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Goldberg

Divider Title: _____

Burton Goldberg, Ph.D., Hon.

"The Voice of Alternative Medicine"

- Spent over 20 years carefully researching every aspect of holistic medicine, from California to Israel, Mexico to Russia.

- Is a featured speaker for the Young Presidents' Organization, World Presidents' Organization, Commonwealth Club of California, National Health Federation, Citizens for Health.

- Published *Alternative Medicine: The Definitive Guide* in 1994. This 1100-page reference book, hailed as **"the bible of alternative medicine,"** has sold over 500,000 copies. Also published in 1994: *Alternative Medicine Yellow Pages* (now available on website only), *Natural Medicine Chest* video and handbook, and *You Don't Have to Die: Unraveling the AIDs Myth.*

- Publishes *Alternative Medicine,* a unique consumer-oriented bimonthly health magazine.

- Featured guest on CNN, PBS, QVC, CBN, CTN, Global TV, CBC-TV, FOX, NET, Channel America, Voice of America, and many local, national and international television programs.

- Featured guest on National Public Radio. Participates in special fund-raising marathons, raising tens of thousands of dollars each pledge drive.

- 1997 - Published *Alternative Medicine Definitive Guide to Cancer, Alternative Medicine Definitive Guide to Headaches,* and *Alternative Medicine Guide to Heart Disease, Stroke & High Blood Pressure.*

- 1998 - Published *Alternative Medicine Guide to Chronic Fatigue, Fibromyalgia and Environmental Illness; Alternative Medicine Guide to Women's Health 1; Alternative Medicine Guide to Women's Health – Two; Alternative Medicine Guide: The Enzyme Cure.*

- 1999 - Published *Alternative Medicine Guide: The Supplement Shopper* and *Arthritis: An Alternative Medicine Definitive Guide.*

- *2000* – Published *Weight Loss: An Alternative Medicine Definitive Guide; Cancer Diagnosis: What to Do Next; Sleep Disorders: An Alternative Medicine Definitive Guide; Allergy Free: An Alternative Medicine Definitive Guide,* and *Magnet Therapy: An Alternative Medicine Definitive Guide; Longevity: An Alternative Medicine Definitive Guide.*

- Member of Advisory Board of Capital University of Integrative Medicine, which awarded him an Honorary Doctor of Humanities Degree in June 1999. Member of Advisory Board of The Sheppard Foundation. Member of Advisory Board of The Rolfing Institute. Served on the Board of Southwest Naturopathic College for four years.

Testimony of Burton Goldberg

Publisher of *Alternative Medicine: The Definitive Guide,* and fifteen other books on alternative medicine; publisher of *Alternative Medicine* magazine; and CEO of AlternativeMedicine.com

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White House Commission on
Complementary and Alternative Medicine Policy

Meetings on Complementary and Alternative Medicine in Self-Care and Wellness and Information Development and Dissemination

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Washington, D.C., March 26–27, 2001

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Dr. Gordon and distinguished members of the White House Commission, thank you for inviting me to speak here. You have asked for my comments on three questions:

1) How do consumers know that the information they are receiving about complementary and alternative medicine and products is accurate?
2) What are the risks consumers face in the way that such products and services are advertised and marketed? And,
3) What recommendations should the commission consider in their report to the President and Congress?

In addressing these specific questions, we must keep two paramount points in mind. First, that the paradigm of alternative medicine is entirely different from conventional medicine, and that often, alternative medical protocols and products cannot be accurately evaluated using the same methods employed by conventional medicine. And second, that the American public does not need to

be "protected" from nontoxic techniques and substances. Rather, it needs to be educated about them, and given unhindered access to them.

Presently, laws are in place to protect consumers from fraud and false advertising in dietary supplements, herbs and medical practices, no less than for any other consumer products. The Dietary Supplement Health and Education Act of 1994 (DSHEA) in particular addresses oral supplements and botanicals. If an herb company markets a bottle of the herb St. John's wort that states it contains 100 capsules of 100% organic St. John's wort, then it should do so—no differently than, for example, a quart of orange juice should live up to its claims of consisting of the fresh juice of organic oranges with no sugar added. The Food and Drug Administration (FDA) and the Federal Trade Commission (FTC) have the enforcement powers to ensure that the contents of such products match what is stated on the label, and also that the contents are produced in sanitary conditions according to good manufacturing practices that safeguard the public's health against contamination. While DSHEA allows for general "nutritional support" statements—various St. John's wort products, for example, make label statements such as "anti-stress and mood uplifter," and "for emotional wellness"—manufacturers are prohibited from making claims that their products can treat or cure any disease.

The important thing for consumers is that the risks are negligible. The vast majority of supplements and botanicals are nontoxic, even taken in very large doses.

Periodically, the medical literature discusses the dangers of herb–drug interactions. Papers have been published about St. John's wort, for example, and its interactions with the anti-HIV protease inhibitor Indinavir, the heart drug Digoxin and the antidepressant Prozac. However, no deaths or any kind of injuries have ever been linked to the use of St. John's wort. Compare that to

Prozac, which, according to an article in the March 16, 1998 issue of *Business Week*, "was associated with more hospitalizations, deaths, or other serious adverse reactions reported to the FDA than any other drug in America."

But, aside from ensuring that products are not fraudulent or contaminated, is it possible to assure consumers of their potency? This problem points to the importance of not treating natural supplements, especially botanicals, like drugs.

For instance, we know that the active ingredient of Prozac is fluoxetine hydrochloride, and that Prozac's function depends on delivering a specified amount of this chemical. But the total active components in many herbs are not fully known or understood. For instance, it is thought that St. John's wort, commonly used to treat mild depression, works by inhibiting the uptake of the neurotransmitters serotonin and dopamine. The biological marker that supposedly measures the potency in St. John's wort is a substance called hypericin. But studies have shown that there was no correlation between the levels of hypericin in various St. John's wort formulations and their respective efficacy. This is because the beneficial effects of a botanical often are the result of the synergistic effect of many of its constituents working together in the ratios in which they occur in nature. If St. John's wort product manufacturers were required to manipulate the raw material to reach a specified level of a particular component, the result could very well be an ineffective remedy. Furthermore, the chemical "fingerprint" of herbs will naturally vary according to where they are grown, when and how they are harvested, weather conditions, etc.

The main thing we must work for is to keep nontoxic products and protocols from being regulated out of existence by the FDA. The pharmaceutical industry views the explosive growth of nontoxic medical protocols and products as a threat—and with good reason. If patients are informed that they have a choice between a synthetic drug with toxic side effects, or an equally effective—and

often more effective—natural remedy with no toxicity, which would they choose? The revolving door between the FDA and the pharmaceutical industry is a well-known scandal. Just consider who the top candidates presently are to become the new FDA commissioner. Most of them are top executives in pharmaceutical companies.

Until recently, another candidate was Dr. Murray Lumpkin—the former deputy director of the FDA's Center for Drug Evaluation and Research—who now is a senior medical advisor in the commissioner's office. However, Dr. Lumpkin has been publicly discredited since the recent *Los Angeles Times* exposé on the FDA's wrongful approval of the diabetes drug Rezulin. Dr. Lumpkin was one of the high-ranking FDA officials who the *Times* showed conspired with Warner-Lambert to get Rezulin approved, in part by suppressing evidence that the drug caused severe liver damage, and by silencing critics of the drug within the FDA. The drug was withdrawn after over 300 people died, and thousands were injured.

The fact that well over 100,000 Americans die in hospitals every year from the side effects of approved and properly administered pharmaceutical drugs—while virtually no deaths or injuries have been reported from the use of supplements or botanicals by the general population—puts the whole debate over the safety of natural products into perspective.

What should this White House Commission recommend to the President and Congress? Mainly, it should lobby for money to educate the public on the proper use of natural products, and to fund objective research on the efficacy of nontoxic products and protocols. Programs also need to be set up to train both conventional and alternative doctors to use non-invasive diagnostic techniques that will allow them to see disease coming early on, at which stage it is almost always easier to treat and cure.

A number of these techniques have actually been in existence for some time, while others are quite new. Generally they are rejected off-hand by conventional medicine, simply because they were not taught in medical school. Some of these techniques include darkfield microscopy, with which a skilled physician can interpret the condition of live blood to diagnose health conditions before gross symptoms manifest; advanced thermography for breast cancer screening, which can detect the early formation of a pathological blood vessel formation necessary for tumor growth—years before mammography can image the tumor itself (and without causing cancer in a significant number of women, as mammography has been proven to do). Electrodermal screening measures the electrical resistance of acupuncture points, and is an invaluable tool in determining the state of organ systems and the efficacy of remedies, both allopathic and alternative. Hypothyroidism is epidemic, and can underlie many chronic conditions: Using the TRH challenge test instead of the standard TSH, T3 and T4 is imperative. Likewise, endocrine, or hormonal, imbalance can cause or contribute to many diseases. Using 24-hour or full-cycle saliva testing gives a much more accurate hormone panel than a blood sample.

Some of these tests are no different in principle than a doctor's use of a stethoscope. There is nothing magical about their function, but physicians need to be trained in their use, in order to interpret the data accurately. Presently it is difficult to find this type of training—training that could possibly save millions of lives and billions of dollars every year.

Most natural products are not patentable; therefore the companies that produce them cannot afford to finance large-scale outcome studies. Providing grants for such studies should be a priority for this commission.

Former congressman Berkley Bedell founded and is president of the National Foundation for Alternative Medicine. They send qualified, credentialed physicians to visit clinics and doctors around the world who are offering nontoxic protocols for degenerative diseases, in order to ascertain the true effectiveness of these treatments. They have found several with success rates far in excess of conventional medical protocols. The Foundation's budget is less than $1 million per year. Imagine what they could do with $10 million.

Consumers do want to be assured of the safety and efficacy of the products they buy. Presently there are a number of private firms and organizations jockeying to become the recognized authority that can bestow a "Good Housekeeping Seal of Approval," something like Underwriters Laboratory (UL) for electronic equipment. The United States Pharmacopeia [FARM-o-ko-PEE-a] (USP) is the acknowledged authority for over-the-counter drugs. But, as I pointed out before, this does not qualify them to rate natural products. Further, their cozy relationship with the FDA makes them somewhat suspect. This commission can help clear up confusion and work toward developing standards that make sense for the industry by setting up an advisory panel consisting of representatives of product manufacturers, testing laboratories, alternative physicians and researchers. This advisory panel could develop criteria and language to appear on products' labels. Then the commission should consider recommending web pages and handouts to educate consumers as to what to look for in a product, and how to read and understand product labels.

Therefore, I would recommend that this commission work for the unhindered access to alternative nontoxic products and therapies, and also to educate the public and healthcare professionals about the *system* of true alternative medicine. There are no magic bullets in alternative medicine. No competent doctor would merely prescribe St. John's wort for a depressed patient and leave it at that. Alternative medicine treats not just symptoms; even more than trying to treat the

root cause of a disease, it treats the patient as a whole. The doctor addresses physical, emotional, mental, spiritual and environmental issues. Ultimately, the doctor should show his or her patients how to take responsibility for their own health and well-being. It is, after all, the body that cures itself, no matter what product or practitioner patients might put their faith in.

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The commission has also asked me to address questions about private Internet sites:

- How do we assure that the information we provide on our own website is accurate?
- What type of information is being requested?
- What types of people and organizations are requesting CAM information?
- What are our future plans for providing CAM-related information?
- What recommendations should the Commission consider in its report to the President and Congress?

I am proud to say that our website—www.alternativemedicine.com—is the Internet's largest database of authoritative alternative medical information. We have posted over 16,000 pages, most of which have come from the contents of all the previous issues of our magazine, *Alternative Medicine.*

In writing about alternative medical therapies, our information comes from credentialed physicians. We first of all do our best to ascertain that they are qualified to write on particular subjects. When we publish their article, or write about their work ourselves, we perform due diligence: we sometimes visit their clinics; we go over their case histories, examining lab results and scans; and we

generally send the edited pieces out to other experts in the field for an unofficial "peer review" prior to publication.

We are currently receiving close to 2,000,000 hits per month. Most of our visitors seem to be looking for alternative medical information to reverse a health condition that they or a family member suffer from, and the demographics tend to support the disease pattern among the population. The more prevalent–and serious–the disease, the more inquiries we get, with cancer being the number one topic.

Based on our e-mail correspondence, I know that we also have a significant number of healthcare professionals seeking the latest alternative medical information.

Our website is always a work in progress. Our plans include expanding the scope and depth of our information, improving ease of use and also offering products for sale and possibly online assessment services.

Thank you very much for this opportunity to present my views.

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Peter Chowka

Peter Chowka
Biographical Sketch

Peter Chowka is a writer, medical-political analyst, editor, lecturer, and Internet journalist. He has worked in a variety of media (periodicals, radio, nonfiction films, television, and online) documenting issues, therapies, and personalities in alternative and conventional medicine. He has reported from inside the Beltway to the leading innovative clinical centers around North America, with an extensive focus on the War on Cancer and alternative cancer therapies. Peter is one of the most prolific and probing reporters and commentators in the Complementary Alternative Medicine field.

His numerous articles in *New Age Journal*, *East West*, *Vegetarian Times*, *Nutrition Science News*, *Yoga Journal*, *Country Living's Healthy Living*, and other publications have explored the limitations of medical orthodoxy, a broad range of innovative treatment options, and the progress of CAM in the mainstream.

Peter's high-profile involvement as a featured guest on hundreds of interactive radio and TV talk shows, many of them at the national network level (including NBC-TV, ABC TalkRadio, and the CBC in Canada), and in major film and television documentaries has helped to redefine the role that alternative therapies play in modern medicine.

As a widely published photojournalist, Peter has complemented his written reporting with a unique and compelling visual record. *The History of Alternative Medicine and the War on Cancer* features several hundred of Peter's photographs and personal reminiscences of encounters with CAM pioneers such as Linus Pauling, PhD at home in Big Sur, California; Albert Szent-Gyorgyi, MD, PhD, the discoverer of vitamin C; Abram Hoffer, MD, PhD, one of the founders of Orthomolecular Medicine; and many others.

Peter is particularly well known for his investigative reporting into the Hoxsey Therapy. His work has been instrumental in helping to bring this long neglected, promising herbal treatment to the attention of mainstream medicine.

In 1992 Peter was appointed to two of the first program advisory panels of the NIH's Office of Alternative Medicine including one devoted to CAM databases and information dissemination.

In 1994 Peter began working with the Internet. He has published over 400 articles and interviews online. His newest Web sites - http://AltMedNews.net and http://ComplementaryAlternativeMedicine.com - are portals for independent reporting and information about developments in alternative medicine.

In 1999, Peter wrote actress Jane Seymour's on camera narration for the award winning thirteen-part PBS series *Healthy Living*.

Peter Chowka

Written Testimony

White House Commission on Complementary Alternative Medicine Policy
Complementary and Alternative Medicine Information Development and Dissemination
CAM Information on the Internet
Washington, D.C. March 26, 2001

The Internet is helping to advance a long overdue revolution in medicine. It's become the fastest-growing, most vital tool for self-education in the history of communications. Things are never going to be the same again. People all over now have instant access to unprecedented amounts of information. They also have the potential for meaningful interaction with other people and with professionals to an extent previously unimagined. There is finally the potential for a real sense of empowerment in making personal health choices.

I bring a much broader perspective to this field than an affiliation with one publication or Web site and that's the basis for my comments. For over two decades, I have been reporting about alternative medicine as a journalist and a medical-political analyst. I cover both clinical and political developments. I have experience with a range of media: documentary films, television, radio, lecturing, and writing over 1,000 articles for magazines and newsletters. Since 1994 I've focused my work on what I feel is the most exciting medium: the Internet.

I've also worked with or provided testimony to a number of government entities including the U.S. Senate Nutrition Subcommittee in the late 1970s; the Office of Technology Assessment in the late 1980s; and the Office of Alternative Medicine in the early 1990s. I therefore have a reasonable understanding of news reporting and how the media work, what the public is interested in in terms of CAM, and both the potential and the limitations of the federal government's role in the field of CAM.

Many people disparage the government's involvement in medicine and the role of the government in general. For example, Camille Paglia's comments in Salon.com on March 21: "Government has become a fat, lazy behemoth, spawning parasitic bureaucracies resistant to reform."

I believe that the people working on behalf of CAM for the government are sincere. I would therefore like to offer some thoughts on the subject of today's hearing in the spirit of both open dialogue and reality.

Health care today is unbelievably complex. Medicine has become the nation's biggest business, riddled with politics. Within that context, alternative medicine, despite its successes and well-documented utilization, is still a relatively weak player on a playing field that remains unlevel. It continues to suffer from decades of prejudice.

Nineteen years ago, the late Linus Pauling, PhD told me that, in his view, change in medicine was coming from the bottom up, not from the top down (http://members.aol.com/realmedia/pauling.html). Change is being hastened by alt med and now by the Internet and creating a new critical mass of thought the outcomes of which cannot be predicted.

I have always felt that before individuals can make fully informed medical choices they need to have information about, or understand some of the context of, the structure, the politics, and the economics of modern medicine.

The Internet is providing that information. At the same time, the Internet is becoming invaluable clinically - primarily, to date, as a complement, a partner to offline information and traditional contact with professionals.

Every major poll or study has found that the Internet is playing an increasing role in people's health education - and that individuals are taking more control. A Roper survey (http://www.chpa-info.org/pdfs/Release%20FINAL.pdf) from last week (March 21, 2001), *Americans take health care into their own hands*, found "Americans rely more on themselves than on physicians when feeling under the weather. Following an emerging trend toward self-reliance, Americans say they are increasingly comfortable managing their own health care needs."

I've tried to think pragmatically and realistically about the question of "What could the *government* do in this area of online CAM information?"

My first thought is, Maybe the government shouldn't do anything! It should get out of the way of the private sector.

But that's unrealistic. Especially since the government has been mandated by the Congress to do something.

When one looks at the government's efforts in this area, there's unquestionably some value - but there's a lot that's boring and in my opinion largely valueless. There's tokenism. There's also a lot of needless complexity. For example, try searching the keywords "alternative medicine" at the FDA's Web site (http://www.fda.gov/search.html) and see what you come up with.

So, my first recommendation is simplicity - as a reflection of traditional medicine and the arts of healing themselves. "Simplicity". . .along with a commitment to a citizen's self-education, autonomy, privacy, choice, and ultimate empowerment - all of which I hope we can agree are traditional ideals of American democracy.

I served on an Office of Alternative Medicine panel on data collection and information dissemination in 1992-93. We were very concerned that if more information on alt med *could* be made available, it would still reflect the mainstream predjudices of earlier decades - errors of both commission and omission. We therefore called for a number of steps, some of which are detailed in the 1994 NIH report *Expanding Medical Horizons* (http://naturalhealthvillage.com/reports/rpt2oam/toc.htm).

We completed our work in 1993. At the time, we could not imagine the growth of the Internet, which for practical purposes back then did not exist. Today, the lack of information of earlier decades has been replaced by an explosion of information. In many ways, a primary problem we face now is excessive disorganization and chaos in trying to find information.

This is where I feel the government and the National Center for Complementary and Alternative Medicine can play a role.

Specifically, regarding the question: What recommendations should the Commission consider in their report to the President and Congress regarding online CAM information?

I recognize the legal and ethical implications and the caution the government must exercise in order to avoid the appearance of endorsing or recommending particular therapies or approaches, especially since most of them remain "unproven" according to mainstream scientific criteria. The government is currently involved in an increasingly well funded and lengthy process of identifying and evaluating some promising alternative therapies - many of them complementary or adjunctive in nature. It's a process that will take years - decades - and will probably never end. When those studies are published, it may indeed be valuable to have them and they will contribute to the the information on the Internet.

Still, I don't think we have to wait for years for the data and the studies to come in. And data and studies are often not definitive anyway.

In the meantime, in the interests of keeping things simple, we can encourage the government to make information on CAM more readily available. Models exist: *Natural HealthLine*, a non-commercial newsletter I contribute to; other sites of a primarily non-commercial nature. The National Library of Medicine's MedlinePlus site (http://medlineplus.gov) is one of the better ones - but currently it includes only Reuters articles. I think it's preferable to link to as many outside news stories and primary sources relating to CAM as possible.

I like the motto of the Fox News Channel: "We report, you decide." This could be amended to "We link, you decide."

I like the transcripts of meetings at the WHCCAMP site (http://whccamp.hhs.gov/meetings/).

The House Committee on Government Reform, chaired by Rep. Dan Burton (R-IN), has a useful Web site. The Committee has held important hearings on alternative cancer, medical freedom of choice, and vaccinations. The written testimony is online (http://www.house.gov/reform/hearings/).

There is an emerging consensus that medical information empowers people. For example, the Institute of Medicine's March 1 report *A New Health System for the 21st Century* (http://www4.nas.edu/onpi/webextra.nsf/web/chasm?OpenDocument). Included among the ten "rules" the IOM recommends is this one:

The patient as the source of control. *Patients should be given the necessary information and the opportunity to exercise the degree of control they choose over health care decisions that affect them. The health system should be able to accommodate differences in patient preferences and encourage shared decision-making..*

Specifically, the government might help to fund the creation of one or more portals to collect and organize offsite information relevant to CAM - and then link to it. The portal of portals. A high priority should be providing links to relevant medical journal articles as they are published and the latest news stories. There are at least several score - or several hundred - news reports every day now that have relevance to people interested in CAM.

Information, free flow, without prejudice, from a variety of points of view, including information that questions and challenges alt med practices.

One might ask, Isn't this recommendation a prescription for chaos? I don't think so. Considering the online information explosion, Jason Epstein writes in "The Coming Revolution" in the *New York Review of Books* last Nov. 2 (http://www.nybooks.com/nyrev/WWWarchdisplay.cgi?20001102004F):

"The World Wide Web will destroy the filters that have traditionally separated publishable work from the surrounding chaos. But the profound human instinct by which people have always created order, distinguished value, and sustained markets amid multitudinous babble will create new filters. Distinguished and useful websites will prevail over inferior competitors and readers will find their way to desirable goods as they have always done. New technologies alter the forms of production but they do not annihilate human nature."

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BRIEF BIOGRAPHY OF ANDREW WEIL

Andrew Weil was born in Philadelphia in 1942, received an A.B. degree in biology (botany) from Harvard in 1964 and an M.D. from Harvard Medical School in 1968. After completing a medical internship at Mt. Zion Hospital in San Francisco, he worked a year with the National Institute of Mental Health, then wrote his first book, *The Natural Mind.* From 1971-75, as a Fellow of the Institute of Current World Affairs, Dr. Weil traveled widely in North and South America and Africa collecting information on drug use in other cultures, medicinal plants, and alternative methods of treating disease. From 1971-84 he was on the research staff of the Harvard Botanical Museum and conducted investigations of medicinal and psychoactive plants.

At present Dr. Weil is Director of the Program in Integrative Medicine of the College of Medicine, University of Arizona, the first effort to change medical education to include information on alternative therapies, mind/body interactions, healing, and other subjects not currently emphasized in the training of physicians. (He also holds appointments as Clinical Professor of Internal Medicine and Clinical Assistant Professor of Family and Community Medicine.) He has a general practice in Tucson, focusing on natural and preventive medicine and diagnosis. Dr. Weil is also the founder of the Foundation for Integrative Medicine in Tucson.

Andrew Weil is the author of many scientific and popular articles and of eight books: *The Natural Mind; The Marriage of the Sun and Moon; From Chocolate to Morphine* (with Winifred Rosen); *Health and Healing; Natural Health, Natural Medicine;* and the international bestsellers, *Spontaneous Healing, Eight Weeks to Optimum Health* and *Eating Well for Optimum Health.* Dr. Weil also publishes a monthly newsletter, *Dr. Andrew Weil's Self Healing,* maintains a popular website, *Ask Dr. Weil,* on the Time-Warner Pathfinder network (www.drweil.com), and appears in three videos featured on PBS: *Spontaneous Healing, Eight Weeks to Optimum Health* and *Eating Well for Optimum Health.* A frequent lecturer and guest on talk shows, Dr. Weil is an internationally recognized expert on drugs and addiction, medicinal plants, alternative medicine, and the reform of medical education. He lives near Tucson Arizona.

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Today's Question:

Herbs to Combat Springtime Woes?

Q: April is here, and I've got spring fever. My allergies are in bloom, too. Any suggestions for herbal remedies?
-- Anonymous

A:

(Published 4/13/00) April really can be the cruelest month -- we've got the added stress of tax season, many of us suffer from hay fever and allergies, and changing the clocks for daylight saving can leave some of us tired. The following herbal remedies can help get you past the seasonal symptoms:

Astragalus (Astragalus membranaceous): This Chinese plant can boost vitality and immunity, treat chronic or recurrent infections, and help overcome the physical effects of stress. Look for tincture or capsules of astragalus root standardized to 15% polysaccharides.

Cordyceps (Cordyceps sinesis): The Chinese use this fungus as a tonic for physical stamina, mental energy, sexual vigor, and to overcome general weakness and fatigue. Take two capsules once a day or follow the dosage advice on the product.

Quercetin: A bioflavonoid from buckwheat and citrus fruits, quercetin helps prevent hay fever, hives, and other allergic reactions (when taken regularly for at least 6 to 8 weeks). Buy 400 mg coated tablets and take one twice a day.

Stinging Nettle Plant (Urtica dioica): The leaves of the stinging nettle bush are an effective treatment for symptoms of hay fever -- with no side effects. Buy capsules of freeze-dried leaves and take one to two every two to four hours as needed.

Valerian (Valeriana officinalis): Use tincture, extract, or tablets of valerian as a remedy for insomnia or anxiety. Take only with your doctor's supervision if you're using antihistamines, sedatives, muscle relaxants, psychotropic drugs, or narcotics. Valerian may also interact with alcohol. People with impaired kidney or liver functions shouldn't take valerian except under a physician's supervision.

You can find other herbal suggestions for the season in my Spring Herbal Medicine Chest. Check it out.

One other health advice for spring: With better

Tomorrow

Tomorrow: Tax Season: Breathing Stress Away?

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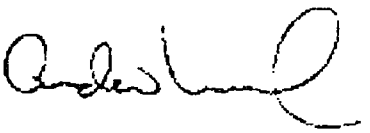
weather and longer days, many of us go overboard with new exercise programs or outdoor activities. Go easy. A strain or sprain could ruin the whole season.



Dr. Andrew Weil

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The change of seasons can energize or enervate. Wave good-bye to winter and discuss warm weather woes on the Boards.

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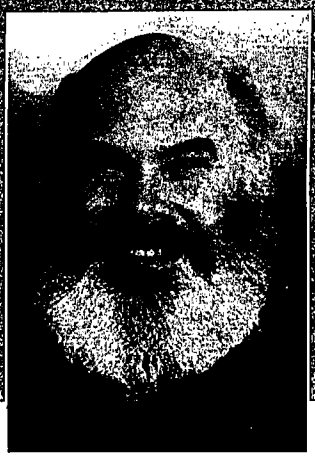


Dr. Andrew Weil's
Self Healing
CREATING NATURAL HEALTH FOR YOUR BODY AND MIND

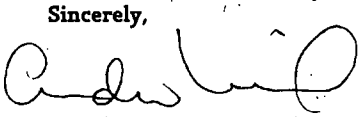
www.drweilselfhealing.com April 2001

Dear Reader,

In February I spent several weeks in India to learn more about ayurvedic medicine, the traditional medical system of that country. I had a restful stay at the Indus Valley Ayurvedic Centre in south India, where I experienced panchakarma, a detoxification program, and many forms of massage.

I also learned the basics of ayurvedic cooking, which is individualized for different body types. And I came across some new breathing techniques and made the acquaintance of several medicinal plants that were new to me.

Sincerely,



You can write to *Self Healing* at 42 Pleasant St., Watertown MA 02472.

INSIDE

The Benefits of Bodywork

Relieve stress and ease many ailments with these Eastern and Western approaches.

There are few things I enjoy more than a good session of bodywork. When I'm feeling achy or particularly stressed, I'll go for a session and then feel great. But I never seem to go as often as I'd like, and afterwards I'll wonder, Why did I wait so long?

In addition to massage therapy (see "The Healing Power of Massage," August 1999), I like many other forms of bodywork, some of which I'll describe below. If you've never tried bodywork or any method besides massage, I encourage you to broaden your horizons. All of these approaches can promote relaxation, but at the University of Arizona's Integrative Medicine Clinic, we also recommend particular forms of bodywork to people with musculoskeletal disorders and stress-related ailments as well as to patients recovering from injury or those who are simply lacking human contact.

In describing these bodywork methods, I've drawn upon the expertise of Margaret Avery Moon, director of the Tucson-based Desert Institute of the Healing Arts, who also teaches about bodywork with the Program in Integrative Medicine. For each approach, the number of sessions will vary according to the individual's health concern. Some insurance companies may cover different bodywork therapies, but check first with your own plan. Because there is much overlap in who may benefit from these approaches, see which one most appeals to you.

3 Movement Therapies

Here are three approaches that can teach you to move with more ease and less discomfort. While each uses somewhat different methods, they all explore new ways of moving and help you to become aware of poor posture or improper body use. All three involve some gentle touching by the practitioner to develop body awareness, but they don't involve hands-on manipulation of muscles or soft tissues, and no oils are used.

• **Alexander Technique.** This approach emphasizes proper alignment of the head, neck, and spine so the body can move more efficiently. Shakespearean actor Frederick Matthias Alexander (1869–1955) developed the method after concluding that poor posture was responsible for his recurrent episodes of loss of voice. Practitioners guide clients through simple movements, teaching them how to reduce muscle tension and restore the body's natural poise.

Who may benefit: I frequently recommend the Alexander Technique to people with posture problems, chronic back pain, sciatica, and ear problems such as tinnitus (ringing in the ears), Meniere's disease, and labyrinthitis (both common causes of vertigo). Research has also shown it can improve balance in older people, and reduce depression and improve function in people with Parkinson's disease. In addition, practitioners report the Alexander Technique can help people with arthritis, asthma, repetitive strain injuries, and stress-related disorders such as migraine headaches and panic attacks.

continued on page 6

AHC Integrative Medicine Lifestyle Medicine

Healing from within

Consortium of Academic Health Centers – 11 University

Co Program in Love

- People Bewildered by Contradictory Information from other sources
- Need Educated Trained / Provider of Information
- * Pharmacy Dep Emphasis on Pharmacognosy

Professional Schools { Curriculum to include CAM

Databases: Alternative Medicine Resources

- **ACUBASE**, by the **Bibliothèque Universitatire de Médicine de Nîmes**: database of over 11,000 French and English references and full text articles dedicated specifically to the discipline of acupuncture, also includes conference proceedings.

- **AGRICOLA** (AGRICultural OnLine Access): "bibliographic database of citations to the agricultural literature created by the National Agricultural Library and its cooperators" includes citations herbs and medicinal plants and includes references from The Herb Research Foundations' HerbalGram

- **Allied and Complementary Medicine (AMED)** is a unique database produced by the Health Care Information Service of the British Library This database will be of interest to individuals wanting to know more about alternatives to conventional medicine, and includes resources to complementary medicine, palliative care and several professions allied to medicine. Available in a variety of fromats from print to online. Indexed journals are found on this **list**.

- **AltHealthWatch** , EBSCO Information Services: "web-based fulltext database of periodicals, peer-reviewed journals, academic and professional publications, magazines, consumer newsletters and newspapers, research reports, and association, **http://www.epnet.com/eptech/**.

- **Bandolier Evidence-based health care**: "print and Internet journal using evidence-based medicine techniques to provide advice about particular treatments or diseases for healthcare professionals and consumers. The content is 'tertiary' publishing, distilling the information from (secondary) reviews of (primary)trials and making it comprehensible."
    - **Complementary and Alternative Medicine**
    - **Oxford Pain Internet Site**

- **Botanical Databases**, USDA-ARS Center for Bioinformatics and Comparative Genomics, Cornell University: access to a variety of databases listed on this page using AceDB Search

- **CINAHL**, Cumulative Index to Nursing and Allied Health: indexes alternative medicine journals

- **CISCOM Database**, ©The Centralized Information Service for Complementary Medicine, The Research Council for Complementary Medicine, United Kingdom: 4,000 randomised trials and over 60,000 citations and abstracts covering and arranged by the major complementary therapies including

acupuncture, aromatherapy, healing, hypnotherapy, chiropractic, homoeopathy, and manipulative.

- **CRISP (Computer Retrieval of Information on Scientific Projects)** database of federally funded biomedical research projects conducted at universities, hospitals, and other research institutions. These projects are funded by theNational Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH)

- **China-Med.net Database Access**: databases include:
  - **Chinese Materia Medica** which contains 521 single herb entries including fields on: Latin, Chinese, Common Names, Collection, Description, Identificaton, Material, Assay, Processing, Action, Indications, Usage and Dosage, Storage, Precaution
  - **Patent Formulas and Simple Preparations Database** 339 formulas

- **ClinicalTrials.gov**: locate current information on disease treatment at particular institution or by a disease, drug, modalitity, therapy or procedure. Does contain complementary and alternative medicine therapies [search by words: alternative (medicine or therapy) or complementary (medicine or therapy) or by particular modality: acupuncture or by a particular substance: ginko or shark cartilage

- **The Cochrane Collaboration**: systematic, up-to-date reviews of all relevant Randomized Control Trials of health care includes subscribed access to **The Cochrane Library** and free access to **The Abstracts of Cochrane Reviews**. Search for complementary and alternative therapies (examples: acupuncture, ginko, chinese medicine)

- **Cochrane Complementary Medicine Field**, ["to help promote and facilitate the production of systematic reviews in topics such as acupuncture, massage, chiropractic, herbal medicine, homeopathy and mind-body therapy"] **University of Maryland, Complementary Medicine Program (CMP)**

  - This program does systematic literature review and evaluation. To read more about these activities **go here.** There are also links on this page to CMP Databases: The Arthritis and Complementary and Alternative Medicine Database (ARCAM) and the Complementary and Alternative Medicine and Pain Database (CAMPAIN).
  - ***To understand the definition, role and function of a Cochrane Collaboration Field read the Cochrane Manual on Fields (Networks).***

- **Dr. Duke's Phytochemical and Ethnobotanical Databases**, Agricultural Research Service, U.S. Department of Agriculture.

- **Datadiwan** : "a database where you can access actual information on holistic medicine and frontier sciences. Secondly, the Datadiwan is as a scientific discussion forum, where interested parties can discuss scientific topics with

others like-minded people...all over the globe. And thirdly, the Datadiwan is a network which links research institutions and organizations world-wide." Most literature is in German.

- **Directory of Databases**, Richard and Hinda Rosenthal Center for Complementary & Alternative Medicine, Columbia Presbyterian Medical Center, New York : "compilation of established sources in the USA, Eur ope and Asia, designed to facilitate research by both professionals and the public. This may be clinical, biomedical, review, meta-analytical or survey research. The listing is hyperlinked to existing Web sites where available, or to brief information on the resource, such as: how to obtain further details; type of literature covered; size of the holding; and mode of access"

- **EMBASE**: an international database to citations covering the biomedical, pharmacological and drug literature. Detailed description can be found at the **EMBASE home page**

- **EthnobotDB--worldwide plant uses**, James A. Duke and Stephen M. Beckstrom-Sternberg, National Germplasm Resources Laboratory (NGRL), Agricultural Research Service (ARS), U.S. Department of Agriculture: contains 80,000 records of plant uses

- **HerbMed™** - " herbal database – provides hyperlinked access to the scientific data underlying the use of herbs for health. It is an evidence-based information resource for professionals, researchers and general public, project of the Alternative Medicine Foundation"

- **The Hom-Inform Database** of indexed literature references in homoeopathy is produced by **British Homoeopathic Library at Glasgow Homoeopathic Hospital** is searchable free online.

- **The International Bibliographic Information on Dietary Supplements (IBIDS) database**: "produced by the Office of Dietary Supplements, National Institutes of Health, in conjunction with the Food and Nutrition Information Center, National Agricultural Library, United States Department of Agriculture. IBIDS contains bibliographic records, including abstracts published in international scientific journals on the topic of dietary supplements, including vitamins, minerals, herbal and botanical supplements. The general public, scientists, researchers, and other interested parties will be able to search the database using keywords to obtain the citations of research journal articles."

- **MPNADB--medicinal plants of Native America**: "contains 17,634 items representing the medicinal uses of 2,147 species from 760 genera and 142 families by 123 different native American groups -- was built over a period of about 10 years with support from the National Endowment for the Humanities, the National Science Foundation, and the University of Michigan-Dearborn"

- **Manual, Alternative and Natural Therapy (MANTIS) Database**, (formerly CHIROLARS) Action Potenitials, Inc.: coverage for health care disciplines not significantly represented in the major biomedical databases, references from

more than 1,000 journals, with preference given to peer-reviewed journals. Includes health promotion, & prevention, accupuncture, allopathic medicine, alternative medicine, chiropractic, herbal medicine, homeopathy, naturopathy, osteopathic medicine, physical therapy, and Chinese medicine.

- MANTIS database available as a fee-based product from the following services and web sites:
  - **ChiroACCESS; the online chiropractic community**
  - **Dialog Corportation**
  - **Health Index**
  - **OVID Technologies, Inc.**

- MEDLINE Database, [use MEDLINE to find bibliographic references to scientific-based studies in alternative and complementary medicine] the best interface is **PubMed** from the National Library of Medicine, Bethesda, Maryland. The MEDLINE database supports the teachings and research of the current medical system in the United States. Other interfaces to MEDLINE can be found at **Dr. Felix's Free MEDLINE Page**

- **MICROMEDEX Complementary & Alternative Medicine (CAM) Series**, "an accurate and scientifically based, in-depth series of databases covering four areas: herbal medicine and dietary supplements,clinical protocols, patient education, and herbal & dietary supplement toxicology." The AltMedDex™ System, the first in the series provides information on herbals and other dietary supplements. "The Complementary & Alternative Medicine Series from MICROMEDEX is a comprehensive, clinically focused reference tool that is based on a thorough compilation of scientific literature. Monographs in the series present data on administration, dosing, warnings, precautions, contraindications, and interactions."

  - **Herbal & Alternative Remedies**, American Academy of Family Physicians, familydoctor.org: a database of alternative medicines arranged in alphabetic index or search by name. Information provided by AltCareDex™, one of MICROMEDEX THOMSON HEALTHCARE products

- **NAPRALERT, NAtural PRoducts ALERT** from **STN International**: contains bibliographic and factual data on natural products, including information on the pharmacology,biological activity, taxonomic distribution, ethno-medicine and chemistry of plant, microbial, and animal (including marine)extracts. In addition, the file contains data on the chemistry and pharmacology of secondary metabolites that are derived from natural sources and that have known structure. The NAPRALERT File contains more than 100,000 records from 1650 to the present. Approximately 50% of the file is from systematic survey of the literature from 1975 to the present. The remaining records were obtained by selective retrospective indexing dating back to 1650.

- **National Center for Complementary and Alternative Medicine CAM Databases** includes the **CAM on PubMed**: bibliographic citations obtained from the National Library of Medicine's PubMed (Medline) database that uses a feature to locate citations with a predetermined CAM search criteria

- **Native American Ethnobotany Database** , Dan Moerman, Professor of Anthropology, University of Michigan-Dearborn: "foods, drugs, dyes, fibers and other uses of plants (a total of over 47,000 items). This represents uses by 291 Native American groups of 3,895 species from 243 different plant families."

- **Natural Medical Protocols for Doctors**: "web accessable fee-based service that "includes current research data and treatment protocols for most common medical conditions and cross-linked reference material about vitamins, minerals, herbs, homeopathy and other supplements and therapies. The information was gathered and organized by a consortium of doctors from various branches of medicine. This includes MDs (conventional medical doctors), NDs (naturopathic doctors), Acupuncturists and PhDs of various kinds. The data compiled here was taken from research journals (through 2000) and medical books and the reference citations are included."

- **Natural Medicines Comprehensive Database**: "up-to-date clinical data on the natural medicines, herbal medicines, and dietary supplements used in the western world. This database is compiled by pharmacists and physicians who are part of the Pharmacist's Letter and Prescriber's Letter research and editorial staff" book counterpart ***Natural Medicines Comprehensive Database*** editors: Jeff M. Jellin, Forrest Batz, and Kathy Hitchens (Pharmacist's Letter/Prescriber's Letter), 1310 pp, $92, Web version $92, both versions $132, ISBN 0-9676136-2-0, Stockton, Calif, Therapeutic Research Faculty, 1999.

- **Patent Database**, United States Patent and Trademark Office: tool to locate registered patents in complementary and alternative medicine

- **PhytoNET**, Centre For Complementary Health Studies University of Exeter: "resource for those involved in the development, manufacture, regulation and surveillance of phytomedicines and herbal drugs", contains information from the European Scientific Co-operative on Phytotherapy (ESCOP), forms to submit adverse effects of herbal medicines, development of European standards for safe use of phytomedicines

- **Phytotherapies.org** free service to individuals registering with the site, "sponsored by Herbworx Corporation, an Australian company dedicated to ensuring that practitioners are supplied not only with high quality herbal medicine, but also clinically relevant, scientifically validated technical information, and Phytomedicine, manufacturer quality herbal extracts for practitioners." Even though it is a commercial service the herbal mongraph database contains indications, actions, constituents, studies & articles.

- **Poisonous Plant Database** , United States Food & Drug Administration, Center for Food Safety & Applied Nutrition, Office of Plant and Dairy Foods and Beverages

- **PsychInfo**, American Psychological Association: source for mind-body and other complementary and alternative therapies used in mental disorders, stress reduction or psychological and behavioral processes and neuroimmunology.

- **The Special Nutritionals Adverse Event Monitoring System** , United States Food and Drug Administration, Center for Food Safety & Applied Nutrition, Office of Special Nutritionals: database of adverse effects from the use of a special nutritional products: dietary supplements, infant formulas and medical foods" reported to this agency by the health professional or consumer

- **Tropical Plant Database**:"authored and maintained by Ms. Leslie Taylor and much of the information contained herein can be found in her book, Herbal Secrets of the Rainforest, from Prima Publishing, Inc."

Revision: February 2001.

For additions or comments please respond to "The Alternative Medicine Homepage"

Design : Paul Worona, M.L.I.S., Health Sciences Library System, Falk Library of the Health Sciences, University of Pittsburgh

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Oregon Health Sciences University

Complementary and Alternative Medicine

Academic Institutions

- Alternative Medicine Homepage: University of Pittsburgh site is a "jumpstation for sources of information on unconventional, unorthodox, unproven, or alternative, complementary, innovative, integrative therapies." Produced by librarian Charles B. Wessel, M.L.S. and is regularly updated.
  http://www.pitt.edu/~cbw/altm.html

- Bastyr University: One of the nations leading naturopathic colleges in Seattle Washington and one of few NIH-sponsored centers for scientific exploration of alternative medicine and AIDS.
  http://www.bastyr.edu/

- Center for the Study of Complementary and Alternative Therapies: University of Virginia Health Sciences Center School of Nursing; NIH-funded to study the effectiveness of various CAM therapies with special emphasis on treatment of acute and chronic pain.
  http://www.nursing.Virginia.EDU/centers/alt-ther.html [UPDATED 1/9/00]

- Complementary and Alternative Medicine Program at Stanford: CAMPS is researching the topic of successful aging.
  http://scrdp.stanford.edu/camps.html

- National College of Naturopathic Medicine: The nation's oldest naturopathic college in Portland, Oregon. Admission, Clinic, Library and alumni information.
  http://www.ncnm.edu/

- Oregon College of Oriental Medicine: Accredited college of Chinese Medicine in Portland, Oregon, and at the forefront of education and training. Admission information can be downloaded.
  http://www.infinite.org/oregon.acupuncture/

- Osteopathic Medicine Schools: OHMIG's hypertext list of names, addresses and phone numbers of accredited colleges of osteopathic medicine in the U.S.
  http://www.ohsu.edu/ohmig/osteo.html

- Rosenthal Center for Complementary and Alternative Medicine [Columbia University]: Conducts research on CAM, womens' health, cancer. One of the foremost centers in the U.S. today.
  http://cpmcnet.columbia.edu/dept/rosenthal/

- Tufts University Nutrition Navigator: The Tufts University Nutrition Navigator is designed to help you sort through the large volume of nutrition information on the Internet and find

accurate, useful nutrition information you can trust.
http://navigator.tufts.edu/

- University of Arizona - Program in Integrative Medicine: Highly sought-after fellowship program directed by Dr. Andrew Weil.
http://integrativemedicine.arizona.edu/ [UPDATED 1/9/00]

- Western States Chiropractic College: Located in S.E. Portland, WSCC is aggressively pursuing the professionalization of Chiropractic. Content is primarily geared towards potential students as well as local folks interested in the clinics.
http://www.wschiro.edu/

General Links

- Ask Dr. Weil: An interactive web site allowing for posting of direct questions to well-known guru of alternative medicine, Andrew Weil.
http://cgi.pathfinder.com/drweil/

- Center for Mind-Body Medicine: Non-profit, educational organization in Washington D.C., founded and directed by James S. Gordon, M.D., is a Clinical Professor in the Departments of Psychiatry and Community and Family Medicine at the Georgetown University School of Medicine.
http://www.healthy.net/othersites/mindbody/index.html

- Dr. Duke's Phytochemical and Ethnobotanical Databases: Written and updated by James A. Duke, an ethnobotanist with the USDA's Agriculture and Research Service. Includes a search engine and medically relevant information.
http://www.ars-grin.gov/duke/

- Health Series: A Guide to Alternative Medicine [Oregonian]:
A 5-part series from The Oregonian Newspaper and Oregon Live with features on herbs, bodywork, acupuncture, chiropractic, and other modalities.
http://www.oregonlive.com/living/features/9808/9808series.html

- Institute for Traditional Medicine: Subhuti Dharmananda's non-profit organization which "provides education, conducts research, and offers therapeutic programs with a focus on natural healing techniques, such as herbal formulas, acupuncture, massage, diet, nutrition, and general health care."
http://www.itmonline.org/ [UPDATED 1/9/00]

- Mid-Columbia Medical Center: A Planetree Hospital in the Dalles, Oregon. "Planetree is a model of health care, taking as its symbol the sycamore tree ("plane tree") where Hippocrates, the father of modern medicine, taught the art and science of medicine more than 2,500 years ago. Today, Planetree embodies the concepts of patient-centered care."
http://www.mcmc.net/default.asp

- NOAH - New York Online Access to Health: A project that brought together the unique assets and experience of four New York partners who have worked together on a variety of projects for 26 years: The City University of New York, The Metropolitan New York Library Council, The New York Academy of Medicine and The New York Public Libary.... NOAH seeks to

provide high quality full-text health information for consumers that is accurate, timely, relevant and unbiased. NOAH currently supports English and Spanish.
http://www.noah.cuny.edu/alternative/alternative.html

- Quackwatch: A nonprofit corporation "vigilant against health-related frauds, myths, fads, and fallacies." Founded by Dr. Stephen Barrett in 1969.
http://www.quackwatch.com/index.html

- Sumeria - a collection of resources for exploring alternative ideas in health, science, and spirituality: Sumeria is a private web site that contains a collection of writings that are more controversial in style and content than many of the selections that have been featured here in the past months. The selections on AIDS are especially provoking. It is refreshing to read some thoughtful analysis by individuals who approach the health debate from a different angle.
http://www.thuntek.net/sumeria/ [UPDATED 1/9/00]

Journals

- Alternative Health News Online: Professional and well-presented, this is one of the better sites in terms of form and content. Published by media specialist Frank Grazian.
http://www.altmedicine.com/

- Alternative Therapies in Health and Medicine: The online version of this journal offers only table-of-contents and attractive cover art. This journal once offered online viewing.
http://www.alternative-therapies.com/

- List of Full-text Medical Journals from the WHO: World Health Organizations quick-loading alphabetical listing of practically all online medical journals. Dated April '97.
http://www.who.int/hlt/virtuallibrary/English/fulltextjour.htm [UPDATED 1/9/00]

- Online Birth Center: Midwifery, Pregnancy, Birth and Breastfeeding; published by Midwifery Today Magazine; plenty of info, articles, and internet resources.
http://www.efn.org/~djz/birth/birthindex.html

- Townsend Letter for Doctors and Patients : Published and edited by Jonathan Collin MD. "Regular columns on different topics of alternative health care: homeopathy, nutrition, exercise, women's health, phytomedicines and the constantly changing politics of alternative medicine. Reviews of current alternative medical literature and newly published books relating to health and healing are also included, as well as an extensive Letters-to-the-Editor section, calendar of events and health-related classified advertising."
http://tldp.com/

Organizations

- American Association of Naturopathic Physicians: Seattle-based organization; useful jump-site.
http://www.naturopathic.org/Welcome.html

- American Holistic Medical Association: New web site (Nov '98) is still unreliable as many items are not online.

http://www.holisticmedicine.org/

- American Holistic Medical Association - Portland: Led by Rene Minz, MD, ND and Bob Brasted MD; see local file for details.
  http://www.ohsu.edu/ohmig/ahma.html

- American Holistic Nurses Association: Nicely organized site with good links.
  http://ahna.org/

- American Massage Therapy Association: Professional and easy to access site.
  http://www.amtamassage.org/

- Health On the Net Foundation: A non-profit organisation in Geneva. This site includes a complete list of hospitals on the WWW, internet medical support communities (listservers, newsgroups and FAQs) and extensive telemedicine resources.
  http://www.hon.ch/HomePage/Home-Page_t.html

- Humanistic Medicine: One of American Medical Student Association (AMSA's) interest groups; you can also subscribe to the HUMed Newsletter through this link.
  http://www.amsa.org/sc/humed/

- NIH's National Center for Complementary and Alternative Medicine (NCCAM): Formerly called Office of Alternative Medicine, the National Center for Complementary and Alternative Medicine (NCCAM) facilitates research and evaluation of unconventional medical practices and disseminates this information to the public.
  http://altmed.od.nih.gov/nccam/

- The Oregon Menopause Network (OMN): A grass-roots nonprofit membership organization, created in 1994, to inform and inspire women at midlife.
  http://www.menonetwork.org/

- Research Council for Complementary Medicine: A London-based clinical, research and educational non-profit organization actively pursuing evidence-based complementary medicine.
  http://www.gn.apc.org/rccm/

- Rocky Mountain Herbal Institute: A small group of independent teachers, herbalists, and researchers committed to constructive action in solving personal and community health care problems.
  http://www.rmhiherbal.org/

Specific Therapies

Use these three links for a comprehensive list of CAM categories:

NCCAM's Classification Scheme
http://altmed.od.nih.gov/nccam/what-is-cam/classify.shtml

Dr. Bower's Alternative and Complementary Medicine

Topics
http://galen.med.virginia.edu/~pjb3s/Complementary_Practices.html

- Acupuncture: Many links to other Chinese medicine and holistic Western medicine sites.
  http://www.acupuncture.com/

- Ayurvedic Medicine: National Institute of Ayurvedic Medicine, directed by Scott Gerson, M.D.
  http://www.niam.com

- Herbal Medicine: This links to another OHMIG page with web resources recommended by Physician-herbalist Richard Noble, M.D.
  http://www.ohsu.edu/ohmig/herbal.html

- Homeopathy Home Page: Well-organized site from Cambridge, England, with good links.

- Osteopathic Medicine: International WWW Resource Website: very professional and useful site maintained by Barrie Oldham, DO, in England.
  http://www.homeopathyhome.com/

- Qi Gong (Chi Kung): literally means "Energy Cultivation," and refers to exercises which improve health and longevity as well as increase the sense of harmony within oneself and in the world.
  http://www.acupuncture.com/QiKung/QikunInd.htm

- Therapeutic Touch: "TT or Therapeutic Touch (invented by Dolores Krieger) is based on the assumption that a "human energy field" extends beyond the skin. The idea behind TT is that this human energy field is abundant and flows in balanced patterns in health but is depleted and/or unbalanced in illness or injury. Practicers believe they can restore health by sensing and adjusting such fields."
  http://www.voicenet.com/~eric/tt/

Student Resources

- CAM Medical Courses, Training, and Research (Rosenthal Center, Columbia Univ.)
  http://cpmcnet.columbia.edu/dept/rosenthal/Med_Courses.html [UPDATED 1/10/00]

- Osteopathic Medicine Schools: OHMIG's hypertext list of names, addresses and phone numbers of accredited colleges of osteopathic medicine in the U.S.
  http://www.ohsu.edu/ohmig/osteo.html

Edited by Raja Abusharr Top of Page OHMIG Home Page
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search for: go help index

Search results for exact phrase: **alternative medicine** 1 2 3 **ALL**

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	Alternative Medicine Homepage, Falk Library of the Health Sciences, University of Pittsburgh	details
≡	Calendar and Events - National Center for Complementary and Alternative Medicine (NCCAM)	details
≡	General Information About the National Center for Complementary and Alternative Medicine	details
≡	CAM on PubMed	details
	Addiction & Alternative Medicine	details
	Enhancing the Accountability of Alternative Medicine	details
	MedWebPlus: Alternative Medicine	details
≡	Alternative Medicine Research Using MEDLINE	details
≡	Five-Year Strategic Plan -- The National Center for Complementary and Alternative Medicine	details
≡	Complementary & Alternative Medicine (Newsletter)	details
≡	National Center for Complementary and Alternative Medicine Research Centers	details
≡	Funding Opportunities -- National Center for Complementary & Alternative Medicine/NIH	details
≡	FAQ - About Complementary and Alternative Medicine	details
	Complementary and Alternative Medicine Resources for Cancer Research on the World Wide Web	details
	Choosing Complementary And Alternative Medicine: Questions To Consider	details
≡	Questions and Answers About Complementary and Alternative Medicine in Cancer Treatment	details
	Alternative Medicine Review: A Journal of Clinical Therapeutics	details
	The University of Texas Center for Alternative Medicine Treatment Research Activities	details

	Prostatitis Alternative Medicine FAQ	*details*
	AIDS and HIV: Alternative Medicine Resources	*details*
	Diseases & Conditions: Internet Resources for Alternative Medicine	*details*
	Healthcare Reality Check® Online	*details*
	Focus on Alternative and Complementary Therapies (FACT)	*details*
	Publications and Presentations on Alternative Medicine and AIDS	*details*
	HIV/AIDS Information: Putting the Pieces Together Workshop Manual	*details*
	Center for Complementary and Alternative Medicine Research in Asthma -- Ongoing Research Studies and Updates	*details*
☰	Acupuncture Consensus Statement - National Institutes of Health	*details*
☰	Complementary and Alternative Medicine (CAM) Citation Index	*details*
☰	Major Domains of Complementary & Alternative Medicine	*details*
	Women's Health Resources on the World Wide Web	*details*
	Available Clinical Trials of Complementary and Alternative Treatments for Various Cancers	*details*
☰	Complementary and Alternative Medicine Summaries Added to CancerNet™	*details*
☰	PDQ® Cancer Treatment Information Summaries for Patients and Health Professionals	*details*
☰	Complementary and Alternative Medicine Cancer Treatments -- Coenzyme Q10	*details*
☰	Complementary and Alternative Medicine Cancer Treatments -- Mistletoe	*details*
☰	Complementary and Alternative Medicine Cancer Treatments -- Laetrile/Amygdalin	*details*
☰	Complementary and Alternative Medicine Cancer Treatments -- Hydrazine Sulfate	*details*
☰	Complementary and Alternative Medicine Cancer Treatments -- Cartilage (Bovine and Shark)	*details*
☰	Complementary and Alternative Medicine Cancer Treatments -- Cancell/Entelev	*details*
☰	Complementary and Alternative Medicine Cancer Treatments -- 714-X	*details*
	Yoga for HIV/AIDS	*details*
	Fact Sheet - Traditional Medicine	*details*
	Facts on Chiropractic	*details*
	Perspectives on Green Tea	*details*
☰	Environmental Toxins	*details*

	Diabetes: Controlling the Sweet Scourge	details
	Coping With HCV (Hepatitis C) Infection: Alternative or Complementary Approaches	details
	Just Ask!: About the Quality of Your Vitamin and Mineral Supplement Products	details
	Native American Ethnobotany Database	details
	Spine-health.com	details
	Patient and Family Resources on Alternative & Complementary Cancer Therapies	details
	Review of Therapies	details
	Native American Herbal Remedies	details
	Using Herbal Supplements	details
	Ask NOAH About: Alternative (Complementary) Medicine	details
	Medicinal Herb Garden	details
	Current Bibliographies in Medicine - Acupuncture	details
	Questions and Answers About St. John's Wort	details
	Alternative Therapies for Diabetes	details
	Find a Massage & Bodywork Therapist	details
	Consumers' Guide to Therapeutic Massage & Bodywork	details
	State Associations of Naturopathic Physicians	details
	Naturopathic Physicians Online	details
	American Academy of Medical Acupuncture: Referral Index	details
	FAQ - About Acupuncture	details
	University of Texas M. D. Anderson Cancer Center's Treatment Research Web Site	details
	The Longwood Herbal Task Force	details
	Glucosamine for Arthritis	details
	Prostate Cancer and Green Tea	details
	Homeopathy Online	details
	The Journal of Chinese Medicine Web Site	details
	Does Holistic Health Education Exist?	details
	FAQ - About Applied Kinesiology	details
	National Center for Homeopathy: Directory	details
	Nettle Leaf Enhances Effectiveness of Anti-inflammatory Drug	details

Naturmedia	details
FDA/State AIDS Health Fraud Task Forces: Evaluating Medical Therapies	details
An FDA Guide to Dietary Supplements	details
Dieter's Brews Make Tea Time A Dangerous Affair	details
A Time to Heal: Chronotherapy Tunes In to Body's Rhythms	details
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www.nytimes.com
The New York Times
ON THE WEB

March 20, 2001

For Medical Journals, a New World Online

By ERIC NAGOURNEY

There was a time when the University of Zimbabwe could boast of subscribing to more than 600 different medical journals, a collection that made it a standout among sub-Saharan institutions.

Over the years, though, as resources shrank and the journals raised their rates with disheartening regularity, that changed. At the university's library in Harare, there are now subscriptions to about 170 medical journals. Librarians there have even taken away the racks on a wall where journals used to be placed.

That is not all bad news for this university and for countless other medical institutions and providers in developing countries. The racks on the wall have been replaced by computer terminals, and students and teachers have begun to use the Internet to gain access to the medical journals that gradually are making their way online.

"The B.M.J. has won our hearts because it's free," said Helga Patrikios, the medical librarian at the University of Zimbabwe.

The decision of the B.M.J. — as the well-regarded British Medical Journal is known — to make itself available at no charge on the Web is but one manifestation of the way the Internet is changing the multibillion- dollar medical journal business. The Internet has already altered how many journals operate, forcing most of them to put articles online. In the coming years, this could fundamentally change the face of the industry, with some midlevel publications facing the threat of extinction if they fail to adapt.

On another level — and to the pleasure of many researchers, practitioners and medical schools in developing countries — the democratizing effect of the Web has already had at least one benefit: the flow of valuable information making its way to poorer regions, once a trickle, is now a steady if still limited stream.

"It's what they call a disruptive technology — it does sort of change all of the opportunities within the market," said Richard K. Johnson, enterprise editor of the Scholarly Publishing and Academic Resources Coalition.

The group was founded in 1997 by representatives of North American research libraries to try to break what they see as a stranglehold by the scientific, technical and medical journal industry.

For academics, publication in the "right" journals (think The New England Journal of Medicine or The Annals of Internal Medicine) can do much to assure tenure, and so they have abided by many publications' insistence that they say little or nothing about their work before it appears (lest the journal be scooped) and that they relinquish their rights to the material.

For doctors, the journals have generally been the only means to keep abreast of new developments in the field. And for libraries, journals have been the only game in town, so there has been little choice but to pay the $15,000 a year or more that some of them charge, to say nothing about paying for individual articles from past issues that they do not own.

But the Internet may undo in less than a decade what took three centuries to evolve. The talk among researchers these days is of e-prints, preprints and postprints — all ways for researchers to make their own material widely available, at no charge, before or after it appears in a journal. Researchers also speak of PubMed Central and Biomed Central, potentially vast electronic archives of new and previously published articles available, again, at no charge. And, there is talk of boycotts of journals by researchers disturbed that the journals refuse to make the work freely available after a certain amount of time.

Few predict that any of the top-tier journals face a serious threat. But some believe that trouble lies ahead for many of the highly specialized midlevel publications with big price tags and small audiences. And virtually every journal, from the most obscure to the most prestigious, is being forced to create an online presence and to reconsider whether to make some or all of their material available at no charge.

Much of the pressure is coming from outlets like PubMed Central, a new archive created by the National Institutes of Health.

While the institute, a government agency, had long maintained a vast archive of journal abstracts that helped steer researchers to articles of interest, the goal of PubMed Central is to persuade medical publishers to post full-text archives on the site, where they will be made available worldwide at no charge. The publications decide how long to wait before turning the material over.

Some have rushed to do so; most have not. In either case, said Nicholas Cozzarelli, editor of The Proceedings of the National Academy of Sciences, "It has forced the whole field, the whole publishing community, to move in that direction." The Proceedings was one of the first journals to join the initiative.

PubMed Central, the brainchild of Dr. Harold Varmus, the former director of the health institute, has provoked criticism in the medical- journal world. Dr. Marcia Angell, for one, former editor of The New England Journal of Medicine, has objected to early plans for the archives to print primary research that has not been reviewed by peers — the cornerstone of any serious

medical journal. Others have protested that they cannot afford to turn over material without compensation.

"The main issue is that content is our livelihood," said Dr. Margaret A. Winker, deputy editor of The Journal of the American Medical Association, "and so to provide content free of charge can undermine the financial viability of the publications."

JAMA refuses to discuss its revenues, and The New England Journal of Medicine stopped divulging revenue figures two decades ago. But by some estimates, its owner, the Massachusetts Medical Society, pulls in at least $20 million a year from the journal.

Dr. David Lipman, the director of the N.I.H.'s Center for Biotechnology Information, which operates PubMed, said medical journals should consider the archives an opportunity, not a threat. "What we're basically saying here is, We're creating an archive if you want to give us your content," Dr. Lipman said. "Put it here and we will make it available and safe."

The goal, he said, is to get medical information to the places where it will do the most good, and to preserve it in a form that will make it readily available in the years to come.

"It's a very simple thing we want to accomplish," Dr. Lipman said. "We want to make sure that this incredibly precious information is as available as widely as possible to everyone in the world."

While PubMed Central is gradually winning over some journals, others are unconvinced. JAMA, which in the mid-1990's experimented with providing its articles free on its own Web site, now makes only part of its material available at no charge. It is about to start its own fee-based electronic archive service. The New England Journal of Medicine is also considering making its archives available online. And some major journals have already decided to make themselves entirely available online at no charge, among them the British Medical Journal.

This has been a welcome development at places like the University of Zimbabwe, although Mrs. Patrikios is among the many people to lament the "digital divide" that separates developing countries from the rest of the world.

Dr. Klara Tisocki, a professor of pharmacology at the university, said the Web had already made it easier to do her job, allowing her, for example, to get the latest information on administering drugs against the AIDS virus.

Still, while some major journals make themselves available selectively to developing countries, and say they are moving to increase those efforts, Mrs. Patrikios and Dr. Tisocki said much more needed to be done to make studies available.

"Important information on human health," Dr. Tisocki said, "is like a right, a

human right."

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Stoltz

Divider Title: _____

Craig Stoltz
Editor, Health Section
The Washington Post

A seven-year veteran of The Washington Post, Stoltz became editor of the weekly Health section last year. He has been instrumental in organizing and directing the section's coverage of consumer health generally and alternative medicine specifically. Previously he served as editor for The Post's consumer electronics and Travel sections; he also manages the paper's GuidePost consumer reporting series. He has written and edited about health, technology and business for a number of publications, including Adweek, Regardie's, USA Weekend, GQ and many others. He earned his bachelor's from Kent State University and his master's degree from the University of Maryland.

Testimony to
The White House Commission
on Complementary and Alternative Medicine Policy

by Craig Stoltz
Health Section Editor, The Washington Post

March 26, 2001

It is a commonplace among journalists to declare, from the midst of some noisy controversy, that "if people on both sides are complaining about our coverage, we must be doing something right."

I've always found this facile and fatalistic--and, much scarier, as evidence that some journalists don't realize it's possible to antagonize people in two opposing camps and still be dreadfully wrong.

Still, we at The Washington Post Health section do indeed find ourselves taking heat for our coverage of CAM from "both sides," which is to say, from supporters of complementary and alternative medicine on the one hand and advocates of mainstream practice on the other. I've come to regard this crossfire as evidence of nothing more (or less) than the fact that we've found ourselves on the battlefield of a culture war where the stakes--individual lives, the public imagination, a view of commerce, the future of science, the meaning of history, technology or humanity, and, not least, money--are extremely high.

It's a battlefield we entered on purpose. When I became editor of thesection in January of 2000 I sat down and looked for places where our coverage wasn't meeting readers' needs and interests. CAM was first andmost important topic area on that list. It was clear that our readers were far ahead of us in terms of using dietary supplements and herbs, visiting alternative practitioners, finding non-mainstream complements to their doctors' orders or pursuing wellness and preventive campaigns never mentioned by their private physicians. It was time we engaged this area of health fully, via the application of our established tools and techniques: multiple-source reporting, skeptical questioning, ideologically neutral analysis and an essential mission of serving the public rather than any institution or special interest.

Here's what we've done.

1. We replaced a weekly question-and-answer column written by a mainstream physician with a feature called Treatment of Choice. Each week we take a common, non-life-threatening condition and explain the treatments likely to be offered by both conventional doctors and by alternative practitioners. We try to devote an equal amount of space to each and indicate how much scientific support lies behind each. Though an interesting argument can be made that this binary formula mitigates against an integrative approach, we find that most householders perceive these two distinct paths and want to know about each. We chose to assign a pair of reporters write the reports rather than having experts write the pieces, in order to keep our reports

broad-based and free of any one practitioner's judgment or limitations. I don't think a week has gone by when we or our reporters haven't been accused of some horrendous bias, oversight, simplification, dismissal, gullibility or servitude to either (1) the dangerous, morally bankrupt, money-grubbing academic-medical-pharmaceutical-insurance complex, or the (2) dangerous, morally bankrupt, money-grubbing dietary supplement-pseudoscience-herbalist-antiestablishment cabal. These charges, I should say, have come almost exclusively from people who are fighting the larger cultural war and who feel their army had been ill-served.

2. We introduced a new feature called Findings of Fact, in which we examine the quality and quantity of science behind some product, claim or treatment our readers are likely to have become familiar with. Many topics we've taken on--magnets, various herbs and dietary supplements, prayer, etc. are drawn from alternative practice. When we drill all the way down to the bedrock upon which these treatments are based, we generally have found an intriguing but inconclusive body of research, and a small possibility of danger. In the marketing of these treatments we often have found overbroad inferences, generous interpretations of limited data, suspicious omissions of fact and, sometimes, acts of outright deception. All of this we have reported to our readers as plainly and dispassionately as we can. Like Treatment of Choice, Findings of Fact often upsets the cultural warriors, who feel we have exaggerated or ignored some vital fact or perspective.

3. To bring order to our reporting of medical research into both conventional and alternative treatments, we present highly formatted, boiled-down reports published in peer-reviewed scientific journals. We choose reports of sufficient quality and rigor that a reader may be advised to consider, in consultation with medical professionals, a change in their behavior or treatment. This editorial discipline ensures we don't highlight animal or test tube work, even when those studies make good copy, or narrow studies from which a broad interpretation is not responsible. For every study we list the important caveats, including information about the study's funding. Quick Study is one of our section's most widely praised features.

By introducing these new types of stories into the Health section, we've created mechanisms to ensure we deliver regular reports on CAM and related topics. It has been fascinating and successful, but often punishing. Internally, there has been great trepidation, and some open hostility, to these efforts. Cultural warriors on both sides send us long, passionate letters, often accompanied by annotated versions of what we've written, illuminating our purported errors, biases and weak-mindedness. Along the way we have indeed made mistakes, both in fact and in judgment.

To do this work we have had to develop an entirely new set of sources to help us navigate the world of CAM, and have discovered in both human experts and published data the expected variations in quality, dependability, bias and intellectual honesty. Economic interests are both hidden and obvious, just as they are in conventional medicine. Sophisticated operations controlled by entrenched institutions try to manipulate our coverage. Scholars who protest intellectual independence are revealed to have long devotion to proving or disproving the very thing they are studying. When reporting on a conventional treatment for a well-known

condition, we start with a sense for who to turn to and who to trust. When reporting on alternative approaches, by contrast, the territory is not well marked and many land mines are still hidden. Any journalist's CAM source list is very much a work in progress.

I'd like to believe that this task we've taken on is as easy as some people, particularly those on the conservative side of medical practice, suggest: That we should simply hold "alternative" treatments to the same standards expected of "conventional" ones--that until something is proven safe and effective by repeated gold-standard science, it's quackery and beneath the dignity of The Washington Post or a well-educated public to accept. I suspect everybody in this room realizes the fallacy in this sort of thinking--due to the sobering fact that so little conventional medical practice is based on first-rate science, whether the topic is the appropriate amount of sodium in the diet or the efficacy of various treatments for prostate cancer. If we wrote only about treatments that passed over the highest gold-standard bar--including complete financial, professional and ideological independence--I'm afraid we wouldn't have much to fill our pages with, from either conventional or alternative sources.

In the end, we find ourselves in the position of standing between a demanding public seeking information about something they have equal parts fear and hype, and a field of battle that's noisy, contentious, unsettled, in flux and colored by the fog of war. In short, it's the kind of place journalists often find themselves. We like to think that, when things get hairy, we need only to remember that readers trust us for reports about CAM and conventional medicine that are accurate, well-informed and free of commercial interest or other bias. If we deliver that, we'll have earned our readers' faith, and--call me an idealist--maybe served the resolve the greater war too.

Looking back at our efforts in the past year, I'm struck by this: Most of the complaints we've received about our coverage of CAM, while often constructive and educational, have come from people who are deeply invested the cultural war between alternative and conventional approaches. Our readers, by contrast, have little investment in the war and have mostly been grateful and enthusiastic about our reporting.

I'm tempted to say it: We must be doing something right.

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Altshul

Divider Title: _____

SARA ALTSHUL
Alternative Medicine Editor
Prevention Magazine

Sara Altshul was named *Prevention* magazine's first Alternative Medicine Editor in October 1997. *Prevention* is the leading health magazine and the 14th largest magazine in the nation with a circulation of more than 3 million.

Altshul writes a monthly column in *Prevention* on alternative medicine, frequently writes feature stories, and edits the magazine's monthly "Herb News" column written by distinguished herbal educator, Varro Tyler, PhD, ScD. She serves as an expert guest on numerous national television programs including *CBS This Morning, HealthWeek* on PBS, and *Good Day, New York* on The Fox Network. In addition, she is regularly featured on *The Better Sex*, a nationally syndicated radio program.

Prior to her *Prevention* appointment, Altshul specialized in alternative medicine and women's health as a writer for Rodale's book division. She is the co-author of the *Women's Book of Healing Herbs* with Sari Harrar, a comprehensive women's herbal health guide, published in January 1999, and of *New Choices in Natural Healing for Women*, which examines scores of alternative therapies and their benefit to women. She also was a contributing author to *Natural Prescriptions for Women* and the *Doctor's Book of Home Remedies for Women*. She contributed chapters to the *PDR Guide to Women's Health* and the *PDR Guide to Health & Nutrition* while on assignment to the publishers of the *Physicians' Desk Reference*.

As a journalist who specializes in writing about medicinal herbs and complementary therapies, Altshul has studied with leading herbalists and alternative healers, and has interviewed many of the country's top health care practitioners.

"I want to inspire our readers to improve their lives by helping them understand that the world of natural healing has wonderful easy, accessible options -- options that can truly boost our health and happiness. Beyond that, it's important to me that we get the word out that each healing discipline, conventional or alternative, has something to learn from the others."

Altshul serves on the advisory council for the National Center for the Preservation of Medicinal Herbs and is listed in *Who's Who in America*, edition 2000. She lives in Glen Gardner, New Jersey, with her sons, Jack and Christopher.

# # #

TESTIMONY

WHITE HOUSE COMMISSION ON COMPLEMENTARY
AND ALTERNATIVE MEDICINE
MARCH 26, 2001

PREVENTION®

SARA ALTSHUL

ALTERNATIVE MEDICINE EDITOR

PREVENTION® MAGAZINE

HOW WE COVER COMPLEMENTARY AND ALTERNATIVE MEDICINE

HOW MUCH CAM-RELATED INFORMATION WE PROVIDE

WHAT TOPICS WE COVER

HOW WE SELECT OUR TOPICS

Prevention is the nation's leading health magazine with more than 10 million readers and is published by Rodale Inc., of Emmaus, PA.

Each month, *Prevention* features three columns devoted to CAM topics: Alternative Medicine Health News, Herb News (written by Varro Tyler, PhD, ScD, Distinguished Professor Emeritus of Pharmacognosy at Purdue University), and Home Remedies. Our Supplement News column covers the spectrum of dietary supplements.

In addition, we publish several feature-length stories on CAM-related topics throughout the year. Topics have included herbal medicine, Traditional Chinese Medicine, Native American healing, home remedies, homeopathy, energy healing, alternative approaches to cancer treatment, and many others.

At *Prevention*, CAM is not an either/or modality. It's all about what works best for a particular condition. So when we cover arthritis or migraine headaches, or any other health problem, we always include proven CAM options among the conventional approaches.

We provide this information because we believe that many CAM modalities offer people healthy alternatives and/or adjuncts to conventional medical care. For some conditions, selected CAM modalities, particularly herbal medicine, mind/body techniques, and certain Asian medical practices, may offer better choices than conventional treatment.

We select topics based on 1) what works and 2) what makes interesting and informative reading for our target audience.

ACCURACY

Our commitment to accuracy and credibility is well known within the medical community and among advertisers. We consider editorial accuracy one of our most valuable assets, and we guard it zealously—for one very good reason: Our readers follow our advice and really do what we tell them. We can't publish anything that might inconvenience or harm them.

To uphold our commitment to accuracy, we staff an Editorial Research Department with

- 5 full-time research editors
- 7 freelance factcheckers
- 1 research assistant
- 1 research intern

However, *all* members of the *Prevention* staff are responsible for upholding research standards. And every article and column gets factchecked, even those written by experts.

Factchecking consists of

- Recontacting the experts to verify quotes and double-checking the information they provided.
- Double-checking information taken from written sources with the original sources.

And don't be fooled by our happy-friendly-upbeat, reader-friendly, nontechnical articles. All *Prevention* stories, including those about CAM, are backed by solid health reporting, including

- Findings from the latest medical studies
- Interviews with leading health experts
- The work of knowledgeable, highly skilled health writers who make complex health topics easy to understand without sacrificing accuracy. All writers, editors, and research editors are required to use the best information available and are trained to recognize the best experts and most reliable primary sources.

The Rodale Library and Information Service Department provides

- More than 40,000 books
- Access to more than 700 databases
- Subscriptions to more than 2,000 periodicals
- Contact information for more than 27,000 experts
- "Sieves"—11 in-house newsletters covering the latest medical research and health trends
- Source packets for all past *Prevention* articles

Specialty Areas:

- 45 health topics

- Editors are responsible for keeping abreast of the latest news, breakthroughs, and emerging experts in their areas, as well as for developing story ideas.

HOW WE USE AND IDENTIFY EXPERTS

Our board of editorial advisors is made up of 15 of the most respected health experts in the U.S., who share expertise with editors and review articles for accuracy on a regular basis.

In addition, for their specialty areas, editors and researchers regularly attend conferences, read journals, and network with experts to determine the best specialists in each field.

Prevention's advisors and their specialties include

JAMES ANDERSON, MD
Professor of Medicine and Clinical Nutrition, University of Kentucky, College of Medicine, Lexington.
Specialties: Clinical nutrition, diet and cholesterol, and diabetes

JOHN BILEZIKIAN, MD
Director of the Metabolic Bone Diseases Program, Columbia Presbyterian Medical Center, NYC
Specialty: Osteoporosis

KELLY BROWNELL, PhD
Professor of Psychology, Yale University, New Haven, CT.
Specialties: Eating disorders, weight loss

JAMES GORDON, MD
Director of the Center for Mind-Body Medicine, Washington DC.
Specialties: Alternative medicine, mind/body

MANFRED KROGER, PhD
Professor of Food Science, Pennsylvania State College, State College.
Specialty: Food science

MARIANNE LEGATO, MD
Director, Partnership for Women's Health, Columbia University, NYC. Specialties: Women's health, heart disease in women

LAURA MANDOS, Pharm D
Associate Professor of Clinical Pharmacy, Philadelphia College of Pharmacy, University of the Sciences; Clinical Assistant Professor of Psychiatry, University of Pennsylvania School of Medicine.
Specialty: Pharmacology

MARY JANE MINKIN, MD
Clinical professor of Obstetrics and Gynecology, Yale University School of Medicine, New Haven, CT.
Specialties: Obstetrics and gynecology, women's health

AMY NEWBURGER, MD
Associate in Clinical Dermatology, Columbia University College of Physicians and Surgeons, St. Luke's-Roosevelt Hospital Medical Center.
Specialties: Dermatology, cosmetics, hair/nails

PAMELA PEEKE, MD, MPH
Pew Foundation Scholar in Nutrition and Metabolism; Assistant Clinical Professor of Medicine, University of Maryland School of Medicine.
Specialties. Stress, metabolism, weight loss

DOUGLAS SCHAR, DipPhyt, MCPP, NMIMH
PhD candidate at University of Exeter, Devon, UK. Specialties: Herbs, mushrooms, disease-preventing plants

JUDITH STERN, ScD, RD
Professor of Nutrition and Internal Medicine, UC Davis.
Specialty: Nutrition

VARRO TYLER, PhD, ScD
Professor Emeritus of Pharmacognosy, Purdue University
Specialty: Pharmacognosy (including healing properties of foods)

WAYNE WESTCOTT, PhD
Fitness Research Director for the South Shore YMCA in Quincy, MA.
Specialty: Strength training (including exercise for aging, weight loss, muscle gain; also exercises for specific parts of body)

REDFORD WILLIAMS, MD
Professor of Psychiatry and Director, Behavioral Medicine Research Center, Duke University Medical Center Specialties: Psychiatry (effect of emotions on health); relaxation, anxiety, panic, anger

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WHAT WOULD HELP US PROVIDE MORE ACCURATE, BALANCED AND USEFUL INFORMATION

Addressing the following would enable journalists to expand and/or improve upon their coverage:

- Acknowledge CAM therapies as legitimate medical modalities
- Consistent educational standards for CAM practitioners
- Standards for dietary supplements, such as herbs
- National certification and licensure of appropriately trained CAM practitioners
- Broaden CAM training in medical schools
- Increase funding for CAM studies
- Figure out how to study modalities that fall outside the paradigm of conventional Western medicine

PREVENTION'S TARGET AUDIENCE

- 79% women, average age 50.1 years
- Median household income $46,900
- 26% college graduates
- 67% married

- 35% have children in household
- 79% own their home
- 35% go online

Prevention Readers' Attitudes toward CAM

- 32% use alternative medicine (vs. 13% for US national average)
- 74% believe herbal remedies work

HOWEVER...

- 68% are currently taking an Rx medication (vs. 39% national average.)

Top Health Concerns for *Prevention* Readers

- Cancer
- Weight Loss
- Nutrition
- Heart Disease
- Alt Medicine to maintain health
- Elderly medical conditions (arthritis)
- Vitamins
- Alt Med for serious health conditions
- Diabetes
- Depression

Prevention Reader Psychographics

- "Dr. Mom"—family gatekeeper
- Motivated health seeker
- Wants to be in-the-know and in control
- Not anti-doctor, just pro-medical options
- Optimistic, active "doer"

CUSTOMIZING OUR INFORMATION

We cover health news of interest to our readership at large. *Prevention*'s voice is friendly and easy to understand by anyone with roughly an eighth-grade education.

FUTURE CHANGES IN COVERAGE

It is to be expected that our coverage of CAM will expand over the next several years as more studies become available, more experts are trained, and more modalities/supplements are proven

safe and effective. It is also hoped that, over time, we'll feature more and more stories about the integration of conventional and CAM approaches for the successful treatment of health problems.

RECOMMENDATIONS

Herbal Medicine

When it comes to herbal medicine, American consumers are pretty much left to their own devices. There's no quality assurance for herbal products, and there are no national or statewide standards for training or certifying herbal practitioners.

To confuse matters further is the mandated labeling for herbal products—in this case, Echinacea:

"Supports a healthy immune system.* Supports natural resistance during winter season.*"

"* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease."

Germany, England, and other European countries have sound, rational systems for evaluating the safety and efficacy of herbal medicines. England has an effective professional association that qualifies practitioners of herbal medicine; Germany has an effective system of qualifying herbal drugs. Here in America, we need both systems.

And we don't even need to reinvent the wheel. We need only look back to the 1900 USP to find a sensible guideline for the manufacturer of herbal remedies, and to Germany's Commission E as a springboard to identifying and using herbs that are safe and effective.

In 1978, the *Bundesgesundheitsamt* (Germany's Federal Health Agency), now called the Federal Institute for Drugs and Medical Devices, empanelled an expert committee to evaluate the safety and efficacy of phytomedicines. As of 1993, some 300 monographs had been prepared, culled from scientific literature, case histories, field studies, and other reliable data.

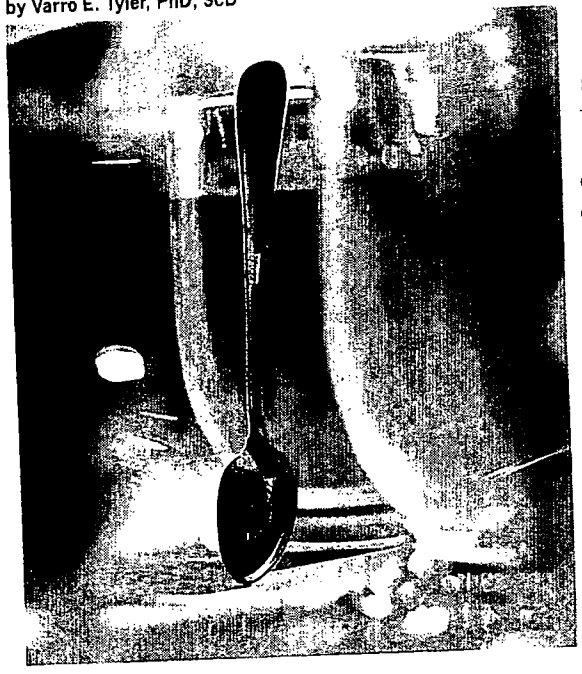
According to Varro Tyler, PhD, ScD, "Application of this kind of evaluation process results in the establishment of 'reasonable certainty' of the safety and efficacy of the herb being evaluated. It is not the full equivalent of the 'absolute certainty' required by the FDA for all drugs...but it's much less costly that the $350 million expenditure required to prove the safety and efficacy of a new chemical entity in the United States."

We should seriously consider adopting the German model for herbal medicine use. Instead of starting at ground zero, it makes sense to us that we consider officially using Commission E monographs—and expanding upon them—so that practitioners and consumers can make more informed choices about herbal medicine.

And finally, herbal practitioners should be subject to the same kind of training programs, licensure, and/or certification programs as are available to acupuncturists. Perhaps England's model of phytomedical training could serve as a model.

HerbNews

by Varro E. Tyler, PhD, ScD



Sip this tasty antioxidant brew.

ANDRE BARANOWSKI/ENVISION

Yummy Herb Teas

Caffeine-free and healthy too!

Most people drink herbal teas—Europeans call them tisanes—because they want a tasty hot beverage that's caffeine-free. Should the tea have an added health-giving property, that's a nice bonus.

In my experience, most commercial herbal teas are blends of several herbs, but the dominant taste is usually a pungent botanical such as cinnamon, clove, peppermint, or orange peel. If the tea mixture contains one or more of these, don't expect to taste much else. Without such ingredients, teas often taste bland, so some companies spice them up a bit by adding a bit of a purified essential oil as a flavor enhancer.

There are, however, a number of less familiar single-herb teas that possess unique flavors. Some are commercially packaged, while others must be obtained in bulk from your local herb store or the Internet. One that seems to be practically unknown in the US, but which has always intrigued me, is linden flowers, the dried blossoms of various species, especially *Tilia cordata* and *T. platyphyllos*.

Lovely Linden's a Winner

Some years ago, four botanists, including famed expert Julia Morton, held a tasting of 10 herbal teas, ranging from bearberry *(Arctostaphylos uva-ursi)* to yellow dock *(Rumex crispus)*. All agreed that **linden flower tea** was the most agreeable, with an aroma of alfalfa or clover and a pleasant alfalfa or haylike flavor.

Linden flower tea has never been very popular in the US, probably because of the warnings in older writings about its possible toxicity. German research has now determined these warnings to be unfounded. Medicinally, the tea has long had the reputation of a diaphoretic, meaning that it induces sweating, which can help bring down a fever. Whether this is due to the herb itself or the hot water in which it is drunk is still up for debate. Linden flower tea is prepared from 1 teaspoon of the herb steeped for 5 to 10 minutes in a cup of hot water.

Some Sweet-Tart Pleasers

Another herbal beverage that has enjoyed off-and-on popularity in the US, but which remains South Africa's most popular hot drink, is **red bush, or rooibos, tea.** It consists of the sun-dried, needlelike leaves and small twigs of a large, cultivated shrub native to South Africa and known botanically as *Aspalathus linearis*.

Like the other herb teas discussed here, red bush tea is caffeine-free. It is also low in astringent (mouth-puckering) tannins. For many years, no particular health claims were made for the beverage, but recent studies indicate some antioxidant and even cancer-preventive potential. Drink it straight or with milk and sugar, according to taste. I like it best for its flavor, which is similar to black tea but slightly more acidic. The tea is made by adding a cup or so of boiling water to a teaspoon of leaves, then simmering in a covered vessel over a low flame for at least 5 minutes.

If you like a tea that is slightly tart in taste but pleasantly refreshing, you'll go for one made from **hibiscus flowers** *(Hibiscus sabdariffa)*. The red flowers of this widely cultivated tropical plant are known by several other names, including roselle, Sudanese tea, and Jamaica sorrel. Hibiscus is often added in small quantities to various tea mixtures. Taken solo (1 teaspoon steeped in a cup of hot water for 5 minutes), this distinctive tea tastes delicious. Incidentally, it's also a great flavoring agent for various jams and jellies.

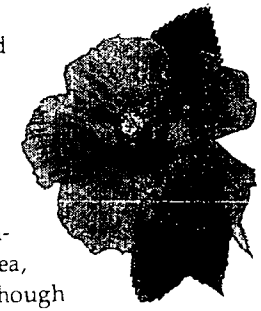
Preliminary studies have reported several potential health benefits for hibiscus, ranging from mild laxative and diuretic effects to an antibacterial action. But I think the jury's still out on its benefits, so I drink hibiscus tea just for its wonderful flavor.

A very popular tea mixture combines hibiscus flowers with **rose hips,** the false fruits of the dog rose *(Rosa canina)*. Because of their vitamin C content combined with other plant acids, pectins, and some tannins, the hips make a flavorful, fruity, slightly acidic tea all on their own. A cup of boiling water is poured over a scant teaspoon of the crushed hips and allowed to steep for 10 to 15 minutes.

Rose hip tea is often touted for its vitamin C content. However, remember that actual C content will depend on the exact botanic source, time of collection, method of drying, length of storage, and similar factors. Drink rose hip tea if you like the taste, but don't depend on it alone for your daily allowance of vitamin C.

A Couple of Underrated Teas

I have always thought that a tea made from the leaves of **stevia** *(Stevia rebaudiana)* was a very underrated hot beverage. It has a natural sweetness combined with a nice herbal taste and fragrance that can be quite pleasant. Just be sure to start with a small amount of the leaves to make certain that your brew has a sweetness you find agreeable.



Tropical hibiscus makes a refreshing tea.

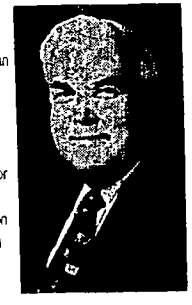
The tea prepared from an American **Ephedra** species *(E. nevadensis)* is known by several names, including Mormon tea, teamster's tea, squaw tea, and popotillo. Although widely used by frontiersmen for a variety of ailments, the tea lacks any significant therapeutic properties, because it doesn't contain any of the various ephedrine-type alkaloids (ephedrine, pseudoephedrine, norephedrine, etc.) found in the Chinese species of the plant. It does, however, have a refreshing astringent taste due to a high content of tannin, which some people find enjoyable.

These are just a sampling of the many herbs that make tasty, hot beverages. With a little experimentation, I'm sure you'll find one you'll enjoy. And all are caffeine-free, so they won't keep you awake at night. •

The Teas at a Glance

Common Name	Scientific Name	Taste
Hibiscus flowers	*Hibiscus sabdariffa*	Tart, refreshing
Linden flowers	*Tilia* species	Pleasant, haylike
Mormon tea	*Ephedra nevadensis*	Astringent
Red bush (rooibos)	*Aspalathus linearis*	Black tealike, acidic
Rose hips	*Rosa canina*	Fruity, acidic
Stevia	*Stevia rebaudiana*	Sweet, herblike

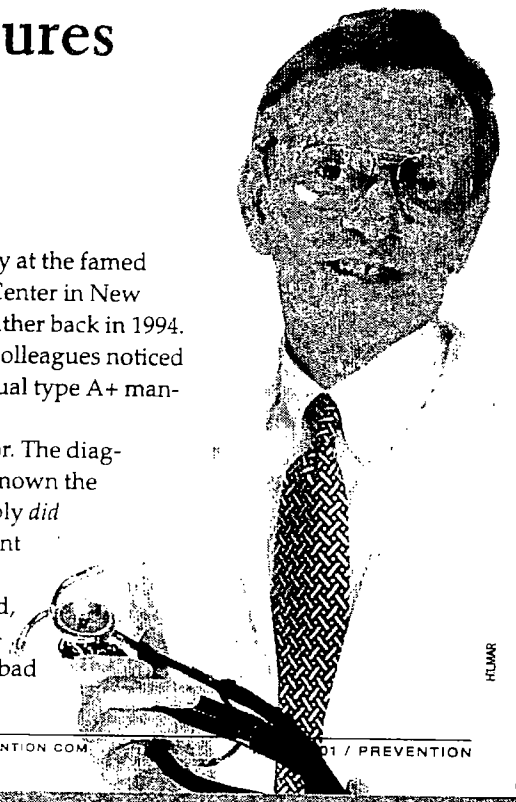
Varro E. Tyler, PhD, ScD, is America's foremost expert on herbs and plant-derived medicine. He is dean emeritus of the Purdue University School of Pharmacy and Pharmacal Sciences in West Lafayette, IN, and distinguished professor emeritus of pharmacognosy. He is also the author of more than 350 scientific articles and 30 books, including a new edition of *Tyler's Honest Herbal*, written with herbalist Steven Foster (Haworth Herbal Press, 1999).



"I Beat CANCER!"

Three courageous survivors share their unconventional lifesaving cures

by Mike McGrath



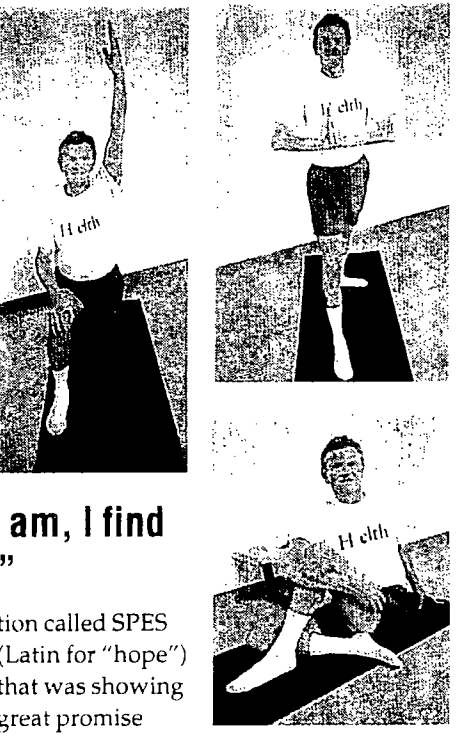
DR. WILLIAM R. FAIR

The Doctor and the Survivor

The hotshot head of urologic surgery at the famed Memorial Sloan–Kettering Cancer Center in New York City was feeling under the weather back in 1994. *Way* under. His wife noticed it. His colleagues noticed it. But William R. Fair, MD, in his usual type A+ manner, tried to ignore it.

Finally, his wife got him to a doctor. The diagnosis: colon cancer. "I should have known the symptoms," he says today. "I probably *did* know the symptoms, but I didn't want it to be that, so I ignored them."

The cancer was surgically removed, but it had already spread. Colon cancer—a particularly nasty type—was bad enough, but following the surgery and a year of chemotherapy, Dr. Fair suffered a recurrence of his tumor. He decided to attack his cancer head-on in two ways: He worked with a group of researchers attempting to develop a vaccine based on his specific cancer's cells. And he followed a path suggested by his friend Dean Ornish, MD, the nationally renowned physician who had shown that dietary and lifestyle changes alone could reverse heart disease.



"Now, no matter how busy I am, I find time to meditate every day."

Dr. Ornish urged him to attend the Cancer Help Program at Commonweal in Bolinas, CA, a weeklong retreat during which he would learn coping strategies, spiritual direction, yoga, and meditation. "But that was too 'touchy-feely, California kooky' for me at that point," Dr. Fair recalls, grinning. Instead of arguing with his friend, Dr. Ornish called Dr. Fair's wife, and she convinced him to go.

"I was changed by my experiences at that retreat," he says. "It was my first introduction to yoga and meditation—and now, no matter how busy I am, I find time to meditate every day."

Dr. Fair also contacted Sophie Chen, PhD, a research associate professor at the Brander Cancer Research Institute at New York Medical College in Valhalla. Dr. Chen had been working for years with a Chinese herbal combination called SPES (Latin for "hope") that was showing great promise against cancer.

"As it turned out, I already knew about SPES," Dr. Fair recalls. "I had moderated a scientific session about PC-SPES, a version that's specific to prostate cancer. I called Sophie, and she sent me some 'basic SPES' that I tested in the lab. After implanting my own tumor in mice and treating them with SPES, it seemed to have true anticancer properties against the tumor, so I started taking it.

"There are a lot of promising things such as SPES out there, and now that they're being studied, in 10 years or so we'll know for sure what they can do," he muses. "But I didn't have 10 years, so I just started taking it."

Dr. Fair may have that 10 years now. He says that CAT scans show progressive shrinkage of his cancer since he began taking the SPES. His personal experimental vaccine is still on the shelf.

"The vaccine is there if I need it," he says with the relief of a man who still has another card to play. But it's obvious that Dr. Fair, former advocate, defender, and cheerleader for conventional medicine, doesn't think that he'll need it.

And he doesn't think his success is due only to the 15-ingredient SPES. He also credits his personal transformation. Yes, he is still *way* too busy, could still be called a workaholic, and still possesses the drive that made him a top-of-his-class surgeon—but he also has a personal calm and inner peace that's obvious to all around him.

"I definitely don't think it's the herbs alone," he says. "I personally feel that the dietary changes I've made—a lower-fat diet with lots of fruits, vegetables, and whole grains—and the stress relief, meditation, and yoga are all equally important. Listen to me," he says as he catches himself, "I sound like one of those touchy-feely, California kooky types that I used to make fun of!"

Now he's one of them. "Like so many other people, I turned to complementary medicine out of frustration with conventional medicine. I knew that I'd run out of conventional options, yet my doctors still tried to get me to do things such as chemotherapy—even though there was absolutely no scientific or medical reason to believe that it could help in my case. What my epiphany, if you will, has taught me is to be more open to the possibilities of so-called alternative medicine.

"It's hard to conceive of cancer as a benefit, but my life *is* much richer and much fuller than it was before," he says. "And I think that I'm a better doctor now as well."

Dr. Fair left Memorial Sloan–Kettering after 16 years to join his son in developing Haelth, a national chain of complementary health facilities. He is an associate editor for the journal Alternative Therapies in Health and Medicine.

For more information on SPES, including a list of the ingredients that it contains, contact BotanicLab at (800) 242-5555. Find information about Commonweal, a program that helps people cope with life-threatening diseases, by calling (415) 868-0970.

NANCY BRINKER
A Survivor Fights Back

Breast cancer made a *big* mistake when it claimed Nancy Brinker's sister, Susan Komen, at the tender age of 36. Like Bruce Wayne vowing to avenge his murdered parents, Nancy swore to go after the dreaded disease like it was a street thug.

She created The Susan G. Komen Breast Cancer Foundation in Dallas and went to work battling the disease. Today, nearly 20 years later, the Foundation has raised more than $200 million, making it the world's largest private funder of breast cancer research. Much of the money has come from its Komen Race for the Cure events; the 5-K runs/walks took place in 100 different cities last year.

COURTESY

"I took a *lot* of vitamins during my chemo. I prayed, and prayed, and prayed. And I did a lot of visualization."

Ironically, one of the first lives saved by the Foundation was Nancy's own.

It was at one of their very first events—a breast health fair in Dallas—that she discovered her own cancer. "I had found a number of lumps in one of my breasts while my sister was dying," she recalls, "but they all tested benign. Then in 1984, at this early educational event that we sponsored, I absentmindedly ran my hand across a breast 'form' (a soft, realistic model) that was there to teach women what a cancer might feel like and felt the lump inside.

"That night, as I was getting into bed, I felt the same kind of lump in my breast—the same breast that had previously had all of those benign lumps. This one felt different from the others—and I wanted it *out*. Immediately!"

But "immediately" was not to be. Brinker was insistent that the lump be *removed*, not just biopsied, but her

doctors were reluctant because three biopsies had been performed on that same breast recently. It was 5 long weeks before she convinced a doctor to perform surgery.

"I was awake—they only gave me local anesthesia—and even though there was a drape between us, I could see the doctor's face when he first saw the exposed lump; I knew right away it was cancerous. I thought of what had happened to my sister—I was the same age she was when she died. I cried, 'Do the surgery today! I don't want to have to worry about this anymore!'"

Brinker had a modified radical mastectomy in which her breast was removed (with reconstruction 2 years later). But the cancer was the same kind that had killed her sister, so many lymph nodes were also removed. Five months of chemotherapy followed, along with a wide range of complementary therapies.

"I took a *lot* of vitamins during my chemo. I prayed, and prayed, and prayed. And I did a lot of visualization: I would fill myself with bright white light and visualize it going after any cancer cells. I've always felt strongly about mind/body medicine—that you can't just treat the body; you have to treat the *spiritual* needs of the person as well. My work has brought me in touch with a lot of people with cancer, and I've seen how much help these kinds of therapies can provide," she says. "Especially laughter. During my rehab, I was in support groups that included lots of children, and I learned how important laughter is. It's a great stress buster and mood changer."

Intensive yearly checkups show that, more than 15 years later, Brinker is still cancer-free. But her alternative regimen continues: "I still take lots of vitamins —particularly antioxidants. I also use herbs to help boost my immune system and relieve the stress caused by my hectic schedule. I walk 4 to 5 miles every day, follow a Mediterranean-style diet, and try to incorporate some humor—something to help me laugh —into every day."

To learn more about The Susan G. Komen Breast Cancer Foundation and the Komen Race for the Cure series, call (800) I'M AWARE (462-9273).

EDMUND RUBIN

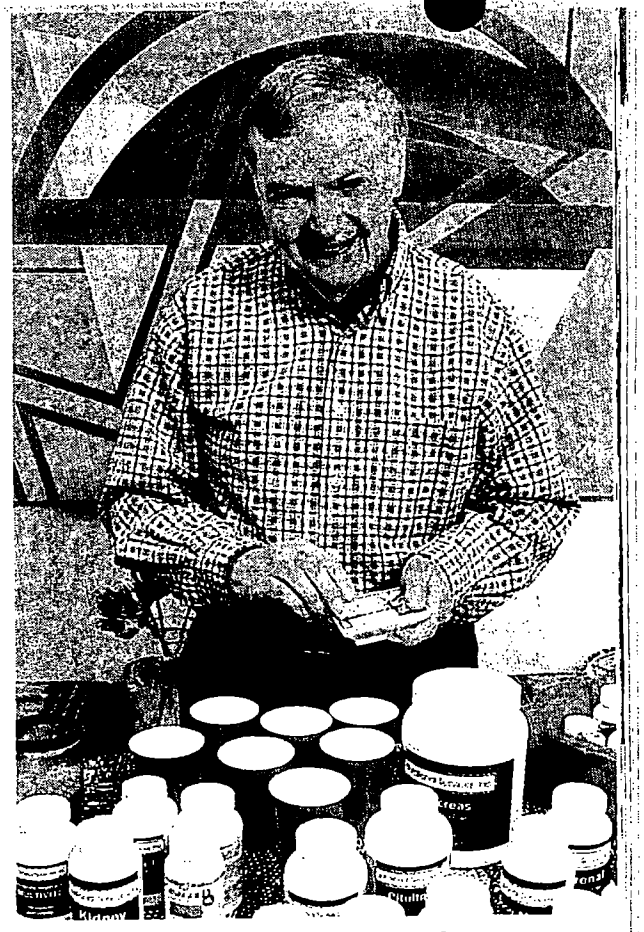
The Gonzalez Regimen

"A few years ago, my idea of alternative medicine was a One-A-Day vitamin and maybe some vitamin C," laughs Ed Rubin. But nowadays, the 76-year-old retired department store buyer and manager is alternative medicine personified.

Rubin takes 150 pills a day: vitamins, minerals, glandular extracts, and huge doses of specially designed pancreatic enzymes. He is "cleansed" daily by several coffee enemas. The former steak and spaghetti lover—"You couldn't get me *near* broccoli," he admits —now eats a near-vegetarian diet. Rice bread for breakfast. A quart of freshly made carrot juice every day. And almost everything is organically grown.

Sounds like a *lot* of work, right? "It's a lifetime commitment," Rubin agrees. But he quickly adds that he's happy making the commitment, because doing so has given him more life to live.

"By the time my kidney cancer was discovered and removed back in 1990, it had already spread," he explains. Despite experimental treatment with interferon, an aggressive second tumor appeared above his left ear; it was treated unsuccessfully with radiation. "My weight dropped from 135 to 105," he recalls. "The doctors didn't tell me, but the medical reports said that I had 6 months to live."



CHRISTOPHER WRIGHT/LAWSON

Rubin takes 150 pills a day: vitamins, minerals, glandular extracts, and huge doses of specially designed pancreatic enzymes.

Then he heard about Nicholas Gonzalez, MD, a New York City physician who was said to be successfully treating incurable cancers with an intensive program called the Gonzalez regimen. "I was so wiped out that I was willing to try anything," says Rubin. His "regular" doctors had given up, but could this "crazy" stuff save his life?

It did. After 6 months, Rubin's weight was back up and his tumor had disappeared.

"I know people who were on the regimen and stopped because it was too much trouble or because they were feeling good and thought they didn't need it anymore. But their cancers returned," he says. "So I don't consider it a difficulty or an inconvenience. It's keeping me alive, and I embrace it."

That unswerving adherence is the real reason Ed Rubin is alive today, explains Dr. Gonzalez. "The better that people comply with the program, the better they do," he says. "Those who pick and choose or get lazy or careless about taking their pills do not do well. Ed's gotten so good at integrating the regimen into his life that I sometimes ask him to help counsel new patients. When they see what it's done for him, they think, 'Well, maybe it's not *that* difficult.'"

The Gonzalez Regimen

The organic food, coffee enemas, and huge amounts of supplements sound like entrées on the menu of a Mexican cancer clinic. But the program is actually the result of Dr. Gonzalez's treasure hunts through forgotten conventional medical literature. In his second year of medical school, he came across the work of John Beard, MD, a Scottish embryologist and biology professor at the University of Edinburgh who, in the early1900s, observed that the placenta—the organ that supplies nutrition to the growing fetus in mammals—looks like cancer at the cellular level. But unlike cancer cells, placenta cells stop growing on cue.

That "cue" was the pancreatic enzymes secreted by a fetus. "So Dr. Beard obtained animal pancreases from slaughterhouses, injected the enzymes into animals with cancer, and reported that the tumors just 'popped off,'" says Dr. Gonzalez. Dr. Beard used the enzymes to treat cancer in humans, achieving cures that were documented in medical journals and a 1911 book. After he died, explains Dr. Gonzalez, "various doctors—all considered crazy by the medical establishment—tried to carry on his work."

Dr. Gonzalez, who examined some of this work as part of his immunology fellowship, turned down a "great opportunity" at Memorial Sloan–Kettering Cancer Center to continue his "crazy research." He opened a private practice in New York City in 1987 and began treating cancer patients with his own specially made pancreatic enzymes.

Word soon spread of his reported successes. In 1993, the National Cancer Institute (NCI) asked him to present a "best case series," where alternative practitioners present successful case reports as a prelude to beginning controlled studies. "So I showed them a woman whose breast cancer had spread to her brain and liver; she went on my regimen, and the cancers went away. I showed them several other cases of terminal cancer, all of which had gone into remission." In Dr. Gonzalez's pilot study involving 11 pancreatic cancer patients expected to live only 3 to 4 months, all but two lived for at least 2 years, and two lived more than 4 years.

Impressed, the NCI (along with the National Center for Complementary and Alternative Medicine at the National Institutes of Health) awarded Columbia–Presbyterian Medical Center in New York City a $1.4 million grant to conduct a study comparing Dr. Gonzalez's regimen to chemotherapy in treating pancreatic cancer patients, who normally have a grim prognosis.

The trial is recruiting patients in New York City. Currently, seven people have enrolled and have undergone the Gonzalez regimen for some 6 months; all but one are still alive. Clinical nurse Michelle Gabay, RN, who recruits patients for the trial, says that several of them are doing well, though she cautions that it's much too early to draw any conclusions. (At their initial diagnosis, these patients were expected to survive between 3 and 6 months.)

Given his highly unorthodox cancer treatments, it's no surprise that Dr. Gonzalez and his radical regimen have become lightning rods for harsh criticism. In January 2000, a sharply negative story about Dr. Gonzalez and his protocol was published in *The Washington Post*. (Dr. Gonzalez refuted the story point by point.)

Only time will tell whether the Gonzalez regimen is the answer for turning the tide against deadly pancreatic cancer and other forms of the disease. Perhaps the answers will be revealed when the NCI study is completed.

To learn more about Dr. Gonzalez and his therapy, call (212) 213-3337. To join the pancreatic cancer clinical trial currently underway at Columbia–Presbyterian Medical Center, call (212) 305-9468. •

Mike McGrath is a former Prevention *contributing editor.*

What Do These Survivors Have in Common?

Their remarkable recoveries have been shared at the Comprehensive Cancer Care Conference created by James S. Gordon, MD, a professor at Georgetown University Medical School and director of the Center for Mind–Body Medicine, both in Washington, DC. **This year's conference will be held October 16 to 21 at the Hyatt Regency Crystal City in Arlington, VA.** Cancer patients and their families and caregivers are welcome to attend at a significantly reduced fee. For more information, contact the Center for Mind–Body Medicine at (202) 966-7338.

To learn more about cancer and ways to beat it, go to www.prevention.com/news. Have experiences of your own you'd like to share? Follow the address above for a link to cancer-related conversations on our message board.

MARK HOUEY/STONE

Ace Elbow Pain

Acupuncture works when other therapies don't

When doctors at the Mayo Clinic used acupuncture to treat 22 people with chronic tennis elbow, 80% got complete and lasting relief. Another 10% experienced a marked improvement.

"We were treating the worst of the worst—patients who had been seriously disabled by their tennis elbow pain for an average of 14 months before starting acupuncture treatment," says Peter T. Dorsher, MD, a consultant in the department of physical medicine and rehabilitation at the clinic. Interestingly, the study participants had failed to find relief with all standard treatments for tennis elbow, including anti-inflammatory drugs, cortisone injections, and wearing braces.

Quick Tip
For more info on alternative therapies, go to www.prevention.com.

Tennis elbow (known to doctors as lateral epicondylitis) occurs when tendons in the joint become inflamed due to overuse of any kind. Even hammering or gardening can cause it. The recurring pain can radiate down the forearm, making it difficult to extend the arm. It also causes twinges when lifting or grasping even lightweight objects.

People in the study received four treatments with acupuncture needles, a painless healing method used for more than 2,500 years in Traditional Chinese Medicine to relieve pain and treat a wide variety of illnesses. Practitioners believe that pain is a result of blockages of energy and/or bloodflow in a particular area. Acupuncture is thought to release the blockages and promote healing.

To find a qualified acupuncturist in your area, call the American Association of Oriental Medicine toll-free at (888) 500-7999, or e-mail them at aaom1@aol.com. •

Immune System Stimulant

MAITAKE *(Grifola frondosa)*

Uses: Recommended for viral problems such as herpes, warts, chronic fatigue syndrome, postviral syndrome, and colds
How much to take: Two 350-mg tablets
How often: Three times a day
How long: Maitake can be used to knock out a virus and keep it in remission. Initially, it should be used for 3 months on a daily basis; thereafter, it can be used if there is any suspicion of a relapse. For oral or genital herpes, use maitake continuously until you are symptom-free. Begin taking it again whenever you feel the telltale twinge that usually precedes a herpes outbreak.
Warning/drug interactions: None known
How to buy: Choose tablets made from powdered, whole *Grifola frondosa* mushrooms. Avoid products containing standardized extracts of maitake.
The expert says: In a world where there is very little to offer people suffering from viral diseases, I find that maitake offers hope

The Allergy Alternative

NETTLE *(Urtica dioica)*

Uses: Allergies, allergic skin rashes, hay fever, and seasonal rhinitis
How much to take: Tincture 1:5, 1 teaspoon; fluid extract 1:1, 20 drops
How often: Three times a day
How long: Start before allergy season begins, and continue taking it straight through the season or whenever your particular allergy surfaces.
Warning/drug interactions: None known
How to buy: Select products made from the whole *Urtica dioica* plant. Avoid products made from nettle root.
The expert says: I find that in some cases, nettle alone has resolved long-standing allergy problems

TOP LEFT, SEAN ELLIS/TSI; BOTTOM LEFT, IAN O'LEARY/TSI

The Liver Protector

MILK THISTLE *(Silybum marianum)*

Uses: Useful for people with liver disease, those who abuse alcohol or drugs or take liver-damaging prescriptions, those working with toxic chemicals, and those with chronic and acute hepatitis
How much to take: Dried seed, 1 teaspoon of seeds boiled into a tea; tincture 1:5, 1 teaspoon; fluid extract 1:1, 10 drops; tableted standardized extract, 70- to 210-mg extract standardized to 70 to 80% silymarin
How often: Three times a day
How long: As long as the liver is subject to toxic chemicals, take milk thistle to prevent damage from occurring. It is safe for long-term use. Use long term if you have chronic liver disease.
Warning: In excessively large doses, it may cause loose stools when you begin taking it.
Drug interactions: None known
How to buy: Choose products made strictly from the seed of *Silybum marianum*. The standardized extracts have gained popularity, but in my practice, the nonstandardized products have worked just as well. Avoid products made from other parts of the plant.
The expert says: When chronic liver disease or chronic exposure to toxins is the problem, milk thistle is my first choice. In a world filled with toxic liver-damaging pollutants, milk thistle is a powerful herbal ally.

Meet Our Expert

Douglas Schar, DipPhyt, MCPP, is a London- and Washington, DC-based herbalist specializing in disease-preventing herbal medicines. He has a Diploma in Phytotherapy, which is an herbal medical degree, and he is a Member of the College of Practitioners of Phytotherapy. He is currently pursuing his PhD in herbal medicine at the University of Exeter, England. Schar has more than a decade's worth of experience prescribing and using herbs. To learn more about herbs, visit his Web site at www.planetbotanic.com.

The Accident Plant

WITCH HAZEL *(Hamamelis virginiana)*

Uses: Sore or injured muscles, joints, or bones; scratches, minor burns, and insect bites
How much, how often, how long: Witch hazel is used topically to encourage and speed healing. Apply the 1:5 tincture to a bandage, and place over the injured area. Allow the dressing to stay in place until the wound or injury heals.
Warning: For external use only
Drug interactions: None known
How to buy: Select an alcohol-based product (tincture) made from the bark and/or leaves of *Hamamelis virginiana*. Avoid distilled witch hazel water.
The expert says: I know of no plant more effective in reducing inflammation and speeding the healing process than good old witch hazel

Migraine and Chronic Headache Prevention

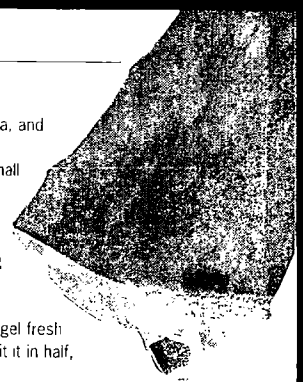
FEVERFEW *(Tanacetum parthenium)*

Uses: Prevention of migraines and cluster headaches—it's not useful for treating a headache once it starts.
How much to take: Fresh herb, one leaf, freeze-dried herb, 300-mg tablet; fresh plant tincture 1:5, 40 drops; tableted standardized extract, a dose providing the equivalent of 0.25 to 0.50 mg parthenolide
How often: One dose every morning
How long: Remission should begin after 2 months of use. If there has been no improvement after 4 months, discontinue use. The herb can be used indefinitely, though after 2 years, some people no longer find it necessary.
Warning: In rare instances, it can cause mouth ulcers.
Drug interactions: None known
How to buy: Since traditional drying destroys the active constituent of feverfew, only buy tinctures made from fresh leaf or tablets/capsules made from the freeze-dried leaf.
The expert says: In my experience, many lifetime headache sufferers have found permanent relief with this herb.

TOP LEFT, HILMAR; TOP RIGHT, HILMAR; BOTTOM RIGHT, AGE FOTOSTOCK

Skin Healer

ALOE *(Aloe vera)*



Uses: Chronic skin disorders such as psoriasis, eczema, and acne; sunburn, minor burns, and minor wounds
How much, how often: For skin disorders, apply a small amount of gel to the wound or skin complaint three times a day. The gel should be applied until the wound or condition has healed.
How long: Applied externally, aloe can be used as long as needed.
Warning/drug interactions: None known
How to buy: Only purchase pure aloe vera gel, or use gel fresh from an aloe plant. Simply break off a stalklike leaf, split it in half, scrape off the gel, and apply.
The expert says: I find that aloe heals the skin surfaces that it touches.

The Arthritis Easer

DEVIL'S CLAW *(Harpagophytum procumbens)*

Uses: Chronic joint, muscle, or tendon pain
How much to take: Tincture 1:5, 1 teaspoon; fluid extract 1:1, 20 drops, tableted dry solid extract 3:1, 400-mg tablet
How often: Three times a day
How long: Must be used for 2 to 3 months to feel effects
Warning: Should not be used by individuals with gastric or duodenal ulcers, those taking antiarrhythmia medication, those with gallstones, or by pregnant or lactating women
Drug interactions: It should not be used with other nonsteroidal anti-inflammatory drugs (aspirin, ibuprofen, naproxen, etc.) because its activity is similar.
How to buy: Choose products made solely from the root of *Harpagophytum procumbens*.
The expert says: I find that devil's claw is often as effective as the prescription and over-the-counter drugs used to treat arthritis —minus the side effects.

TOP LEFT, RODALE IMAGES; BOTTOM LEFT, HILMAR

The Good-for-Your-Heart Herb

HAWTHORN *(Crataegus monogyna)*

Uses: May be helpful for those with a family history of cardiovascular disease or who are at high risk of developing cardiovascular disease
How much to take: Dried fruit or flower heads, 3 g as tea; tincture 1:5, 1 teaspoon; fluid extract 1:1, 20 drops; tableted solid standardized extract, 100- to 250-mg tablet (standardized to 10% procyanidins)
How often: Three times a day
How long: Hawthorn is a long-term preventive treatment for cardiovascular disease. It is safe to use for a lifetime, and that is how long you should plan to use it.
Warning: Hawthorn can reduce blood pressure. If you are already taking blood pressure medication, you may require less of it. Have your physician monitor and alter your blood pressure medication if necessary. **Never alter your heart medication in any way without consulting with your physician.** People with low blood pressure should use hawthorn with caution due to its blood pressure–reducing activity. In the case of existing heart disease, hawthorn should only be used under the advice of a health care practitioner

Drug interactions: Should not be used if you are taking digoxin or any similar drug
How to buy: Choose products made from the flowering tips or fruits of *Crataegus monogyna*. Though the standardized extracts have gained popularity, nonstandardized products work just as well.
The expert says: If you want to avoid developing heart disease, this is the herb I recommend. In my experience, high-risk patients look better, feel better, and are better when they take hawthorn regularly.

Menstrual Problem Solver

CHASTEBERRY
(Vitex agnus-castus)

Uses: PMS, irregular periods, painful periods, excessive bleeding during menstruation, and absent menstruation
How much to take: Tincture 1:5, 50 drops in a cup of water; fluid extract 1:1, 10 drops in a cup of water; tableted standardized extract to contain 0.5% agnuside, 175 to 225 mg per day
How often: Once in the morning
How long: Chasteberry must be taken for three consecutive menstrual cycles before you'll notice improvement. After 2 years of use, you can discontinue taking it; your cycle should remain regular.
Warning/drug interactions: None known. If you are experiencing bleeding between periods, see your gynecologist.
How to buy: Choose products made of *Vitex agnus-castus* seed. Nonstandardized products work as well as standardized products.
The expert says: Most cases of menstrual irregularity improve when chasteberry is used regularly.

LEFT, IMAGEBANK; RIGHT, HILMAR

Herb Tips

If you've taken an herb for the recommended amount of time and it's not working, discontinue use and consult an herbally trained practitioner. If you have a serious medical problem or history, or are taking prescription drugs, check with a knowledgeable doctor who can discuss possible interactions before taking herbs. Herbs shouldn't be used by women who are pregnant or nursing unless prescribed by a health care practitioner.

Read the label carefully to be certain that the product contains the right herb, the right part of the herb, and only that herb. Avoid combination herbal products unless otherwise directed by your herbal practitioner.

PREVENTION
Your FREE Pullout Guide

9 Herb Cures to Use Right Now!

Got arthritis? Allergies? Hope to stave off heart problems? Banish PMS? Need some quick first-aid? Our free pullout guide shows you exactly which herbs to reach for, how much to take, and how often to take them

by Douglas Schar, DipPhyt, MCPP

Don't go herb shopping without this handy guide

When you want to treat a health problem with herbs, you want specifics, not speculation. And when it comes to the herbs that can ease those problems, specifics really matter. Though there are hoards of herbal products out there, it's not always easy to tell which you should use or how you should use it. The labels tell you nothing, and store clerks are often completely clueless. **To use herbal medicine, you need specific guidance, and getting that guidance is a challenge.**

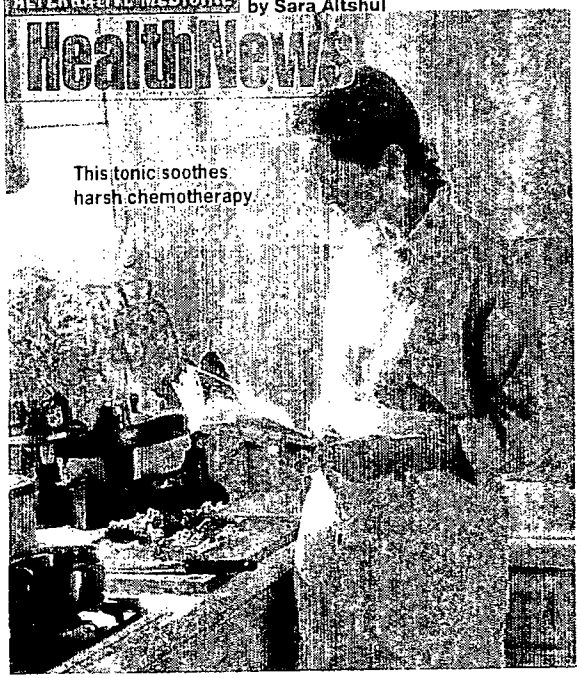
One reason for all the confusion is the regulations issued by the FDA. Under the Dietary Health and Education Act of 1994, herbal products became "dietary supplements," subject to certain rules covering labeling and advertising. As a result, herbal product manufacturers are prohibited from giving you the specific information you need. **Manufacturers can only make claims for structure and function, not for herbs' specific actions and uses.** That's why you'll never see an ad for St. John's wort that mentions its proven ability to ease mild to moderate depression. Instead, you'll see an ad that refers to its "mood-enhancing benefit."

To make matters murkier, herb manufacturers can—and do—use different formulas and concentrations. That means that one maker's ginseng might deliver 500 mg per dose; another might deliver 100 mg. That, too, makes for mountains of confusion.

Relax. Here's where the confusion ends and expert advice comes to your rescue. **This handy pullout guide tells you everything you need to know about nine clinically proven herbs** that can ease a variety of vexing conditions. Read on—and happy healing!

ALTERNATIVE MEDICINE by Sara Altshul

HealthNews



Herbal Formula Makes Chemotherapy Easier

Ancient formula curbs nausea, improves appetite

Women—and men—undergoing breast cancer therapy felt better, had an easier time eating, and experienced less nausea when they took Amrit, an herbal formula drawn from the ancient healing system from India known as Ayurveda.

One hundred twenty-nine patients with breast cancer participated in the study, which was conducted at the All India Institute of Medical Sciences in New Delhi. Sixty-one received chemotherapy along with Amrit; the other 68 received chemo alone. Both groups also took an antinausea drug. The Amrit group reported less nausea and vomiting, slept better, had an easier time eating, and had fewer mouth sores. Their general well-being also improved. *(Presented at* Experimental Biology *2000 meeting, Apr 2000)*

"Amrit, which means 'elixir of life' in Sanskrit, is a combination of 40 herbs that help the liver filter toxins out of the body," says Hari Sharma, MD, professor emeritus and former director of cancer prevention and natural products research at Ohio State University in Columbus, who was involved in the study.

Developed thousands of years ago by India's Ayurvedic healers, Amrit is used traditionally as a tonic to boost overall well-being. But recent studies suggest that it is especially useful for helping the body deal with the toxic load imposed by aggressive chemotherapy.

Among its ingredients are Indian gallnut, which is known to improve liver function; piper longum, an anti-inflammatory; and Indian gooseberry, widely used in Ayurveda to rejuvenate the circulatory and digestive systems.

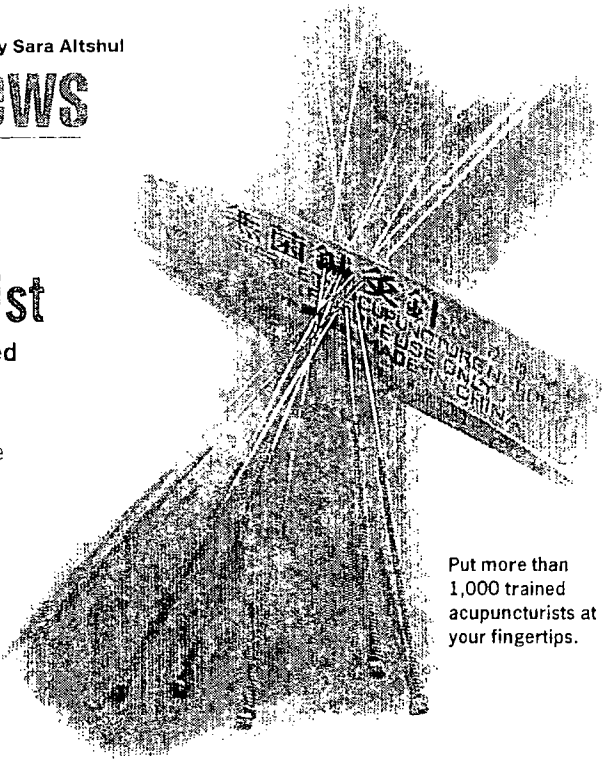
Amrit is available by calling toll-free (888) 422-6748, or by logging on to www.amritpro.com. ●

ALTERNATIVE MEDICINE by Sara Altshul

HealthNews

Dial an Acupuncturist

Hotline locates qualified practitioners—fast



Put more than 1,000 trained acupuncturists at your fingertips.

More and more studies prove the value of acupuncture for easing conditions ranging from simple nausea to the side effects of cancer treatment. Now it's easier than ever to find a qualified practitioner of this ancient oriental healing art.

The American Association of Oriental Medicine (AAOM) in Catasauqua, PA, has launched a toll-free referral hotline that lists nationally certified practitioners state by state. It's also available online. The registry lists more than 1,000 practitioners who must have at least 3 years of training in acupuncture and Oriental Medicine, as well as pass a rigorous certification exam. At press time, the list includes practitioners in 44 states and Washington, DC (exceptions are Kentucky, Mississippi, North Dakota, Oklahoma, South Dakota, and Wyoming).

Quick Tip

Scientific studies have shown that acupuncture can relieve knee pain caused by osteoarthritis, muscle soreness, hot flashes, chronic pain, and headaches.

Many of the practitioners are trained herbalists as well. The AAOM also offers the only nationally certified herb examination in the country, says David Molony, PhD, executive director of the AAOM. He is a traditional Chinese medical practitioner and author of *The American Association of Oriental Medicine's Complete Guide to Chinese Herbal Medicine* (Berkley, 1998). Most certified practitioners use a combination of therapies, including acupuncture, herbs, diet, deep tissue work, and exercises such as tai chi and qi gong; many use homeopathy as well.

To find a qualified acupuncturist in your area, call toll-free (888) 500-7999, or visit the AAOM's Web site at www.aaom.org. •