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Physicians, nurses, and clinicians given tools for self-healing

Stress management program gives tired caregivers a fresh start

It's 4 p.m. The waiting room is crammed to the rafters. Labs are delayed. Patients are impatient, and emergencies are cropping up like dandelions in spring lawns. What for many people might be the end of a long and exhausting day has only begun for many health care professionals.

Sure, no one ever promised you a rose garden when you entered the chaotic world of medicine, but few health care professionals anticipate the stress that goes with the turf of working in a hospital, clinic, or even in private practice.

Does that mean you have to live with it? "Not at all," says **Lee Lipsenthal**, MD, the Sausalito, CA-based founder of the lecture series, "Physician, Heal Thyself," and a collaborator in HeartMath, a Boulder Creek, CA-based company that offers coping courses to a broader spectrum of the health care community and its patients.

"The practice and delivery of medical services is in severe disarray," he says. "The community has high expectations of their health systems' ability to deliver services, but those health systems are unable to meet the demands of the community, and many have

KEY POINTS

- The high-stress world of modern medicine has left many health care professionals dissatisfied with their jobs, exhausted, and stressed.
- Two California-based programs offer simple tools to stop stress behavior in its tracks and defuse tense situations plus long-term stress management techniques designed to improve job satisfaction and quality of life.
- Physiological benefits also have been associated with the programs.
- Four-day workshops can result in an in-house staff training program plus community outreach programs for patients.

Physician, Heal Thyself

Lee Lipsenthal, MD, a physician in Sausalito, CA, gives his recipe for a happier health care professional:

- ❤ **Take a breath:** Before you enter the room to see a patient, stop, take a deep breath, and think of someone you love. This shifts you to a place of calm and focus.
- ❤ **Take your own diet and exercise advice:** If you're not physically well, you can't be a good teacher to your patients.
- ❤ **Relate adult-to-adult:** In conversation with patients, look at them as adults and equals. This keeps you focused and listening to what this particular patient is saying rather than making assumptions that you already know their story.
- ❤ **Show appreciation:** Choose a staff member or co-worker a day and think of that person with gratitude for what that individual offers to make things run more smoothly in your workplace. You may not wish to tell anyone what you are doing at the beginning, but even this positive thought pattern will help build cohesiveness among your co-workers and re-focus your thoughts on positive qualities.
- ❤ **Prioritize your work:** Put yourself first, your family second, and your patients third. This may seem contrary to what you learned in school, but if you are better balanced, everything in your life will be better balanced.
- ❤ **Get off the pedestal:** It's lonely up there, and social isolation is a well-documented risk factor for disease.
- ❤ **Say the three hardest words, "I don't know":** Admit you don't know the answer to a question and then promise you'll find the answer and follow through.
- ❤ **Go into your cave:** When things become overwhelming, take a few minutes to shut yourself away from the world and re-focus. This might be in your office, the staff bathroom, or even the broom closet. Find a way of letting fellow workers know you are taking a brief timeout, not more than 10 minutes, and they'll see that you come back with more clarity, so they'll encourage these kinds of breaks.

even become financially disabled."

The new reality of high-stress jobs with long hours and low pay has dissuaded the next generation of health care professionals. "In short, the system is falling apart," says Lipsenthal, who also is medical director of Lifestyle Advantages, a Dean Ornish-inspired clinic in Sausalito, CA, and Pittsburgh.

"I was so unbalanced in my life that I didn't even know how far out of whack I was until I went to a HeartMath program," says **Diane Ball**, RN, a professional associate at Delnor Community Hospital in St. Charles, IL.

By 1999, Ball had worked in cardiac rehabilitation for 13 years and managed the hospital's program for seven years when she heard about the programs that help recognize and contain stress.

"I thought I was going out there for four days to learn how to help my patients manage stress better in their lives," she says. "Instead I found answers to what was wrong in my life — at home and at work — and got some very concrete tools to deal with problems as they emerged and in the long term."

Ball was so enthralled with what she had learned that she persuaded members of Delnor's administrative staff to attend the program. From there it was a cinch to get them to offer stress reduction training to all staff members who wanted it. Ball says she found her mission in life and is now a one-on-one trainer, using many of the techniques she learned in HeartMath to train fellow staff members in eight-hour versions of HeartMath and to reach patients through community outreach programs.

It worked: Delnor's turnover rate, 44% annually before the program began, dropped to 19%.

Only 13% report they are exhausted, compared to 39% before the program. Now 61% report feeling peaceful in the workplace compared to 35% pre-program. Customer satisfaction has skyrocketed from 73% to 94%. Employee satisfaction is over 70% — the second highest ranking by Sperduto and Associates, an Atlanta-based psychological assessment firm, Ball says.

Lipsenthal points with pride to Delnor and a

COMING IN FUTURE MONTHS

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- ■ Kiss and tell: Onions and garlic may offer protection against heart disease, cancer
- ■ Natural alternatives to Viagra

flurry of other facilities and individuals in private practice making giant leaps in staff and patient satisfaction — and improved health outcomes — through the programs he helped develop.

At the heart of his programs are two techniques called Freeze Frame and Heart Lock-in.

Lipsenthal calls Freeze Frame "a hypercondensed mindfulness meditation," used to instantly shift emotions from chaotic and scattered input to "a more centered focus" in seconds. "It's designed to address moments of overwhelm, as a timeout, that can be practiced in any setting — even when you're walking down the hall."

Ball calls Freeze Frame a one-minute de-stressor that teaches practitioners not to overreact and helps them move to a more neutral state when stress threatens to prompt overreaction.

Physiological benefits of Freeze Frame also are measurable. Intense emotions affect heart rate variability, Ball explains, and when signals of intense emotion are transmitted by the vagus nerve to the brain, perceptions actually shut down.

Ball recalls a time when she felt frustrated — rushing to complete a report on deadline and she couldn't find her stapler. A brief pause practicing Freeze Frame allowed her to see that the stapler was right on her desk where it always was. "My brain had shut down to the point where I actually could not see the stapler," she says.

The practice works to neutralize heart rate variability and literally re-open the brain receptors, she says.

Freeze Frame also helps balance the autonomic nervous system and reduces catecholamine levels, Lipsenthal adds, as well as decreasing the production and release of sugar in the liver. His experience shows changes in DHEA, IgA, cortisol, blood pressure, lipid levels, and diabetic control, too.

The second technique, Heart Lock-in, requires more time and produces longer lasting results, says Lipsenthal. This sit-down, 20-minute daily practice helps the practitioner focus on what is needed at that precise moment for a better quality of life. Unlike meditation, Lipsenthal says, Lock-in is encouraged when stress is building.

In his longer programs, Lipsenthal also teaches goal-setting techniques called Mind Map and Heart Map, which provide skills to accomplish specific tasks through nonlinear thinking. Participants create "puzzle pieces" of the project and then assemble them in a logical order.

"This is the hardware of making a plan," says Lipsenthal.

CE questions

For your conveniece, *CTCC* will be printing CE questions in each issue, beginning this month. Subscribers will receive a complete test and Scantron form in the December 2001 issue.

1. Delnor Community Hospital saw which of the following results after implementing training and outreach programs that included HeartMath techniques?
   A. decreased employee turnover
   B. decreased employee exhaustion
   C. a more peaceful workplace
   D. all of the above

2. The St. John's wort trial conducted at Vanderbilt University yielded which of the following results:
   A. higher remission rates
   B. decreased HAM-D scores
   C. an unusually high placebo response
   D. all of the above

3. A recent Columbia University study found that black cohosh:
   A. increased the hormone levels of breast cancer patients
   B. decreased the hormone levels of breast cancer patients
   C. did not alter the hormone levels of breast cancer patients
   D. was superior to placebo in reducing hot flashes

4. Allergy and asthma patients may be using which of the following alternative treatments?
   A. acupuncture
   B. ephedra
   C. yogic breathing techniques
   D. all of the above

The "software," is another Lipsenthal technique called Heart Map, which takes the same task and offers an opportunity to look at the human aspects of the project and how a team might be assembled, if that is appropriate to the task, and harmony produced.

In the physicians' component of his programs, Lipsenthal encourages coherent communication between clinicians and patients by using an innate sense of medical intuition — particularly in listening to the patient. Surveys have shown that doctors interrupt their patients approximately 20 seconds after the beginning of the

litany of symptoms. Lipsenthal suggests that improved communication would probably make diagnoses more accurate if health care professionals are "present" with the patient and use intuitive listening to get some clues to the underlying causes of the patient's complaint.

"Physicians who partner with patients get better outcomes. If a patient doesn't feel heard, he feels dissatisfied," says Lipsenthal.

Doctors and other health care professionals need to see patients as individuals, even when giving full attention to a minor ailment for the 10th time in a day becomes a crashing bore and produces frustration.

Automaton diagnoses and dispensation of pills is an area where the medical structure begins to go wrong, says Lipsenthal. "By assuming that this patient's complaint is the same as the last patient's, we set ourselves up to make mistakes. We need to listen fully to each patient and see each one as an individual," he adds.

Becoming emotionally present for patients makes a world of difference and may even bring health care professionals back to the primary concern that brought most of them to medicine: the desire to help people, says Lipsenthal.

Finally, Lipsenthal teaches health care professionals that they have the power to say, "No."

"You can decide where you want to be across the spectrum of how many patients you will see in a day," he tells doctors. "Yes, there is a financial cost in seeing fewer patients, but there may be an emotional benefit far beyond what you might have imagined.

At the same time, he tells doctors, if they choose to continue practicing in the same way they are currently practicing, seeing the same number of patients they are now seeing, they are giving up the stressor of blame: "You decided to stay where you are. You're no longer a victim."

Adam Duhan, MD, an internist in Berkeley, CA, took Lipsenthal's message very seriously when he took the course earlier this year.

Now he's only in his office one day a week, as opposed to six and even seven days a week a couple of years ago.

"I decided to heal myself by doing creative things with my time and energy," says Duhan, who now is fulfilling a lifelong dream of becoming a writer. He still keeps his hand in medicine with a new business with an old twist: He's a doc with a black bag who makes house calls on a very limited basis and to a very limited clientele — celebrities who visit his area.

His advice to fellow health care professionals on the edge of burnout: "Don't stretch yourself farther than you are comfortable. Take time for yourself and remain a whole human being. And most of all, don't let yourself be under the gun of managed care. I left that gun behind years ago, even before I took Lee's program because I knew how destructive it would be," says Duhan.

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Study: St. John's wort not effective for depression

Other researchers challenge findings

One of the most widely used herbal treatments for depression received a hard blow in April when the *Journal of the American Medical Association* printed the results of a study that concludes St. John's wort is not effective for major depression.[1]

The Vanderbilt University study, which included 200 adult outpatients diagnosed with major depression, criticizes two dozen clinical trials, concluding that "most have significant flaws in design and do not enable meaningful interpretation," wrote the study's lead author, **Richard C. Shelton**, MD, of the Vanderbilt School of Medicine in Nashville, TN.

Shelton's subjects were randomized to receive 900 mg of St. John's wort daily or placebo for eight weeks. Nonresponders in the St. John's wort group were increased to 1,200 mg after four weeks.

All participants scored at least 20 of a possible score of 52 on the 21-item Hamilton Rating Scale for Depression (HAM-D), indicating major

KEY POINTS

- A Vanderbilt University study says St. John's wort shows no efficacy against major depression.
- Several researchers have challenged the findings, saying ample clinical evidence shows the efficacy of St. John's wort against depression.
- Review shows several studies that also warn against increased liver enzymes of patients taking St. John's wort, which alter the metabolism of other prescription and over-the-counter drugs.

depression. Secondary measurements included the Beck Depression Inventory, the Hamilton Rating Scale for Anxiety (HAM-A), the Global Assessment of Function (GAF) scale, and the Clinical Global Impression-Severity and Improvement scales (CGI-S and CGI-I).

"There was no significant difference in rate of change in HAM-D scores between the St. John's wort group and the placebo group for those patients with relatively less severe initial depression. . . ." Shelton wrote. "Unlike previous studies, St. John's wort extract failed to produce significant differences vs. placebo on any of the outcome measures used. . . ." The St. John's wort efficacy rate was 32%, and the placebo rate was 21%, short of the difference needed for statistical power, he added.

The researchers concede that St. John's wort "could be effective for less severely depressed patients" since results showed improvement in 20.3% of the active ingredient patients and 11.8% of placebo-treated subjects.

Study draws rebuttals

The study immediately drew heavy fire from clinicians who have used St. John's wort and found it effective against longstanding mild-to-moderate depression. "There is plenty of evidence that St. John's wort is helpful in mild-to-moderate depression and even some evidence that it can help in severe cases," says **Adrian Fugh-Berman**, MD, assistant clinical professor at George Washington University School of Medicine and Health Sciences in Washington, DC. She says the Vanderbilt study is "a well-designed trial," but calls the conclusions "deficient."

"The single positive finding in this trial was a higher remission rate among the treated group. Although remission rates were low, the authors should not have dismissed this finding: Remission is of clearer benefit to the patients than an improvement in HAM-D scores," says Fugh-Berman.

She also criticizes the authors for unsporting behavior. "The desire that one's research will supersede all other research in the field probably is common, but most authors are better at keeping such uncollegial thoughts under wraps."

Fugh-Berman commends the design of the study. "The attention to details is laudable. For example, care was taken to mask the taste and smell of the verum treatment; individual lots of the treatment were analyzed to ensure consistency; a dose increase was built in; and HAM-D assessments were videotaped and reviewed by an independent assessor," writes Fugh-Berman in the June issue of *Alternative Therapies in Women's Health*.

Although some colleagues disagree, Fugh-Berman also says she approves of the study population, which she says "appears to have been selected to represent an appropriate level of depression for comparison with previous St. John's wort studies."

Yet she roundly criticizes Shelton's dismissal of other studies as poorly designed, for example, those which include patients rated mildly depressed with scores of less than 18 on the HAM-D scale. "Deliberate inclusion of mildly depressed subjects is hardly a design flaw."

St. John's wort is one of the most widely studied of all herbal remedies. It is currently the subject of a three-year multicenter study sponsored by the U.S. National Institutes of Health where it is being compared to placebo and to the selective serotonin reuptake inhibitor (SSRI) sertraline (marketed under the brand name Zoloft).

Herbal Medicine, an expanded version of the German Commission E monographs (Blumenthal, Goldberg, Brinckman. Austin, TX: American Botanical Council; 2000) lists 65 primary references on the efficacy of St. John's wort, several of them naming Fugh-Berman as lead author or co-author.

In 1984, The German Commission E approved the internal use of St. John's wort for mild-to-moderate depressive states, restlessness, anxiety, and irritability. The German government also licenses its use for nervous excitement and sleep disturbances. However, because the St. John's wort monograph was written in the 1980s, the Commission's monograph does not include data from recent studies reporting potential interactions with prescription and over-the-counter drugs.

Warning of interactions

Those recommendations notwithstanding, several studies, including one by Fugh-Berman, suggest mild serotonin syndrome might result from mixing St. John's wort with SSRIs.[2]

A review from Thomas Jefferson University in Philadelphia notes several studies that warn St. Johns wort may accelerate liver enzyme activity via cytochrome P450.[3] Studies have reported potential herb-drug interactions in patients taking theophylline, cyclosporine, warfarin, and ethinyl estradiol / desogestrel.

Other research suggests that St. John's wort

induces CYP3A4 isozyme activity, which is responsible for the metabolism of such commonly used drugs as: protease inhibitors, nonsedating antihistamines, calcium channel blockers, 3-hydroxy-3-methlyglutaryl coenzyme A reductase inhibitors, benzodiazepines, estrogens, macrolide antibiotics, carbamazepine, cyclosporine, carbamazepine, ketoconazole, and cortisone.

The authors of the Thomas Jefferson review, who noted at least six "well-designed" clinical studies showing the efficacy of St. John's wort, also are less than enthusiastic about the Vanderbilt study.

Jeffrey Greeson, MS, a research associate at Thomas Jefferson and lead author of the review, says he believes the differences between the placebo group and the St. John's wort group are significant, despite Shelton's conclusions.

Statistically, Greeson says, the Vanderbilt study comes close to clinical significance. "At worst, there is a strong trend, so let's not throw the baby out with the bath water. While their conclusion is scientifically acceptable, to me, it suggests St. John's wort is superior to the placebo." Particularly since the Vanderbilt study addresses patients with major depression, Greeson says, he would have expected even less positive results.

Daniel A. Monti, MD, professor of psychiatry at Thomas Jefferson Medical School and a practitioner at the university's Center for Integrative Medicine, says he thinks the use of St. John's wort may be effective for some patients with mild-to-moderate depression, but "in severe cases, I go straight to a pharmacological agent."

His advice to clinicians: If patients are philosophically opposed to taking pharmacological agents, let them try St. John's wort and see if it works.

And a second caveat in view of possible herb-drug interactions: Always ask patients to tell you all the drugs, herbs, and supplements they are taking. Monti and Greeson both suggest that any patient taking St. John's wort should be under the supervision of a physician, particularly if the patient is taking any conventional drugs, whether prescription or over-the-counter.

Monti says the Vanderbilt study does contribute to the scientific literature on St. John's wort; particularly, it underscores the likelihood that St. John's wort isn't terribly effective for severe depression.

And in written remarks, **Jerry Cott**, PhD, former chief of psychopharmacology at the National Institute of Mental Health in Bethesda, MD, said the Vanderbilt study should, at least, be considered "neutral — one that simply fails to show effectiveness rather than proving the test drug doesn't work. Since no active treatment group, i.e., no active pharmaceutical drug, was used in the design of the study to compare to St. John's wort and the placebo, the [Vanderbilt] study may simply have lacked the sensitivity to detect a difference," he wrote.

Cott suggested the presence of subjects on active medication would show if the study has sensitivity depending on whether the known antidepressant was effective. He also noted that in 25 years of research on psychopharmacological agents, he has never seen a study on depression with such low placebo response. "One possible interpretation is that the extremely low placebo response rate could invalidate the study." He noted that the Vanderbilt investigative team routinely has seen placebo response rates of 30% to 50% in other studies. "So why the difference now?" he asked.

(Editor's note: Vanderbilt investigators were unavailable for comment.)

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Hope: Is there relief for breast cancer patients?

Black cohosh, exercise may help

Now it seems that there are more safe options than ever for addressing hot flashes and other symptoms of menopause in breast cancer patients, and at the same time, there are some new warnings as well.

Recent research from Columbia University in New York City shows that black cohosh may safely provide nonhormone-based relief for hot

KEY POINTS

- Recent Columbia University research shows black cohosh does not alter hormone levels in women with breast cancer taking the herb during a 60-day trial. Black cohosh provided relief from hot flashes associated with menopause and the use of tamoxifen equal to placebo.
- A Duke University study shows that weight gain in women undergoing chemotherapy for breast cancer is due to inactivity rather than to overeating. Researchers recommend advising breast cancer patients to incorporate a daily exercise regimen emphasizing resistance training for the lower body.
- Weighing the benefits of soy foods — several studies show possible benefits of soy consumption to prevent breast cancer, but others show isoflavones may trigger increased estrogen sensitivity.

flashes and appears to be acceptable for at least two months in women suffering from tamoxifen-enhanced sweating.[1] A Mayo clinic study additionally recommends vitamin E to help relieve hot flashes.[2]

And another study from Duke University in Durham, NC, shows that exercise prevents chemotherapy patients from accumulating extra body fat while improving quality of life.[3] And finally, the warning: The jury is still out on the safety of soy foods for breast cancer survivors.

Relief for menopausal symptoms

Many perimenopausal and menopausal women taking tamoxifen report intense, sometimes almost unbearable, hot flashes and sweating. Black cohosh traditionally has been used to relieve menstrual and menopausal discomfort.

Judith Jacobson, DrPh, MBA, assistant professor of clinical public health at Columbia University, found that taking black cohosh for two months had no effect on the level of hormones that may increase risk of recurrence.

The black cohosh group reported a 27% reduction in the number of hot flashes, but a significant reduction in the amount of sweating.

"Some women may differentiate sweating from hot flashes. This is a matter of whether the cup is half full or half empty," says Jacobson. "The improvement was there, and we have shown it causes no harm in terms of hormonal increases, at least in the 60-day period our subjects used it."

One of the 85 women with breast cancer who participated in Jacobson's double-blinded study told the researcher she was extremely excited about the wonderful relief she was getting from the pills she had been given.

Jacobson recalls, "I said to her, 'What if we find out you are on the placebo?' and she said she didn't care as long as it was working. In fact, at the end of the trial, we found she was on the placebo."

"Quality of life is extremely important to breast cancer survivors. I really don't care what's in the black box, if it works and it doesn't hurt people, I'm for it," she adds.

The German Commission E reported estrogen-like action, luteinizing hormone suppression and binding to estrogen receptors with black cohosh use. However, no estrogen-like effects have been noted with Remifemin (distributed by GlaxoSmithKline in the United States), the most widely used black cohosh extract, so it has been widely recommended as a remedy acceptable for breast cancer survivors.

Placebo-controlled and open clinical monitoring trials with black cohosh in healthy women, and worldwide use for more than 40 years, have a shown a 70% reduction in hot flashes and other symptoms in the majority of women over 12 weeks. Based on the divergence between previous findings of the effectiveness of black cohosh in healthy women, Jacobson says further research is necessary.

One-third of the women in Jacobson's study were not in the normal range for natural menopausal symptoms, and the majority was taking tamoxifen, which can produce menopausal symptoms. Many experts theorize that drug-induced and natural hot flashes differ in nature and severity. Follicle-stimulating hormone and luteinizing hormone were measured by blood tests at the beginning and end of the study.

Jacobson notes that her two-month study might have been too short to produce full results. Remifemin package labeling says relief may take up to 12 weeks. Jacobson also noted that placebo effects typically wear off with time and a longer study might have picked up a difference between the active and placebo groups.

"The important thing here is that this study confirms that Remifemin is a safe alternative for women who cannot or choose not to take estrogen. Black cohosh caused no changes in female reproductive hormone levels," says **Susan**

Love, MD, adjunct professor of surgery at the University of California, Los Angeles.

The Mayo Clinic review of current literature on nonhormonal alternatives for the treatment of hot flashes in breast cancer survivors as well as in healthy women resulted in a determination that 800 IU of vitamin E daily is a "reasonable choice for women experiencing mild hot flashes." If the vitamin E was not effective, the Mayo review recommends antidepressants clonidine and venlafaxine and finally progestations agents, such as megestrol acetate or intramuscular injections of depomedroxyproegesterone. The Mayo study did not recommend black cohosh or soy.

The Mayo researchers also suggest nonpharmacological approaches, such as paced breathing, progressive muscle relaxation, avoiding alcohol and spicy foods, and wearing loosely woven cotton clothing.

Exercise for chemotherapy patients

Exercise and chemotherapy seem like impossible partners, but a Duke study shows that breast cancer patients who engaged in a moderate exercise program while they were undergoing chemotherapy reported improved quality of life during the difficult period of chemotherapy. In addition, they did not gain body fat, which might place them at higher risk for other diseases and possibly for a recurrence of breast cancer.

Weight gain is common during chemotherapy for breast cancer, and many oncologists assumed the women were simply overeating.

The Duke study, funded by the National Cancer Institute, showed that women receiving chemotherapy gained 2.1 kg vs. a 1 kg gain among those who received only localized treatment — surgery with or without radiation.

Researchers measured and compared diet, activity, resting metabolism, and body composition in 53 premenopausal, early-stage breast cancer patients over the course of one year.

"This study shows that these patients are not overeating; they are underactive," says **Wendy Demark-Wahnefried**, PhD, associate research professor of surgery at Duke in Durham, NC.

"The data suggest that chemotherapy-induced weight gain is distinctive and indicative of sarcopenic obesity (weight gain in the presence of lean tissue loss or absence of lean tissue gain)," Demark-Wahnefried writes.

In the general population, weight is gained in both lean muscle tissue and fat," she says. "In premenopausal breast cancer patients receiving chemotherapy, however, we saw an increase in adipose tissue while lean tissue stayed the same or even decreased. So patients became 'fatter' even if their weight stayed the same."

The body composition changes induced by chemotherapy "physiologically are comparable to a woman aging 10 years in one year," she says. "Exercise may be the only way to stop the loss of lean tissue mass, which seems to occur even if there is no weight gain."

Her advice: Breast cancer patients receiving chemotherapy should be advised to exercise daily, first thing in the morning, emphasizing resistance training in the lower body to maintain lean tissue mass and prevent weight gain. Clinicians need to advise their patients to plan the exercise time and not wait until the end of the day when they are too tired.

"They should make exercise part of their lives. I know it's hard, but the more they experience it, the more it becomes self-reinforcing," says Demark-Wahnefried. Patients who exercised reported they had more energy and less nausea. "It's also something to take their minds off what they are going through," she adds.

Soy — good, bad, or indifferent?

Conflicting opinions are now emerging among soy researchers about the health benefits of the lowly bean once considered a miracle stopper of heart disease, shield against cancer, and a source of inexpensive nutrition. There is now concern that soy may be a source of estrogen and, as such, could promote primary breast cancer or the recurrence of the disease in survivors.

Numerous studies indicate the consumption of soy products may be heart- and chemo-protective, including a recent Vanderbilt University study of Chinese women that showed high soy intake early in life may reduce the risk of breast cancer in later life.[4] And a 1997 Japanese study shows that consumption of soy products lowers the risk of developing breast cancer by modifying estrogen metabolism.[5]

While soybeans are high in protein and essential fatty acids, they are a rich source of isoflavones, which are plant-derived estrogens, chemically similar to, but weaker than, human estrogen.

Because of the phytoestrogen content of soy products, some physicians caution women against eating too much soy for fear of promoting tumor growth, especially in women whose breast cancer

is sensitive to estrogen.

Eating soy in moderation should not be problematic for women with breast cancer, says **Wahida Karmally**, MS, RD, director of nutrition at the Irving Center for Clinical Research at Columbia Presbyterian Medical Center, also in New York City.

"If you occasionally have tofu with a meal, that's fine. It's when people drink lots of soy milk and take soy supplements [which contain concentrated isoflavones] — that could be a problem," says Karmally, who is a spokeswoman for the American Dietetic Association. "We don't know if it is dangerous, but we should be conservative about it until we do know," she adds.

Much of the current debate over the health benefits of soy began two years ago when two Food and Drug Administration (FDA) scientists strongly opposed health claims on soy products (the FDA was considering allowing soy product manufacturers to include a health claims with their products).

"We oppose the health claim because there is abundant evidence that some of the isoflavones found in soy demonstrate toxicity in estrogen-sensitive tissues and in the thyroid," wrote FDA senior toxicologists **Daniel Sheehan**, PhD, director of the FDA's estrogen base program and **Daniel Doerge**, PhD, of the FDA's division of biochemical toxicology.

"Given that a woman's own estrogens are a very significant risk factor for breast cancer, it is unreasonable to approve the health claim until complete safety studies of soy protein are conducted," they added.

The FDA leadership overrode Sheehan and Doerge's concerns, saying the weight of evidence supports soy's benefits.

However, the *FDA Consumer* magazine carried a lengthy article in its May-June 2000 issue carrying Sheehan and Doerge's warnings.

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Many patients with asthma use CAM therapies

Herbs, acupuncture may be helpful for asthma

There's probably no physical ailment more frightening to have, or to witness, than an acute asthma exacerbation.

The wheezing, coughing, swollen airways, and inability to breathe is terrifying — and most patients will do almost anything to avoid it. That may be why asthma patients seek remedies, any remedies, to prevent attacks and to stop attacks under way.

CAM use may reduce number of attacks

While most experts agree that complementary medicine offers little to stop an asthma attack when it is under way, there are a number of herbs and complementary modalities that may offer anti-inflammatory and bronchodilatory relief to asthma sufferers and minimize the number of attacks.

Most practitioners also agree that little research has been done on these remedies, although their

KEY POINTS

- More than half of all asthma sufferers have tried complementary therapies, and the use of complementary remedies appears to be particularly heavy among sufferers of severe asthma.
- Complementary therapies are probably the most useful for sufferers of mild-to-moderate asthma, experts say.
- Ephedra and acupuncture are widely used for treating asthma and are effective in some patients, but many practitioners are concerned about the potential dangers of ephedra use.

time-tested traditional use should be taken into consideration.

"There's really nothing new here. It's a reintroduction of ancient remedies that worked in the past and still work," says **Irwin Ziment**, MD, chief of medicine at Olive View-UCLA Medical Center and a professor of medicine at the University of California at Los Angeles.

Ziment points out that 80% of the world's population still uses traditional medicines, and that many herbs and other so-called "alternative" therapies are effective in treating asthma.

"For mild and moderate asthma, herbal and other complementary therapies provide a useful option since most patients don't need regular medical supervision and over-the-counter and herbal remedies work just fine," he says.

He says he does not recommend herbal therapies for severe or very severe asthma.

A University of California San Francisco survey showed that 8% of adult patients with asthma reported herbal self-treatment and 6% reported use of ephedrine or epinephrine.[1] Researchers concluded that self-treatment was associated with an increased risk of hospitalization because "it may reflect delay in utilization of more efficacious treatments."

Other studies have shown that as many as 59% of all patients with asthma have used complementary therapies at some time and approximately 30% of all patients with asthma use complementary therapies regularly, with the largest numbers employing homeopathic and herbal therapies followed by yoga and acupuncture. Use of herbs is particularly high among patients with severe asthma, with one survey reporting that 44% of patients with severe asthma used herbs.[2]

Many patients also use coffee and tea for their bronchodilating effects. Homeopathic remedies frequently include belladonna, allium cepa, ephrasia, mixed pollens, and coffee in microdoses.

Ephedra use

Despite recent accounts of long-term, high-dose use of ephedra by dieters, which can lead to adverse cardiovascular and central nervous system events, Ziment and some of his colleagues agree that ephedra is one of the most effective herbal treatments for mild-to-moderate asthma.

"It has been used for centuries and traditional Chinese medical practitioners are still using it. Obviously they're satisfied," says Ziment.

Diaphragmatic Breathing Technique for Asthma

Mary Hardy, Medical director of the Integrative Medicine Program at Cedars-Sinai Medical Center in Los Angeles, recommends diaphragmatic breathing for stress reduction and relief of asthma and allergy symptoms:

- Sit in a comfortable relaxed position with spine straight.
- Place your hands on your belly and push it in and out a few times to become accustomed to the idea.
- Now take a deep, slow comfortable breath in through your nose, allowing the belly muscles to relax and press out as you inhale.
- When you are ready to exhale, gently pull your belly muscles in, squeezing the last of the air out of your lungs.
- Continue breathing in this manner in a slow, gentle relaxed way, for five minutes.

Ephedra, also known as ma huang, has been shown to be an effective bronchodilator, says **Mary Hardy**, MD, medical director of the Integrative Medicine Program at Cedars-Sinai Medical Center in Los Angeles.

"There are good data showing ephedra has been used effectively in the context of traditional Chinese medicine for treating asthma," she says. "However, patients using it should be monitored by a physician."

Ziment, who served on the Food and Drug Administration (FDA) panel that investigated adverse reactions to asthma, contends the FDA made a "bad tactical error" when it issued warnings about the possible adverse effects of ephedra. The directive that patients should consume no more than 8 mg of ephedra three times a day for no more than one week is "not realistic," he says.

"I personally have taken much larger doses for much longer periods of time and so have my patients," says Ziment, author of a review of complementary therapies for asthma published in October.[3]

"Ephedra can be given perfectly safely to the

majority of people without any worry," says Ziment, emphasizing that physicians should use caution with patients with cardiovascular disease.

"It is extremely important to recognize what our patients may be using and to properly advise them about these modalities and the possible physiological and immunological adverse events," says **Leonard Bielory**, MD, director of the division of allergy and immunology at the University of Medicine and Dentistry, New Jersey Medical School in Newark.

Standardization needed

Bielory says he is skeptical about ephedra because of the lack of standardization in the variety of products that are on the market, but he doesn't object to patients with mild-to-moderate asthma using Sudafed or other over-the-counter preparation that are standardized. He says some of his patients have found relief for allergies and asthma with echinacea, honey bee pollen, and *Ginkgo biloba*.[4]

Acupuncture

In a 1997 consensus paper, the National Institutes of Health said acupuncture may be useful as an adjunct treatment, an acceptable alternative or as part of a comprehensive management program for asthma and a number of other chronic

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Editorial Questions

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conditions, including adult postoperative and chemotherapy nausea and vomiting, postoperative dental pain, addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, and carpal tunnel syndrome.

"I think acupuncture can be useful under the right circumstances," says Hardy, who also encourages her allergy and asthma patients to use a multivitamin regimen that includes antioxidants, flavonoids, quercetin and grapeseed extract.

Ziment says acupuncture has proven beneficial to many of his patients with mild-to-moderate asthma, and he has no objections to the therapy, although he thinks the evidence for its efficacy is "not convincing."

What works best?

Hardy endorses a combination of vitamin therapy and yogic breathing exercises. **(See box, p. 82.)** "It's important to modify the emotional triggers of asthma as well as the emotional responses during an event. Yogic breathing techniques like simple diaphragmatic breathing, three-stage breath, breath locking, and alternate nostril breathing are all very effective for this purpose."

Each patient is unique and responds to therapies in a different way, says Hardy. "I tell physicians and other practitioners not to have a knee-jerk reaction to the patient. Use the same analytical and diagnostic tools to look at the various components of asthma and you'll find an effective holistic treatment," she says.

Bielory says he prefers a nonsteroidal menthol and eucalyptus nasal lavage.

"The results have been good and I've seen a 30% to 40% reduction in the number of events. It seems to be especially helpful if a patient has been heavily exposed to allergens because it can be used to wash out the irritants, although it also helps with inflammation."

Ziment says traditional Chinese medicine, especially ephedra, works well, and there has been some promising preliminary research on Ayurvedic or traditional Indian medicine remedies for asthma.

Hardy, Ziment, and Bielory all call for more research on these remedies.

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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. ■

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