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The mission of the Journal of Patient-Centered Research and Reviews (JPCRR) is to further the ongoing quest for new knowledge by providing a medium for the communication of clinical research, with the purpose of improving the quality of human health, the care of the individual patient, and the care of populations.

Integrative Medicine: In With the New

Tiffany A. Mullen, DO | Message from the Guest Editor

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In a television interview, jazz pianist Herbie Hancock recounted a memorable experience with legendary trumpeter Miles Davis. Early in their collaboration the two musicians were playing together smoothly when Herbie struck a chord that was unquestionably wrong. Herbie was quite emphatic about this ... the chord was flat-out “wrong.”

Miles paused for an instant, then played notes around the chord he had just heard and then continued to go off in that direction.

Speaking about it after the show, Herbie quoted Miles as saying that the chord he had heard was not “wrong,” it was just “new.”

In the history of medicine, we have held a healthy skepticism toward the “new.” However, many forward-thinking researchers and clinicians have advanced medical care by challenging the status quo. Recall the hard-won efforts of Dr. Barry Marshall, who proved *Helicobacter pylori* as a causative infectious agent of many gastric and duodenal ulcers by drinking his own preparation of *H. pylori*-laden broth.¹

While integrative medicine is not necessarily new — in fact, it utilizes many ancient forms of medical practice — the term may be new to the readers of this journal. Thus, it is an honor to preside over this special issue of *Journal of Patient-Centered Research and Reviews (JPCRR)* dedicated to this specialty. As guest editor, my hope is to help increase understanding and awareness of integrative medicine by showcasing thought-provoking research and state-of-the-art review articles.

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You might ask: “Why would I want to learn more about integrative medicine?” Practicing clinicians may be interested to know that in a recent internal study undertaken by our health care organization, the largest in Wisconsin, 88% of our own patients are using some form of integrative medicine [unpublished data by Martino et al. Integrative medicine usage & attitudes study, Aurora Health Care Consumer Insights and Innovation (December 2014)]. This is in keeping with national studies that showed 34% of people have used or regularly use integrative medicine in their day-to-day care.² We also know from the literature that annual sales of supplements and herbal medications have topped \$36.7 billion.³



Integrative medicine is defined as the combination of conventional biomedicine with nontraditional and holistic practices to help patients on their journey to health. Several key principles of integrative medicine⁴ are beautifully illustrated within the contents of this issue:

- ***Effective interventions that are natural and less invasive should be used whenever possible.***

Knowing that *natural* isn't always *better* and that many supplements and herbal products produce well-documented interactions not only with prescribed pharmaceuticals but also other herbs and supplements, Sultan et al. have presented a timely review of the important caveats for the use of herbal supplements in the geriatric population.⁵ I would comment that integrative medicine is more than just herbals and supplements. The goal in integrative medicine practice is not to convert all medicines to supplements and herbs — polypharmacy is still polypharmacy, even if the medications are available without a prescription.

- ***All factors that influence health, wellness and disease are taken into consideration, including mind, spirit and community as well as the body.***

Also published herein, Dr. John Burns and I review the contemporary use of traditional Chinese medicine as a biopsychosocial model for chronic pain management,⁶ specifically highlighting the mind-body relationship aspects of traditional Chinese medicine and how this approach differentiates it from the traditional biomedical model.

- ***Whenever possible, the root cause of an illness should be uncovered and treated.***

Dr. Kristen Reynolds gives us a compelling example of this approach in her review of small intestinal bacterial overgrowth,⁷ which highlights the importance of “digging a little deeper” so that we do not just treat symptoms but fully address the possible underlying causes of disease.

- ***Good medicine is based in good science. It is inquiry-driven and open to new paradigms.***

Konduri et al. report on the in vitro suppression of clear cell renal carcinoma cells by curcumin, one of the components of turmeric (the bright yellow/orange root many of us associate with curry).⁸ Although many more studies are needed, the thought of curcumin as a form of “adjunct chemotherapy” highlights the use of food as medicine, a new paradigm indeed.

- ***Alongside the concept of treatment, the broader concepts of health promotion and the prevention of illness are paramount.***

It is estimated that more than 75% of chronic illness is a result of lifestyle⁹ and contributes to billions in health care spending nationally.¹⁰ Dr. Kjersti Knox, in her Clin-IQ exploration of the relationship between sleep and obesity, asks whether clinicians need to be doing more to address this relationship in the primary care setting.¹¹

In addition to thanking the aforementioned authors for their thought-provoking contributions to the scientific literature, well-deserved recognition is due

Dr. Reynolds and Rebecca Schultz, NP, for their invaluable expertise and assistance in shaping this issue.

Equally as important in understanding how to define integrative medicine is recognizing what integrative medicine is not. Integrative medicine is not alternative medicine. The term “alternative medicine” implies the substitution of conventional medicine with oft-unproven treatment modalities. No respectable integrative medicine practitioner, for example, would advise a cancer patient against proceeding with a standard-of-care chemotherapy or radiation therapy protocol in favor of a “diet cure.” By contrast, an integrative medicine provider might consider the importance of disease-specific nutrition in the management of a patient undergoing chemotherapy.

Integrative medicine is also not unproven or unresearched. A MEDLINE search for “integrative medicine” turns up 1,494 citations, and the Cochrane database reviews 36 integrative medicine topics. (When using the now-outdated search term “complementary and alternative medicine,” these numbers expand to 189,378 and 645 citations, respectively.) While many integrative medicine topics are difficult to fit into the randomized, double-blind, placebo-controlled paradigm, I would argue that many people — multifaceted, multiethnic, spiritual, emotional, physical beings — are difficult to fully understand in the context of our current gold standard of research. Newer, less reductionist, more personalized models may be needed to best appreciate integrative medicine research.

In honor of the great Miles Davis, listen for the “new chords” contained within this special issue. May they take you in new directions, both professionally and personally.

References

1. Marshall BJ. The discovery that *Helicobacter pylori*, a spiral bacterium, caused peptic ulcer disease. In: Marshall BJ (ed). *Helicobacter Pioneers: Firsthand Accounts From the Scientists Who Discovered Helicobacters, 1892–1982*. Victoria, Australia: Blackwell Science Asia, 2002, pp. 165-202.
2. Clarke TC, Black LI, Stussman BJ, Barnes PM, Nahin RL. Trends in the use of complementary health approaches among adults: United States, 2002-2012. *Natl Health Stat Report*. 2015;(79):1-16.
3. National Institutes of Health Office of Dietary Supplements. Multivitamin/mineral supplements: fact sheet for health

- professionals. <https://ods.od.nih.gov/factsheets/MVMS-HealthProfessional/#en3>. Accessed September 25, 2015.
4. University of Arizona Center for Integrative Medicine. The defining principles of integrative medicine. <http://integrativemedicine.arizona.edu/about/definition.html>. Accessed September 25, 2015.
 5. Sultan S, Viqar M, Ali R, Tajik AJ, Jahangir A. Essentials of herb-drug interactions in the elderly with cardiovascular disease. *J Patient-Centered Res Rev*. 2015;2:174-91.
 6. Burns J, Mullen TA. The role of traditional Chinese medicine in the management of chronic pain: a biopsychosocial approach. *J Patient-Centered Res Rev*. 2015;2:192-6.
 7. Reynolds KH. Small intestinal bacterial overgrowth: a case-based review. *J Patient-Centered Res Rev*. 2015;2:165-73.
 8. Konduri SD, Bangaru MLY, Do PT, Chen S, Woodliff J, Kansra S. In vitro growth suppression of renal carcinoma cells by curcumin. *J Patient-Centered Res Rev*. 2015;2:156-64.
 9. Yoon PW, Bastian B, Anderson RN, Collins JL, Jaffe HW; Centers for Disease Control and Prevention (CDC). Potentially preventable deaths from the five leading causes of death--United States, 2008-2010. *MMWR Morb Mortal Wkly Rep*. 2014;63:369-74.
 10. Centers for Disease Control and Prevention. The cost of chronic diseases and health risk behaviors. <http://www.cdc.gov/chronicdisease/overview/>. Accessed September 25, 2015.
 11. Knox KE. Should primary care physicians address sleep to improve weight loss in obese patients? A Clin-IQ. *J Patient-Centered Res Rev*. 2015;2:197-200.

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