THE PATH AHEAD

Twenty-first Century Medicine
Joseph Pizzorno, ND, Editor in Chief

When I wrote the professional/trade book reviews in my last editorial, I decided to delay the mention of a particular white paper until this issue as I wanted to give it more space. Over the past years, many of us have given considerable thought as to how we can develop a healthcare system that works a lot better than our current one and that will also incorporate the many important concepts we address in this journal. Fortunately, some of us write down these thoughts. David Jones, MD, president of The Institute for Functional Medicine (IFM); Laurie Hoffman, MPH; and Sheila Quinn, a former IFM employee and cofounder of Bastyr University; have written a marvelous monograph, 21st Century Medicine: A New Model for Medical Education and Practice. This 137-page white paper, published by The Institute for Functional Medicine in spring 2009, deeply considers the causes behind the strengths and failings found in our current healthcare system and makes thoughtful recommendations about how the functional medicine paradigm would solve many of the problems. It is available for free download at www.functionalmedicine.org.

Figure 1. Common Themes and Key Concepts Among Emerging Models in Medical Education and Clinical Practice
Reprinted with permission from The Institute for Functional Medicine.1
I think their description of the emerging paradigms in medicine (see figure below) is insightful and very useful, as is their analysis of each paradigm’s strengths and weaknesses.

Of this 5-chapter book, perhaps the most interesting is chapter 4, “The Clinician’s Dilemma.” It deals with such challenging topics as

• uncertainty in decision making when viewed from the complexity of clinical practice, where, every day, we face the reality of the web-like, chaotic, nonlinear, and intricate nature of life;

• the tyranny of evidence-based medicine and randomized clinical trials forcing us to treat the statistical mean rather than the real person and then leaving us wondering why our particular unique patient did not get the expected results;

• how to become science users rather than being used by the science as approved by “experts;”

• ways to go from disease-centered to patient-centered care; and

• steps to create healing partnerships with patients rather than hierarchical authoritarian depersonalizations.

Strengths:

1. Chapters 1 to 3 make a very strong and compelling case for the causes of the healthcare system crisis.
2. There is excellent discussion on the strengths and weaknesses of evidence-based medicine.
3. The functional medicine model and matrix are clearly described.
4. The efforts to bring in thinking from diverse areas of study (eg, models of mind function) is interesting and enhances the manuscript.
5. The large number of references is important and impressive.
6. The sidebars are effective.

Weaknesses:

1. The growing body of data that documents both the increasing toxicity of the environment and the accelerating incidence of nutritional deficiencies across the population as fundamental causes of ill health were not addressed. The problem is not only the healthcare system being stuck in the acute care paradigm but also that the causes of chronic disease have increased. I could cite many examples of these causes, such as the 20% to 77% drop in the levels of essential trace minerals in food in the past 50 years.$^2$
2. While probably an unrealistic expectation, it would also be nice to have addressed the growing research on the transgenerational effects of epigenetic modifications.
3. As the cliché goes, “The victors write the history books.” I would like to have seen more quotes from the pioneers—both MD and non-MD—who with great courage bucked the mainstream and laid the foundation for this new medicine.
4. There could have been a stronger thread/concept making a story and uniting the concepts, such as found in the Foundations of Naturopathic Medicine Textbook (of which I am a senior editor), currently being written, where the vis medicatrix naturae (the healing power of nature/the innate tendency toward healing) forms a strong conceptual framework upon which all else is built.

5. I was disappointed that IMCJ Associate Editor Sid Baker, MD’s, “2-Tack Rule” was not included in Chapter 5. Sid’s observation that, when a person is sitting on 2 tacks, removing 1 does not result in a 50% decrease in pain, is an important concept that I hope will be addressed in later editions.

I hope 21st Century Medicine will be a catalyst for the rejuvenation of our failing healthcare system. It is a very important resource for all of us trying to better understand this medicine, our complex patients, and the educational and public affairs changes that are needed to make it successful.

In This Issue

Sadly, in this issue we feature a eulogy to Abram Hoffer, MD, PhD, RNCP. The great Canadian catalyst and mentor in orthomolecular nutrition-based psychiatry died in May at the age of 92. It was 4 decades ago when the psychiatric world read of Hoffer’s landmark research using a nutritional approach. This article recounts the trials, tribulations, joys, and successes Hoffer experienced, as told from the voice of a long-time acquaintance. A poignant sidebar includes numerous quotes from patients and peers alike whose lives Hoffer affected. While his wisdom enriched many clinicians and patients all over the world, those of us in the Northwest were especially blessed with many opportunities to be inspired by him. I will miss his kindness and elegance.

Chronic Disease

Chronic disease accounts for 70% of annualized US healthcare costs, mostly due to continual hospital admissions for acute exacerbations or comorbidities of underlying chronic disease. Clearly, our current model of curative medicine is failing and not fiscally sustainable. We need an affordable, scientifically based model to bridge to an acceptable new medical paradigm—for doctors, patients, and the nation. This issue of IMCJ takes a look at some possible solutions, starting with my review above of 21st Century Medicine.

With healthcare reform the topic of the day, we are fortunate to have spokespersons talking with congress about the real changes necessary. One of our most articulate is Jeffrey Bland, PhD. In this issue we print his presentation, “Reforming the United States Healthcare System: Implementing an Effective Approach to Chronic Disease.” Jeff examines the need to develop reimbursement procedures for functional interventions such as integrative assessment, patient education, and whole-body therapies that can reduce the burden of chronic disease. I invite all IMCJ readers to send us their recommendations to Congress, and we will print the best as space permits.
I am very excited to have in this issue “Nutrigenomics: The Potential to Optimize Chronic Disease With SNP-Based Dietary Recommendations,” by Lara Pizzorno, MA, MDiv, LMT. Nutrigenomics is the study of the bidirectional interactions between nutrients and genes, and this fascinating area of new research will have a profound impact on our practices. In the individual, diet/nutrient–gene interactions are significantly impacted by common DNA sequence variations called single nucleotide polymorphisms (SNPs), resulting in altered metabolism of, and altered dietary requirements for, nutrients. This article examines several SNPs with well-documented effects on nutrient requirements including folate, riboflavin, vitamin B₆, vitamin D, choline, and S-adenosyl-methionine (SAM-e). We are learning that food delivers not just calories, macronutrients, micronutrients, or antioxidant phytonutrients, but also information. Food “speaks” to our genes. Unfortunately, as noted in the theme for this issue, most of the messages of the modern diet give our genes the message of chronic disease.

While IMCJ is certainly metabolically oriented, we really do try to pay attention to the whole person and truly integrated care. “Mind Body Techniques to Reduce Hypertension’s Chronic Effects,” by Erica Oberg, ND, MPH, shows us that non-pharmacological interventions can be quite effective. There is perhaps no clearer example of the physiologic impact of the mental-emotional state than the example of hypertension. This review covers Hans Selye, MD’s, general adaptation syndrome theory of stress, as well as the mechanisms by which stress hormones interact with the vasculature to contribute to hypertension. Included are several evidence-based techniques physicians can teach their patients using the mind-body connection to reduce blood pressure. Examples include progressive muscle relaxations, biofeedback, meditation, mindfulness-based stress reduction, and positive thinking.

As usual, we provide an accompanying patient handout, this time on chronic hypertension by Dr Oberg, to assist patient education. This is a page designed to photocopy and give to patients so that they have a useable knowledge of how to lower their high blood pressure.

I like how Joel Kreisberg, DC, in his article “Preventive Medicine: Taking an Environmental History” continues to show how environmental awareness truly applies to clinical practice. The brief series of 10 questions provided in this article gives patients a chance to inquire about environmental health issues that could lead to chronic health problems. Considered are lead, outdoor air quality, indoor air quality, pesticides, water quality, and persistent organic compounds.

Other Articles

Continuing on our theme of integrative medicine as more than just the physical side of medicine is this touching and courageous article, “Why I Brought Spirituality to My Medical Practice,” by David Mokotoff, MD. This article reveals how 1 clinician added spirituality to his working world and how it changed his life. We are reprinting an article from our second issue that is just as relevant and valid today as it was all those years ago: “Clinical Assessment and Management of 6 Common At-risk Nutrients in the Older Person,” by Australians Sonya Brownie, ND, PGDipSc; and Stephen Meyers, PhD, BMed, ND. Over the past 30 years, I have watched with considerable interest as education and research in natural and integrative medicine have become so much more sophisticated. For their part, these 2 fine academicians are to be congratulated for the important role they have played in this advancement.

In Industry News and Insights, John Weeks presents us with his typical potpourri update on the latest in public affairs and the integrative medicine business. Of particular importance and a must read is his discussion of the new National Center for Complementary and Alternative Medicine (NCCAM) report on CAM use. We also join John in welcoming another entry into this space, the International Journal of

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One Cautionary Note of Consideration

In reference to John Week’s mention of the US Senate’s Affordable Health Choices Act: Not to rain on the parade of including “licensed complementary and alternative medicine providers and integrative health practitioners” in the definition of “health professionals” to which the act pertains, but . . . there is one large and blinking regulatory warning sign. The successfully added language means, in translation, that if and when healthcare is nationalized, those practitioners will be at the mercy of government regulators who can make choices at will as to what can and can’t be done—just as they will be able to make those choices for the MDs who will be falling under this system.

It has the potential to be a slippery slope: If the government runs it, then how much will the government then begin to limit what is “acceptable care”? No one can ever know until it happens, but once a foot is in the door, there will be no stepping out, and, for the foreseeable future, all will be regulated by bureaucrats removed from actual care.

There is the adage, “A government big enough to supply you with everything you need is a government big enough to take away everything that you have.”4(p6) As for government promises, lest we forget, when Franklin D. Roosevelt brought Social Security into existence through his New Deal, he told the nation not to worry, a Social Security number “will never be used for anything other than Social Security.”5 And CAM practitioners will always have the freedom to offer healthcare choices to their patients . . . ? At the moment, being self-regulated or regulated through fairly approachable state systems vs through the federal government is a freedom the CAM profession does have.

Just a point to think about.

—Lisa Anne Marshall, Managing Editor
Additionally, John reports on the senate’s monumental bill the Affordable Health Choices Act. He tells how the dedicated efforts of the Integrated Health Care Policy Consortium (IHPC), working with US Senator Bernie Sanders (I, Vermont), successfully added language that includes “licensed complementary and alternative medicine providers and integrative health practitioners” in the definition of “health professionals” to which the act pertains. Similar language is used in a section that describes the types of professionals to be included in the teams that provide services in so-called “medical homes.” IMCJ applauds IHPC for building the relationships that led to this legislative addition.

No product quality column this issue. Rick Liva, ND, RPh, is deep into the new US Food and Drug Administration regulations and will provide us a report when he surfaces.

Bill Benda, MD, (BackTalk) takes a clear-sighted look at what we can realistically expect from healthcare reform. As usual, he is insightful and pulls no punches.

References