

THE NEW AGE OF MEDICINE

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“Eating a vegetarian diet, walking (exercising) every day, and meditating is considered radical. Allowing someone to slice your chest open and graft your leg veins in your heart is considered normal and conservative.”

Dean Ornish, M.D.

INTRODUCTION

The U.S. Health Care System was declared “broken” 10 years ago, there has been no significant improvement. It is time for Change!

Western Medicine is in the midst of a paradigm shift, as physicians and patients begin to adopt a more “holistic” approach to health care. The (relatively new) field of Integrative Medicine is complementary and works synergistically with standard medical treatment. An Integrative model places responsibility on the patient, who becomes an active participant in his or her health care. It acknowledges the resources a patient has besides the medical system—“including the body’s capacity for healing, support of family and friends, cultural or religious beliefs, and finding meaning in illness and suffering.”¹

The field of Integrative Medicine was founded on the recognition that true health is not merely the absence of disease but rather an optimal state of physical, mental, emotional, and spiritual well-being. Integrative Medicine is “the practice of medicine that reaffirms the importance of the relationship between the practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, health care professionals, and disciplines to achieve optimal health and healing.”¹ Integrative care represents a return to the core values of medicine.

Hippocrates, the Father of Modern Medicine, is viewed as the founder of Holistic Medicine. He was the first to propose that illness was the result of an imbalance of the 4 elements—fire, water, earth, and air—rather than an affliction given by the gods.

Although his theory was wrong, Hippocrates was right in advocating a holistic approach to health and well-being. He placed an emphasis on “fresh air, a good diet, and plenty of exercise to help the body heal itself.” By practicing what he preached, some historical records suggest that Hippocrates may have lived past 100 years of age.

Medical technology did not exist in ancient times. Healers offered their knowledge, but for the most part overcoming disease was the result of a combination of patients taking responsibility for their own health and the body’s innate capacity for healing. Voltaire, a French philosopher and writer, described a physician’s role as that of an amuser—if a physician kept his or her patient amused long enough, nature could do its healing work.

Traditional Western Medicine is not in the business of healing, but is rather a “disease care system” that provides treatment. With the rapid evolution of medical technology, the practice of Western Medicine has become “mechanical.” When Americans become sick they go to their doctor to “get fixed,” much like they take their car to a mechanic to be repaired when it breaks down. Physicians then use their knowledge, medical acumen, and test results to diagnose their patients, but this Western model of treatments directed at the physical body, utilizing medication or surgery, has the following problems:

- “A focus exclusively on disease and its biomedical treatment cannot adequately address the broad range of contemporary health care problems, whose complex etiologies and management reflect many interconnected personal, social, and environmental influences on health and illness.”

- “‘disease’ is not limited to the physical body; thoughts and emotions are causative factors. And healing necessitates addressing these elements of our being. Getting well is not just about fixing the physical body.”²

Sir William Osler, one of the founding fathers of Western Medicine, “maintained that it is more important to know the patient that had the disease, than to know what kind of disease the patient had.”²

CURRENT PRACTICE OF INTEGRATIVE MEDICINE IN THE U.S.

Both medical school curricula and physicians’ practices in the U.S are making changes which reflect an Integrative (whole person) approach to healthcare. A survey conducted in 2011 for the Bravewell Collaborative, a philanthropic group that seeks to improve healthcare in the U.S., studied the current practice of integrative medicine across the U.S. by determining:

1. the most commonly treated patient populations and health conditions,
2. the core practices and models of care,
3. how services are reimbursed,
4. the values and principles underlying the care,
5. the major factors that drive successful implementation.

Twenty-nine integrative medicine centers/programs across the nation participated in the survey. All were affiliated with hospitals, healthcare systems, and/or medical and nursing schools. The study identified three models for delivering integrative care:

1. **Consultative care**—care delivered in collaboration with the patient’s primary care provider.
2. **Comprehensive care**—complete care for a specific condition provided by the integrative practitioner acting as the primary caregiver during that course of treatment.
3. **Primary care**—overall care of a person’s health across the lifespan.

A spectrum of care to various patient populations was evaluated including adult, geriatric, adolescent, OB-GYN, and pediatric services. All patient care was individualized.

Physicians, massage therapists, meditation instructors, and acupuncturists were among the most frequently employed practitioners at integrative medicine centers. The most frequently prescribed interventions across all conditions (in descending order) are:

- Nutrition
- Supplements
- Yoga
- Meditation

- Acupuncture
- Massage

The centers perceive integrative medicine to be most successful in the following clinical conditions (in descending order):

- Chronic pain
- Gastrointestinal conditions
- Depression
- Stress
- Cancer

The Bravewell group drew the following conclusions from its study:

1. The strong affiliations with hospitals, healthcare systems, and medical and nursing schools show that integrative medicine is an established part of healthcare in the U.S.
2. The integrative medicine interventions being used throughout the U.S. for specific conditions have a high level of concordance, which suggests they are derived from a common knowledge base.
3. “Integrative care is patient-centered care and is a fundamentally collaborative enterprise fostering cooperation between patients and practitioners, and among practitioners themselves.”⁵

Lastly, as a result of this study, The Bravewell Collaborative was able to confirm that integrative medicine is truly “integrative”—combining conventional care with complementary therapies, ancient healing wisdom with modern science, and addressing the whole person—mind, body, and spirit in the context of community.⁵

INTEGRATIVE MEDICINE IN ACADEMIC HEALTH CENTERS

Medical schools in the U.S. began re-evaluating and revising their curricula in the 1990s, and the Consortium of Academic Health Centers for Integrative Medicine was founded in 2000; it now has 46 medical school members. In 1995 Duke University revised its curriculum and programs in recognition of two factors: (1) reconceptualization of “health” to include psychological and social well-being and (2) the market demand for primary care physicians and cost containment. Duke’s action was followed by a wave of changes in other U.S. medical school curricula, all reflecting a more patient-centered, integrated approach to health care.

A November, 2009 article in the Washington Post entitled “Medical Schools Revise Curricula to Adapt to Changing World” described new patient-centered curricula at Georgetown and Johns Hopkins Universities. At Georgetown first year students no longer dissect cadavers in the first week of medical school but rather take classes such as “Physician-Patient Communication” and “Social and Cultural Issues in Health Care.” All the traditional subjects, Anatomy, Physiology, and Pathology, are taught but offered in a different style referred to as “Systems Biology.” Students are taught “to manage the patient as the whole, rather than just studying one organ at a time in anatomy class.”⁶ Johns Hopkins has developed a new medical school curriculum called “Genes to Society.” This approach teaches students to “analyze the genetic, environmental and socioeconomic factors that influence an individual patient condition.”⁶

The University of Arizona Medical School overhauled its curriculum seven years ago. Integrative Medicine guru Andrew Weil, M.D. is a faculty member at the University of Arizona and is a longtime proponent of mind-body techniques and nutrition in the treatment of disease. Victoria Maizes, Executive Director of the Arizona Center for Integrative Medicine at the medical school said, “based on the growing body of research supporting some holistic remedies, especially nutrition, and of smaller-scale studies on other treatments with limited risks, such as journaling to

help rheumatoid arthritis, it made sense to integrate these ideas into a variety of courses.”⁶

CONCLUSIONS

Gone are the days of the medical team rounding and referring to “the gallbladder in room 2010.” Instead, the patient is “Mrs. Jones who is 36 years old, obese, diabetic, and a smoker. She is a mother of three children below the age of 12. One of her children is autistic. She has a husband at home who just lost his job.” This may seem extraordinary but this has become the ordinary. Performing a cholecystectomy on Mrs. Jones will not restore her health! A whole person integrative approach is required. The lost part of the History and Physical, “Social History,” contains essential information for optimal patient care.

We cannot all become counselors and nutritionists but we can refer to these other healthcare providers. In so doing, we can potentially empower our patients with knowledge, with the result that they take greater responsibility for their own health and well-being. The onus is on us as physicians to begin to think more broadly and to provide our patients with care of the whole person.

“The doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease.”

Thomas Edison

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