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Good news to share: Mediterranean diet gets kudos for heart health

Omega-3 fatty acids are a key part of cardioprotection

Attention: Eating fatty foods is no longer the bugaboo that we once thought. In fact, instead of warning your heart patients about the dangers of fat consumption, you might want to consider the growing body of evidence that eating the right kind of fat can protect their cardiovascular systems.

It's not fat per se that's the problem, but the kinds of fats we Americans like to chow down on and the other foods we turn to when we cut back on appetite-satisfying fat. Although heart disease has declined over the past two decades since Americans began to shun artery-clogging saturated fats and cholesterol, waistlines have expanded significantly and obesity has risen by 50% in the same time frame.

In an odd turn of events, some experts now say that the very tactic viewed as the key to weight control — stripping the diet of fat — seems to have backfired. Food manufacturers responded to fat fanaticism with a wave of fat-free, low-fat, and reduced-fat products, especially in desserts and snack foods that Americans crave.

KEY POINTS

- Though relatively high in fat, the Mediterranean diet is considered healthy because it is rich in potentially protective nutrients: antioxidants such as vitamin E from fruits and vegetables; monounsaturated fatty acids from olive oil and polyunsaturated fatty acids, also known as essential fatty acids; and omega-3 fatty acids, from fish.
- Increasing evidence shows the value of polyunsaturated fatty acids and omega-3 fatty acids in preventing heart disease.
- Recent Italian research shows that patients who already have had one heart attack have a significantly reduced risk of a second heart attack when they increase the amount of omega-3 fatty acids in their diets.

Feeling deprived of the satisfying taste of fat, dieters justify eating as many fat-free products as they want, disregarding the fact that they are not calorie-free. Many low-fat and fat-free products have nearly as many calories as their full-fat versions.

Now nutritionists are singing high praises for the health benefits of the more balanced and satisfying Mediterranean diet, which centers around fish, olive oil, fruit, and vegetables, as one of the best possible prescriptions for a longer life.

Though relatively high in fat, the Mediterranean diet is considered healthy because it is rich in potentially protective nutrients: omega-3 fatty acids (also known as polyunsaturated fatty acids or essential fatty acids) found in fish, antioxidants such as vitamin E from fruits and vegetables, and monounsaturated fatty acids from olive oil.

Now researchers are finding that diets high in omega-3 fatty acids can prevent heart disease and even prevent second heart attacks in people who already have suffered a myocardial infarction.

Italian researchers reported on the results of a large clinical trial at the November scientific sessions of the American Heart Association in New Orleans.

“Despite the fact that good dietary habits are known to be the cornerstone of heart health, there are limited data demonstrating the amount of benefit for individuals who have had a heart attack,” says **Roberto Marchioli**, MD. Marchioli is the coordinator of the GISSI-Prevenzione Study at the department of clinical pharmacology and epidemiology of Consorzio Mario Negri Sud in Santa Maria Imbaro, Italy.¹

“A significantly lower risk of death was associated with eating more Mediterranean-style foods and fewer foods containing saturated fats, such as butter,” says Marchioli. “People in the study who had the most butter and vegetable oils in their diet had a risk of death almost triple that of people who ate more fresh fruits and vegetables and used olive oil.”

In general, the coronary heart disease death rates are much lower in Spain, Greece, and Italy, countries where the Mediterranean diet is considered the norm.

The GISSI-Prevenzione study, a clinical trial organized by the Italian National Association of Hospital Cardiologists and the Mario Negri Institute, evaluated long-term changes in the dietary habits of 11,324 Italians after a first heart attack.

The study also assessed the effectiveness of

prescribing extra amounts of omega-3 fatty acids and vitamin E.

Study participants had experienced heart attacks within the three months before the study began, and received routine examinations from their cardiologists for 3½ years. Their intake of certain foods was tracked with a questionnaire given just after their heart attack and again 12, 18, and 42 months later.

The dietary benefits extended to obese individuals with a body mass index (BMI) of 30 or greater. “Though the [BMI] of overweight people did not change significantly during follow-up, their dietary habits improved after their heart attacks,” says Marchioli. “Their intake of healthy foods was relatively high at baseline and further improved during follow-up.”

Researchers found that improving lifestyle across the board — eliminating stress, getting more exercise, stopping smoking, and eating a healthy diet — plus compliance with prescribed drug treatment are the keys to preventing the recurrence of cardiovascular disease.

It is important not only to create good dietary habits, says Marchioli, but to maintain them over time. “Eat foods such as fruit, vegetables, fish, and olive oil, which are rich in protective nutrients and eat few potentially harmful foods such as butter, red meat, and foods rich in animal fat. You can still enjoy your life and your food without being on a strict diet. This approach could increase the feasibility of adopting healthy dietary habits that will be maintained in the long term.”

Results speak for themselves

Several studies in recent years have found a correlation between omega-3 fatty acids and lower risk of heart disease.

Among those findings:

- Diets enriched with omega-3 fatty acids had significantly decreased blood pressure.²
- A review of 11 studies on omega-3 fatty acids concludes that 40 g to 60 g of fish per day significantly lowers the risk of death from all types of heart disease.³
- Studies in the Netherlands and the United States have indicated that eating just two fish meals, or 7 ounces of fish, a week can reduce a man’s risk of heart attack by 50%.⁴
- Alpha-linolenic acid, found prominently in canola oil, flaxseeds, soybean oil, walnuts, and many dark green leafy vegetables, also appears to offer strong protection against sudden cardiac

death, according to a study from the Harvard School of Public Health.⁵

- Among 76,000 participants in the Nurses' Health Study, those with the highest intake of alpha-linolenic acid had up to a 50% lower risk of fatal heart attacks when compared with women who consumed the least amount of this fat.⁶

- Also from the Nurses' Health Study of 80,000 women initially ages 34 to 59: Total fat consumption did not affect coronary risk, but the kinds of fats the women ate did. Each 5% increase in calories from saturated fats (primarily from meats and dairy products) raised their risk of coronary disease by 17%.⁷

The mechanisms for omega-3's cardioprotective action aren't entirely clear, but there is evidence that alpha-linolenic acid in the form of flaxseed oil improves the elasticity of arteries, thereby improving circulation and decreasing cardiovascular risk.

Fish oils inhibit inflammation in blood vessel walls, prevent clotting, cause blood vessels to dilate, and promote regular cardiac rhythm.

Those actions are due to the role of omega-3s, a dietary component that most Americans are lacking in sufficient amounts, (and omega-6s, of which most of us get sufficient amounts in our diets) in creating prostaglandins, which affect blood vessel dilation or constriction and clot formation.

In addition, like aspirin, fish oils also limit thromboxane A₂ production, which promotes blood stickiness and vasoconstriction. Therefore, these fatty acids help maintain regular blood flow and limit unwanted platelet aggregation

that can contribute to plaque buildup.

Under the umbrella of the omega-3 fatty acids are EPA (eicosapentaenoic acid, from which the body manufactures prostaglandin) and DHA (docosahexaenoic acid), long-chain fatty acids found in cold water fish such as salmon, tuna, and herring. Flaxseed also is an excellent source of short-chain omega-3 fatty acid, says **Udo Erasmus**, PhD, a nutrition expert based in Vancouver, British Columbia, Canada, and author of *Fats That Heal, Fats That Kill*.⁸

Fats can have healing effect

The fats that heal really involve three substances, says Erasmus. "One is called omega-3 essential fatty acid, or alpha-linolenic acid. The second is omega-6, or linoleic acid. If you take these in the right ratio — about 1:2 — which is important, and you get enough of the both, the body makes several derivatives that are important for health. And some of these derivatives are turned into hormones called prostaglandins that are vital to optimal body functioning," he says.

In addition to lowering many cardiovascular risk factors, Erasmus says the healing fats have a broad range of positive effects. Effects include:

- optimize energy level and performance;
- improve brain function, mood, behavior, and intelligence;
- make skin soft, smooth, and velvety;
- improve digestive, gland, and organ functions;
- are anti-inflammatory, and dampen the

FDA allows qualified health claims for omega-3 fatty acids

Calls evidence 'suggestive,' not conclusive

The U.S. Food and Drug Administration (FDA) announced it will permit qualified health claims for cardioprotective qualities of supplements containing two long-chain omega-3 fatty acid components.

Both components, EPA (eicosapentaenoic acid, from which the body manufactures prostaglandin) and DHA (docosahexaenoic acid), are found in rich concentrations in cold water fish.

In a paper issued on Oct. 31, 2000, the qualified health claim stated, "The scientific evidence about whether omega-3 fatty acids may reduce the risk of coronary heart disease (CHD) is suggestive, but not

conclusive." Expanding on its qualified endorsement, the FDA talk paper said, "there is suggestive evidence that the benefit on CHD reported in diseased populations will carry over to the general population.

"The evidence from intervention trials with CHD as an endpoint is strongly favorable in a diseased population showing that omega-3 fatty acid intake is related to reduced risk of CHD."

The letter specifically permits the health claim for long-chain omega-3 fatty acids derived from fish or algae sources and not to the short-chain omega-3s, such as flax or canola.

The FDA said it was using its enforcement discretion to allow the qualified health claim for use in labeling supplements containing EPA and DHA provided that the labels do not recommend daily intakes exceeding 2 g. ■

overresponse of the immune system in autoimmune conditions;

- help transport minerals and keep bones strong;
- protect genes from being damaged;
- are required for hemoglobin production, cell growth, and cell division;
- have anticancer properties;
- help in fat loss and weight normalization.

Most research has been conducted on fish oil, but flaxseed oil, the vegetable alternative, has twice the concentration of omega-3s and a lower price tag.

“You can get what you need from vegetable sources, but you’d have to eat 123 pounds of broccoli a day. That’s not really practical,” says Erasmus. He prefers a blend of oils for maximum health benefit including flaxseed, sesame and sunflower seeds, and rice germ, oat germ, lecithin, evening primrose oil, and rosemary oil as free radical scavengers.

That blend, sold in health food stores under the brand name Perfect Oil Blend, contains a near perfect balance of omega-3, alpha-linolenic acid, and omega-6 fatty acids, including alpha-linoleic and gamma-linolenic acids and contains antioxidants.

There also has been a preliminary study that links diets rich in essential fatty acids to a reduced risk of breast cancer and another that correlates high intake of extra virgin olive oil to preservation of cognitive function in healthy older people.^{9,10}

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Ease the burn — promote acid production

Relief may be just a swallow away

Hearthburn is no longer a painful annoyance for millions of Americans. For others, it’s more than an annoyance: It’s a potential killer.

Physicians at the Karolinska Institute in Stockholm, Sweden, found during a three-year study that individuals who experience heartburn once a week or more are nearly eight times more likely to develop deadly adenocarcinoma, which starts in the lower esophagus.¹

“Among persons with recurrent symptoms of reflux, as compared with persons without such symptoms, the odds ratios were 7.7 for esophageal adenocarcinoma and 2.0 for adenocarcinoma of the cardia,” wrote the Swedish authors. “The more frequent, more severe and longer lasting the symptoms of reflux, the greater the risk.”

“Antacid pills, medications, or surgery did not reduce the chances of contracting cancer. That’s because the treatment of gastric reflux is based on the misconception that heartburn sufferers make too much stomach acid, when the exact opposite is true,” says digestive health expert **Brenda Watson**, CT (colon therapist), founder of Renew Life Health Clinics with headquarters in Tarpon Springs, FL.

KEY POINTS

- Chronic heartburn has been linked to adenocarcinoma.
- Holistic healers say the cause of heartburn is not excess stomach acid, but an underproduction of hydrochloric acid in the stomach more common in people over age 50.
- A Florida physician outlines a heartburn prevention plan coupled with the use of digestive enzymes to relieve the problem.

“The medical system teaches that upper abdominal pain has an acid component — that’s partially true. Unfortunately in medicine, partial truth ends up being dogma,” says **Leonard Smith, MD**, a general, gastrointestinal, and vascular surgeon affiliated with Renew Life Health Clinics.

There are a few basic premises under which Smith and Watson work:

- Most people over the age of 50 don’t make enough hydrochloric acid and don’t break down proteins in the stomach.
- Most people eat too fast and don’t relax over their food and thereby do not permit their bodies to go into parasympathetic mode, “couch potato” mode in Smith’s estimation, so the digestive process can proceed naturally.
- Most people do not chew adequately so the saliva begins the breakdown of carbohydrates thorough the release of the enzyme amylase. “The food should be liquid when it enters the stomach,” says Smith.

• When food is eaten too quickly, the stomach becomes distended and the food is pushed against the top of the stomach, where it can force open the lower esophageal sphincter and wash into the esophagus, causing heartburn from the partially digested food and gastric acids, sometimes even reaching as high as the throat and windpipe, and occasionally causing aspiration pneumonia.

“Antacids will relieve the symptoms without [the patient] really understanding the underlying cause of the pain,” says Watson.

Antacids are not a long-term solution

“There’s a belief that it’s all controlled by taking antacids, and that’s true in the short term,” says Smith. “But in the long term, the habitual use of antacids blocks the natural production of acid, which knocks out one of the functions of stomach acid, to sterilize food before it enters the intestinal tract. Then you get out-of-control growth of every kind of bacteria in the stomach, including yeast and *Helicobacter pylori*.”

It doesn’t take long before the patient goes from “not enough acid to no acid,” he says, and then the situation can become severe.

Hydrochloric acid is “nature’s most essential antibiotic,” says Smith. “Imagine a patient with virtually no stomach acid production eating a salad and being entirely incapable of neutralizing the bacteria present on all raw vegetables.”

Optimal stomach pH is 1.5 to 2.5, says Smith.

Heartburn Prevention Plan

- ♥ Replace antacids with digestive enzymes HCL and pepsin.
- ♥ Don’t eat meat and starch at the same meal.
- ♥ After eating meat or fish, wait two hours before eating starches. Meat or fish can be eaten with salads and steamed vegetables.
- ♥ After eating starches, wait an hour before eating meat or fish.
- ♥ Reduce or eliminate alcohol, coffee, and caffeine consumption.
- ♥ Drink a glass of water half an hour before each meal.
- ♥ Do not drink any liquids with a meal.
- ♥ Relax during and after meals.
- ♥ Focus on eating. Don’t watch television or read. Engage in pleasant conversation.
- ♥ Chew food until it is liquid.

A definitive diagnosis of low stomach acid can be obtained through the Heidelberg test in which a radio capsule is swallowed and a pH reading of the stomach acid is transmitted back while gastric challenges are presented. However, the equipment for this type of procedure is expensive, and Smith recommends a simpler — and far less expensive — method of determining if the patient’s problem is low acid.

“I ask people to take one capsule of a good quality digestive enzyme supplement, which contains plant enzymes and hydrochloric acid, with a meal and then report whether the symptoms were relieved, the same, or worse,” says Smith.

“We keep doing this over several meals until the patient has a feeling of fullness in the stomach. It may take as many as five capsules. When they begin to feel a slight acid burn, we back off one capsule and this gives them the proper digestive capacity to handle their food,” he explains.

A good digestive enzyme capsule should contain the vital enzymes lipase (to break down fat), protease (to break down protein), cellulase (to break down cellulose or fiber), and amylase (to break down starches), says naturopathic physician **Humbart (Smoky) Santillo, ND, MH** (master herbalist), Buffalo, NY-based author of *Food Enzymes: The Missing Link to Radiant Health*.²

Santillo, who notes that humans are the only

animals that eat cooked food, is a staunch advocate of eating a large percentage of raw food to promote digestive health.

He divides enzymes into two groups: exogenous (found in raw food) and endogenous (produced within the human body). "The more one gets of exogenous enzymes, the less will have to be borrowed from other metabolic processes and supplied by the pancreas. The enzymes contained in raw food actually aid in the digestion of that same food when it is chewed," says Santillo.

The long-term effect of a diet composed mainly of cooked and processed foods is what Santillo calls "cellular enzyme exhaustion, which lays the foundation for a weak immune system and, ultimately, disease."

Water consumption is another major issue with gastric reflux, says Watson. "Most people are dehydrated, and they don't have sufficient mucus lining the upper digestive tract."

She suggests drinking a room temperature glass of water 30 minutes before a meal to help with hydration. But she cautions against drinking

with the meal to avoid diluting gastric acids.

"As doctors, we have to talk to our patients and take our time with them," says Smith. "There are some simple protocols that will relieve the problem."

Smith and Watson's heartburn rescue plan is an ideal, and they concede, "Everybody won't do all it takes, but the simple concept of not mixing protein and carbohydrates will improve acid effectiveness."

The simplest advice to patients?

"Cut out the CCRAAPP," Smith advises.

"CCRAAPP is cigarettes, coffee, refined sugar, aspirin, alcohol, pop, and processed foods," he explains.

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Hands-on healing reaps rewards in the OR

First nontraditional healer in OR shares insights

One cloudy day in November 1994, **Julie Motz** walked into an operating room (OR) at New York City's prestigious Columbia Presbyterian Hospital and took a place at the head of the table, cradling the patient's head in her hands, sending loving, healing energy into his body.

Minutes later, the patient was under anesthesia, and the surgeons made an incision and began to remove his heart and prepare to transplant a new heart into his body. "I talked to him, explaining to the brain exactly what was happening and [preparing] it for shocks and surprises, like being put on the heart-lung bypass machine," says Motz, author of *Hands of Life*. She is the first nontraditional healer to work in an operating room and now divides her time between working with patients and physicians on the East Coast and the West Coast. "I felt [his body] mourning his old heart when it was removed."¹

Motz helped the anesthetized patient cope with memories of trauma, which she says the body re-experiences when the chest is opened. And when the new heart was brought into the

KEY POINTS

- Experiments in energy healing in the operating room with heart transplant, left ventricular assist device, and bypass patients reap positive results.
- Surgical procedures often cause patients under anesthesia to relive old traumas. Understanding this process can help patients heal physically and emotionally at deep levels.
- Healers suggest that communication exists in every cell, perhaps every molecule of the body, to make the human mechanism function smoothly, so it follows that it is possible to communicate with diseased cells.

operating room, she sent energy into it, an idea inspired by work then under way at Mount Sinai Medical Center in New York City, in which Qi Gong masters were energetically affecting enzyme solutions. She also gave some suggestions to the unconscious patient on how he might treat the new heart to compensate for the trauma it had been through.

As soon as possible after surgery, Motz worked with the now-conscious patient to help harmonize the energy of the new heart and his body.

"From the outset, he slept well, got rid of bed sores from his long wait for a new heart; he had no complications at all," she says.

If it sounds like hocus-pocus, consider this: Of five heart transplant patients with whom Motz worked at Columbia, all had the lowest possible rejection rates on their first postoperative biopsies and lower than normal postoperative pulse rates. In addition, she worked with three patients with left ventricular assist device implants and one quadruple coronary bypass — and none of the nine seriously ill heart patients manifested any symptoms of postoperative depression, a common after-effect of heart surgery.

Motz went to Columbia University to study for a master's degree in public health, but quickly found her passion in complementary therapies and in energy healing. Her enthusiasm and the success of energy work she did with presurgical patients won her invitations by physicians into operating rooms to help patients with heart disease, brain cancer, breast cancer, and other anomalies.

“Energy work is part of almost every non-Western medical system, most notably in Chinese medicine and Ayurveda, which addresses the energy field of the human body,” says Motz.

There's scientific basis for the contact Motz makes with the energy of the patients and even their new organs, she says. “The proteins on the surface of a cell, which regulate much of its internal activity, respond to very low-level electromagnetic frequencies, as well as to chemical substances.”

Motz doesn't know exactly the precise mechanism at work when she is in the operating room, in a patient's room, or seeing him in her office. “It's possible that when I touch someone with the intention of healing, I'm activating some not-as-yet understood aspect of the nervous system or the endocrine system, systems that may have energetic as well as chemical components,” she explains.

“My own belief is that what we call consciousness is not located in the brain. It exists in every cell and possibly every molecule in the body,” says Motz. “We know, for example, that cells are in constant communication with each other. They have to be in order for billions of them to function in that incredibly efficient bureaucracy called the body.”

It follows then, that it is possible to communicate with the body on a cellular level, she asserts.

This subtle energy is called “qi” (pronounced “chee”) in Chinese medicine, where it is acted upon through acupuncture and massage and “ky” in Japan, where acupuncture and a form of deep-tissue massage called shiatsu are used. In

Ayurveda, the traditional medicine of India, it is called “prana” and it is activated by performing yoga postures and breathing techniques designed to energize the seven energy centers called “chakras” that lie along the spine.

In addition, an energy healing modality called reiki (pronounced “ray-kee”) with its origins in Japan, now is widely practiced in the United States.

It's in working with energy that Motz helps the body avail itself of healing energy.

Her heart work was no fluke. Motz has duplicated the results with patients with malignant brain tumors and with advanced breast cancer.

A year after the heart transplant, she was invited to address Columbia's neurological staff meeting and began working with neurosurgical patients. Shortly after that, she received a grant from the Symington Foundation to do healing work with women undergoing breast cancer surgery.

Key points for health professionals, patients

Motz' experience with surgical patients elicited some thoughts that she now spends a great deal of time sharing with health care professionals and with patients:

✓ **Patients should train for surgery.** “Surgery is a major event in a patient's life. They should eat properly, exercise, rest, and prepare themselves emotionally for surgery in any way possible,” says Motz.

✓ **Talk the patient through the surgery.** Not only can you alleviate anxiety by telling the patients, step by step, exactly what will take place during the surgery, but you can help them form a creative visualization of the process and the healing afterward.

✓ **Patients should be permitted to have whomever they wish with them in the operating room.** “Within reason, of course, but if there is someone who can help the patient feel relaxed as he or she comes into the OR, so much the better. I have seen waves of terror literally rolling off people as they are being wheeled [in],” she says.

✓ **Part of the brain is conscious during surgery.** There is evidence that the auditory nerve functions even under anesthesia, and Motz contends the body is fully conscious of what is happening during surgery. “The patient hears everything that happens during surgery. Surgery is traumatic to all parts of the body, but it is also an opportunity for the body to heal old traumas, which tend to surface during surgery. I can intuitively feel these things

and talk to them and help them release,” she says.

✓ **Make the OR atmosphere as healing as possible.** The patient’s ability to hear during surgery can be used to his benefit for healing, says Motz. She suggests soft music, spoken affirmations, and healing statements during the procedure.

✓ **Realize that every patient comes to you for a reason.** Physicians and health care professionals get as much energy from their patients as they give, says Motz. The relationship is one of complete trust on the part of the patient, so it is important for health care professionals to open up.

Open up to your patients

Motz suggests that health care professionals should become emotionally involved with their patients. “[Emotional] walls don’t work. Open yourself to why this patient came to you. If you don’t like a patient, realize you are human and refer him to someone with whom he can connect. It will promote healing for all concerned.”

✓ **Tap into your own energetic healing capabilities.** Energetic healing is not a special skill, says Motz. “I believe it is in the human gene pool. It’s just a matter of focus. Most of us went to school for 16 or 20 years learning to be analytical. That’s the only reason we think our intuitive powers are beyond the norm,” she says.

Motz’s recommendation: If you are a health care professional, you are interested in healing. Learn more about this type of healing. Courses in reiki healing work are available all over the United States, and she suggests that physicians and nurses take these courses to familiarize themselves with energetic healing and its potential effects.

Motz says she realizes her healing methods are not well-accepted and often are widely questioned.

In fact, they are so widely questioned that a San Francisco Bay-area internist who invited Motz to do some healing work with her patients doesn’t want to be identified by name for fear of ridicule from her colleagues.

“Julie has an amazing gift,” says the internist. “I don’t know how she does it, but she is somehow able to divine what is happening with a patient and how that is affecting the patient’s body. It’s pretty incredible to watch.”

The internist recalls a session Motz had with a patient that had such a profound effect that years later, patient and physician still discuss it.

“There are things in medicine we don’t understand. There are many things that defy scientific explanation — at least for today. Who knows what we may find scientifically in the coming years that will validate all this?” asks the internist.

Her conclusion: “It helps my patients. I have no doubt about that whatsoever, and whatever helps my patients is fine with me.”

Motz does get accolades from **Steve Sinatra, MD**, a cardiologist from Manchester, CT, and author of *Heart Sense for Women*.²

“What Julie is doing is familiar to anyone who has worked with energy, but may seem strange to those who haven’t experienced it before,” says Sinatra. “She is actually effecting healing on the cellular level, working to repair DNA damaged by physical, emotional, spiritual, or environmental trauma and bringing the patient into the realm of healing.”

Energy healing may reverse DNA degeneration

On a physiological basis, Sinatra explains, he subscribes to the theory of tensegrity (the ability to balance tension and compression). Trauma damages DNA and actually causes cells to change shape, at which point the DNA locks up and begins to go into degenerative mode and is unable to repair itself.

Over time, this process follows one of two options: First, it results in chronic degenerative diseases such as arthritis. Secondly, it begins a process of cell death such as heart disease, diabetes, and Alzheimer’s. A third deadly choice is for it to mutate into a new cell line, such as tumors and cancer. When the trapped energy in the connective tissue is removed, the DNA unlocks and healing occurs.

“We know cells have a memory, and if trauma is part of that memory, then this kind of healing can be very effective,” says Sinatra. “I strongly believe in bioenergetics and this is a classic example of how it can be used.”

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Magnet therapy for foot pain gains respect

Other claims of therapeutic value still anecdotal

Magnet therapy. No, it's not just a supermarket tabloid sensation or a claim from a late-night television commercial. Increasing scientific evidence points to the value of an old folk remedy to address serious medical conditions, including painful diabetic neuropathy.

The first-ever large blinded placebo-controlled clinical trial now under way at 125 sites nationwide seems likely to bear out the results of earlier smaller studies, says **Michael Weintraub, MD FACP**. Weintraub is clinical professor of neurology at New York Medical College and chief of neurology at Phelps Memorial Hospital in North Tarrytown, NY.

"We have 300 patients with painful diabetic neuropathy who wore 450 gauss magnets in shoe insoles 24 hours a day, and we fully expect this trial will bear out the results of our earlier, smaller study," says Weintraub, who is now compiling the results of the large study for publication.

Weintraub's earlier study involved 24 patients with moderate-to-severe diabetic peripheral neuropathy. Of the original participants, 19 completed the trial. One patient had toes amputated and another had undergone 18 unsuccessful surgeries on his foot to relieve the pain. All patients were unresponsive to conventional pharmacological treatments, such as analgesics, NSAIDs, anti-convulsants, and tricyclic antidepressants.

After neurological and electrodiagnostic evaluation, patients were randomized to active magnets embedded in foot insoles and a similar appearing sham insole on the other foot. They were asked not to test the insole to determine if it contained a real or sham magnet. Patients were directed to wear the insoles at all times, even when sleeping, and to record their foot pain scores twice daily. The insoles were switched after 30 days. After an additional 30 days, patients were given two active insoles and they were asked to continue to rate their pain for another eight weeks.

According to results published in the *American Journal of Pain Management*, not only did 90% find relief when treated with real magnets, compared to 33% for the placebo, those who removed the insoles for a day or two had a return of the pain,

KEY POINTS

- A large clinical trial on effectiveness of magnet therapy for diabetic foot pain is nearing completion.
- Earlier small studies show a 90% relief from diabetic neuropathy through the use of magnets. Researchers theorize the magnetic field acts as a pain blocker.
- Claims of wider applications for magnet therapy in the treatment of chronic disease are largely anecdotal, but center around increased alkalinity and oxygenation by negative magnetic fields.

but the pain subsided quickly when the insoles were re-inserted into their shoes. The pain returned for all patients who stopped wearing the magnets for six weeks at the end of the trial.¹

Weintraub says he undertook the study because he had heard about work with magnet therapy. "Frankly, I didn't believe it. I wanted to see it for myself, so I chose some patients with diabetic foot neuropathy whom I did not expect to get better. I was very pleasantly surprised with the results."

Clearly, the magnet therapy does not constitute a cure for neuropathy, says Weintraub. "It relieves the pain. The effect seems to influence how pain is modulated rather than change the structure," he says.

However, those who continued to wear the magnets noted a rising curve of improvement, suggesting that the magnets might be promoting long-term healing, he adds.

Weintraub noted that magnet therapy is not feasible for patients using insulin pumps or wearing pacemakers because it could interfere with the operation of the devices.

The foundation of the current research began a few years ago at Baylor College of Medicine in Houston, where magnets were tested in 50 patients with post-polio syndrome — a condition of muscle pain and weakness experienced by some patients decades after they recovered from polio.

William Philpott, MD, an Oklahoma City physician with specialties in neurology, psychiatry, and allergies, takes the healing power of magnets several steps further.

"Two primary conditions in the body set the groundwork for illness: high acidity and lack of oxygen. Magnet therapy normalizes these factors and actually prevents and reverses ill health," writes Philpott in his book *Magnet Therapy*.²

"Magnets and electromagnetic therapy devices now are being used to relieve symptoms and

reverse degenerative diseases, eliminate pain, facilitate the healing of broken bones, counter the effects of stress, and address the reversal of cancer in Europe and, increasingly, in the United States," says Philpott.

He contends that negative magnetic fields have beneficial effects on the human body and positive polarity causes negative effects. Philpott is quick to add that he recommends dietary changes and the treatment of chronic long-term allergies, which he believes are at the core of many chronic conditions in addition to magnet therapy.

The human body produces subtle magnetic fields that are generated by the chemical reactions within the cells and the ionic currents of the nervous system, says Philpott. Neurons are electromagnetic positive and their axons are electromagnetic negative, so the nervous system functions on a direct current basis. "The recent discoveries that external magnetic fields can also affect the body's functioning has led to the development of magnetic field therapy."

He contends a negative magnetic field can favorably affect the following:

- cell function;
- pH level;
- hormone production;
- enzyme activity;
- energy production from adenosine triphosphate (ATP);
- healing and growth.

"These magnetic fields are actually systemic defenses against disease," says Philpott, and in light of Japanese research that documents Earth's diminished electromagnetic field, he theorizes the existence of a human magnetic field deficiency syndrome with long-term effects including "chronic degenerative diseases, the loss of normal healing ability, and the unsuccessful defense against infectious microorganisms and environmental toxins."

In particular, Philpott theorizes, depletion of biophysical electromagnetism results in malfunction of oxidoreductase enzymes, which damages the mechanisms that reverse free radicals, hydroperoxide, aldehydes, alcohols, and acids back

to molecular oxygen. "A negative magnet field activates paramagnetic bicarbonates in the body and activates those enzymes," he notes.

Philpott's book contains anecdotal evidence of magnet therapy's effectiveness against cancer, diabetes, heart disease, mental illness, chronic pain, respiratory problems, and women's and children's health problems.

For example, in cancer treatment, Philpott says negative magnetic fields "remove the cancer-developing condition of acid-hypoxia and replace it with an alkaline and oxygenated environment.

"And for diabetes, the negative magnetic field has the power to dramatically reverse most if not all of the maladaptive [food] reactions by quickly and dramatically activating the oxidoreductase enzymes, as well as increasing the oxygen and alkaline levels in the body."

"It's really pretty simple," Philpott concludes. "Negative polarity reverses the disease process in many chronic diseases."

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Make alternative therapy program work in progress

Search for mistakes and make corrections swiftly

Before creating a complementary medicine program at Fox Chase Cancer Center in Philadelphia, administrators allocated funds for a feasibility analysis.

Therefore, a group of 10 people, including two to three outside consultants, headed by the vice president of communications spent a year and a half visiting other facilities that had implemented

COMING IN FUTURE MONTHS

■ Tea and improved blood flow

■ Humor is good for the heart

■ Meditation moves into the mainstream

■ The fiber question: Does it help prevent cancer?

programs, gathering facts and numbers, and analyzing the information gathered.

The group even surveyed physicians on staff and found they were very supportive of complementary medicine services as long as they were included in the development process.

"We thought it was important to take our time deciding what we were going to do and if it was feasible or not," says **John R. Martinez**, MPT, director of cancer prevention screenings and customer service. Martinez worked as a consultant on the feasibility committee and later was appointed operations manager of the center and served in that position until recently.

Learn from and correct mistakes quickly

In spite of the time spent, mistakes were made that had to be quickly corrected in order for the program to pay for itself. The facility was expected to break even in three to five years and that included recouping the start-up costs.

The first mistake was locating the center off campus, although the selection was based on information gathered from focus groups. Later it became clear that it was the cancer survivors who did not want to return to Fox Chase for complementary medicine services; however, the patients found an off-campus site inconvenient. "It is difficult to get patients undergoing outpatient service to get back in their car and come five blocks over," says Martinez. To remedy the problem, the center tried offering a van service and providing complementary services at the hospital.

A second mistake was in implementing a wide selection of services based on their national popularity. When the center opened, it offered about 10 to 12 services including fatigue management, dance, massage, music therapy, nutrition, yoga, and strength and movement management. Administrators discovered, however, that the clientele were not using all the services offered.

For example, people did not use the music therapy service even though the center conducted educational seminars to help people understand its value and how it worked. "We started to realize that our particular patient population was not interested in music therapy. [The patients] may show an interest in what it is about, but they would never pay for it," he says.

The music therapist was available twice a week for six months at The Complementary Medicine Program of Fox Chase Cancer Center and during that period only got about four patients. Yet, a

facility in another part of Philadelphia had a full-time music therapist who was always booked. "We found out that what was of interest in one community was not necessarily of interest in another," says Martinez.

Get patients' opinions

To correct for mistakes in programming, Martinez began to survey the people who came to the center asking such questions as what they were interested in and whether they would pay

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for the service because insurance did not cover complementary therapies. He conducted program reviews every three months and then made changes accordingly.

After the first three months, the center switched from one-on-one sessions to more group programs because the clientele couldn't afford individual sessions. "We had to charge prices high enough to pay for the contractors since they were not employees," says Martinez. However, there were exceptions. For example, hypnotherapy is one of the center's strongest programs although the fee is \$60 an hour for an individual session.

Continual surveys are a must for programs to be dynamic, he says. Yoga was very popular for a year and then attendance began to drop off. Hiring practitioners on a subcontractor basis worked very well for such a dynamic process because the hours of service could easily be adjusted.

"Facilities that don't charge for programs have more room for error. I always had to go to our executive vice president and president and justify the continuation of a program," says Martinez. By the end of two years, he had established eight solid programs at the center, and many were reimbursed by insurance.

Working with physicians

Physician referral is important for building clientele, and although physicians indicated support for complementary therapies during the feasibility study, Martinez found that they didn't tell patients about the services.

"One of the reasons they don't refer is that they don't truly understand complementary therapies so they don't know when to refer patients," he explains.

Therefore, he worked on educating physicians by talking with them in the clinic informally and attending rounds once a week with the attending physician and medical students to gain exposure. He could then identify a patient who could use hypnotherapy for pain or a person with fatigue issues who would benefit from the fatigue management program.

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CE objectives

After reading *Complementary Therapies in Chronic Care*, the health care professional will be able to:

1. Identify management, clinical, educational, and financial advantages of complementary therapies for chronic care.
2. Describe how those therapies affect chronic patients and the providers who care for them.
3. Describe practical ways to incorporate complementary therapies into chronic disease management based on independent recommendations from clinicians at individual institutions. ■