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More – and more diverse – studies needed to unlock integrative medicine’s potential

Unconventional medical practices like acupuncture, massage, meditation, yoga and even energy-restoring reiki are becoming increasingly mainstream

By JUDY STRINGER

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Dr. Francoise Adan, left, and Dr. Amanda Shallcross

Not so long ago, had dentists suggest acupuncture for managing pain after jaw surgery or had cardiologists prescribed meditation to lower blood pressure, one might have been skeptic.

Times have changed, however, and unconventional medical practices like acupuncture, massage, meditation, yoga and even energy-restoring reiki are becoming increasingly mainstream.

“The statistics show that at this point a lot of people are using some form of what we used to call ‘alternative’ or ‘complimentary’ medicine,” said Dr. Francoise Adan, chief whole health and well-being officer for University Hospitals. “Patients are demanding it.”

Adan added that many physicians, like herself, are happy to come along for the ride amid a growing body of research touting the benefits of these atypical interventions. In fact, she said, the National Institute of Health has a branch called the National Center for Complementary and Alternative Medicine focused solely on this area of treatment and study.

“This is not voodoo medicine,” stated Adan, who heads up UH Connor Whole Health at Ahuja Medical Center. “This is evidence-based medicine.”

But not all integrative therapies – as they are known today – have been scientifically proven to be safe or to work. Nor are the benefits of proven therapies being felt equally.

Dr. Amanda Shallcross, a licensed naturopathic doctor and director of the Center for Research and Training in Cleveland Clinic’s Department of Wellness and Preventive Medicine joined Adan in breaking down some critical questions surrounding this compelling medical field.

What is integrative medicine?

Complementary, alternative, holistic, traditional – with so many names, it’s not surprising there is so much confusion around what integrative medicine is.

Broadly speaking, Shallcross explained, integrative medicine encompasses approaches that are complementary to and that can happen alongside more conventional standards of care.

“So, a good way to think of it is that it’s something that is not used instead of some more conventional treatment but that’s integrated into and or complementary to that [treatment],” she said.

Adan stressed that the field is far from new. Many of these tools, such as acupuncture, meditation and probiotics, have roots in Eastern healing practices that have been around for millennia. What’s new is how those storied remedies are being integrated into clinical practices across the country.

“Integrative medicine is not either/or,” Adan said. “It’s putting it all together. It’s ordering acupuncture after joint replacement or it’s providing guided meditation during infusion chemotherapy.”

Does it work?

The short answer is “yes” and “maybe.”

Given the large number of interventions that fall under the integrative umbrella – ranging from dietary supplements and psychotherapy to tai chi and magnetic stimulation

– there’s still years and years of studies needed to understand which approaches are effective.

What “works” today, therefore, is really on a case-by-case basis.

Shallcross said mindfulness-based therapies, for one, have decades of rigorous clinical trial evidence supporting effectiveness in stress relief and treating fatigue, depression and anxiety.

“More recent studies have looked at mindfulness in the treatment of pretty severe PTSD and seen good outcomes,” she said. “I don’t know anything about Reiki, but my sense is that that may be one [of these modalities where] there isn’t nearly as much evidence.”

Integrative practices are also well established in treating pain, according to Adan, an area of research driven primarily by the need to find “non-pharmacological” alternatives to opioid medications.

“So, for example, acupuncture, chiropractic care, yoga and meditation are great first-line treatments for people with pain,” she said.

That said, much of the research to date – even in these well-established interventions – is skewed toward white Americans. Shallcross said researchers like her are focused on developing clinical studies that are more “culturally adapted” to communities of color, who are “naturally, often mistrustful of the health care system.”

“Can I say with confidence that mindfulness-based cognitive therapy, which is the intervention that I studied primarily, is as effective in a community of African American individuals in Cleveland as it is for a less diverse patient sample in another part of the country or even in Cleveland? I don’t know because that study has not been done,” she said.

Who benefits?

To be blunt, the answer to this final question is “white and middle- and upper-income patients.”

Because only a fraction of integrative therapies are currently covered by insurance, these medical practices tend to be reserved for people who can afford to pay out of pocket. Adan noted, however, providers are seeing some advances when it comes to reimbursement.

“Even Medicaid in Ohio is covering acupuncture costs for certain indications,” she noted, “and a lot of private insurers cover it.”

Both doctors said the onus is on the medical community to gather evidence supporting the effectiveness and affordability of complementary interventions, “modality-by-modality,” and convince insurers that coverage is good business.

But extending access goes beyond insurance. Adan said another change underway “intended to right the ship” is a sort of “train-the-trainer” mentality. By better educating young physicians in areas like diet and nutrition, which are were only briefly addressed in traditional medical programs, front-line clinics in a community health center, for example, would be more equipped to share that basic knowledge with patients in the neighborhoods they serve.

“We know the importance of how food is impacting our health especially when it comes to some of these pervasive chronic diseases that are having a disproportionate and devastating impact on people of color,” she said.

Properly prepared primary providers could even train patients in self-massage techniques or meditation, according to Adan.

“We are not talking about duplicating a specialist,” she said, “but having some basic knowledge and ability to talk in a minimal, productive way with all patients about that intervention.”