

Women's Use of CAM: Past, Present and Future

Tieraona Low Dog, MD, Assistant Professor, Department of Family & Community Medicine, University of New Mexico

Dr. Low Dog discussed the widespread use of traditional and/or complementary/alternative medicine (T/CAM) approaches worldwide. Despite such widespread use, there are few good studies on treatment efficacy; safety issues also remain a concern. This is particularly true for herbs and supplements in this country, as there are no well-established product surveillance guidelines. While a number of Americans seek treatment from T/CAM providers, many do not have knowledge of licensing and credentialing processes for CAM practitioners. Also of concern, most conventional health care providers do not feel adequately prepared to offer patients advice about the use of T/CAM approaches. Women are frequent consumers of CAM; however, there is not a large body of information available as to why women use CAM and for what conditions. Touch therapies, such as massage, may be of value to women for pain relief or for helping patients with breast cancer to feel connected. Tai Chi offers promise for improving balance and preventing falls in older women. There are a number of herbal products, as well as basic lifestyle changes, that may improve the quality of life for women who experience migraine headaches. In the United States, depression is the second highest source of disability among women. Despite the large array of pharmaceutical products to treat depression, there are significant numbers of persons who do not respond to these drugs. The potential value of lifestyle alterations, herbs, and supplements was addressed. Other conditions that affect a significant proportion of women include insomnia, irritable bowel syndrome, and fibromyalgia. There is limited evidence that these conditions may be amenable to certain CAM therapies. Dr Low Dog stressed her goal was to offer patients an integrative approach to care, defining integrative medicine as an “effort to combine best of evidence based treatments while emphasizing primacy of the patient-provider relationship and the importance of patient participation in health promotion, disease prevention and medical management.” She implored nurses not to abandon their rich tradition in healing to embrace the medical model. Dr. Richard Smith, the editor of the *British Medical Journal* has been quoted as saying “growth of integrative medicine might restore the soul to medicine—the soul being that part of us that is the most important but the least easy to delineate.” (BMJ, 2001)

INSOMNIA IN WOMEN—INTEGRATIVE THERAPIES

Joan L. Shaver, PhD, RN, FAAN, Professor & Dean University of Illinois, College of Nursing, Co-Director, UIC National Center of Excellence in Women's Health

Dr. Shaver discussed the biological and psychological importance of restful sleep and identified causes of insomnia. She stressed four primary strategies for promoting good sleep: **Ritualize** environmental cues for sleep; **Regularize** sleep & wake patterns; **Relax** and control tension; and **Resist** behaviors that interfere with sleep. Dr. Shaver discussed the use of mind body therapies for sleep and reviewed studies that evaluated the efficacy and safety of herbal therapies for sleep disorders.

PAIN/MIGRAINES

Alan Hirsch, MD, Neurological Director of the Smell and Taste Research and Treatment Foundation, Chicago, Illinois

Dr. Hirsch provided an overview of pain, including the neurotransmitters and nerve fibers involved in pain perception. He later introduced the most common pharmacologic agents used to manage pain, as well as adjunctive medications, such as antidepressants. A number of common non-drug treatments for pain

control also were addressed: transcutaneous electrical nerve stimulation (TENS), acupuncture, and cognitive-behavioral approaches. Dr. Hirsch later focused on migraine headache pain and pointed out that is more prevalent in females than males and is often misdiagnosed. A number of environmental factors that may trigger migraines have been identified, and they may serve as targets for non-drug interventions. They include: food, sleep habits, environmental irritants, exercise, and stress. Although herbs have been used as prophylactic agents, only feverfew has shown any promise.

WEIGHT MANAGEMENT

Robert Kushner, MD, Professor of Medicine and Medical Director of the Wellness Institute, Northwestern Memorial Hospital, Chicago, Illinois

Robert Kushner, MD gave a timely presentation on weight management, highlighting both conventional and complementary and alternative approaches. He stressed that weight gain is caused by long-term calorie or energy excess of any of the macronutrients and not just, for example, eating too many high-fat foods or too many high-carbohydrate foods. Eating a low-calorie (~1400-1500 kcal/day), low-fat (~20-25% of total calories) diet; getting regular exercise (30minutes, 4-5 times/week); and monitoring food intake, portion size, and weight are the hallmarks of a successful long-term weight loss and management program. Two conventional drugs currently approved for long-term weight loss are: a) Orlistat, which inhibits fat absorption from the intestine and b) Sibutramine, an appetite suppressant. When all other conventional options have been exhausted, bariatric surgery may be indicated for selected morbidly obese persons. In terms of complementary and alternative approaches, Dr. Kushner discussed the personality type diet (the title of his recently published book) and several dietary supplements. Due to lack of safety and efficacy data, Dr. Kushner concluded that none of the following supplements was ready for prime time: chromium picolinate, guar gum, garcinia cambogia, green tea, conjugated linoleic acid, hypnosis, and acupuncture. Similarly, little evidence is available to support the use of hypnosis or acupuncture in the management of obesity.

PANEL DISCUSSION: CASE STUDY OF MENOPAUSAL WOMAN WITH MIGRAINES, WEIGHT GAIN, AND INSOMNIA

Charles H. Lo, MD, Practitioner of Traditional Chinese Medicine, Chicago, Illinois
Clifford Kerns, DC, Homeopath in Private Practice, Schaumburg, Illinois
Judy Fulop, ND, Functional Nutrition and Naturopathic Provider, Chicago, Illinois

The panel discussed the management of a 48 year-old menopausal female with c/o of hot flashes and "irritability" of six months duration. In the same time period, she also reports difficulty sleeping, an increase in migraine headache frequency, and an 11 pound weight gain. The panelists all agreed that lifestyle changes comprised the cornerstone of her treatment plan. Recommendations were to increase her intake of fruits and vegetables and encourage regular exercise. Dr. Lo would additionally encourage her to incorporate Tai Chi into her daily routine, while Dr. Fulop discussed the importance of magnesium supplementation.