

Integrative Holistic Medicine in PM&R

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Introduction

After years of teaching, research and advocating for the concept of integrating “complementary alternative medicine” with mainstream western medicine, I am excited to finally see the turning of US health care model towards, “patient-centered”, “whole health”, “life style modification”, and “integrative holistic medicine (IHM)”. This change is achieved through efforts of countless physicians and healthcare leaders in striving for a better US health care system. In the process, the cry-out of patients who are not satisfied with pills, needles or cuts and wish for better overall health, function and quality of life, also has become an indomitable force in bringing about the change. More excitingly, this year at residents’ interview, we had more candidates than ever before asking about opportunities of alternative medicine education and research!

In history, the field of Physical Medicine and Rehabilitation (PM&R) was started upon the ideas of “wholeness”, “functional improvement”, and “quality of life”. We should be among the first specialties to embrace integrative holistic medicine. Unfortunately, while family medicine, internal medicine, neurology, psychiatry are following this health care trend closely, PM&R is lagging behind. The reasons might be lying in the fact that as a relatively “young” specialty, we are still more excited about new technologies than wrapping ourselves around philosophical debates of medical practice, or in the fact that in the past 10 years, residents were more interested in performing spinal procedures than putting their hands on patients, or in the fact that health care payment system for PM&R does not yet reward whole health or integrative medicine approaches. No matter what, we are standing on the edge of health care transformation. In this excitement, how well we can come to its grasp will determine our patients’ care quality and even the future of our specialty.

History

The innovation and advancement of technology in 19th century brought huge success of modern medicine, turning once devastating pandemic diseases into old “tales”, treating earlier deadly illnesses as daily routines, and saving lives from acute trauma, cardiovascular accidents, or cancers that healers dreamed about hundreds of years ago. Now, we are facing a different era. Because humans are living much longer, chronic diseases and the side effects of their treatments are replacing acute illnesses in producing health threats, impairments and disability. Survivors from previously life-threatening diseases now bear their long-term sequelae. Quality of life issues are what now people care about more. The list can go on and on. Reductionists’ views of human body, once hugely successful, are no longer improving our understanding of ultimate human health. One of the greatest feats of exploration in mankind history, the Human Genome Project, was completed in 2003. Instead of fulfilling thousands of medical scientists’

dreams of being able to treat diseases like fixing a car, we are more puzzled than ever of the etiologies of human illnesses and diseases, let alone treatments.

History comes full circle; we are now reaching back to the wisdoms of our ancient ancestors. They, long ago, realized the importance of the interplay between mind, body and spirit, the importance of the interaction between human body and nature, and the importance of social and natural environment in the causes and healings of human illnesses. Integrative Holistic Medicine is a revival of this wisdom thinking. In this 21st century when computer software is being developed to diagnose diseases and prescribe treatments, we should again embrace what technology is bringing us: let the machine take over the simple tasks, and welcome the opportunity when we physicians can finally do something physicians are supposed to do - the art of medical practice, “Integrative Holistic Medicine”!

Integrative Holistic Medicine (IHM) in PM&R

IHM is not simply piling up treatment modalities, but rather creating a comprehensive system to support mind, body and spirit through careful assessments of the barriers of a specific individual to return to health or function, through application of the most cost-effective, evidence-based treatment methods, disregarding the artificial divisions between “ancient” and “modern”, “Western” and “Eastern”, “conventional” and “complementary”, and by constant evaluation of the individual’s responsiveness, making adjustment of treatments toward his/her ultimate health and functional goals.

For instance, an injured worker with obesity, depression and chronic back pain who does not sleep well at night is a common scenario we see almost daily in PM&R clinics. Empathetic listening to the patient can provide us with rich history information as well as insight to the barriers of the patient’s returning to functional status. Furthermore, simple listening, formerly known as “placebo effects”, is a powerful treatment tool by itself [1]. Physical therapy to improve flexibility and core strengthening can be not only therapeutic but also preventive of future injury [2]. Nutritional modification to decrease inflammation and lose weight will be beneficial for long term physical health [3]. Adding acupuncture treatments in pain management can decrease the use of pain medication and their side effects, and minimize the needs for more invasive procedures [4]. Exploring the causes of worker’s psychological distress and depression, strengthening his social support system, and employing the interaction between mind and body can all minimize the negative influence of psychological stress over pain symptoms [5,6]. Triggering body’s self-healing mechanisms using homeopathic remedies or energy therapies can produce unexpected benefits in certain patients [7]. Herbal supplements can be option of choice in selected population [8]. Addressing issues associated with sleep hygiene, cognitive misconception, or physical/mental factors

affecting his sleep will positively improve his pain symptomatology [9]. Noticing the pain pattern change associated with weather or seasonal change can prepare the patient's mind and body for episodes of acute exacerbation [10]. Modification of working environment to decrease risks of further injury can facilitate worker's return to job [11]. And, last but not the least, advocating a social welfare system that does not penalize those who get better will foster healthy attitudes at a society level [12].

From this example, we can see that PM&R practice can be a perfect place to integrate many IHM aspects. Our current Medical School and Residency trainings focus mainly on isolated pathologies, and specific treatment modalities. Such training is necessary during learning. However, it also cultivates reductionist approach to disease and health. To "re-educate" our residents using IHM model would require us to teach both analytical and integrative thinking, to use both scientific mind and empathetic heart, to be willing to give up healer's role sometimes and let patients heal themselves, while at other time to be an active helper and advocator. The learning of such an art of medical practice needs to be one of our residency training's focuses. The combination of modern school leaning with the ancient art of apprentices will produce the next generation fine physiatrists.

In US, 54 Academic Health Centers have become members of the Consortium of Academic Health Centers for Integrative Medicine [13]. Majority of them have focus on family medicine or internal medicine, some with multi-disciplinary participation. However, integrative medicine is not only for the prevention and treatment of primary medical conditions; it should play a significant role in secondary prevention and functional improvements, leading by our specialty. In preparing ourselves and our future physiatrists, we need to think about the transformation within our field.

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