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Integrated Healthcare Policy Consortium

A National Working Group of the Collaboration for Healthcare Renewal Foundation

6890 East Sunrise Drive, Suite 120, PMB-131 * Tucson, Arizona 85750 * (520) 232-9840

Rather than dismissing their efforts could we not meet somewhere, something like "the Commission is aware (notes) that the I-H-P-C of the C-H-R-F ~~xxxxx~~ are developing recommendations on integrative health Care policy."

February 21, 2002

James Gordon, MD
White House Commission on Complementary
and Alternative Medicine Policy
6701 Rockledge Drive, Ste 1010 MS7707
Bethesda, MD 20817-7707

Dear Dr. Gordon:

On behalf of the Integrated Healthcare Policy Consortium (IHPC), a working group of the Collaboration for Healthcare Renewal Foundation, I would like to acknowledge the upcoming conclusion of the White House Commission on Complementary and Alternative Medicine Policy at its final meeting this Wednesday, February 21st through Friday, February 23rd, 2002. It is our understanding that the WHCCAMP report will be sent to the Secretary by March 7, 2002 with the Commission's final recommendations.

We appreciate the Commissioners' tremendous efforts and work over these past two years. We hope that the Commissioners share with us the belief that the collective voice of diverse stakeholders is a critical tool for successful implementation of the WHCCAMP recommendations. For that reason, we offer the following comments.

The Preliminary Draft of the "The National Policy Dialogue to Advance Integrated Healthcare: Finding Common Ground" Report was submitted to the WHCCAMP in November 2001. This Preliminary Report contained 18 consensus recommendations for national CAM Policy, developed by 60 individuals and national organizations involved with integrated healthcare. As you know, the National Policy Dialogue was a strategic outgrowth of many years of work by leaders in the CAM and conventional communities, many of whom were instrumental in supporting the legislation that transformed the old NIH-OAM to the Center (NIH-NCCAM) it is today, and in helping to implement the legislation authorizing the White House Commission itself. We have walked this path for many, many years and are now in the enviable position of having developed our recommendations by establishing common ground via direct and focused discussion among experienced colleagues from all the key stakeholder groups. We have also

This collaborative consensus effort includes a number of the WHC recommendations analogous to those ~~recommendations~~ analogous to integration of CAM & conventional health care—Report

constructed a mechanism by which these stakeholders can continue to confer and collaborate on advancing national public policy for integrated care.

The IHPC is now completing its final report, which will be published shortly. The landmark National Policy Dialogue (NPD) meeting brought together diverse stakeholders from academic medicine, business, consumer, public health, and CM and CAM national organizations to work on identifying these common and supportable national policy priorities for integrated healthcare. As the Director of IHPC, I am delighted to report that we will be aggressively promoting these recommendations in the second session of the 107th Congress.

In reviewing the WHCCAMP "Proposed Recommendations" (as of November 16, 2001) and reviewing the outcome of November's meeting during which many of these recommendations were revised, the IHPC observed a drift away from many of the common ground directions documented by the NPD participants. While important areas of alignment still remain, we are curious as to why the WHCCAMP is newly diverging from the consensus we believe exists in many areas.

I have attached the NPD recommendations, and identified where NPD recommendations and proposed WHCCAMP recommendations seem to be aligned and not aligned for your review. On behalf of the NPD, I urge you to review these recommendations carefully, and give strong consideration to adjusting the commission's recommendations to more closely reflect this emerging national consensus.

We encourage you to review this assessment of our impressions, and invite your comments. We will be formulating a final, detailed assessment following the WHCCAMP's final report.

Once again, thank you for the tremendous effort you and your fellow Commissioners have made to synthesize so many priorities and voices.

Sincerely,

Matt Russell
Director

CC: Stephen C. Groft, Pharm.D.

Commissioners, WHCCAMP

APPENDIX I

The following 18 policy recommendations evolved from the seven working group reports at the Dialogue: Research, Education, Underserved and Special Needs Populations, Regulation and Access to CAM Products and Services, Access to CAM in Federal Benefits and Healthcare Programs, Clinical Practice and Quality of Care, Public Health and Community Health.

Following each recommendation below is our analysis of the scale of alignment that we believe exists between our recommendation and the draft WHCCAMP recommendation.

Summary of Working Group Recommendations

RESEARCH

- Congress and federal research agencies should significantly increase federal research allocations for health promotion and disease prevention, and examine the role of CAM/integrated approaches in these areas.

ALIGNED WITH DRAFT WHCCAMP RECOMMENDATION

- Federal policy makers and agencies should assure that the methods of researching CAM and integrated health care are relevant to the questions being asked. Methodologies should be expanded to include: descriptive and qualitative research such as observational and case studies; analysis of individualized care and of multi-factorial causation and treatment; exploration of whole systems approaches; and examination of the process of integration, the clash of paradigms, values, and economic interests.

PARTIALLY ALIGNED

- Focus additional research resources on examining the role of CAM/IHC on global health indices including productivity, absenteeism, functionality, quality of life, sense of well being, cost/cost offsets, and safety in order to better support and inform the decision- making processes of employers, insurers, consumers, and government purchasing agencies.

ALIGNED

- Federal research funds should target the development of research infrastructure and expertise in those CAM/IHC institutions interested in doing more research. It will be very important to take advantage of their educational and clinical experience and to address the historic lack of expertise and experience in scientific methods and publications, which puts them at a disadvantage in securing funding.

ALIGNED

- Significantly increase funding of CAM research to fulfill these goals and to more accurately reflect the level of CAM use by the public.

ALIGNED – *except for the allocation of research funding to fulfill above goals*

EDUCATION

- Establish a consortium of conventional and CAM educators and practitioners which would serve the American public in a variety of ways.

PARTIALLY ALIGNED

- The consortium will encourage conventional and CAM educational institutions to embrace their responsibility to educate the public so that health care consumers can make more informed choices in health care, resulting in enhanced quality of life.

NOT ALIGNED

UNDERSERVED AND SPECIAL NEEDS POPULATIONS

- Assure widespread access to CAM/IHC in rural and underserved communities by 2004.

NOT ALIGNED

- Establish Federal CAM/IHC Office

ALIGNED

REGULATION AND ACCESS TO CAM PRODUCTS AND SERVICES

- Achieve regulatory recognition of each health care profession seeking it, in every state and within federal programs, **based on competency standards set by the profession**.

PARTIALLY ALIGNED*

- Universal, non-discriminatory access to CAM products and services.

NOT ALIGNED

- Broaden public health education efforts to embrace more fully the role of CAM services and products.

ALIGNED

ACCESS TO CAM IN FEDERAL BENEFITS AND HEALTHCARE PROGRAMS

- Establish a federal office to foster creation of an integrated health care system with an **emphasis on health promotion and disease prevention**.

PARTIALLY ALIGNED*

- Inclusion of authorized CAM/IHC providers and accredited CAM schools in all federal healthcare programs and initiatives. Congress should pass legislation mandating non-discrimination in all appropriate federal health care programs and initiatives.

NOT ALIGNED

- Carry out 3 pilot projects to get people off disability through the use of an integrated health care approach.

NOT ALIGNED

CLINICAL PRACTICE AND QUALITY OF CARE

- Develop a national agency that acts as a clearinghouse for defining the qualifications and scope of practice for all health care providers.

PARTIALLY ALIGNED

PUBLIC HEALTH AND COMMUNITY HEALTH

- Ensure that CAM is effectively integrated into the HP2020 development and implementation process.

ALIGNED

- Increase awareness of the meaning and practice of holistic health, including its acknowledgment of the integral relationship between our **physical and social environment** and our individual health and public health.

PARTIALLY ALIGNED*

*** denotes specific areas which appear to be Not Aligned**

APPENDIX II

NATIONAL POLICY DIALOGUE
TO ADVANCE INTEGRATED HEALTH CARE:
FINDING COMMON GROUND
Draft Final Report
January, 2002

Executive Summary

The National Policy Dialogue, which met October 31 - November 3, 2001 at Georgetown University in Washington DC, was a groundbreaking and successful effort to stimulate communication among leaders in the nation's healthcare community about the future of integrated health care – what it would look like, how to achieve it, and how to evaluate it. Dialogue participants represented over 50 stakeholder organizations with an interest in, or commitment to, the advancement of integrated health care. Participants worked in general session and in seven separate issue-oriented groups to develop core recommendations – many for federal policy changes – in such areas as education, service to the underserved, access, regulation, research, quality of care, public health, and federal benefits.

The Dialogue findings are among the first to reflect common ground among such diverse parties as educators from accredited conventional and CAM schools and professional organizations; representatives of regulated conventional and CAM practicing disciplines; payers (Medicare, private insurance companies, HMOs, Indian Health Service); natural health care product manufacturers; major employers; consumer advocacy groups; and government agencies. The collective experiences and perspectives of this unique group generated an exceptional exchange of information, ideas, objectives and proposed action steps. Only those recommendations representing common ground among the participants are included in this report.

The Dialogue was developed by a multi-stakeholder ad hoc group called the Integrated Health Care Consortium, led by Candace Campbell, with the American Association for Health Freedom, with significant support from a core team including Aviad Haramati, PhD, with Georgetown University Medical School, Pamela Snider, ND, with Bastyr University, and Sheila Quinn, with the Institute for Functional Medicine. Members of the Consortium Steering Committee are listed in Appendix III.

The Dialogue focused specifically on identifying common ground for meaningful public policy recommendations. Every participant prepared for the Dialogue by reviewing the *National Plan to Advance Integrated Health Care, the Integrative Medicine Industry Leadership Summit Reports 2000/2001, the NCCAM Five-Year Strategic Plan, and the White House Commission on Complementary and Alternative Medicine Policy Interim Progress Report.* In addition, the Steering Committee circulated a Survey prior to the start of the conference, and prepared a report for participants describing those areas where some measure of common ground already appeared to exist.

The Dialogue created the opportunity for the formation of new alliances among providers, educators, researchers, payers and consumers who have a commitment to safely and effectively advancing integrated health care. It has also made it possible for individuals and groups to begin working together on a shared policy agenda that all can use to promote their respective organizational goals. Publication of this report will bring the information about goals and recommendations to any interested individual, organization or institution wishing to collaborate on these vital issues. The report can also serve as an evaluation tool as accomplishments of the future are measured against today's assessment of what is needed. Finally, it is our hope that policymakers, regulators, legislators and other decision makers in the healthcare community will act upon these recommendations to hasten the day when every American has access to an effective, cost-efficient integrated healthcare system.

A certain amount of overlap emerged in the recommendations of the Working Groups, revealing areas where common ground has been developed more deeply. Key recommendations that were established in several work groups were:

1. Establish a federal office to foster the creation of an integrated health care (IHC) system focused on health promotion and disease prevention.

2. Significantly increase federal research allocations for health promotion and disease prevention, and examine the role of CAM/integrated approaches in these areas.

3. Establish a national consortium of conventional and CAM educators and practitioners, which would serve the American public in a variety of ways.

4. Assure widespread access to CAM/IHC in rural and underserved communities.

5. Achieve regulatory recognition for each profession seeking it, in every state and within federal programs, based on competency standards set by the profession.

6. Develop a national agency that acts as a clearinghouse for defining the qualifications and scope of practice for health care providers in each discipline, system or modality.

7. Ensure that CAM is effectively integrated into the Healthy People 2020 development and implementation process.

White House Commission on CAM Policy Feedback
Dr. Joseph Pizzorno
1/3/2002

I think the report is developing very well, my compliments to the staff. Following are a few comments/recommended edits.

Education (JK)

1/2/2002 draft

1. Summary needs additional summary bullet for recommendation of core biomedical sciences for CAM education programs.
2. Page 2, line 50 – to "and greater patient satisfaction." add "and safety."
3. Page 3, line 86 – to "programs such as" add "demonstrated by the collaborations of "
4. Page 5, line 148 – to "and comparable CAM organizations" I think we should add examples of these organizations. While there may be some conflict, listing only the conventional seems strange and inappropriate. I think this could be developed from the list of professional associations who presented to us. For example, (alphabetically): American Association of Naturopathic Physicians, American Association of Massage Therapists, American Chiropractic Association, International Chiropractic Association, National Association of Schools of Acupuncture and Oriental Medicine, etc.
5. Page 7, line 207 – The massage therapists' national accrediting body has just been recommended by the advisory group to be recognized by the Dept of Education. So, yes, add them.
6. Sentence starting on page 7, line 209 – Too long and combines two different concepts. There should be two sentences, one about the needs of the more "emerged" professions and one about the groups needing to be convened.
7. 8:218 – change "may evolve" to "will continue to evolve"
8. 8:244 – change "establishing CAM education" to "establishing national CAM education"
9. 9:264 – change "Minimal fluency in biomedical language" to "Basic competency in the biomedical sciences." I believe the Commission was clear that more than language competency is being recommended.
10. 10:287 – change "on the internet" to "through several sources, such as the internet."
11. 21:623 – Add a paragraph or sentence about residencies in naturopathic medicine. For example, "Residencies in naturopathic medicine are less well developed than for chiropractors. At this time, residencies exist for approximately 25% of graduates, including residencies at two hospitals. One state, Utah, now requires at least a one year residency for licensure." This later statement is important to include, as I believe, required residency is the trend of the future.

Access and Deliver (MC)

12/21-3/01 draft

1. 3:36 = Add "Naturopathic physicians are also licensed in Peurto Rico and the Virgin Islands."
2. 4:4 – change "naturopaths" to "naturopathic doctors"
3. 8:16 – I continue to strongly recommend list profession examples in each category

4. 8:23 – I do not believe the Minnesota model is even registration, since the practitioners are not in any way evaluated by the state. Also, Certification is missing. It should be placed between Title Licensure and Registration. Perhaps the existing Registration language should be moved to Certification and the Minnesota example left in Registration.
5. 9:32 – Change "naturopathy" to "naturopathic medicine"
6. 11:18 – Change "such as an accredited naturopathic physician to "such as a licensed naturopathic physician." I am concerned that using "accredited" will be confusing since such language usually used for institutions rather than individuals. Also, might use "she" since 75% of the profession is female.
7. 11:34 – This is probably where the specific examples that could be include in #3 above would be best placed.
8. 12:13 – This is an important classification. I still wonder about the term "static." While we should avoid pejorative language, I think we need a better term. How about "autonomous?"
9. 14:27 – Change "only science and technology" to "only well-established science and technology"

Overview (JS)

12/19/01

1. 4:29 – Insert "mega" in front of "vitamin"
2. 9:21 – I like the tone of this description of the waning of the unconventional practitioners, much less confrontational. However, it now totally eliminates the very real political suppression work of the AMA during this period. As is, the CAM community would probably consider this an egregious rewriting of history. While the following would need to be expanded upon, something along these lines is needed:

   Another significant reason for the decline of the unconventional professions was the active political suppression by the medical profession. Upon its inception in 1847, the AMA began a century and a half campaign to restrict the practice of healthcare to its own members. It began with the infamous "Consultation Clause" the which prohibited its members from even collaborating with unconventional practitioners, became more ardent with the Flexner report which was particularly critical of health professions' schools not based on pharmaceuticals and more effective when conventional medicine finally abandoned its crude and dangerous therapies (the so-called era of "heroic medicine"—the victors DO write the history books) and adopted therapies which were actually effective. The AMAs political opposition of unconventional practitioners was severely curtailed when it lost an historic anti-trust suite brought by the chiropractors in early 1990s (date needs to be checked). However, today its state constituents continuing their political work to block licensing efforts by the CAM professions.
3. 10:6 – Change "the very success allopathic of medicine in lessening" to "the success of public health measures and allopathic medicine in lessening"
4. 10:8 – Change "the success of conventional medicine in extending life" to "the success of public health measures and conventional medicine in extending life." For #3&4, the historic record is clear, 75% of increased longevity is due to public health measures, not medical interventions.
5. 12:25 – Somewhere, possibly here, needs to be a paragraph about the unconventional professions "growing up" (we need a better, less pejorative, term). Something along the lines of:

   Also during this time, the unconventional professions became more sophisticated,

effective and credible. Seeing the success of conventional medicine in advancing the quality of their clinical services, several of the more evolved unconventional professions began adopting much more rigorous educational standards, established accrediting bodies recognized by the U.S. Department of Education, became engaged in basic sciences and clinical research, and collaborated internally to establish more consistent practice standards. At the time the public became more disillusioned with conventional medicine, the unconventional professions became more respectable.

6. 13:26 – Insert term "natural medicine"
7. 15:17 – Insert "Some CAM practitioners are also concerned that simply incorporating CAM interventions does not bring the full benefits of their practices which are based more on a comprehensive philosophical approach to health and healing than simply different therapies."
8. 16:1 – I like the Venn diagram. I suggest moving the Primary Care Medicine circle down a bit so it bisects the wellness and holism intersection. As it is, it implies that all of the wellness and holism principles of CAM are included in Primary Care Medicine.
9. 17:2 – Add another bullet: "Lack of appropriate regulatory structure for CAM professionals and integrated care clinics."
10. 18:22 – Change "Naturopaths are only licensed or certified in 12 states" to Naturopathic physicians are only licensed in 11 states and 2 territories." Naturopathic physicians are only licensed, not certified. Acupuncturists are indeed both licensed and certified.
11. 18:26 – replace "naturopaths" with "naturopathic physicians"

Wellness (CA)

1/4/02 draft

Looks good, no specific comments.

Coverage and Reimbursement

12/21/01 draft
Only have recommendations, not text

Looks good, no specific comments.

CAM Central (JK)

12/31/01

1. Page 2, first sentence – Did we finally decide to put it in the Office of the President?
2. Page 6, last sentence – Add another Action item
   1.3 Create an Advisory Council of CAM and conventional practitioners, public policy experts and representatives of the public to help guide the office.

Whccamp

From: Thomas Glonek [tglonek@enteract.com]
Sent: Thursday, October 05, 2000 5:12 PM
To: Whccamp
Cc: Tamara Thompson-Johnson
Subject: Response to White House Commission on Comp. Med.

26memoTF.doc

WHCCAMP:

The attached response is being sent from Drs. Thomas Glonek and Kenneth E. Nelson who are active members of the Louisa Burns Osteopathic Research Committee, American Academy of Osteopathy, American Osteopathic Association.

Dr. Glonek had applied to provide oral comment but received no further communication in the little time between form submission and the Commission presentation.

It is sincerely hoped that the attached file, which represents the opinions of the authors, will provide the Commission with useable content.

Drs. Glonek and Nelson.

26memoTF.doc

Louisa Burns Osteopathic Research Committee
American Academy of Osteopathy
American Osteopathic Association

1. Coordinated Research...

1-A What can be done to expand the current research environment so that practices and interventions that lie outside conventional science are adequately and appropriately addressed?

I. The present research environment, as it relates to CAM, is biased by the conventional scientists and administrators who currently occupy positions of authority. If you are serious about maximizing "the benefits of complementary and alternative medicine to Americans," you must address this issue. Members of the existing Federal/Industrial Scientific Cartel, their co-investigators, their affiliates, their co-authors, their cronies, their cronies within the industrial sector, their employees must be barred from CAM input and CAM proposal review. Reviewers, Study Section members, other decision makers must be recruited from those established scientific investigators, with a track record for innovation, who do not depend upon the existing scientific establishment for their funding (either Federal, State, or Industrial). In this regard, it would not be a bad idea to insist that at least 30% of such decision-making staff reside outside the Americas. The Cartel and its affiliates must have essentially no say in how CAM conducts its affairs; however, the non-affiliated scientific community, who represent a rich source of unencumbered talent, should have a lot of say.

II. Federal/Industrial Scientific Cartel = the network of NIH/DOD/NSF/EPA/etc. Study Section Members/Chairman/Section Leaders operating among the research megaversities with links to major components within the health care industry.

III. The existing cartel has a vested interest in maintaining the status quo. As such, cartel members will reveal a propensity for interpreting CAM in terms of their biases and agendas. CAM is not status quo. To interpret CAM concepts in the context of the status quo will result in the loss of fundamental principles inherent to CAM practice.

IV. Earmarking by Congressmen and Senators must be explicitly forbidden within the realm of CAM activities.

V. Establish reimbursement codes [Medicare, Medicaid, private insurance (PPO's, HMO's, fee for service)] for those activities that are long-standing (traditional) forms of CAM, that are believed by the public to be beneficial, and that have an extended track record of not being detrimental.

2. Guidance for Access...

2-A Do you have ready access to CAM practices and interventions?

Yes. We work with osteopathic physicians who stress the significance of function/dysfunction of the neuromusculoskeletal system in health and disease. This aspect of osteopathic medicine, although integrated with standard medical practices, is outside of the mainstream of contemporary medical practice and may be considered an alternative medical practice.

Because of this practice circumstance, we are sensitized to various other forms of CAM. Many of our colleagues employ, in addition to manual therapy, other CAM traditional practices, such as, homeopathy, acupuncture, ayurvedic medicine, etc.

2-B How can access to safe and effective CAM practices and interventions be improved?

By establishing outcomes research to assess the efficacy of CAM procedures and by defining parameters for, and credentialling, CAM academic programs and practioners.

2-C What types of CAM practices and interventions should be reimbursable through federal programs or other health care coverage systems?

Practices that should be officially sanctioned are practices with long-standing traditions, believed to be beneficial and that have an extended track record of not being detrimental.

3. Training, Education, Certification...

3-A How can uniform standards of education, training, licensure and certification be applied to all CAM practitioners?

Make Federal funding available for CAM education. Fund only credentialed programs. Establish accreditation criteria for CAM education. What is required for this assessment is an uninvolved third party with educational expertise to assess CAM educational curricula and methods. This could be done in similar fashion to the method employed for accreditation of medical education at the beginning of the 20th Century. See Flexner Report (Flexner A. Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching, Boston, The Merrymount Press; 1910.)

3-B What training and education should be required of all health care providers to assure access to safe and effective CAM practices and interventions?

The educational curriculum for health-care providers should include an overview of long-standing (traditional) CAM practices and procedures that are believed to be beneficial and have an extended track record of not being detrimental. As a database of CAM outcomes is established, appropriate curricular refinements should be added to include indications, efficacy, side effects, and contraindications based upon accumulated data.

Clinical educators are accustomed to modifying their curricular content based upon clinical advances. They continually add to the curricular database. They prioritize, selectively

reducing the stresses placed upon lower priority or outdated information. By this process, effective CAM practices can be integrated into the medical curriculum. The first level of CAM training and education should be for clinical educators through continuing medical education (CME). Such trained educators can then integrate CAM appropriately into pre-doctoral and graduate medical education. The implication is that CME covering CAM principles and practices must be funded through extramural mechanisms. Graduate medical education, on the other hand, already is funded.

A paradigm shift regarding funding is required. Currently, the lion's share of capital resources is directed toward tertiary care medicine whose researchers and practitioners are least likely to focus upon low-tech CAM practices. CAM lends itself most readily to the practice of primary care medicine. Thus, an emphasis must be placed upon supporting primary care researchers and educators.

3-C What sources of funds exist for the education and training of CAM practitioners?

Tuition and a small amount of philanthropy currently are the only CAM resources available. Attempts by the Federal Government to fund CAM research have failed because of the prejudicial bias demonstrated by the mainstream scientific Cartel described in *1-A* (above). By and large, alternative medical practices do not utilize patentable, profit-generating pharmaceutics or devices. In fact, CAM practices are opposed by the purveyors of such materials, because CAM practices represent unwanted competition. Government is the only reasonable resource for substantive CAM support.

3-D Are performance standards or practice guidelines needed to ensure the public will have access to the full range of safe and effective CAM practices and interventions?

Or course. By virtue of the fact that the subject being addressed, healthcare, has such vital impact upon the public (consumer), the same quality assurance should be established for CAM practices and interventions as is currently existent for health care provided by mainstream medicine. If CAM practitioners are to be considered as medical practitioners, they must be held to a level of performance that is equivalent to that of any other health care provider.

4. Delivery of Reliable and Useful Information...

4-A How can useful, reliable, and updated information about CAM practices and interventions be made more accessible? How would you like to receive such information?

By utilizing the established distributions systems currently employed by mainstream medicine. If the level of research and information is held to the rigorous standards imbraced by the scientific community, there should be no difficulty distributing this information through the channels already established for the dissemination of scientific information. In addition, the establishment of credentialing criteria as discussed above (*3-A*), would facilitate the establishment of CAM professional organizations with their own publications in hardcopy or electronic format.

By making practices reimbursable, you insure that they will be done. By doing them, you expose the population to the procedures and allow the population to form opinions as to the effectiveness/desirability of the procedures.

Establish a National Database for Outcomes Analysis and CAM educational purposes. Within reason, everyone participating in a Federally sponsored CAM program should be required to place their progress note data into the National Database for analysis. Moreover, properly trained and monitored practioners not specifically participating in CAM programs also should be encouraged to contribute their data to the National Database. By this method, the efficacy of CAM interventions may be quantified (see Nelson KE, Glonek T. Computer/outcomes: Hardcopy SOAP note preliminary report. Family Physician 1999;3:8-10).

Validated CAM procedures should be fully reimbursed by Medicare and Medicaid. This means that the Federal government must do two things: (1) Fund validation of CAM procedures. (2) Reimburse physicians who employ these validated procedures.

1. Establish criteria for CAM educational credentialing (see Flexner Report).
2. Credential CAM schools
3. Identify CAM procedures to be validated in the context of curricula from these credentialed schools.
4. Fund validation of identified CAM procedures.
5. Reimburse validated procedures.

4-B As a consumer, what kinds of information about CAM practices and interventions are most needed and important to you?

No comment. (We are responding as medical educators and health care providers.)

4-C As a health care provider, what kinds of information about CAM practices and interventions are most needed and important to you?

1. The current status of the physiologic mechanisms underlying CAM.

2. The results of outcomes research into the efficacy of CAM interventions, both from the perspective of patient health care and the perspective of medical economics.

Comment

If the Scientific Establishment were to stop overlauding their brand of rationality in the face of reason, then there might be fewer disgruntled defections to irrationalism.

And less heat on government to fund stupid ideas.

New York State Board for Professional Medical Conduct

5 Penn Plaza, Suite 603 New York New York 10001-1810 • (212) 268-6850

Antonia C. Novell, M.D.,M.P.H., Dr. P.H.
Commissioner
NYS Department of Health

Dennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health

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Denise M. Bolan, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

January 23, 2001

Joseph M. Kaczmarczyk, D.O., M.P.H.
Senior Medical Advisor
White House Commission on Complementary
and Alternative Medicine Policy
6701 Rockledge Drive
Suite 1010, MSC 7707
Bethesda, MD 20817

Dear Dr. Kaczmarczyk:

Enclosed for examination by the Commission on Complementary and Alternative Medicine is a copy of the Annual Report of the New York State Board for Professional Medical Conduct. I believe this will expand on my all too brief remarks at the recent Town Hall Meeting.

Please feel free to contact me in the future to participate at any level involving these important matters of health care.

In closing may I thank you for inviting my recent participation in New York City.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure:

cc: James S. Gordon, M.D.
Stephen C. Groft, Pharm.D.

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New York State Department of Health

Board for Professional Medical Conduct

1999 Annual Report

Kingsbury, Doris (NCCAM)

From: Olson, Sydney [SOlson@aoa-net.org]
Sent: Tuesday, October 10, 2000 5:47 PM
To: Whccamp; 'mdyer@aacom.org'
Cc: Government Relations; Morrison, Shelley; Crosby, John

complementarymedpolicy.doc

Attached to this e-mail is the statement of the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine. We request that the statement be included in the record of the October 5-6 meeting of the White House Commission on Complementary and Alternative Medicine Policy.

Thank you for your attention to this request.

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THE AMERICAN OSTEOPATHIC ASSOCIATION
AND
THE AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

STATEMENT

TO

THE WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY

October 6, 2000

1090 Vermont Avenue, NW
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Washington, D.C. 20005

On behalf of the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM), representing 44,000 osteopathic physicians and the 19 colleges of osteopathic medicine respectively, thank you for allowing us this opportunity to provide comments on complementary and alternative medicine research and policy.

IINTRODUCTION

Osteopathic medicine is one of two distinct branches of medical practice in the United States. Osteopathic physicians are licensed in all 50 states. They practice in over 23 specialties and subspecialties, in hospitals and clinics around the country and in several foreign nations. While allopathic physicians (M.D.) comprise the majority of the nation's physician workforce, osteopathic physicians (D.O.) comprise more than five percent of the physicians practicing in the United States and a significant percentage of physicians serving in the armed services. Significantly, D.O.s represent more than 15 percent of physicians practicing in communities of less than 10,000 and 18 percent of physicians serving communities of 2,500 or less.

D.O.s complete four years of medical education, followed by an intern year and specialty training. As mentioned above, they pass state licensing examinations and practice in duly accredited and licensed osteopathic and allopathic healthcare facilities. They comprise a separate, yet equal, branch of American medical care.

It is the ways that D.O.s and M.D.s are different that brings an extra dimension to the healthcare D.O.s provide. Osteopathic medicine is a unique form of American medical care developed in 1874 by Dr. Andrew Taylor Still, an allopathic physician who was

one of the first in his time to study the attributes of good health so that he could understand the process of disease.

Dr. Still's philosophy focused on the unity of all body parts. He identified the musculoskeletal system as a key element of health and recognized the body's ability to heal itself. Over 100 years ago, Dr. Still pioneered the concept of "wellness." He stressed preventative medicine, eating properly and keeping fit. Dr. Still's philosophy – that in coordination with appropriate medical treatment – the osteopathic physician acts as a teacher to help patients take more responsibility for their own well-being and change unhealthy patterns – is every bit as viable today as it was when he developed it.

More than 100 million patient visits are made each year to D.O.s, making them the physician of choice for many people. That is because D.O.s provide Americans with a holistic approach to healthcare. They do not simply treat a specific illness or injury. They examine the whole person, taking into account home and work environments, as well as lifestyle. This distinct approach provides Americans with the highest quality of healthcare with patients seen as people, not just symptoms.

WHITE HOUSE COMMISSION GOALS

Earlier this year President Clinton established the White House Commission on Complementary and Alternative Medicine Policy to provide recommendations on the following:

(a) the education and training of health care practitioners in complementary and alternative medicine;

(b) coordinated research to increase knowledge about complementary and alternative medicine practices and products;

(c) the provision to health care professionals of reliable and useful information about complementary and alternative medicine that can be made readily accessible and understandable to the general public; and

(d) guidance for appropriate access to and delivery of complementary and alternative medicine.

Members of the osteopathic community have long supported efforts to improve patient care. We support forums that explore ways in which healthcare organizations can design and participate in the effort to improve health care quality.

We realize that a growing number of people turn to complementary and alternative medicine (CAM) techniques when seeking more options than traditional medicine. However, the AOA and the AACOM strongly recommend that the White House Commission develop controlled peer-review studies on the efficacy of CAM practices. We applaud the efforts of the National Center for Complementary and Alternative Medicine (NCAM) at the National Institutes of Health to conduct rigorous scientific evaluation of CAM treatments.

We believe it is important that physicians of the appropriate specialties as well as risk managers analyze the information to help ensure the accuracy of the data collected. Questions we would raise about the research process include:

1) How will data be collected?
2) How and to whom will it be made available?
3) What role would the data play in improving patient care?

It is important to have reliable information about complementary and alternative medicine. Such information should have sound scientific underpinnings. Healthcare professionals would use such

information to assess and analyze CAM treatments before they are accepted as mainstream medical practice. The Commission also should review any data compiled by states in terms of the safety and effectiveness of alternative medicine. Such studies should be conducted before the funding of CAM services through Medicare and Medicaid is considered.

The AOA and the AACOM wholeheartedly agree that all patients should have access to new technologies and treatments to receive better quality of care. Any coverage decisions regarding alternative and complementary medicine should be based on scientifically based evidence as determined by the medical community. Coverage criteria and standards should rely upon the same information that physicians use for clinical decision making.

In making these decisions, improved quality of care should be the primary consideration, not cost. We realize that keeping Medicare/Medicaid spending under control is a priority. However, acceptance of complementary and alternative medicine should not be determined by cost. A Medicare patient should have access to the same high quality care as a private paying patient. Emphasis on cost could lead to a two-tiered system of care where those patients who can afford it will get the better care while those on Medicare will not.

Any funding of complementary and alternative medicine should not be to the detriment of conventional, mainstream medicine, especially at a time when hospitals and physicians continue to struggle with the residual affects of Balanced Budget Act of 1997.

The AOA and the AACOM look forward to working with the Commission as it studies the important issues regarding complementary and alternative medicine. We anticipate sharing our concerns with the Commission many times over the course of its deliberations leading to the submission of a report by March 2002.

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Kingsbury, Doris (NCCAM)

From: Adam Burke, PhD [aburke@pacbell.net]
Sent: Monday, October 09, 2000 12:49 PM
To: Whccamp
Subject: Written comments


WHCCAMP.Burke

Greetings:

I was a panelist at the September 8th meeting in San Francisco. Enclosed is a copy of my written comments. Could you please let me know that you received them and that you were able to open them. They are in Word 98. Thanks, I enjoyed the opportunity to share some ideas with the panel. Good luck! I think your efforts are very important.

Adam Burke

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Whccamp

From: BRUBIK [brubik@compuserve.com]
Sent: Wednesday, October 04, 2000 9:39 PM
To: Whccamp
Subject: SF Town Hall Meeting Statement

To whom it may concern:

Below is the full text of my statement to WHCCAMP presented in San Francisco on Sept 8,2000. Please use this for the web site and other reports you are preparing.

Thanks, and kindly let me know that you got this and can use it. This draft is better than transcribing my statement, because I ran out of speaking time at the meeting.

Warm wishes,
Beverly Rubik, Ph.D.

STATEMENT PREPARED FOR
THE WHITE HOUSE COMMISSION ON CAM POLICY

Sept. 8, 2000
San Francisco Town Hall Meeting

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I'm delighted to be here, and I would like to congratulate my colleagues for being selected to serve on this distinguished Presidential Commission. This is a most welcome format to examine the larger issues and take us beyond what NIH has achieved thus far into the next stages. Thank you for coming to San Francisco to hear from us. I look forward to a productive relationship with you, and to following your continued fine work.

One of my areas of expertise is in bioelectromagnetic medical applications. I've traveled all over the world gathering information about this promising area of energy medicine. There are bioelectromagnetic medicine devices that provide therapy for various conditions and diseases through the application of very low level electric, magnetic, and electromagnetic energies to the body. When these treatments are repeated sequentially typically in a short course of medical treatments over a few weeks, they stimulate natural healing to occur, or they may accelerate it. In other words, they gently move the body into a healing state, which, of course, is one key characteristic of CAM modalities. Moreover, there is some evidence that specific electromagnetic frequencies may activate certain cell receptors and produce pharmaceutical-like effects, without the side effects of the chemical drugs themselves. With bioelectromagnetic medicine, we are at the dawn of a new medical frontier, in which devices that look much like those in Star Trek or other science fiction movies that are used to resuscitate, revive, and regenerate tissue, are becoming a reality. This whole area could someday transform medicine from its primary emphasis on pharmaceutical products to electronic medicine and even digital medicine that delivers subtle but potent, bio-information to the body that

promotes bioregulation through computer interfaces. There are, in fact, significant developments in this area, largely outside of the US. One of my concerns is that we are lagging behind the rest of the developed world in bioelectromagnetic and other types of subtle energy medicine. Australia, Japan, Canada, Germany, France, and England are some of the countries that are considerably ahead of us in device development of this type, and in granting government approval to this type of energy medicine. Moreover, most of these device-related energy medical modalities are unavailable to the American people because they involve CAM devices unapproved by the FDA. In some cases, they are all lumped together with other, less worthy devices and labeled as quackery by certain so-called skeptics. This is of concern to me, too, because some of these therapies are inexpensive, safe, and yet simply unavailable on US soil. Only the wealthy can afford to go abroad to receive these therapies. Clearly, there is confusion in this area, and some excellent modalities are being discarded with the insubstantial. I would like to suggest that new programs in research and education tailored to sorting out the wheat from the chaff need to be developed.

Some of these energy medicine devices evaluate how the acupuncture meridians of the body conduct low level pulses of electricity, or, in other words, how the biofield reveals information about the energy reserves of the patient. There is, for example, the electrodermal testing according to Voll (EAV), Vega, AMI, Computron, BEST machine, and there are many other related practitioner products in the global marketplace. These devices have been proved safe and effective diagnostics in the developed world outside of the US. They give practitioners instant access to patient assessment that is very inexpensive and noninvasive compared to many conventional diagnostics. Although there are occasional continuing medical education programs, no standard curriculum exists to my knowledge in any university to teach health care practitioners about these devices. Moreover, there are serious obstacles to FDA approval of these devices.

Then there is laser therapy, which has been proven effective to heal skin wounds rapidly, even decubitus ulcers in bedridden patients and necrotic foot ulcers in advanced cases of diabetes. Not only lasers but light-emitting diodes (LEDs) are also used, which are inexpensive, safe, and effective. These are not powerful lasers as those used in laser surgery. Instead, they emit low level light that does not even heat tissues. There is a sad history underlying phototherapy in the US, whereby decades ago, mavericks in this area were imprisoned or removed from practice. Irradiation of blood used to be a successful, widely used treatment of septicemia before antibiotics. Now it is unavailable in the US, although it could be a practical solution to to antibiotic-resistant infectious diseases. Today, most phototherapy devices are illegal in our country, relegated only to research, even though some of them have an impressive research database, safety record, and considerable clinical use abroad. Physical therapists traditionally use them in other developed countries for a variety of conditions, but there is little if anything on light therapy in the education of physical therapists in the US. Moreover, it is prohibitively costly to prove the safety and efficacy of these devices in our country. There may also be historical biases operating in FDA regulatory affairs, because of the long historical association of color therapy with quackery.

I would like to congratulate the NCCAM on the recently released RFA on "Frontier Medicine" that will fund up to 4 centers to study novel areas of CAM including subtle energies and bioelectromagnetic medicine. As a former member of the Program Advisory Council of the OAM, I advocated this type of a program for several years during my service at NIH. This Frontier Medicine Grant Program is a first step, and it is a wonderful start for the more maverick medical modalities. But we need much more attention and funding to a few areas of CAM that have been mostly neglected by NIH thus far. These are the frontier areas of medicine, particularly those in which

the US has fallen behind the rest of the developed world. Whereas we have a giant pharmaceutical industry that can easily afford to conduct several stages of clinical trials demonstrating safety and efficacy, no large lobby, and no wealthy corporate counterpart exists in the CAM device arena. Just as the federal government has taken up orphan drugs because no private industry could do this profitably, it seems that federal aid would be well spent in assisting private enterprise in developing and testing devices and in moving them through the FDA approval process. I recently learned that NCCAM must spend 1% of its budget in SBIR grants. I would like to recommend that NCCAM make a special effort to fund frontier medicine applications in CAM therapeutic device and novel diagnostic industries. And since we are talking about extremely low level energies applied to the human body, in some cases even less than the electropollution from cell phones and other potential environmental hazards, safety issues with CAM subtle energy devices should be of little concern. I would also recommend some new policy making for FDA device regulatory affairs that will accelerate the clinical assessment of these devices and help the US achieve a leadership position in bioelectromagnetics and subtle energy medicine.

Moreover, it seems that the FDA is particularly difficult on foreign medical products. I also hear this from my colleagues in various parts of the developed world, as the foreign manufacturers of CAM medical products simply do not want to get entangled in US regulatory affairs problems. Let me tell you about a specific example in which I was involved. A Japanese firm for which I consulted encountered a conflict with FDA when we wanted to conduct a clinical trial on post-surgical patients using their new medical adhesive tape with semiconducting substances embedded in the adhesive, that reduce soft tissue inflammation and accelerated wound healing. Because the FDA said they did not know how to categorize this truly novel medical device, it was confiscated at the border and held there for over a year. The Japanese lawyers were not well prepared to deal with this difficult situation. As a result, the clinical trial that I wanted to set up could not be done. Therefore, some new policies facilitating FDA regulatory affairs on CAM devices would be helpful.

Conventional medical education in the US emphasizes biochemistry, physiology, pathology, and anatomy. But education in physics is lacking, and that means that a knowledge and application of subtle energies and subtle energy medicine is also lacking in our health care system. That may be, at least in part, the reason why, when bioelectromagnetic devices finally gain FDA approval, as did several bone healing devices for nonunion bone fractures, they are not utilized appropriately. For example, it is estimated that such bone healing devices are used in only 20% of the cases for which they are indicated, despite the fact that they are noninvasive and inexpensive. Instead, invasive and expensive orthopedic surgery with implantation of steel pins or plates is used. Lack of education, lack of dissemination of information to practitioners and other members of the health care community, and lack of knowledge by the public are the likely factors here. Perhaps there is also the problem of a lack of marketing of devices to physicians, since there is no large industry with "marketing muscle" producing these devices.

I am part of the last generation of biophysicists in the US. I was educated at the University of California at Berkeley in the 1970s, before the biotechnology revolution in DNA cloning. During the time I was engaged in my doctoral work, there were 27 different departments of biological science at UC Berkeley. It was a rich environment, with many perspectives on life, health, and healing. Ever since then, the emphasis throughout academia shifted dramatically to a view of life that is predominantly biomolecular. Today, the life sciences at Berkeley is essentially one huge molecular biology department spread all over the campus. Other ways of looking at life, for example, posing questions about life energy flows, qi, prana, and the other ways life is regarded in other medical systems outside

of conventional biomedicine have all but disappeared. This is not only true for academia, but for the most part, this is also the case at NIH. The dominant biomedical paradigm of molecular reductionism has grown stronger, and is also tied to big economic interests in biotechnology. With energy medicine, modalities such as homeopathy, bioelectromagnetics, qigong, and other subtle energies challenge this dominant paradigm and may not be fundamentally reducible to molecular mechanisms. They may, however, someday be explained in biophysical perspectives. Despite all the successes of the biomolecular paradigm in genetics and cloning, we desperately need some new programs to stimulate creative thinking beyond the biomolecular paradigm, both in education and in research. This is an issue where the federal government can take a leadership position and encourage new modes of education and research, through conferences, reports, new grant programs, and also new intramural research at NIH. We need to recover multiple ways of looking at life, posing new questions outside of the box, that give us fresh perspectives on how energy medicine and other types of CAM modalities may work. I understand that clinical research was the main mandate of the OAM and also the NCCAM. However, it's also important that research in the basic science underlying CAM modalities is funded, because if we understand how CAM works, we can better understand the appropriate delivery and limitations of CAM treatments. Much of NIH as a whole is funding basic research in molecular biology; it seems only natural to extend this to basic research underlying CAM.

Finally, we must also consider that the American people are using, not just single CAM modalities, but frequently multiple modalities, especially where they are suffering from chronic diseases and conditions for which there are no effective or noninvasive conventional treatments. The controlled clinical trial, which is the gold standard for testing conventional biomedicine, tests single modalities and discounts any results from placebo or self-healing. This, in my view, is not the best testing ground for CAM. We need to consider outcome trials when appropriate. We also need to consider in our research strategies how to test the interaction of multiple modalities used together, much the way they are being used by the American public. Biophysical theories of healing suggest that multiple modalities may work together synergistically to accelerate healing. The combination may be greater than the sum of its parts, and in merely focusing solely on the components, we may be missing the best way to utilize CAM modalities to treat chronic disease.

I would be delighted to provide additional input on these suggestions for further consideration by the Commission. Here are a few published references. Most important ones to my arguments here are labeled with *.

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Kingsbury, Doris (NCCAM)

From: RosnerFCER@aol.com
Sent: Wednesday, November 01, 2000 2:13 PM
To: Whccamp
Subject: CAM Testimony

Dear Michele, Jim, and Steve,

I just received your very encouraging letter this morningand want to thank you for receiving my testimony at the hearings on October 5-6, 2000. Since your letter requests written testimony, I am emailing you a copy of what I had distributed at the meeting in Washington and hope that it provides useful documentation in your deliberations. Please confirm that you have been able to open the attached document.

In addition, I am looking ahead with great interest to the December 4-5 meeting in Washington. There are further details concerning the access and delivery of chiropractic services involving "affinity" plans of various insurance companies which constitute a huge barrier to practice and which appear to be spreading like wildfire. They are an anethema to good practice becuas they deny flexibility in using appropriate codes and provide practitioners with disturbingly low reimbursements averaging $15 per visit. The research documentation which exists also raises significant questions about the appropriate scope of practice which is allowed, which from a reimbursement point of view is often far narrower than what is specified in state licensure laws. Finally, there are numerous models of integration of chiropractic services within HMOs and hospitals that are worth considering as templates for improving access to chiropractic services overall.

For these reasons and other material [which is not included in my October testimony], I'd like to entertain a motion to provide a new presentation to you on either December 4 or 5--adhering to the 10-minute deadline. Do let me know if this might be feasible and what additional materials I might be able to furnish.

I cannot yet find minutes [only the agenda so far] to the October 5-6 meeting on your website and will be pleased to review them when they are available. My best wishes for your continued efforts and will be looking forward to hearing from you.

Sincerely yours,

Anthony L. Rosner, Ph.D.
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7. Encourage research directed at long-term outcomes and supportive care, areas which have commonly been neglected in allopathic medical care and which offer the possibility of low-cost, preventive health management.

8. Ensure that chiropractic is not limited to referral-only specialty care limited to the back, based upon current accreditation, licensure, and research. In this regard, it is to be appreciated as a direct portal of entry for patient care--appreciating the ability of chiropractors to diagnose and apply treatments that are broader in scope than merely high-velocity thrusts.

9. Appreciate the limitations of randomized clinical trials, admitting well-designed and well-executed cohort and case studies into the evidence base supporting a given intervention.

10. Frame and encourage legislation which does not permit third party payors to restrict reimbursements beyond the scope of practice currently stipulated by licensure laws within the states.

11. Coordinate activities with NCCAM and avoid duplication of efforts whereever possible.

12. Encourage private sources to invest in all types of alternative and mainstream medical research with adequate oversight. This would have the twofold benefit of offsetting the phramaceutical industry's virtual monopolizing the private support of medical research, as well as offering a variety of measures to reduce the chances of having research quality compromised.

5. The weight of evidence produced by clinical trials may be overcalculated due to the fact that the clinical trials are overrepresented as duplicate, "sausage" publications by the same authors.[72-75]

6. Methdological scores attached to clinical trials create a misleading profile of high- and low-quality studies if they place too much emphasis upon sham procedures which we already know will seriously compromise controlled studies involving physical methods such as spinal manipulation if they are not true placebos. In other instances, the mere utterance of such terms as "blinded" or "randomized" in the title of the paper cited may be sufficient to glean points in the rating of clinical trials--even though such terms are never defined or qualified. The proper remedy in this instance would be to *demote* the trial ratings if such terms are inappropriately used.[70]

The point to realize here is that RCTs are subject to misinterpretation and outright abuse. Their generalization from a fastidious, defined laboratory setting is problematical. It is sometimes forgotten that the source of randomized clinical trials remains the *sound, well-documented observations in the clinical setting*. This has led no less an epidemiologist than David Sackett to conclude that there are essentially two pillars of sound clinical evidence, only one of which is experimentally derived from the RCT:[76]

> "External clinical evidence can inform, but can never replace, individual clinical expertise, and it is this expertise that decides whether the external evidence applies to the individual patient at all and, if so, how it should be integrated into a clinical decision."

In light of these many arguments, I would maintain that the WHCCAMP should place far greater emphasis upon cohort studies and case series in its research goals rather than assume categorically that they provide inferior guidance to clinical decision-making than RCTs. It should be quite clear from this discussion that a well-crafted cohort or case series is far more informative than a flawed or corrupted RCT.

SOLUTIONS:

In light of the foregoing discussion, I would recommend that the WHCCAMP pursue the following:

1. Encourage all qualified researchers in alternative medicine to apply for federal and private grant support, taking into account refusals of attempted publication in peer-reviewed medical journals.

2. Encourage researchers from around the world rather than only from American soil to apply for such support;

3. Institute an appeals process if a research team believes that an Institutional Review Board has turned down a research proposal unfairly;

4. Ensure that all study sections include a sufficient number of individuals who are both familiar with and sensitive to the therapeutic regimens described within the proposal under review;

5. Frame and encourage legislation which encourages better communication of both researchers and practioners of alternative medicine with the media, limiting the contacts with those journals found to harbor unjustifiable biases against alternative medical procedures.

6. Ensure that chiropractic is recognized as both a mainstream and an alternative intervention, depending upon the condition for which therapy is indicated. Accordingly, ensure that chiropractic is excluded from neither category in terms of grant eligibility and collaboration.

9. Intervention paradigms:

Perhaps most flagrantly illustrated by both studies published in the New England Journal of Medicine,[27,28] chiropractic must never be confused with merely high-velocity thrusting of the spine. Such is to reduce it to a one-dimensional specialty of cracking joints. Indeed, low-force contact procedures that have been incorrectly classified as placebos [shams][28] have actually been shown to produce major improvements in both lung functional tests and patient symptoms with regard to asthma.[63]

According to the preamble of the charter for the Council of Chiropractic Education, chiropractors are fully trained as a portal of entry primary care health service capable of complete diagnosis. The Council of Chiropractic Education has accrediting status with the U.S. Department of Eeucation [since 1974] and the Council on Postsecondary Accreditation [since 1976]. Among the therapeutic regimens for which chiropractors are licensed to administer are the use of hot and cold packs, electrical stimulation, soft tissue procedures [including trigger point therapy], and nutritional counseling.[64]

Building upon preliminary studies appearing just this year,[65,66] more attention needs to be paid to *long-term outcomes* and *supportive care*. These attributes may differ somewhat from allopathic medicine's historical approach to disease management. The point is to emphasize the effects of interventions over the long term, which have the potential of forestalling or preventing far more invasive and expensive procedures which are substantially riskier for the patient. In terms of overall cost control and offering the possibility of reducing both the costs and morbidity of medication error-related deaths,[67,68] the implications of earlier intervention by alternative medical procedures are enormous.

10. The role of the RCT:

There is no doubt that the RCT remains an important piece of the mosaic of evidence that needs to be assembled to substantiate a clinical procedure. However, it is certainly not the only piece and in many instances in my experience has been overrated:

1. In a highly publicized randomized clinical trial regarding the use of chiropractic in managing asthma,[28] both the use of a highly invasive sham procedure [an inappropriate placebo] and the possibility of small sample sizes obscuring possible effects by a Type II error have led to misleading conclusions, let alone interpretation by the lay press.[36,37]

2. Another highly visible clinical trial comparing three interventions in the management of acute low-back pain[27] suffered from poor design[30] and inappropriate statistical procedures[31] Worse, it implied that a single intervention represented chiropractic care such that its clinical relevance was highly questionable. Indeed, the Royal College of General Practitioners in a very recent systematic review of the literature designed to update the CSAG Guidelines of the United Kingdom[8] has concluded that this trial neither adds nor detracts from the evidence base regarding appropriatge interventions for low-back pain.[69]

3. A meta-analysis has shown that contrasting interpretations can be obtained, depending upon which of 25 scales used to distinguish between high- and low-quality trials is actually employed.[70]

4. A review of clinical trials comparing two antifungal agents has indicated that the apparent advantages of one of the instruments could have been obtained by manipulations of the design of most of the trials, in which the competing agent was inappropriately administered.[71]

6. Distortion of research results in the press and in the journals:

The crippling effects of bias and editorial policy of certain medical journals just discussed has ramifications in what is actually stated in papers and subsequently in the lay press. One study published in the New England Journal of Medicine, for instance, stated a conclusion that was far beyond anything supported by the data. Specifically, the study discouraged the routine referral of patients to chiropractic: "Given the limited benefits and high costs, it seems unwise to refer patients with low back pain for chiropractic or McKenzie therapy."[27] As egregiously out-of-bounds as a statement such as this is for a scientific journal, the lay press [to which the NEJM reportedly controls half of what health news we hear of] only made matters worse. Such scare headlines as "Study Targets Worth of Chiropractic,"[36] and "Chiropractic Care Blasted in Two Studies"[37] only poisoned the atmosphere, inhibiting further research efforts and inducing third party payors to deny reimbursements for chiropractic services in which the outcomes have yet to be definitively disproved. News releases such as these need to be actively discouraged, and the public needs to be further enlightened as to the research and potential of multiple modes of alternative therapy--not just chiropractic.

7. Mainstream vs alternative status of chiropractic:

Primarily due to the aforementioned research accomplishments regarding spinal manipulation and low-back pain,[2-7,14,15] chiropractic intervention has often been regarded as "mainstream" rather than alternative in the management of low-back pain--[8-12] and possibly at least some types of headache as well.[16,17,22-24] However, in the treatment of asthma,[19,20,28,32] scoliosis,[38,39] otitis media,[40-42] infantile colic,[18,43] enuresis,[44] repetitive stress disorders,[45-48] dysmenorrhea[49-51] and premenstrual syndrome,[52-54] chronic pelvic pain,[55] GI dysfunctions,[56-58] and attention deficit disorder/hyperactivity,[59] chiropractic must be regarded as an alternative therapeutic approach. As a hybrid, therefore, chirorpactic should therefore be regarded as having important attributes of alternative medicine. Accordingly, it should therefore not be dismissed as only a mainstream specialty ineligible for funding from sources that are supporting research in alternative medicine.

8. The origins of mainstream medicine:

As suggested in the preamble to the 5-year Strategic Plan of NCCAM, "As CAM practices once considered unorthodox...are proven safe and effective by rigorous scientific investigation, they become part of mainstream healthcare." This is certainly the way one hopes to transform good research into practice and clearly represents the mission of both NCCAM and our Foundation. However, since only 15% of medical procedures have been reported to be supported by any documentation[60] and only 1% is considered to be scientifically sound,[61] it is presumptuous to assume that what is currently accepted in standard medical procedures is intrinsically robust from a scientific point of view. Have large-scale clinical trials supported the use, for instance, of every variation of catheter used in angioplasty, for instance? One need only consult the Merck index of 100 years ago to realize that the following treatments--now woefully inadequate, outdated, and even dangerous--were unflinchingly accepted into the mainstream as *de rigeur*[62] within at least some of our lifetimes:

1. Formaldehyde for the common cold,
2. Aresenic or ammonia for baldness,
3. Opium and morphine for typhoid fever,
4 Blood-letting and chloroform for streptococccal infections; and
5. Strychnine, ice and lemon juice for diphtheria.

Thus, it is my belief that the idealism expressed regarding the origins of mainstream practices [in medicine or elsewhere] has to be tempered with realism. It is simply unreasonable to expect that every procedure and variation in healthcare delivery will be supported by a randomized clinical trial.

case reports[19] and a pilot for a randomized clinical trial from Australia[20] to lay the foundation for future clinical trials directed at this condition are but a few outstanding examples. Thus the requirement of many past federal programs restricting grants to *domestic institutions only* represents a major impediment to the accomplishments and potential of research in alternative medicine--which recognizes no national boundaries and which has clearly benefited from the additional resources available beyond American borders.

3. Composition and proceedings of institutional review boards:

Undoubtedly institutional review boards are an indispensable component of insuring patient safety and knowledgability in a clinical trial.[21] From this writers' firsthand experience, however, there have been instances in which a proposed randomized clinical trial within a major medical center have been rejected out of hand from what was probably the harboring of anti-chiropractic sentiments by the head of the IRB, who among other transgressions referred to this treatment alternative as "chiropracty." While implementing panels to monitor the behavior of IRBs may appear excessive, the issue does bear further scrutiny in the event that viable and safe alternatives in the patients' interest fall victim to prejudice within an IRB.

4. Composition of study sections:

For many of the same reasons as in the previous section, there must be an equitable number of individuals within each study section of a grant proposal who are familiar with and sensitive to the conduct of the therapeutic regimens to be tested. Common sense dictates that as eloquent and sympathetic a presentation of the therapies to be studied be made to the study section as a whole. This writer recalls with dismay an egregious violation of this principle in the first round of alternative medicine applications reviewed by the OAM in 1993, in which only a single member among the eight 17-member study sections drafted by the NIH was a chiropractor, who was unfortunately undistinguished as a researcher and lacked the necessary background to provide constructive critiques of grant proposals in this field. Adding insult to this injury was the fact that the OAM had been provided with the names of over 15 highly qualified and accomplished chiropractic researchers. Completing this sorry state of affairs was the fact that these sections were charged with reviewing over 400 applications, *nearly half of which pertained to chiropractic*. Providing properly balanced and enlightened study sections reviewing grant applications is clearly an absolute requisite for reducing significant barriers to the conduct of CAM research.

5. Publication bias and quotas:

Examples can be introduced of editorial bias and quotas which have prevented the most robust of chiropractic research from reaching necessary audiences. A headache study by Boline,[22] for instance, rated the highest in quality by two independently conducted systematic literature reviews,[23,24] was denied publication at The New England Journal of Medicine, Headache, and Cephalalgia before finally appearing in the Journal of Manipulative and Physiological Therapeutics two years later. Examples exist in which editorial comments to the principal authors of studies have clearly indicated that obtaining *negative* results for spinal manipulation was the criterion for acceptability for publication.[25,26] Thus it is with dismay that this writer finds two inferior and widely-publicized studies in chiropractic which *did* get published in the New England Journal of Medicine,[27,28] extensive rebuttals of which have been published elsehwere.[29-32] Statements by two previous editors of the New England Journal of Medicine offer little encouragement, as they have been patently biased with little qualificaton in their negative assessments of alternative medicine.[33,34]

Publication quotas likewise impede the dissemination, and therefore the incentive, to perform CAM research. The American Journal of Public Health, for example, allows the publication of but one chiropractic study per year based upon current membership. While subsidization of publication costs through membership is entirely appropriate, restricting access of information from a modality which has been experienced by 37% of the American population at some point in their lifetime[35] appears arbitrary and Draconian.

WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY
Testimony for Meeting on Obstacles and Barriers to CAM Research, October 5-6, 2000
Anthony L. Rosner, Ph.D.
Director of Research and Education, Foundation for Chiropractic Education and Research
Brookline, Massachusetts 02446

INTRODUCTION:

Until 25 years ago, chiropractic research was vastly underdeveloped and appeared to some as an oxymoron. In 1975, a conference at the NINDS/NIH concluded that "There are little scientific data or significance to evaluate this [chiropractic's] clinical approach to health and to the treatment of disease."[1] From that time onward, both clinical and basic research have advanced to the point at which [i] over 40 randomized clinical trials comparing spinal manipulation with other treatments in the management of back pain have been published in the scientific literature,[2,3] [ii] meta-analysis and systematic reviews attesting to the support of spinal manipulation in the management of back pain[4,5] have also appeared, and [iii] multisidciplinary panels representing the governments of the United States,[6] Canada,[7] Great Britain,[8] Sweden,[9] Denmark,[10] Australia,[11] and New Zealand[12] have expressed similar recognition of the robust evidence base in support of spinal manipulation for managing low back conditions.

BARRIERS:

The efforts to launch and develop a National Center for Complementary and Alternative Medicine within the framework of the NIH are indeed admirable, taking the Center from a humble $2M annual budget in 1991 to one that approaches $70M today. This has taken place despite the comments of highly visible and influential individuals within the medical community to discredit alternative medicine in virtually any shape or form, a topic that I shall return to momentarily. Following are what I believe to be the most significant barriers to research efforts in alternative medicine, the barriers having either remained in place or only recently having been removed.

1. Collaborative arrangements:

Dating from the first RFA in March 1993, the Office of Alternative Medicne required that researchers in alternative medicine collaborate with people from an orthodox medical background, described as "individuals familiar with conventional research methodologies."[13] The implication was that researchers in alternative medicine, having fewer resources and shorter bibliographies than their allopathic counterparts to begin with, were somehow less qualified to pursue research questions of any kind. With the lack of exposure to either the theory or practice of alternative medicine modalities, potential allopathic medical collaborators had to overcome both gaps in knowledge and professional prejudices in order to become allied with alternative medical researchers, clearly delaying their efforts to launch research programs fundable from a federal point of view.

Furthermore, directing grant funding and their associated indirect costs toward allopathic medical centers rather than specific institutions in alternative medicine served to delay the building of the research infrastructure specifically within alternative medicine. NCCAM's establishment of specific research centers [including the chiropractic center at Palmer University] and its recent provision of RO1 programs [in which individual researchers in CAM may step forward as the PI on a fundable grant application] are major steps in overcoming this obstacle.

2. Domestic institutions:

A number of major milestones of research that have significantly lowered barriers to both the practice and research of chiropratic have been accomplished abroad. The low-back studies of Meade [Great Britain],[14,15] the cervicogenic and tension headache studies of Nilsson [Denmark],[16,17] the first randomized clinical trial addressing colic--possibly a nonmusculoskeletal condition in infants--[Denmark],[18] and numerous asthma

Kingsbury, Doris (NCCAM)

From: Tim & Bernice DarrochMannix [timandbernice@foxinternet.net]
Sent: Wednesday, November 15, 2000 9:53 PM
To: Whccamp (NCCAM)
Subject: Fw: Alternative Medicine

Subject: Alternative Medicine

To the White House Commission,

I had the privilege of attending a conference at Bastyr in Seattle, WA, on Oct. 31st when 3 representatives for the White House came to Bastyr. I was one of 5 patients that spoke to the panel as to what we thought about Bastyr and Alternative Medicine as a whole. The following is in regards to what I feel would be the ideal medical care for the people of the USA and why.

The ideal Health Care for this country would have a place where Traditional Health Care providers as well as any Alternative medicine that has proven it's success, whether or not it has been Scientifically proven, could work together and therefore provide the best possible care for each patient in their care, all under one roof.

I'm have my RN license and so understand the workings of traditional Health Care in this country. I truly believe that there are huge pluses and minuses in this type of health care. I feel traditional Health Care falls way short in the area of patient care and time spent with each of their patients. Then even though a lot of Drs. act like it is a real inconvenience to spend time with me they are only too happy to charge a big price for 10 min. (if I'm lucky) of their time. I'm also treated by most Drs. as if I am hypertension, a bone spur, ulcer, cancer, diabetes & etc. rather than a whole person with feelings of all kinds.

When I go to Bastyr I'm treated like the whole person I am. I also had never had such a thorough health history taken in my life as I had there. I go to Bastyr for CHM (Chinese Herbal Medicine) and Acupuncture and each time I go they ask more questions about my whole well-being than I ever get asked any place else. I receive 30 min. of care during my CHM appointment and 60 min. of care, at least, during acupuncture. Each of these appointments only costs $30, plus what my herbs cost. The REAL PLUS in all of this is that I feel more energetic and healthier than I have in years, not to mention even though I'm 48, mother of 4 ranging from 27 to 7 years of age, I'm told

by
people that know me that I look younger every time they see me.

I have recommended Bastyr to all of my friends and family and since my going
10 or more people have gone and they all feel better right away. I have even taken my 7 year old for a terrible sore throat and even though he gagged at first on the herbs I know it helped quickly, because he willingly
took the next dose when it was time and told me his throat felt much better.

I feel it is imperative that Alternative Health Care providers gain hospital
privileges as well as become covered by Medicare as well as all insurance's.
I know that the people of this country would be much healthier and therefore
in the long run cost this country and insurance providers less money, not to
mention cut down the numbers of patients in hospitals.

I am responding to this also. I have been going to Bastyr for treatment of
some long time aliaments. The treatment and results are better than I have
ever experienced with traditional medicine. I feel better now than I have
for the last twenty years. And I will continue to go to get Chinese Herbs
and acupuncture to treat my hipertension and sleep disorder. I see that HOW
I FEEL AND HOW MY LIFE IS GOING REALLY MATTERS TO THESE PEOPLE. Tim DarrochMannix
I ask you what is more important than the health and well-being of all of
us?

The existence of Miracles makes anything possible

Bernice DarrochMannix

Kingsbury, Doris (NCCAM)

From: JIMCGEARY@aol.com
Sent: Sunday, November 26, 2000 1:14 AM
To: Whccamp (NCCAM)
Cc: Equihealth@aol.com
Subject: Comment: Complementary and Alternative Medicine Public Meetings

Dear Dr. Gordon and Commissioners:

I am unable to attend the upcoming public meetings and appreciate this opportunity to send my comments to your Commission. I have a bachelors in biology and chose to pursue a career in environmental law. Although I did not continue in biology or attend medical school, I have spent a great deal of time researching both mainstream American medicine and the alternatives.

It is vital for the health of our citizens that alternative medicine become more widely available and understood. Modern American medicine is unrivaled in its ability to deal with medical emergencies, such as heart attacks or trauma from an automobile accident. However, our mainstream medicine is sadly lacking in ability to address the chronic problems that are a far greater problem for most Americans, ranging from chronic digestive problems to cancer. Alternative medicine often proves far more effective in treating chronic illnesses, with far fewer and less serious side effects. Many of the so-called alternative medicines have been used for centuries, both in this country and others, with great success. While others are newer, they show great promise.

From an economic perspective, rising health care prices threaten our economy and people's access to health care. The cost of prescription drugs is a major issue for everyone, not just our senior citizens. Homeopathic and herbal remedies are a fraction of the cost. Chiropracty, acupuncture, and myofascial release techniques can potentially eliminate the need for expensive surgeries. Any investment to develop and encourage alternative medicines would almost certainly yield great savings in health care costs for individuals and our country.

I am not in a position to offer any concrete, specific suggestions, but merely some general comments. An effective solution to the problems facing our health care system should include training mainstream doctors in the basics of alternative medicine. At a minimum, American doctors need to be able to explain the alternatives to their patients and recognize when an

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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]

[001]

alternative may be the best treatment. In addition, alternative treatments
should be covered by health insurance. Under the current insurance scheme,
people are provided with a perverse incentive - it is actually cheaper for
the individual to choose a more expensive, potentially less effective,
mainstream treatment over a cheaper, more effective alternative treatment.
The result is higher health care costs nationwide and less healthy individuals.

Your commission has been provided with the opportunity to reverse the modern
trend of rising health care costs and increasing chronic health problems.
Many Americans will be eagerly awaiting the results of your work.

Sincerely,
Judith McGeary
(b)(6)
Eight Mile, AL 36613
(b)(6)

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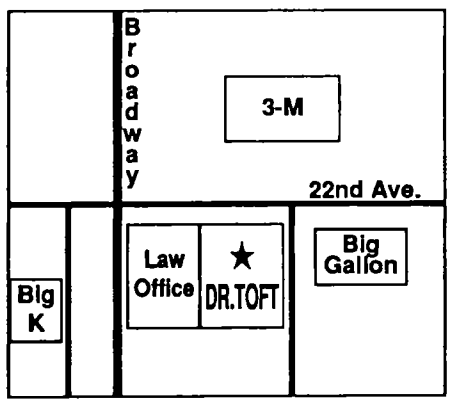

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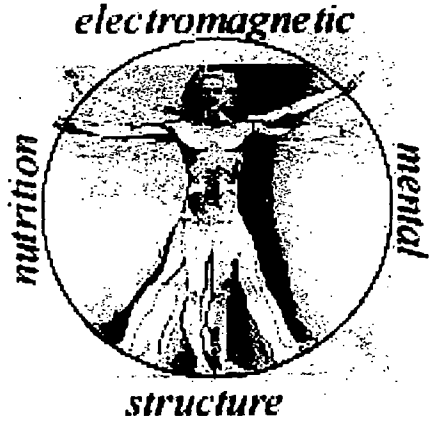

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- Food Allergy Testing
- Acupuncture
- Reduced Health Care costs for Business and Industry

CONDITIONS TREATED

- Neck, Back, and other Joint pain and/or muscle spasm
- Disc Injuries
- Headaches and Migraines
- Executive Stress Disorder
- TMJ Syndrome
- Carpal Tunnel Syndrome
- Chronic Pain Syndrome
- Adult Onset Diabetes
- Heart Disease/Stroke
- High Blood Pressure
- Rheumatoid Arthritis
- Irritable Bowel Syndrome/Chrones, etc.
- Fibromyalgia/Chronic Fatigue
- Female Organ Dysfunction
- ADD/ADHD

THE ULTIMATE HEALTH AND WELLNESS EXAM

Disease usually exists only after a long-standing decline in organ health and function.

Too many people are guessing incorrectly on their nutritional supplements, and are using the wrong nutrients for the specific needs of their bodies. If you desire improved health but need a road map to get there, we can help.

We can design for you a comprehensive and specific wellness program of vitamins, minerals, and/or herbal formulas. This plan will restore optimal health and function to your organ systems, giving increases assurances of health, vitally and years of disease-free living.

Oral Presentation
White House Commission on Complementary and Alternative Medicine Policy

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Hello,
I am Dr. John Toft, a Chiropractor.

I am practicing a model of health care that combines my primary care Chiropractic training with the most current, cutting edge, medically based and referenced research of Functional Medicine; delivered through a very specialized arena of Chiropractic, Applied Kinesiology. This is essentially the model that is being used at Alternative Medicine Inc (altmedinc.) that is performing in a pilot project with BC/BS of Ill.

In speaking with Dr. Steven Groft I believe you folks are aware of this pilot project, but may not have seen the most recent numbers. They are now showing after two years of treatment a 66% overall health care cost savings. Dr. Richard Sarnat will be coming to you in Washington next month to speak about this program, and I hope you will give him special very special attention.

One major item to me that has not been previously discussed is that what makes this group of specially credentialed physicians so effective is the very specialized technique of Applied Kinesiology, which the majority of the DC's in the group are using.

Applied Kinesiology (AK for short) is a system of analysis that aids in the diagnostic process. This technique has been evolving over the past 35 years, and gives a practitioner the ability to much more efficiently and effectively find and fix the underlying causes of musculoskeletal problems, and also allows us to find the very specific nutritional deficiencies, food allergies, toxic conditions and also emotional issues that thereby enable us to improve organ system function; where the organs have lost their reserve energy, and are on a downhill slide towards an eventual disease state, sometimes decades in the future.

The Human Genome Study has shown that disease exists on the genes. What Dr. Jeff Bland's work has shown already years ago is that the combined effects of environment and lifestyles is affecting communication molecules that turn the diseases on or off at the level of the chromosomes. The expression, or phenotype of the genes is controllable.

I have included a work product of mine on 10 floppy cassettes nearly 500 cutting edge, medically referenced articles in 44 categories of disease that educate one on how the whole body works together in health and disease.

I feel that this is the most exciting time there could ever be in health care. We are showing an absolute revolution, and a paradigm shift in the health care delivery process; from a disease care model to a truly preventative model that can find and fix organ system weaknesses before disease has a chance to develop.

I have included several additional writings of mine, and will be more than willing

to assist you in any way I can.

Thank you so very much for coming to Minnesota to hear us.

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WHY USE APPLIED KINESIOLOGY ?

Many people are seeking an alternative treatment choice to traditional Medical care.

The World Health Organization(WHO) determined over 10 years ago that the current medical model of health care has failed to improve people's health. People are sicker than ever, even though health care costs continue to skyrocket.

Drugs do not, generally speaking, improve health. They do change organ function as long as you continue on that drug, but they usually also cost the body health in other areas because of side effects.

The traditional Medical model of Health Care needs a "disease" to occur before there is something to treat.

Long before "disease" occurs, dysfunction exists. The new model of health care is preventative in nature. We must be able to look at the big picture of function of the individual organs of the body if we are to improve health.

The body is a self-maintaining, self-correcting mechanism. When health is lost, something is interfering with the body's adaptability, and it is unable to respond to various stressors.

Applied Kinesiology examinations are directed to discover how the body is dysfunctioning, the cause of dysfunction, and most importantly; the therapeutic efforts necessary to regain and maintain health.

A ground-breaking, first of a kind pilot project performed with Alternative Medicine Inc. (altmedinc.com) by BC/BS showed 80% reduction in hospitalization costs, 85% reduction in outpatient procedures and surgeries, and 56% reduction in pharmaceutical costs using this model of health care; after two years, it is showing 66% overall health care cost savings.

Leading researchers in the world have projected that 90% of all health care costs can be saved using this model of health care.

This type of coverage will only begin to show in insurance benefit packages after more of these types of outcome based studies and public pressure force the government and the insurance industry to accept this model of health care.

You can begin your journey to health by making educated decisions in your health care. There is simply only one way to improve health; to find and then to naturally reverse the factors that caused the health to decline.

This approach of Applied Kinesiology is the most efficient application of clinical science at the present time. AK doctors practice and think like scientists. But even more importantly, AK supplies a framework for simultaneously applying both the science and the art of clinical practice.

In the context of treating patients, AK sets the standard as the most scientific approach in the healing arts today.

Overview of Applied Kinesiology:

International College of Applied Kinesiology

Applied kinesiology can determine health imbalances in the body's organs and glands by identifying weaknesses in specific muscles. Stimulating and relaxing key muscles help in the diagnosis of variety of health problems.

Description:

Applied kinesiology is the study of muscles and the relationship of muscle strength to health. This alternative medicine technique relies on the idea that muscles can be stuck (turned) "on" or stuck (turned) "off." A stuck 'on' muscle acts like a tense muscle spasm ('charlie horse'), whereas a stuck 'off' muscle appears flaccid.

Applied kinesiology is a relatively new alternative medicine field of study, diagnosis, and treatment. George Goodheart, D.C., of Detroit, Michigan, a chiropractic physician and the founder of applied kinesiology, first observed in 1964 that the absence of skeletal deformity and postural distortion is often associated with muscular dysfunction. The field has gained recognition, credibility, and a general following ever since his findings were revealed.

Applied kinesiology recognizes the existence of "strong" and "weak" muscles. Weak muscles exhibit as much actual force as normal muscles. According to Dr. Blaich, weak muscles often have delayed reactions to stimuli. Studies suggest the difference between weak and strong muscles lies in the timing of electrical activity in the muscle. Muscles become weak due to immobility (i.e. cast), lack of exercise, poor posture, gland or organ dysfunction, or injury.

A weak muscle can lead to misaligned or inflamed bones, signs of premature wear and tear, as well as symptoms of osteoarthritis.

Applied kinesiology also treats and diagnoses athletic ailments and injuries in sports. It improves muscle interaction and stabilization.

Goals of Applied Kinesiology:

* Restore normal nerve function.
* Achieve normal endocrine, immune, digestive, and other internal organ functions.
* Intervene early in degenerative processes to prevent or delay pathological conditions.
* Restore postural balance, correct gait impairment, improve range of motion.

Common Internal Causes of Muscle Weakness:

* Dysfunction of nerve supply (nerve interference between spine and muscles).
* Impairment of lymphatic drainage.
* Reduced blood supply.
* Abnormal pressure in cerebrospinal fluid affecting nerve-to-muscle relationship.
* Blockage of acupuncture meridian.
* Chemical imbalance.
* Organ or gland dysfunction.

Method:

It is very easy to explore the technique of applied kinesiology when a comparison is made between the ways conventional (western) medicine would treat asthma and the way in which applied kinesiology (a branch of eastern/alternative medicine) treats asthma.

Conventional medicine uses adrenal hormones or their derivatives to treat asthma, and it considers asthma strictly a problem related to the lungs. An applied kinesiologist, on the other hand, looks for weaknesses in specific low back and leg muscles that share a connection with the adrenal glands. A kinesiologist strengthens these muscles and helps the adrenal glands produce bronchodilators (chemicals that relax or open air passages in the lungs).
In diagnosis, an applied kinesiologist determines whether muscles are 'on' or 'off' as they should be during normal activity. Muscle dysfunction is corrected through the use of various reflexes or by performing manual procedure on the muscle-deep massage, goading pressure on attachment points, or realignment. An applied kinesiologist needs to stimulate nerve and blood supply, as well as lymphatic drainage and acupuncture energy to lungs for them to clear.
One way to identify nutritional substances of value to this specific ailment is to test a patient's weak deltoid muscle while putting a substance on his tongue to stimulate nerve endings, which, in turn, trigger certain areas in the brain to make changes in the body. If the correct nutrient is applied, there should be immediate strengthening of the deltoid muscle.

Application:
Massage therapists rave about the results of massage combined with some of the principles of kinesiology, namely muscular manipulation. Sometimes kinesiologists find that subluxations of the spinal column can cause muscles to be misaligned as well. Therefore, kinesiologists often rely on some of the methods and concepts expressed in chiropractic, including spinal manipulation so that "turned off" muscles can be "turned on." Applied kinesiologists may also utilize the galvanic skin response (GSR) to test for muscle tension.

Modern medicine's perspective:
Recent research has demonstrated a neurological difference between "strong" and "weak" muscles, as identified through applied kinesiology testing. Applied kinesiology is very popular with the Chiropractic profession. Because the deltoid muscle (in the shoulder) shares a relationship to the lungs, a muscle test can be an indicator of the state of the lungs and can serve as a monitor of their condition.
Applied kinesiology is utilized in modern sports rehabilitation programs to prevent injury and to improve athletic performance. The muscle-organ link can be helpful in identifying "rate limiting factors," or "weak links" in the performance of top athletes.

Case Studies:
#1: A music conductor had severe pains in his shoulder inhibiting his ability to conduct. Dr. Blaich evaluated the patient's shoulder area and determined the problem to be a specific muscle, the pectoralis major. He reset the muscle by correcting a cranial fault (minute manipulation of bones in the head). The problem recurred and Blaich determined that the problem was caused by none other than eating wheat! The patient was found to have a gluten allergy, so he avoided eating wheat and no longer suffered from shoulder pain.
#2: In 1983 and 1984, Dr. Blaich identified an adrenal weakness accompanying other structural and chemical imbalances in a bicyclist, Alexi Grewal. Alexi is a talented young

athlete with a history of asthma. Dr. Blaich improved Alexi's adrenal gland and diaphragm muscle function and structural performance. Alexi's health and performance improved enough to win the gold medal in the 1984 Olympics.

Links & Resources:

International College of Applied Kinesiology, 6405 Metcalf Ave. Suite 503, Shawnee Mission, Kansas USA 66202-3929 Tel: 1 - 913 - 384 - 5336 Fax: 1 - 913 - 384 - 5112
E-mail: icak@usa.net http://www.icakusa.com/

Commonly treated conditions:

1. OSTEOLOGY

* Neck and low back pains
* Whiplash
* Sciatica
* Frozen shoulder

2. JOINTS

* Carpal tunnel syndrome
* Osteoarthritis
* Arthritis
* Rheumatoid arthritis
* Sports injuries

3. MUSCLES/ FASCIA

* Tennis elbow
* Heel spurs
* Wound healing
* Intermittent claudication (pain on walking)
* Restless legs
* Cramps

4. VASCULAR

* Aching varicose veins
* Palpitations
* High blood pressure

5. NERVOUS SYSTEM

* Migraine and other headaches
* Trigeminal neuralgia and other face pains
* Bell's palsy (face paralysis)
* Anxiety
* Depression
* Fears
* Claustrophobia
* Meniere's disorder
* Neuralgia
* Travel sickness
* Tiredness
* Phantom limb pain
* Paralysis of leg or arm persisting after a stroke (cerebral thrombosis)

6. SENSORY ORGANS

* Tinnitus

* Tired eyes
* Retinitis pigmentosa
* Pterygium Retinitis

7. DIGESTIVE SYSTEM

* Constipation
* Colitis or other bowel inflammations
* Ulcers
* Diarrhea
* Obesity

8. RESPIRATORY SYST.

* Hay fever
* Rhinitis
* Sinusitis
* Asthma
* Bronchitis
* Emphysema

9. URINARY SYSTEM

* Cystitis especially in the elderly
* Early prostate enlargement
* Non-specific urethritis
* Bed-wetting

10. REPROD. ORGANS

* Menstruation pains
* Pelvic pains
* Menopausal flushes
* Painful nodular breasts
* Endometriosis
* Preparation for childbirth
* Irregular or excessive menstrual activity
* Vaginal pain
* Post herpetic (shingles)
* Impotence

11. SKIN

* Pain after operations
* Painful prominent scars
* Wrinkles or bagginess of face
* Acne
* Psoriasis
* Boils
* Eczema
* Excessive perspiration
* Hemorrhoids
* Canker sores
* Itch

12. IMMUNE SYSTEM

* Recurring tonsillitis
* Persisting weakness after a severe illness

13. ADDICTIONS

* Smoking

14. EMBRYOLOGY

* Infertility

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CHIROPRACTIC, FUNCTIONAL MEDICINE, AND APPLIED KINESIOLOGY: WORKING TOGETHER IN THE ULTIMATE QUEST FOR HEALTH

How do we best measure health? Is health the absence of disease? If the body's organ systems are free of a medically diagnosable disease, does that guarantee that our organs are functioning optimally? If the body's organ systems seem to be functioning at a healthy level, how do they function under stress? When a seemingly healthy organ system becomes overburdened from chemical, mechanical or emotional stress, does that organ system continue to function optimally, or does it respond at less than an optimal level? Are there **subtle, but recognizable symptoms** (if a person knew what to look for) when an organ systems function at less than optimal levels? If we are diagnosed with a disease (usually later in life), when did that organ dysfunction actually begin? If we had a system to identify organ weakness earlier in life, can we prevent major loss of function and disease later in life? Is there a connection between loss of organ function with chronic and reoccurring back and neck pain and other muscle and joint aches and pains?

You will soon see that **what happens on the inside of the body does effect the outside of the body**. This insight gives us the ability to find and correct various processes in the body to help it function at it's best. It is not near good enough to have average health when the average American will die early from heart disease, stroke, diabetes or cancer. The highest goal in health care should be to enhance the function of the body's organ systems to the highest level possible to prevent disease, not waiting for a disease to develop . This level of health will help ensure that we can enjoy the highest levels of health and vitality throughout our lives.

The practice of Medicine is at a crossroads. Revolutionary new research exploding onto the natural and alternative health care scene is producing many major discoveries, and also verifying many previously discovered, but scoffed at principals about body function and health. Ideas that decades ago caused researchers who were "ahead of their time" to be thrown out of medical universities and shunned by the medical community are now being **proven by current research in the world's most prominent medical journals**.

The field of Functional Medicine that has been developed by Dr. Jeffrey Bland and others is a relatively new approach to health and wellness. This new model of health is quickly gaining acceptance by both health care providers and consumers primarily because of the vastly superior results it is showing. The transition is driven by a number of major scientific discoveries that are based on current medical research. In this approach, the emphasis is not on diagnosing or treating disease. **Disease is a breakdown of health**, and if we can prevent that breakdown, we can prevent disease from occurring. It is imperative to identify organ systems that have lost their "reserve energy" and that without intervention can continue their declining health eventually to a disease state.

Optimal body function and vitality occur when we can identify and maximize the body's health by identifying and improving the level of health of all of the individual organs in the body. If a person eventually develops a medically diagnosed 'disease,' the organ system has in all likelihood been operating under stress and declining health for many years previously.

There are **two general categories of bad things** that can happen to our body. We do not get enough of what we need in the proper amounts, and/or we get things that are not good for us. Governmental studies are showing that 95% of Americans do not get the proper nutrition necessary to prevent disease, and that only 1 1/2% of all Americans are "healthy". We now have the knowledge and ability to find and correct these causes of organ weaknesses long before they degenerate into actual disease, all based on knowledge gained through studies of medical research and relationships learned through Applied Kinesiology evaluations.

Aging is universal, but the rate at which we age depends entirely on our body's health. Our biological age does not necessarily equal our chronological age. Research is showing that we can now indeed **extend our health span (years of disease free living)**, not just our life span. Many prominent investigators are viewing aging as a disease in itself. It is a decline in our bodies' God given ability to respond to various stressors. Aging is considered the ultimate conglomerate disease caused by a lifetime of assaults on the cells of our bodies. Denham Harman M.D., PHD; emeritus professor of medicine at the University of Nebraska suggests that virtually all modern maladies are actually accelerated aging. Our life span has been increased from the mid 40's to the mid 70's because of improved sanitation in the last century. The Human Biosphere Project has shown that our healthy life span can easily range from 120 to 160 years in a clean environment. We are exposed to an unbelievable amount of toxins in the form of pesticides, herbicides and other drugs and chemicals in the food we eat, in the water we drink, and in the air we breathe. We can now increase our health and vitality by cleaning up our internal environment through body detoxification. This will allow the highest level of health while delaying chronic illness until the last months of the natural life span. Our goal is to improve people's health thus enabling them to enjoy true health and vitality into the end years of life. Maybe Noah was actually 600 years old!

Chronic illnesses cannot be stamped out with prescription pad and a ballpoint pen. Linus Pauling long ago recognized that before turning to medications for chronic illnesses, we should attempt to adjust the normal body constituents (nutritional factors) to match the actual needs of the body to achieve optimal body functioning. Our bodies need help to obtain the levels of nutrients necessary to match our specific organ's needs. U.S. Government studies have shown that 98% of Americans do not get the proper nutrition necessary to prevent disease. Because we do not eat correctly to supply the necessary nutritional factors to our bodies, most of us operate in an **increasingly nutritional deficiency state** for much of our lives. People are beginning to understand more and more how important essential nutrition is to their health. They also want to actively participate in their wellness, and they are looking for alternatives to traditional medical health care. According to "Trends 2,000" research, there is currently a nutrition revolution underway.

The World Health Organization determined over 10 years ago that the current model of medical health care has failed to get people healthy. Health care costs continue to skyrocket, and people are sicker than ever. Medicine usually works very well for

management of acute illnesses and traumatic injury, but it has not discovered how to bring back true health. **True health** can only be obtained by providing specific nutrients that have shown through research to positively effect organ health without negatively effecting the other body systems, and by detoxifying the body. Pharmacological Medicine does make changes to our bodies, but there is no balance of function. Medical prescriptions generally do not improve an organ's health and unfortunately, they usually carry side effects that reduce the health and vitality of other organ systems.

Where is the tie between Health, Functional Medicine, Chiropractic and Applied Kinesiology?

Kinesiology is simply the study of movement of muscles. Kinesiology has shown us how to isolate and test the various muscles in the body. Applied Kinesiology's beginnings in Chiropractic were in simply trying to restore muscle function to stabilize the musculosketal system, thereby decreasing pain and increasing function. Dr. George Goodheart, the founder of **Applied Kinesiology (AK)** studied many known physiological and anatomical relationships, and treatment techniques to answer the question: Why is a certain muscle weak? This continuing investigation led to many significant discoveries about previously known, but not fully understood reflex points and associations of the body. It has also led to the discovery of many new relationships that show how the body actually functions in a web-like interaction through health and disease.

When an area of the musculoskeletal system of the body is not functioning properly and is causing back or neck pain; and improper joint alignment and function (subluxations) are present, there are also specific and **identifiable muscle weakness and/or imbalance** of the body present. Some of these weak muscles respond to localized muscle work and are from injuries. Stimulating the muscles and/or its tendons in certain ways sometimes seems to "turn the muscle on". When these initial procedures did not work for resolving certain muscle weaknesses, the question "why" continued to be sought.

Dr. Chapman, an Osteopathic Physician, found that there was a system of reflex points (a.k.a. Chapman's reflexes) throughout the body that were associated with organs. Dr. Goodheart found that these same organ reflex points were often related to weak muscles. After exhausting research and clinical experience, we now know that there is an **indisputable muscle-organ relationship**, and that many muscle weaknesses and imbalances in the body are actually caused from internal organ dysfunction. This underlying muscle weakness can cause a person to experience a full array of various back problems, often with no injury of any type involved. We are a mirror image with the health inside the body to the strength outside the body.

Individuals who have a myriad of reoccurring back and neck problems, and other health problems, continue to seek out an all encompassing range of medical or alternative health care including Chiropractic, acupuncture, massage therapy, magnetic cures, homeopathy and others. Chiropractors have long ago seen a relationship between back and neck problems, and other musculoskeletal problems with internal organ health, but the primary belief has been that spinal conditions effected organs. With the manual muscle testing procedures used in Applied Kinesiology, we are seeing the answers to these conditions more clearly: **internal organ dysfunction produces muscle weakness and imbalance that, in turn, directly reduces the stability of the musculoskeletal system**. This shows in the body as varying levels of back and neck or other joint

symptoms, often without the expected traumatic events that are normally associated with these problems.

Simple back injuries without complications are usually the easiest to treat and respond best to Chiropractic adjustments. These patients are the shining glory for all chiropractors who adjust them because they respond best to our care. When there are other predisposing factors playing into the picture, however, recovery is often not so swift nor complete, and we must find the actual cause of the problem and treat the problem at its source. Chiropractors who are utilizing Applied Kinesiology are therefore exceptionally successful at treating **reoccurring back and neck problems**. Improvements in symptoms and function through Applied Kinesiology techniques are due to balancing the body's energy and organ health through various Applied Kinesiology reflex techniques, specific Chiropractic adjustments related to the organ involvement, and most importantly for the long-term, by supplying specific nutritional formulas to strengthen the organ systems.

What we are most commonly seeing with the internal organ dysfunction is **organ systems that have lost their 'energy reserve'**. These organs can function fairly well, unless or until various stresses are placed on them, when they are unable to respond at the necessary level of function. At this point, other organ systems upregulate their function to help the improperly responding ones, and can often also become stressed through a domino effect. This shows the phenomenal ability of the body to adapt to stressors and is clearly seen in the body's ability to transfer energy in the acupuncture model of health. This also shows the web-like interactions of the organ systems of the entire body, most clearly understood in the Functional Medicine model of health.

What does Applied Kinesiology have to do with Health, Functional Medicine and Chiropractic?

It brings them all together into a fairly complex, but very understandable and usable system that combines advanced structural adjusting techniques and cutting edge nutritional protocols to give you the best health possible. Applied Kinesiology muscle testing techniques allow us to look at the entire body to get the "big picture" of the cause of the problems. According to internationally known teacher of Applied Kinesiology and Functional Medicine, Dr. Bob Rakowski; **"when we can see the big picture of the body, and treat the problem at its source, good things happen."** Applied Kinesiology combines Chiropractic spinal adjustments, various myofascial therapies, cranial respiratory techniques, acupuncture, clinical nutrition (including vitamins, minerals, herbs and homeopathic formulas, when appropriate), dietary management, and allergy assessment, to most effectively and efficiently improve body health. The combination of these techniques allows us to process through the entire body, effecting the body more completely than any other system of treatment. It is essential to determine exactly **specific nutritional substances** for organs that have lost their "reserve energy", and other factors that effect the body's muscle function. By utilizing A.K. muscle testing procedures, we can find and treat the true underlying causes of our patients' health concerns. At the same time we are providing a wellness care model by treating subclinical organ weaknesses with extensively researched nutritional protocols before organ "disease" has the opportunity to develop. The goal of this form of treatment is to bring back the full health of the internal organ systems that, in turn, improves the neurological function of the muscles to most effectively stabilize the spine thus

improving many even chronic and reoccurring joint problems.

Chiropractors utilizing Applied Kinesiology techniques are enjoying fantastic success treating musculoskeletal problems by addressing the underlying causes, not just the symptoms. This technique offers an effective way of achieving long-term results not afforded by other methods. The results of these techniques provide a deeper understanding of many health conditions by **finding the root causes of the symptoms.** By 'getting the big picture' of the overall health of the individual, Applied Kinesiologists are treating even various chronic conditions very successfully. Chinese Medicine has known for thousands of years that we cannot be strong on the outside of the body until we are strong on the inside.

A.K. Techniques work very well at optimizing sports performance by getting the individual strong from the inside-out. When internal organ dysfunction causes muscle weakness and imbalance, no athlete can function at their best. Very often, even very small changes can create substantial changes in performance. By finding the causes of various musculoskeletal problems AK docs are able to find and fix most joint problems most efficiently and effectively; best seen in it's application with sports injuries.

The Human Genome Study has shown that each individual has their own unique set of genes that lays the foundation for that person's health (and disease). Because of this and other environmental factors, every person will have their own biochemical individuality. New research is showing that although we have only one unique set of genes; the way those genes can be expressed by the body can and does change. Every person develops their own unique lifestyle (eating habits, exercise, toxic load, stress, etc.) which determines the way the genes are expressed. We are more susceptible to the less desirable expression of our genes when our overall health is diminished through nutritional shortfalls and exposure to toxins and food allergies. Because of these factors, every person will have individual nutritional needs, and will benefit most by having a specific nutritional program developed for them. **What works best for one person will not necessarily work best for another.**

We are using a Health Appraisal Questionnaire called the Health Graph to obtain an overall "look" at the health of the individual organ systems of the body. This tool uses questions drawn from medical reference texts relating to various organ system functions and symptoms. The responses show us a baseline level of symptoms, and therefore level of health of both the internal organs and also the musculoskeletal system. This look into the body allows us to **quantify the amount of involvement of internal organ dysfunction** that is causing most musculoskeletal symptoms, and we can also monitor patient progress of both as we treat.

When we are faced with more serious health concerns, or when we want more objective data on which to base treatment, we are also able to utilize **functional laboratory testing** from Great Smokies Diagnostic Labs, to assess how well the body is functioning. This broad range of functional assessments covers the major organ systems in the body. These tests can be used to verify our other examination findings, and give us a more objective base to treat and to monitor improvement. These lab tests are substantially different from standard medical lab tests, in that they are designed to find loss of organ system function that usually occurs decades before disease occurs. We are also always more than willing to work with medical physicians. In this way, patients have the best of both worlds.

Humankind has come a long way in understanding the exceptionally complex

functioning of the body. Continuing research by future Nobel laureates such as Dr. Jeffrey Bland and others have been working to provide the answers, and are now making scientific and medical history. In the past twenty years, Dr. Bland's research has brought together thousands of independent medical research studies that are showing how **the whole body works together in a web-like interaction through health and disease**. This God-given knowledge is providing new and effective answers on how to treat the chronic diseases of aging and how to restore health. We are now able to recognize and treat most organ systems during their initial phases of dysfunction, long before they reach a disease state; making it truly health care, not disease management.

We are currently experiencing an absolute revolution in how the body's health and function are understood and treated. Chronic diseases of aging such as adult onset diabetes, heart problems, stroke, inflammatory autoimmune diseases like rheumatoid arthritis, and even cancers are now much more clearly understood with this new model of Functional Medicine. We are now able to help people actually increase their health span thus increasing an individual's ability to function at the highest level possible for that person to the end of their natural life span. To have ultimate health and vitality, we must look at the health of the entire body, and make changes to organ systems that are not functioning optimally. These changes can and will only come about through supplying the natural protocols of nutrition in therapeutic doses to improve individual organ function and through detoxification. The **easiest answer to these maladies is to simply not get them**.

Health is much more than the absence of disease. For the individual, maintaining and enhancing health requires a proactive approach. This is characterized by the **behaviors, choices and interventions** that maximize the body's response to its environment. Food must not be thought of as just fodder for energy. It must be thought of as friend or foe.

To have ultimate health and vitality, we all need to make changes to our **diet and lifestyle**. Rome wasn't built in a day, and it will take time to make the changes necessary to have the most desirable and beneficial lifestyle.

Please incorporate these changes into your daily living habits.

* Eat correctly. Eat fresh fruits and vegetables for important vitamin C, Bioflavonoids, natural antioxidants and essential phytonutrients. Eat fresh seeds and nuts along with canola, olive, grape seed, and flax seed oil, and fish oils for "**good fats**"; and decrease "bad fats" by eating less animal fats and hydrogenated vegetable fats. Strictly limit consumption of many prepared foods that are full of **chemical additives**. If you haven't yet received it, ask for a copy of the **Vital Life Diet** that has been developed by the U.S. Government.

* Decrease your **sugar consumption**, as this can be the single most important factor associated with aging. The miracle of life allows raw materials from ingested foods to be broken down and then re-synthesized into 100 trillion cells working together in (near) perfect harmony. Too much sugar in the body does actually change the receptor sites for the communication molecules in the body, adversely affecting **intercellular communication** in the complex system of neurotransmitters, hormones and other communication molecules that are vital to proper function. It also damages the active transport system essential for **nutrient transfer** across all cell membranes.

* Drink 2-3 quarts of **water** a day to help **detoxify** your body. Employ a detoxification process periodically to cleanse your body.

* Exercise for 30 minutes twice a day to best increase your **metabolism** that will increase your lean body mass. Lean people live longer and healthier.

* Determine if you have food allergies, and adjust your diet accordingly. **Food allergies** often cause unrecognizable symptoms that are a significant hindrance to our health. Allergies are highly responsible for joint damage through a whole body systemic inflammatory reaction, and can also reduce a person's metabolism thus promoting weight gain. Allergies are also often related to organ systems' dysfunction, and can lead to heart disease, various G.I. problems, and the blood sugar handling problems associated with diabetes.

* Take appropriate nutritional supplements for your body. You will be best served by taking nutritional supplements of highest quality, potency, and purity for a **maintenance program** to make up for any dietary shortcomings. If people take inferior nutritional supplements, they will have inferior health. Eat organic foods whenever possible to ensure the highest possible nutrient value. Our soils are surprisingly depleted of minerals and often do not contain the nutrients they should. You may also need additional therapeutic nutritional support for your **specific body needs** which show as organ systems that have lost their "organ reserve".

* Get adjusted regularly. Chiropractic adjustments establish proper nerve function, energy balance and communication in the body. "**Wellness Care**" includes a periodic Applied Kinesiology evaluation to ensure proper organ function and to improve body composition.

* Applied Kinesiology evaluations allow us to treat muscle weakness and imbalance, which seems to be the causal factor in **95% of all musculoskeletal problems**. The muscle weakness and imbalance is generally caused from loss of reserve energy of related organ systems. Through Applied Kinesiology muscle testing, we can identify specific nutritional and herbal supplements that show to improve the organ health; thereby improving muscle function. This method of treatment has shown to most efficiently and effectively improve musculoskeletal problems, and can allow us to treat even chronic, reoccurring problems that have responded to no other treatment. It also allows us to optimize body function, and can provide significant benefits to all, especially in **optimizing sports performance**.

* Think good thoughts for 30 minutes a day. The **mind is a powerful thing** that is capable of helping or hindering your health and function. Glen Doman, the first winner of the Linus Pauling Award says that 'Every person born is a potential Leonardo DaVinci , but too many negative things in life shut down creativity and get in the way of our human potential'.

Life is a journey, health is a quest. When asked, how do you get to Mount Olympus?, the wise person replied: "One step at a time, just make sure that every step is in the right direction." **The journey towards health is a life-long quest.** To get there we simply must continue to move in the right direction with our body's health. Some people's health will need more work and their journeys will be longer than others. Knowledge gained from Applied Kinesiology and Functional Medicine are combining the pieces of the puzzle, showing us the right direction. Applied Kinesiology gives us the tools to find and fix the underlying causes of the body's problems from the top of the head to the bottom of the feet, from the inside to the outside. The puzzle is taking shape, and it appears that what we need, we have close at hand. The purpose of a Healing Doctor is to help people provide the missing pieces that the body needs and to get rid of

the bad things that are taking away our health. This model of health care is on the cutting edge, and is showing unimaginable successes in pilot programs currently being studied throughout the country. Current data from pilot programs is showing nearly 70% reduction in health care costs. Projections from leading researchers predict we may save 90% of all health care costs if and when this model of health care is fully implemented. God put everything that we need for ultimate health, vitality and longevity on this Earth. We must continue to learn and to discover the workings of the body, and to use His resources wisely.

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Health Care In The Next Millennium

Chiropractic has historically been concerned with misalignments of the spine along with related pain, muscle spasm and also the effects of irritated nerves when more serious spinal problems are present. Chiropractors have known since the beginning of Chiropractic 105 years ago that nerve entrapment from spinal misalignments can affect organ function. It is now becoming very clear, however, that the spine is not affecting organ function nearly as often as organ dysfunction is affecting the spine. Although both pathways of cause and effect have always been understood, it has been generally assumed that the primary direction of cause and effect relationship went from the spine to the organ.

There is very strong evidence from clinical observation using Applied Kinesiology (AK) and, most recently, new knowledge from the field the field of Functional Medicine that organ dysfunction much more commonly affects the spine. This makes sense when we look at the cause progression, and chronicity of many back problems. Many back problems are caused by injuries. But, what then separates the injuries that resolve so easily and completely from those with chronic residual symptoms? What about back, neck and other joint problems that develops without significant trauma? Chiropractors using AK techniques are seeing that up to 95% - of all neck, back and other joint problems are related to underlying muscle weakness and imbalance; directly related to internal organ dysfunction.

There is now known an indisputable muscle-organ relationship that has shown in clinical practice to greatly affect this population of patients. Specific muscle function can be easily tested through standard Kinesiology testing. Standard Kinesiology is taught in colleges to student of athletics (coaches, phy-ed instructors, etc.) to show the origin, insertion and action of all the muscles in the body. Muscles can be isolated and tested individually for their specific ability to function. If muscle weakness or imbalance exists, it is then necessary to find the underlying cause(s).

The field of AK developed to answer the question "why is any certain muscle weak". Since it's beginning in 1964, AK has gradually brought together various disciplines including Chiropractic, Acupuncture and nutrition; and also other previously known but poorly understood relationships of body function.

There are often many factors effecting back, neck, or other joint problems. Underlying muscle weakness from internal organ dysfunction most commonly predisposes joints to injury because muscles stabilize joints.

When we strengthen muscle weakness and imbalance by strengthening related organ systems, we are then able to treat many even chronic and nonresponding joint problems. We often times need to get patient's health improved literally "from the inside-out" as the Chinese have known for over 2,500 years.

Applied Kinesiology then is a tool; a very valuable tool, that is used to find many different areas of dysfunction in the body. We can find structural subluxations, areas of muscle weakness, cranial faults, and especially internal organ dysfunction that is the underlying cause of so many body problems. When internal organ dysfunction causes muscle weakness, we can then determine specific vitamin, mineral and herbal formulas to restore muscle strength by improving organ function.

The new field of health care called Functional Medicine employs early assessment and intervention to improve health. It is preventative in nature and does not need the body's health to deteriorate into an actual disease process before intervention towards health can be initiated. This revolutionary model of health care has evolved through the latest scientific research from the major medical universities and laboratories in the country and around the world. We now have the tools to identify loss of organ function that often exists very early in life, and completely restore organ health (hopefully) long before disease has the opportunity to develop.

We now understand how nutrition and life styles contribute to loss of organ function that leads to disease. The Human Genome Project has demonstrated that the diseases of aging are encoded onto our genes, and that communication molecules turn the diseases on, or off. The communication molecules' actions are totally dependent on our nutritional status through lifestyles and environment. Research has shown that supplementation of specific nutrients can rebuild an organ's health when loss of function has occurred. When we identify and restore organ reserve energy and function not only do we improve health and vitality, but also we can increase the body's health span or disease free years of living. Functional Medicine has been described as "right molecules medicine"; we need the right molecules of the right substance for the right condition at the right time. Think of the health and function of any organ system as a continuum. On one side is perfect health. On the other side is complete organ shut down. In between is a lifetime of increasing organ dysfunction. We move from perfect health when we are born into continuing dysfunction throughout our lives through various disease states and eventual death.

Why does this happen? There are two things that happen to us that affect our health. We do not get enough of what we need in the proper amounts; and we get things into our bodies that are harmful to us. These factors affect the communication molecules of our bodies that have the ability to turn on diseases stored on the genes of our DNA. This affects our organ function leading us through the continuum of dysfunction to eventual disease and death. If we can identify the organ dysfunction somewhere in that continuum; intervene with what the body needs (not drugs) and remove the harmful things entering our body, we can restore health; giving the body the

ultimate vitality and function.

This model of health care currently exists, and is showing immense improvements in health and reductions of overall health care costs that are of momentous significance; and will most certainly be the most significant change in health care ever imagined. When we get the big picture of the body, and restore the body's health, good things happen.

We are entering a new millennium armed with the most understanding of how the body truly functions in health and disease. This model of health care has been consumer driven with patient outcomes setting the stage for its success. The success of this model will be inevitable because of its accomplishments, even though it may well be a bitter struggle before it becomes a fully accepted model of health care.

HEALTH ASSURANCE

Health insurance protects you financially if you get 'sick'.

Long-term care insurance protects you financially if you lose your health and vitality.

How can one best keep the "SHINE" on the GOLDEN YEARS?

How do you best ASSURE your health?

3All the insurance in the world doesn't help when you lose your most valuable possessions- your health and vitality.

We are working with a newly proven model of health care that has shown 70% overall health care cost savings specifically because of improved health after the first two years of care.

Projections from leaders in research indicate 90% health care costs savings may be reached if/when this model of health care is fully implemented.

We employ a true prevention based health care model as opposed to an after the fact disease care system that currently exists as the only model of health care.

Avoid costly medical crisis and medical intervention requiring extensive, expensive tests, pharmaceutical interventions, or surgery.

To prevent disease, one must alleviate the root cause of the disease.

Our mission and purpose is to find and treat the underlying causes of disease before that disease has the opportunity to develop.

Treating loss of organ function prior to disease development allows the highest **ASSURANCE of HEALTH, VITALITY, AND YEARS OF DISEASE FREE LIVING.**

CALL TODAY FOR AN APPOINTMENT TO SEE HOW WE CAN HELP YOU

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My goals with patient treatment are two fold. The first goal is to most efficiently and effectively treat my patient's back, neck, and other joint problems. The second is to restore my patient's overall health. You will soon realize that the two goals are directly interrelated.

Chiropractic adjustments are well known to restore function to the spine and the nervous system. With the Applied Kinesiology techniques we are able to go a step further by finding and fixing the underlying causes of the structural misalignments of the body. Many factors are examined to find what is causing muscle weakness and imbalance in the body that underlies mechanical misalignment of the joints.

Chiropractors utilizing Applied Kinesiology techniques are seeing that up to 95% of all back, neck and other joint problems are directly related to internal organ dysfunction through related muscle weakness and imbalance. Muscles stabilize joints. When we rebalance the muscle function through various Chiropractic and Applied Kinesiology techniques, we are able to make the most effective and efficient improvements with our patient's musculoskeletal symptoms.

The health of the internal organs is a mirror image to the strength of the muscles on the outside of the body. We are using the knowledge of this muscle-organ correlation to not only find organ weakness, but we are also able to find what factors will return those organs to full health and function. We need to get people truly healthy and strong "from the inside-out." Government studies have shown that 98% of Americans do not get the proper nutrition necessary to prevent disease. Is it then any wonder why we have so many back and neck, and also other health concerns?

This model of health care identifies specific nutritional substances an individual body needs to fully improve organ dysfunction. In this way, we are able to improve simple loss of organ function, often decades before disease occurs, and also make the most improvements with even chronic and long-term back, neck and other joint symptoms by getting patients healthy from the inside out.

We use a Health Appraisal Questionnaire that is designed to recognize organs that are not functioning optimally, but usually have not yet reached a "disease state". This tool allows us a relative measure of organ function that is helpful in developing an overall treatment plan for patient needs.

It uses questions drawn from medical reference texts on subtle organ related symptoms. We all have various body symptoms that we attribute to our

"quirks" that are just normal for us. If we learn to listen to our bodies, we can learn much about our health. As our patients progress through treatment, they see significant changes with their symptoms that show improved health.

My extensive training in Applied Kinesiology, Clinical Nutrition and Functional Medicine gives me a tremendous amount of insight into body function. Current Research is bringing together new knowledge from the leading medical laboratories and universities in the world. This research is unraveling how the body works together in a web-like interaction of function through health and disease. There is a new model of health care that has been named Functional Medicine. It has also been termed right molecules medicine. In this model, it is necessary to supply the right molecules of the right substances for the right condition at the right time; meeting exactly the specific needs of the body as the body returns towards optimal function and health.

This research is showing that certain specific vitamins, minerals and herbal formulas can restrengthen organ function and bring back true health. The Health Appraisal is a very good tool to gain insight into the body's functioning. The Applied Kinesiology techniques are an exceptionally effective tool to "see" the same relationships. New laboratory tests have also been developed to access the body's functions. These lab tests stress function, not disease, and can add tremendous clarity to our other testing procedures.

There are two primary things that rob us of our health. We do not get the proper nutrition necessary to prevent disease, and we get a horrible amount of toxins from chemical pesticides, herbicides, and other toxic chemicals from the foods we eat, the water we drink, and the air we breathe. Many of our personal health care products are even toxic to us. We are also affected by food allergies and endotoxins produced within our bodies from bacterial, yeast, or parasitic overgrowths in the gut.

Food and environmental allergies have been implicated in a wide array of medical conditions affecting virtually every part of the body; from mildly uncomfortable symptoms such as ear infections, indigestion and gastritis, to severe illnesses such as migraine headaches, celiac disease, arthritis, chronic infection, depression, anxiety, and chronic fatigue.

Studies are showing that food allergies to dairy, wheat products (gluten), corn and others can significantly negatively affect our health. Dairy seems to be the most commonly involved allergy with up to 30% of the entire population effected. If a person has a food allergy, it can significantly affect many body functions, and it is therefore essential to recognize and then eliminate those foods. We can still treat the body without limiting the exposure to food allergies, but the response is much less desirable, or complete.

Chiropractors have been using Applied Kinesiology for almost 40 years. During that time, thousands of AK docs have contributed to the continuing body of

empirical knowledge of how the whole human body works together in a web-like interaction through health and disease. Cutting edge research from the leading medical labs and universities of the world are now supporting this knowledge, and are showing how and why these things work; and are developing additional nutritional formulas to improve our health.

There are projections from the leading researchers in the world, that we may be able to save 90% of all health care costs through this model of health care. A breakthrough pilot project performed through BC/BS of Ill., with Alternative Medicine Inc. has tested this model of health care. It showed 80% reduction in hospital costs, 85% reduction in costs of outpatient procedures and surgeries, and 56% reduction in pharmaceutical costs, with 70% overall health care cost savings.

The World Health organization determined over 10 years ago that the medical model of health care has overall failed to improve people's health. We are spending more on medical care than ever, and still, people are sicker than they have ever been. Pharmaceutical drugs do not, generally speaking, improve someone's health. There is a change in organ function as long as you continue the drug. Most drugs do give us sometimes life-saving changes to organ function, but they also usually cost us health and function of other organ systems, that subsequently also need to be medicated. And, what about the harmful side effects of these drugs?

We are on the bubble of seeing a major paradigm shift in the way health care is given. It will take time for this model to be adequately tested before it will be included in insurance benefit coverage. In the meantime, everyone needs to know that they are ultimately responsible for the level of their health. This means that we should become as knowledgeable as possible in how the body actually functions, and provide it with what it needs for optimal function, and to limit our exposure to toxic substances, and foods that are harmful to us. When organ systems have lost their energy reserve, and are no longer responding to the needs of the body, these organs often need therapeutic levels of specific nutrients to restore function.

My highest goal for my patients is their ultimate health and vitality, which best be accomplished by addressing the body's health as a whole. Having ultimate health and vitality will literally give you the highest assurance of increased years of disease free living to your life.

"THERE IS NO SCIENTIFIC BASIS FOR..."

Walter H. Schmitt, Jr., D.C.

It happened again last week. There, on the evening news was a postgraduate degreed person wearing a white lab coat and looking quite proper being asked her opinion about some new, non-establishment approach to health care. Then she said it. And she said it so typically, in an arrogant, self-righteous, almost disgusted tone, "There is no scientific evidence that the procedure has any value."

What does it mean when someone with credentials says "There is no scientific evidence for this..." or "there is no scientific basis for that...?" We have all heard it said dozens of times. It is always stated as an argument AGAINST whatever new idea is being proffered. And it is always expressed in a tone demeaning to the new idea. But the terms "scientific evidence" or "scientific basis" have such an official ring to them that the average person is inclined to side with the "authority".

Often, the authority adds to the declaration the fear that "not only is the new procedure of no value, it may be dangerous to a person's health or well-being." This has always confused me. How can a scientist proclaim that the same new, untested procedure that has no scientific basis for merit at the same time does have scientific basis for harm? This fear tactic is not a device of scientists, but rather of questionably motivated people who are attempting to sway public opinion.

The term "scientific" is an adjective. It means "of or dealing with science". And I'm sure what those illustrious professionals mean by "no scientific evidence or basis" is that they are unaware of a study on the subject which follows the scientific method and which has been reported in refereed, scientific journals. This fact, however, does not prohibit a new finding from being scientific in nature or from being derived from sound scientific investigation. A good scientific observation is just as scientific before it is published as it is afterward.

The scientific method is a good methodology. And even though it is not applicable to all studies, we should all try to apply this method whenever possible in our research efforts.

But first and foremost, science is a state of mind; a state of an OPEN mind. A true scientist will not make a rigid, "scientific" statement about an idea, be it his or someone elses. There must always be room for new information and reevaluation of an idea. This is not to disallow a scientist from expressing personal opinions; just that these opinions should be designated as personal and not confused with scientifically derived principles.

If there exists no actual evidence based on scientific methodology, the true scientist cannot make a "scientific" statement as to the validity of an idea. A true scientist will state with an impartial air that there is nothing that has been studied. Taking a stand on a new idea (i.e., an untested hypothesis) before it has been tested, disqualifies a person from true scientific evaluation of the hypothesis. Expectancy and operator prejudice arise from one making up one's mind before a hypothesis is tested. These are common errors of which we in AK are all aware.

And if testing the hypothesis ends in negative results, a true scientist will use a phrase like "The evidence at hand seems to suggest that...". But still, the true scientist will not be able to make conclusive statements.

About ten or fifteen years ago, I spoke with two scientists from Ft. Lauderdale who had investigated some of John Ott's theories regarding natural versus artificial light. Using microscopic time-lapse photography, their study showed a certain regular flow of cytoplasmic granules around the periphery of plant cells under natural light. Under artificial lighting, there was a decided disruption of plant cytoplasmic flow. I said, "This proves that living things are better off under natural light than under artificial light, doesn't it?"

Their reply was, "Dr. Ott might say that in his application of this project to his concepts. But there is nothing at present that suggests that a change in the flow of the cytoplasm is a bad thing. As true scientists, all we can do is report our findings and let others make their own conclusions from them." I learned a lesson about science that day.

In the summer of 1987, I met for two hours with three Palmer College of Chiropractic faculty members in Davenport, Iowa. One of the doctors, a Ph.D., began by telling me that he had only had one previous exposure to applied kinesiology and that it had been very negative. He then continued, saying, "But that was my only exposure and I am very interested in what you have to say today." The man is a true scientist. In spite of his previous negative feelings, he maintained an open mind, still willing to listen to new information and accumulate a wider base for his opinion.

In my experience, there are many self-proclaimed scientists who are in reality "pseudoscientists" or "scientific cultists". These usually self-righteous folks hide behind the cloak of the term "science". They may even use the scientific method and publish in scientific journals. They may have multiple degrees after their name, and may have even been the recipients of prestigious awards in their professions. And due to their illustrious positions, this group is often asked their opinions about matters relative to science and new findings. They are nearly always very outspoken and opinionated. I think you know the type. Too often they inhabit faculty positions in our chiropractic colleges and medical schools or find themselves in other positions of authority.

This type of scientific cultist lacks the one attribute that can qualify him or her as a true scientist: an open mind. When scientific cultists begin to take their own positions and opinions too seriously, they lose this fundamental requirement for scientific evaluation and the humility that accompanies it.

Pseudoscientists are very proud of being part of the scientific community, even though they do not rightfully belong. But if they can say the right words at the right times, they can pass themselves off, particularly to other pseudoscientists. They can be easily spotted, however, by true scientists and by just about anyone else with a little common sense. For example...

In July 1987, I had the opportunity to attend the Olympic Sports Festival Medical Conference held at Duke University. The program included presenters from all over the world including the U.S.A. and the Soviet Union. The representative of the USOC Sports Medicine Committee made strong negative comments regarding the use of nutritional supplements and belittled any nutritionally associated benefits for athletes. He stated, roughly, "There has never been any scientific study that demonstrates that any of these nutritional supplements has any helpful effect on athletic performance." He continued to show slides of various nutritional supplements while he was speaking and when a slide appeared showing a bottle of bee pollen, he stated incredulously, "Can you believe it?

We even have athletes who take bee pollen thinking it will help!" Everyone, or at least almost everyone, laughed.

Soon thereafter, the Russian doctor gave a short presentation followed by a question and answer period. One question was "Is there anything that all Russian athletes take or do?" As she answered through her interpreter, she listed seven or eight vitamin and mineral factors that all Russian athletes took, "And," she said, "they all take bee pollen."

'Nuf said.

Clinical practice requires a delicate blend of training and experience. No clear thinking practitioner would criticize another doctor for a therapeutic approach based on the doctor's previous good experience. And yet many approaches are called "unscientific". I have never understood this, particularly when applied kinesiology is so classified.

Scientific methodology requires developing a hypothesis, testing the hypothesis, and modifying the hypothesis based on the initial observations. This process can be continuous. In the laboratory, the process results in new theories. In dealing with patients, the process should result in a diagnosis and an effective course of therapy.

In the patient care setting, the scientific methodology involves listening to the patient and asking questions, doing tests on the patient, and arriving at a working diagnosis. This is developing the hypothesis. Then a treatment is performed or prescribed based on all of the above. This is testing the hypothesis. The response to the procedure verifies or refutes the hypothesis (diagnosis).

Too often, this procedure is employed by the doctor listening to a patient's complaints, maybe doing further diagnostic evaluation or maybe not, and arriving at a working diagnosis. The working diagnosis is usually an attempt to classify the patient into standard named, category of disease (ex. pneumonia, rotator cuff syndrome, chronic fatigue and immune deficiency syndrome, etc.) This is the development of the hypothesis.

Finally, the doctor performs or prescribes some previously determined treatment procedure based on the diagnostic category that most closely fits the patient. Such a treatment by categorization procedure leaves little room for individual variations. The treatment becomes the testing of the hypothesis. I guess this fits the criteria of scientific methodology, but if the therapy is improper, the doctor must await the patient's lack of response or negative response before modifying the hypothesis and attempting a new treatment. This can be very tough on the poor patient!

What could be more scientific than monitoring each step of the diagnostic and therapeutic process along the course of the treatment. This is exactly what we do in the practice of applied kinesiology. Ak is a scientist's dream!!!

In AK we are constantly making and testing hypotheses each time we perform a muscle test. Armed with the results of one test, we redefine the hypothesis and test once again. By the time we arrive at the treatment procedure, whether it be a manipulation, a nutritional supplement, or an exercise regime, we have already received the body's biofeedback that the therapy is appropriate.

This approach of AK is the most efficient application of clinical science at the present time. AK doctors practice and think like scientists. But even more importantly, AK supplies a framework for simultaneously applying both the science and the art of clinical practice. In the context of treating patients, AK sets the standard as the most scientific approach in the healing arts today.

So the next time I hear an authoritative person claim "no scientific basis" for this or for that, I will know that the person is a non-scientist of questionable motivation. But when I hear "there is not enough information available at the present time to be able to formulate a reasonable scientific opinion on the subject...", my ears will perk up to hear what the scientist has to say.