The Program on Integrative Medicine: an Overview

By Susan Gaylord, PhD
Director, UNC Program on Integrative Medicine

The Program on Integrative Medicine’s mission is to enhance the public’s health and to improve effectiveness and safety of health care through the appropriate integration of complementary and alternative medicine (CAM) with mainstream health care. Areas of emphasis include research, education, clinical practice, and community collaboration. PIM serves UNC faculty, staff, students, and health professionals and the public throughout the state.

The Program on Integrative Medicine views health and healing in the broadest sense, involving body, mind, and spirit, as well as environment, society, and health policy. Fundamental to the Program’s perspective is the belief that good health care requires:
1) respect for patients and their world views, including appreciation of the philosophies, health beliefs, and behaviors associated with alternative approaches to care;
2) open and critical exploration of the evidence for efficacy and modes of action of CAM therapies, as well as for their effective integration with mainstream medicine;
3) access to and skill in application of therapeutic systems that promote true health and healing; and
4) appreciation for the value of culturally relevant, interdisciplinary communication in integrating appropriate CAM and conventional therapies.

PIM is based administratively in the Department of Physical Medicine and Rehabilitation (PM&R); its core funding originated with the UNC Division of Health Affairs in 1998. Staff includes the program coordinator, Rebecca Goble; the Director of Clinical Services, Douglas Mann, MD, professor in the Department of Neurology; and the Coordinator of Research Services, Kim Faurot, PA, MPH. Many other key staff and associates contribute to PIM’s success.

EDUCATIONAL ACTIVITIES

The Program has implemented a curriculum in complementary and alternative medicine (CAM) and integrative medicine for health professions, including an interdisciplinary survey course for students and faculty from all UNC health sciences schools (now in its 14th year); and a field-work elective for fourth-year medical students, providing in-depth observation of specific CAM diagnostic techniques and therapeutic applications in practice settings.

Since 1999, UNC-PIM has sponsored health-professional conferences on herbal medicine and integrative health care, providing a meeting ground for both conventionally trained and CAM health care providers throughout the State.

Through a five-year, $1.6 million grant from the NIH National Center on Complementary and Alternative Medicine, UNC-PIM has developed, implemented, and evaluated evidence-based educational materials, courses, conferences, and seminars on a range of CAM topics for health profession learners at UNC and in the NC Area Health Education Centers (AHEC) network. Topics include herbal medicine, nutritional supplements, mind-body and bodywork therapies, energy-based therapies, and research methods.

CAM RESEARCH FELLOWSHIP PROGRAM

Recently, PIM launched a T-32 CAM Research Fellowship Program, which now has three post-doctoral fellows and one pre-doctoral fellow.

Other educational offerings include web-based information, and professional and public seminars, including presentations throughout the state through the Area Health Education Center (AHEC) Program. All educational efforts highlight patient centered care; evidence of efficacy and mechanism of action; theoretical and philosophical bases of CAM systems; knowledge of CAM providers; communication skills; interdisciplinary collaboration; and experiential learning.

RESEARCH ACTIVITIES

The research mission emphasizes efficacy, mechanisms of action, and effectiveness of CAM therapies and their integration with mainstream care. NIH-sponsored research in CAM at UNC has included the following:

• An international planning grant with Korean investigators in the use of Korean Oriental Medicine in Parkinson’s disease; stroke; neurogeneraldysfunction; and acupuncture in migraine (NIH funded).

• The use of alpha-lipoic acid in painful HIV-related neuropathy (NIH funded).

• Craniosacral therapy vs. magnet therapy for migraine headache.

• Mindfulness vs. support group for irritable bowel syndrome.

Other studies include:

• A study of teaching hand and foot massage to nursing staff and in turn to patients’ relatives for use with hospitalized patients (funded by The Press Ganey Association).

• A recent successfully completed Blue Cross Blue Shield Foundation grant involved a community needs assessment for an Integrative Diabetes Management Program in a rural underserved NC population.

CLINICAL AND WELLNESS ACTIVITIES

The Integrative Medicine Consult Service, directed by Doug Mann, MD, offers consultation for any patient seen in the UNC Health Care System. This service emphasizes holistic, patient-centered healing designed to stimulate the individual’s self-healing capacities, excellence in patient-provider communication, and integration of CAM and conventional care. Participant feedback and reviews of medical records document a high degree of patient satisfaction and positive outcomes, with approximately 50 percent of patients seen having a cancer diagnosis. Both clinic and consult service serve as educational sites for UNC students and staff.

The Mindfulness-Based Stress and Pain Management Program, sponsored by UNC-PIM since 2000, offers an eight-week course modeled on the Mindfulness-Based Stress Reduction Program at the UMass Medical Center. Held several times each year, the courses’ participants include faculty, employees, patients, students and others.

The Mind-body Skills Program has recently been implemented at UNC, and is based on the program developed by the Center for Mind-body Medicine. Dr. Vera Moura leads the development of this program at UNC.

COMMUNITY COLLABORATION

Accomplishing the Program’s mission is only possible by collaboration with many individuals and organizations. In particular, PIM is grateful for the wealth of knowledge and experience in CAM and integrative practice available in North Carolina. UNC-PIM partners with many local CAM practitioners in educating mainstream health professionals about CAM and integrative medicine.

Collaborations include:

• Collaboration with NC State University and the NC Consortium on Natural Medicines and Public Health led to an NC Gold- enLEAF Foundation grant for a project entitled “Developing a Sustainable Medicinal Herbs Market for North Carolina.” This project involves growers, consumers, and health professionals about the farming, processing, safety, and effectiveness of herbal products grown in North Carolina. One outcome is the development and web-based dissemination of educational monographs on the safe use of specific medicinal herbal products. (see www.naturalmedicinesofnc.org).

• UNC-PIM is a member of the international Consortium for Academic Health Centers in Integrative Medicine, with members of PIM involved in research, education, and clinical efforts with other outstanding member programs. It also participates in the North Carolina Academic Alliance on Integrative Medicine, organized by Kathy Kemper, MD, at Wake Forest University, which has stimulated the development of research projects in CAM and integrative medicine in academic medical centers throughout the State.

• UNC-PIM collaborates actively with UNC Health Care Systems in implementing the nationally recognized and respected Planetree Program. This program focuses on patient-centered care and developing healing environments that enhance patient satisfaction and lead to improved outcomes. The Planetree philosophy acknowledges the value of many CAM therapies such as massage, pet visitation, and nutritional counseling. Community agencies and volunteers often find Planetree-affiliated practices to be willing partners in the healing process.

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For the past decade, UNC’s Program on Integrative Medicine (PIM) has been in the forefront in the Triangle, throughout the state, and nationally in advancing and implementing health care practices that blend the best that East and West health care experts have to offer.

We asked Dr. Susan Gaylord, assistant professor in UNC’s Department of Physical Medicine & Rehabilitation and director of the PIM program since its inception, to provide an overview of PIM’s mission and accomplishments. It is a primer in developing a major program that has increasing influence both within the UNC Health Care System and without.

A conversation with Dr. Douglas Mann, a neurologist who is PIM’s director of clinical services, suggests the influence of integrative medicine on his practice over time. A UNC professor of neurology, he has spent the past 30-plus years helping patients manage and overcome pain while developing ever-deepening relationships with integrative medicine approaches to health and healing.

Health & Healing: You play a key role in UNC’s integrated medicine program. How did that interest develop?

**DR. MANN:** At the end of my residency in neurology, I did a fellowship in clinical neurology, mainly focusing on headache, and a second two-year fellowship in neurochemistry before coming to UNC. My interest in integrative medicine came as a result of my work with headache patients.

At UNC, I became director of the Multidisciplinary Pain Program, and as a consequence I met a lot of people at the university who were dealing with patients suffering with chronic or recurrent pain. Among those people were a number who had an interest in hypnosis, as well as acupuncture and relaxation techniques.

A decade later, I was mostly seeing patients with chronic pain, low-back pain—all kinds of pain—and I was primarily using pharmacological methods and physical therapy to treat those patients. I got interested in neurolinguistic programming (NLP) and did a two-year training program locally with Alan Konell, followed by intensive training with the American Society of Clinical Hypnosis. This work changed my medical practice significantly.

I became very interested in how people formulate their sense of their own futures and what was going on in the present, and how the past had affected them. A lot of NLP principles were, I think, put into my practice at this time.

In the late 1990s, I became acquainted with the program in integrated medicine here as well—which tremendously expanded my view of the integrated medicine practitioners in the community: acupuncture, homeopathy, naturopathy, and many other specialties. I became increasingly more formally involved with the PIM program, helping to develop different aspects of our offerings.

It would be fair to say that limited success with pharmacologic agents in my work with patients in pain led me to explore and finally embrace many different aspects of alternative and integrative medical care.

PM&R DEPARTMENT OFFERS ACUPUNCTURE AND RESEARCH

Dr. Jongbae Park deserveably speaks with authority about acupuncture. While still a young man, he has gained international recognition for his research work on the efficacy of acupuncture for treating various illnesses and disorders. He came to UNC last year as an assistant professor in the Department of Physical Medicine and Rehabilitation, and provides clinical treatment in the Department’s acupuncture clinic, along with Dr. Paul Thananopavarn.

Dr. Park earned an MA and a PhD in Korean medicine, and a medical degree from Kyung Hee University in his native Seoul, Korea, and a PhD in clinical medical sciences from the University of Exeter, UK.

Before joining UNC in 2007, in England he was a research professor at the Institute of East & West Medicine, under the auspices of the World Health Organization, moved on to become an instructor in medicine at Beth Israel-Deaconess Medical Center, Harvard Medical School, and was a visiting faculty member at the University of Ulster, in Northern Ireland, UK, a year later.

While Dr. Park is a gifted acupuncture clinician, his passion is research of the efficacy of acupuncture in the treatment of a variety of health disorders.

Health & Healing: Where is your research centered at the present time?

**DR. PARK:** Right now, I’m engaged in researching the effects of acupuncture and other modalities joining together in the treatment of lower back pain. It is a two-year study, funded by a foundation based in Korea.

Another key part of my research is developing and refining control methods for conducting acupuncture research. I have developed a sham control method that has been validated and is now used by many acupuncture researchers worldwide in testing the effective use of acupuncture. I am now refining how we can interpret the outcomes from those sham control trials in comparison with other trials using placebo controls.

Quite understandably, people tend to think of acupuncture only as an effective tool for pain management, and it is most commonly used in the west for that purpose. However, it is also true that acupuncture has been used under much wider conditions than simply pain management in Asian countries including China, Korea, Japan, Vietnam, and other countries.

The research has been done in the west for the last 10 to 20 years. We have large, extensive studies that establish the clinical effectiveness of acupuncture for the treatment of neck, knee, and back pain, headache to some degree, and nausea. Huge trials have shown that acupuncture is effective in comparison with usual care or no treatment all for these conditions.

One of the huge benefits of acupuncture is the minimal risk of side effects that are common with pharmacological agents. Acupuncture is just acupuncture, and when you take the needle out, your body works in its own way. Acupuncture doesn’t create a cascade of adverse effects.

Secondarily, I would certainly diagnose and consult with patients who have hot flashes and other conditions such as irritable bowel syndrome or insomnia—or other conditions recommended by the NIH or WHO—where in many instances acupuncture may prove to be an effective treatment.