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**WHITE HOUSE COMMISSION ON COMPLEMENTARY AND
ALTERNATIVE MEDICINE POLICY (WHCCAMP)**

HEARING DATES: March 26-27, 2001

MEETING TOPICS: Information Development and Dissemination; Self-care and Wellness

Hello, My name is Scott Lamp. I am chairman of the American Massage Therapy Association Healthcare Integration Committee.

Due to the recognized health benefits and low cost of massage, massage therapists have become primary providers of wellness-oriented therapy for people who are considered healthy by most standards.

From my experience, today's clients expect to receive information on self-care from their massage therapists and most massage therapists feel that part of their job is to educate their clients regarding general wellness issues. In doing so, therapists must stay within the defined scope of practice and not dispense specific medical advice. However, in Ohio (for example), education is considered outside the scope of practice for massage therapy, clearly blocking the flow of information. How can practitioners be expected to help a person with neck tension and not discuss with them the cause of that tension or recommend simple techniques to gain relief? In our efforts to restrict non-medical healthcare providers from prescribing specific medical protocols, we must be sure not to unduly restrict discussion between CAM practitioners and their clients regarding general health and wellness practices that are ubiquitous in the media. I urge the Commission to include in its recommendations that any healthcare provider be allowed to discuss generally-recognized wellness practices, such as taking a warm bath, without fear of being charged with practicing medicine without a license.

As we integrate more with the mainstream healthcare delivery system, many therapists worry that medically-oriented massage will place an added burden on those therapists with cash-based, wellness-oriented practices? We must not allow the escalating costs and professional requirements associated with medically-oriented care to interfere with providing low cost, wellness-oriented massage.

There seems to be little interest and even less money for research into wellness-oriented therapies that do not retail a product. Who will fund research to provide the healthy with continued good health? How will we understand the cost benefit to our society of promoting healthy lifestyles? A massage therapy research agenda has been developed by a workgroup of the AMTA Foundation. They have noted that the effect of regular massage on a healthy population has never been formally studied and recommend that this study be a priority.

In closing, I would like to thank the Commissioners for their efforts and remind you that AMTA serves as a reliable source of information to the media and consumers regarding massage therapy. Anyone can visit our Web site www.amtamassage.org. In addition, AMTA's Find a Massage TherapistSM national locator service helps more than 75,000 consumers and physicians each year locate qualified AMTA professionals in their area.

We are currently exploring methods to better serve as an information resource for the medical community and the insurance industry. As chairman of AMTA's Healthcare Integration Committee I would welcome any suggestions offered by the Commission in this regard.

Thank you.

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



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

Washington, D.C., March 26-27, 2001



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 lifter,” 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.



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.

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 prejudices 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."

NUTRITION, CAM, AND WELLNESS FROM A CAM PERSPECTIVE
Testimony of M. Kushi

ADDENDUM
TABLE OF CONTENTS

	<u>Page</u>
Research Materials on Dietary Practice for Health Prevention and Improvement.....	2
Alternative Medicine and Diet in General.....	3
Heart Disease and Blood Pressure.....	5
Cancer.....	7
AIDS.....	10
Radiation Sickness.....	11
Mental Illness.....	12
Diabetes and Hypoglycemia.....	13
Alternative Medicine.....	14
Survey #1 D. Eisenberg et al. January 28, 1993.....	14
Survey #2 D. Eisenberg et al. November 11, 1998.....	14
Med. Schools Teaching D. Eisenberg et al. September 2, 1998.....	15
Heart Disease.....	16
American Heart Association Comments on Macrobiotics	
Cancer.....	17
The Dietary Causes of Cancer by M. Kushi.....	17
American Cancer Society.....	20
Guidelines on Diet, Nutrition, and Cancer Prevention (excerpts) - Prevention & Early Detection.....	21
Comment on Macrobiotics.....	24
Recommendation: University of Texas (UTX) Website.....	25
University of Texas Website: Macrobiotics and Cancer.....	26
NIH Grant: A Study of the Macrobiotic Approach to Cancer Overview.....	30
Index of Cases.....	
Index & Summary of Six Best Cases.....	
 BOOKS: <i>Diet for a Strong Heart</i> by Michio Kushi	
<i>The Cancer-Prevention Diet</i> by Michio Kushi	

Research Materials on Dietary Practice for Health Prevention and Improvement

Educational Purpose

**Michio Kushi & Associates
Kushi Foundation, Inc.**

Issued: November 18, 1998

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Research Papers: Alternative Medicine and Diet in General

- Brown, P. T. and Bergan, J. G., "The Dietary Status of 'New Vegetarians,'" *Journal of the American Dietetic Association* Vol. 67, 455-459, November 1975
- Blanc, B. H. and Hertel, H. U., "Influence on Man: Comparative Study About Food Prepared Conventionally and in the Microwave Oven,": *Raum & Zeit* 3(2): 1992
- Cassileth, B. R., et al., "Contemporary Unorthodox Treatments in Cancer Medicine: A Study of Patients, Treatments, and Practitioners," *Annals of Internal Medicine* 101: 105-112, 1984
- Clinical Oncology Group, "New Zealand Cancer Patients and Alternative Medicine," *New Zealand Medical Journal*, 100, 110-113, 1987
- Cohen, C. J., et al., "Prevalence of Non-Conventional Medical Treatments in HIV-Infected Patients: Implications for Primary Care," *Clinical Research*, Vol. 38, No. 2, 692A, 1990
- Cottrell, M. C., Open Letter in support of the macrobiotic diet for the prevention and management of heart disease, diabetes, obesity, renal failure, gastrointestinal disease, allergies, arthritis, AIDS, chronic depression, anxiety syndromes. March 14, 1988
- Cowley, G., "Cancer & Diet," *Newsweek*: 60-66, Nov. 30, 1998
- Eisenberg, D. M, et al., "Unconventional Medicine in the United States," *The New England Journal of Medicine* Vol. 328: 245-252, Jan. 28, 1993
- Hinds, Alison, "A Short Study of the Macrobiotic Diet," (London: Queen Elizabeth College, University of London, 1985)
- Hufeland, D. C. W., "Die Kunst das menschliche Leben zu verlangern," reported in *Preventive Medicine* 3, 421-427, 1974
- National Academy of Sciences, *Diet, Nutrition, and Cancer*. Washington, D. C., National Academy Press, 1982
- National Academy of Sciences, *Diet and Health: Implications for Reducing Chronic Disease Risk*. Washington, D. C., National Academy Press, 1989
- *The New York Times*, "Chemists Learn Why Vegetables Are Good For You," April 13, 1993
- Oldways Preservation & Exchange Trust, "Traditional Healthy Asian Diet Pyramid," 1995
- Oldways Preservation & Exchange Trust, World Health Organization (WHO) European Regional Office, and WHO/FAO Collaborating Center in Nutritional Epidemiology at Harvard School of Public Health, "The Traditional Healthy Mediterranean Diet Pyramid," 1994
- Rogers, S. A., "Improvement in Chemical Sensitivity with the Macrobiotic Diet," *Journal of Applied Nutrition* 48: 85-92, 1996
- *Science News* 139: 357, 1991, "A Soy Sauce Surprise"
- Select Committee on Nutrition and Human Needs, U.S. Senate, *Dietary Goals for the United States*, 1977
- U.S. Department of Agriculture/U.S. Department of Health and Human Services, *The Food Guide Pyramid*, Hyattsville, MD: Human Information Service, 1992 (Publication HG252) and Washington, D. C., U.S. Government Printing Office, 1992
- U.S. Surgeon General, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, 1979
- Slavin, J., et al., "Whole Grain Consumption and Chronic Disease: Protective Mechanisms,": *Nutrition and Cancer* 27 (1): 14-21, 1997

- Wein, B., "The World's Healthiest Diet," *Self*: 173-201, Mar. 1995
- Wentzel, M. S., Eisenberg, D. M., and Kaptchuk, T. J., "Courses Involving Complementary and Alternative Medicine at US Medical Schools," *The Journal of the American Medical Association* Vol. 280: 784-787, September 2, 1998
- Willett, W. C., "Diet and Health: What Should We Eat?" *Science* 264: 532-537, 1994
- Willett, W. C., "The Dietary Pyramid: Does the Foundation Need Repair?", *American Journal of Clinical Nutrition* 68: 218-219, 1998

Research Papers: Heart Disease and Blood Pressure

- Anderson, J., "Hypercholesterolemic Effects of Oat-Bran or Bean Intake on Hypercholesterolemic Men," *American Journal of Clinical Nutrition* 40: 1146-1155, 1984
- Bergan, J. G. and Brown, P. T., "Nutritional Status of 'New' Vegetarians," *Journal of the American Dietetic Association* Vol. 76: 151-155, February 1980
- Castelli, W. P., "Summary of Lessons from the Framingham Heart Study," Framingham, MA, September 1983
- Jacobs, D. R., Meyer, K. A., Kushi, L. H., Folsom, A. R., "Whole-Grain Intake May Reduce the Risk of Ischemic Heart Disease Death in Post-Menopausal Women: the Iowa Women's Health Study," *American Journal of Clinical Nutrition* 68: 248-257, 1998
- Jeppesen, J., Schaaf, P., Jones, G., Zhou, M-Y., Chen, Y-DI., Reaven, G. M., "Effects of Low-Fat, High-Carbohydrate Diets on Risk Factors for Ischemic Heart Disease in Postmenopausal Women," *American Journal of Clinical Nutrition* 65: 1027-1033, 1997
- Knuiman, J. T. and West, C. E., "The Concentration of Cholesterol in Serum and in Various Serum Lipoproteins in Macrobiotic, Vegetarian and Non-Vegetarian Men and Boys (A Study with Macrobiotic People)," *Atherosclerosis* 43: 71-82, 1982
- Kushi, L. H., et al., "The Association of Dietary Fat with Serum Cholesterol in Vegetarians: The Effect of Dietary Assessment on the Correlation Coefficient," *American Journal of Epidemiology* Vol. 128, No. 5, 1054-1064, 1988
- Kushi, L. H., Samonds, K. W., Lacey, J. M., Brown, P. T., Bergan, J. G., and Sacks, F. M., "The Association of Dietary Fat with Serum Cholesterol in Vegetarians: The Effect of Dietary Assessment on the Correlation Coefficient,"
- Liu, S., Stampfer, M. J., Manson, J. E., et al., "A Prospective Study of Glycemic Load and Risk of Myocardial Infarction in Women," *FASEB J* 12: A260 (abstract), 1998
- Morris, J. N., Marr, J. W., and Clayton, D. G., "Diet and Heart: A Postscript," *British Medical Journal* 2: 1307-1314, 1977
- Orringer, C. E., Letter to Helen E. Sheehan supporting macrobiotic dietary intervention to lower cholesterol levels as a means of preventing the occurrence and recurrence of heart disease, March 15, 1988
- Rimm, E. B., Ascherio, A., Giovannucci, E., Spiegelman, D., Stampfer, M. J., Willett, W. C., "Vegetable, Fruit, and Cereal Fiber Intake and Risk of Coronary Heart Disease Among Men," *The Journal of the American Medical Association* 275: 447-451, 1996
- Sacks, F. M., et al., "Lack of an Effect of Dairy Protein (Casein) and Soy Protein on Plasma Cholesterol of Strict Vegetarians. An Experiment and a Critical Review," *Journal of Lipid Research*, Vol. 24: 1012-1020, 1983
- Sacks, F. M., et al., "Plasma Lipoprotein Levels in Vegetarians: The Effect of Ingestion of Fats from Dairy Products," *The Journal of the American Medical Association* 253 (10): 1337-1341, September 13, 1985
- Sacks, F. M., Castelli, W. P., Donner, A., and Kass, E. H., "Plasma Lipids and Lipoproteins in Vegetarians and Controls (The Framingham Heart Study, with Macrobiotic People)," *The New England Journal of Medicine* 292: 1148-1151, 1975
- Sacks, F. M., Donner, A., Castelli, W. P., Gronemeyer, J., Pletka, P., Margolius, H. S., Landsberg, L.,

Kass, E. H., "Effect of Ingestion of Meat on Plasma Cholesterol of Vegetarians (A Study with Macrobiotic People)," *The Journal of the American Medical Association* Vol. 245, No. : 640-644, August 7, 1981

- Sacks, F. M., Ornish, D., Rosner, B., McLanahan, S., Castelli, W. P., and Kass, E. H., "Plasma Lipoprotein Levels in Vegetarians: The Effect of Ingestion of Fats From Dairy Products (A Study with Macrobiotic People)," *The Journal of the American Medical Association* Vol. 254, No. 10: 1337-1341, September 13, 1985
- Sacks, F. M., Rosner, B., and Kass, E. H., "Blood Pressure in Vegetarians (A Study with Macrobiotic People)," *American Journal of Epidemiology* Vol. 100, No. 5: 390-398, 1974
- Sacks, F. M., Wood, P. G., Kass, E. H., "Stability of Blood Pressure in Vegetarians Receiving Dietary Protein Supplements," *Hypertension* 6: 199-201, 1984
- Slattery, M. L., et al., "Meat Consumption and its Associations with Other Diet and Health Factors in Young Adults: the CARDIA Study," *American Journal of Clinical Nutrition* 54: 930-935, 1991
- U.S. Surgeon General, "Healthy People," *U.S. Surgeon General's Report*, 1979
- Vermuyten, R., *Macro Muse*: 39, Fall/Metal 1984
- World of Science, "Macrobiotic Blood – Good Blood & Research on the Blood of Macrobiotic People in Connection with the Cardiovascular Problem," Ghent, Fall 1983

Research Papers: Cancer

- Adlercreutz, H., et al., "Determination of Urinary Lignans and Phytoestrogen Metabolites, Potential Antiestrogens and Anticarcinogens, in Urine of Women on Various Habitual Diets," *Journal of Steroid Biochemistry* 25, (5B), 791-797, 1986
- Adlercreutz, H. et al., "Effect of Dietary Components, Including Lignans and Phytoestrogens, on Enterohepatic Circulation and Liver Metabolism of Estrogens and on Sex Hormone Binding Globulin (SHBG)," *Journal of Steroid Biochemistry* Vol. 27, No. 4-6, 1135-1144, 1987
- Adlercreutz, H. and Mazur, W., "Phyto-oestrogens and Western Diseases," *Annals of Medicine* 29 (2): 95-120, 1997
- American Cancer Society, "Alternative Cancer Therapies Popular Today" in *Alternative and Complementary Therapies: Hope. Progress. Answers, Cancer Vol. 77 Number 6: 1*, March 15, 1996
- American Cancer Society Internet Site, "Complementary and Alternative Therapies, 1997 and 1998
- Axelson, M., et al., "Soya – A Dietary Source of the Non-Steroidal Oestrogen Equol in Man and Animals," *Journal of Endocrinology* 102, 49-56, 1984
- Baggott, J. E., et al., "Effect of Miso (Japanese Soybean Paste) and NaCl on DMBA-Induced Rat Mammary Tumors," *Nutrition and Cancer* 14, No. 2, 103-109, 1990
- Block, G., et al., "Fruits, Vegetables, and Cancer Prevention: A Review of the Epidemiological Evidence," *Nutrition and Cancer* 18: 1-29, 1992
- Buckman, D. K., Chapkin, R. S., and Erickson, K. L., "Modulation of Mouse Mammary Tumor Growth and Linoleate Enhanced Metastasis by Oleate," *Journal of Nutrition* 120: 148-157, 1990
- Campbell, T. C., Junshi, C., Junyao, L., and Peto, R., *Diet, Lifestyle, and Mortality in China: A Study of the Characteristics of Sixty-Five Chinese Counties*, Oxford University Press and Cornell University Press, 1990
- Carter, J. P., et al., "Hypothesis: Dietary Management May Improve Survival from Nutritionally Linked Cancers Based on Analysis of Representative Cases," *Journal of the American College of Nutrition* 12: 209-226, 1993
- Chihara, G., et al., "Fractionation and Purification of the Polysaccharides with Marked Antitumor Activity, Especially Lentinan, from *Lentinus edodes* (Berk.) Sing. (an Edible Mushroom)," *Cancer Research* 30: 2776-2781, 1970
- Early Breast Cancer Trialists' Collaborative Group, "Effects of Adjuvant Tamoxifen and of Cytotoxic Therapy on Mortality in Early Breast Cancer," *The New England Journal of Medicine* Vol. 319, No. 26, 1681-1692, December 29, 1988
- Englyst, H. N., et al., "Nonstarch Polysaccharide Concentrations in Four Scandinavian Populations," *Nutrition and Cancer* 4: 50-60, 1982
- Goldin, B. R., et al., "Effect of Diet on Excretion of Estrogens in Pre- and Postmenopausal Incidence of Breast Cancer in Vegetarian Women," *Cancer Research* 41: 3771-3773, September 1981
- Goldin, B. R., et al., "Estrogen Excretion Patterns and Plasma Levels in Vegetarian Omnivorous Women," *The New England Journal of Medicine*, Vol. 307, No. 25, 1542-1547, December 16, 1982
- Henderson, M. M., et al., "Feasibility of a Randomized Trial of Low-Fat Diet for the Prevention of Breast Cancer: Dietary Compliance in the Women's Health Trial Vanguard Study," *Preventive Medicine* 19: 115-133, 1990
- Hirayama, T., "Epidemiology of Stomach Cancer," in Murakami, T. ed., *Early Gastric Cancer. Gann Monograph on Cancer Research* 11: 3-19, 1971, Tokyo: University of Tokyo Press
- Hirayama, T., "Relationship of Soybean Paste [Miso] Soup Intake to Gastric Cancer Risk (A Study

with Food that is Used Daily or Frequently in the Standard Macrobiotic Diet),” *The Journal of Nutrition and Cancer* Vol. 3, No. 4, 223-233, 1982

- Howe, G. R., et al., “Dietary Factors and Risk of Breast Cancer: Combined Analysis of 12 Case-Control Studies,” *Journal of the National Cancer Institute*, Vol. 82, No. 7, 561-569, April 4, 1990
- Hubbard, N. E. and Erikson, K. L., “Enhancement of Metastasis from a Transplantable Mouse Mammary Tumor by Dietary Linoleic Acid,” *Cancer Research* 47, 6171-6175, December 1, 1987
- Hubbard, N. E. and Erikson, K. L., “Effect of Dietary Linoleic Acid Level on Lodgement, Proliferation, and Survival of Mammary Tumor Metastases,” *Cancer Letters*, 44, 117-125, 1989
- Katz, E. B. and Boylan, E. S., “Stimulatory Effect of High Polyunsaturated Fat Diet on Lung Metastasis from the 13762 Mammary Adenocarcinoma in Female Retired Breeder Rats,” *Journal of the National Cancer Institute*, Vol. 79, No. 2, 351-358, August 1987
- Katz, E. B. and Boylan, E. S., “Effects of Reciprocal Changes of Diets Differing in Fat Content on Pulmonary Metastasis from the 13762 Rat Mammary Tumor,” *Cancer Research* 49 2477-2484, May 1, 1989
- Koo, L. C., “Dietary Habits and Lung Cancer Risk Among Chinese Females in Hong Kong Who Never Smoked,” *Nutrition and Cancer* 11, 155-172, 1988
- Kurzer, M. S. and Xu, X., “Dietary Phytoestrogens,” *Annual Review of Nutrition* 17:353-381, 1997
- Kushi, L. H., “A Study of the Macrobiotic Approach to Cancer,” grant application to the Office of Alternative Medicine, National Institutes of Health, 1993
- Kushi, L. H., et al., “Dietary Fat and Postmenopausal Breast Cancer,” *Journal of the National Cancer Institute* 84: 1092-1099, 1992
- Meson, M. and Barnes, S., “The Role of Soy Products in Reducing Risk of Cancer,” *Journal of the National Cancer Institute* Vol. 83, No. 8, 541-546, April 17, 1991
- Newbold, M.B., “Remission from Advanced Malignant Disease: Six Cases with a Possible Dietary Factor,” independent research paper with Holy Redeemer Hospital, reported in Office of Technology Assessment (OTA), Unconventional Cancer Treatments (Washington, D.C.: Government Printing Office, 1990)
- Northrup, C. Letter to Helen E. Sheehan in support macrobiotic diet for cancer, March 9, 1988
- Prentice, R. L., et al., “Aspects of the Rationale for the Women’s Health Trial,” *Journal of the National Cancer Institute*, Vol. 80, No. 11, 802-814, August 3, 1988
- Rose, D. P., et al., “International Comparisons of Mortality Rates for Cancer of the Breast, Ovary, Prostate, and Colon, and *Per Capita* Food Consumption,” *Cancer* 58: 2363-2371, 1986
- Rose, D. P. and Connolly, J. M., “Effects of Fatty Acids and Inhibitors of Eicosanoid Synthesis on the Growth of a Human Breast Cancer Cell Line in Culture,” *Cancer Research* 50, 7139-7144, November 15, 1990
- Rose, D. P., Connolly, J. M., and Meschter, C. L., “Effects of Dietary Fat on Human Breast Cancer Growth and Lung Metastasis in Nude Mice,” *Journal of the National Cancer Institute* 83: 1491-1495, 1991
- Sellers, T. A., et al., “Effect of Family History, Body-Fat Distribution, and Reproductive Factors on the Risk of Postmenopausal Breast Cancer,” *The New England Journal of Medicine* 326: 1323-1329, 1992
- Steinmetz, K. A. and Potter, J. D., “Vegetables, Fruit, and Cancer. II. Mechanisms. *Cancer Causes Control* 2: 427-442, 1991
- Tanaka, Y. et al., “Studies on Inhibition of Intestinal Absorption of Radioactive Strontium: VII.

Relationship of Biological Activity to Chemical Composition of Alginates Obtained from North American Seaweeds,” *Canadian Medical Association Journal* 99: 169-175, 1968

- Tang, B. Y. and Adams, N. R., “Effect of Equol on Oestrogen Receptors and on Synthesis of DNA and Protein in the Immature Rat Uterus,” *Journal of Endocrinology* 85, 291-297, 1980
- Teas, J., et al., “Dietary Seaweed (*Laminaria*) and Mammary Carcinogenesis in Rats,” *Cancer Research* 44: 543-546 and 2758-2761, July 1984
- Trock, B., Lanza, E., and Greenwald, P., “Dietary Fiber, Vegetables, and Colon Cancer: Critical Review and Meta-analyses of the Epidemiologic Evidence,” *Journal of the National Cancer Institute* Vol. 82, No. 8, 650-661, April 18, 1990
- Van Rensburg, S. J., “Epidemiologic and Dietary Evidence for a Specific Nutritional Predisposition to Esophageal Cancer,” *Journal of the National Cancer Institute* 67: 243-251, 1981
- Willett, W. C., et al., “Relation of Meat, Fat, and Fiber Intake to the Risk of Colon Cancer in a Prospective Study Among Women,” *The New England Journal of Medicine*, Vol. 323, No. 24, 1664-1672, December 13, 1990
- Wynder, E. L., Hebert, J. R., and Kabat, G. C., “Association of Dietary Fat and Lung Cancer,” *Journal of the National Cancer Institute* 79, No. 4, 631-637, October 1997
- Wynder, E. L., et al., “A Comparison of Survival Rates Between American and Japanese Patients with Breast Cancer,” *Surgery, Gynecology & Obstetrics*, August 1963
- Yamamoto, I., et al., “Antitumor Effect of Seaweeds,” *Japanese Journal of Experimental Medicine* 44: 543-546, 1974
- Yamamoto, I., Maruyama, H., and Moriguchi, M., “The Effect of Dietary Seaweeds on 7,12-Dimethyl-Benz [a]Anthracene-Induced Mammary Tumorigenesis in Rats,” *Cancer Letters*, 35, 109-118, 1987
- Yamamoto, I., Nagumo, T., Yagi, K., Tominaga, H., and Aoki, M., “Antitumor Effect of Seaweeds: I. Antitumor Effect of Extracts from Sargassum and Laminaria,” *Japanese Journal of Experimental Medicine* 44 (6): 543-546, 1974

Research Papers: AIDS

- Cottrell, M. C., Letter to the American Cancer Society, March 14, 1988
- Kotzsch, R. E., Ph.D., "AIDS: Putting an Alternative to the Test: Early Results Indicate That Macrobiotics Offers Hope for People with AIDS," *East West Journal*: 66-69, September 1986
- Kushi, M. and Cottrell, M. C., *AIDS, Macrobiotics, and Natural Immunity* (Tokyo and New York: Japan Publications, 1988)
- Levy, E. M., et al., "Patients with Kaposi's Sarcoma Who Opt for No Treatment," [letter]
- Levy, E. M. and Beldekas, J. C., Boston University School of Medicine letter to Michio Kushi, January 15, 1986
- Levy, E. M., Beldekas, J. C., Black, P. H., Kushi, L. H., "Patients with Kaposi's Sarcoma Who Opt for Alternative Therapy (A Study of Men with Kaposi's Sarcoma who have been Practicing Macrobiotics)," paper presented at the International AIDS Conference, Paris, France, June 1986
- Monte, T., *The Way of Hope* (New York: Warner Books, 1990)

Research Papers: Radiation Sickness

- Akizuki, T., “How We Survived Nagasaki,” *East West Journal*, 10-12, December 1980
- Hiraga, S., “How I Survived the Atomic Bomb,” *The Macrobiotic*, November/December 1979
- Jack, A., “Soviets Embrace Macrobiotics,” *One Peaceful World* 6: 1, Autumn/Winter 1990
- *Nikan Kogyo Shinbum*, “People Who Consume Miso Regularly Are More Resistant to Radiation,,” July 25, 1990
- Skoryna, S. C., et al., “Studies on Inhibition of Intestinal Absorption of Radioactive Strontium,” *Canadian Medical Association Journal* 91: 285-288, 1964
- Tanaka, Y., et al., “Studies on Inhibition of Intestinal Absorption of Radioactive Strontium,” *Canadian Medical Association Journal* 99: 169-175, 1968
- *Yomiuri Shinbum*, “Miso Protects Against Radiation,” July 16, 1990

Research Papers: Mental Illness

- Briscoe, D. and Mahoney-Briscoe, C., *A Personal Peace: Macrobiotic Reflections on Mental and Emotional Recovery* (Tokyo and New York: Japan Publications, 1989)
- Harnish, S., "On My Awakening to the Macrobiotic Way," in Esko, E. editor, *Doctors Look at Macrobiotics*: 151-168 (Tokyo and New York: Japan Publications, 1988)
- Lieff, J., et al., "Study Results of Dietary Change in Shattuck Hospital Geropsychiatric Wards, 5 North and 6 North," in Kushi, M., et al., *Crime and Diet* (Tokyo and New York: Japan Publications, 1987), 229-234
- Newbold, V., "Macrobiotics: An Approach to the Achievement of Health, Happiness, and Harmony," independent paper, 1987
- Schoenthaler, S. J., "The Effect of Sugar on the Treatment and Control of Anti-Social Behavior: A Double-Blind Study of an Incarcerated Juvenile Population (A Study of Macrobiotic Practice, in particular, Without the Use of Refined Sugar)," *The International Journal for Biosocial Research* 3(1): 1-9, 1982
- Seaker, M., "Fighting Crime with Diet: Report from a Portuguese Prison," *East West Journal*: 26-34, July 1982

Research Papers: Diabetes and Hypoglycemia

- Crapo, P. A., Reaven, G., Olefsky, J., "Postprandial Plasma-glucose and –insulin Responses to Different Complex Carbohydrates," *Diabetes*, Vol. 26, No. 12: 1178-1183, 1977
- Grady, D., "Diet-Diabetes Link Reported," *The New York Times* report of Diabetes study by Willett, W., et al.
- Jenkins, D. J., Wolever, T. M., Taylor, R. H., et al., "Glycemic Index of Foods: a Physiological Basis for Carbohydrate Exchange," *American Journal of Clinical Nutrition* 34: 362-366, 1981
- Kushi, M. and Kushi, A., *Macrobiotic Health Education Series: Diabetes and Hypoglycemia*, 39-45
- Kushi, M. and van Cauwenberghe, M., "Diabetes Mellitus" and "Hyperinsulinism," *Natural Healing Through Macrobiotics*: 129-133
- Mead, M., "In Search of the Sweet Life: A Dietary Approach to Diabetes Mellitus," Reed College Biology Thesis, in cooperation with the Oregon Health Sciences University, 1984
- Modern Nutrition, "Scientific Validation of Macrobiotics: Insulin and the Sugar Blues – The Great 20 Year Credibility Gap Cholesterol Update," 113
- O'Dea, K., Nestel, P. J., and Antonoff, L., "Physical Factors Influencing Postprandial Glucose and Insulin Responses to Starch," *American Journal of Clinical Nutrition* 33: 760-765, April 1980
- Ornish, D., "Are You An Apple or a Pear?," *Eat More, Weigh Less*
- Salmeron, J., Ascherio, A., Rimm, E. B., et al., "Dietary Fiber, Glycemic Load, and Risk of NIDDM in Men," *Diabetes Care* 20: 545-550, 1997
- Salmeron, J., Manson, J. E., Stampfer, M. J., Colditz, G. A., Wing, A. L., Willett, W. C., "Dietary Fiber, Glycemic Load, and Risk of Non-Insulin-Dependent Diabetes Mellitus in Women," *The Journal of the American Medical Association* 277: 472-477, 1997
- Salmeron, J., Ascherio, A., Rimm, E. B., Colditz, G. A., Spiegelman, D., Jenkins, D. J., Stampfer, M. J., Wing, A. L., Willett, W. C., "Dietary Fiber, Glycemic Load, and Risk of NIDDM in Men," *Diabetes Care*, Vol. 20, No. 4: 545-550, April 1997
- Salmeron, J., Manson, J. E., Stampfer, M. J., G, Colditz, G. A., Wing, A. L., Willett, W. C., "Dietary Fiber, Glycemic Load, and Risk of Non-insulin-dependent Diabetes Mellitus in Women," *JAMA*, Vol. 277, No. 6: 472-477, Feb. 12, 1997

ALTERNATIVE MEDICINE

PAPERS BY DAVID EISENBERG AND OTHER RESEARCHERS

1. January 28, 1993 (First Alternative Medicine Survey)

Eisenberg, D. M, et al., "Unconventional Medicine in the United States," *The New England Journal of Medicine* Vol. 328: 245-252, Jan. 28, 1993

Prevalence and Frequency of Use among 1539 Adult Respondents in 1990:
Lifestyle diets (eg. Macrobiotics): % who used in past 12 months: 4%; % who saw a
provider: 13%; mean number of visits per user in past 12 months: 8 .

Extrapolation to the U.S. population suggests that in 1990 Americans made an
estimated 425 million visits to providers of unconventional therapy. This number exceeds
the number of visits to all U.S. primary care physicians (388 million). Expenditures
associated with use of unconventional therapy in 1990 amounted to approximately \$13.7
billion, three quarters of which (\$10.3 billion) was paid out of pocket. This figure is
comparable to the \$12.8 billion spent out of pocket annually for all hospitalizations in the
United States.

Conclusion: The frequency of use of unconventional therapy in the United States
is far higher than previously reported. Medical doctors should ask about their patients'
use of unconventional therapy whenever they obtain a medical history."

2. November 11, 1998 (Follow-up of 1993 Alternative Medicine Survey)

Eisenberg, D. M, et al., "Trends in Alternative Medicine Use in the United States, 1990-1997: Results of a Follow-up National Survey," *Journal of the American Medical Association* 1998 Nov. 11; 280 (18): 1569-75

Estimated total number of visits in 1997 to lifestyle diet practioner 1,774,000.

Extrapolations to the US population suggest a 47.3% increase in total visits to
alternative medicine practitioners, from 427 million in 1990 to 629 million in 1997,
thereby exceeding total visits to all US primary care physicians. An estimated 15 million
adults in 1997 took prescription medications concurrently with herbal remedies and/or
high-dose vitamins (18.4% of all prescription users). Estimated expenditures for
alternative medicine professional services increased 45.2% between 1990 and 1997 and
were conservatively estimated at \$21.2 billion in 1997, with at least \$12.2 billion paid
out-of-pocket. This exceeds the 1997 out-of-pocket expenditures for all US
hospitalizations. Total 1997 out-of-pocket expenditures relating to alternative therapies
were conservatively estimated at \$27.0 billion, which is comparable with the projected
1997 out-of-pocket expenditures for all US physician services.

Conclusion: Alternative medicine use and expenditures increased substantially
between 1990 and 1997, attributable primarily to an increase in the proportion of the
population seeking alternative therapies, rather than increased visits per patient."

3. September 2, 1998

Wetzel, M. S.; Eisenberg, D. M., Kaptchuk, T. J., "Courses Involving Complementary and Alternative Medicine at US Medical Schools," *Journal of the American Medical Association* Vol. 280, pp. 784-787, Sep. 2, 1998

- Conclusions. – There is tremendous heterogeneity and diversity in content, format, and requirements among courses in complementary and alternative medicine at US medical schools....
- As the discussion of incorporating complementary and alternative medicine topics appropriately into the medical curriculum evolves and broadens among medical faculties and professional organizations, we offer several suggestions based on information gathered in our survey and our experience with 5 years of offering an elective course in complementary and alternative medicine....
Include an experiential component. Experiencing acupuncture or therapeutic massage or tasting a macrobiotic meal adds a dimension to the learning experience that a lecture or simple demonstration cannot. The deeper understanding that results should provide a better basis for responsibly advising patients.

AMERICAN HEART ASSOC. COMMENTS ON MACROBIOTICS

AHA Internet Site: <http://www.americanheart.org/Scientific/statements/1997069704.html>

A Statement for Healthcare Professionals From the Nutrition Committee

“There is now overwhelming evidence that dietary factors influence risk of coronary heart disease (CHD) both favorably and unfavorably. The three most atherogenic dietary risk factors are saturated fat, cholesterol, and obesity. The Step I and Step II diets are recommended to address these problems and are aimed at reducing intake of total fat, saturated fat, and cholesterol. On average, blood cholesterol levels can be reduced an estimated 5% to 15% through the StepI-StepII diet approach, with some hyperlipidemic patients experiencing even greater reductions. Increased carbohydrate intake, especially complex carbohydrates, is also recommended to replace the majority of calories lost through reduced fat intake. Choosing fiber-rich carbohydrate sources may foster additional cholesterol lowering and other nutritional benefits beyond those derived from fat modification alone. Inconsistent findings from studies on fiber and lipids have recently contributed to some confusion regarding fiber’s potetial benefits....

Several longitudinal observational studies have reported significant inverse associations between total fiber intake and both cardiovascular and all causes of mortality...Inverse associations between fiber and blood pressure have also been reported...Similarly, high-fiber vegetarian diets have also been associated with reduced risk of obesity. It has been hypothesized that high-fiber foods may favorably impact satiety and slow gastric emptying, thereby sustaining a feeling of fullness that prohibits overeating. Intake of high-fiber foods may also improve glycemic control in diabetic individuals and reduce risk of insulin resistance.

As a preventive strategy, it has been recommended that children older than two years should gradually adopt the Step I diet, reducing total and saturated fat intake to 30% and 10% of total calories, respectively. Children should also derive the majority of calories from complex carbohydrates...

References include:

- Sacks, FM, Castelli, WP, Donner, A, Kass, EH. “Plasma lipids and lipoproteins in vegetarians and controls. *N. Engl. J. Med.* 1975; 292: 1148-1151
- Kushi, LH, Lew, RA, Stare, FJ, Ellison, CR, el Lozy, M., Bourke, G., Daly, L., Graham, I., Hickey, N., Mulcahy, R., “Diet and 20-year mortality from coronary heart disease: the Ireland-Boston Diet-Heart Study. *N. Engl. J. Med.* 1985; 312: 811-818.

CANCER

THE DIETARY CAUSES OF CANCER

Summary of Combined Testimony from House of Representatives Government Reform
Committee, June 10, 1999

& Asian Therapies for Cancer Conference, March 1-2, 2001

By Michio Kushi

If this food intake is exercised properly, in harmony with the changing environment – including its quality, volume, and cooking – then human life is in accordance with the environment, and it not only maintains its health, vitality, and happiness; but also a peaceful mind, and higher spirit.

The cause of cancer is not excluded from this universal rule. As all other physical, mental, and spiritual human affairs, human sickness and health fundamentally depend on our daily dietary practice.

During the 20th Century, the human diet has been drastically changed: there has been higher consumption of animal protein and fat, refined sugar, mass-produced artificialized food; together with unnaturally chemicalized agriculture. These changes have produced the complex and diversified phenomena of human sickness in modern, civilized society. Sickness includes physical, mental, spiritual, and social sickness. Among them, cancer is one of the most representative of chronic conditions.

When we continuously consume food beyond our daily capacity to eliminate it in the form of physical and mental activities, the excessive dietary components accumulate, and eventually produce excessive, abnormal increase and division of the cells. This is what we call cancer.

The dietary causes of major cancers are the following, which are, of course, only briefly summarized here:

1. **Colon Cancer** – Over-consumption of meat and other heavy animal protein and fat
2. **Stomach Cancer** – Consumption of excessive animal protein, oily/greasy food, refined sugar, and spices
3. **Esophagus Cancer** – Over-consumption of dairy fat, with refined sugar and spices
4. **Prostate Cancer** – Excessive consumption of meat, eggs, and poultry, as well as cheese and other animal fat, with hard-baked flour products

5. **Pancreatic Cancer** – Over-consumption of poultry and eggs, shellfish, cheese, and hard-baked flour products
6. **Lung Cancer** – Over-consumption of animal protein and fat, including all sorts of meat, poultry, and eggs; as well as over-consumption of dairy fat, together with refined sugar, hot spices, and hard-baked flour
7. **Skin Cancer** – Excessive consumption of oily/greasy food, including dairy fat, refined sugar and sweets, and spices
8. **Malignant Melanoma** – Over-consumption of poultry, eggs, cheese, and other fat, together with refined sugar products
9. **Brain Cancer** – Either over-consumption of eggs, heavy meat, and other animal protein and fat; or, in other cases, over-consumption of dairy products and fat, and also excess of vegetable oil, such as in fried potatoes
10. **Thyroid Cancer** – Over-consumption of poultry, eggs, dairy fat such as in cheese, and hard-baked flour products, along with with refined sugar products and hot spices; fried food
11. **Liver Cancer** – Over-consumption of animal protein and fat, including meat, poultry, eggs, and fish & seafood; and dairy food high in fat. Excessive refined sugar and baked flour products, with greasy/oily cooking
12. **Bone Cancer** – Excessive consumption of salty animal food; poultry, eggs, hard-baked flour, and especially deep-fried foods; too many minerals
13. **Lymphoma** – Excessive dairy food and fat, with refined sugar products and refined flour products, for some cases. Excessive meat and other animal protein and fat, including poultry and eggs, combined with dairy fat and refined sugar products, for other cases
14. **Leukemia** – Over-consumption of refined sugar products, such as sugar, cakes, chocolate, and fruits and fruit juices; combined with oily/greasy foods

For the case of Women's Cancers:

1. **Breast Cancer** – Over-consumption of dairy fat, refined sugar and other simple carbohydrates, and refined flour products, along with oily/greasy foods. Excess of fruits will accelerate breast cancer, once it is caused by the previous foods
2. **Uterine Cancer** – Heavy animal fat and dairy products, including cheese; over-consumption of vegetable oils, refined sugar products, and baked flour products
3. **Ovarian Cancer** – Over-consumption of poultry, eggs, shellfish, and other high-fat animal food, and baked flour products
4. **Cervical Cancer** – similar to prostate cancer in men - Over-consumption of baked flour and salty foods; and oily/greasy fried foods, including heavy animal and vegetable-quality foods

Over-consumption of stimulants and aromatic substances, such as hot spices, alcoholic beverages, and caffeine, accelerate the spread of a cancer condition.

Of course, lifestyle factors, such as exposure to high electromagnetic fields or radiation or smoking may accelerate the development of cancer, as does consumption of unnatural chemically-treated food and water. Non-organic chemically-cultivated agriculture, irradiation, microwave cooking, and other such methods of unnatural food production and artificial processing, along with daily unnatural lifestyle, are seriously questionable as well.

The **Standard Macrobiotic Diet** can prevent these cancers naturally, if it is properly prepared. But it cannot only prevent, but it can also relieve these conditions. It may take 2 months to 2 years, depending upon how deeply undesirable foods have accumulated in the body. For some cases, it is helpful to supply for a few weeks to a few months some **Home Remedies**, prepared from grains, beans, vegetables, and sea vegetables, which are serving to neutralize and eliminate undesirable accumulations.

There are cases which are not effective by Macrobiotic practice, which are assumed (1) Inaccurate Practice; (2) Lack of Proper Information; (3) Lack of Family Support; (4) Confusing Practices of Various Approaches Combined with Macrobiotic Practice; and (5) Loss of Recovering Ability, as Seen in the Terminal Cases.

AMERICAN CANCER SOCIETY

1. Prevention & Early Detection

a. ACS Internet Site: <http://www2.cancer.org/prevention/index.cfm?prevention=1>

“The Importance of Nutrition in Cancer Prevention”

This is an overview of nutritional recommendations, and supports USDA Food Guide Pyramid:

“The American Cancer Society publishes nutrition guidelines to advise the public about dietary practices that reduce cancer risk. These guidelines are developed by expert advisory committees and are based on existing scientific evidence that relates diet and nutrition to cancer risk in human population studies as well as in laboratory experiments.

This evidence suggests that about one-third of the 500,000 cancer deaths that occur in the United States each year is due to dietary factors. Another third is due to cigarette smoking. Therefore, for the large majority of Americans who do not smoke cigarettes, dietary choices and physical activity become the most important modifiable determinants of cancer risk. The evidence also indicates that although genetics is a factor in the development of cancer, cancer cannot be explained by heredity alone. Behavioral factors such as cigarette smoking, dietary choices, and physical activity modify the risk of cancer at all stages of development. The introduction of healthful diet and exercise practices at any time from childhood to old age can promote health and reduce cancer risk....

Many dietary factors can affect cancer risk: types of foods, food preparation methods, portion sizes, food variety, and overall caloric balance. Cancer risk can be reduced by an overall dietary pattern that includes a high proportion of plant foods (fruits, vegetables, grains, and beans), limited amounts of meat, dairy, and other high-fat foods, and a balance of caloric intake and physical activity.

Many Americans do not follow such healthful practices. Indeed, trends indicate an increase in caloric intake, greater use of high-fat convenience foods, and a decline in physical activity among Americans. We believe that such unhealthful trends are due in part to shifts toward consumption of food outside the home, to more sedentary lifestyle patterns, and to the advertising and promotion of high-calorie foods. The [American Cancer Society Advisory Committee on Diet, Nutrition, and Cancer Prevention] is especially concerned about the effects of such trends on the long-term health of children, who are establishing lifetime patterns of food intake and physical activity.

...The committee's recommendations are consistent in principle with the 1992 US Department of Agriculture (USDA) Food Guide Pyramid, the 1995 Dietary Guidelines for Americans, and dietary recommendations of other agencies for general health promotion and for the prevention of coronary heart disease, diabetes, and other diet-related chronic conditions. Although the committee recognizes that no diet can

guarantee full protection against any disease, we believe that our recommendations offer the best nutrition information currently available to help Americans reduce their risk of cancer.

ACS Guidelines on Diet, Nutrition, and Cancer Prevention (excerpts)

1. Choose most of the foods you eat from plant sources.

- Eat five or more servings of fruits and vegetables each day.
 - Include fruits or vegetables in every meal.
 - Choose fruits and vegetables for snacks.
- Eat other foods from plant sources, such as breads, cereals, grain products, rice, pasta, or beans several times each day.
 - Include grain products in every meal.
 - Choose whole grains in preference to processed (refined) grains.
 - Choose beans as an alternative to meat.
 - Grains such as wheat, rice, oats, barley, and the foods made from them constitute the base of healthful diets as illustrated by the USDA Food Guide Pyramid. Healthful diets contain 6 to 11 standard servings of foods from this group every day.
 - Grains are an important source of many vitamins and minerals such as folate, calcium, and selenium, all of which have been associated with a lower risk of colon cancer.
 - Whole grains are higher in fiber and certain vitamins and minerals than refined flour products.

2. Limit your intake of high-fat foods, particularly from animal sources.

- Choose foods low in fat.
 - Replace fat-rich foods with fruits, vegetables, grains, and beans
 - Eat smaller portions of high-fat foods.
 - Choose baked and broiled foods instead of fried foods.
 - Select non-fat and low-fat milk and dairy products
 - When you eat packaged, snack, convenience, and restaurant foods, choose those low in fat.
- Limit consumption of meats, especially high-fat meats.
 - When you eat meat, select lean cuts.
 - Eat smaller portions of meat.
 - Choose beans, seafood, and poultry as an alternative to beef, pork, and lamb.
 - Select baked and broiled meats, seafood, and poultry, rather than fried.
 - High-fat diets have been associated with an increase in the risk of cancers of the colon and rectum, prostate, and endometrium. The association between high-fat diets and breast cancer is much weaker.

- Consumption of meat – specially red meats (beef, pork, lamb) has been linked to cancers at several sites, most notable colon and prostate.
- The evidence indicates that saturated fat may be particularly important in increasing risk for cancer as well as for heart disease.
- Emphasize beans, grains, and vegetables in meals to help shift dietary patterns to include more foods from plant rather than animal sources.

3. Be physically active: achieve and maintain a health weight.

- Be at least moderately active for 30 minutes or more on most days of the week.
- Stay within your health weight range.
 - An imbalance of caloric intake and output can lead to overweight, obesity, and increased risk for cancers at several sites: colon and rectum, prostate, endometrium, breast (among postmenopausal women), and kidney.

4. Limit consumption of alcoholic beverages, if you drink at all.

- Alcohol consumption increases the risk of cancers of the mouth, esophagus, pharynx, larynx, and liver in men and women, and of breast cancer in women.
- Cancer risk increases with the amount of alcohol consumed...Studies show that the risk of breast cancer increases with an intake beginning at just a few drinks per week.

Revised 05/11/99

b. ACS Internet Site:

[Http://www2.cancer.org/prevention/more_prevention.cfm](http://www2.cancer.org/prevention/more_prevention.cfm)

“Prevention and Early Detection”

“Many cancers that are related to a person’s diet and level of physical activity can ... be prevented. Scientific evidence suggests that up to one-third of the 564,800 cancer deaths expected to occur in the US this year are related to poor nutrition or insufficient physical activity.”

c. ACS Internet Site:

<http://www2.cancer.org/prevention/index.cfm?preventionúctors>

“Diet and Activity Factors That Affect Risks for the Most Common Cancers”

Breast Cancer

Breast cancer is the leading site for cancer cases among American women and is second only to lung cancer in cancer deaths...Many studies suggest that consuming alcoholic beverages may increase the risk of breast cancers, even when consumed in moderation. Some studies suggest that diets high in fruits and vegetables decrease the risk for breast cancer, although this evidence is much weaker than that for other cancer sites...

Colorectal Cancer

Colorectal cancers are the second leading cause of cancer death among Americans. Diets high in foods from plant sources (vegetables, fruits, whole grains, beans) have been associated with a decreased risk, whereas diets high in fat and red meat have been associated with an increased risk of colorectal cancer. Obesity and physical inactivity also appear to increase risk. Currently, the best approach to reducing the risk of colorectal cancer is to consume fewer high-fat foods. Limit intake of red meats, eat more vegetables, fruits, and whole grains, be physically active, and avoid obesity.

Endometrial Cancer

Studies of endometrial cancer consistently find that being overweight increases risk. The association may be due to the increase in estrogen levels that occurs among postmenopausal women who are overweight. To reduce the risk of endometrial cancer, maintain a healthy weight through regular physical activity and healthy food choices.

Lung Cancer

Lung cancer is the leading cause of cancer death among Americans. More than 80% of lung cancer cases occur as a result of tobacco smoking. Many studies have demonstrated that the risk of lung cancer among smokers and non-smokers is lower among people who consume recommended amounts of fruits and vegetables. To reduce the risk of lung cancer, do not smoke tobacco, and eat at least five servings of vegetables and fruits every day.

Oral and Esophageal Cancers

Tobacco – including cigarettes, chewing tobacco, and snuff – and alcohol, singly and together, increase the risk for cancers of the mouth and esophagus. Eating recommended amounts of fruits and vegetables decreases the risk.

Prostate Cancer

Prostate cancer is the leading cancer among Americans men. Scientists know that prostate cancer is related to male hormones, but are uncertain as to the exact mechanism involved. Intakes of animal fat, red meats, and dairy products have been found to be associated with an increase in the risk of prostate cancer, suggesting a role of saturated fat. To reduce the risk of prostate cancer, limit intake of foods from animal sources, especially saturated fats and red meat.

Stomach Cancer

The incidence of stomach cancer is decreasing worldwide, especially in the United States. Year-round consumption of fresh foods, refrigeration, and other improvements in food preservation methods have helped reduce risk. Infection with the bacterial species

Helicobacter pylori may increase risk. To reduce the risk of stomach cancer, eat at least five servings of fruits and vegetables each day.

Revised 05/11/99

b. ACS Internet Site:

<http://www2.cancer.org/prevention/index.cfm?prevention=appendix>

Appendix: “Members of the American Cancer Society 1996 Advisory Committee on Diet, Nutrition, and Cancer Prevention:

...

Lawrence Kushi, ScD, Associate Professor, Division of Epidemiology, School of Public Health, University of Minnesota, Minneapolis, MN”

c. Internet Site:

<http://www2cancer.org/prevention/index.cfm?prevention=references>

“References” (examples):

15. Willett, WC. Micronutrients and cancer risk. AM J. Clin. Nutr 1994; 59 (suppl 5): 1162S-1165S
18. Ames BN, Gold LS, Willett WC. The causes and prevention of cancer. Proc Natl Acad Sci USA 1995;92:5258-5265
19. Potter JD. Nutrition and colorectal cancer. Cancer Causes Control 1996;7:157-177
31. Hunter DJ, Willett WC. Nutrition and breast cancer. Cancer Causes Control 1996;7:56-68
34. Kushi LH, Lenart EB, Willett WC. Health implications of Mediterranean diets in light of contemporary knowledge. 2. Meat, wine, fats, and oils. Am. J Clinical Nutr 1995;61(suppl 6):1416S-1427S
70. Willett WC. Specific fatty acids and risks of breast and prostate cancer: dietary intake. Am J Clin Nutr 1997 Dec; 66(6 Suppl):1557S-1563S

2. ACS Comment on Macrobiotics

Internet Site: http://www.cancer.org/alt_therapy/overviews/uprpopu.htm

“Alternative Cancer Therapies Popular Today,” from *Cancer (medical journal)*, March 15, 1996 / Volume 77/ Number 6 by Barrie R. Cassileth, Ph.D. (Dept. of Medicine, University of North Carolina) and Christopher C. Chapman, B.A., Duke University)

“Today’s most popular anticancer diet is probably macrobiotics. As with many

alternatives, its appeal is enhanced by association with an ancient, foreign culture, in this case Japan. The popularity of macrobiotics can be traced to the efforts of Michio Kushi, a tireless proponent. Initially nutritionally deficient, the diet was enhanced and now derives 50-60% of its calories from whole grains; 25-30% from vegetables; and the remainder from beans, seaweed, and soups. (Reference: Kushi, M.: The macrobiotic approach to cancer. Wayne, NJ: Avery Publishing Group, 1982.) The diet avoids meat and certain vegetables, and promotes soybean consumption. The NIH Office of Alternative Medicine recently funded a pilot study of the cancer-preventive effects of the macrobiotic diet. The principal investigator is Lawrence Kushi, ScD, a researcher on the faculty of the University of Minnesota School of Public Health and the son of Michio Kushi.”

3. ACS Comment on Macrobiotics

Recommendation: University of Texas Website

Internet Site: http://www.cancer.org/alt_therapy/resources.htm

“How Can I Learn More About Alternative and Complementary Methods?
Cancer Specific Websites”

University of Texas Center for Alternative Medicine Research in Cancer

(Please see below for an excellent summary of medical research about macrobiotics.)

UNIVERSITY OF TEXAS WEBSITE ON MACROBIOTICS AND CANCER

UNIVERSITY OF TEXAS~HOUSTON HEALTH SCIENCE CENTER

Internet Site: <http://www.sph.uth.tcm.edu/utcam/>

The Center for Alternative Medicine Research (UT-CAM) is dedicated to investigating the effectiveness of alternative/complementary therapies used for cancer prevention and control. It works in collaboration with M.C. Anderson Cancer Center. It was one of 11 centers established by the NIH National Center for Complementary and Alternative Medicine (old Office of Alternative Medicine) to evaluate alternative therapies.

- It is the only one focussed solely on cancer, and is co-funded by the National Cancer Institute.
- It also establishes a national network of alternative medicine practitioners, conventional practitioners, and researchers
- It supports critical evaluation skills among alternative medicine practitioners and researchers.

Macrobiotics, among other cancer therapies reviewed as a “Special Regimen/Integrated System” on 7/21/98. A summary follows. The entire 17 page Review will sent at the end of this transmission.

U. of Texas Overview

Definition of “macrobios.” Yin & yang. George Ohsawa & Michio Kushi. Yin & yang spectrum of foods. Ohsawa’s 10-stage diet vs. Standard Macrobiotic Diet: **THIS RESTRICTIVE DIET IS NO LONGER ADVOCATED BY MACROBIOTIC COUNSELORS (!)**

Books by Michio Kushi. Sattilaro’s *Recalled by Life*. B12 and Vitamin D deficiencies. 1984 Subcommittee on Health and Long Term Care of the Select Committee on Aging, House of Representatives: “MB diet appears to be adequate mix of foods.”

Feasibility of Reimbursement (insurance): None

Prevalence of Use:

- Cassileth reported that 63% OF CANCER PATIENTS WHO RECEIVED SOME FORM OF DIETARY THERAPY IN THE COMMUNITY RECEIVED OR WERE EXPOSED TO THE MACROBIOTIC DIET. (Cassileth BR, Lusk EF, Strouse TB, Bodenheimer BJ. Contemporary unorthodox treatments in cancer medicine: A study of patients, treatments, and practitioners. *Annals of Internal Medicine*. 1984;101:105-112)
- Kushi estimates that the standard macrobiotic diet has been practiced daily by hundreds of thousands of people worldwide.

- The Office of Technology Assessment (OTA) found it to be “among the most popular unconventional approaches used by cancer patients (OTA. Macrobiotic Diets: Common Knowledge Press; 1990)

Estimated Cost/Expenditure/Reimbursement: comparable to that of a standard American diet, when all factors are considered.

U. of Texas Science

Articles citing the macrobiotic diet as a treatment for cancer. “Based on our review of the literature and other sources, 106 references were identified, of which 51 (48%) were applicable to cancer. Of these, 41 (80%) were retrieved and we classified the references in the following types of information:

Retrospective Cohort Studies:	2
Best Case Series:	2
Case Reports:	2

U. of Texas Summary of Research

1. Carter JP, Saxe GP, Newbold V., Peres CE, Campeau RJ, Bernal-Green L. Hypothesis: Dietary management may improve survival from nutritionally linked cancers based on analysis of representative cases. *Journal of the American College of Nutrition.* 1993;12:209-26

STUDY # 1: 23 respondents of 101 patients with pancreatic cancer who practiced a macrobiotic diet for at least 3 months.

- Mean survival was 17 months compared to 6 months for control group of patients.
- Macrobiotic patients had a 52% one year survival compared to 9.7% for control group.

STUDY #2: 18 Tulane Hospital patients with stage D2 prostate cancer.

- Mean survival was 177 months for macrobiotic, 91 months for controls. (Risk RR=1.6 for controls, survival curve differences were not significant)

CASE REPORT: 182 patients who sought MB counseling and responded to a subsequent nationwide mailed questionnaire. 10 cases are presented for patients with cancer of the pancreas, prostate, and uterus.

2. Review of the book *Cancer Free: 30 who triumphed over cancer naturally*, Japan Publications Inc. 1995 by Fawcett A. and Smith C.

Best case series of 28 patients selected because they had positive results using the macrobiotic diet.

3. Newbold, V. Remission of advanced malignant disease: A review of cases with a possible dietary factor. (as contained in the book *Cancer Free*, 372-5

Best case series of 6 patients with advanced or inoperable cancer who had recovered on a macrobiotic diet. Documented by a doctor whose spouse had inoperable cancer that improved following the adoption of a macrobiotic diet.

Proposed Mechanism of Action

Quotations from *The Cancer Prevention Diet: Michio Kushi's Blueprint for the Relief and Prevention of Disease*.

Toxicity

“The American Cancer Society has stated that the macrobiotic diet provides inadequate nutrition for cancer patients, is unsafe and can cause malnutrition and death. The articles cited by one of these warnings concerned a case of scurvy which occurred while practicing the older, more restricted form of macrobiotics.”

U. of Texas Annotated Bibliographies

Summary of 28 Cancer Patients Recovering with Macrobiotics from cancer of the prostate (3), melanoma (6), uterus (3), breast (5), stomach, leukemia, pancreas (2), colon (2), brain – astrocytoma, urethra, lung, brain, thyroid, leukemia – chronic myelocytic, bile duct, Hodgkin's disease, ovary

Summary of Vivien Newbold's 6 cases:

- Advanced or otherwise untreatable cancers who recovered using macrobiotics: pancreas metastasized to liver; malignant melanoma; malignant astrocytoma; endometrial stromal sarcoma; adenocarcinoma of the colon; abdominal leiomyosarcoma; Review of CT scans and other medical tests revealed no evidence of tumors after adherence to the macrobiotic diet. All of the patients (except one whose cancer came back after she discontinued macrobiotics) were reported to be working full time, leading very active lives, and feeling in excellent health. These cases were all reviewed independently and the diagnoses confirmed by the pathology and radiology departments of Holy Redeemer Hospital in Meadowbrook, Pennsylvania.
- Incurable colon cancer with no conventional treatment (Dr. Newbold's husband): “Eight months after being described as hopeless, he was feeling ‘healthier than he ever felt in his life...a follow-up CT scan revealed that about 70 percent of the cancer was gone.’...

U. of Texas Reference List

Includes:

- Kushi, M. *The Macrobiotic Approach to Cancer: Towards Preventing and Controlling Cancer with Diet and Lifestyle*. Garden City Park, NY: Avery Publishing Group, Inc; 1991
- Kushi, L. Personal communication
- Sattilaro A. *Recalled by Life*. 1982
- Kushi, M. *The Cancer Prevention Diet: Michio Kushi's Blueprint for the Relief and Prevention of Disease*. New York: St. Martin's Press

NIH GRANT STUDY OF THE MACROBIOTIC APPROACH TO CANCER

OVERVIEW

NATIONAL INSTITUTES OF HEALTH –

- OFFICE OF ALTERNATIVE MEDICINE (old name)
- NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (new name)

1. Internet Site: <http://www.nccam.nih.gov/nccam/research/grants/rfb/grant-1/html>

From chart of Office of Alternative Medicine-sponsored research from fiscal year (FY) 1993 – fiscal year (FY) 1997 Grant Award & Research Data
(This is our NIH Cancer Best Case Series, still to be completed)

Grant Number:	R21RR09472
Institution/Project Title:	University of Minnesota Twin Cities Macrobiotic Approach to Cancer
City, State, P.I.	Minneapolis, MN; Kushi, Principal Investigator
NIH Institute	NCRR
Amount (FY 1993):	\$29,964

3. Internet Site:

<http://www.nccam.nih.gov/nccam/fcp/classify/index.html>

For Consumers and Practitioners: Classification of CAM (Complementary and Alternative Medicine) Practice

IV. Biologically-Based Therapies

Special Diet Therapies: This subcategory includes dietary approaches and special diets that are applied as alternative therapies for risk factors or chronic disease in general:

Vegetarian, Fasting, High Fiber, MACROBIOTIC, Mediterranean, Paleolithic, Asian, Natural Hygiene, Pritikin, Ornish, McDougall, Gerson, Kelly-Gonzales, Wigmore, Livingston-Wheeler, Atkins, Diamond

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. testimony	Michio Kushi (partial) (1 page)	03/27/2001	b(6)

COLLECTION:

Federal Records

White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43231

FOLDER TITLE:

WHCCAM Meeting Testimony, March 26, 2001 [3]

2011-0568-S

kc810

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

***Nutrition, CAM, and Wellness from a CAM
Perspective
Panel #2 - Integrative Approaches to Wellness:
Nutrition***

**White House Commission on
Complementary And Alternative Medicine Policy
Public Hearing on CAM in Self-Care and Wellness**

Hyatt Regency Washington Hotel on Capitol Hill
400 New Jersey Avenue, N.W.
Washington, D.C. 20001

10:20 - 11:10 a.m. Tuesday, March 27, 2001

Testimony of Michio Kushi

(b)(6)

Dear Honorable Chairman and White House Commission Members,

The Era of Humanity is now beginning. Alternative and Complementary Medicine is one evidence of the processing of this transition from the Modern Age to the New Era of Humanity.

While we are appreciating the development of conventional medical technologies both in diagnosis and treatment, we also know that modern conventional medicine has been largely symptomatic and divisional approaches.

We are also appreciating all various Alternative and Complementary approaches to healthcare, including exercise, breathing, meditation, vibrational and electromagnetic treatments, herbal medicine, supplements, acupuncture,

moxabustion, shiatsu massage, polarity, traditional folk medicine, psychological and spiritual approaches, and various diets.

Diets alone vary from juicing, raw food eating, high protein, vegetarian, high and low fiber, low sodium, and many others; and conventional nutritional theories, with their concept of calories. Some of these approaches, however, while we are appreciating their temporary effectiveness for certain symptoms, still maintain a fragmental view of human life.

The Macrobiotic way of life and its recommended dietary practice are based upon human traditional eating, with natural organic foods and proper cooking, in harmony with the environment, which has been practiced for many centuries in different climactic and cultural adaptations. (A Pyramid form of the Standard Macrobiotic Diet in a temperate climate is herewith attached.) Through this practice in America, Europe, Japan, some Asian countries, and South America, uncountable numbers of people have regained their health, even from terminal sicknesses, and have restored their loving family life and peaceful relations with people and society.

The approach of Macrobiotics is to solve and correct the cause of physical and mental disorders in daily diet and lifestyle. As examples, dietary causes of some disorders are briefly summarized here:

1. CANCER

Because cancer has diversified symptoms, its dietary causes are also diversified. For example:

Prostate Cancer – is caused by over-consumption of heavy animal protein and fat; together with oily/greasy and hard-baked food.

Breast Cancer- is caused by over-consumption of dairy fat and simple carbohydrates, such as sugar, chocolate and honey; together with oily/ greasy food

CLINTON LIBRARY PHOTOCOPY

Other cancer symptoms are summarized in the attached papers of causes, case histories, and medical research papers related to the macrobiotic diet (which were presented to the House of Representatives Government Reform Committee in June 1999; and the Asian Therapies Conference in March 2001); and in the book *The Cancer-Prevention Diet*.

2. HEART DISEASE

Though there are varieties of symptoms, the major causes are over-consumption of animal protein and fat, as well as hot spices, simple carbohydrates, and oily/greasy food, as detailed more in the book *Diet For a Strong Heart*. The Macrobiotic approach can secure Blood Pressure reduced by 10% from the national average, and cholesterol less than 150 (average for Macrobiotic persons is 126). These were studied already in 1976 by Harvard University Channing Laboratory and the Framingham Heart Study Center. A summary of medical research papers is attached.

3. ALLERGIES

The cause is generally over-consumption of dairy food, stimulants, and simple carbohydrates; as well as oily/greasy food, in various degrees.

4. ARTHRITIS

Several kinds of arthritis can be classified, such as osteo and rheumatoid; but overall, the causes are over-consumption of animal protein and fat, especially poultry, eggs, seafood, and dairy food, together with nightshade vegetables, fruits and fruit juices, simple carbohydrates, and stimulants.

5. DIABETES AND HYPOGLYCEMIA

For both, the underlying cause lies in a pancreatic hormone secretion disorder, which is caused by excessive eating of animal protein and fat, especially poultry, eggs, and cheese. Contributing are heavy baked flour consumption; and simple carbohydrates, stimulants, and oily/greasy food. Please see attached summary of medical research papers.

6. AIDS & VIRUS DISEASE

Decline of natural immunity is caused by over-consumption of sugar, chocolate, and other simple carbohydrates, and refined flour; together with dairy food; tropical fruit and fruit juices; and stimulants.

7. EMOTIONAL DISORDERS

Are caused by irregular eating. Some are more over-consumption of animal protein and fat, such as inwardly depressive paranoia symptoms. While over-consumption of sugar & simple carbohydrates, stimulants and spices, and soft drinks are causing more hyper-activity, excitement, irritability, and schizophrenia.

8. MENTAL DISORDERS

Violence and children's psychological problems, such as Attention Deficit Disorder (ADD) are also caused by their dietary habits, which lack whole grain and vegetables as a major portion of their eating; and by excessive intake of animal protein and fat; sugar, oily food, spices, and stimulants. Please see attached summary of medical research papers, including a reference to the Tidewater Detention Center report.

9. BODY-MIND-SPIRIT RELATION

Mind, Spirit, and Body should not be considered separate. Natural energy is received from the Universe, the Earth, and environment, forming our image, mental and spiritual nature, as well as chakras and meridians. In addition, food also releases energy and vibration, affecting mind and spirit.

Practically all physical, mental and spiritual disorders are caused by our food, our lifestyle, and our environment. Therefore, correction to proper diet, lifestyle, and environment should be the center of any health approach, regardless of CAM or conventional medical approach. Please see the attached diagram, where Diet is at the center of all health and wellness approaches.

We recommend the following as the policy of the United States for Alternative and Complementary Medicine, as well as for Wellness:

1. Allot and distribute available funds for **Research and Education** on the effectiveness of Alternative and Complementary solutions, for both prevention and recovery, with diet and lifestyle as the base. We also recommend a pilot plan for clinical trials in some hospitals and healthcare centers.
2. Establish **Community and School Educational Programs** to recover healthy lifestyles and proper home-cooking, which is whole grains- and vegetable-based: including adult education, and public schools in their home economics or health education programs.
3. Hold **Industrial Conferences** to guide food producers, distributors and servers, including agricultural and marine products.
4. Help facilitate the use of proper diet and wellness plan **in Public Dining Facilities and in Government Programs** such as meals-on-wheels for seniors and in our prisons.
5. Encourage **Hospitals, Clinics, Healthcare Facilities and Medical Schools** to add dietary and wellness studies, counselling, cooking classes, and serving facilities with healthful menus.

6. Apply adequate **Insurance Policies** to support Alternative and Complementary guidance, healthcare and dietary counselling, and learning.
7. Encourage the avoidance of daily consumption of food and water which are overly **Artificialized, Chemicalized, Irradiated**; encourage the proper evaluation of **Genetic Modification**; and encourage more respect for natural, organic, and traditional quality of food and drink.
8. Promote improvements to secure a more **Clean, Natural Environment** of our air, water, and soil; and encourage avoidance of technology which is environmentally harmful.

We would be happy to cooperate with such governmental efforts by participating in research and education, and by dispatching well-experienced macrobiotic educators, counselors, and cooking instructors to any facilities.

These policies would inevitably result in a great turning in the healthcare systems. We need vision, courage, and tireless efforts. On the process of turning, we may face opposition, hesitation, doubt, and misunderstanding. However, to overcome our health crisis, we need to urgently proceed in all domains related to human life. Upon the achievement of this revolutionary turning, America will become a symbol of health, happiness, and well-being for the future of entire planetary mankind.

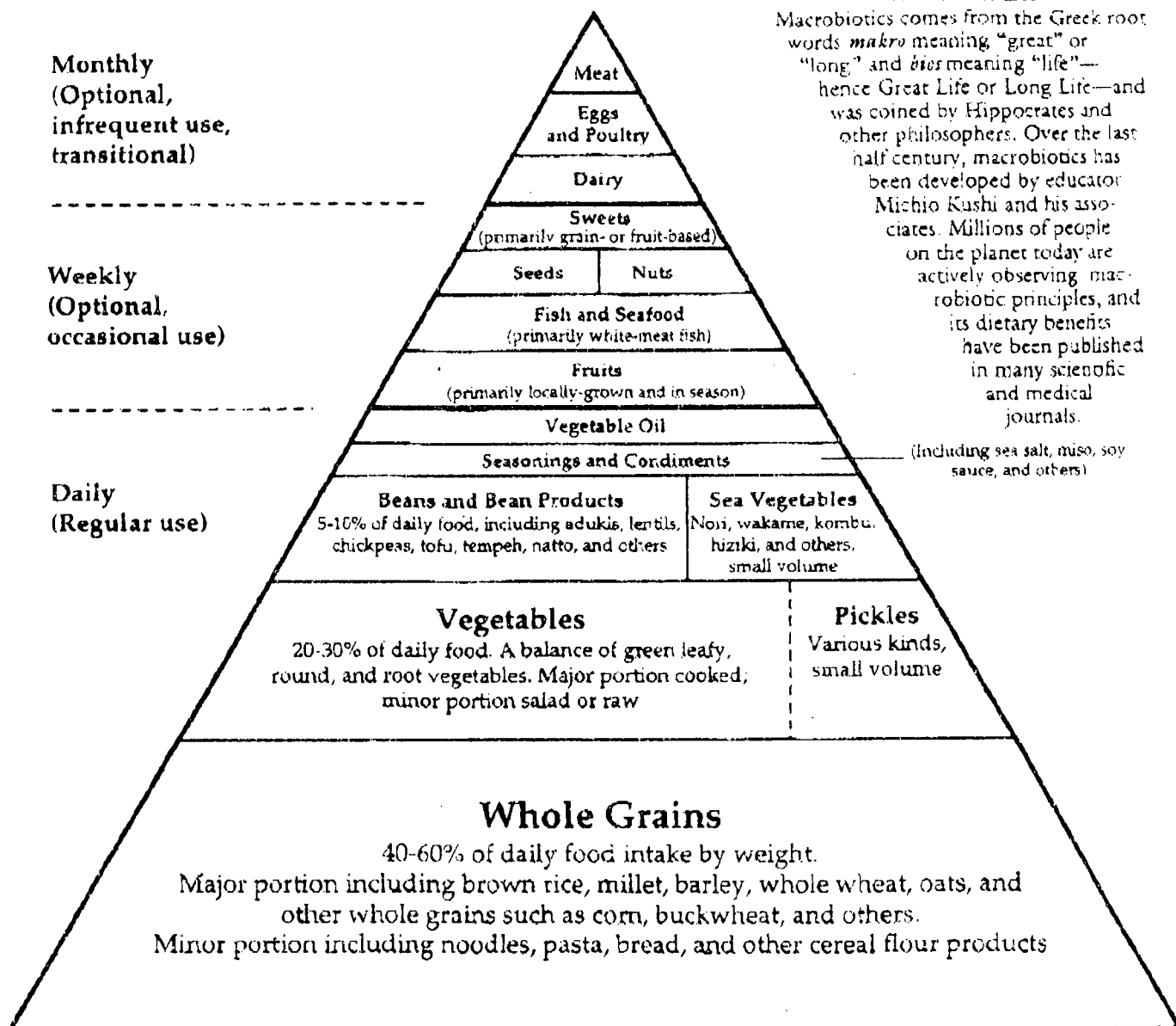
Thank you very much for this opportunity for presenting my humble statement.

Macrobiotic Dietary Guidelines for a Temperate Climate

Macrobiotics

Macrobiotics comes from the Greek root words *makro* meaning "great" or "long," and *bios* meaning "life"—hence Great Life or Long Life—and was coined by Hippocrates and other philosophers. Over the last half century, macrobiotics has been developed by educator Michio Kushi and his associates. Millions of people on the planet today are actively observing macrobiotic principles, and its dietary benefits have been published in many scientific and medical journals.

(Including sea salt, miso, soy sauce, and others)



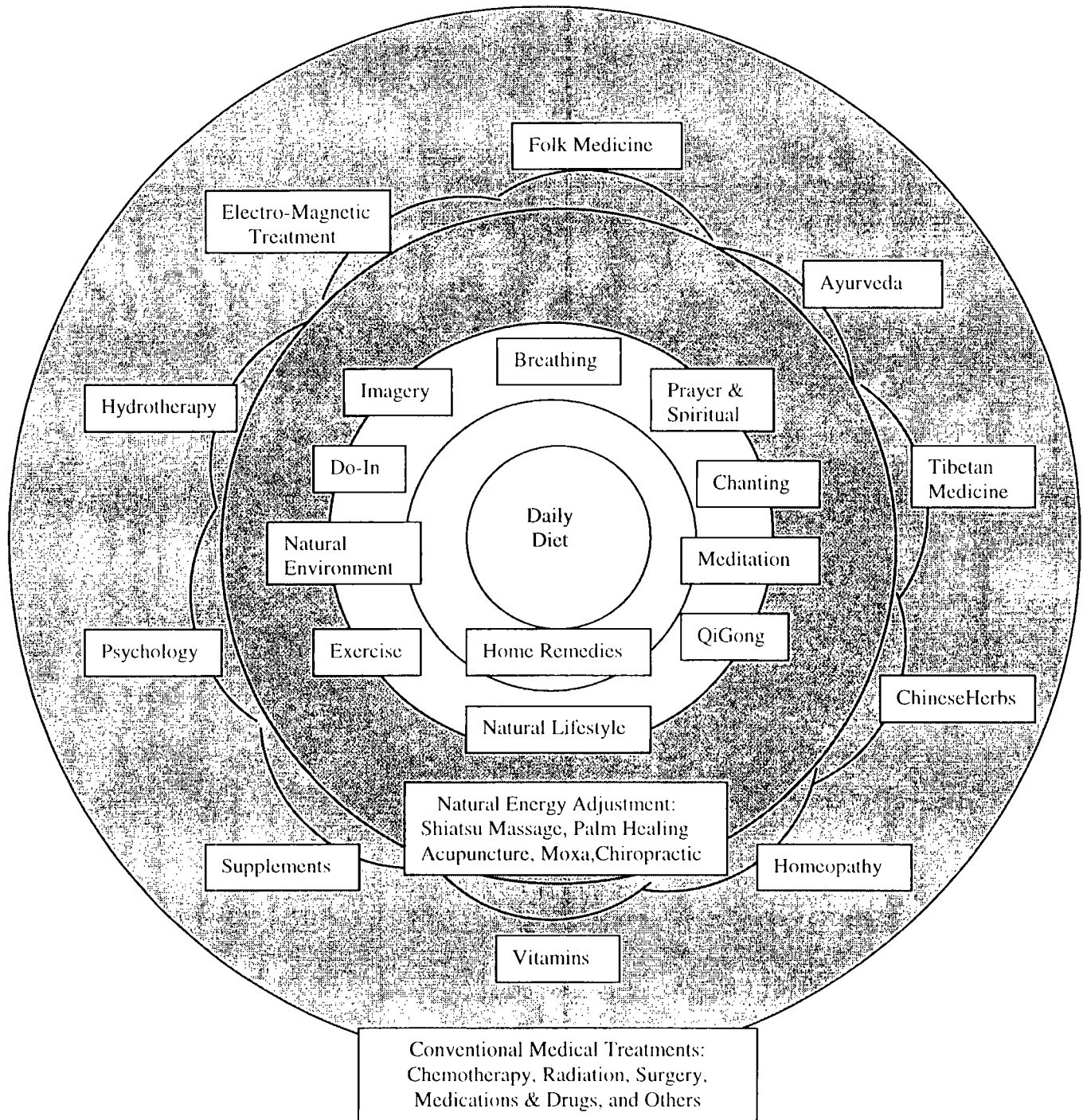
Soup: Grains, vegetables, beans, and sea vegetables may be consumed in the form of soup, 1-2 times daily or several times a week, in addition to the usual styles of preparing these foods

Water: non-stimulant beverages and natural, clean water, including spring, well, or filtered water for drinking and cooking

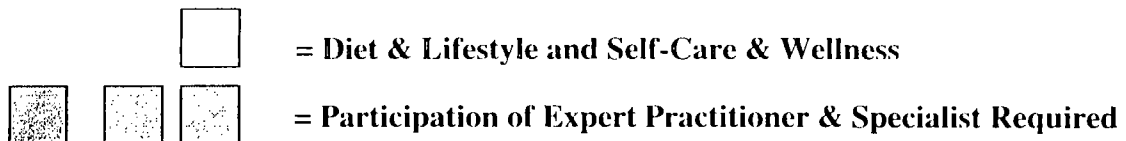
Quality: Food to be natural quality (non-genetically engineered), organically grown as much as possible, traditionally or naturally processed, and prepared using gas, wood fire, or other natural fuel

Note: These are standard averages that may be adjusted for climate and environment, cultural or ethnic heritage, gender, age, activity level, individual condition of health and personal needs, and other considerations

Trial Draft of Overview of Health Approaches



Macrobiotic Overview for Health Approaches, with Macrobiotically-Oriented Diet as the Center of CAM and Conventional Treatments



ADDENDA TO TESTIMONY Of MICHIO KUSHI

Biographical Sketch

Standard Macrobiotic Diet Brochure

Medical Research Papers Summary:

ResearchIndex3.23.01

Heart Disease

Cancer

AIDS

Hypoglycemia & Diabetes

Mental Illness

Alternative Medicine & Diet

Cancer

Summary of Causes

CausesofCancer3.23.01

American Cancer Society

ACSCCommentsOnMBs3.23.01

University of Texas Best Cases

UTXCommentsOnMBs3.23.01

N.I.H. Best Case Series

Grant Overview

NIHGrantRef3.23.01

Index of Cases

SummaryPlus2.01

Summary of 6 Best Cases

SummaryPlus2.01

Diet for a Strong Heart

The Cancer-Prevention Diet

Susan Schiller
CBS Evening News

Susan Schiller is currently a producer at the CBS Evening News responsible for medicine and health coverage in addition to covering breaking news. Previously, she was Senior Producer of CBS This Morning where her duties included overseeing the health and medical unit. Ms. Schiller recruited the former head of the National Institutes of Health and current President of the American Red Cross, Dr. Bernadine Healy to serve as a consultant to CBS News on medical issues. In her capacity as a producer for CBS News she has produced reports on a wide range of medical topics including: Alzheimer's Disease, cloning, stem cell research, West Nile Virus, genetics, Attention Deficit Disorder, Parkinson's Disease, advances in spinal chord and heart research as well as alternative/complementary medicine.

Prior to joining CBS News in New York, Ms. Schiller held writing, producing and management positions at CBS owned television stations in St. Louis, Missouri and Philadelphia.

She has received numerous awards for her work including the American Women in Radio and Television Gracie Award in 2000 for a series on breakthroughs in fetal surgery. She has been honored by the American Heart Association, the American Cancer Association, the American Society of Dermatology, and the Epilepsy Foundation. Ms. Schiller has received 11 Emmy nominations for her work and won an Emmy Award for an investigation on fire safety in St. Louis housing.

Susan Schiller
CBS News

Mr. Chairman, Committee members thank you for allowing me to appear before you today. My name is Susan Schiller and I am a producer at the CBS Evening News with Dan Rather. I have been responsible for health and medicine coverage at CBS for nearly ten years at both the Early Show and currently the Evening News.

CBS News has a deep commitment to reporting on health issues. We know network television viewers rank health and medicine at the top of their "reasons to watch" list and as a topic, its more important to them than politics! They get more of their medical information from TV and other forms of media than they do from their own doctors. Stories on health and medicine directly touch the lives of our viewers and their families. As baby boomers age, and their own parents grow older, the appetite for health information continues to grow.

More Americans than ever before are turning to complementary and alternative medicine. They spend 15 billion dollars on herbs and vitamins in an effort to stay healthy. Alternative medicine is now mainstream.

Never before has the issue of complementary and alternative medicine been more central to our editorial process on what to report in the health field. What we cover and why can be complex.

At the CBS Evening News, we have tended to look at the issues of alternative and complementary medicine through a fairly critical journalistic lens. But sometimes, hard research is hard to come by. One of the most important areas of interest to the consumer: dietary supplements. Over the last decade, more and more people have started taking supplements as part of their overall wellness plan. Eating a well-balanced diet is considered the best way to get the essential vitamins and minerals needed for good health. But as Americans became obsessed with trying to improve their health, extend aging, fight cancer and cure the common cold the use of various supplements and herbs has exploded. Many viewers contacted us asking about the value of various forms of supplements. The problem was that our traditional forms of evaluating the legitimacy of the treatments were essentially non-existent in this area.

Typically, we've turned to the major medical journals as sources of information. These include: The New England Journal of Medicine, The Journal of the American Medical Association, the Lancet, among others. We know these journals have gone through rigorous review. We also turn to the NIH and other major medical research centers for information. But time and time again we learned that the same rigorous clinical evaluation of pharmaceutical drugs was not being conducted on dietary supplements. We found a lot of so-called "experts" making claims but often little evidence to back them up.

The Food and Drug Administration has limited authority over these products. On one hand, people pop supplements like candy thinking this vitamin or that herb will help them stay healthy. And if you can buy it off the shelf at the drug store or a health food store it can't be dangerous, right? But we found some products can actually be harmful, even kill. And what it says on the label isn't often reliable. Just this year, in evaluating independently a variety of supplements, some products contain less than the stated amount. Sometimes they contain other substances...like arsenic. In fact, the lack of regulation in this area appears to be a serious breach in public safety.

At CBS This Morning, now known as the Early Show, we did many reports on dietary supplements. We had a news/talk format which allowed us to address some of our viewers questions: What is St. John's Wort, Red Yeast, Echinacea, Saw Palmetto? Did they work? Were they safe? Our medical correspondents were also physicians and could explain what we knew, what we didn't and heed a word of caution. But the Evening News is a hard-news broadcast based on facts and new advances. Did a treatment work or was it a placebo effect?

In 1998, when the New England Journal of Medicine published a study on the potential use of an herbal combination called PC-Spes for prostate cancer it was a watershed. The results were a way to demonstrate to the public that herbal medicines are powerful—as powerful as any prescription drug. It was used by prostate cancer patients in combination with conventional medicine or after conventional treatments had failed.

That study represented to some extent a sea-change in the attitudes of many physicians we spoke to. Previously when we would contact doctors, many viewed the world of alternative medicine with disinterest if not disdain. They considered it almost quackery. The reporting of this research in the New England Journal of Medicine gave not only this herbal supplement credibility but alternative medicine in general. It opened a door.

In the past five years or so, we have been inundated with press releases and materials pitching stories related to alternative medicine. Some go as far as claiming a cure for cancer. We still get press releases for shark cartilage. Often these come for various public relations firms hired by the company which makes a product. This is a big red flag to us. We still seek out research done by a major academic center or the National Institutes of Health because we believe that the results were properly researched regardless of the outcome. If it comes on a press release over the fax machine it will get a large degree of scrutiny.

Corporate sponsorship of research is another concern to us. In the past, studies that were funded by the corporate money were often disregarded. Inherent bias is obviously a concern. Today, many drug studies are funded by large pharmaceutical companies and we will often point that out in our report. However, in the area of alternative medicine,

there are relatively few double-blind, placebo controlled studies and they are often done in a small patient base. If the company that stands to benefit from favorable results paid for the research, we would take extra steps to insure that the research was done in a scientifically solid and unbiased way.

Why do we choose the stories we do? Clearly, complementary and alternative medicine is high interest to our viewers. We know the public is interested in advances for major medical illnesses such as cancer, heart disease and diabetes. There are some general guidelines that we follow: the first and single most important question is: what's new here? how significant is the finding, who will benefit –a large or relatively small group? If the advance is a treatment rooted in alternative medicine its as important in our mind as any new chemotherapy or heart procedure. In general, we don't target any specific racial or ethnic group but clearly in our reporting on medical findings ethnicity and race may be a factor.

Over the next few years, our reporting on alternative and complementary medicine will only grow. Congress has approved additional research dollars for this area of medicine. Consumers want more definitive answers. Can taking an Omega -3 supplement daily increase your protection against cancer or heart disease or both? Is ginkgo baloba really effective in maintaining memory? Is it false hope for an Alzheimer's patient?

Stories on complementary and alternative medicine are among the most interesting ones we do. On the CBS Evening News we've reported on the benefits of acupuncture for pain, neurofeedback for attention deficit disorder, magnetic therapy for depression and the power of prayer and healing. Just this month we reported on a new treatment option at a major medical center in New York. Holistic therapy combined with surgery. A strumming musician playing guitar right in the operating room as a woman is about to undergo surgery for breast cancer. Both the holistic therapist as well as the surgeon saw benefit in this combination of both complimentary and conventional medicine. For the patient undergoing her second mastectomy, it helped relieve her stress and helped her cope with a very difficult situation. While the guitarist may be an odd site in the o.r. today...tomorrow he'll be considered routine personnel in some procedures.

But we need to remember that while aromatherapy may not kill, other alternative medicine practices might. People often using alternative medicines along with conventional treatments and the combination may put them in a life-threatening situation. Some interfere with chemotherapy. Patients aren't always honest with their doctors about their use of alternative medicines. The interaction of medicines whether conventional or alternative is a serious problem.

At the CBS Evening News we will continue to investigate complementary and alternative medicine. We recognize that science is an evolving process. As journalists we need reliable data to be reliable reporters. Consumers have a right to know about a treatment: does it harm, does it help or is it simply a waste of money?

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 this section in January of 2000 I sat down and looked for places where our coverage wasn't meeting readers' needs and interests. CAM was first and most 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 to 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 in 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.

JOEL R. NEEL

JOE R. NEEL has reported on medicine and health for 20 years. Since 1995, he has served as Deputy Science Editor and Health Correspondent for National Public Radio. In these roles, he reports on numerous issues affecting health care and oversees coverage of medical and health policy issues for *Morning Edition*, *All Things Considered*, *Weekend Edition* and *Talk of the Nation*. Prior to joining NPR, Mr. Neel reported for *Physician's Weekly*, *Medical News Network*, International Medical News Group and *Modern Medicine*. He did graduate work in neurophysiology at Washington University School of Medicine and received bachelor's degrees in biology and German literature and language from Washington University in St. Louis.

Testimony to the White House Commission on Complementary and Alternative Health Policy

By Susan Detwiler

President, The Detwiler Group

March 26, 2001

Ladies & Gentlemen, I am honored to have the opportunity to testify before the White House Commission on Complementary and Alternative Medicine Policy. My name is Susan Detwiler, and I am President of The Detwiler Group, an independent information consulting firm, which specializes in the information needed by the health and medical industry. One of our goals is to not only stay aware of the quality of information available to these businesses, but also to evaluate the quality of health information available to the American public. To that end, we recently conducted a study of the timeliness of drug data on the Internet, which we released under the title, *The Medium Doesn't Get the Message* in January of this year. In addition, we conducted research on medical misinformation on the Web, much of which was published under the title, *Charlatans, Leeches and Old Wives*, in the March 2001 issue of *Searcher* magazine. I've submitted both of these reports to the commission for the record.

Although our specialty is health and medical information, our emphasis is on the information end of this phrase, rather than the health or medicine side. No one in The Detwiler Group is a physician, or a licensed health professional. However, we are experienced in finding health related information, as well as in evaluating how well different sources do at providing that information. Therefore this is where I will direct my remarks.

Studies at the Pew Internet and American Life Project have shown that more than half of all Americans with access to the Internet have used it to find information about health. While 70% search for specific illness related information, only 13% search for health or wellness related information. Instead of heading towards sites which had been recommended to them, 81% of the health seekers said they did a general search for the information they wanted. More than 60% said they had never heard of the sites they ultimately reached, and 30% checked four or more sites during their most recent search.

In other words, with all due respect to the information providers with high ethics and quality editorial standards, this Commission would be remiss if it ignored the reality of how the public seeks and finds its health information. We cannot focus on just the quality of top sites, or those with brand names. The Commission must be concerned with the broad spectrum of conflicting information which the public confronts when it conducts general searches for health advice. Therefore, in addition to a look at the CAM information presented by popular health sites like WebMD and drKoop, The Detwiler Group also reviewed the results of general searches on AltaVista, Google, and MSN, and sampled the message boards of AOL.

We emerged with three main findings:

- ◆ First, unlike information about mainstream or Western medicine, information about complementary and alternative medicine is frequently contradictory, often within the same website.
- ◆ Second, many general search engines are more likely to turn up spurious sites than they are to find balanced information, and the most popular results are not necessarily the most valid.
- ◆ Third, much of the information about CAM modalities is spread through chats and message boards, both on mainstream websites and in person-to-person systems.

Let's take these one at a time. First conflicting information on the same site. When it comes to acupuncture and homeopathy, much of the information on mainstream health websites, such as DrKoop.com and WebMD present balanced perspectives. They tend to be Western medicine based, but do indicate when there have been clinical studies indicating their effectiveness for particular indications. However, even within these balanced perspectives, they offer conflicting information. The public can easily become confused when a single health site offers information that is both positive and negative regarding a particular modality. For example, on DrKoop, the initial search for acupuncture turned up 50 results. At the top of the list was a news item from Reuters Health which talked about how useful acupuncture is as a treatment for tennis elbow. However, the following two items on that same list were two parts of a three-part story titled *Acupuncture Perspectives*, which calmly and precisely rips apart the science behind acupuncture, stating that "researchers have concluded...that acupuncture is no more effective than a placebo for weight loss, for smoking cessation, against pain (e.g., back pain), and against osteoarthritis."

A similar dichotomy of results emerged when we looked up homeopathy. The results on DrKoop.com include a number of Western based medicine perspectives on whether homeopathy is valid. The results also include an article which offers encouragement to try traditional Chinese medicine such as homeopathy, herbal medicine and DHEA for chronic fatigue syndrome.

Taking a look at WebMD, the first result for homeopathy is the balanced NIH overview of homeopathic medicine. Meanwhile, on the message boards, we see a diatribe against homeopathic remedies lifted directly from Dr. Stephen Barrett's Quackwatch site, followed by a WebMD sponsored chat with a practicing naturopathic physician and chiropractor who has specialized in homeopathic medicine for over 25 years. Other messages on the board are primarily touting the benefits of homeopathy for endometriosis, allergy, irritable bowel syndrome, asthma, learning disabilities and other chronic conditions. Several messages were commercial in nature, directing individuals websites for more information.

We now turn to the mixed results of general search engines. Since 70% of Americans search for a specific disease, we looked at the results they would get when searching for a cure. Using the words “cancer” and “cure,” we tested Google, AltaVista, and MSN, three of the most popular search engines.

The first result in a Google search was the site of The Cancer Cure Foundation This Foundation is dedicated to the promotion of alternative therapies for cancer, including electrotherapy, hydrogen peroxide therapy, laetrile, herbal extracts and detoxification through homeopathic, chelation or other therapies. The reference to zapper and anti-parasitic herbals leads to a site promoting a Mexican based clinic to cure cancer. Doing a backwards link search, it appears that more than a hundred other sites link to the Cancer Cure Foundation.

Conducting the same very simple “cancer” “cure” search on AltaVista led to a similar result. The first site listed is a personal page covered with links to informative treatises with titles like “Mammography – Radiation Induced Breast Cancer!” At the top of the page is a link to “Cancer Therapies FAQ”. This is a listing of alternative therapies ranging from parasite cleansing, to laetrile, to hydrogen peroxide therapy and scores of other alternative therapies.

Doing an MSN search, which is the default if you just put your search terms into the Internet Explorer URL locator, results in a similar set of sites. Here, the very first link is to The Gerson Institute, which describes itself as a non-profit organization dedicated to the holistic treatment of degenerative disease. MSN also gives you the opportunity to see the 10 most popular sites that match your words. Here we find “Alternative Cancer Cures and AIDS Cover-ups by Lorraine Day, MD”. On this site, the health seeker finds sales literature for a video on “Sorting Through the MAZE of Alternative Medicines,” as well as treatises on “The Government Cover-up of AIDS,” “Why Condoms Don’t Work” and similar topics. According to the counter on the site, I was visitor number 733332.

Finally, we looked at the information conveyed on person-to-person networks. Since so many people use AOL for its message boards, we tested the forums on its Alternative Medicine channel. AOL, with almost 88 million unique visitors in February, has an Alternative Medicine channel with several active message boards. In 4 weeks, the Herbal Remedies board picked up 136 subjects, each beginning with a plea from some individual for information about an herb or for herbal help with a disorder or disease. Most had several responses. In one case a respondent who suggested a Western medicine solution to a problem was chastised for posting on the Alternative Medicine Board.

All we know about the respondents are their email handles and the credentials which they list. Many state they are physicians or trained herbalists, but there is no way to check these credentials. Frequently, the advice of those who identified themselves as experts were contradictory, and in several cases the posted messages descended into an argument.

Based on this study of the Internet as a source for CAM information, I have to reiterate that the Commission cannot rely on the mainstream press and mainstream Web presences to convey accurate, balanced information about complementary and alternative medicine. In effect, what has developed is the Internet as an overgrown version of the village well. Any individual can state any item as fact, and there will be someone around to believe it.

Therefore, I have three recommendations to the Commission.

1) Acknowledge that mainstream health websites make up a small part of how complementary and alternative medicine information is spread on the Web, and plan accordingly. Turning a blind eye to the invisible networking that occurs among people on the Internet will undercut the effectiveness of any policy you put in place. Recognize that most people are NOT aware of the quality health sites. WebMD, the top ranked health website with 4.7 million unique visitors in December, still had less than 6% of the Web visitors. drKoop.com, with 981,000 unique visitors had 1.2%. Meanwhile, AOL Time Warner Network had more than 69 million unique visitors in February, almost 15 times as many as WebMD.

2) Once you have a policy in place, don't hide it. Create a public education campaign about how to benefit from this policy. Right now, much of the complementary and alternative medicine using public believes the government is deliberately fighting its use. There are whole websites devoted to conspiracy theories linking the pharmaceutical companies with the FDA in schemes to keep herbal remedies from the public. Create a website for CAM information, or build onto the NCCAM site, and invite conventional, integrative and alternative practitioners to link to it.

3) Create an educational campaign for use in the schools, probably at the middle school level, to teach critical thinking. The focus should be on how to evaluate information you get from your friends, strangers, people you 'meet' in Internet chat rooms and on message boards, and on various websites. This recommendation extends beyond the subject of complementary and alternative medicine, and perhaps should involve other entities in the Government. Students are taught how to use computers and how to find information on the Internet, but they are not taught how to evaluate that information. If they are fortunate to have instructors who teach about evaluating content, it is very unlikely that this lesson is extended to evaluating information received through emails and message boards. Students should be taught that anyone can claim to be a doctor or specialist and how to check out the "facts" they are told.

March 27, 2001

The White House Commission on Complementary and Alternative Medicine Policy
Hyatt Regency Hotel on Capitol Hill, 400 New Jersey Avenue, NW, Washington, DC

Pancreatic Cancer Action Network, Inc. (www.pancan.org)

For information: Contact Julie Fleshman, JD- Executive Director 310.791.5214

Text of remarks by Lisa Stancik on behalf of the Pancreatic Cancer Action Network

"Good afternoon ladies and gentlemen, My name is Lisa Stancik, and I am here today as a volunteer representing the Pancreatic Cancer Action Network, also known as "PanCAN." PanCAN was founded in 1999 as the first and only national advocacy patient benefit organization for pancreatic cancer. As we move into our 2nd year of service, our handful of inaugural grassroots volunteers has grown to become a staff of three along with now thousands of volunteers united as PanCAN TEAM HOPE ADVOCATES. We are working with everyone we can to increase awareness and bring attention to the urgent need for well designed medical research with positive outcomes.

Pancreatic cancer is the 4th leading cause of cancer death for men and women in this country. 29,000 Americans die each year from this horrible disease. The typical pancreatic cancer patient is diagnosed with stage IV metastatic disease and has a life expectancy of a mere three to six months. I know the devastation of pancreatic cancer first hand as I watched it claim the life of my mother much too soon. Pancreatic cancer has NO early detection method, treatment options are severely limited and generally palliative. It has the highest mortality rate of all cancers. The common symptoms of pain, severe weight loss, and fluid retention become quite overwhelming and tough to manage as the disease runs its course. You can see that our pancreatic cancer community desperately needs effective treatments. We are not prejudiced as to whether they should be traditional or complementary. We just want safe and effective methods.

We thank you for initiating and inviting discussion as you continue to develop and implement Federal Policy in the areas of complementary and alternative practices. Let's work together to turn this discussion into action that benefits all of us.

Many people are perplexed about complementary and alternative medicine. On one side of the fence, folks wonder why more people don't use complementary methods. Many people swear by these methods, many methods are older than this country, and multi- millions of dollars pour into

treatments and products that rely on personal and anecdotal experience. Then, on the other side of the fence, these folks wonder why so many people use complementary methods. Methods that are unproven and not validated through accepted scientific practice, there is no oversight or safety mechanisms to protect the consumers. Methods that are often referred to as the modern day equivalent of snake oil.

Regardless of which side of the fence one stands, the fact remains that the use of complementary and alternative practices whether alone or combined with traditional methods brings more questions than answers exist. These are questions, that when answered will bring opportunity. An opportunity to develop well balanced and combined approaches that keep patient protection and safety at the forefront while the science of these methods is researched and validated. An opportunity to develop the critical and necessary information and resource tools that allow patients and consumers to make informed decisions with confidence based on real science and not hearsay and conjecture. And what this community hopes for is, an opportunity for treatments regardless of origin that will benefit patients.

This is a complicated issue that is only going to grow in size unless we work to address the gap that exists from one side of the fence to the other. The Pancreatic Cancer Action Network feels this issue is important enough that the White House Commission should convene a series of meetings with the people in the trenches and the people in the labs. A good first step would be to bring all groups to the table with the goal of developing criteria and process for effective validation methods. Then once these practices are validated or invalidated there is a joint ethical and moral responsibility to communicate this information to the consumer.

The bottom line is, we must find a way to provide patients with the best treatments, the most options, and the greatest hope without undermining the safety and efficacy of new drug development and discovery, or validation of an age old method in a new frontier. In today's age of discovery and application anything less than this, is simply unacceptable.

Thank you very much.

American Association of Naturopathic Physicians
White House Commission on Complementary and Alternative Medicine Policy
Testimony Presented by: Jennifer Roe

My name is Jennifer Roe and I am the Director of Membership and Publications for the American Association of Naturopathic Physicians.

The topics covered at this meeting concern the public's need for CAM information, self-care and wellness. Germane to these topics, I would like to suggest some policy recommendations on the behalf of the American Association of Naturopathic Physicians.

Allow patients to have equal access to all licensed provider types, and allow licensed providers equal opportunity to participate in all federal healthcare programs.

Fund research centers at CAM institutions to help support the necessary development of research and academic infrastructure.

Encourage the formation of a coalition of licensed and emerging CAM provider groups to work together on CAM information development, dissemination, self-care and wellness, as well as other objectives of the Commission. Towards this end, we urge the Commission to call for the establishment of an Office on CAM and Integrated Health Care at the assistant secretary level at the U.S. Department of Health and Human Services with the authority to: oversee, coordinate and direct all federal CAM activities through this office; and direct and oversee incorporation of CAM in all federal benefits programs.

Prohibit distance learning programs from awarding doctoral degrees in naturopathy and naturopathic medicine. These degrees create the false impression in the mind of the consumer that the provider of health information is, in fact, a doctor, when in reality she/he has had no clinical training whatsoever, has not passed a licensing examination, and does not hold a medical license.

A recent tragic example provides a painful illustration of the consequences to safety with such an unlicensed individual. In October of 1999, an 8 year old girl, who was an insulin dependent diabetic, died because her mother was convinced by a charlatan that he was providing safe and effective care for her daughter. This man, who displayed a diploma from a correspondence school selling so-called doctoral degrees in naturopathy, was apparently not educated enough to understand that an insulin dependent child can not be taken off her insulin and treated with herbs. The mother trusted, the child died, and the man is charged with manslaughter. His trial has, or is soon to, begin.

This unfortunate event took place in Asheville, N.C. where there is as yet no licensing for naturopathic medicine. I encourage the commission to take the opportunity to ensure no similar disaster overtakes any other American family, by lending assistance to the promulgation of appropriate, uniform professional standards, including regulation by licensure to the CAM community.

In conclusion, I would like to encourage the media, government, and other agencies disseminating CAM information to utilize the expertise of licensed naturopathic physicians in developing such information. The American Association of Naturopathic Physicians has an established network of physician members who are available for providing information on CAM to the media, governmental agencies and policy-makers.

Thank you so much for allowing me this time to present to all of you.



The principles of naturopathic medicine focus on patient education, self-care and wellness. Naturopathic Physicians recognize an inherent ability of the body to heal itself. It is the role of the naturopathic physicians to facilitate and enhance this process, including serving as a teacher to educate and encourage individuals to take responsibility for their own health. The goal of a naturopathic physician is to establish the highest state of wellness that allows the Innate Healing Power of Nature to express itself.

Contact Information:

**American Association of Naturopathic Physicians
8201 Greensboro Drive, Suite 300
McLean, VA 22102**

Phone (877) 969-2267

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**Maria Bianchi, Executive Director
Jennifer Roe, Director of Membership and Publications
Carmen Ortiz-McGhee, Director of Meetings and Continuing Education
DecAnn Grosshans, Executive Assistant**

**WHITE HOUSE COMMISSION ON COMPLEMENTARY AND
ALTERNATIVE MEDICINE POLICY (WHCCAMP)**

HEARING DATES: March 26-27, 2001

MEETING TOPICS: Information Development and Dissemination; Self-care and Wellness

Hello, My name is Scott Lamp. I am chairman of the American Massage Therapy Association Healthcare Integration Committee.

Due to the recognized health benefits and low cost of massage, massage therapists have become primary providers of wellness-oriented therapy for people who are considered healthy by most standards.

From my experience, today's clients expect to receive information on self-care from their massage therapists and most massage therapists feel that part of their job is to educate their clients regarding general wellness issues. In doing so, therapists must stay within the defined scope of practice and not dispense specific medical advice. However, in Ohio (for example), education is considered outside the scope of practice for massage therapy, clearly blocking the flow of information. How can practitioners be expected to help a person with neck tension and not discuss with them the cause of that tension or recommend simple techniques to gain relief? In our efforts to restrict non-medical healthcare providers from prescribing specific medical protocols, we must be sure not to unduly restrict discussion between CAM practitioners and their clients regarding general health and wellness practices that are ubiquitous in the media. I urge the Commission to include in its recommendations that any healthcare provider be allowed to discuss generally-recognized wellness practices, such as taking a warm bath, without fear of being charged with practicing medicine without a license.

As we integrate more with the mainstream healthcare delivery system, many therapists worry that medically-oriented massage will place an added burden on those therapists with cash-based, wellness-oriented practices? We must not allow the escalating costs and professional requirements associated with medically-oriented care to interfere with providing low cost, wellness-oriented massage.

There seems to be little interest and even less money for research into wellness-oriented therapies that do not retail a product. Who will fund research to provide the healthy with continued good health? How will we understand the cost benefit to our society of promoting healthy lifestyles? A massage therapy research agenda has been developed by a workgroup of the AMTA Foundation. They have noted that the effect of regular massage on a healthy population has never been formally studied and recommend that this study be a priority.

In closing, I would like to thank the Commissioners for their efforts and remind you that AMTA serves as a reliable source of information to the media and consumers regarding massage therapy. Anyone can visit our Web site www.amtamassage.org. In addition, AMTA's Find a Massage TherapistSM national locator service helps more than 75,000 consumers and physicians each year locate qualified AMTA professionals in their area.

We are currently exploring methods to better serve as an information resource for the medical community and the insurance industry. As chairman of AMTA's Healthcare Integration Committee I would welcome any suggestions offered by the Commission in this regard.

Thank you.

We Can Save Thousands Of Lives And Billions Of Dollars By Correcting America's False Perception Of Health

Drug reactions and medical mistakes are the third leading cause of death in the United States, killing more people than handguns and car accidents. As a nation we spend 76 billion dollars a year cleaning up the problems that medical drugs cause. We rank near the lowest of all countries in morbidity and mortality and yet the federal government invests 7 billion dollars a year to train medical residents and gives several billion dollars a year to medical schools for research.

Alternative health care, on the other hand, is extremely safe, cost effective and gets people well. One need only to look at a comparison of malpractice insurance rates between a doctor of medicine and a doctor of chiropractic to see how much safer our non-invasive approach is. There are numerous studies validating the effectiveness of natural health care. A retrospective study of nearly 3000 patients of Network Spinal Analysis practitioners is a perfect example. Over three-quarters of the patients studied reported improvements in all categories assessed, including improved physical state, improved mental/emotional state, improved response to stress, improved life enjoyment and improved overall quality of life.

If a safer and more effective choice for health care exists, why don't the majority of Americans use it? I believe it is due to generations of drug advertising and television programming. From Marcus Welby, M.D. to ER, Americans have been taught a faulty paradigm for decades. They are saturated with the idea that health comes from the outside and nearly always in the form of drugs and surgery.

How do we change this? Through the same medium – TELEVISION.

My first proposal is that we stop advertising DRUGS the same way we stopped advertising tobacco and alcohol. Surely the statistics show that drugs are deadly. Why not treat drugs for what they are and stop portraying people who take them as intelligent, sophisticated and healthy?

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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

My second proposal is that we teach the public a new concept of wellness through a television drama series featuring and teaching alternative health. Currently the Federal government pumps billions of dollars into a failing medical system. Why not take a small fraction of that money and invest in an exciting and innovative program that demonstrates that true health care begins well before disease starts. This show can teach people that a new and exciting form of health care exists, one that acknowledges and assists their body's innate intelligence to help express their true health potential.

I challenge anyone here to find a faster, more effective and affordable way to change the health paradigm of this nation. If even a fraction of Americans chose this safer and more effective form of health care, potentially billions of dollars and tens of thousands of lives would be saved each year.

I have written a novel called ***The Power***. It is a suspense thriller featuring chiropractic. I have given each of you a copy. I hope that you will read and enjoy ***The Power***, but more importantly, see it as an example of the type of educational entertainment that could help reinvent our nation's health care system.

Distinguished members of the White House Commission on Alternative Medicine, I thank you for your time.

John Adams, D.C.

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**Statement
Of the
American Chiropractic Association
Before the
White House Commission on Complementary
And Alternative Medicine Policy
March 2001**

On behalf of the American Chiropractic Association (ACA), I am honored to provide the commission with policy recommendations as they relate to the issue of wellness. As I stated in a previous presentation before the commission, the key principle behind chiropractic care as well as many other complementary and alternative therapies is wellness. I urge the commission to ensure that the promotion of wellness is paramount in any recommendations provided to Congress.

It is my understanding that the commission, in its initial draft recommendations, is considering the development of a consumer-oriented alternative medicine division within the Department of Health and Human Services (HHS). This department, among other things, would coordinate the dissemination of information on CAM. Such a department would be helpful in ensuring that accurate CAM information is provided to not only the general public but also within HHS itself. As HHS moves forward on various health care initiatives, such a resource would be extremely beneficial in promoting CAM within the department.

In addition to these activities the ACA would like to suggest additional activities for this proposed division.

- The Commission should recommend that Congress provide adequate funding for such a division, and should also earmark a specific amount to launch a wellness campaign to inform consumers about their health care options. With input from various CAM organizations, a well-developed wellness campaign could greatly enhance public awareness on the effectiveness of various CAM procedures as well as provide consumers with greater health care options. In the era of increased consumer access to health care information – via the Internet and other vehicles – there are many conflicting reports on the efficacy of many CAM procedures. A federally funded wellness campaign could address these misleading reports. However, care must be taken in promoting any CAM/tradition modality, it must be based on sound clinical evidence.
- Such a wellness campaign could have many facets, including, but not limited to, targeting the insurance industry, workplaces and also basic education at the elementary-school level. For example:
 - Workplace – Each year approximately 13.2 million workers sustain nonfatal injuries, such as low-back pain and fracture, according to the Bureau of Labor Statistics and 862,000 suffer from work-related illness at

a cost of \$171 billion. In many cases, employers have resisted the concept of ergonomics and safety standards. However, they may not realize the benefits they will attain from improved workstations and safety. A wellness campaign that targets the workforce could focus on the statistics that show that although safety/wellness comes at a cost, a more user-friendly work environment reduces risk and fatigue. Therefore, it not only decreases overall costs, it also protects their most valuable resource – their employees.

- Insurance – As health care costs continue to rise, payors need to better understand the effectiveness of wellness in containing health care costs. Payors should be encouraged to offer preventative alternative therapies as paid insurance benefits rather than a patient-paid responsibility. Current coverage constraints restrict a patient's ability to seek the treatment they need to stay healthy and to promote their well-being. The insurance industry could be targeted with the message that wellness works. This insurance-specific wellness campaign might even provide examples of other payors who are seeing the real cost benefits associated with wellness. Once payers and their policy makers see the bottom-line cost savings realized by those who embrace a wellness concept, one would hope that they would provide early and regular wellness interventions to those they insure.
- Elementary schools campaign – If consumers are to embrace the concept of wellness, it must start with the children. In elementary school, children begin to learn the basics of health care – healthy nutrition, physical education, and a general concept of wellness. In the context of basic health care, a wellness campaign could be targeted to ensuring that students be introduced to the whole spectrum of health care professions, including, among others, chiropractic, acupuncture, nutrition and massage. In addition, the concept of wellness should be embraced in other areas of learning, including, but not limited to, computer based-classes. Generally computer equipment is not designed for young, growing bodies. Children should be taught to sit properly at computers, stretch when appropriate, and focus away from the computer to avoid eye strain. Educating the consumers of tomorrow on the benefits of wellness and providing them with valuable information they can learn and grow from is essential in any wellness campaign.

The ACA encourages the commission to consider the concept of a national wellness campaign to encourage and facilitate the use of CAM as a viable health care option. Thank you for allowing me the opportunity to testify, I will be glad to answer any questions you may have.

The White House Commission on Complementary and Alternative Medicine

Public Testimony offered by John D. Melnychuk R.S. Hom (N.A.) C.C.H.
President, California Health Freedom Coalition

27 March 2001

I am John Melnychuk, President of the California Health Freedom Coalition, a not for profit consumer group which is working for health care reform in California. We represent consumers in California who would like easier access to all types of high quality forms of healing practices.

We are working to make a change in the culture of medicine and healing in California.

Thank you, Commission members for your hard work, and for welcoming me here today. It's nice to be here where we can all count on the lights remaining on....

We are tired now, after receiving testimony from many witnesses and considering so many issues, so I'll try to be brief.

I grew up in Canada, trained as a classical homeopath in England, and have worked and lived in both of these countries and also, of course the U.S. I have been admitted to the U.S. on the basis of "extraordinary ability" in homeopathy. I have traveled extensively, taught and treated using homeopathy as Vice President of Homeopaths Without Borders, and as Director of Homeopathic Programs for Airline Ambassadors International, an United Nations NGO. Both are humanitarian aid organizations which offer treatment and education to under served communities, so I feel I am in a good position to provide some observations from inside and from outside about health care in America.

It is clear that there is now an enormous interest in America about finding better ways of maintaining health and recovering it when it is diminished.

Problems in America

Three of the greatest problems facing American health care consumers are:

- a) limited access to high quality health care services of any sort
- b) the expense of the limited choices available,
- c) the lack of success of a "one size fits all" kind of medicine

Lack of Freedom in a Health Monoculture

America, unfortunately, is not so free as some other countries as regards access to health care. There is brilliant technological medicine here but the culture here is overwhelmingly a "monoculture" of scientific allopathic out-of-reach-for-millions expensive medicine. The ideal of a "monoculture" or homogeneity of medicine in America, I wonder, does it have it's roots in the American ideal of the "melting pot" where immigrants abandoned their cultural ancestry as a way of becoming truly American?

Who should be satisfied Consumers, or the Government Agencies?

The health care culture here in America is very much oriented to remediation. There is a tremendous reliance on the thought that someone else, usually doctors, insurance companies, or the government, via the Food and Drug Administration, or the Federal Trade Commission or other agency will and ought to care for any individual's health. There is a suspicion among some of these agencies that consumers are fools, and non-licensed "unscientific" healers are fundamentally defrauding the public.

Art, Science and, Common sense in Medicine

It struck me that yesterday, when we heard the testimony from the FTC and the FDA that they have developed their regulations with a great deal of logic, but very little common sense. After yesterday's discussion, I am more doubtful of their effectiveness in looking after my interests. Science, of course is important but, after all, health care disciplines as a group are known as the "healing arts."

It was disappointing to hear the sentiment expressed that, "it doesn't really matter what we recommend, what it all really comes down to is what the insurance companies will pay for." This commentary I heard at your meetings in early December 2000. I don't believe this is the truth, and I am heartened to see that the Commission has developed more confidence in it's ability to effect change.

Where then, should the burden of responsibility lie for any American citizen's health? We at CHFC think it should lie with the citizen and their health care providers and not with regulatory or enforcement agencies.

You have heard from many many people who have testified about the benefits of so called complementary and alternative practices. All of these people are very courageous as they fight for their health and lives by pursuing what is here thought of be unconventional approaches. It is important to know that what are strange or alternative practices here are common in other places because health consumers there have found them to be effective. All of these consumers have voted with their dollars. They are betting their health and sometimes their lives as they try to find something that will work for them as individuals. They are proof that there is great interest in self care as they do not merely accept what the system has to offer.

Access

One of the most serious problems facing Americans as they look for better solutions to their health care is that of access. It is not only money here that limits people from accessing health care that works for them. It is also the illegality of alternatives in many jurisdictions. Standard of care and prevailing practice rules prevent many licensed providers from offering something beyond conventional treatments which can't always help everyone. Laws which define medicine as "any healing and diagnosis" also limit access to people to complementary and alternative healing practices by making it illegal for talented non-medically licensed healers to provide services. The hostile working climate for non-medical healers prevents them from working, and this limits access for all. Consumers then, are prevented from seeing these people and assuming responsibility for their own health.

Most of these healing practices in fact demand the participation and the collaboration of the consumer.

We would like to recognize that people in California are making self care a priority as they choose something outside of what is given to them by their insurance companies and a system that often does not meet their needs. The first thing we would like to do is to make it legal for people to provide care. The consumers are already coming and using these healers' services – if there weren't a lot of people doing this we wouldn't be here discussing it.

We at the CHFC don't think is a good idea is to mandate standards and licensing boards for every single discipline, it is boggling to think of such a

thing. Many of the problems in health care in America have come precisely because of the design of the current health care system, and the overwhelming legal advantage that allopathic medicine holds. If allopathic medicine is the most scientific of all medicines, could mandatory governmentally regulated standards be possible to devise? If it be could done, and would it benefit the public? I don't think so – part of why we are here in these meetings is to try to come up with better ways of helping the public become more healthy. More licensing boards will not help Americans become more healthy.

Nuance and Sensitivity

In closing I would encourage the Commission to examine American health care from a cultural perspective, not just from that of American medical science. Pluralism even in health care is good. I am reassured that the you as Commissioners are becoming multilingual and multicultural in this process of studying and analyzing what is happening in the health care landscape in America. It is necessary to have a multicultural sensitivity to appreciate the nuance of many of the healing arts you have been made aware of since the inception of the Commission. Please design your recommendations with a sensitivity to other healing practices, and with a spirit toward encouraging the public to access what it is they would like to access. After all, the bottom line is that the consumer should be satisfied, not the scientists, and not just the governmental bodies overseeing health care in America.

John D. Melnychuk, RSHom(NA), CCH

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PROFESSIONAL EXPERIENCE

Homeopathic Consultant. in private practice in Palo Alto, California
1994 - present. In New York, New York, 1996-1998

Lecturer, Pacific Academy of Homeopathy, San Francisco, California.
1999 - present.

Director. Homeopathic Programs, Airline Ambassadors International.
San Francisco, California. 1999 - present.

Airline Ambassadors International is a United Nations accredited Non-Governmental Organization (NGO) that provides humanitarian aid in developing communities domestically and internationally. I provide homeopathic education and training to health care workers and volunteer members. I also supervise clinical training of homeopaths, student homeopaths, and other health care providers on overseas aid projects. In December 1998 I made a pilot trip to Bogota, Colombia and volunteered at the orphanage Hogares Luz y Vida. In February and August 1999 I volunteered at orphanages at Maxfield House and Marigold House in Kingston, Jamaica. In May 1999, I made assessments of refugee camps in Macedonia during the war in Kosovo.

Speaker

North American Society of Homeopaths Second Annual Case Conference, August 1999.
North American Society of Homeopaths First Annual Case Conference, April 1998.

Proving Extractor

A proving is an experimental trial of a new homeopathic medicine.
Performed initial analysis and editing of raw data for provings of:
Helodrilus, Oakland, California, 1997.
Haliaeetus Leucocephalus, Headlands, California, 1996.

Editorial Advisor of a new translation of the classic text, *Organon of the Medical Art*, by Samuel Hahnemann, M.D., edited and annotated by Wenda Brewster O'Reilly, Ph.D., 1993 - 1996. This text is the original work by Samuel Hahnemann that provides the philosophical foundation for Homeopathy.

Lecturer, Homeopathic Study Group for Parents, Palo Alto, California. 1994-1995.

Clinical Supervisor, London College of Classical Homeopathy, London, England.
Taught undergraduate students in a clinical setting. 1993.

PROFESSIONAL EXPERIENCE (continued)

Research Supervisor, Dynamis College, London, England.

Coordinated data collection and initial analysis for a research study on a newly-developed homeopathic medicine, Neon, 1992 - 1993.

Editor, Miccant Ltd., Northampton, England. Upgraded and tested CARA's homeopathic repertory program. This computer program is the one most widely used by British homeopathic professionals and students. 1992 - 1993.

PROFESSIONAL SOCIETIES

North American Society of Homeopaths, Seattle, Washington.

Professional Member, 1994 - present.

Chair, Out-Reach Programs Committee, 1998-99. These programs provide low or no-cost homeopathic education and treatment in international and local communities.

Member, Ethics Committee, 1993 - 1994.

Council for Homeopathic Certification, San Francisco, California.

Professional member, 1994 - present.

California State Homeopathic Medical Society

Active member, 1998 - present.

BOARD POSITIONS

Vice President, Homeopaths Without Borders, and Liaison to the North American Society of Homeopaths.

Homeopaths Without Borders is a nonprofit organization that provides homeopathic care and educational programs in developing communities domestically and internationally. As a representative of this organization, I have traveled internationally to provide homeopathic training to health care providers. Part of my work has been to search for a suitable site overseas for a permanent clinic. This clinic will provide care to those in need and clinical training for health care providers.

Director, Building Project Committee, Homoeopathic Research and Charities, Mumbai, India.

HRC is a not-for-profit agency based in Mumbai, India. The founders of HRC are Indian leaders in the international homeopathic community and leading Indian citizens. HRC's main interests are homeopathic education, research, and treatment. The Building Project Committee is responsible for conceiving, designing and building a campus for an international teaching and research center in Lonavala, Maharashtra, India.

President, California Health Freedom Coalition, Palo Alto, CA. CHFC is working toward improving health freedom of California consumers.

PUBLICATIONS

"A Case of Germanium," in *The American Homeopath*, Volume 6, 2000.

This article chronicles the remarkable improvement of an individual after a single dose of a newly proved and rarely used remedy.

Book Review: "Prozac Free," by Judith Reichenberg-Ullman, N.D., MSW, and Robert Ullman, N.D., Picnic Point Press, Edmonds, WA. 1999. This review appeared in *The American Homeopath*, Volume 5, 1999.

"An Interview with Misha Norland, F.S. Hom." in *The American Homeopath*, Volume 4, 1998. This comprehensive interview is with one of Britain's most experienced and respected professors and practitioners of homeopathy.

Book Review: "The Patient's Guide To Homeopathic Medicine," by Judith Reichenberg-Ullman, N.D., MSW, and Robert Ullman, N.D. Picnic Point Press, Edmonds, WA. 1996. This review appeared in *The American Homeopath*, Volume 2, 1996.

Book Review: "The Dynamics and Methodologies of Provings," by Jeremy Sherr, Dynamis Books, Malvern, England, 1995. This review appeared in *The American Homeopath*, Volume 1, 1995.

Clinical Trial Review: "Is Evidence for Homeopathy Reproducible?" by David Reilly, M.D., *The Lancet*, December 1994. This article describes a trial of homeopathically prepared medicines at the Glasgow Royal Homeopathic Hospital. The review appeared in *The American Homeopath*, Volume 1, 1995.

EDUCATION and CERTIFICATIONS

Licentiate with honours, 1993.

London College of Classical Homeopathy, London, England.

This four-year professional program in homeopathic medicine includes one year of teacher training.

Practitioner of Classical Homeopathy (PCH) degree, 1993.

Dynamis School for Advanced Homeopathic Studies, London, England.

This is a two-year post-graduate professional training program.

RSHom(NA) certification, 1994.

Registered Society of Homeopaths (North America).

This is currently the most stringent certification available for homeopaths in North America. There are currently only 80 registered members who have achieved this level of training and expertise in the United States and Canada.

CCH certification, 1994.

Certified Classical Homeopath.

This certification is also available for homeopaths in North America. There are currently only 200 homeopaths who have achieved this certification level.

EDUCATION and CERTIFICATIONS

Master Clinician Certification, 1998.

Luminos Homeopathic Courses, Ltd., San Francisco, U.S.A.. This is two year post-graduate professional training program offered by Louis Klein, RSHom (NA). Louis Klein is one of North America's leading homeopaths.

Seminars/Workshops/Conferences

Attendance of numerous seminars and conferences in Canada, England, Scotland, and the United States, studying with a great number of internationally known homeopathic scholars including: Jeremy Sherr, Dr. Rajan Sankaran, Dr. Jayesh Shah, DR. Sudhir Baldota, Dr. Divya Chhabra, Dr. Sunil Anand, Dr. Sujit Chatterjee, George Vithoulkas, Sheilagh Creasy, Vega Rosenberg, Guy Kokelenberg, Roger Morrison, M.D., Murray Feldman, Laurie Dack, David Mundy, Peter Chappell, Louis Klein, Roberto Bianchini, Anna Schadde, Alize Timmerman, Dr. Nandita Shah, Dr. Farouk Master, Dr. Prakash Vakil, Dr. Sujit Chatterjee, Stephen King, Sheryl Kipnis, Nancy Herrick, Paul Herscu, N.D., Massimo Mangialavori, Jan Scholten, Robert Bannan, Rebecca Preston, Simon Taffler, Edward Chapman, Wenda O'Reilly, PhD, and many others.