

Integrated Medicine Gaining Proponent

Wisconsin physicians embracing a variety of modalities to heal pa

By Marc Kennedy, Special to *WMJ*

Once met with indifference, scorn or ridicule in conventional medical circles, integrative medicine has entered the health care mainstream on a wave of curiosity and demand by patients desperate for remedies for conditions that allopathic modalities alone have not satisfied. Now, there are scores of highly trained, highly educated and highly motivated physicians eager to learn how to meet this demand and expand their own capabilities to fulfill their roles as healers.

Wisconsin is home to many such physicians who are integrating complementary medicine into solo practices, creating novel multidisciplinary care clinics and designing advanced research facilities devoted to blending holistic approaches with the best that Western medicine offers.

“Integrated medicine is gathering steam,” said David Rakel, MD, a family practitioner who is also director of the new Center for Integrated Medicine at the University of Wisconsin Medical School in Madison. “Hopefully, the term ‘alternative’ will fade away. But that is not the point; the point is to integrate complementary and conventional medicine to care for the whole patient.”

“It is very exciting to take the exemplary advances we’ve made in evidenced-based medicine and combine them with other therapies — to use this technology to help us to get at the roots of a disease and learn to better help the body help itself,” said Rakel, who completed a 2-year fellowship at the University of Arizona center dedicated to teaching integrated medicine.

“For example, we’re learning that acupuncture does well for certain conditions. But it’s a tool — a valuable tool — but a tool nonetheless. Integrated care is not just about adding tools to the tool bag, but providing more relationship-driven care to the patient. Finding ways to let the patient tell the story of what is affecting them, and allowing us to plan the treatment that fits a patient’s state of mind and personal culture.

“The public is demanding this,” Rakel continued. “Sometimes we need to fix the broken part, certainly, but we have to look at chronic disease and incorporate a more holistic approach, involving mind, body,

diet, and how we can bring a better balance to our lives. As physicians, our goal should be to put ourselves out of business. Right now our system is focused on disease. We’re waiting until the part breaks to fix it. We’re not

performed for 20 years,” said Avery, “but I’ve been doing this for more than 3 years now. I’d always had an interest in chronic pain management. After my residency, I began to see that conventional medicine didn’t do it

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focusing enough on keeping the part from breaking in the first place. Of course, we need the tools to perform coronary bypasses. But we’ve gotten so good at fixing parts it’s almost blinded us to other aspects of health and healing. We need to bring this into a better balance too. So down the road we’ll have less cancer and heart disease so we won’t have to do as many lumpectomies and coronary bypasses.”

Despite patient interest and growing professional acceptance, not everyone has jumped on the CAM bandwagon.

“There is still some skepticism,” said Pam Avery, MD, a board certified anesthesiologist who also treats patients as a certified acupuncturist at the Meriter Wellness Clinic in Madison. “To some, CAM verges on quackery. But that opinion seems to be lessening. Many medical people are intrigued. Some are becoming more interested in learning it themselves. I’m seeing more open-mindedness.”

Paths of Change

“I still do some conventional anesthesiology work, which I

for everyone; it didn’t have all the answers. Several years ago, I saw a brochure offering a teaching program at UCLA for doctors in acupuncture. I thought this was a wonderful idea, so I took the training in 1998. It was kind of my introduction to complementary therapies. I did a lot of exploring and got into the mind-body connection.”

For Rakel, the catalyst for change began when he spent 5 years in a rural private practice in Idaho.

“We had two doctors in a 15-bed hospital; we did everything — ‘womb to tomb coverage.’ Family medicine, emergency room, whatever we needed to do,” said Rakel. “In my second or third year into private practice I began to realize I did not have all the tools for treating my patients. With more difficult conditions — auto-immune deficiencies, chronic pain, cancer and others — I began feeling there was more than surgery or handing out a simple prescription to treating these diseases. I wanted to learn more about health and healing, and realized that there was much more to practicing medicine than I learned in

medical school. And, my patients were demanding more of me.

“In small towns you know everything about everyone, and you begin to see the association between what is happening in

years out of residency.

“Despite my best efforts to adhere to guidelines in treating patients, some were doing OK but many were not,” said Goss, who is the lone physician at the

“Ben Franklin said ‘if everybody is thinking alike, then nobody’s thinking.’ This is so true in health care. We can’t use the herd mentality and treat everyone exactly the same and expect good results. That’s where practicing medicine becomes an art.”

—Lynn Baldwin, MD

their lives and their health, and the connection between the mind and body. This realization was a powerful learning experience for me,” Rakel added.

Lynn Baldwin, MD, was a nurse for several years before going to medical school, so she already had a different perspective on health care.

“With labor and delivery, there is a lot of breath work you teach patients,” said Baldwin, a family practitioner specializing in women’s health at the Crossroads Medical Center in Wales. “After a few years it became obvious to me that there is another way to do things. I kept asking myself ‘are we really hitting on what’s going on with this patient?’ I realized that I needed to change my approach. I firmly believe that 90% of a diagnosis is in the patient’s medical history. For the physician, it’s a matter of helping them along the way.”

Michael Goss, MD, started noticing a pattern when he was an assistant clinical professor in the Department of Family Medicine of the University of Wisconsin Medical School 5

Aurora Center for Well-being in Wauwatosa, a free-standing, integrated medicine clinic whose modalities include conventional medicine, traditional Chinese medicine including acupuncture, massage therapy and chiropractic care. “This made me question whether there are other ways to approach patients to help them to realize optimal health. Then about 5 years ago I began to look into different areas—I began to read journals, attend lectures. The unforeseen benefit of this was delving into the history of medicine and model of health care. I assume when it’s not taught in medical school it had always been this way. I was wrong; I found that medicine had always evolved. The factor that seemed to arise is that medicine had become disengaged in the 20th century, that the art of medicine had become disengaged from the practice of medicine. Medicine had become more science than art. I knew that if our patients and ourselves are going to benefit from our work, we needed to return the art of practicing medicine.”

The Art of Medicine
Patient interest in playing a larger role in their own care and physicians’ willingness to orchestrate health care strategies that focus on the whole person rather than just treating the symptoms creates compelling possibilities, according to Goss.

“I think we have to be careful about titles: complementary, alternative, conventional—it doesn’t matter. What is important is that patients have beneficial health outcomes. Western medicine has and will always evolve. For example, methods considered alternative in the past like hypnotherapy, biofeedback, and herbal medicine are now considered part of today’s medical repertoire.

“The strengths of American medicine in my mind are advances in pharmaceuticals, diagnostics and surgery,” Goss added. “Unfortunately, we’ve had blinders on, especially in medical education, that limit our students to this approach only in patient care. Indirectly this has increased health care costs—emphasizing more drugs and tests, for example. We need to use a low-cost, common sense approach to patient care that resonates with their beliefs and philosophies of health.”

Whole Patient Care vs. HMO Care

To better understand a patient’s lifestyle, motivations and environment takes time, which the modern health care delivery system tends to constrict.

“The rules of managed care dictate that primary care physicians need to spend less time now to see more patients when what doctors need to do is the opposite,” said Rakel. Hopefully, through our efforts here and at other integrated medical centers

around the state and country, we'll begin collecting the evidence that will help change health care delivery. I think we can show that while this approach takes more time up front it will save time and effort later."

Additionally, Avery believes there is a growing trend toward coverage for complementary medical procedures.

"To convince insurance companies is always a process of education," she said. "Cost containment is at the forefront of the insurance industry. We like to think that acupuncture is a less expensive alternative than some conventional therapy for some people. Acute injuries also respond well to acupuncture; it gives the body's natural healing process a jump start, helping to control swelling, bruising, pain and more. It helps improve earlier mobility. I honestly didn't expect to see these types of results when I started studying acupuncture. But I have had several folks with fractures, sprains and contusions who show remarkable recovery after two or three sessions."

Baldwin believes an integrated approach works well for treating

women's health issues.

"I do a lot with pre-menopause, menopause and post-menopause PMS," said Baldwin, whose practice is comprised nearly all of women, "and find other ways to look at chronic conditions such as high cholesterol, irritable bowel syndrome, stress and hypertension. I incorporate different modalities depending on what is happening with my patient. I generally conduct a 2-hour session with a patient so I have a real handle on issues. Then I make suggestions, map out a strategy that may encompass mind-body modalities such as tai chi, imagery, and nutrition, which is especially important with stress and irritable bowel."

Baldwin also recommends herbal therapies, though she emphasizes that she works carefully with patients when it comes to this modality.

"I recommend the brands that are backed by clinical evidence," she said. "I look at what patients are taking, as well as what medications they are on. I don't find so much that patients are taking things that are contraindicated. More often, I'll find that sometimes patients are taking multiple items, soon they are up to 8 or 12

different herbs, medications or supplements that aren't helping. My patients often need someone to offer guidance; I do the homework and identify for them the brands used in studies. Most herbal supplements are extremely safe, when taken appropriately."

Research Promising

Nevertheless, many physicians are not convinced. Their skepticism could wane though, as more research is conducted into complementary modalities.

"The National Institutes of Health helped when it embarked on an investigation with \$100 million in research funding to see how complementary approaches work," said Avery. "For example, the functional MRI opens up a way to see how mind and body function in unison. This will help us lay the foundation for a lot of these modalities, especially acupuncture."

At the UW Medical School, Barrett is proposing a million dollar study on how Wisconsin residents perceive integrative medicine, while Goss points out that there is growing evidence linking spirituality with positive health outcomes.

"People who adhere to a

religious practice live an average of 7 years longer than those who do not,” said Goss. “That’s significant. It also shows us we need to look at any model of behavior that has unexpected health care benefits for our patients.

Ultimately what counts is people living healthier lives. Over 80 of 125 medical schools offer classes that look at the role of spirituality. Ten years ago, it was maybe two or three.”

“There is also some interesting research on the value of ‘intercessory prayer,’” said Goss. “That is prayer on the behalf of others who are critically ill, for example, patients in intensive care who do well when others are praying for them.”

Goss admits that may sound far-fetched, “but double-blind

studies are showing this seems to have an effect. There is a soon-to-be released study out of Duke University Medical School in the *American Heart Journal* that shows a significant improvement in cardiovascular complications in patients in the ICU who have people praying for them. It makes you think ‘just what’s going on there?’ All in all, it’s an exciting time in medicine.”

This may be too much for medical purists to swallow, but some caution that is more prudent to keep an open mind when it comes to providing care for patients.

“In integrated practice, we can bring in a host of other modalities as well as conventional approaches and fit them to the patient’s needs,” said Baldwin. “Ben Franklin said ‘if everybody

is thinking alike, then nobody’s thinking.’ This is so true in health care. We can’t use the herd mentality and treat everyone exactly the same and expect good results. That’s where practicing medicine becomes an art.”



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