This vital force is seen as an energetic system which vibrates at certain frequencies. These frequencies though not yet measurable, result in the manifestation of the overall state of health or disease in the human system, viewed not just in terms of the physical body but as a totality of spiritual, mental, emotional and physical qualities.

A healthy individual has a vital force that is elastic to all levels of stimuli. It is capable of regaining equilibrium after being exposed to either physical, mental or emotional stressors. However, if the system is not healthy, or if the strength of the stimuli is too great, it will be unable to return to a healthy state of balance on its own. This original disturbance can and will manifest itself as symptoms on all levels of the individual. These symptoms can range from minor physical symptoms such as skin eruptions, diarrheas or difficulty breathing, to emotional states ranging from withdrawal and depression to pathological ecstasy. Or, they could manifest mentally such as the inability to concentrate, to learn, to remember or else as delusions, visual or otherwise. If left alone these symptoms will develop, years down the line, into severely limiting chronic diseases such as heart failure, cancer, epilepsy, psychoses or schizophrenia for example.

It is at this original state of disturbance that a holistic form of medicine aims. Holistic medicine stimulates the whole organism from the vital force outwards so it can regain its original state of health and elasticity by identifying and then integrating the original stressor the individual was subjected to. In contrast if western medicine were to be employed, the

presenting symptoms may be modified by drugs that act on the physiological body but the underlying disturbance will be left unidentified and untouched and will coarse throughout the years into deeper and deeper pathology. In turn it will be passed on from generation to generation.

In our society, chronic diseases are becoming increasingly prevalent. As each new child is born into this life, their overall state of health is progressively decreasing. The existing medical community has no solution for this dilemma nor are they truly aware of how it is happening. We have a system of medicine based on the understanding that disease is a state that comes and invades our bodies. In this light we are lead to believe we are powerless in our defenses and are incapable of regaining our health once health is lost. Then we must learn to live with our suffering and/or be supported by external forms of medicine such as hormones, blood pressure meds., antidepressants, etc.. Or, we must battle against the invaders or protect ourselves from our environment by the use of antibiotics, vaccines, sunscreen, etc., in order to maintain.

From a holistic perspective it is not drugs we need to eradicate disease but rather remedies that will enhance the elasticity of the vital force; remedies that will provoke our own innate healing capabilities so that we may adapt to our circumstance; remedies that aim at decreasing ones susceptibility leaving us less prone to disease. Then we may achieve health and the diseases will dissipate. Beyond this, it has been found that most drugs are becoming increasingly ineffective in treating many forms of illness. For the most part they just stabilize symptoms. Or with respect to bacterial infections, the bacteria are becoming resistant to the commonly used antibiotics and the need for more potent drugs is becoming necessary. However, the stronger the antibiotic used the more toxic the drug becomes to the body then the drug itself starts to produce symptoms. Doctors call these symptoms 'side effects' but on the contrary these symptoms are signs of the body trying to regain equilibrium from the drug. In essence the body reacts to the drug as if it were another stressor that it can not overcome and now a deeper level of illness is prevalent.

Continual exposure to drugs that treat only symptoms rather than the underlaying disturbance of the vital force leads to many other forms of disease. For example anti-convulsants, used for the treatment of epilepsy, produce gastrointestinal disorders, alterations of mood, suicidal tendencies and sometimes even cerebral damage. Anti-psychotic drugs produce other side

effects. These drugs are used to calm people who due to an event or series of events in their lives and the added inability of their vital force to respond healthily to these events have become mentally and emotionally incapable of dealing with their lives without excessive anxiety, distorted perceptions, paranoia, etc. The side effects of these drugs can lead to food allergies or worse epilepsy. Now if this patient were to be given anti-convulsants as well, as is common in the practice of western medicine, we can see the side effects of these drugs would cause their emotional state to severely deteriorate. Back and forth the individual swings from the original disturbance, that has not been fully integrated, to the side effects of one drug and then another drug in a vicious circle. One might ask was the original disease not milder than the combination of the illness, the drugs and their side effects?

Yet, inside this body is the vital force and an individual. This being is being tossed between their original illness, the drugs, and the side effects. Because the system was weakened to begin with by the events culminating in that individuals life, it manifested this weakness as symptoms on the mental level. The practice of western medicine, as it views all levels of disease as merely mechanical and physiological phenomena only treated the symptoms. It neglected to recognize the root of the disturbance and to therefore treat this disturbance.

Allopathic medicine fails to see the human being as a whole entity, originating on the energetic level, connected to the spiritual world, and manifesting out into the physical world in terms of a body with organs, emotions and a mind. They fail to see this body as a system of connecting functions that have their own inherent intelligence that is merely an extension of the universal inelegance that regulates all things. And that when treating this body we must take into account the totality of its expression of disease if we are to truly treat it.

Allopathic medicine has divided its medical system into 23 separate fields. Immunology, dermatology, oncolology, neurology, psychology, urology, to name a few. Each specialty working in isolation from each other without a clear concept as to how the modification of symptoms in one aspect of an individual effects the rest of the whole. How can such a departmentalization of medicine take into consideration the totality of the human being?

During the last few decades there has been a push to discover links between the health of our bodies and the consequences of the environment our

bodies are subjected to. Research has linked smoking and poor diet to cancer. However, medicine aims at destroying the cancer rather than supporting a body where cancer wouldn't exist. With the understanding of the vital force in our minds, and questioning ourselves as to how we can support the vital force as it regulates and governs our body, we have to ask is it really that disease come and invades us or is disease a state that is produced from within?

What is really needed in western society is a form of medicine designed to increase our state of health rather than to merely treat symptoms. As each generation gives rise to the next the ill health of the parents is passed on. Not just poor genetics but also thought forms and emotional tendencies that were produced from our forefathers inability to completely adapt to the stressors in their lives. Unless we are able to find a method of treatment that is aimed at increasing ones health, making one more and more suited to adapting to ones circumstance, we as a race will surely wither.

If the human system were recognized as a whole, with an energetic substrate upon which everything manifests we may set our minds upon a system of medicine that is aimed at this level. We then can have the promise of healthy happy lives. Furthermore, the use of isolative drugs that treat only symptoms without context to the mental, emotional or spiritual aspects of an individual, or the use of drugs that are so toxic that other forms of illness arise, would be without foundation. And eventually, the medical practices of today will be noted in the history books as barbaric, comparable to blood-letting and leaches.

Addendum:

1) What is Homeopathy:

Homeopathy is an energetic system of medicine aimed at stimulating the internal healing mechanism. Homeopathy views disease as a disturbance in the vital force with manifestations on the physical, mental or emotional level. The only way to restore harmony and homeostasis to treat the disturbance at the level of the vital force. As homeopathic remedies are diluted into their energetic substrate they are able to communicate to the vital force which is also energetic in nature.

Based on the law of similars, the state a remedy can produce in a

healthy person on all levels, is the same state it can cure. Thus, homeopathic remedies are given according to their homeopathic indications rather than given according to specific disease conditions. Furthermore, the whole person is taken into consideration when a homeopathic remedy is selected.

Homeopathic remedies are all naturally occurring substances from the planet we live on, and is effective for treating a wide range of ailments from traumatisms, to acute infections, to more long term chronic conditions such as mental and emotional problems, hormonal conditions, digestive problems, migraines, CNS disturbances, etc, the list is endless. As each remedy is a natural remedy it is easy to correlate how homeopathy as a system of medicine is closely connected to the universal life giving intelligence.

2) Forging the Link Between Homeopathic Medicine and Energetic Healing.

In terms of health/disease, we must look at many different levels in the human.

1) What is happening in the physical body with regards to symptoms? What organ systems are involved? How deep or superficial is the illness? Is the disease a functional disturbance or are there pathological tissue changes?

2) What is happening on the mental and emotional level? Here we begin to talk about personality, character, perception and rational. How does this individual perceive the world and how do they the react to it? Ones mental and emotional character and condition forestalls most health/disease processes. Understanding ones mental state is pivotal to the selection of a homeopathic remedy.

3) The condition of ones energetic field and chakric system is the ground for any disturbance whether it be mental, emotional or physical. Is this field uniformly distributed around the body? Are there holes, cords, blockages, etc? Are the Chakras open and functioning, or are they week in their convection? What traumatic memories do they hold from this life or past lives? How does one chakra out of balance effect the other Chakras, the person and their disease?

4) The condition of the vital force. That force which connects the soul to the body and regulates the organism in health and disease. How strong is this force? To what degree is it able to reckon health? Has it been short circuited by suppressive drugs, weekend by physical trauma, or just convoluted by

adaptation to injurious environments or circumstance?
5) And finally, the will of the soul. What karma does this soul carry? What lessons are to be learned? What contracts are to be played out?

With this basis we can forge on to find were energy work and homeopathy interface. It is of my understanding that disease first occurs in the vital force and then manifests through the layers, finally into the body. Homeopathy treats all disturbances at the level of the vital force. The disturbance in the vital force shows its symptoms initially in the energetic field. If we pay attention to injurious effects on our wellbeing, we feel this disturbance at the outset. Yet, living the American lifestyle, with money, work, stress, plenty of coffee and a pill for this and a pill for that, not taking the time to stop and explore what this 'not feeling quite right' is about, this disturbance slowly materializes in our bodies. 5-30 years later we wonder why we have cancer, high blood pressure, suffer from depression, digestive disorders, etc.

Often, the origin of our particular malady has been long forgotten in our conscious mind, lost in the memory banks of our energetic fields. As homeopaths we always look for the origins of disease. With the absence of consciousness as to where our health declined it is more difficult for a homeopath to find the correct remedy. Here the need for energy work lays. Through work performed in the energetic plane, (universal energy intentional drawn up and transferred through practitioner to client via his/her hands) it is possible to locate and recall the exact moment of the disturbance and inquire into its nature. With consciousness, a lot can be resolved. In addition holes, unequal distribution of the energetic field and chakric imbalances can also be addressed. But, as the state is a manifestation of the vital force, without treating that weakness with a homeopathic remedy, the condition is likely to relapse.

Lets look at a hypothetical case. We have a person with constipation, urine retention, physical numbness, narcolepsy, and emotional withdrawal. These symptoms are characteristic of the state of sympathetic shut down. Through an energy session it's revealed they experienced a severe fright as a child where they had to withdraw or play dead to protect themselves. The incident had been forgotten but the state remained. The vital force became stuck in that adaptation mode. It then progressed over the years to the physical symptoms previously mentioned. If left alone it may progress further onto renal impairment, or finally into coma.

In terms of the energetic disturbance, what the practitioner may find is that the root chakra (that which governs the will to live, fight, flight or play

dead, responses) is closed or has a hole in it. The organs connected to the root chakra include the urinary system and the lower bowels. In correlation to this the crown or brow chakras are also effected resulting in changes in sensual perception, mood the sleep center, etc. With work focused on engaging and sealing the root chakra and then balancing with the crown and brow it is possible to firstly help the individual remember what happened, and secondly help their system to come out of that place of shock. In this case, a dose of homeopathic *Opium*, would reach into the vital force, and ensure cure on all levels, energetically, mentally, emotionally and physically.

Each case is a lot more detailed and complicated than this but you can get the idea. On the road back to health not only do we need to check out our physical health, the nutrition we put in our bodies and the ability of our livers and colons to eliminate efficiently, we must also venture into what psychic disturbances we have been affected by, how our energetic field is working and the resiliency of our vital force. The process to cure is one of layering and unraveling. Homeopathy and energy work in conjunction with each other can bring about lasting results for many ailments.

Data Collection: A Tool to Initiate Validation of the Interface of Contemporary Chinese Pulse Diagnosis (The Shen-Hammer Method) and Allopathic Medicine

I have been a student with Dr. Leon Hammer for more than five years. He is a retired Psychiatrist. In the course of his career he shifted away from his allopathic training to address his patients' ailments to methods based on Chinese medical physiology and practice (acupuncture and herbal medicine). A genesis of his lifelong exploration has been his development of what is now known as Contemporary Chinese Pulse Diagnosis. This is a specialized method of pulse taking that is not taught in Oriental Medical and Acupuncture Training Programs. I am one of a group of practitioners who are faithful to this diagnostic method used for developing treatments for my patients. I am an herbalist. Others who use this method are practicing acupuncturists. Robert Heffron, M.D. has been teaching this method to a handful of medical physicians, most of who work in Europe. This system lends itself to an apprenticeship method of teaching and learning so we study with Dr. Hammer twice a year to refine our pulse taking and interpretation skills and share our experiences on an ongoing basis.

It has become clear in this five year period that this inexpensive and noninvasive diagnostic method shares a fascinating and important interface with allopathic medicine, namely that all of us are finding what are "undiagnosed" significant health problems of patients who come to us for services. Some examples of this include undiagnosed diabetes, cancers, heart disease, hepatitis, duodenal ulcers, and brain abnormalities such as strokes. We are seeing the correlations between our pulse findings and Western diagnoses because our findings are later confirmed by relevant allopathic tests.

We have concluded that it is important for us to take a first step in compiling our findings; that is creating a database so that we are systematically documenting these occurrences. The importance of this systematic collection is to demonstrate that a finding of mine is not an isolated event or for that matter of any one of us where ever we happen to be practicing. Rather it demonstrates the integrity of the Contemporary Chinese Pulse Diagnosis system that we have learned. Our belief is that we can later access this data so as to create a body of knowledge that correlates pulse findings with Western disease diagnoses in such a way that will be meaningful to the allopathic medical community. This is a first step to introducing, if you will, this pulse system to a skeptical medical community.

This pulse diagnosis system is much more than this common ground I am describing. It stands alone as a diagnostic method and its real strength is in prevention and early intervention of disease processes. However, the realm of prevention and early intervention is still too vague for the current American healthcare system to recognize as meaningful. That being the case, the place to begin is where we share common ground.

Research moneys are not readily available to practitioners and schools of thought that are not already part of the mainstream of healthcare. Understanding the benefit of a diagnostic method such as Contemporary Chinese Pulse Diagnosis is not going to happen in an environment of skeptics. Rather, it will grow out of the community of practitioners who use it and understand its importance and who are then able to bring it to that skeptical community in a systematic way. We ask that you recognize this and widen your scope of how funds are made available to practitioners of so called "alternative" medicine.

Tenby Owens, Herbalist
Master of Chinese Pulse Diagnosis
St. Luke's Center for Holistic HealthCare
925 East Superior Street, #102
Duluth, Minnesota 55802
218-529-6955
218-529-6959 fax
towens@slhduluth.com

Statement
of the
American Chiropractic Association
Before the
White House Commission on Complementary and Alternative Medicine Policy
Town Hall Meeting
Minneapolis, Minnesota
March 2001

Good afternoon, my name is Dr. Howard Fidler. I am a practicing doctor of chiropractic in St. Louis Park, Minnesota. I am here today as the Minnesota delegate of the American Chiropractic Association (ACA). Since my time is limited, I would like to provide the Commission with the following policy recommendations as they relate to access, reimbursement and education.

- Federal statutory requirements that impede the use of proven CAM services in federal health care programs must be relaxed. Currently many federal programs do not reimburse for complementary and alternative treatments. These statutory limitations are impeding research by not allowing CAM practitioners to participate in federally sponsored coordinated-care research efforts. In addition, doctors of chiropractic and other CAM practitioners are further impeded by statute from providing their services to the general public through the National Health Service Corps. By not being recognized as providers under these programs, doctors of chiropractic as well as other CAM providers are not provided the opportunity to prove the cost effectiveness and efficacy of their services. Statutes must be changed to allow for all proven CAM providers to participate in all federal programs.

- Patients should be afforded the ability to seek treatment by proven complimentary and alternative providers without the referral of a medical gatekeeper. Currently, MDs are not trained and educated to appropriately refer patients to CAM providers. Also, there is an issue of competition and a history of bias. In addition, both private and federal insurance programs should not limit a practitioners practice. Proven and/or licensed CAM practitioners must be recognized and reimbursed for all reasonable and necessary services provided to their patients.

- Recommendations should be made to ensure that CAM providers not be reimbursed at a lower rate or be discriminated against in any fashion based on their training and licensure. A consumer's freedom of choice to select among all state-licensed health care providers is an essential attribute of any effective and responsive national health goal. A mandate of nondiscrimination ensures that one class of provider will not be given a competitive advantage over other providers of services.

- Consumer direct access must be provided to those CAM practitioners who possess the diagnostic skills to differentiate health conditions that are amenable to their management from those conditions that require referral or co-management with other professionals. Doctors of chiropractic recognize the value of working in cooperation with other health care practitioners, and acknowledge their responsibility to do so when it is in the best interest of the patient.

- While the ACA applauds the commission's interest in educating medical school students on the merits of CAM therapies, care should be taken that these courses are not misinterpreted as teaching a specific CAM procedure. These courses should merely provide the medical school student with exposure to the principles and practices in order to refer when necessary.

- Students of accredited CAM institutions must be provided the opportunity to observe and manage a broad spectrum of conditions and/or diseases as seen in teaching hospitals. Currently there is a lack of cooperation by medical schools to engage in collaborative efforts. Medical schools that receive state or federal funding should be required to provide CAM students the opportunity to work collaboratively with students of medicine to broaden each of the student practitioner's knowledge and clinical expertise.

- The Commission must provide specific recommendations to address the current problem with reimbursement disparities that is occurring at an alarming rate with private insurers. Some of the programs that the ACA has heard include systematic attempts to exclude chiropractic care from industry products, reimbursement comparable to non-physician providers, withholding of chiropractic network information from insured patients, reimbursement standards per visit level that are unfair and do not adequately reflect RBRVS, and failure to conduct proper claim investigation as is required by the Fair Claim Practices Act.

- The Commission must recommend that federal agencies work with the complementary and alternative therapy community in the development of policy by contracting or hiring CAM providers as part of their health care policy teams. Unless federal agencies begin to look outside the medical model and begin to embrace wellness and prevention, federal laws will continue to be ineffective in providing better consumer access to proven CAM practices.

Thank you for the opportunity to present the views of the American Chiropractic Association, I would be happy to answer any questions.