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FDA warns manufacturers of danger of nutrient-, herb-enriched foods

Controversy rages over benefits and dangers of functional foods

Popular drinks that promise “power” or “wisdom” because of their added ginseng or ginkgo, cereals that claim they’ll “de-stress” consumers with St. John’s wort or kava kava, even pasta that pledges an immune system boost with added echinacea — all are being called to task for their health claims.

Consumer advocates and now government officials are questioning the safety of “functional foods” — sometimes called “nutraceuticals” — that almost overnight have become a boom industry.

The U.S. Food and Drug Administration (FDA) sent a letter to food manufacturers warning them that they may be in violation of federal regulations for additives being combined with conventional foods.

The FDA warned in a letter dated Jan. 30 that “some herbal and other botanical ingredients that are being added to conventional foods may cause the food to be adulterated because these added ingredients are not being used in accordance with approved food additive regulations and may not be GRAS [generally recognized as safe] for their intended use.”

Further, the FDA warned that claims characterizing a relationship between a substance and a disease- or health-related condition could be in violation of food safety laws unless specific

KEY POINTS

- FDA issues warning letter to manufacturers of foods enriched with herbs or vitamins.
- Consumer activist group says some of these foods can be dangerous.
- Manufacturers say these foods can have health benefits and deny there could be harm.
- Supporters say the concentrated forms of nutrients are an important nutrient delivery system.

evidence is presented supporting any such claims.

“The FDA must review health claims and nutrient content claims prior to marketing.

Manufacturers are encouraged to contact the agency regarding the regulatory status of ingredients and claims they intend to use for foods,” the letter stated.

“There’s a new sheriff in town, and he just wants to let us know he’s here.”

The grocery industry immediately scoffed at the food safety warnings. “There’s a new sheriff in town, and he just wants to let us know he’s here,” says **Gene Grabowski**, spokesman for the Grocery Manufacturer’s Association in Washington, DC, referring to the Bush administration’s change of leadership at the FDA and elsewhere.

Nutraceutical ingredients must be safe

In a report issued last summer, the General Accounting Office (GAO) — the investigative division of the U.S. Congress — noted that while the FDA does regulate functional foods, the products “have no legal definition or separate regulatory category” from conventional foods. Ingredients in functional foods must be “generally recognized as safe” or “approved by the FDA,” the GAO report stated.

Also of concern is the fact that some products do not have safety-related information printed on the labels, the GAO said in its report.

“The agency has not issued policy guidance to clarify circumstances under which it believes that supplements can legitimately market in food form,” said the GAO report. “Several companies told us they need clarity on this issue to guide them in the development and marketing of their products.”

The GAO also notes that, as of Feb. 29, 2000, the FDA had not received any reports of health

problems associated with functional foods.

The FDA’s letter, written to more than 80 companies, was published several months after the Center for Science in the Public Interest (CSPI), a consumer advocacy group in Washington, DC, asked the FDA to ban the sale of more than 75 functional foods. The CSPI referred to the functional foods as the “snake oil” of the new millennium.

CSPI officials labeled the FDA letter “a shot across the bow warning companies they will be sued if they sell products with ingredients not demonstrated to be safe.”

“Look at the bottles of some of these drinks; they even look similar to the snake oil sold around the turn of the last century,” says **Eileen Heller**, senior staff attorney for CSPI.

Conversely, she says, it’s likely that many of these products contain only tiny amounts of the botanicals they advertise, and then the issue

“Look at the bottles of some of these drinks; they even look similar to the snake oil sold around the turn of the last century.”

becomes less one of health and more an issue of fraud. Worse than the possibility these products are making false promises, says Heller, is the possibility

of real harm coming to consumers who ingest botanicals that “should be used as medicine, not as food.”

The rapidly expanding functional foods market began with foods having generally recognized efficacy, such as orange juice with calcium and fiber-enhanced cereals. “But the latest fad takes this concept a step further: adding unproven, largely unregulated herbal dietary supplements to foods,” notes Heller.

Heller says the problem with botanically enhanced foods is that “no one knows for sure if they are effective, or if they are dangerous, or if they might become dangerous if they are

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consumed in large quantities or eaten regularly over a long period of time.”

She says there is particular concern about products containing St. John’s wort and kava kava because of their sedative effects.

“These are medicines, and they should be treated as such,” she says. “These could be particularly dangerous for children because we don’t have the science to show if these things are safe for kids, and we don’t think it is healthy to send a message to them that it is OK to eat medicine.”

She added that patients with diabetes and obesity-related conditions could be taking in more sugars than they realize, thinking they are eating or drinking something healthy. (See box, p. 40)

“Since only 9% of Americans eat five servings of fruits and vegetables a day, these supplements are playing an increasingly important role in our nation’s health.”

CSPI was joined in its plea by Connecticut’s attorney general, as well as herbal foods specialist **Varro Tyler**, PhD, professor emeritus of pharmacognosy from Purdue University in West Lafayette, IN.

Among the dozens of items targeted by CSPI are some well-recognized products from manufacturers such as Snapple, Ben and Jerry’s, Procter and Gamble, and Arizona Teas. The manufacturers make a variety of claims for the products, including the following abilities:

- boost memory power;
- strengthen the immune system;
- improve energy levels.

Some products are marketed as nutritional enhancers, energy boosters, or stress relievers.

Currently, the FDA allows companies to add ingredients that have been proven safe to other foods. Calcium-enriched orange juice is now available, for example.

There also are salmon burgers with omega-3 fatty acids, cookies with antioxidants, margarine with an additive that lowers bad cholesterol, and cakes with extra fiber.

The Grocery Manufacturers’ Association argues that functional foods are safe and legal. “Functional foods are conventional foods,” said Grabowski. “There are ample regulations to make sure they’re safe, and consumers are not misled

through their labeling.”

“I can’t for the life of me figure out what the CSPI and the FDA are so concerned about,” says **Stacey Bell**, DrSc, chief scientist at Functional Foods Inc., a Belmont, MA-based company marketing snack powders specifically aimed at people with diabetes and those wishing to lose weight. Bell says that the term “functional foods” is “simply a marketing device, sexy words that don’t really mean anything, but they get peoples’ attention.”

She explains that the FDA and the scientific establishment are “well aware that the value of foods goes far beyond simply providing protein or energy.” What is being sold is what anyone could buy at a health food store or nutrition outlet, says Bell. “We’re taking science and moving it a step forward.” (See related story, p. 40.)

Well-known herb researcher **Earl Mindell**, RPH, PhD, author of *The Vitamin Bible for the 21st Century* (New York City: Warner Books; 1999) calls nutraceuticals “the most exciting breakthrough in preventive medicine.” Since they are derived from natural products derived from food, they are filling a gap in deficient American diets, he says.

“Since only 9% of Americans eat five servings of fruits and vegetables a day, these supplements are playing an increasingly important role in our nation’s health,” he says. Mindell notes phytochemical-enriched foods are simply alternative means of getting adequate nutrition.

He cites these examples:

- snack bars enhanced with soy photochemicals to alleviate menopausal symptoms and to prevent prostate problems;
- nutraceutical-enriched margarines to lower cholesterol;
- phytochemical-enriched candy for children who won’t eat vegetables.

Some companies are marketing responsibly

Jeff Nedelman, president and CEO of Strategic Communications, a Vienna, VA, firm representing numerous companies in the functional foods industry, says not all manufacturers are producing apocryphal products.

“There are many big companies that are very responsibly marketing functional foods, boutique foods, designer foods, whatever you want to call them — and they’re backed up by solid scientific data,” he says.

Nedelman explains that more research on the

Caution: Reading and Math Skills Required!

What's in functional foods? Here's a primer for health care professionals and patients. Pay close attention to the labeling on designer foods. Careful math and reading skills will help decipher complex and confusing labeling.

An example:

Snapple's Meteor, a tangelo-flavored fruit drink, is sold in 20-ounce bottles for approximately \$1.19 each. The label, which is somewhat difficult to read because it is printed in white against the pale pink contents of the bottle, says it contains 120 calories per serving, including 29 g of carbohydrates. But the consumer has to read to the fine print to see that a serving is only 8 ounces — less than half the bottle. Consuming the entire bottle means 360 calories and more than an entire day's allotment of carbohydrates for the average person — 87 g, most of it from high fructose corn syrup.

Yet the label says Meteor contains 100 mg of Siberian ginseng, 100 mg of gotu kola, and 25 mg of black currant extract — in an entire 20-ounce bottle. In the recommended serving size, one gets 40 mg of ginseng and gotu kola and 10 mg of black currant extract. ■

efficacy of certain herbs and other nutrients currently being added to foods makes it easier for companies to satisfactorily address the FDA's questions. At the same time, however, it could create a quagmire for some food manufacturers. "The FDA wants scientific data, but when it gets them, it decides the thing must be a drug rather than a food," he explains.

"It's like walking a minefield to deal with the FDA, and that's why many companies are conducting their research and test marketing their products through doctors. The FDA is much less likely to object if there are MDs out there vouching for a product," he says.

As an example, he uses Benecol, a cholesterol-lowering margarine-like spread marketed by Johnson and Johnson and used to lower cholesterol. Johnson and Johnson knew how to get the product out there, says Nedelman. "The Mayo Clinic did the research and it was published in the *New England Journal of Medicine*. The FDA

wouldn't resist that kind of scientific power."

Grocery industry analysts say designer foods have the potential to mushroom into a \$250 billion empire — or half the estimated size of the current food industry. ■

Joslin researches snack drink for diabetes patients

Joslin Diabetes Center of Harvard University's Medical School in Boston recently began a 16-week clinical trial on a diet supplement for glucose management and heart health. The powdered product is to be marketed as a drink and pill combination taken as a snack before lunch and before dinner, under the brand name Level Best by Functional Foods Inc. of Belmont, MA.

Diabetes is a major health crisis

The product contains chromium and ginseng for glucose management; psyllium, fructose, and barley for their glucose-leveling properties; red yeast rice to manage healthy blood lipids; and willow bark to augment the body's natural blood-clotting system.

"The rapid increase in the incidence of diabetes is a major public health crisis. People who have both diabetes and high cholesterol are at a high risk of developing heart disease.

"We need to explore aggressive prevention programs and better treatment measures, including the use of functional ingredients," says **Joan Hill**, RD, CDE, director of education at Joslin.

Hill says the study will look at the beverage/tablet combination made with nutrients with which many patients already are experimenting.

"This study gives us an opportunity to test a group of nutrients, which have already been shown to be individually effective," she points out.

Participants in the randomized, double-blind, crossover study all have Type 2 diabetes and cholesterol levels higher than 200 mg/dL.

The product was developed by Functional Foods' chief science officer, Stacey Bell, DrSc, and Judy Shabert, MD, PPH, RD, clinical instructor in obstetrics and gynecology at Harvard Medical School.

Functional Foods plans to offer Level Best initially through physicians' offices. ■

Beer's health benefits are becoming widely studied

This Bud's good for you

Add protection against cataracts and healthy heart to the laundry list of health benefits of moderate beer drinking.

Cancer protection, relief from kidney stones, prevention of osteoporosis — the list gets longer and longer — although cardiologists and endocrinologists have been careful to caution against patients adding beer to their health regimens just yet.

Several epidemiological studies have demonstrated health benefits, particularly cardioprotection, from moderate beer consumption.

Now Canadian and American researchers are reporting the results of laboratory and animal studies conducted in an effort to discover the reasons behind the benefits.

The bottom line: Beer, especially the darker lagers and stouts, may reduce the incidence of atherosclerosis by as much as 67% and cataracts by as much as 50%.

Darker beers have more antioxidants than the lighter pilsner beers.

In a paper presented at the American Chemical Society meeting in Honolulu in December, Canadian researcher **John Threvithick**, PhD, found potential benefits to diabetic patients. He is professor of biochemistry at the University of Western Ontario in London. Threvithick says he found that antioxidants in beer protect the lenses in the eyes of rats and cows exposed to high glucose levels as might be found in diabetes.

KEY POINTS

- Canadian animal study shows moderate beer drinking is protective against cataracts, particularly in subjects who have undergone a high glucose load similar to what might be expected in people with diabetes.
- Pennsylvania animal study shows moderate beer drinking offers a 67% protection against atherosclerosis.
- Experts say moderate drinking can be beneficial but that caregivers should caution patients about the negative effects of consuming more than one or two alcoholic drinks a day.

Will the animal experiments translate to humans? “The question is: After someone takes a drink, how much of the antioxidants actually get into the blood stream and to the lens of the eye?” says Threvithick. “The answer is: ‘We don’t know.’”

Threvithick and his team worked with alcohol to dissolve amino acids and found that alcohol itself has a fairly notable amount of antioxidant activity. However, as other researchers have noted, the benefits of beer and other types of alcohol diminish and dramatically tip the scales to the negative with overconsumption.

“Several studies have shown a 50% risk reduction for heart disease with the consistent consumption of one beer a day. For those who drink two beers a day, there was a 10% risk reduction, and for those who drink more, there was a higher risk,” says Threvithick. “Obviously there’s a trend here. The optimum health benefits seem to be with one to two beers a day.”^{1,2,3}

Consumption should be low to reap benefits

“It’s a U-shaped curve. There are good benefits with low consumption and great harm with high consumption,” says **Joe Vinson**, PhD, professor of chemistry at the University of Scranton in Pennsylvania, author of a soon-to-be published paper on atherosclerosis and beer consumption.

The 50% risk reduction for cataracts in beer drinkers, Threvithick found, is equivalent to the antioxidant benefits of 400 IU of vitamin E daily, but he argues that beer seems to have some other properties that may make it a more valuable protectant against free radicals than vitamin E.

“We were surprised to see almost the same kind of risk reduction for cataracts as for heart disease, especially since it can’t be a factor of cholesterol, since cholesterol doesn’t come into contact with the lens of the eye,” he says.

People with diabetes have twice the normal risk of cataracts because of recurring episodes of hyperglycemia, which destroys the mitochondria in lens cells. Therefore, the means of addressing oxidative damage to the lens of the eye are important.

“What often happens with diabetes is that people don’t get diagnosed until they’ve had one or two episodes of really high blood glucose for a period of time, like a day or two,” Threvithick says. “That may be enough to damage the lens.”

Threvithick says the anti-cataract effect is

most likely due to a mixture of polyphenols, which strengthen cell walls.

“They polymerize the cell walls much the same way the polymer bonds to the plastic fibers when fiberglass boats are made. In the case of the lens, the lignan small molecules are polymerized by this mixture of several polyphenols,” he says.

Threvithick’s daughter, Colleen Threvithick, PhD candidate in chemistry and biochemistry at the University of California in Los Angeles, is analyzing the brewing process, trying to discover the stage at which the antioxidants are produced.

Threvithick expects to publish his results soon.

Alcohol itself seems to have some antioxidant properties, but alcohol alone is not the cause of beer’s cardioprotective effects, says Vinson.

He contends his is the first study to specifically show that antioxidants in beer can add to the already established alcohol benefit. “We don’t really have a smoking gun, but we think the best candidate for this protective effect is ferrulic acid, a catechin in the polyphenol category.”

It will take more research to determine the exact effect, but Vinson theorizes the ferrulic acid works with the antioxidants already present in alcoholic beverages. He also credits ferrulic acid and other catechins and polyphenols with reducing platelet aggregation, thereby reducing the amount of plaque in arteries.

Darker beers have more antioxidants than lighter beers, says Vinson, although phytochemicals in the darker beers may not be as well absorbed.

His 10-week study involved giving hamsters water, beer 50% diluted with water, or beer diluted tenfold by water. The high-dose hamsters received a human equivalent of two beers a day. “Hamsters have a lipid profile similar to that of humans. They love the taste of beer, but they don’t get drunk,” says Vinson.

The half-diluted beer resulted in a 67% cardioprotective effect, and the low-dose beer resulted in a 21% protective effect.

Vinson also presented results of other studies that showed antioxidants in tea and grape juice also reduced atherosclerosis.

“We have a definite beneficial effect,” he says. “The low-dose is probably more relevant to you and I, since if you extrapolate it to the whole body, it would be equivalent to two beers a day for humans.”

The current animal studies are related to the

1976 study that defined what has been called the French paradox — showing lower morbidity and mortality among the French population despite a high-fat diet and sedentary lifestyle. Much of the heart protective benefit the French enjoy is ascribed to the custom of drinking wine, particularly red wine, with meals.

Vinson says beer isn’t any more effective than wine in diminishing the risk for atherosclerosis.

What should health care professionals tell patients who ask about the benefits of drinking beer? “I’d say tell them what we’ve been saying all along — drinking one or two beers a day is fine. But that should be coupled with the caution that more is not better.”

In fact, beer drinkers may have a somewhat lower protection because wine drinkers generally have a healthier lifestyle than beer drinkers, he says. In an interesting aside, Vinson notes that wine contains five to six times more

antioxidants than beer, although the protective effects of beer and wines are similar.

Vinson is careful to say his study should not in any way be considered definitive for humans, nor should it be considered a green light for nondrinking patients to start drinking for heart health.

“We think beer drinking over the course of many years might be preventive for heart disease,” he says. “I think the research is well-established that moderate alcohol drinking is good for you.”

Yet, he says, there are many cautions in light of the negative effects of alcohol consumption, among them high caloric content (150 calories in a 12-ounce beer and about 75 calories in a 3.5-ounce glass of wine), not to speak of the potential for alcoholism and even death.

Earlier studies have shown other benefits of beer drinking:

- A Danish study shows considerably reduced risk of stroke.⁴
- Laboratory studies from Oregon State University in Corvallis show hop flavonoids in beer inhibit DNA synthesis in breast and ovarian cancer cells.⁵
- A study from Brigham and Women’s

Hospital in Boston indicates beer drinking may be helpful in preventing kidney stones.⁶

• Another Danish study shows dramatically reduced risk of hip fractures in men and women who had two to three drinks of alcoholic beverages a week, but a higher risk of fracture among beer drinkers.⁷

What should health care professionals tell patients who ask about the benefits of drinking beer? “I’d say tell them what we’ve been saying all along — drinking one or two beers a day is fine. But that should be coupled with the caution that more is not better,” says Vinson.

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Stretching the stereotype: Men catch on to yoga

Eastern practice offers a host of health benefits

Maybe the guys finally noticed that celebrities such as Kareem Abdul-Jabbar, John McEnroe, and Sting were doing it. Maybe they noticed the entire Chicago Bulls basketball team deep breathing and gently stretching in hopes of a better performance after the departure of Michael Jordan.

Perhaps it’s because mainstream health clubs

KEY POINTS

- Men are discovering yoga, once considered a women’s domain.
- Greater availability of yoga classes in health clubs and the participation of sports figures and celebrities may be making yoga more palatable to men.
- Yoga postures (asanas) have been shown to be helpful for overall body conditioning as well as aiding those with degenerative joint disease and carpal tunnel syndrome.
- Stress-relieving effects of movements and breathing and relaxation exercises — all a part of yoga — can be of benefit to patients with a variety of chronic conditions.

are enthusiastically promoting its benefits alongside Nautilus and aerobics.

Maybe it is just because many teachers dropped the chanting and incense and added aerobic workouts to attract those who think that sweat, not spiritualism, defines a good workout.

Whatever the reason, yoga suddenly is attracting a host of male enthusiasts in search of more ease in their bodies, stress reduction, and even relief from chronic pain.

Yoga’s reputation as a New Age feminine haven is being challenged by an influx of middle-aged male enthusiasts, recently humbled into realizing they no longer occupy the body of a 20-year-old.

But even younger men, often more open to Eastern-style pursuits, are crediting yoga with giving them agility and strength to improve their overall athletic life — and almost as an aside, relieve stress in the bargain.

“Men outnumber women about four to one in most of my classes,” says Madison, WI-based yoga master **Roger Eischens**, who holds MS degrees in kinesiology, developmental psychology, and human biology. Eischens specializes in a personal variation of the yoga taught by Indian master B.K.S. Iyengar, which is often considered a more strenuous workout than some other yogic paths.

Eischens suggests the upsurge in male participation may be due to the availability of more male teachers. “Frankly, some men feel uncomfortable with women teachers.”

“Let’s face it, men stick out like sore thumbs in most classes, so they feel self-conscious. Most men have more difficulty with forward-bending

Connecting Men and Yoga

Here is a sample 20-minute-a-day yogic technique to help men break the stress cycle:

- ☯ *Get comfortable. Sitting in a chair is fine. Loosen tight clothing and take off shoes.*
- ☯ *Take long, deep, slow breaths.*
- ☯ *Relax your muscles, tightening and relaxing any that feel particularly tight.*
- ☯ *Repeat a word of your choice over and over again. Any word will work, but “one” is often used, or “peace,” or even your own name.*
- ☯ *Create a focused, yet permissive attitude. If your mind wanders, don’t fight it; just return to your focus word.*
- ☯ *Continue for 20 minutes.*

Source: Jonathan Faust, Kripalu Center for Yoga and Health, Lenox, MA.

movements and hamstring and lower back flexibility, and women generally have an easier time with those types of postures,” says Eischens.

Men, pressured to perform in society, may find their self-esteem is compromised in some yoga classes, says **Jonathan Faust**, director of curriculum at the Kripalu Center for Yoga and Health in Lenox, MA, the country’s largest yoga center with more than 20,000 visitors a year, almost half of them male.

“There are so many stress responses to whom men respond in today’s society,” says Faust, who has taught yoga for more than 20 years. “Not only are we under tremendous pressure to perform in every aspect of our lives, we somehow are expected to turn it off and relax, too, in order to avoid the risk of chronic diseases that comes from unrelenting stress.”

Those stress hormones and release of cortisol keep everyone, male and female alike, in a fight-or-flight response — creating a disease-inducing stress cycle. Unless men can find a way to break the stress cycle, says Faust, the physiological system begins to wear down, beginning with sleep deprivation, progressing to ulcers, immune system compromise, and eventually creating a hospitable climate for heart disease and other chronic disease conditions.

Now men are discovering a way to find that stress relief and even address chronic conditions

such as back pain and osteoarthritis without feeling silly, says Faust. **(See sample stress-reliever technique, above.)**

Newly created forms of the practice, such as power yoga, also tend to appeal more to the male sweat-oriented mindset, says Eischens.

Faust and Eischens agree that the vast majority of men who sign up for yoga classes do so at the urging of a friend or even a health care professional in search of relief from an injury.

“We humans have a wonderful feedback mechanism provided by the universe to let us know when we are overdoing; it’s called pain,” explains Faust. “The experience of our suffering brings to the realization that imbalance forces us to change something or the suffering deepens.”

“Anybody with almost any condition can do yoga,” says Eischens, busting the myth that sitting in the lotus posture or standing on your head is necessary to practice yoga. He de-emphasizes dramatic forward-bending postures and the types of positions that require sitting on the heels or kneeling.

Yet participants in Eischens’ classes get a good workout. “They know they’ve worked their bodies,” he says.

While the Kripalu Center offers yoga classes from a wide variety of traditions, the Kripalu yoga system, which evolved at the 30-year-old center, emphasizes a gentler approach to yoga

with flowing postures coordinated with the breath that, with practice, become a meditation in motion. A class typically includes a beginning relaxation segment, breathing exercises, postures (also known as asanas), and a final relaxation or meditation time.

“Many men protect themselves with what I call ‘armoring,’ which comes from sitting too much and from being self-conscious about their bodies. I have seen amazing results in just a weekend retreat for men who have been able to release that muscular and emotional tension and simply allow their bodies to become more flexible,” says Faust.

“It does matter how a person comes to yoga; there is virtually always a transformational effect,” he adds.

There are certain types of postures that are inappropriate for specific disease conditions — for example, inverted postures are not advised for people with hypertension, and rounded-back movements are contraindicated in those with chronic back pain. However, a good yoga teacher should be able to adapt to virtually any special need, including students in wheelchairs.

“I think it’s important that while yoga may mean the formal practice of asana and pranayama [breathing exercise], yoga means so many things that we should widen our scope of the practice,” says Faust.

He notes that the Sanskrit word “yoga” has similar roots to the English word “yoke.”

“That means union. It means bring body, mind, and spirit into balance, the way Herbert Benson, MD, founder of Harvard’s Mind-Body Institute in Boston discovered when he studied the science behind yoga and essentially demystified it in 1972 with the ‘relaxation response,’” says Faust.

“Yoga can be practiced sitting in a chair watching your breath, listening to some favorite calming music, or even taking a walk in the woods. It’s all the matter of attention and focus you bring to the practice,” he explains.

Eischens’ method of teaching, like that of many varieties of yoga, focuses on alignment of bones and balance. “When the bones are aligned and the body is in balance, the muscles will release easily into the full range of motion,” he says.

Yoga is not competitive, say both experts. People with certain body types may never have the range of motion that those with naturally loose joints enjoy.

“What we’re after is to create pure movement around the joint — and it works,” adds Eischens.

Most yoga teachers advise general slow stretches and smooth flowing movements to avoid injury and caution students not to attempt to stretch beyond their capacity.

Several studies have shown that yoga is helpful in overall conditioning, as well as in treating specific complaints including those related to degenerative joint disease and carpal tunnel syndrome. There have been few adverse effects of yoga reported.

Health care professionals who wish to recommend yoga classes to their patients should do some careful research into the qualifications of the teacher, says Faust. “Many, many people out there start teaching without any training or with a weekend workshop. That can be dangerous.”

Faust’s best advice to health care professionals seeking a yoga teacher to whom they can refer patients: “Ask around your community. See who is recommended and ask why that teacher is considered reputable. Then take a class yourself. That’s the only way you can know for sure, and you’re likely to get some benefits for yourself in the deal.” ■

PubMed adds CAM database to its web site

Easy searches now produce quick search results

From meditation to magnets, the vast popularity of unconventional medical therapies has risen sharply over the past decade to the extent that in 1997, Americans spent an estimated \$21 billion out-of-pocket for complementary and

KEY POINTS

- National Library of Medicine offers a new resource to retrieve research results on complementary and alternative medicine (CAM) therapies: CAM on PubMed.
- As a specially segregated subset of the 11 million-citation PubMed database, CAM on PubMed facilitates searches for CAM therapies or information in answer to questions from patients.
- The CAM database contains 240,000 citations and will expand in pace with PubMed’s weekly indexing of new articles.

To Find Your Way on the Web

There are two ways to find complementary and alternative medicine (CAM) information on PubMed, which is part of the National Library of Medicine in Bethesda, MD:

- 1. Go to the National Center for Complementary and Alternative Medicine web site** (www.nccam.nih.gov) and click on the CAM on PubMed icon at the center of the page. You will be switched automatically. It's a good idea to bookmark the site.
- 2. Go directly to PubMed's site** (www.ncbi.nlm.nih.gov/entrez/query.fcgi). When the search box appears, click on "Limits" and click on "complementary medicine" in the subset box. That will limit any search to the CAM subset.

alternative medicine (CAM) treatments.

Recognizing the need to provide authoritative CAM information to health care practitioners and consumers, the National Center for Complementary and Alternative Medicine (NCCAM) in Silver Spring, MD, and the National Library of Medicine (NLM) in Bethesda, MD, recently teamed up to launch a CAM subset of the enormous PubMed database. It will provide free Internet-based access to scientific data.

PubMed, part of the NLM, has more than 11 million citations in a free database that includes MEDLINE plus additional research materials unavailable elsewhere.

CAM on PubMed offers access to more than 240,000 abstracts from 1966 to the present, references, and some full-text articles on complementary therapies — a valuable resource for health care professionals searching for modalities that may help patients or searching for answers to questions asked by patients.

"There are a few journals devoted specifically to CAM therapies, but there are thousands of articles spread through the 4,500 journals we index as part of our total PubMed database," says CAM on PubMed developer **Sheldon Kotzin**, chief of the NLM's bibliographical services division.

Kotzin said it simply "seemed natural" to extract a subset to make it simpler to pull out CAM information.

For example, a search for "vitamin C" on PubMed's 11 million citation database retrieves

20,832 abstracts of all types of research conducted on vitamin C. A similar search in the CAM subset of PubMed retrieves 1,659 abstracts, which would be of specific use to a health care practitioner looking for complementary therapies for a patient. A smaller subset reduces searching and reading time.

A search for something more esoteric, "meditation," for example, turns up the same 745 citations in both databases.

Kotzin recommends searching for CAM therapies by typing in a disease condition on CAM on PubMed's search line. "For example, type in arthritis, and you'll get a return of the current body of information on complementary therapies for arthritis," he says. Clicking on the article brings up an abstract and often a link to the full-text article, plus an option to click on related articles.

PubMed has 120,000 users a day, conducting about 700 searches a minute.

"This is a dynamic database," says Kotzin. "That means that as we add to the main PubMed database every week, CAM on PubMed will grow."

"I think this is an extraordinary tool," says **Steven Strauss**, MD, NCCAM director, who worked with the NLM to formulate the CAM subset. "The opportunity to join forces with the world's largest resource for biomedical literature represents a major step in mainstreaming CAM research information."

NCCAM and the NLM both are divisions of the National Institutes of Medicine. ■

Parish nurses fill spiritual void in health care

Faith-based medicine stretches boundaries

In her 38-year career in hospital nursing, **Cleo Bell**, RN, of Durham, NC, realized that something was missing.

"People might be getting good medical care, but a lot of the time there was no one to help them with the spiritual trials they were going through," she says. "Over and over again, there seemed to be a spiritual void."

Susie Surles, who started out as a hospital orderly and worked her way up to registered nurse in a 30 year-plus career in Durham, voices a

similar frustration. "There seemed more and more paperwork, and I'm a bedside nurse who wants to be holding peoples' hands," she says.

Unlike many nurses, Surles says she was glad to be assigned in 1992 to the hospital AIDS unit, where she anticipated making more of a difference in patients' lives. "A young lady with HIV wanted to be baptized, and her minister didn't want to do it," she recalls. "I saw to it that she got baptized."

When they reached retirement age, Bell and Surles say they wanted to do something more, but did not know what. Then last summer, they were offered a chance they immediately jumped at — to train as parish nurses in a new program run jointly by the nursing and divinity schools of Duke University, also in Durham.

Now, as their training reaches its final weeks, each is entering upon this new career in her church in the largely African-American neighborhood of Walltown in Durham: Surles in St. James Baptist Church and Bell in St. John's Baptist Church, where she serves as president of the health ministry.

One of their first projects will be hosting a six-session workshop in cervical cancer prevention offered by the American Social Health Association. It's a vital service, since racial minorities have double the rate of cervical cancer that whites do. A key contribution of the parish nurses: finding the right citations from Biblical scripture to help bring the message of each session home to their Walltown parishioners.

A piece in the puzzle

Parish nurses are one puzzle piece in the complex solution to the challenge posed by the coming upsurge in the population of older Americans. As a result of the aging of baby boomers and an expected continuing increase in life expectancy, the number of Americans ages 65 and older is projected to increase from 35 million at present to 78 million in 2050. Moreover, the number of Americans ages 85 and older is projected to grow from 4 million to 18 million over those decades, with some demographers contending this number could go as high as 31 million.

The resulting growth in chronic illness and disability, medical planners predict, will require a much stronger partnership than exists today between the health care sector and religious institutions. And parish nurses, they say, will be key to building this partnership.

Parish nursing originated as a contemporary movement in the 1960s under the guidance of the late Granger Westberg, a Lutheran clergyman in Chicago. Its greatest growth has come in recent years, after parish nursing was officially recognized as a nursing subspecialty by the American Nurses Association in 1997.

Today there are 4,000 to 5,000 graduates of parish-nursing certificate or degree programs in the United States and abroad, divided among those who are remunerated and those who work without pay, according to **Mindy Beard, RN,**

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associate director of outreach programs at Duke University Medical Center.

A short walk from Walltown, in a more affluent part of the city, **Anne Drennan**, RN, has served for the past two years as a parish nurse at the Watts Street Baptist Church. A former hospital nurse who now administers a volunteer center in Durham, Drennan also manages to find 12 to 15 hours a week to work unpaid as her church's parish nurse.

It is some measure of the unmet needs among parishioners that she supervises 30 members of the congregation (some of them health care professionals, but most are not). In January, she logged a total of 230 contacts as parish nurse with parishioners in need, fellow volunteers, and others.

Being a parish nurse may be as simple as getting volunteer help for an elderly couple to clean out a closet or as tricky as helping congregants negotiate an increasingly complex and impersonal health care system, Drennan says.

For example, recently an 89-year-old woman with severe back pain asked Drennan for help in seeing an orthopedist after she was told she would have to wait two weeks to get an appointment.

"On a scale of 1-10, what is the severity of your pain?" Drennan asked her.

"Twenty," the woman replied.

In short order, Drennan arranged for an orthopedic appointment, but her work didn't end with getting the woman back and forth to physician visits. She helped detail the woman's list of medication, since several might interact in dangerous ways with drugs that might be prescribed. There was the need as well to keep the women's two grown children abreast of her situation, one in Wisconsin and the other 150 miles away in Wilmington, NC. And when physicians made little headway in alleviating the woman's pain and she moved in with her son, Drennan wrote a letter detailing the patient's medical history.

All efforts notwithstanding, the woman died soon after she moved to Wilmington. Her children asked Drennan to be one of the ministers at her service in Durham, something she considers a great honor.

"In this very complicated system of health care, you are a person representing the story of the church," **Keith Meador**, MD, ThM, MPH of the Duke Divinity School recently told a class on parish nursing at Duke, where Drennan frequently sits in.

"Yes, pray with your congregants," he told the class, "but make sure they get treatment." ■

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CE objectives

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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. ■