

# INTEGRATIVE MEDICINE

## Incorporating Complementary and Alternative Medicine (CAM) into Conventional Care

(With a Focus on Psychological Health and Traumatic Brain Injury)

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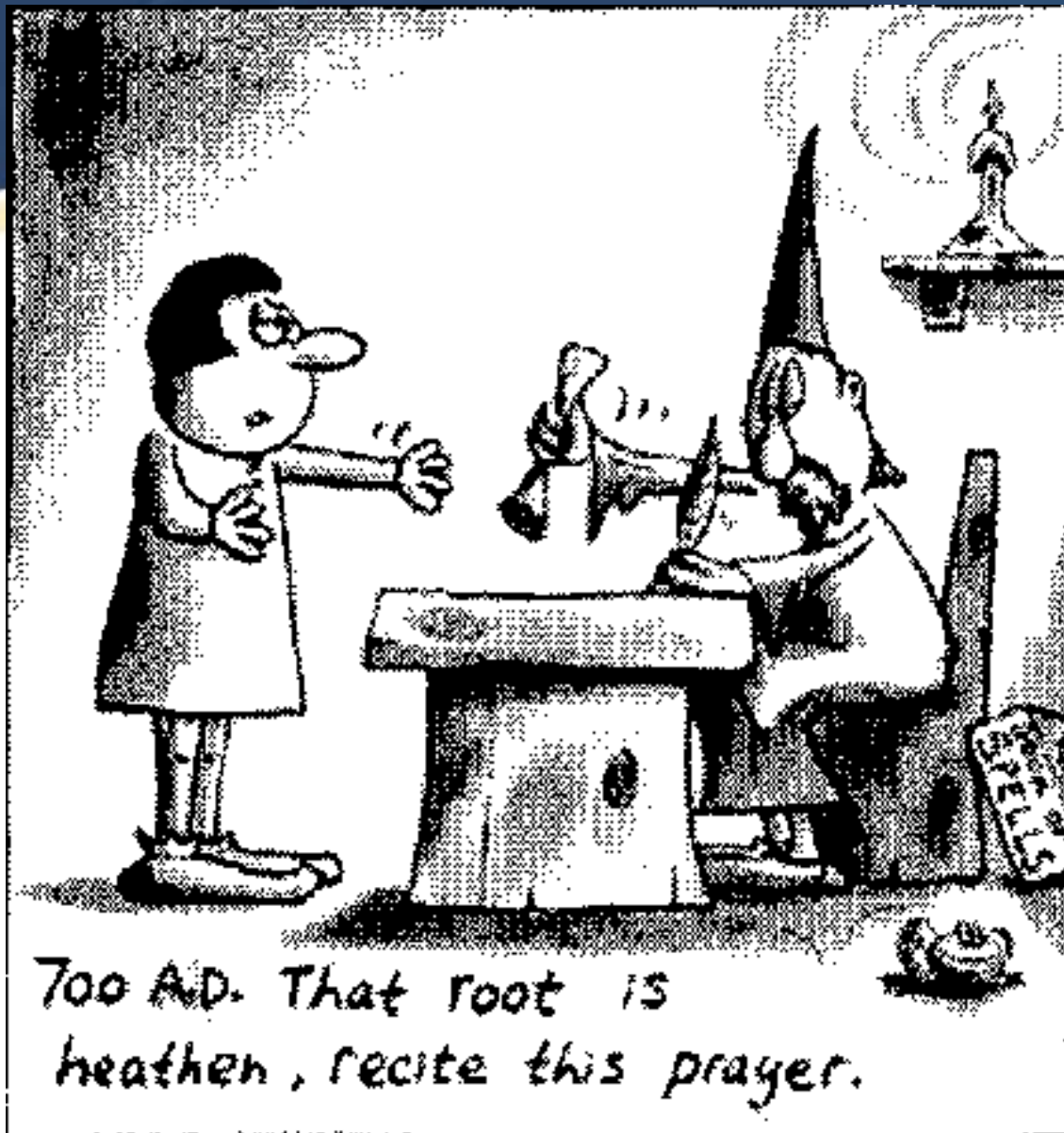
Resilience ★ Recovery ★ Reintegration

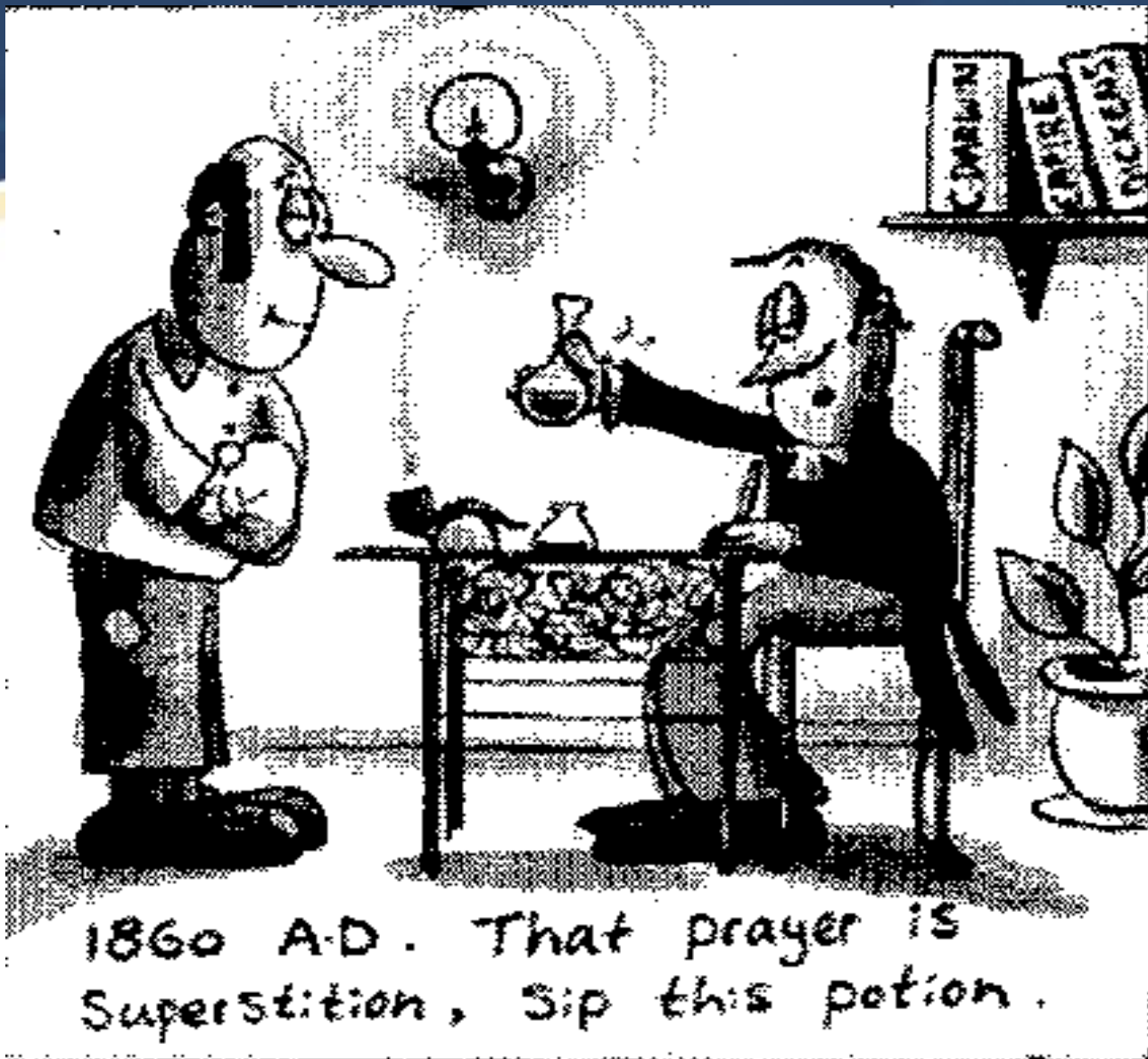


A quick history  
of medicine.

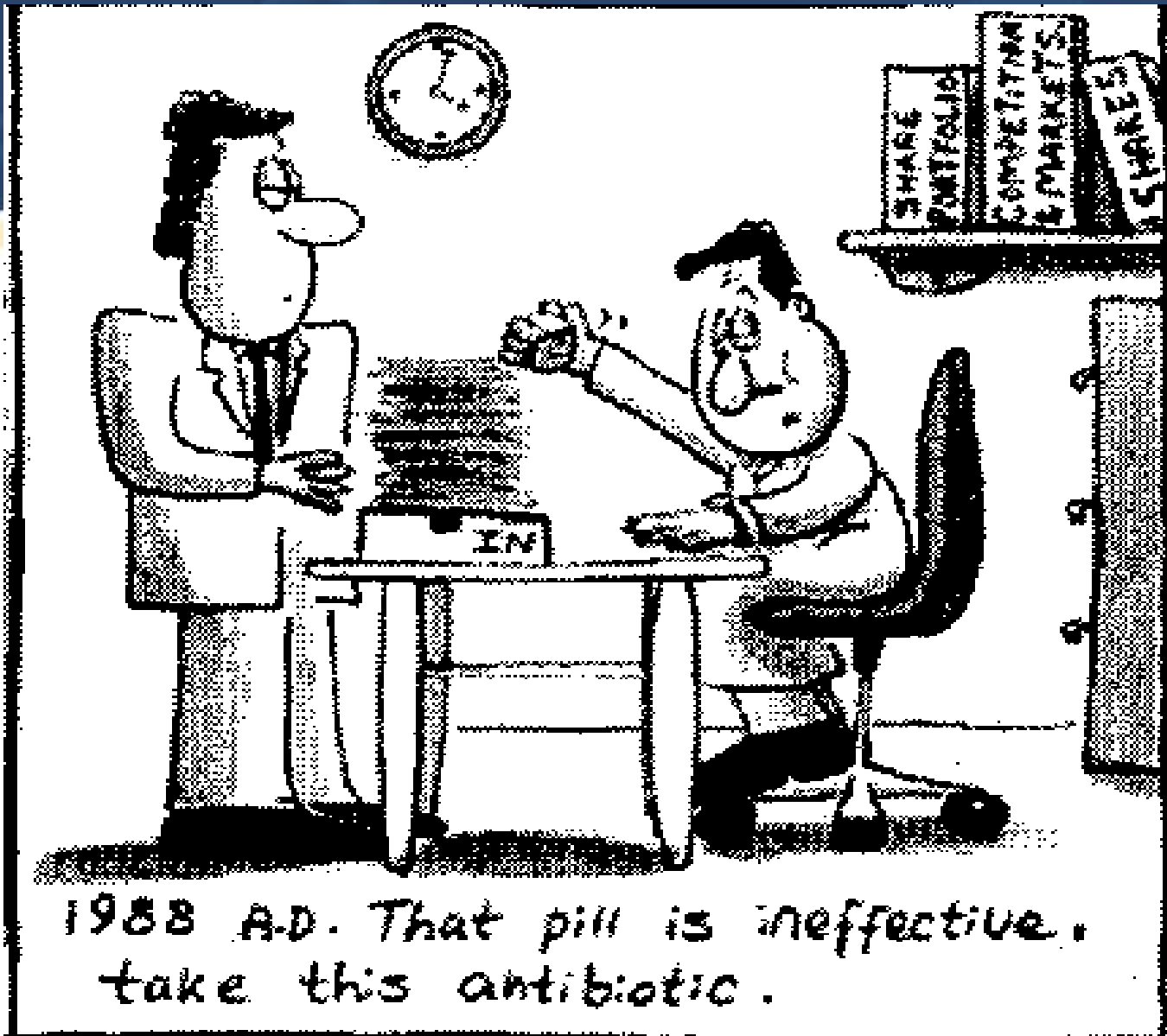


2020 B.C. Here Chew this root.

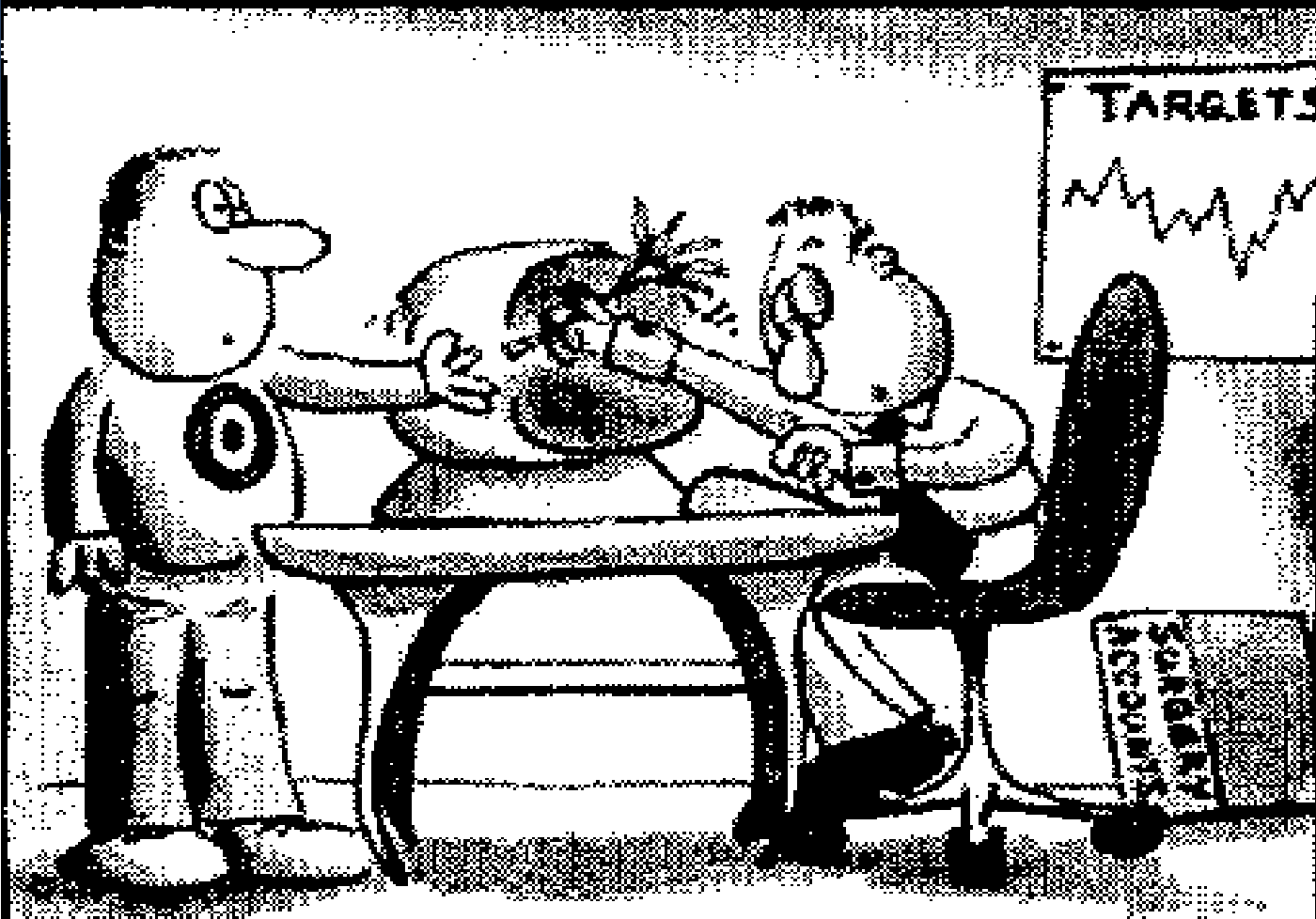








1988 A.D. That pill is ineffective.  
take this antibiotic.



2002 A.D. That antibiotic is artificial, here chew this root.

# Objectives

- **What is CAM?**
- **Physician Use**
- **Active Duty and Veteran Use CAM**
- **CAM to Integrative Health**
- **Ways Ahead**
- **Take Aways**
- **Resources**

# What's in a name?

- **Traditional Medicine is more properly labeled conventional medicine in developing countries with limited access to Western medicine and hospitals.**
- **In industrialized countries, Traditional Medicine is often termed Complementary or Alternative Medicine (CAM).**



"I'M TRYING SOME ALTERNATIVE THERAPIES. THIS ONE IS CALLED 'TAKE-2-ASPIRIN-AND-CALL-ME-IN-THE-MORNING.'"

# Definitions

## COMPLEMENTARY & ALTERNATIVE MEDICINE

**A group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine**

**Complementary Medicine** -- Treatment used together with conventional medicine.

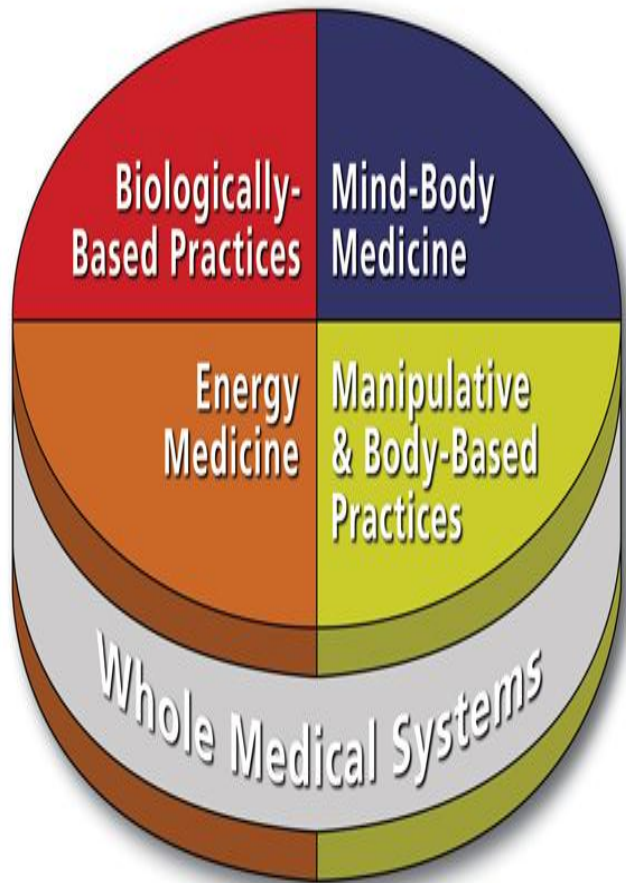
**Alternative Medicine** -- Treatment used in place of conventional medicine. An unrelated group of non-orthodox therapeutic practices, often with explanatory systems that do not follow conventional biomedical explanations.

# “Alternative” Medicine??

- **There is no alternative medicine.** There is only scientifically proven evidence-based medicine supported by solid data, or unproven medicine for which scientific evidence is lacking.
- **Once a treatment has been tested rigorously,** it no longer matters whether it was considered alternative at the outset. If it is found to be reasonably safe and effective, it will be accepted.

*JAMA November 1998*

# The CAM Domains



NCCAM Domain	Definition	Example Practices
<b>Mind-Body Medicine</b>	Mind-body medicine uses a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms.	Meditation, yoga, prayer, mental healing, creative arts therapies (e.g., dance)
<b>Biologically Based Practices</b>	Biologically-based practices in CAM use substances found in nature, such as herbs, foods, and vitamins.	Dietary supplements, herbal products, diet therapy
<b>Manipulative and Body-based Practices</b>	Manipulative and body-based practices in CAM are based on manipulation and/or movement of one or more parts of the body.	Chiropractic/osteopathic manipulation, massage, Feldenkrais
<b>Energy Medicine</b>	Energy therapies involve the use of energy fields. They are of two types:  Biofield therapies are intended to affect energy fields that purportedly surround and penetrate the human body.  Bioelectromagnetic-based therapies involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating-current or direct-current fields.	Therapeutic touch, Reiki, qigong, electromagnetic therapy
<b>Whole Medical Systems</b>	Whole medical systems are built upon complete systems of theory and practice. Often, these systems have evolved apart from, and earlier than, the conventional medical approach used in the United States.	Systems developed in Western cultures: Homeopathic medicine, naturopathic medicine  Systems developed in non-Western cultures: Traditional Chinese medicine, Ayurveda

# Alternative/ whole medical systems



## Examples:

- **Traditional Chinese medicine (TCM)**
- **Ayurvedic medicine**
- **Homeopathy**
- **Naturopathy**

# Mind-body interventions



## Examples:

- relaxation
- Hypnosis
- visual imagery
- Meditation
- Yoga
- Biofeedback
- Tai chi
- Qi gong
- cognitive-behavioral therapies
- group support
- prayer
- spirituality

# Manipulative and body-based methods



## Examples:

- **Chiropractic and osteopathic manipulation,**
- **Massage therapy**
- **Tui Na**
- **Reflexology**
- **Rolfing**
- **Alexander technique**
- **Feldenkrais method**

# Biologically-based treatments



## Examples:

- botanicals
- animal-derived extracts
- Vitamins
- Minerals
- fatty acids
- amino acids
- Proteins
- prebiotics and probiotics
- functional foods.

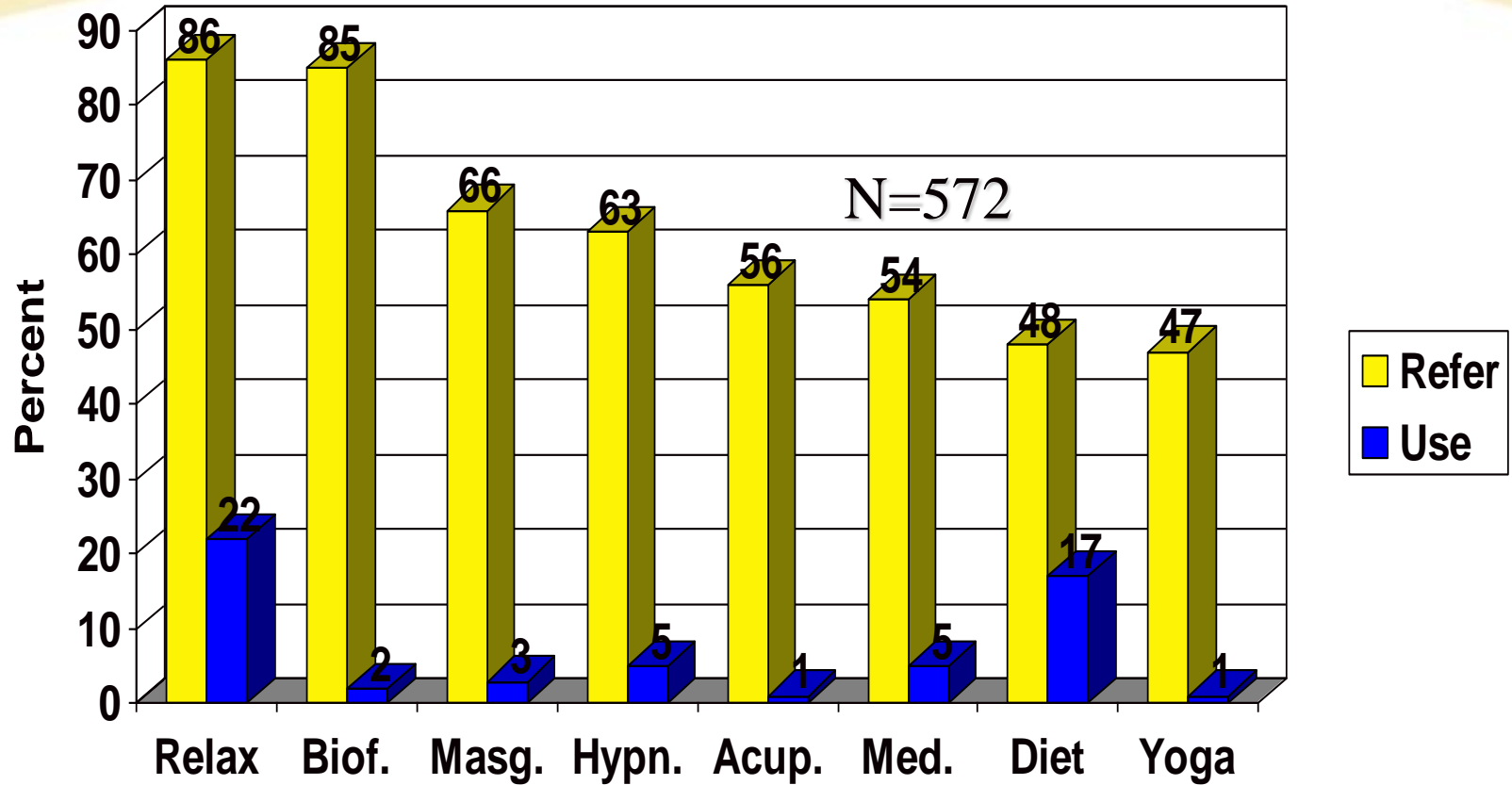
# Energy therapies



## Examples:

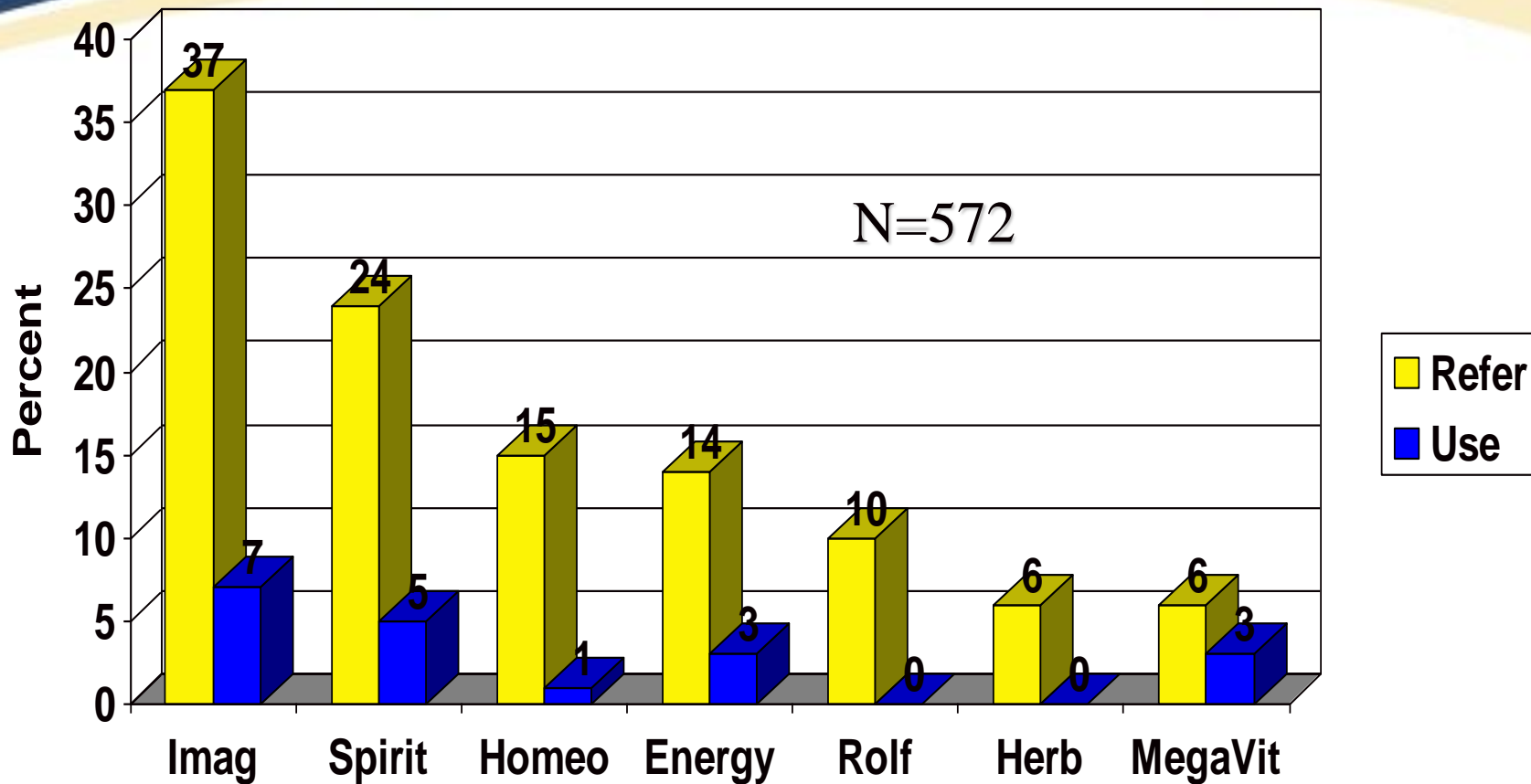
- Reiki and Johrei
- Qi gong
- Healing touch
- Therapeutic Touch
- Intercessory prayer
- Magnetic Therapy
- Distant healing
- Acupuncture

# Physician Use of CAM



Blumberg DL, ATHM, 1(3):31 (1995)

# Physician Use of CAM (2)



Blumberg DL, ATHM, 1(3):31 (1995)

# CAM use in AD & Veterans

- **Majority of veterans – have positive perceptions of their traditional health care services, dissatisfaction was noted regarding an overreliance on prescription medications, lack of a holistic or a complete patient approach, and ignorance toward spirituality and social concerns (Kroesen, Baldwin, Brooks, & Bell, 2002).**
- **The current high daily stress, perceived negative impact of Military life on physical or mental health, and physician-diagnosed chronic illnesses were statistically associated with CAM use among veterans (Baldwin, Long, Koesen, Brooks, & Bell, 2002).**
- **Higher odds of reporting CAM use with higher levels of recent physical and emotional pain and lower levels of satisfaction with conventional medical care (Smith Ryan, 2007)**

# Background - CAM Use

## Usage in the US (Including Military)



- **\$33.9 BILLION DOLLARS** out of pocket - visits to CAM / yr
- **62% US ADULTS** use some form of CAM / yr

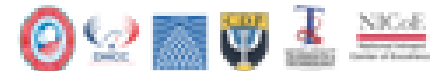
## Military-Specific Usage



- **33% ACTIVE DUTY** use of CAM / yr
- **50% VETERANS** use of CAM / yr

McPherson & Schwenke, 2004

*CAM → applied significantly across DoD-VA wide*



# Barriers To Care

**Service members who need psychological or neurological care may not be getting it due to:**

- 1. Shortage of Mental Health Providers***
- 2. Associated Stigma and Career Impact***
- 3. Conventional Treatments Not as Effective***

**Complementary & Alternative Medicine  
may provide additional options to  
increase access to care and to reduce stigma**

# CAM Usage For PH / TBI Co-Occurring Conditions

N=291

Medical Condition	Frequency of CAM Use (N=291)	Percent
Anxiety	47	16
Chronic fatigue syndrome	18	6
Cold syndrome	39	13
Depression	41	14
Fibromyalgia	4	1
Headaches	57	20
Health prevention	44	15
Hip pain	29	10
Knee pain	51	18
Lower-back pain	97	33
Migraine	40	14
Neck pain	59	20
Pelvic pain	10	3
Shoulder pain	49	17
Sinus pain	19	7
Stomach pain	19	7
Stress	86	30
Upper-back pain	49	17
Viral syndrome	4	1
Weight loss	63	22
Wrist pain	20	7

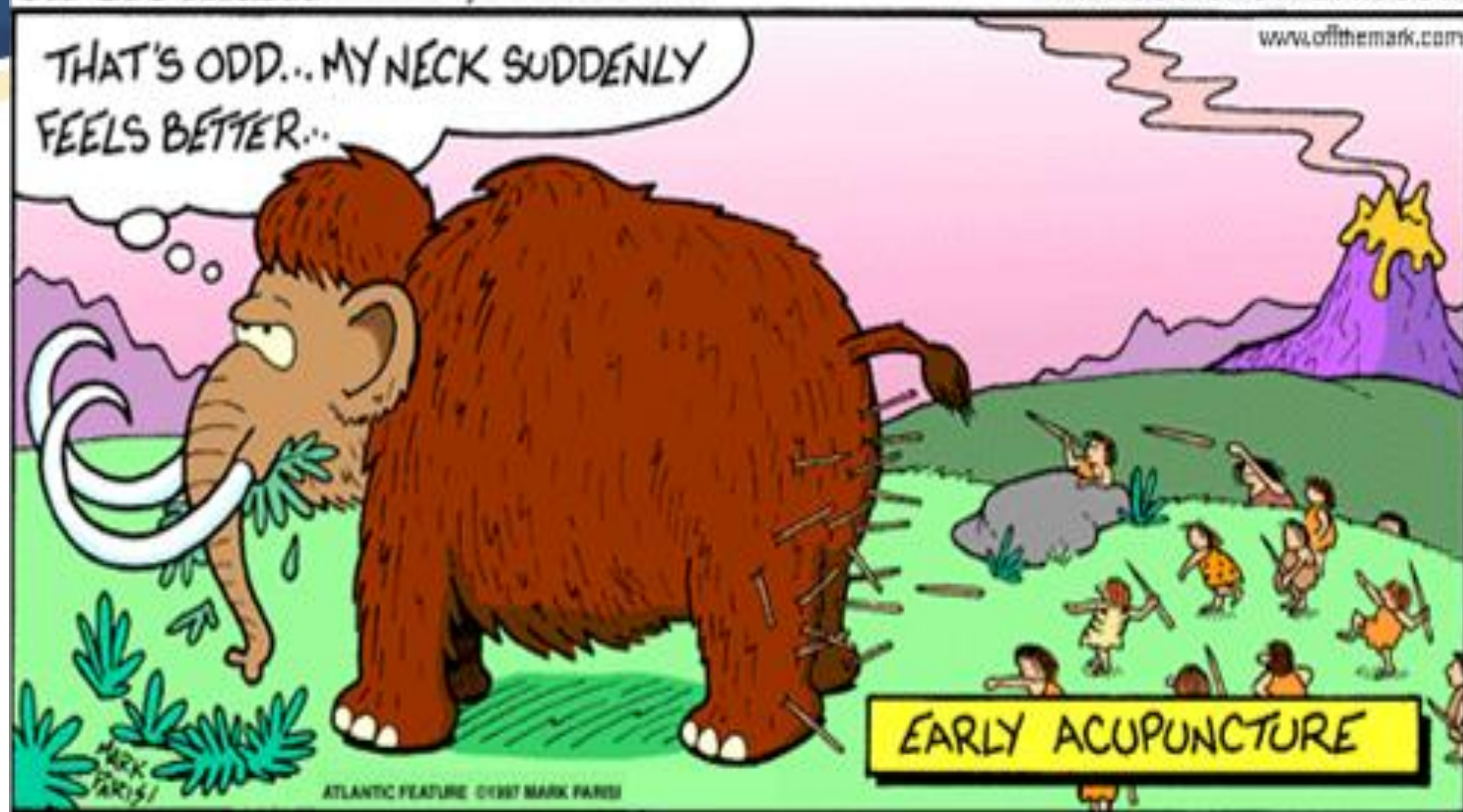
Conditions for which CAM Is  
Used Among  
**Active Duty Service Members,  
Their Dependents, and  
Military Retirees**

McPherson & Schwenka  
(2004)

**off the mark**

by Mark Parisi

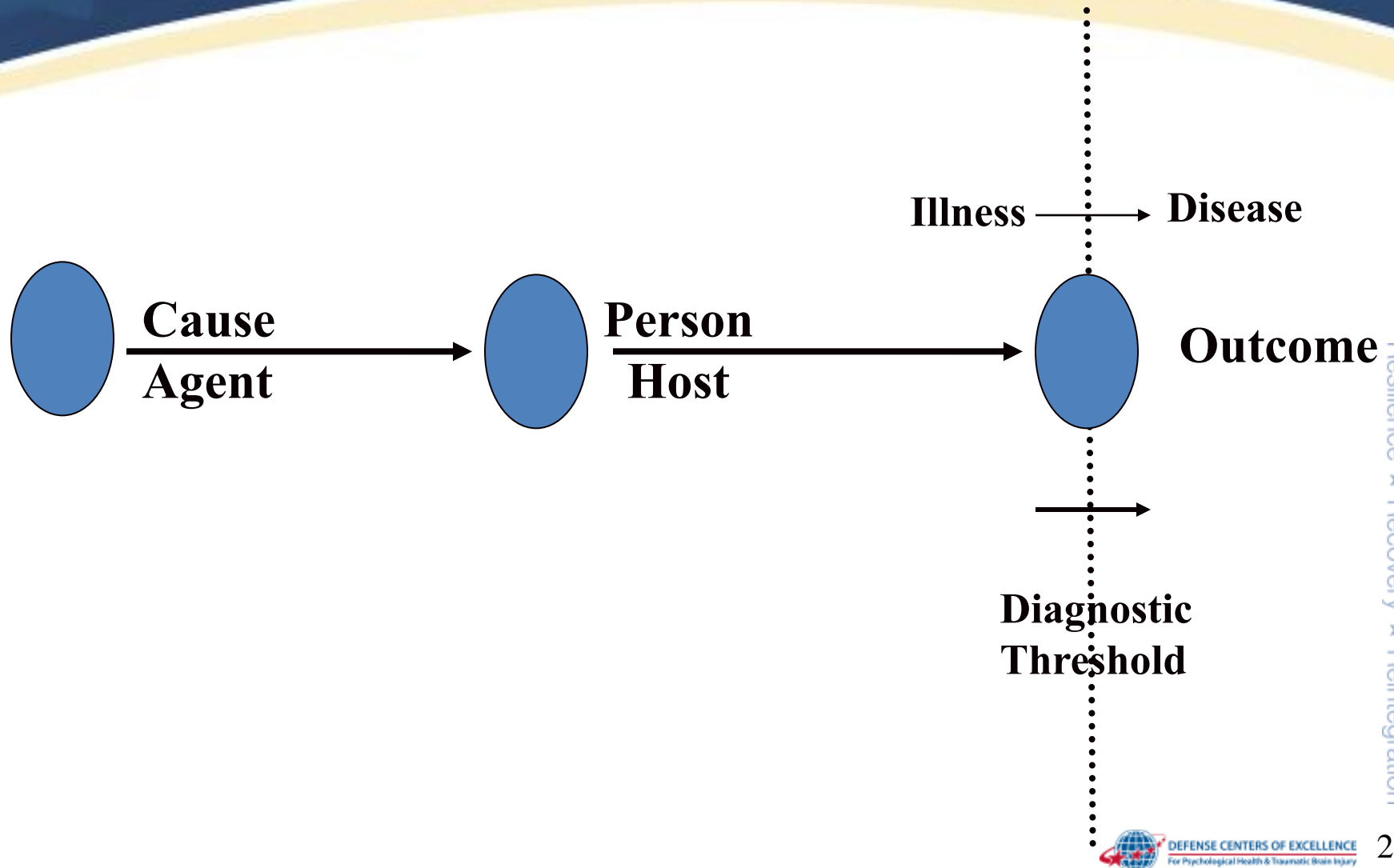
[www.offthemark.com](http://www.offthemark.com)



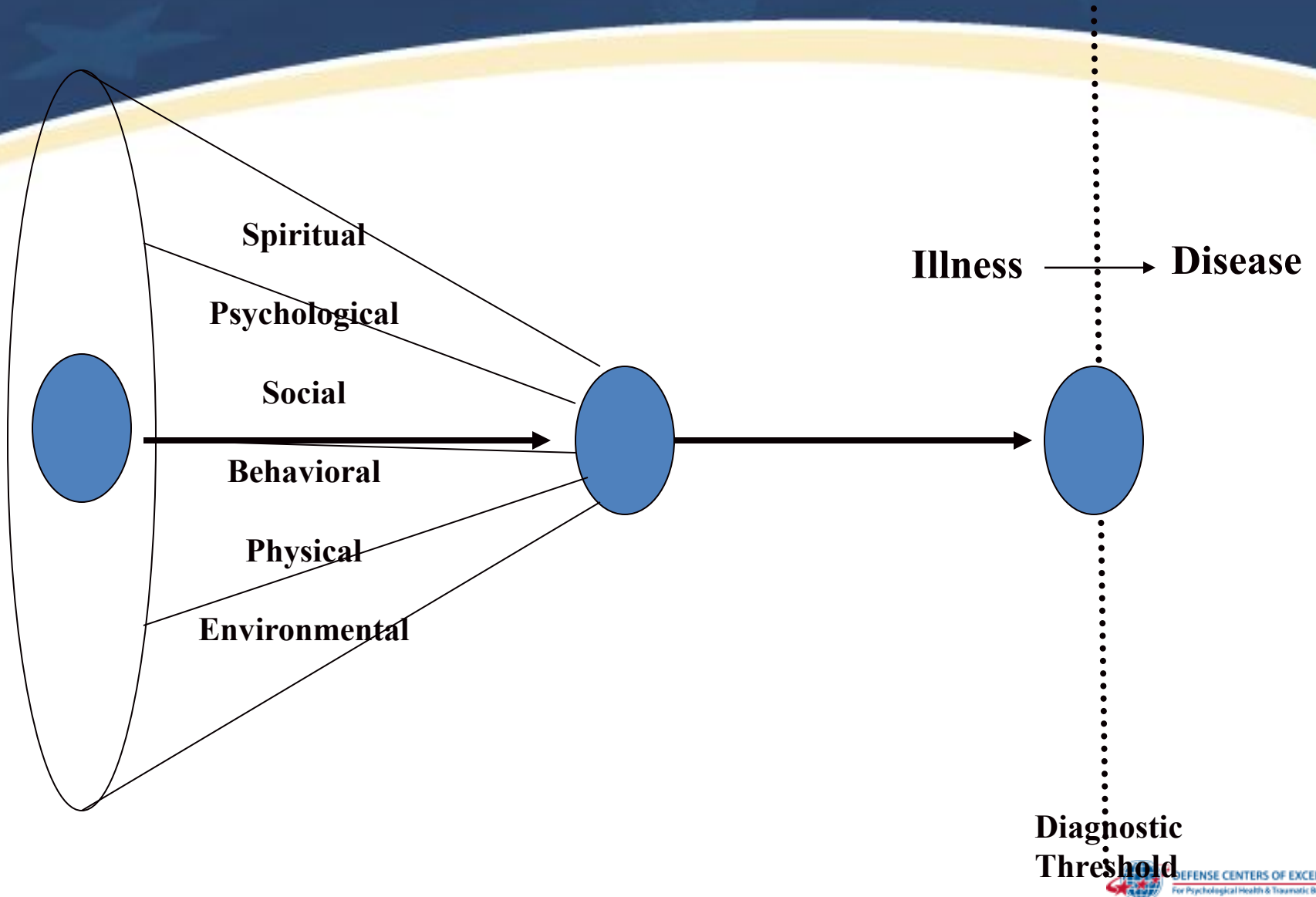
# DoD CAM Recommendations for Pain Management

Modality	Passive	Active
Acupuncture	Clinic based Acupuncture	Self directed acupressure
Yoga / Yoga Nidra	Facility based yoga classes	Self directed with video, exercising
Non-allopathic Chiropractic Care	Clinic based manipulations	Self-correcting exercises
Therapeutic Medical Massage	Clinic based treatments	Partner or self treatment
Biofeedback	Clinic based biofeedback techniques	Self directed biofeedback with video, heart rate variability monitors, meditative practices
Mind-body Therapies (Meditation, Mindfulness)	Facility based classes	Self directed
Movement therapy (Qi Gong, Tai Chi, Marital Arts)	Facility based classes	Self directed with video, exercising
Art Therapy	Facility based classes	Self expression through journaling, art, dance, etc.
Music Therapy	Facility based classes	Self directed with iPods, etc.
Aroma Therapy	Facility based treatment	Self directed
Cold Laser	Facility based treatments	N/A
Monochromatic Near Infrared Energy (MIRE) Treatments	Clinic based treatments	Self directed with MIRE personal equipment
Cranial Electrical Stimulation	Clinic based treatments	Self directed with CES personal equipment

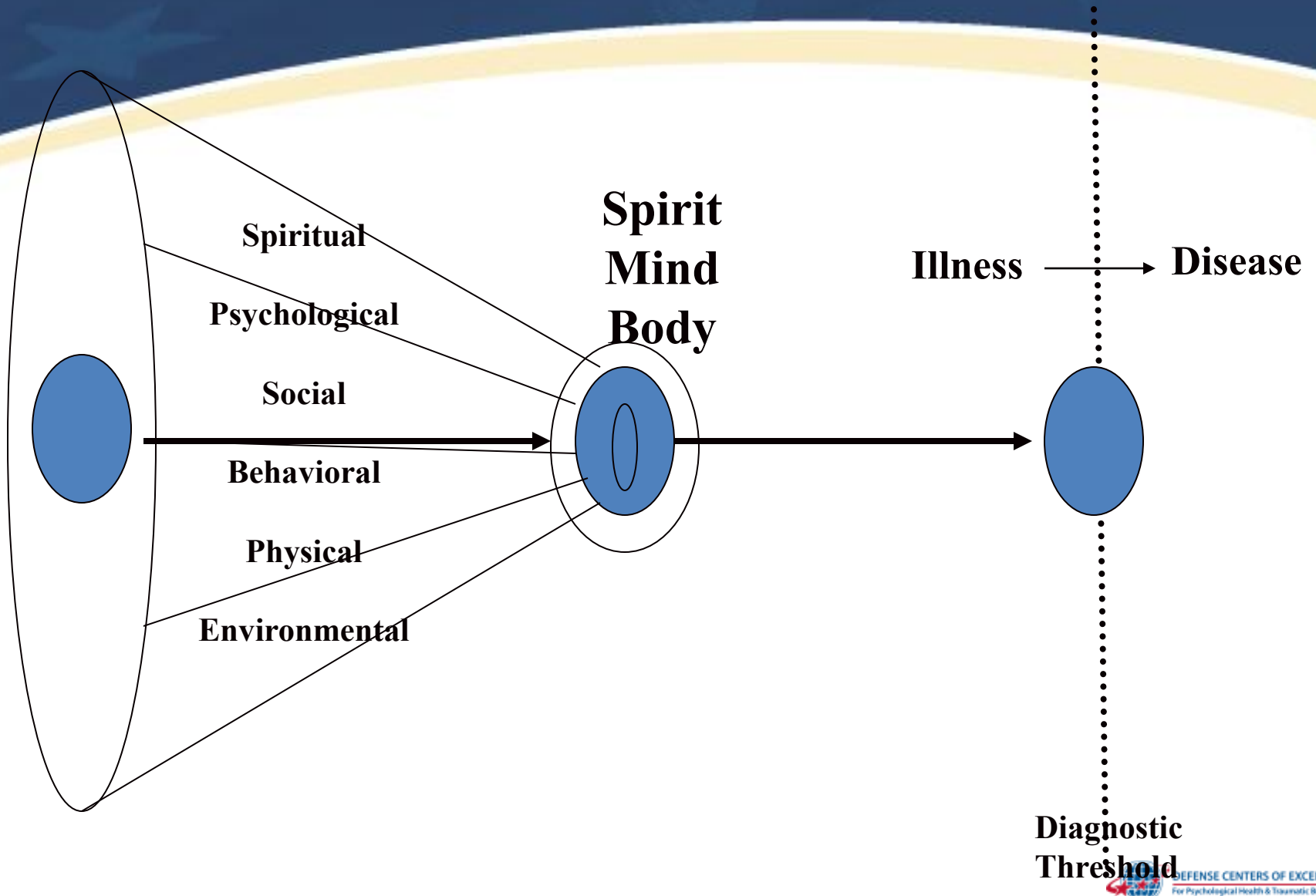
# Cure Model (Magic Bullet)



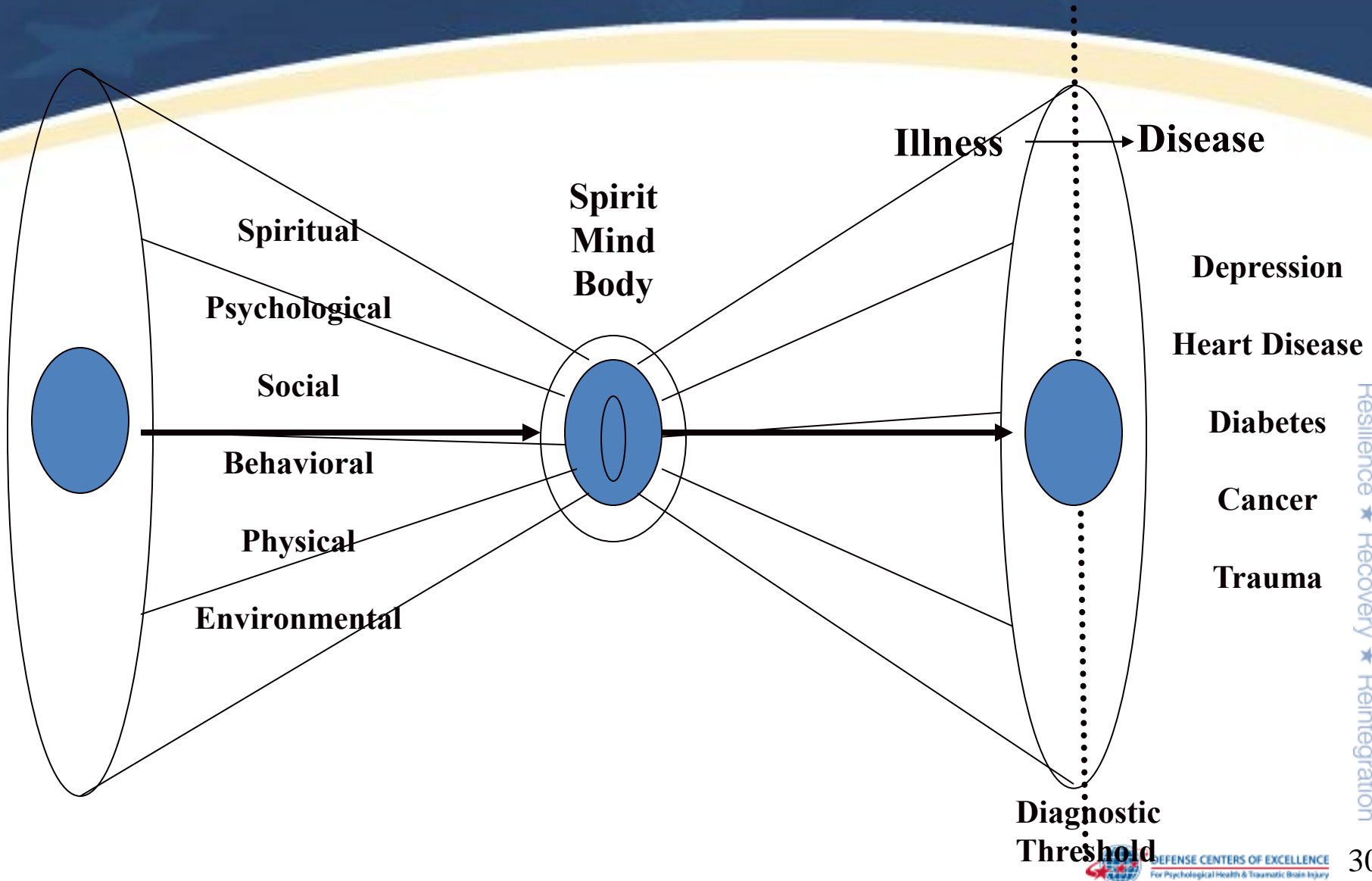
# Healing Model (Whole Person)



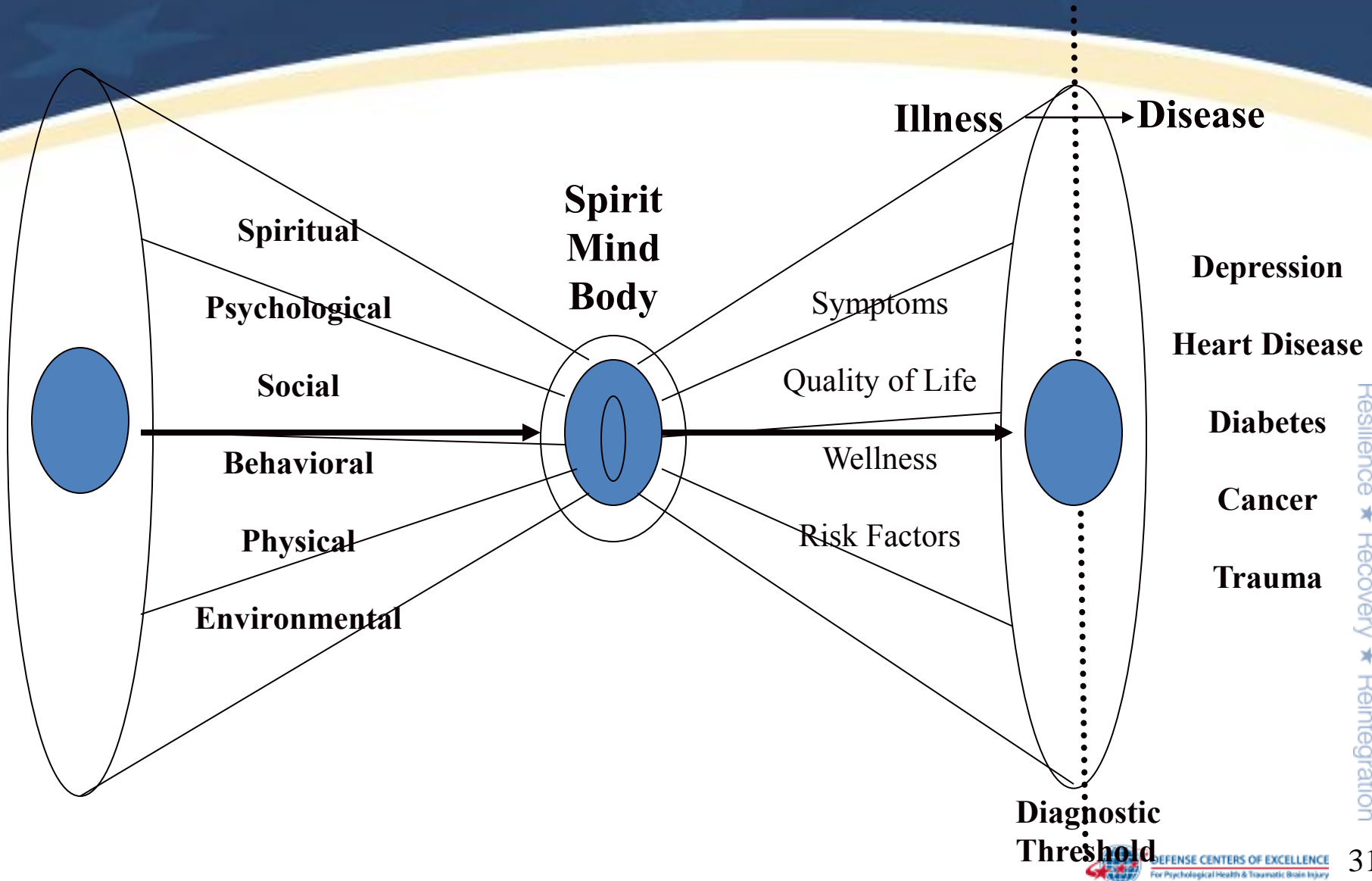
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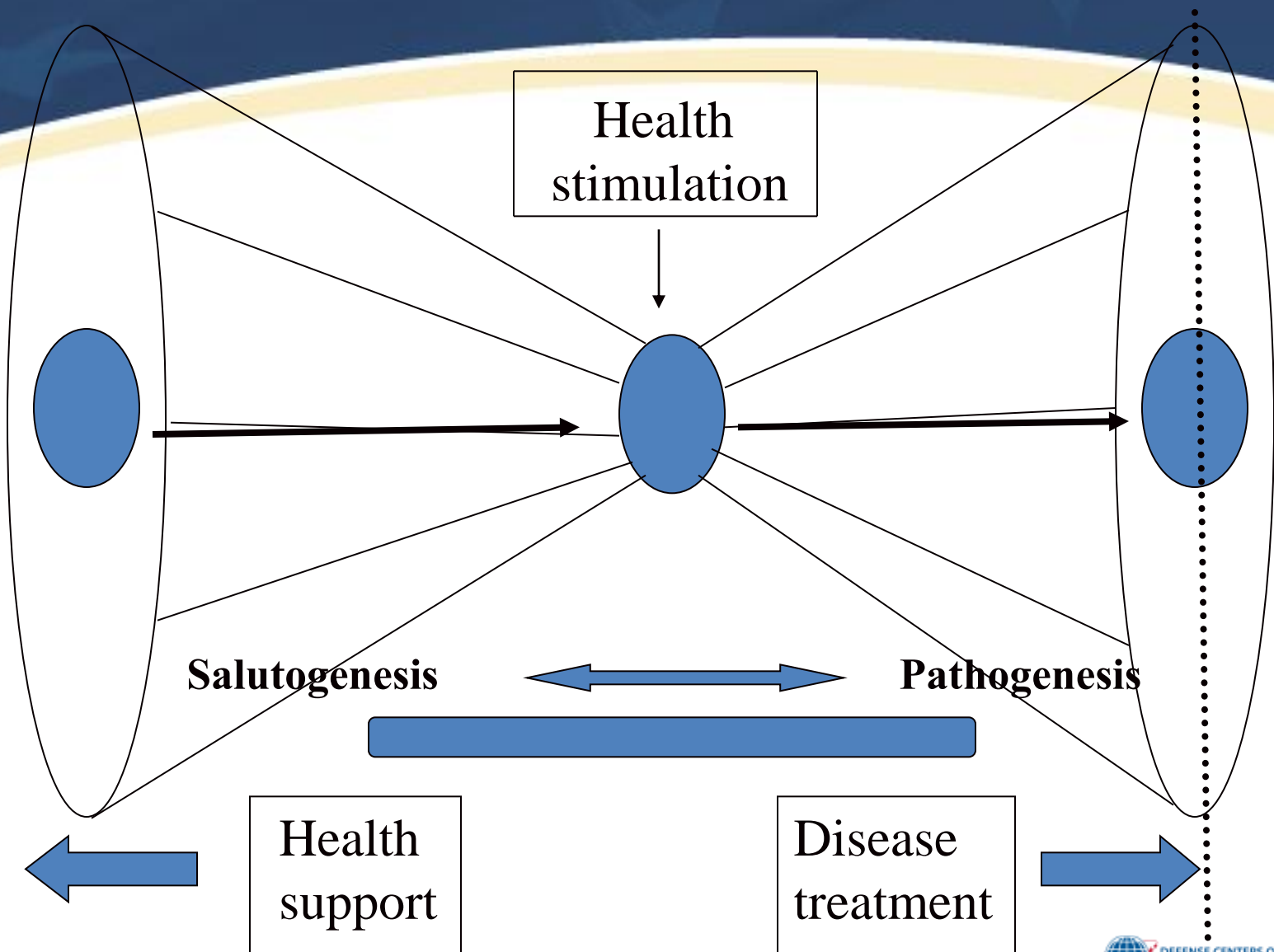
# Healing Model (Whole Person)



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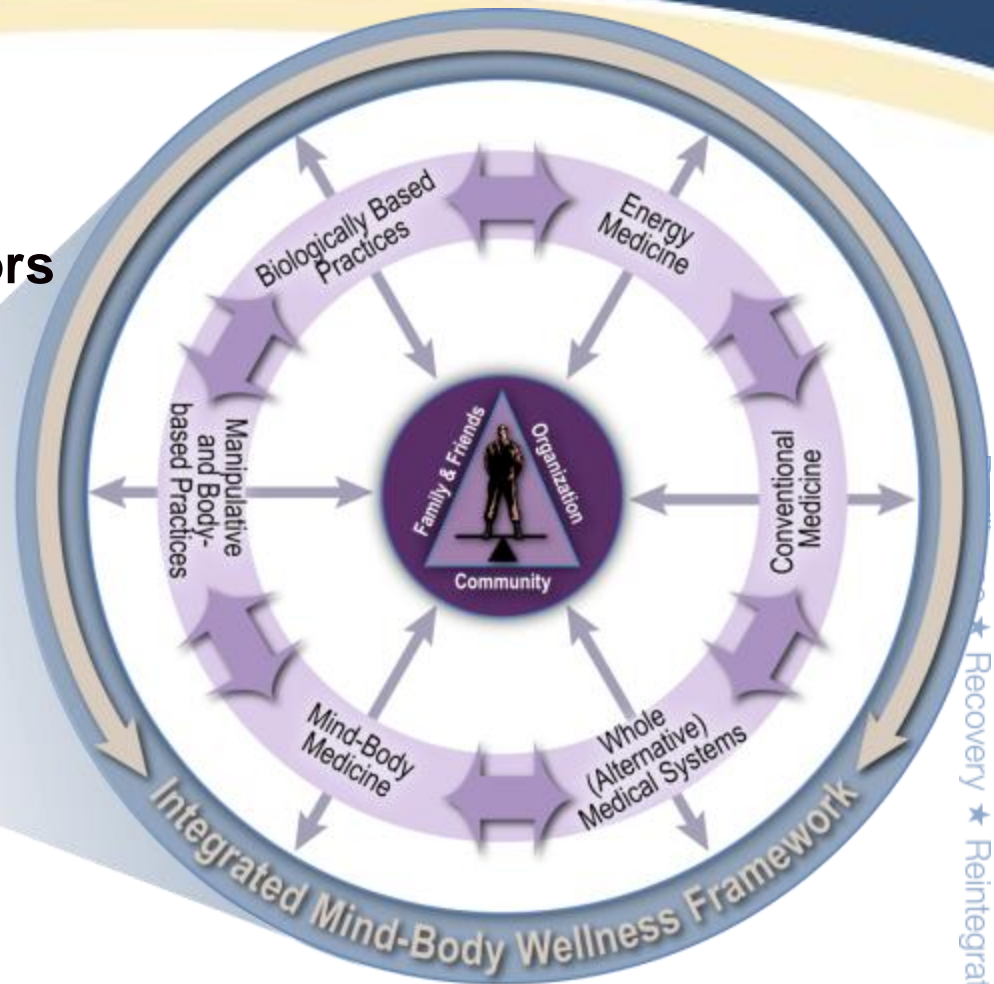
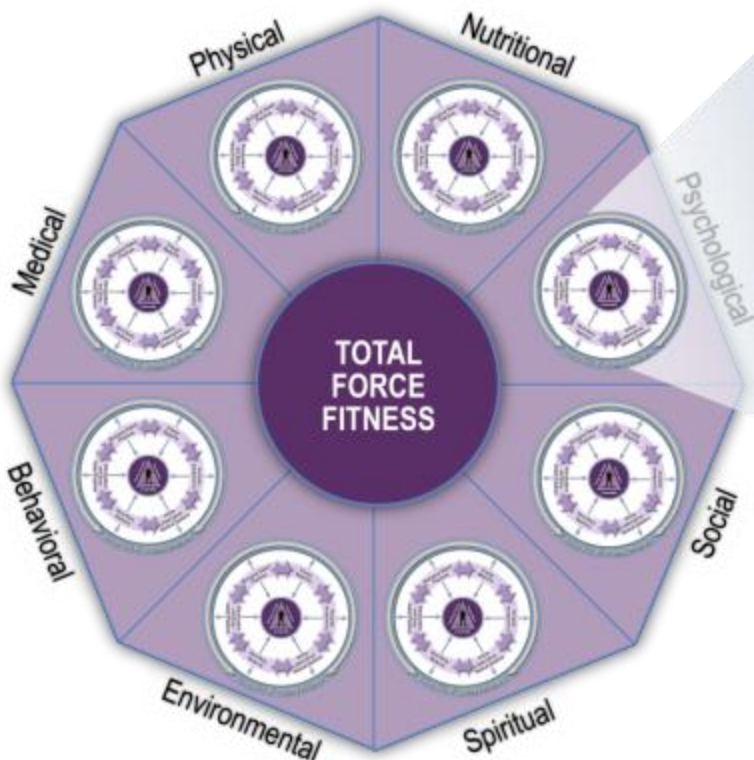
# The Place of Cure and Healing in Medicine



# Integrative Mind Body Health

Integrative Mind Body health  
optimizing

1. Psycho-neurological factors
2. Holistic approaches



# Integrative Mind-Body Health

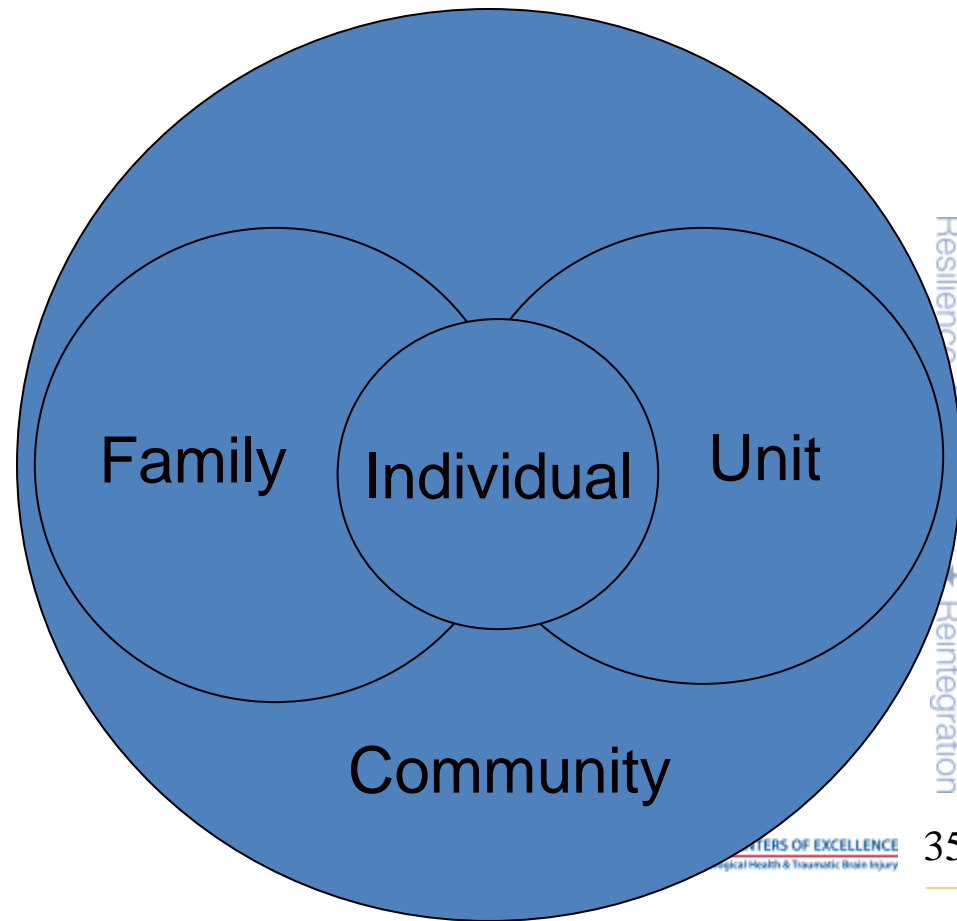


***Integrative Mind Body  
Health Skills  
For  
Managing Stress,  
Psychological Distress,  
and  
Optimizing Human  
Performance***

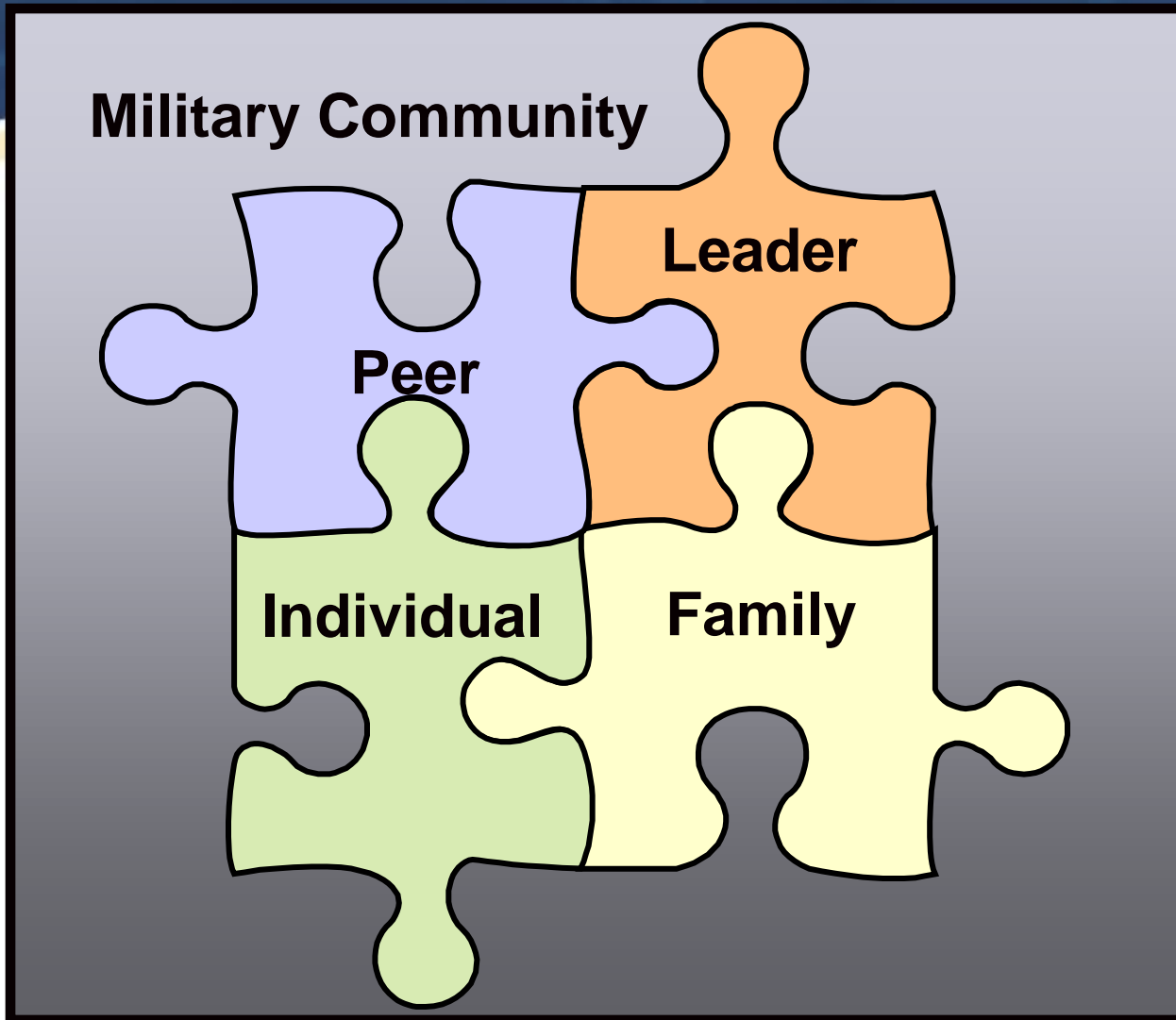
# Social and Community Fitness

- Recognizes critical role of relationships/social support

- Considerations:
- Individuals exist within multiple social systems
- Social relations can be resources and/or demands



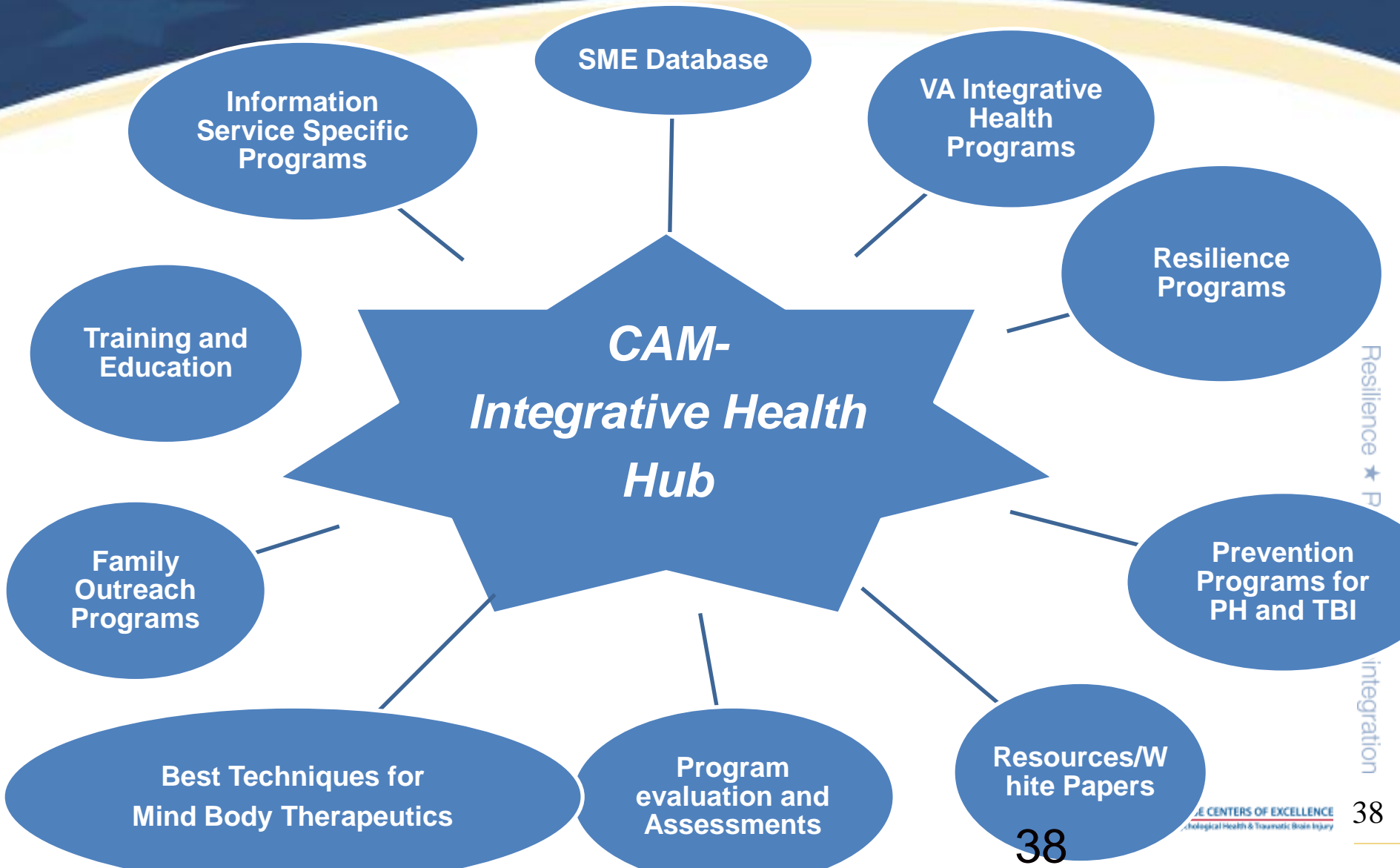
# Optimal Military Social Support



# Integrative Health



# Creating a Hub CAM -- Integrative Health for PH & TBI

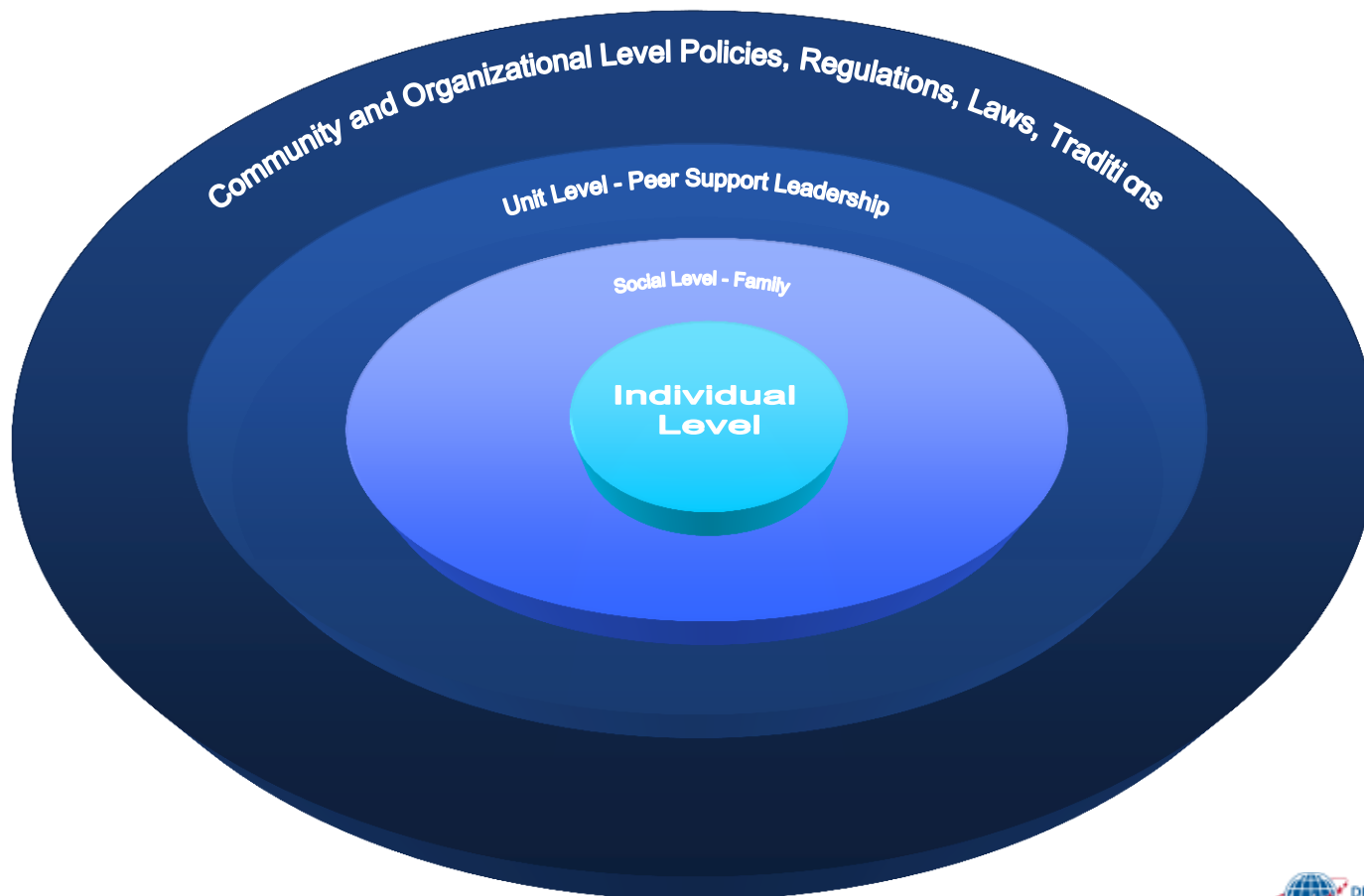


Resilience ★ P

integration

# Levels of Community Resilience

**CAM-> Integrative Medicine-> Integrative Health**



# Integrative Mind-Body Health

## “Take Aways”

- 1. By embracing a more holistic and integrative health approach to health care, DOD-VA can create a culture that addresses health from a prevention, treatment, and maintenance perspective.**
- 2. Training, work, and community outreach environments can provide the necessary skills, services, and practices needed to achieve physical, psychological, and community fitness of the Total Force in order to sustain optimal well-being and performance under any conditions.**
- 3. Shift to this integrated health approach will require support across all levels of leadership.**

# Resources & References

## DCoE CAM-Integrative Health and Wellness Website

<http://www.dcoe.health.mil/ForHealthPros/IntegrativeHealthWellness.aspx>

1. [Measures of Autonomic Nervous System Regulation](#)
2. [Worksite Health Promotion: Wellness in the Workplace](#)
3. [Leveraging Technology for Psychological Health and Traumatic Brain Injury](#)
4. [Mind-Body Skills for Regulating the Autonomic Nervous System](#)
5. [Identification of Best Practices in Peer Support: White Paper](#)
6. [Review of Well-Being in the Context of Suicide Prevention and Resilience](#)
7. [CAM Therapies for PTSD and Acute Stress Disorders \(under review\)](#)

## NIH – National Center for Complementary and Alternative Medicine

<http://nccam.nih.gov/>

### REFERENCES:

- Agaibi, C.E., Wilson, J.P. (2005). *Trauma, PTSD, and Resilience. A review of the literature.* *Trauma, Violence, & Abuse*, 6 (3), 195-216.
- Allen, N.B., Blashki, G., Gullone, E. (2006). Mindfulness-based psychotherapies: A review of conceptual foundations, empirical evidence and practical considerations. *Australian and New Zealand Journal of Psychiatry*, 40, 386-393.
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- Arch, J. J., & Craske, M. G. (2006). Mechanisms of mindfulness: Emotion regulation following a focused breathing induction. *Behaviour Research and Therapy*, 44, 1849-1858.
- Bacci, I. & Richman, M. (n.d.). Breathing and movement awareness are keys to regaining health. Retrieved from <http://www.meridianhg.com/inhale.html>
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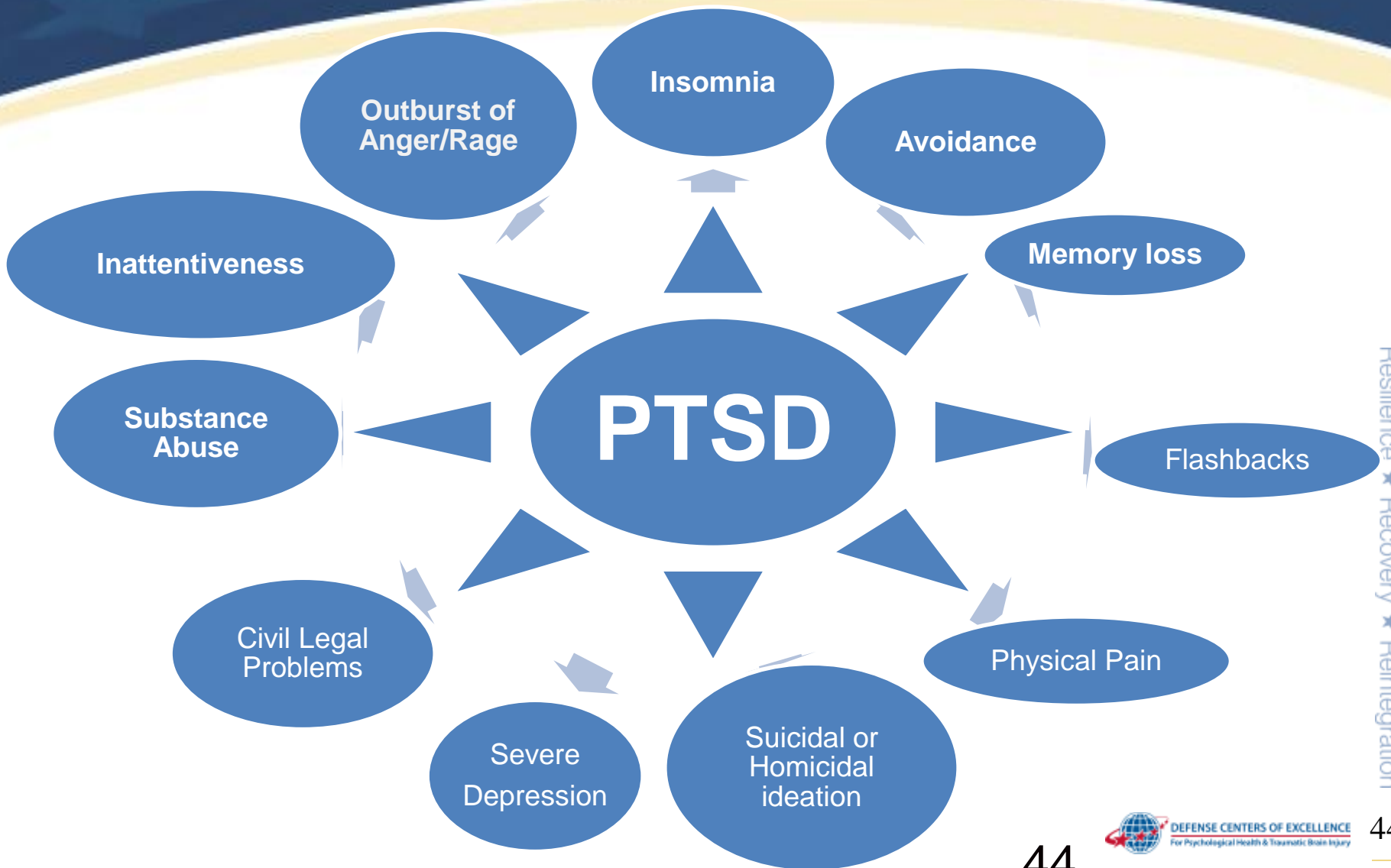
# Guest Speakers

- 1. *Integrated/Integrative Approaches to Post-Deployment Care* – Stephen Hunt MD**
- 2. *The Therapeutic Use of Canines in Medicine and Psychiatry* – by Elspeth Cameron Ritchie MD, MPH**
- 3. *Yoga and Yoga Nidra Meditation: at the Deployment Health Clinical Center's Specialized Care Program* – by Robin Carnes MBA, E-RYT 500**



# BACK UP SLIDES





# Leads to Behavioral Concerns Impact

## BEHAVIORAL OUTCOMES

Interpersonal Violence  
Suicides  
Homicides

Sexual Assault  
Civil Illegal Violations  
Substance Abuse

**IMPACT**



# Statistics of Psychological Health

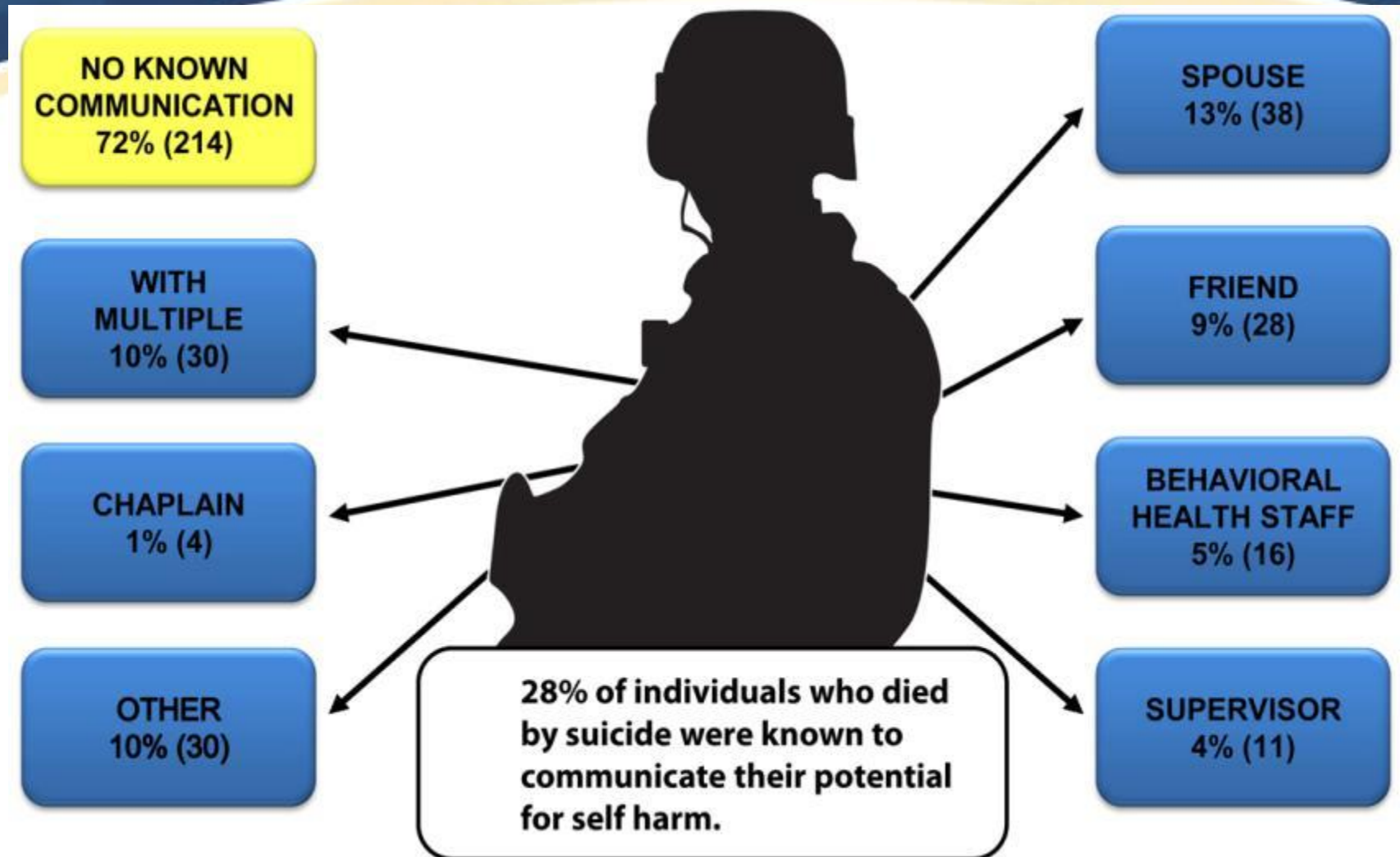
- 2+ million deployed
  - ~300,000 cases of psychological health/blast related concussion (PH/BC)
  - ~30,000 new cases/year of PH/BC
  - ~720,000 affected family members

Table 2.1 2009 AFMES CONFIRMED AND PENDING SUICIDES AND DoDSERs SUBMITTED

	Total <u>DoDSERs</u> Received	Total AFMES Confirmed and Pending Suicides	AFMES Confirmed Suicides (as of 31 JAN 2010)	<u>DoDSER</u> Submission Compliance	Additional <u>DoDSERs</u> Pending AFMES Confirmation
AIR FORCE	46	46	43	43 (100%)	3
ARMY	153	164	161	153 (95%)	0
MARINE CORPS	52	52	50	50 (100%)	2
NAVY	46	47	45	45 (100%)	1
Total DoD	297	309	299	291 (97%)	6

Note: Data from 1/1/2009 through 12/31/2009 as of 4/1/2010

# Suicide Rates



# Suicide – BH Disorders & Location

## Behavioral Health Disorders

Figure 2.4 shows the behavioral health disorders reported for decedents in 2009.

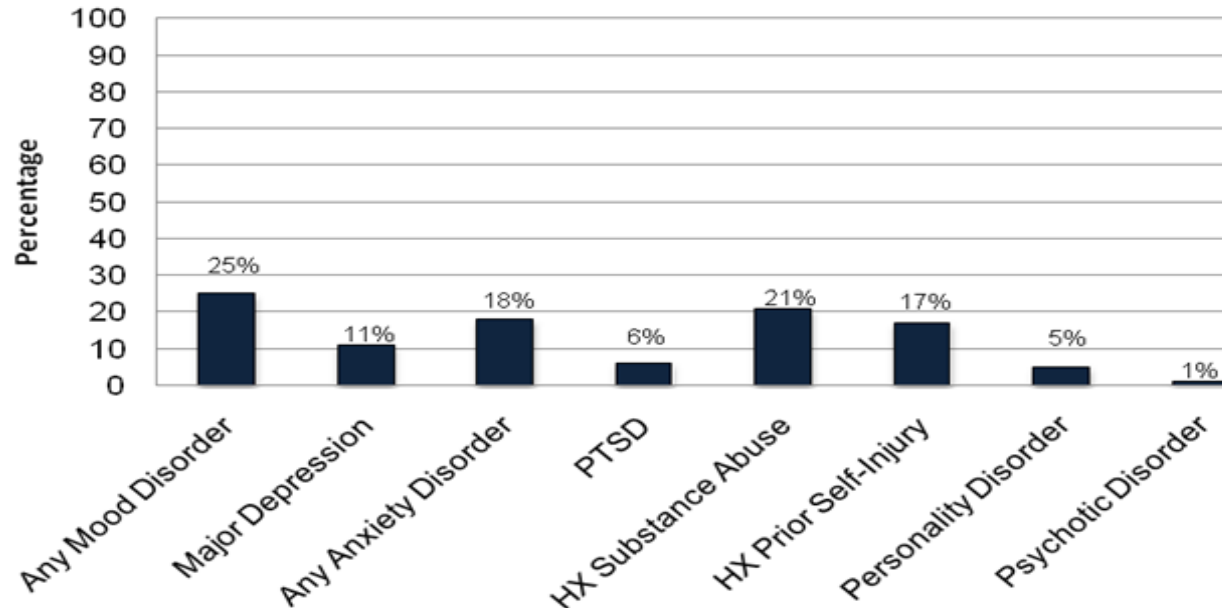


Table 3.1 2009 and 2008 SUICIDES IN OEF/OIF AND NON-OEF/OIF EVENTS

		2009		2008	
		Count	Percent	Count	Percent
COMPLETED SUICIDE	Event occurred in OEF/OIF	43	14%	41	15%
	Event occurred in other location	266	86%	225	85%