

# HEALING HANDS



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## Use of Complementary & Alternative Therapies in Homeless Health Care

*Increasing interest in holistic health care, in medical practices developed outside the western scientific tradition, and in cultural competency of health care practitioners serving diverse populations has expanded Americans' awareness of complementary and alternative approaches to the treatment and prevention of illness. Over the last 40 years, therapeutic interventions that complement conventional medical practices or are offered as alternatives to them have attracted a significant following among clinicians and clients, resulting in the designation of Complementary and Alternative Medicine (CAM) as a focus of scientific study. This issue of Healing Hands explains what is meant by CAM, describes the major theoretical systems and practices it comprises, and discusses therapies currently used by Health Care for the Homeless (HCH) practitioners—including nutritional supplements, acupuncture, and mindfulness-based stress reduction—and the extent to which their efficacy has been tested.*

Alternative approaches to standard health care practices, from Grandma's chicken soup to other "tried and true" remedies, have always flourished when there wasn't enough money for a doctor or a chronic condition failed to improve in spite of conventional care. Alternative medicine, a term originally used to describe something other than established medical treatment, has recently evolved when modified by "complementary" or "integrated" to convey interventions more compatible with standard care.<sup>1</sup> The inconsistent, often ambiguous usage of terminology to define and describe complementary and alternative therapies complicates the task of explaining what CAM is and how to differentiate it from standard medical practice.

**WHAT EXACTLY IS CAM?** In order to provide a shared basis for understanding, this article uses the domains and definitions established by the National Center for Complementary and Alternative Medicine (NCCAM).<sup>2</sup> Established in the fall of 1998, NCCAM is one of 27 institutes and centers comprising the National Institutes of Health (NIH). According to NCCAM, "complementary and alternative medicine (CAM) is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine."<sup>2</sup> Practitioners who have used and tested CAM over an extended period may well ask, "What constitutes 'conventional' medicine?" The methods and modalities encompassed by CAM change continually, further muddying the water. This is because some approaches, proven safe and effective through well-designed scientific studies, are adopted into widespread use as new, untested approaches emerge. Therapeutic use of the herb foxglove, for example, was considered "alternative medicine" until its operative agent, Digitalis purpurea, was isolated and found effective in the treatment of congestive heart failure. Indeed, the history of medicine is full of such examples.

NCCAM defines *conventional medicine* as that practiced by medical doctors (MDs) and osteopathic doctors (DOs) along with allied health clinicians including nurses (RNs), physical therapists (PTs), and psychologists. *Complementary medicine* is a therapy used in conjunction with conventional medicine; an example is the use of aromatherapy after surgery to lessen a patient's discomfort. *Alternative medicine* is used instead of conventional practice and might include a special diet prescribed to treat cancer instead of surgery, radiation, and chemotherapy.<sup>3</sup> *Integrative medicine* combines CAM modalities shown to be safe and effective with conventional treatments.

Alternative and complementary medicine includes comprehensive systems of medical theory and practice, as well as four therapeutic domains which may overlap and sometimes include conventional therapies:<sup>2</sup>

- **Complete Systems of Medicine** include conventional medical practices commonly used in the United States along with other systems that may have developed before or apart from these practices, such as homeopathic medicine, naturopathic medicine, traditional Chinese medicine, and Ayurveda, as practiced in India.
- **Biologically-Based Therapies** that rely on natural substances (such as shark cartilage), dietary supplements, or botanical products.
- **Energy Therapies** that may affect *biofields*: energy fields thought to surround the body in which the clinician may apply pressure or interrupt these fields using qi gong, Reiki, or Therapeutic Touch; or *bioelectromagnetic-based therapies* using pulsed, magnetic, alternating-current, or direct-current fields.
- **Manipulative Body-Based Practices** that use manipulation or movement of one or more parts of the body, such as chiropractic or osteopathic manipulation and massage.
- **Mind-Body Medicine** that uses various techniques to alleviate symptoms or enhance bodily function through meditation, prayer, mental healing, or creative activities including art, dance, or music.

The purpose of NCCAM's Strategic Plan for 2005–2009, *Expanding Horizons of Health Care*, is to advance scientific understanding of CAM through the conduct and support of basic and applied research, to train CAM researchers, to disseminate health news and information, and to support the integration of effective CAM therapies into accepted practice.<sup>3</sup> Patient support groups and cognitive-behavioral therapy are two techniques once considered CAM that are now mainstream therapies. Ongoing clinical research includes studies of acupuncture, herbal and botanical products, chiropractic manipulations, and various “mind-body” practices.

A 2008 NCCAM-funded report by Ahn and colleagues substantiates the electrical properties of acupuncture points and meridians, and while not conclusive does point the way to future investigations based on their encouraging preliminary evidence.<sup>4</sup> Other research supported by NCCAM provides information and guidance on: the effectiveness of magnets in treating pain;<sup>5</sup> botanicals as dietary supplements to enhance cardiovascular, cognitive and metabolic function;<sup>6</sup> and the cost-effectiveness of complementary and alternative modalities.<sup>7</sup> A 2004 study jointly funded by NCCAM and the National Center for Health Statistics (NCHS) found that 75% of adults had tried some form of CAM, 62% of whom had used CAM during the previous 12 months. A national survey conducted in 1997 estimated that Americans spent \$40 billion that year on CAM therapies, demonstrating their economic and cultural impact.<sup>8</sup>

Health insurance coverage for CAM therapies is limited and varies by state (<http://nccam.nih.gov/health/chiropractic/#insure>). Although many state Medicaid programs provide coverage for chiropractic and some cover acupuncture, only 21% of HCH clients qualified for Medicaid in 2006 and 70% were uninsured ([www.bphc.hrsa.gov/uds/2006data/National/homeless/NationalTable4ho.htm](http://www.bphc.hrsa.gov/uds/2006data/National/homeless/NationalTable4ho.htm)). Many clinicians serving poor and homeless clients contend that complementary and alternative therapies should be available to everyone.

**Connie Henry, PhD, ND, CPH, RN, CADS**, works with adult men and women on smoking cessation through natural practices. A Board Certified Holistic Health Practitioner at HCH, Albuquerque, she has worked with clients with addictions for 42 years. “There is truly nothing better than the [National Acupuncture Detoxification Association's (NADA)] Acudetox protocol because it helps clients relax, reduces their level of anxiety, and allows them to focus,” says Henry. (See page 4 for more information about Acudetox.) As an adjunct to auricular acupuncture, she uses aromatherapy in her smoking cessation program, substituting different aromas that provide a pleasant sensation for stale cigarette smoke.

A certified herbalist, Henry teaches clients living on the streets to make herbal sun teas using bottled water and fresh or dried medicinal herbs that she helps them obtain. “It's an inexpensive, hands-on opportunity to empower them,” she says. “They can make themselves a relaxing cup of tea to help them sleep better at night. We also teach clients to eat lots of apples—which are portable, a good source of nutrition, and provide detoxification for nicotine and other substances. Apples can be part of a healthful, low-cost food plan, allowing clients to do something good for themselves.”

**Patricia (“Tish”) Shull, MS, PA-C**, works with homeless clients at the 12th Street Clinic HCH project in Casper, Wyoming. “I try to always

## COMPLEMENTARY & ALTERNATIVE THERAPIES<sup>2</sup>

**Acupuncture** is a method of healing developed in China at least 2,000 years ago. Current practice involves stimulation of anatomical points on the body by thin, solid, metallic needles that are manipulated by the clinician's hands or by electrical stimulation.

**Aromatherapy** uses essential oils (extracts or essences) from flowers, herbs, and trees to promote health and well-being.

**Ayurveda** is a system of medicine that originated in India over 5,000 years ago. It includes diet and herbal remedies and emphasizes the use of body, mind, and spirit in disease prevention and treatment.

**Chiropractic** is a system of medicine focusing on the relationship between bodily structure (primarily the spine) and function, and how it affects the preservation and restoration of health. Manipulative therapy is the integral treatment tool.

**Cupping** is an ancient Chinese practice to alleviate pain, respiratory diseases, and paralysis in which a heated cup is applied to the skin creating a vacuum so that skin and superficial muscle are suctioned into the cup. Red rings and bruising at the rim site are expected results; as with coining these are not signs of physical abuse.

**Dietary Supplements** include vitamins, minerals, herbs or other botanicals, amino acids, and substances such as enzymes, organ tissues, and metabolites. These supplements come in many forms, including extracts, concentrates, tablets, capsules, gel caps, liquids, and powders. The Dietary Supplement Health and Education Act (DSHEA) of 1994 requires special labeling of dietary supplements, which are considered foods but are not regulated as drugs.

**Electromagnetic Fields** are invisible lines of force that surround all electrical devices or may be produced naturally during thunderstorm activity; magnetic fields may be produced by electric currents flowing at the Earth's core.

**Homeopathic Medicine** is a system of medicine based on the belief that “like cures like,” in which small, highly diluted quantities of medicinal substances are given to cure symptoms which would be caused by higher or more concentrated doses of the same substances.

**Massage therapy** involves the manipulation of muscles and connective tissues to enhance tissue function and promote relaxation and well-being. Naturopathic Medicine is a medical system that relies on the body's inherent healing power that establishes, maintains, and restores health. Practitioners work with clients to support this power through treatments including nutrition and life-style counseling, dietary supplements, botanicals, exercise, homeopathy, and practices from traditional Chinese medicine.

**Qi gong** is a component of traditional Chinese Medicine that combines movement, meditation, and regulation of breathing to enhance the flow of qi (vital energy) in the body, thereby improving blood circulation and enhancing immune function.

**Reiki** means Universal Life Energy in Japanese and is based on the belief that when spiritual energy is channeled through a Reiki practitioner, the client's spirit is healed, which in turn heals the physical body.

**Therapeutic Touch** is derived from an ancient technique called laying-on of hands in which the premise is that the healing force of the therapist affects the client's recovery; healing is promoted when the body's energies are in balance.

**Traditional Chinese Medicine (TCM)** represents the ancient system of health care originating in China, based on the concept of balanced qi that flows throughout the body. Qi is proposed to regulate a person's spiritual, emotional, mental, and physical balance and to be influenced by the opposing forces of yin (negative energy) and yang (positive energy). Disease is the result of disrupted qi and imbalanced yin and yang. Modalities include herbal and nutritional therapy, restorative physical exercises, medication, acupuncture, and remedial massage.

practice evidence-based medicine," she says. "If the data support it, I'll try almost anything as long as the client can access it. But just because something sounds good and is safe doesn't mean it will work. I always ask myself, 'Will it hold up in court?' There are times when I have said to a client, 'There is absolutely nothing that says this will work, but I'm pretty

certain it won't hurt. If you want to try it, here is what you can do.' I make sure to document that in the chart"—which is an important part of record keeping in the event of a legal dispute.<sup>9,10</sup> "Some clients only want alternative or complementary therapies. Part of my job is to make sure they don't cause harm by trying them."

## CAM Therapies Making a Difference for HCH Clients

Across the country, HCH practitioners are using a variety of complementary and alternative therapies (CAM) for their clients' benefit. Some of these practices have roots in ancient systems of care while others rely on creative strategies born of clinicians' desire to promote patient health and well-being.

**DIETARY SUPPLEMENTS** Herbal and botanical therapies are among the alternative and complementary treatments that have captured public attention, but may be of concern to practitioners untrained in their use. For example, Echinacea is a popular herbal therapy believed to help prevent and alleviate symptoms of the common cold based on anecdotal reports; however, a 2005 efficacy study supported by NCCAM found no significant effect on infection with the cold virus or the severity of symptoms in 437 volunteers, randomly assigned to receive either prophylaxis or treatment with one of three Echinacea preparations or a placebo.<sup>11</sup>

The Mayo Clinic website ([www.mayoclinic.com](http://www.mayoclinic.com)) is a comprehensive resource for clients and clinicians which describes "Drugs and Supplements" in detail. Each entry is defined, its use outlined, and its efficacy graded (A–F) based on scientific evidence. Dosing, safety, allergies and side effects, methodology, and selected references are also included.

**Susan Montauk, MD**, professor of Clinical Family Medicine at the University of Cincinnati and medical director of The Affinity Center, uses a number of CAM therapies with her clients. She reminds us that "a healthful diet, adequate sleep, and exercise are all established components of good health and important especially to individuals who are battling bipolar disorder or depression." To that end, she recommends melatonin for sleep disturbances, particularly with teens (see [www.mayoclinic.com](http://www.mayoclinic.com)), and teaches relaxation with breathing techniques and through guided imagery, using tapes that even children can follow on a tape recorder.

Montauk recommends *Pelargonium sidoides* to treat colds, a botanical therapy that is "well-documented and can reduce symptoms by 4 or 5 days if taken within 48 hours of infection" (see [www.aafp.org/afp/20040201/tips/1.html](http://www.aafp.org/afp/20040201/tips/1.html)).<sup>12,13</sup> The product is available online and costs about \$7 to treat one cold.

Plain yogurt may be an inexpensive remedy for yeast infections on the skin, Montauk notes. "The bacteria in yogurt appear to fight yeast fungi for food—and win."

**NATUROPATHIC CARE** Licensed naturopathic doctors (NDs) have prescriptive authority in 16 states including Arizona, Oregon, Washington, and the District of Columbia. Central City Concern's Old Towne Clinic in Portland, Oregon, serves low-income and homeless people, emphasizing compassionate care. The clinic's two naturopathic physicians, also licensed as acupuncturists, provide auricular acupuncture as a complement to standard drug and alcohol therapies as well as full body treatments for musculoskeletal problems, fatigue, and pain. They also prescribe herbs and botanicals from the onsite naturopathic pharmacy and apply physiotherapy including massage, ultrasound, cupping, and chiropractic manipulation.

"The work they do to combat chronic pain in a holistic way is wonderful," says Medical Director **Rachel Solotaroff, MD**. "These therapies minimize problems for folks in recovery as well as for others who don't want to take narcotics. They also help hepatitis C patients who aren't candidates for Interferon therapy with pain and other sequelae of the disease."

**Julie Anne Chinnock, ND, MPH**, at Outside In, also in Portland, describes naturopathic care as individual-specific. "It is a unique medical treatment plan that may include prescription drugs along with nutraceuticals [bioactive chemicals derived from foods but taken as supplements at much higher concentrations than diet alone could provide<sup>14</sup>] or botanicals or



Integrated pharmacy, courtesy of Outside In

information on dietary and lifestyle modifications. Each person needs to be evaluated on a case-by-case basis that considers his or her condition, comorbidities, and contributing factors such as mental health, domicile status, alcohol or drug use. I appreciate the patient-centered philosophy of an integrative model that combines conventional and alternative therapies."

"Our integrated pharmacy allows us to choose from a variety of products including pharmaceuticals, botanicals, nutritional supplements, multi-vitamins, fiber and protein supplements," she adds. "The naturopathic medicines are provided through a partnership with the National College of Naturopathic Medicine and Multnomah County Coalition of Community Clinics. We are also able to refer our clients to a Reiki practitioner, Harriet Cooke, MD." Reiki healers use gentle, hands-on therapy to increase energy, reduce pain, and produce deep relaxation.

Montauk, in Cincinnati, says that "healing touch can be quite effective; a skilled craniofacial therapist might spend five minutes with her hands over my occiput and I really feel the energy."

According to the *Harvard Heart Letter*, several studies have reported positive results using such "touch therapies" in conjunction with standard cardiac care for patients with heart problems. Those receiving Reiki before cardiac catheterization reported feeling more comfortable and confident; patients receiving

“healing touch” therapy before and after open heart surgery had shorter hospital stays.<sup>15</sup>

**ACUPUNCTURE** Licensed acupuncturist **Jan Fadden, RN**, works with Casa Esperanza Homeless Shelter in Santa Barbara, CA. “Whole body acupuncture is a useful therapy for pain with clients experiencing musculoskeletal or gastrointestinal problems and for AIDS patients,” she says. “Sometimes I also use Shiatsu, which is an acupressure technique that involves pushing along the acupoints. I also follow the NADA Acudetox protocol for clients with substance use disorders. It reduces their anxiety and helps fight cravings for alcohol and other addictive drugs.”



NADA provides public education about acupuncture as a recovery tool and trains health care workers in its protocol (<http://acudetox.com>). Fine gauge, sterilized, one-time use stainless steel needles are inserted just under the skin at five points on the outer ear (auricle). They remain in the client's ear for up to an hour as he or she practices quiet relaxation in an upright chair.

Because the NADA protocol emphasizes mobilizing the client's inherent resources, it is important to encourage and reinforce client self-management efforts. Auricular acupuncture is used as an adjunct to comprehensive addiction treatment, which includes counseling, education, family involvement, mutual support groups, and supportive health services.



**Steve Hardenbergh, L.Ac**, administering auricular acupuncture, courtesy of Central City Concern

**James Keating**, a client of the Baltimore HCH program, says that in addition to “being pretty good at relaxing me, [acupuncture] helps me have positive feelings about myself. Normally, I'm full of negative thoughts; now my negativity is eliminated in group meetings twice a week.” In the beginning, he says, “I was on edge about the treatment, but I kept coming, and now I feel and think differently. I can focus on positive things and no longer have cravings for drugs. And in my outside ministry, I've become an inspiration to other folks who are hurting because I'm living proof [that this treatment works].”

**Diana Keener**, who has a Master's degree in Acupuncture, facilitates James' group discussions at the Baltimore HCH. “This is a stress management class based on the classical Chinese tradition. The protocol combines auricular acupuncture with meditation, which facilitates the action of the acupuncture,” Keener explains. “Anyone can attend the group, although the majority of participants may have substance use issues. We begin with a group discussion, sharing what has happened during the week. Then we have a brief period of relaxation before I insert the needles—five needles in each ear, corresponding to five organ systems: nervous system, heart, kidney, liver, and lungs. Then the group follows a guided meditation and sits quietly for a half hour. This therapy is intended to create a partnership between the client and clinician,” Keener says. “People find it very empowering, particularly disenfranchised clients like many of our homeless folks.”

**BOOKS SHAPING LIVES** **Donna Kelly, RN**, is an outreach nurse for the Care Alliance Health Center in Cleveland, Ohio. Most days she is out in the community looking after her homeless clients. One day a week, she runs a clinic in a shelter's cafeteria. A big reader herself, she noticed that a number of the folks at the shelter were reading too. She'd ask what they were reading and how they liked the book. More and more, her clients would stop by and say, “Hey, I finished that book . . .”; often their discussion led to other issues including their health. What began as a simple point of engagement—one reader to another—grew, until one day Kelly said to her Director of Development Jenice Contreras, “Sometimes I just want to read with my guys.” Jenice had just attended a workshop on Health Literacy, and she answered back, “Donna, you can read with them while you're nursing—we can make it happen.”

So Care Alliance initiated a collaboration between the Cleveland Public Library and the largest men's shelter in Cleveland. Kelly says she worried that nobody would come to the new reading project. “But it took off and has become the best health teaching project I've ever worked with, and I've been nursing a long time. Every Monday we have a core group of 20 and we read two books a month, but many more folks are in and out, and the books circulate through the shelter. I often get books back from someone who got them from someone else. For people starting to get their lives together, the reading group also becomes a safe place to share some of the trauma they've been through, and the discussion helps enhance their coping skills.”

Favorite books that have launched discussion and touched readers include:

- *Finding Fish* by Antwone Q. Fisher, who has ties to Cleveland and homelessness.
- *The Spirit Catches You and You Fall Down* by Anne Fadiman, which speaks to tragic problems that can arise when people from different cultures don't understand one another. This book sparked a wonderful ongoing discussion about how to talk to medical providers and what a patient needs to share and also to find out.
- *The Pact* by Sampson Davis, George Jenkins, and Rameck Hunt—about three troubled teens from Newark who make a pact to go to college and provide mutual support through medical school—has led to other pacts between readers in the group.

Best of all, says Kelly, “The guys have taken ownership of the project. They regularly go out and collect the books and have built book shelves so that each section of the shelter (Emergency, Remission, Transitional, Sober-Working) has appropriate books. We've gotten a lot of publicity and are getting many book donations now. Even Anne Perry, the Scottish mystery writer, is sending the guys autographed copies of her books and they just think it's great! We go to book store readings to meet other authors too.”

“Now we've started a satellite group at another shelter and have a women and children's group, where I do basic health discussions with the moms and a volunteer reads with the kids,” Kelly continues. “At the National HCH Conference in Phoenix, I spoke with **Katie Volk, MA**, director of training with The National Center on Family Homelessness (National Center), and she's going to send me

information about the PEACH materials to add to our program.”

“PEACH stands for Physical and Emotional Awareness for Children who Are Homeless,” Volk says. Realizing the toll homelessness takes on children, evidenced by their increased physical illness and mental health problems, the National Center adapted a program based on the award-winning OrganWise Guys® for use in shelter settings. “These wonderful characters—Hearty Heart®, Calci M. Bone®, Pepto the Stomach®—engage children living in a shelter in a curriculum targeted at nutrition and emotional health to help them understand their bodies’ reactions to stress and learn how to cope better,” Volk says. Books, videos, and interactive activities make each character come to life.

“Using the program, I discovered one day just how engaged the children could become when I was going to switch to another story,” Volk explains. “A little boy in the front row yelled, ‘Where’s Hearty Heart?’ So I said, ‘We’re going to read about something else today.’ And he said, ‘No, no, no!—I want Hearty Heart!’”

The PEACH curriculum has 17 sessions, each lasting 45–60 minutes, and is designed to be predictable and encourage children to feel safe and at ease. New children as well as those who attend regularly are engaged and gain a sense of accomplishment and pride from the experience.

**THE POWER OF THE MIND** “Here at HCH Manchester in New Hampshire, we are teaching Mindfulness Based Stress Reduction (MBSR) to groups of people who are homeless through the health education component of our program,” says Project Director **Marianne Savarese, BSN**. MBSR is an evidence-based curriculum developed in 1979 by Jon Kabat-Zinn, PhD, at the University of Massachusetts Medical Center in the Stress Reduction Clinic.<sup>16</sup> It has become a form of complementary medicine—not a substitute for other medical treatments—to address a variety of health concerns in over 200 medical centers,

hospitals and clinics around the world, including the Duke Center for Integrative Medicine ([www.dukeintegrativemedicine.org](http://www.dukeintegrativemedicine.org)) and the University of Iowa Hospitals and Clinics ([www.uihealthcare.com](http://www.uihealthcare.com)).

MBSR is an 8-week intensive training program consisting of 2–3 hour-long sessions weekly with a full-day retreat at week 6. It focuses on mindfulness meditation that is structured to cultivate an individual’s inner awareness of mind and body while learning to exclude unconscious thoughts, feelings, and behaviors that may undermine physical and psychological health. Students learn specific skills, including guided meditation and yoga practices, to help them pay attention, practice deep relaxation, and use these tools in their daily lives. Goals include connecting more fully in the present moment, appreciating life’s fullness, and facilitating deep inner resources in order to cope, grow, change, and heal.

Outcomes have been shown to include:<sup>17-20</sup>

- Reduced pain
- Increased ability to cope with chronic pain
- Increased ability to respond more effectively to stress
- Increased ability to relax
- Increased sense of well-being
- Greater enthusiasm for life
- Improved self-esteem
- Increased clarity and awareness when making choices
- Possible plasticity of learned mechanisms

The Manchester project has adapted sessions to more easily serve its homeless clients by following a 6-week cycle, which meets 1 hour each week and uses movements called stretching instead of yoga. Other modifications include briefer meditations, imagery based on familiar scenes, and CDs with 10 minute content reviews (instead of 45 minutes) and 30 minutes of guided meditation (CD players are provided). Each session has a team of leaders including a psychologist trained in MBSR, a social worker, and a substance abuse counselor. Savarese says, “We use a five-question quality-



**MBSR session participants, courtesy of Manchester HCH.**

of-life survey before and after the training cycle, which demonstrates our client’s perceived improvement.” Clients are pleased with their progress and see the program’s usefulness. “One of our female clients is a waitress and reported being stressed at work. She went into the kitchen to use her breath training to get through her day.” Others have remarked: “I’m amazed at being able to sit still and be quiet.” “I’m less angry and able to deal with my siblings.” “It’s teaching me to be in a different kind of relationship to my body, to be able to notice how stress affects my body.”

Shelter staff and the Manchester HCH team members have noticed that participation in Mindfulness Based Stress Reduction enhances coping skills, promotes recovery, and ameliorates stress. Some clients use MBSR to:

- Help them go to sleep
- Relax and think before they act
- Manage anger
- Gain confidence
- Deal with hectic lives and keep calm
- Remain in the present
- Breathe

“Participants report finding time to think,” Savarese concludes. “Indeed, time to think more clearly, to sit with the quiet, and to practice kindness and self compassion for the very first time in their lives.”

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