

Complementary Therapies in CHRONIC CARE™

Practical Applications of Alternative Medicine for CHF, Diabetes, and Chronic Disease

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Caring at the end of life: Compassionate approach to death

CAM therapies ease pain — emotional, physical, and spiritual

(Fred was dying of cancer secondary to AIDS and was partially paralyzed. As I entered his room, he looked up at me from his bed with desperation on his face. I saw that he was clutching his groin. I reached for the plastic urinal, slowly pulled back the covers, helped him position himself, and held the urinal in place. As I bent over the bed holding that slowly filling urinal, his eyes searched my face for a sign that I understood how hard this was for him, how helpless and dependent he felt, and how much he needed me to know what this was like for him. For a few moments, there was just our eyes talking as his face and whole body relaxed. Then he said, "Thank you" in a way and with a tone of voice that was like pure defenseless courage. In that instant, we were both completely awake.

— **Brad Byrum**, executive director, Zen Hospice Project, San Francisco)

Western culture still suffers under the weight of death taboos. Most people don't want to see death or even talk about it. This includes a high percentage of people with terminal illnesses who wait, sometimes until it is too late, to discuss their impending deaths with loved ones and even with medical professionals.

Yet there is a medical subculture that welcomes the dying,

KEY POINTS

- A variety of complementary therapies can improve the quality of life for patients with terminal illnesses.
- Art therapy, music therapy, meditation, massage, healing touch, and other therapies can offer not only relief from stress and pain but a new outlook on the remaining days of life, say practitioners in those fields.
- Hospices, home health agencies, and hospitals are becoming increasingly receptive to complementary therapies for patients approaching death.

embraces them, and finds every minute a means of making them more comfortable as the inevitable end approaches, whether they choose to die at home, in a hospice, or in a hospital setting.

And increasingly, those who care for the dying find that complementary therapies bring physical, emotional, and spiritual comfort to their patients. In fact, complementary therapies are quickly becoming standard care in many hospice, hospital, and home care settings.

Depending on the patient's capabilities, art therapy, music therapy, massage, healing touch, guided imagery, aromatherapy, and hypnosis all are helpful ways of helping patients approach death with dignity, grace, and as much ease as can be humanly given.

"In the last 50 years, the forces propelling the advancement of health care have been science and technology. In some ways, these wonderful advances have overshadowed the importance of caring in health care," says **Michael Girard**, director of Circle of Life Hospice, a home-based service in Reno, NV.

"The cynical have insinuated that treating disease has become more important than the person with the disease. To a degree, there is some truth in this. However, health care continues to attract many caring and compassionate people to its ranks. And some, in recognizing the need to improve the 'caring' part of health care, have found that complementary therapies provide just such an opportunity," he adds.

Death is a process of birthing the spirit, says **Deb Girard**, Michael Girard's wife and partner in Circle of Life, and a registered nurse with 30 years of nursing experience. "At Circle of Life, we don't view death as an physical process, but as a spiritual event where growth and healing can occur — and where more growth can take place as death approaches perhaps than at any other time of life."

Caring through art

Complementary therapies help create a comforting and soothing atmosphere that gives an opportunity for deep and meaningful communication between patient and practitioner.

"I've been stunned when people tell me how much art therapy meant to them. One woman's family told me that she hung one of her drawings over the door and looked at it with great pride until she died," says **Barbara Lange**, MFA, an art therapy instructor at Pathways in Asheville, NC.

Painting, drawing, collage, and sculpture

provide a new medium of expression for many patients, she says. Many people believe they cannot draw and are reluctant to participate in these programs, but in art therapy, there is no right or wrong. The art therapist provides artistic options that will offer stimulation, success, and meaning. For example, a patient who is unable to paint or draw may be offered a sand table or materials for a collage.

Lange leads weekend body-tracing workshops that have "led to extraordinary revelations — laughing, crying, and bonding with each other more than people without illness ever do."

The workshop begins with a long meditation emphasizing peace, well-being, and trust. Participants choose someone to trace their body outline on a huge sheet of paper. "When the tracing is being done, they feel very vulnerable, so it's important they are able to choose who they would like to do this for them."

When the tracings are complete, each participant fills in the lines — or colors outside the lines — at will.

"One woman with breast cancer actually painted her own breasts and pressed them against the paper," says Lange. Others commonly leave blank their disease sites, while filling in the remainder of their tracings with vibrant, lively colors and images.

Patient gives clues in creative process

A key component of art therapy is to create a safe, noncritical, nonjudgmental environment in which patients can express themselves.

"The art product presents a person's perceptions through size, shape, color, line, proximity, and presence of people and objects, and the patient is not recording what is seen in front of him, but his inner landscape reflecting his inner vision," states the Alexandria, VA-based National Hospice and Palliative Care Organization (NHPCO) handbook, *Complementary Therapies in End-of-Life Care*.

Art therapists typically encourage patients to feel free to create whatever they like, and the therapist not only searches the work of art for clues to the patient's state of mind, but watches the patient's mood, facial expression, body posture, and emotional and verbal expressions.

Art therapists also help patients and their families get in touch with deep feelings and issues revealed in their images.

"What they're going through is so devastating that many don't have words for their feelings, or

they may not even know what they are feeling. Art gives them a way of expression that transcends words," Lange adds.

And analyzing the images a patient makes, when appropriate, may help the patient and family members gain insight and understanding that have the potential to lower the anxiety and fear surrounding death, says the NHPCO.

Art therapy can be particularly helpful for children with terminal illnesses because it helps them communicate ideas, thoughts, and feelings far beyond what they are able to describe or communicate in words alone.

Music therapy often is used for similar purposes. (See **Complementary Therapies in Chronic Care, September 2001, pp. 105-108**)

Among the music therapy modalities tailored to terminal patients:

- **Life review with music.** Using this technique, the patient listens to or participates in music that represents his or her life history. With proper guidance, the patient can talk about a life well lived, elicit memories and emotions, and validate life experiences. Music also can be used as a tool for taking a personal inventory of grief and loss or unresolved personal issues.

- **Music listening.** Simple listening can elicit physical responses, such as relaxation or stimulation; emotional responses through personal associations and history with particular music; and spiritual responses through aesthetic experience or connection to particular religious or cultural music.

- **Topical songs with discussion.** This technique is used to support exploration of personal issues or topics through selection of songs related to a specific topic or theme.

- **Participation in musical experiences.** Playing instruments, singing, and improvising can produce feelings of well-being, reduction of isolation, increased energy, and maintenance of quality of life.

- **Song writing.** Writing songs can stimulate or record personal thoughts, insights, and emotions. Song writing can be used as a tool for leaving a legacy for family and friends.

- **Music with imagery or relaxation exercises.** Using either recorded or live music, the music therapist talks the patient through an experience of progressive muscle relaxation or a guided journey through which the patient's attention is directed away from pain or discomfort and toward pleasurable or insightful experiences. These techniques can be taught to patients for

CE

questions

21. Increasingly, those who care for the dying find that complementary therapies bring:
A. physical comfort to patients
B. emotional comfort to patients
C. spiritual comfort to patients
D. all of the above
22. The complementary therapy healing touch requires physical contact with the patient.
A. true
B. false
23. Which component is the centerpiece of Native American talking circles?
A. educational programming
B. nutrition counseling
C. spiritual connection
D. exercise
24. According to the National Cholesterol Education Program, at which level does HDL become cardioprotective?
A. 30 mg/dL
B. 40 mg/dL
C. 50 mg/dL
D. 60 mg/dL

pain management and anxiety reduction.

Music therapists can work with an entire health care team in a variety of ways:

- **with the chaplain:** for bedside communion, baptism, or other religious services or spiritual work;

- **with the social worker:** for individual or family counseling sessions supported or intensified with music;

- **with the nurse:** as a distractive device during painful procedures, for pain management;

- **with the home health aide:** as a distractive device during care, as a relaxation tool;

- **with the massage therapist:** music coordinated with massage for effective relaxation;

- **with the art therapist:** sessions that incorporate both music and art modalities to complement each other;

- **with the bereavement coordinator:** helping incorporate music into memorial services for families, survivors, and staff;

A Sample Metta-Meditation

Loving-Kindness Meditation: Peace and Joy, a guided meditation by the late Buddhist master Ayya Khema.

- ☸ Please put your attention on the breath for a few moments.
- ☸ Look into your heart and see whether you find any troubles, worries, fears, dislikes, or desires, any plans, resentments, rejections, or opinions, which arouse anxiety, disquiet, dis-ease. If you find anything like that at all, let it float away like black clouds that are being disbursed by the wind in the sky.
- ☸ Now look into your heart again and see the spaciousness, the openness, the purity of non-judgment and nonhate. Experience this open spacious purity, and then fill yourself from head to toe with peace and joy overflowing from your heart. Surround yourself with the warmth and care of love and compassion.
- ☸ Please put your attention on the person nearest you in this room and let your heart reach out to him or her, sharing your peace and joy and giving your love and compassion as a gift.
- ☸ Share the peace and joy you feel in your heart with everyone present, letting them flow to each person in the room. Then surround everyone with the warmth and care of your love and compassion.
- ☸ Think of these people, who are near and dear to you. Share your peace and joy with them. Let the feeling flow into their hearts. Embrace them with your love and compassion, without expecting the same in return.
- ☸ Remember all your good friends. Share your peace and joy with them, filling their hearts and

minds with these feelings. Embrace them with love and compassion, letting them have the warmth and care from your heart.

- ☸ Think of all the people who are part of your life, at work or when shopping, on your travels, or where you live. Share your peace and joy with them. Let your heart overflow into their hearts. Surround them with love and compassion. Make them equal to those that are near and dear to you.
- ☸ Think of anyone in your life with whom you may have difficulties. Let peace and joy flow from your heart into that person's heart. Embrace him or her with love and compassion, letting that person have warmth and care as a gift from you.
- ☸ Think of all the people whose lives are far more difficult than ours; in hospitals, in prisons, in refugee camps, fighting a war, blind, crippled, hungry, without friends, without medicine. Embrace them with your love and compassion, so that they may feel some peace, some joy, some hope. Let all the love and compassion you have flow out, reaching out to as many people as you can.
- ☸ Now return your attention to yourself. Feel only peace and joy in your heart, recognizing that everything else your heart may have contained has dispersed. Embrace yourself with love and compassion, with the warmth and care from your heart, feeling at ease, safe and secure.
- ☸ May beings everywhere have peace and joy in their hearts.

(For more information on Ayya Khema, go to: www.wisdompubs.org/authors/ayyakhema.html.)

• **with the volunteer coordinator:** to provide music experiences without the need for a trained therapist.

Massage may help many patients find relaxation and even pain relief, but for many patients, there comes a time when deep-tissue and traditional massage cannot be tolerated, so an eclectic combination of techniques called "healing touch" may be helpful. A gentle, noninvasive technique that uses methods from many modalities, healing touch has been shown to be useful in reducing pain, anxiety, and depression, as well as producing physical, emotional, and spiritual effects.

"In health care, we often forget the power of touch. It is so fundamental to caring for a baby, and it is no less so for the dying," says Michael Girard. "Massage and healing touch have proven

to be relaxing, calming, soothing and reduce anxiety and pain. Any time anxiety can be reduced, pain is reduced."

Ironically, despite the name, healing touch does not require physical touch: The techniques can be used within a few inches of the body in the patient's energy field. The tools are the therapist's hands and intent, and the techniques can be applied through meditation or prayer. Under conditions of severe pain or when a patient experiences anxiety or fear about being physically touched, the techniques can still be applied effectively, he says.

The hand-generated energy work often stimulates the seven chakras, or energy centers, arrayed along the spinal column, helps ease the disease condition, and helps the patient's energy come into

balance, according to Michael Girard. The most common and almost universal response to healing touch is relaxation, which opens a pathway for patients to experience pain relief, decreased need for pain medications, easier and more restful sleep, reduced anxiety, a quickened response to medications, and fewer side effects from medications, he explains.

Metta-meditation

Researchers at Yale University in New Haven, CT, are taking a scientific approach to traditional healing modalities used at the end of life. They've received a \$200,000 National Institutes of Health grant to investigate the benefits of meditation and massage intervention for AIDS patients approaching death.

Metta-meditation, translated literally as "loving kindness meditation," is a specific outgrowth of Buddhist forms of meditation. It often is taught through guided imagery, based on projected feeling of compassion and love toward others and healing rifts in one's life. **(See box, p. 136)**

Anna-leila Williams, director of complementary and alternative medicine trials at Yale's Griffin Prevention Research Center, says she thinks this type of meditation is uniquely suited to patients as they approach death.

"We felt that the peacefulness that comes with this form of mediation can bring a patient to a better quality of life and perhaps a better quality of death," says Williams.

However, AIDS patients often feel particularly physically isolated, so Williams and her colleagues designed the trial to include meditation only, meditation and massage, and massage only for some participants.

Williams notes that Sogyal Rinpoche, the Buddhist master who wrote *The Tibetan Book of Living and Dying* (San Francisco: Harper; 1994), drawing from thousands of years of experience, speaks of caring for the dying with love and compassion. Rinpoche has this piece of advice for those caring for patients at the end of their lives: "People who are very sick long to be touched, long to be treated as living people and not diseases."

A major part of end-of-life care is the actual death process itself and the nurture of family and loved ones after death occurs.

Circle of Life Hospice places a great deal of confidence in a process of individualized rituals and guided imagery meditations to help the patient find peace as death approaches and to

give comfort to the family at death and afterward.

"We draw heavily on Native American and Eastern traditions about death as a transition to new life," says Deb Girard. "For those who are open to it, we often help people with past-life regressions before death. We also help them and their families devise individualized rituals honoring their lives as appropriate to each situation."

For a patient who is fearful of impending death, the Girards might give patients books on death and dying and the afterlife. "There has been so much documentation of near-death experiences, and we have so much experience ourselves that we can give them comfort," says Deb Girard.

She also might take the patient on a guided imagery journey toward death as being alone in a boat, gliding across a body of water, and coming to a far shore in a beautiful land.

As an aromatherapist, Deb Girard might anoint the person with an individually devised oil blend as death approaches — and then give the bottle of oil to the family to use in its own rituals after death, "as a remembrance and as a link to their memories," she says.

Another ritual often performed by Circle of Life staff is the lighting of a seven-day candle at the moment of death: a candle, which will burn for seven days, to light the spirit on its path and to keep the flame of hope alive in the hearts of loved ones.

(For more information on NHPCO, go to its web site: www.nhpc.org. For more information about healing touch, go to the Healing Touch International web site: www.healingtouch.net.) ■

Confronting diabetes in sacred space

Native American talking circles are good medicine

They gather in respectful silence in the rosy desert twilight. They move their chairs into a circle and watch with rapt attention while an ordinary-looking man reverently kneels in the center of the circle and spreads a hand-woven blanket on the floor.

He carefully places upon this altar a variety of sacred items: an eagle feather, a bowl containing a stick of dried sage, a wooden rattle, drum sticks, a tobacco pouch, and an eagle-bone whistle.

KEY POINTS

- A spiritual dimension in diabetes management brings patients to new understanding of their disease.
- Native American traditional healers work to address the whole patient with diabetes.
- Native American talking circles give diabetes patients a safe place to talk about their disease.

“*Sialim tage jiosh e-tonalic o-himetha*,” **Gerard Kisto** sings as he takes his seat in the circle. “Creator, hear us and have mercy and forgiveness upon us.” Those who know the song quietly join this Pima traditional healer.

The last notes of the song trail off into silence. After a few moments, Kisto picks up the eagle feather and passes it to the person on his left.

He reminds those sitting in the circle to speak from their hearts. “Whenever you’re holding an eagle feather, you’re truthful in the words you speak. We native people regard this bird as sacred because it flies so high to the Creator and carries so much wisdom. It can tell if you’re being honest or not,” says Kisto.

Over the next couple of hours, these members of the Pima tribe gathered at the reservation hospital in Sacaton, AZ, examine the effects of diabetes on their lives, their emotions, and their spirits. There are tears. There is wry laughter. There are pleas for help in coping with a disease that will never release its grip until the end of their days — a disease that is likely to affect their loved ones, friends, and neighbors.

Fighting the fear

“Fear is very often in front of us in the talking circle when we talk about diabetes,” says Kisto. “This is a safe space where they can talk about their fears of what they might become. Everyone here has seen people losing limbs, becoming blind, and needing dialysis because of diabetes. They’re all afraid it will happen to them. And they’re afraid this will happen to their children.”

As the eagle feather makes its way around the circle, everyone gets a chance to speak — as long as needed to say what needs to be said. Rapt and respectful attention is paid to each speaker. There is remarkably little coughing, shifting in chairs, and the usual fidgeting that is the norm in audiences.

“So many people never have a chance to speak and to be really heard,” says Kisto. “The traditional

talking circle gives everyone a chance to speak and to be listened to on a deep level.”

Simply being heard fills a deep need for many people who feel they have never truly been heard in their lifetimes.

The Native American Pima people suffer the highest rates of Type 2 diabetes in the world. On the Gila River Reservation in southern Arizona, home to 11,500 members of the Pima and Maricopa tribes, 50% of the Pimas have Type 2 diabetes, according to the National Institutes of Health in Bethesda, MD. Virtually everyone is related to someone with the disease.

In conjunction with Western medical treatment, the talking circle is meant to help tribe members with diabetes learn more about their disease and treatment, while finding spiritual and emotional balance through connecting with others with the same disease and the same challenges.

There is a segment of the evening devoted strictly to education — anything ranging from foot care to nutritional advice to exercise and weight control plans — but the centerpiece is the spiritual connection that takes place within the sacred circle.

“When they’re first diagnosed, many people feel lost, somehow separate from others, even though diabetes is so common here,” says Kisto. “In the sacred space we create for them, there is a feeling of connectedness. It’s a way of helping them realize that others carry the same burden and they can share it.”

As a healer, Kisto says he is aware that the impetus for healing comes not from him, but from a higher power that comes through him like a clear tube. “When we begin to chant or talk, people draw on that healing power as they need it,” he says.

Providing emotional healing

No one thinks Kisto can cure diabetes, but his talking circles can help participants find emotional strength and provide the spiritual nurturing and healing that is sadly needed among his wounded people, he says.

Modern medicine focuses on issues of confidentiality, but that policy makes people feel isolated with their disease, say the medical professionals who work with Kisto. The talking circle is a forum where patients can talk about it freely.

Kisto also offers sweat lodges — a traditional Native American healing rite in which participants sit inside a blanket- or tarp-covered structure that

looks much like an overturned basket. Stones fire-heated to red-hot are carried inside the lodge, and when water is poured on them, steam opens pores, and many say, opens hearts and minds as well.

Although the sweat lodge originated with the Plains tribes, it is now widely used for healing by most Native American tribes. Inside the darkened basket-like structure, as their bodies are challenged to cope with the heat of the stones and steam, sweat lodge participants find their way through emotional and spiritual challenges as well.

"I've had people come to sweat lodges from their hospital beds. It is a powerful healing process," he adds.

Kisto carries his healing work to a wide number of hospitals, wellness centers, and to the general Native American populace throughout the Southwest.

As a part of his ministry of healing, he offers prayer ceremonies to those who request them, and he offers an ear to anyone who needs to talk, whether in a formal talking circle or not.

The talking circle is traditional to most Native American people. The circle increasingly is including those who provide medical care to patients with diabetes, and perhaps, has a place in the general medical setting for people of all races, says **Brenda Broussard**, RD, CDE, coordinator for the Native American outreach program, "Awakening the Spirit," sponsored by the American Diabetes Association (ADA) of Alexandria, VA.

Broussard, who is based in Albuquerque, NM, recalls a recent, powerful talking circle for members of the New Mexico Native American Nurses Association.

Thirty people, led by a Native American nurse-midwife, circled together in the ceremony. They began by dimming the lights and burning sage to clear the atmosphere and create sacred space. Prayers to Father Sky, Mother Earth, and the four directions of the compass were offered. In this particular circle, Broussard says, a large oblong graphite stone was passed around clockwise while people talked. A sacred eagle feather, representative of the people's connection to Great Spirit, was reverently laid on a blanket in the center of the circle, a reminder of the presence of spirit in each person's life.

"It was a collective hearing and healing," Broussard says. "Imagine that many people listening intently and sending strength and prayer to each speaker. It was wonderful to see how

much emotion came out — from those who are caring for patients with diabetes, for those who have family members with diabetes, and for those who have diabetes themselves."

Sometimes the leader would stand behind the person speaking with hands cupped near the speaker's head, holding energy and helping free the person to speak openly.

"I don't know where else in life most of us get that kind of support," she says.

The circles also are a unique way of finding consensus among members of a group, especially if there is dissent or a decision that needs to be made, Broussard says.

"It's amazing to watch people talk things out, respecting others' viewpoints and finding their way to agreement," she adds.

The ADA is very supportive of anything that can be done to help heal the whole person, Broussard explains.

Although talking circles are a Native American tradition, they have become less common on reservations in recent years, yet Broussard sees the value of their reintroduction into tribal life, especially for patients with diabetes. And she sees the possibility that similar circles can be helpful to people from other spiritual traditions.

"The key is not the actual format that is used, but the concept that people are heard and nurtured in sacred space," she says. ■

Prevalence of Diabetes Among Native Americans

- ✓ Prevalence of Type 2 diabetes among Native Americans in the United States is 12.2% for those older than 19 years of age.
- ✓ One tribe in Arizona has the highest rate of diabetes in the world. About 50% of the tribe between the ages of 30 and 64 years have diabetes.
- ✓ Today, diabetes has reached epidemic proportions among Native Americans. Complications from diabetes are major causes of death and health problems in most Native American populations.
- ✓ Of equal concern is the fact that Type 2, or adult-onset diabetes, increasingly is being discovered in Native American youth.

Source: American Diabetes Association. "Awakening the Spirit" Native American outreach program. Alexandria, VA.

High cholesterol shouldn't mean a trip to statin land

Natural approaches can help bring down LDL

The numbers are changing — that is, the cholesterol numbers. And with those changes come new approaches to lowering cholesterol and keeping it low for patients with heart disease and diabetes.

Last May, the Bethesda, MD-based National Heart, Lung, and Blood Institutes' National Cholesterol Education Program (NCEP) revised its cholesterol guidelines downward to protect patients against heart disease. In the first changes in more than a decade, NCEP recommended:

- more aggressive cholesterol-lowering treatment and better identification of those at high risk for a heart attack;
- use of a lipoprotein profile as the first test for high cholesterol;
- a new level at which low HDL becomes a major heart attack risk factor;
- a new set of therapeutic lifestyle changes with more power to improve cholesterol levels;
- a sharper focus on a cluster of heart disease risk factors known as the metabolic syndrome;
- increased attention to the treatment of high triglycerides.

Specifically, the guidelines say clinicians should treat more aggressively for heart disease, particularly patients with Type 2 diabetes who are at high risk of dying from a heart attack.

NCEP defines low HDL as below 40 mg/dL; previously the low HDL range began at 35 mg/dL. The change reflects new findings about the significance of low HDL and the strong link between low HDL and an increased risk of heart

disease. An HDL of 60 mg/dL is considered cardioprotective. Although LDL guidelines are less specific and are tailored to several variables, NCEP officials say a good guideline is LDL lower than 130 mg/dL and HDL higher than 40 mg/dL.

The guidelines also offer dietary guidelines that include less than 7% of calories from saturated fat and less and 200 mg of dietary cholesterol. It also allows up to 35% mg/day of daily calories from fat, provided most is from unsaturated fat, which does not raise cholesterol levels. The guidelines also encourage the use of foods that contain plant stanols and sterols or are rich in soluble fiber, including certain margarines and salad dressings and foods high in soluble fiber, including cereal grains, beans, peas, legumes, and many fruits and vegetables.

Recent figures show that at least 51.9% of all adults, or 98 million Americans, are at intermediate or high risk of heart disease due to blood cholesterol levels higher than 200 mg/dL.

“Lowering LDL cholesterol while raising HDL at the same time often has proved to be difficult, but new research shows there are several natural ways of achieving just that, without the side effects that have been associated with many prescription cholesterol-lowering drugs,” says nutrition researcher **David Kritchevsky**, PhD, a professor at Wistar Institute in Philadelphia.

Several specific foods have been found to have cholesterol-lowering effects:

- **Apples.** One a day really could keep the cardiologist away. Recent research at the University of California at Davis shows that apple juice and whole apples inhibit LDL oxidation by 9-34% in laboratory studies.¹ Researchers suggest the effect is caused by the presence of several classes of phenolic compounds: cinnamates, anthocyanins, flavan-3-ols, and flavonols that prevent platelet aggregation and help keep LDL from forming artery-clogging plaque. Finally, apples are a rich source of d-glucaric acid, an enzyme-inducing agent that may slow the formation of LDL.

- **Oatmeal.** Yes, there's some truth to those television commercials touting the cholesterol-lowering properties of oatmeal. “The primary mechanism seems to come from the 3 g per serving of oat-soluble fiber, beta-glucan, that acts like a sponge in the intestines, soaking up fats before they reach the bloodstream,” says **David Katz**, MD, a specialist in preventive medicine at Yale University Medical School in New Haven, CT.

Katz also suggests that the fiber in oats helps prevent blood vessel constriction by slowing

KEY POINTS

- The National Cholesterol Education Program recommends tighter cholesterol control.
- Several natural approaches to cholesterol control may be effective beyond the usual diet and exercise recommendations.
- Certain foods, including oats, apples, and soy protein, may help reduce cholesterol.
- Natural supplements, including phytosterol pills, artichoke extract, alfalfa, and yucca, also may help lower cholesterol.

absorption of fats and carbohydrates into the bloodstream.

The value of oats in cholesterol control was recognized in 1997 when the U.S. Food and Drug Administration (FDA) approved labeling claims that consuming oatmeal, oat bran, or whole oat flour might help reduce the risk of heart disease — the first time the FDA allowed a health claim for a specific food. The decision was made after reviewing 37 clinical studies regarding the health benefits of oatmeal and oat bran.

In a study presented to the American College of Nutrition in 1999, Katz showed that healthy subjects who ate a high-fat meal that included oatmeal or 800 IU of vitamin E maintained their pre-meal blood vessel diameter, while controls experience a 13.4% constriction in blood flow.

- **Hamburgers and milkshakes.** Well, soy burgers and soy shakes, anyway. Although the health benefits of soy have been hotly debated, a study at Wake Forest University shows that 25 g/day of soy isoflavones adds fiber to the diet — 2 g in each 4-ounce serving — and lowered total cholesterol by 4% and LDL by 6% in patients with LDL levels ranging between 140 and 200 mg/dL.²

Interestingly, patients at the higher end of the range received the greatest benefits, lowering their total cholesterol by 8% and LDL by 10%.

“Soy’s plant proteins help cut the formation of LDL in the liver, and there have been some suggestions that soy isoflavone intake can help raise HDL,” says **John R. Crouse**, MD, professor of medicine at Wake Forest University in Winston-Salem, NC.

Beyond the usual recommendation for antioxidants like vitamins C and E to help reduce atherosclerosis, there is some intriguing evidence for the effectiveness of these lesser-known natural supplements:

- **Artichoke extract.** A new German study shows that patients with high total cholesterol — higher than 280 mg/dL — who took 1,800 mg supplements daily containing dry artichoke extract for six weeks lowered their LDL by more than 22.9%, while their total cholesterol dropped by 18.5%. At the same time, their LDL:HDL ratio decrease by 20.2%, all without adverse events.³ Artichokes contain cynarin, a compound in the leaves, roots, and flower heads of the spiny plant that increases the flow of bile from the gall bladder, helping excrete excess cholesterol from the body.

- **Phytosterol foods and pills.** Margarine fortified with phytosterols such as Benecol and Take Control have been shown to cut artery-clogging

LDL cholesterol by 10-14%, dropping heart attack risk by 20% or more. However, the shortcoming of this method is that eating the recommended amounts of these heart-healthy spreads adds as much as 240 calories to the daily diet. The same cholesterol-blocking phytosterols used in those margarine spreads are available as supplements that contain virtually no calories.

Phytosterol research

Phytosterols have been studied extensively since the late 1940s. Research in the 1950s and 1960s demonstrated cholesterol lowering of approximately 10% when phytosterols are consumed with meals. More recently, 12 subjects were given 740 mg of phytosterol from soybeans daily for four weeks. Total cholesterol declined 10%; the LDL was reduced by 15%. And the ratio of total cholesterol to HDL cholesterol, which was not affected, rose 25%.

“We’ve known for more than 40 years that if one takes enough concentrated plant sterols along with a meal, then most of the cholesterol in the food consumed at the same meal won’t be absorbed,” says Kritchevsky, who pioneered phytosterol research. Phytosterols work by binding with cholesterol, ushering it through the digestive system, and excreting it before it has a chance to be absorbed into the bloodstream and form plaque.

- **Alfalfa and yucca supplements.** Compounds called saponins, naturally found in alfalfa and yucca plants, haven’t been studied much in humans, but their cholesterol-lowering properties are becoming apparent. European animal research suggests alfalfa saponins can lower LDL by 50% — and may even reverse the artery-clogging process by literally scouring out fatty deposits in blood vessels. “Saponins, which are natural detergents, actually bind cholesterol-containing bile acids and cholesterol itself, preventing it from being absorbed in the intestines,” says nutrition researcher **Peter Cheeke**, PhD, professor emeritus at Oregon State University in Corvallis.

Yucca is creating excitement in scientific circles these days because early animal research suggests it may have broader effects than alfalfa in lowering cholesterol and preventing heart disease.

That’s because the plant’s stalk contains not only saponins, but resveratrol, a potent antioxidant that curbs disease-causing free radicals and reduces risk of heart disease in much the same way red wine does.

• **The antioxidant cocktail.** Another prospective answer to high cholesterol may lie in stronger blood vessels, say researchers in California. They recommend a complex vitamin regimen that contains vitamins C and E and Coenzyme Q₁₀, plus a host of other heart healthy vitamins, minerals, and enzymes.⁴

“Our research shows that these substances help make blood vessels stronger and more flexible, helping force the fatty cholesterol deposits through them faster, and increasing the amount that can be eliminated,” says nutrition researcher **Aleksandra Niedzwiecki**, PhD, research director of Matthias Rath Inc. in Santa Clara, CA.

Her research shows people who took her recommended combination decreased their total cholesterol by an amazing 14% in just 12 weeks, as well as an 8% increase in HDL. She recommends 500 mg of vitamin C, 400 IU of vitamin E, and 35 mg of Coenzyme Q₁₀ daily.

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Vitamin E shows promise in diabetes prevention

Try at least minimal doses for better outcomes

Agrowing body of evidence points to high doses of vitamin E as a way of addressing diabetes prevention and the prevention of comorbidities for patients already diagnosed with diabetes.

Harvard researchers are assessing research that suggests that high doses of vitamin E — naturally found in wheat germ, vegetable oils, margarine, whole grain breads, nuts, and peanut butter — may help prevent the decline of insulin resistance to full-blown Type 2 diabetes and may protect against vascular complications.

KEY POINTS

- Vitamin E works as an antioxidant, preventing disease-causing oxidative damage.
- In patients with diabetes, vitamin E also appears to have an independent effect in reducing PKC enzyme activity and reducing vascular complications of the disease.
- Recent research also suggests that high doses of vitamin E may delay or prevent diabetic retinopathy and nephropathy.

Vitamin E's antioxidant (AO) capabilities have been well-documented in inhibiting the formation of free radicals — potentially damaging by-products of the body's metabolism and of environmental factors such as air pollution and smoke.

Now Harvard researcher **George King**, MD, research director of the Joslin Diabetes Center in Boston, says there is a strong indication that very high doses of vitamin E — up to 2,000 IU daily — appear to arrest the effects of high glucose.

“For some reason that isn't clear yet, vitamin E in high doses not only is an antioxidant, it also inhibits the production of the protein kinase C (PKC) enzyme. When this is done, you reverse, stop, or prevent many of the blood vessel complications we find in diabetes,” says King.

King has led research resulting in several papers over the past three years showing that vitamin E normalizes PKC activation induced by hyperglycemia in vascular tissues.

King's previous research has shown the effectiveness of vitamin E in preventing diabetic retinopathy and nephropathy.

“We need larger and longer trials to be sure that high doses of vitamin E given over a prolonged period of time will not be harmful,” says King.

“We know there are no harmful effects associated with low doses of vitamin E — in the range of 200 to 400 IU — taken over a long period of time, and our data show no adverse effects from taking 1,200-2,000 IU daily for a year. Beyond that, we simply still need to do the research,” he says.

Yet King's data also show that low doses have little or no effect on prevention of the early stages of diabetes, before complications develop.

For clinicians, King says there is certainly no harm — and there may be some help — in taking vitamin E in doses of 400-800 IU daily, particularly for patients with diabetes.

King's recommendation for medium-range vitamin E supplementation is seconded by

antioxidant researcher **Roger McDonald, PhD**, professor of nutrition at the University of California at Davis.

However, McDonald says he thinks the mechanism at work in preventing diabetic comorbidities is probably more complex than simply one of adding vitamin E.

"I have never seen anything in a single nutrient that turns out to have a long-range effect. It usually is a combination of factors. I would suggest in this case that beta-carotene and vitamin C also may play a role," says McDonald. ■

NEWS BRIEFS

Medical students lack sufficient CAM training

Medical students who attend schools that do not offer courses on complementary and alternative medicine (CAM) do not have sufficient knowledge about the safety of the most common CAM modalities, according to a survey by researchers at the University of South Florida (USF). The study included 78 third-year USF medical students who were asked to complete a survey assessing their personal knowledge and opinions related to CAM use. The medical student curriculum at USF does not contain either formal or informal CAM courses.¹

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Although most of the study participants agreed that conventional medicine could benefit from ideas and methods associated with CAM therapies, at least two-thirds of the students reported they had a basic understanding of the principles of only four of the 10 most commonly used CAM modalities: massage, herbal medicine, meditation, and chiropractic.

Fewer than one in four students would refer a patient for the most common CAM modalities, including herbal medicine and acupuncture, and 39% said they would actively discourage their patients from using chiropractic. "Most of the students had insufficient knowledge or understanding of the safety" of CAM modalities, the study's authors conclude. "Including CAM topics in the medical school curriculum would better prepare physicians to respond to patient inquiries about CAM and thereby to fulfill their role as patient advocates."

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U.S. marshals seize unapproved drug for FDA

Under orders from the Food and Drug Administration (FDA), U.S. marshals seized unapproved weight-loss supplements containing ephedrine hydrochloride from Biogenics Inc. of St. George, UT, doing business as E'OLA International and at its contract manufacturer, Nature's Energy Inc. of Pleasant Grove, UT.

About 140,000 bottles of AMP II Pro Drops, valued at \$2.8 million, were seized. The finished products contain ephedrine HCl, classified as a drug, and were labeled as a dietary supplement for use in weight loss. FDA officials say this is in violation of the law because drug ingredients are prohibited in dietary supplements. The FDA said its inspections of E'OLA revealed that the firm purchased raw materials and ephedrine HCl, had other firms produce Amp II Pro Drops on contract, and then shipped the finished product back to E'OLA for distribution.

Ephedrine HCl has been approved as a drug by the FDA since 1948, and the agency said it

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cannot be marketed legally as a dietary supplement. Also, E'OLA marketed AMP II Pro Drops as a treatment for obesity, contrary to regulations that prohibit the marketing of dietary supplementary supplements to treat a disease, the FDA said in a written statement. These products also are misbranded because their labeling fails to bear adequate directions for use as is required of all drug products, according to the FDA. ■

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. ■

Continuing Education Test Questions for *Complementary Therapies in Chronic Care* July – December 2001

JULY

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

AUGUST

5. Why might patients not tell physicians of CAM use?
 - A. Patients fear ridicule.
 - B. Patients believe CAM treatments are natural and free of adverse effects.
 - C. Patients are not asked specifically about use of CAM therapies.
 - D. all of the above
6. More patients seek CAM therapies for relief of which condition?
 - A. arthritis
 - B. low back pain
 - C. musculoskeletal pain
 - D. myofascial pain

7. The Bad River Chippewa's gardening project offers which of the following benefits?
 - A. exercise
 - B. better diet with fresh produce
 - C. connection to traditional lifestyle and spiritual practices
 - D. all of the above
8. Which of the following herbs might a diabetic patient with erectile dysfunction be using?
 - A. yohimbe
 - B. ginseng
 - C. horny goatweed
 - D. all of the above

SEPTEMBER

9. Outcomes of patients with stroke, heart disease, and diabetes are positively affected by:
 - A. hostility
 - B. severe mood swings
 - C. positive attitude
 - D. apathy
10. Which of the following may provide life-long protective benefits against Alzheimer's disease?
 - A. education
 - B. lifelong mental stimulation
 - C. density of ideas early in life
 - D. all of the above
11. Some of the nuns who displayed the most intact mental faculties were found to have profound Alzheimer's-like brain damage upon post-mortem examination.
 - A. true
 - B. false
12. Daily rhythmic auditory stimulation therapy has been shown to increase:
 - A. walking speed
 - B. cadence
 - C. stride length
 - D. all of the above

OCTOBER

13. A low-fat, plant-based diet can reduce the risk of:
 - A. heart disease
 - B. diabetes
 - C. some forms of cancer
 - D. all of the above

14. Adherence to an exercise program increases if the program is tailored to the individual patient's lifestyle.
- A. true
 - B. false

15. All of the following show promise as natural means of preventing migraines *except*.
- A. magnesium
 - B. manganese
 - C. riboflavin
 - D. feverfew

16. Sleep deprivation in healthy volunteers can increase insulin resistance by as much as:
- A. 20%
 - B. 40%
 - C. 60%
 - D. 80%

NOVEMBER

17. In the study by Golan and colleagues, children who lost the most weight were in:
- A. the patient-directed group
 - B. the parent-directed group
 - C. the physician-directed group
 - D. the dietitian-directed group
18. Successful, long-term studies aimed at reducing childhood obesity involve the child and the parents, and address:
- A. lifestyle modification
 - B. nutrition
 - C. physical activity
 - D. all of the above

19. A diet that contains a variety of colorful fruits and vegetables can:
- A. reduce the risk of cancer
 - B. reduce the risk of heart disease
 - C. encourage weight loss
 - D. all of the above

20. Elderly Christian patients who undergo religious crises associated with their illnesses are 28% more likely to die than those who do not experience such struggles.
- A. true
 - B. false

DECEMBER

21. Increasingly, those who care for the dying find that complementary therapies bring:
- A. physical comfort to patients
 - B. emotional comfort to patients
 - C. spiritual comfort to patients
 - D. all of the above
22. The complementary therapy healing touch requires physical contact with the patient.
- A. true
 - B. false
23. Which component is the centerpiece of Native American talking circles?
- A. educational programming
 - B. nutrition counseling
 - C. spiritual connection
 - D. exercise
24. According to the National Cholesterol Education Program, at which level does HDL become cardioprotective?
- A. 30 mg/dL
 - B. 40 mg/dL
 - C. 50 mg/dL
 - D. 60 mg/dL

Complementary Therapies in Chronic Care

Continuing Education Evaluation

Please take a moment to answer the following questions to let us know your thoughts on the continuing education program. Place an "x" in the appropriate space and return this page in the envelope with your test answer form. Thank you.

Did CTCC enable you to meet the following objectives?

yes__ no__ 1. Are you able to identify management, clinical, educational, and financial advantages of complementary therapies for chronic care?

yes__ no__ 2. Are you able to describe how those therapies affect chronic patients and the providers who care for them?

yes__ no__ 3. Are you able to describe practical ways to incorporate complementary therapies into chronic disease management based on independent recommendations from clinicians at individual institutions?

yes__ no__ 4. Did these objectives help accomplish the overall purpose of the program?

yes__ no__ 5. Were the teaching/learning resources effective for this activity?

_____ min. 6. How many minutes do you estimate it will take you to complete **this entire semester's** (six issues) activities? Please include time for reading, reviewing, testing, and studying the answer sheet, which you will receive with your certificate. One nursing contact hour equals 50 minutes.

yes__ no__ 7. Were the test questions clear and appropriate?

yes__ no__ 8. Were the instructions clear and appropriate?

yes__ no__ 9. Were you satisfied with the customer service for the CE program?

10. Do you have any general comments about the effectiveness of this CE program? Please list on the lines provided.

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Complementary Therapies in Chronic Care

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1. Did the program enable you to meet the objectives?

Objectives:

- identify management, clinical, educational, and financial advantages of complementary therapies for chronic care;
- describe how those therapies affect chronic patients and the providers who care for them;
- describe practical ways to incorporate complementary therapies into chronic disease management based on independent recommendations from clinicians at individual institutions.

Yes No

2. Did the program meet your expectations as defined in the promotional literature?

Yes No

3. Were the test questions well-written?

Yes No

4. Was the test a fair assessment of the learning activity?

Yes No

5. Were the tests graded and returned efficiently?

Yes No

6. Did the program help improve your professional effectiveness?

Yes No

If not, please explain.

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