University of Wisconsin
School of Medicine
And Public Health

Integrative Medicine
Elective Rotation
For
Residents and Medical Students

(October 2009)
April, 2009

Dear Residents & Medical Students,

Welcome to the elective rotation in Integrative Medicine! My colleagues and I are delighted that you are joining us. We both expect and hope that the experiences and knowledge that you gain with us will augment your already strong medical education, and help you think in new ways, enhancing your own health as well as the health of your future patients.

In this packet you’ll find our Integrative Medicine curriculum, philosophy of Integrative Medicine, and contact lists of holistic health practitioners. Read, experience, learn! Feel free to contact me with questions/comments/concerns. Others are here to help as well. See below.

**Physicians (MD’s)**

Luke Fortney, Asst. Prof. (cell) 576-0413  
luke.fortney@fammed.wisc.edu  
e-mail preferred

Jill Mallory, IM Fellow 274-1100  
jill.mallory@fammed.wisc.edu

Lucille Marchand, Prof. (pager) 376-7819  
lucille.marchand@fammed.wisc.edu

Clinical Director, Integrative Oncology Svcs.

Rian Podein, Asst. Prof. (pager) 376-9217  
rian.podein@fammed.wisc.edu

Dave Rakel, Asst. Prof., Director, Integrative Medicine 265-8421  
drakel@uwhealth.org

Adam Rindfleisch, Asst. Prof. Director, Academic Integrative Medicine Fellowship 213-9688  
(cell)  
adam.rindfleisch@fammed.wisc.edu

**Staff**

Katie Klescewski 262-3166  
katie.klescewski@fammed.wisc.edu

DFM Residency Scheduling

Charlene Luchterhand 262-0740  
char.luchterhand@fammed.wisc.edu

IM Program Coordinator

Janet Short 263-1334  
janet.short@fammed.wisc.edu

DFM Medical Student Coord.

Sincerely,

David Rakel, MD, Asst. Prof.  
Director, UW Integrative Medicine
Integrative Medicine Learning Objectives

We have three overall learning objectives for this rotation. We would like you:

1. To promote self-exploration/self-care.
2. To develop an understanding of Integrative Medicine.
3. To explore an area of interest within Integrative Medicine.

Background

What is Integrative Medicine?
The concept of integrative medicine arises from a need to appreciate the wholeness of an individual person. This means learning to view a person from a biological/psychological/social/spiritual perspective. Moreover, integrative medicine is healing oriented and emphasizes the centrality of the doctor-patient relationship. It focuses on the least invasive, least toxic, and least costly methods to help facilitate health by integrating the best of both worlds—allopathic (conventional) and complementary therapies. The founder of allopathic medicine, Sir William Osler, wrote, “It is much more important to know what sort of patient has a disease than what sort of disease a patient has.”

What is Healing?
Health comes from the Old English word “Hal,” meaning wholeness, soundness, or spiritual wellness. “Health” is defined by the World Health Organization as “a state of complete physical, mental, and social well being, and not merely the absence of disease or infirmity.” To “cure,” conversely, refers to doing something (such as giving drugs or performing surgery) that alleviates a troublesome condition or disease. Healing does not equal curing. Healing facilitates change that reduces stress, improves diet, promotes exercise, and increases the person’s sense of community and connection. In doing this, we help improve the balance of health of the body, mind, and spirit that may result in the ability to discontinue a pharmaceutical, thereby reducing the need for the cure.

The Integrative Physician:
In order to be an effective practitioner of health and healing, one must understand health at a personal level. This equates with personal introspection, exploration, and an experience of well being and balance. Because integrative medicine looks deeply into the life of an individual patient, it requires a deeper personal understanding on the part of the physician. As a result, this type of practitioner is more successful with health and healing due to the fact that s/he develops rapport, understanding, and empathy with patients. This type of relationship fosters healing by allowing the practitioner to gain personal, and empathetic insight into the patient’s unique situation. Likewise, the best way to practice and learn integrative medicine is to explore one’s own personal definition of health, as well as directly experience a number of different styles and modalities of healing.
Integrative Medicine Curriculum

With the above mentioned concepts in mind, the integrative medicine learning experience will develop individually based on your own personal interests and moments of insight.

1. **Explore, meet, and experience!** These are essential to fostering a sense of personal health and healing that is imperative to providing good holistic medical care. In addition to extrinsic textbook learning, intrinsic learning can only be acquired through experience and self exploration. This type of knowledge is commonly known as wisdom. Lao Tsu writes, “Knowledge studies others, Wisdom is self-known.” Likewise, Roger Walsh, MD Ph.D., writes that “Wisdom must be developed if we are to understand life and ourselves and to live well.” Exploration of different healing modalities is only the beginning to truly understanding health and healing; but intrinsic to it is the exploration of self that leads to wisdom that will reap great rewards in the practice of medicine. Pragmatically, this means calling various complementary medicine practitioners and arranging meetings and sessions to learn and directly experience what they do. (You will find lists of both UW Health Integrative Medicine ancillary staff and community practitioners in this packet). Keep in mind that not all things can be known or learned through reading or reasoning. Roger Walsh describes this type of learning and knowing through analogy: “Compared to direct realization, mere book learning and theoretical knowledge are very poor substitutes, as far removed from direct experience as a text on human reproduction is from the embrace of a lover.” Remember, this rotation is about exploring what it means to be a human being, so that we can better understand health and treat disease.

2. **Write a personal definition of health and devise a treatment plan.** Part of the integrative experience includes a short write-up that carefully reflects your own definition of health. What does health mean to you personally and in your own life? This task can be challenging, similar to writing a personal statement. It means being real and reflecting on your past and looking ahead to your future while finding out what it means to be healthy in the present moment. Additionally, at the end of the rotation, you will put together a treatment plan for yourself, similar to the patient health treatment plans you put together throughout this rotation. These tasks serve two purposes. First, defining health puts you into a mindset that facilitates better interaction and understanding with the various patients seeking improved health and resolution of disease. Second, writing your own treatment plan materializes your definition of health in a way that gives direction, focus, and memory to your intention and goals for balance, well-being, health, and healing.

See the following websites for tools to help with this process:
*Required* American Medical Student Association’s Healing the Healer: Developing Your Own Health Plan

The University of Minnesota’s Center for Spirituality and Healing: Has an interactive web site for exploring your own health from an integrative medicine perspective. http://www.csh.umn.edu/modpub/.

University of Wisconsin Integrative Medicine Intake Evaluation Form Find at http://www.uwhealth.org/storage/IM_ClientInformationForm.pdf.

3. **Integrative Medicine Clinic.** Your role is to observe, emulate, and participate in varying capacities. Initially, new patients will be seen by you and the integrative medicine physician or fellow. This initial interview is meant to develop an understanding of the uniqueness of the patient and acquire a better insight of that patient’s needs. Be an active participant in the interview process. Afterwards, you and the physician will discuss each patient and devise an in-depth treatment plan that addresses the uniqueness of the individual. Remember, integrative medicine attempts to bring a wealth of resources to meet an individual’s unique needs, as opposed to a method of bringing the same biomedical model to every patient. Simply, this means developing a treatment plan that is specifically tailored to individual patients in a way that will best meet their needs in a holistic fashion. Your job in this process will include selecting a patient from clinic and working up a treatment plan for her/him using the wealth of resources available to you from the Integrative Medicine Clinic, in addition to your own reading and literature searches.

4. **Read the following:** *(Included at end of this package)*. The following will provide an overview of integrative medicine.

5. **Independent reading.** Because this rotation is flexible and adapts to your own personal interests, additional readings will be based on your experiences and questions. It is always best to read about those things that you experience to help facilitate lasting memory and working knowledge. Of course, in many situations, it may be best to experience a particular modality of medicine (e.g. energy medicine such as healing touch) before reading about it. This way, you will be more receptive, open, and sensitive to the experience before altering your perception of it through reading. Take advantage of your “beginners mind,” an open vessel ready to be filled.
The following websites can be of help for resources on CAM:

- American Medical Student Association  
  http://www.amsa.org/humed/CAM/resources.cfm
- National Center for Complementary and Alternative Medicine (NIH):  
  http://nccam.nih.gov/

6. **Choose one or two areas of interest in which to focus during this rotation.** The field of complementary and alternative medicine is expansive and daunting. However, the principles of healing apply to all modalities within the field. Specifically, you will learn through experiencing various modalities that healing follows a common pattern. First, there is a health related crisis (e.g. severe, refractory eczema). Second, there is a search for and arrival at a place of healing (e.g. a medical clinic). Third, there is an explanation of the situation followed by development of a treatment plan (e.g. hydrocortisone cream and quitting smoking). Finally, there is resolution (or re-evaluation) followed by memory, reflection, and attainment of experiential understanding on the part of the patient (e.g. certain behaviors/memories/emotions make my eczema worse and certain interventions make my eczema better). However, in order to really appreciate the wisdom and knowledge of a particular healing modality in so short a time frame as a two-four week rotation, it is best to focus on one or two areas of interest (e.g. energy medicine, homeopathy, botanical/herbal medicine, Traditional Chinese Medicine, manual medicine, meditation/spirituality, etc). Remember that lasting memory comes from understanding at greater depth and level of experience.

- Discuss your area/s of interest with one of the Integrative Medicine Program Faculty or Fellows: Luke Fortney, Lucille Marchand, Rian Podein, David Rakel, Adam Rindfleisch

- Share what you have learned by contributing to our Integrative Medicine Program data files. This involves creating a handout (1-2 pages) in lay language that helps individuals understand how this therapy will enhance their health. Write the handout, so it is self-explanatory for patients. (For an example, see “Using Journaling to Aid Health” on the following page).

7. **Finally, relax.** Get to know yourself. We recommend that you smile, explore, open-up, and most importantly let go. This is fun. Medicine is fun. Life is fun. Be open to the possibilities of health and healing while simultaneously maintaining an appropriate and healthy skepticism. Life’s Little Instruction Book has a quote that expresses this well, “Don’t be so open-minded that all of your brains fall out.” But at the same time, maintain a sense of openness. The beginner’s mind is a powerful way to learn and experience this type of medicine.

The above was written by Luke Fortney, MS IV, UWMS, in association with Dave Rakel MD, 2002. Revised: 2006 with help of Surya Pierce, MS IV.
Using Journaling to Aid Health

What Is Journaling?
Journaling is the process of writing about our experiences, thoughts, and feelings. One way to promote health is to write about times in our lives that were stressful or traumatic. It provides an avenue for the expression of thoughts and memories that may have been internalized (kept inside), worsening physical symptoms. A quote by William Boyd, a pathologist at the turn of the 20th century, describes this process well. He said, “The sorrow that hath no vent in tears, may make other organs weep.” Journaling is one type of therapy that can be used to aid this process.

How Does It Work?
Studies have found that if we express feelings about a time in our lives that was very traumatic or stressful, our immune function strengthens, we become more relaxed, and our health may improve. Writing about these processes helps us organize our thoughts and create closure to an event that our minds have a tendency to want to suppress or hide. Journaling can be done in the privacy of the home and requires only pen and paper.

Does Anybody Need to Read It?
You can share your writings with others if you desire, but no one needs to read what is written. The most benefit comes from writing the document; the words can be thrown away if desired. In fact, burning or destroying the document can ceremonially bring closure to a difficult time in your life. Some people prefer to keep their writings to look back on and see how they have grown from the events.

Are There Any Side Effects or Things I Should Be Aware Of?
Recalling stressful memories can make you feel uncomfortable for a few days. If this were not the case, the body would not use so much energy trying to repress them. The benefits from journaling become most apparent weeks to months after writing.

For some people this process can bring back to mind some frightening events that may need the help of a licensed counselor. Please notify your medical provider if you develop feelings that would benefit from further discussion. This is often the first step in promoting healing from within.

How Is It Done?
There are many different ways to express emotions. Journaling is simple and inexpensive and can be done independently. It would be beneficial to keep a regular journal to write about events that bring anger, grief, or joy. But if that is unlikely and you just want to deal with a specific event or see whether this will help your condition, follow these steps:

PATIENT HANDOUT
University of Wisconsin Integrative Medicine
www.fammed.wisc.edu/integrative
Using Journaling to Aid Health

- Find a quiet place where you will not be disturbed.
- Using pen, pencil, or computer, write about an upsetting or troubling experience in your life: something that has affected you deeply and that you have not discussed at length with others.
- First describe the event in detail. Write about the situation, surroundings, and sensations that you remember.
- Then describe your deepest feelings regarding the event. Let go and allow the emotions to run freely in your writing. Describe how you felt about the event then and now.
- Write continuously. Do not worry about grammar, spelling, or sentence structure. If you come to a block, simply repeat what you have already written.
- Before finishing, write about what you may have learned or how you may have grown from the event.
- Write for 20 minutes daily for at least 4 days. You can write about different events or reflect on the same one each day.
- Consider keeping a regular journal if the process proves helpful.

How Can I Learn More?
Two excellent resources for more information on this subject include:


The information in this handout is for general education. Please work with your health care practitioner to use this information in the best way possible to promote your health and happiness.

This handout was created by David Rakel, MD. Asst. Prof. and Director of the Integrative Medicine Program, Dept. of Family Medicine, University of Wisconsin-Madison. Adapted from: Rakel, DP (Ed.) Integrative Medicine, 2nd Ed., Philadelphia, PA: WB Saunders, an imprint of Elsevier, 2007.

Date revised: June 11, 2007
OPPORTUNITIES FOR EXPERIENTIAL LEARNING

There are two options for experiential learning about a specific modality: 1) You can contact a member of the UW Integrative Medicine Ancillary Staff and arrange to observe/shadow, experience the treatment yourself, or discuss the modality. Please let the contact person know that you are doing an elective rotation with Integrative Medicine. Go to the following website for more information about modalities: www.uwhealth.org/integrativemed. 2) You can contact a practitioner in the community. See page 11.

UW INTEGRATIVE MEDICINE ANCILLARY STAFF

Following are scheduled times for various modalities. Please note that schedules can change and shadowing is subject to patient consent.

Acupuncture
- Tues. 9am-1pm. Practitioner: Dan Cubacub. Research Park Clinic.
- Wed. 9am-4pm. Practitioner: Dan Cubacub. Research Park Clinic.
- Thur. 9am-4pm. Practitioner: Mihal Davis. UW Comp. Cancer Center.
- Thur. 9am-4pm. Practitioner: Colleen Lewis. Odana Atrium Clinic.
- Fri. 12:30 pm-8pm. Practitioner: Colleen Lewis. Research Park Clinic.
- Sat. 9am-3pm. Practitioner: Colleen Lewis. Research Park Clinic.

Feldenkrais Method
- Wed. 1pm-4:30pm. Practitioner: Hagit Vardi. Research Park Clinic.
- Thur. 9am-12:30pm. Practitioner: Hagit Vardi. Research Park Clinic.
Hagit prefers to schedule a treatment session for those interested in her work.

Healing Touch
- Not open to observation. Educational sessions are available with the Healing Touch Practitioners. Contact Mike Johnson (below) to learn more.

Massage Therapy/Bodywork
- Generally massage therapy/bodywork sessions are not observed. Educational meetings can be arranged. Contact Mike Johnson, who coordinates the program, to learn more.

To shadow/observe or schedule an appointment to discuss and learn more about acupuncture, Feldenkrais, Healing Touch, or massage therapy/bodywork: contact Mike Johnson at 265-8349 or MJohnson6@uwhealth.org.

Eastern Practices
- Includes classes such as Ai Chi, Yoga, Feldenkrais ATM, T’ai Chi, and Qigong. To learn more or sit in on a class, contact Lisa Milbrandt at 265-8317 or LMilbrandt@uwhealth.org.
**Exercise Physiology**
To learn about the application of the principles of exercise physiology to a wide variety of people (i.e., clinically ill to athletic), contact Jude Sullivan at 265-8324 or JSullivan@uwhealth.org. He may arrange an appointment or suggest another of his colleagues to contact.

**Health Psychology**
Sessions with patients are not open to observation. Health psychologists offer an hour-long meeting to discuss their work and demonstrate biofeedback. Contact Shilagh Mirgain at SMirgain@uwhealth.org or Janice Singles at JSingles@uwhealth.org to schedule an appointment.

**Mindfulness**
If you are interested in learning more about the Mindfulness Program or in experiencing an individual session as a patient would do, contact Katherine Bonus at 265-8417 or KBonus@uwhealth.org. She may arrange an appointment or suggest another of her colleagues to contact.
# University of Wisconsin Integrative Medicine Program

Community Holistic Practitioners Who Provide Information/Shadowing Opportunities for Medical Students and Residents

Please call individual practitioners to learn more about a modality and to schedule a visit.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>E-mail &amp; Website</th>
<th>Address</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>Acupuncture</strong></td>
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<tr>
<td>Fran Ehrlich, MD</td>
<td>256-8879 (H)</td>
<td>No</td>
<td>409 E. Washington Ave.</td>
<td>Auricular acupuncture Energy Medicine</td>
</tr>
<tr>
<td>Ronghua Jiang, M.D. (China)</td>
<td>288-1240</td>
<td>No</td>
<td>715 Hill St., Suite 230</td>
<td>Chinese Medicine</td>
</tr>
<tr>
<td>Xiping Zhou, M.D.O.M. L.Ac.</td>
<td>236-9000</td>
<td><a href="http://www.herbalpalace.com">www.herbalpalace.com</a></td>
<td>6425 Normandy Lane</td>
<td>Professor of Chinese Medicine</td>
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<tr>
<td><strong>Chiropractic Care</strong></td>
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<tr>
<td>Kelly Andrews, D.C.</td>
<td>577-5230 (cell)</td>
<td><a href="mailto:chirokelly@tds.net">chirokelly@tds.net</a></td>
<td>Group Health Sauk Trails Clinic 8202 Excelsior Drive</td>
<td>Previous modalities used include NAET &amp; nutritional detox. Will explain these, but doesn’t use in current setting.</td>
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<tr>
<td><strong>Energy Work</strong></td>
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<tr>
<td>Fran Ehrlich, MD</td>
<td>256-8879 (H)</td>
<td>No</td>
<td>409 E. Washington Ave.</td>
<td>Auricular acupuncture Energy Medicine</td>
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<td><strong>Guided Imagery</strong></td>
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<tr>
<td>Mare Chapman, M.A.</td>
<td>233-7431 Ext. 1</td>
<td><a href="mailto:marechapman@sbcglobal.net">marechapman@sbcglobal.net</a> <a href="http://www.quarryarts.com">www.quarryarts.com</a></td>
<td>715 Hill St., Suite 200</td>
<td>Certified AGI Also does psychotherapy and mindfulness.</td>
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<tr>
<td><strong>Homeopathy</strong></td>
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<tr>
<td>Paul Branch, MD</td>
<td>273-3619</td>
<td><a href="mailto:pbranch@mindspring.com">pbranch@mindspring.com</a></td>
<td>2122 Luann Lane</td>
<td>Classical homeopath with a background in family medicine</td>
</tr>
<tr>
<td>David Johnson</td>
<td>260-8000</td>
<td><a href="mailto:daj@chorus.net">daj@chorus.net</a> <a href="http://www.ommanicenter.com">www.ommanicenter.com</a></td>
<td>406 N. Pinckney</td>
<td>Call if serious about the process as a modality.</td>
</tr>
<tr>
<td>Karen Kunkler N.D.</td>
<td>232-0262</td>
<td><a href="mailto:drkarenkunkler@gmail.com">drkarenkunkler@gmail.com</a></td>
<td>3310 University Ave. Suite 204</td>
<td>N.D who is board-certified in homeopathy</td>
</tr>
<tr>
<td><strong>Naturopathy</strong></td>
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<tr>
<td>Mihal Davis, ND, CA</td>
<td>588-4464</td>
<td><a href="mailto:mihaldavis@hotmail.com">mihaldavis@hotmail.com</a></td>
<td>Grandmother Moon Clinic, LLC 608 Water St., Apt. A Prairie du Sac, WI</td>
<td>Board-certified Naturopathic physician. Also a certified acupuncturist specializing in acupuncture, nutrition and western herbs.</td>
</tr>
<tr>
<td>Karen Kunkler N.D.</td>
<td>232-0262</td>
<td><a href="mailto:drkarenkunkler@gmail.com">drkarenkunkler@gmail.com</a></td>
<td>3310 University Ave. Suite 204</td>
<td>N.D. who is board-certified in homeopathy</td>
</tr>
<tr>
<td>Jill Evenson N.D. &amp; colleagues, Naturopathic Family Clinic</td>
<td>531-0079</td>
<td><a href="http://www.naturopathicfamilyclinic.com">www.naturopathicfamilyclinic.com</a></td>
<td>4539 Woodgate Dr., Suite A Janesville, WI 53546</td>
<td>Board-certified N.D.</td>
</tr>
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<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Contact Information</th>
<th>Location</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Community Pharmacy</td>
<td><a href="mailto:info@communitypharmacy.coop">info@communitypharmacy.coop</a></td>
<td>341 State St.</td>
<td>Contact: Any member of the outreach team. Herbs, homeopathecics, supplements, vitamins</td>
</tr>
<tr>
<td>Green Earth</td>
<td><a href="mailto:herbman50@tds.net">herbman50@tds.net</a></td>
<td>6771 University Ave., Middleton 53562</td>
<td>Contact: David La Luzerne Herbs, homeopathics, vitamins. (No prescriptions or OTCs)</td>
</tr>
<tr>
<td>Quintessence</td>
<td></td>
<td>334 W. Lakeside St.</td>
<td>Contact: Richard Levinson Herbals &amp; homeopathics. Will meet to talk about botanicals.</td>
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<tr>
<td>Reiki</td>
<td></td>
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<tr>
<td>Christine Milovani, MSSW</td>
<td><a href="mailto:Healingbalance11@gmail.com">Healingbalance11@gmail.com</a> <a href="http://www.healingandbalance.com">www.healingandbalance.com</a></td>
<td></td>
<td>Travels between 3 locations, including GHC &amp; Meriter Wellness Center. Discuss where to meet. Reiki Master Teacher, Clinical Hypnotherapist, Meditation, Tai Chi, Qigong, Integrative Counseling &amp; Social Work</td>
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<tr>
<td>Spirituality</td>
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<tr>
<td>Penny Andrews, D.Min</td>
<td><a href="mailto:PAndrews@uwhealth.org">PAndrews@uwhealth.org</a></td>
<td>600 Highland Ave.</td>
<td>Spiritual Care Svcs., UW Hosp. &amp; Clinics</td>
</tr>
<tr>
<td>Steve Wenk, M.Div., BCC</td>
<td><a href="mailto:SWenk@uwhealth.org">SWenk@uwhealth.org</a></td>
<td>600 Highland Ave.</td>
<td>Spiritual Care Svcs., UW Hosp. &amp; Clinics</td>
</tr>
<tr>
<td>Yoga</td>
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<tr>
<td>Jonathan Garber, RMT</td>
<td><a href="mailto:jogarber@childfamilyyoga.com">jogarber@childfamilyyoga.com</a> <a href="http://www.childfamilyyoga.com">www.childfamilyyoga.com</a></td>
<td>301 S. Bedford St. Mail: P.O. Box 258001, Madison, WI 53725</td>
<td>Yoga therapy for children with disabilities. Massage/lymphatic therapy for adults.</td>
</tr>
</tbody>
</table>
A Brief History of Integrative Medicine

From Aristotle to the Flexner report

_When religion was strong and medicine weak, men mistook magic for medicine; Now, when science is strong and religion weak, men mistake medicine for magic._

Thomas Szasz, _The Second Sin_

The philosophy of integrative medicine is not new. It has been talked about for ages across many disciplines. It has simply been overlooked as the pendulum of accepted medical care swings from one extreme to the other. We are currently experiencing the beginning of a shift toward recognizing the benefits of combining the external, physical and technological successes of curing with the internal, non-physical exploration of healing.

Long before there were MRI and CT scanners, Aristotle (384-322 BC) was able to simply experience, observe and reflect on the human condition. He was one of the first holistic physicians who believed that every person was a combination of both physical and spiritual properties with no separation between mind and body. It was not until the 1600’s
that a spiritual mathematician became worried that prevailing scientific materialistic thought would reduce the conscious mind to something that could be manipulated and controlled. René Descartes (1596-1650), respecting the great unknown, did his best to separate the mind and the body in order to protect the spirit from science. He believed that mind and spirit should be the focus of the church leaving science to dissect the physical body. This philosophy led to the “Cartesian split” of mind/body duality.

Shortly after, John Locke (1632-1704) and David Hume (1711-1776) influenced the reductionistic movement that shaped our science and medical system. The idea was that if we could reduce natural phenomena to greater simplicity, we could understand the larger whole. So to learn about a clock, all we need to do is study its parts. Reductionism facilitated great discoveries that helped humans gain control over their environment. Despite this progress, physicians had few tools to treat disease effectively. In the early 20th century, applied science started to transform medicine. In 1910, the Flexner report\(^1\) was written and had a significant impact on the development of allopathic academic institutions. They came to emphasize the triad that prevails today, research, education and clinical practice. Reductionism and the scientific method produced the knowledge that encouraged the growth of these institutions.

The scientific model led to greater understanding of the pathophysiological basis of disease and the development of tools to help combat its influence. Sub-specialization of medical care facilitated the application of all the new information. We now have practitioners who focus on the pieces and a society that appreciates their abilities to fix problems. Unfortunately this approach does not work well for chronic disease that involves more than just a single part. In fact, all body organs are interconnected so that only repairing a part without addressing the underlying causes for its failure provides only temporary relief and a false sense of security.

More technology, less communication.

The tremendous success of medical science of the 20th century was not without cost. The amount of money allocated to health over the past 10 years has almost doubled from 391 to 668 billion dollars. The health care market grows when more attention is focused on parts that can be treated with drugs or procedures. In 2003, drug spending in the U.S. rose 11% to $180 billion and is now 15% higher than any other health related expenditure.\(^2\) Financial rewards increase when there are more subtypes of disease that treatments can be matched to. The system encourages patients to believe that tools are the answer to their physical woes and discourages them from paying attention to the interplay of mind, community, and spirit. Technology is the golden calf in this scenario. We have become dependent on it and over utilization has widened the barrier of communication between patient and provider. The old tools of the trade --rapport, gestalt, intuition and laying on of hands -- were used less and less as powerful drugs and high-tech interventions became available.


To help curtail costs, managed care and capitation were born. These new models reduced excessive costs and further eroded the patient-provider relationship, placing increased demands on physicians that did not involve patient care. Physician and patient unrest followed. Doctors are unhappy in part because of loss of autonomy in practicing medicine. Patients are unhappy in part because they feel they are not getting the attention they need. Most upset are those with chronic medical conditions whose diseases do not respond well to the treatments of specialized medicine. This comes at a time when the incidence of chronic and degenerative diseases is at an all-time high. Diseases like heart disease, diabetes, irritable bowel syndrome, chronic fatigue and chronic pain syndromes are very common. They require evaluation and treatment of much more than any one organ. The public has started to realize the limitations of western medicine and wants more attention paid to health and healing of the whole person, especially when there is no “part” to be fixed.

**Public interest influences change**

The deterioration of the patient-provider relationship, the over-utilization of technology and the inability of the medical system to adequately treat chronic disease has contributed to rising interest in complementary and alternative medicine (CAM). The public has sent its message with feet and pocket books. In fact there were more visits to CAM providers in the early 1990s than to all primary care medical physicians, and patients paid for these visits out of pocket with an estimated expenditure of $13 billion. This trend continued throughout the 90’s with 42% of the public using alternative therapies, increasing expenditures to $27 billion from 1990-1997. Patients are also demanding less aggressive forms of therapy, and they are especially leery of the toxicity of pharmaceutical drugs. Adverse drug reactions have become the 6th leading cause of death in hospitalized patients, and in 1994, botanicals were the largest growth area in retail pharmacy. Research shows that people find complementary approaches to be more aligned with “their own values, beliefs, and philosophical orientations toward health and life.” The public, before the medical establishment, realized that health and healing involved more than pills and surgery. Less invasive, more traditional treatments such as nutrition, botanicals, manipulation, meditation, massage and others that were neglected during the explosion of medical science and technology were now being rediscovered with great enthusiasm.

**Medicine gets the message**

The popularity of CAM therapies created a need for research in these areas. In 1993 an office of alternative medicine (OAM) was started within the National Institutes of Health.

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(NIH). The initial budget was 2 million dollars, a fraction of the $80 billion dollar budget of the NIH. The office was later upgraded to the National Center for Complementary and Alternative Medicine (NCCAM) and the amount of money available for scholarly research kept pace with this growth. By the year 2006, the NCCAM budget grew to 122 million.\(^8\) This allowed for needed research for exploration of how these areas of medicine could enhance health care delivery. At first, researchers tried to use traditional methods to learn about CAM therapies. They were sufficient for studying some such as botanicals. But the limitations of the reductionistic model became apparent when it was applied to more dynamic systems of healing like homeopathy, traditional Chinese medicine and energy medicine. New methods were required to understand the multiple influences involved. Outcome studies with attention to quality of life were initiated. Research grants in “Frontier Medicine” were created to help learn about fields such as energy medicine, homeopathy, magnet therapy and therapeutic prayer. Interest grew in learning how to combine the successes of the scientific model with the potential of CAM to improve the delivery of health care.

**Academic Centers Respond**

In 1997, one of the authors (AW) started the first fellowship program in Integrative Medicine at the University of Arizona. This two year clinical and research fellowship was created to train physicians about the science of health and healing and to learn more about therapies that were not part of the Western medical practice. There have been other fellowship programs created since this time as well as a pilot project to incorporate integrative medicine into a four-year family medicine residency-training model. NIH-sponsored R-25 grants have been awarded to medical schools across the country to bring these concepts into medical school curriculums. The Consortium of Academic Health Centers for Integrative Medicine now comprises more than thirty medical schools from across the U.S. and Canada, bringing academic leaders together to transform healthcare through rigorous scientific studies, new models of clinical care, and innovative educational programs that integrate biomedicine, the complexity of human beings, the intrinsic nature of healing and the rich diversity of therapeutic systems.\(^9\)

**Complementary and Alternative Medicine Use Grows in the United States**

Due to the popularity of CAM in the United States, the Institute of Medicine (IOM) published the results of a review of CAM in 2004 to create a better understanding of how it can best be translated into conventional medical practice. It was recommended that health professional schools incorporate sufficient information about CAM into the standard curriculum to enable licensed professionals to competently advise their patients about CAM.\(^10\)


Data collected from National Health Interview Survey (NHIS), conducted by the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS) showed that 62% of U.S. adults used CAM within 12 months of being interviewed. (See figure #2) The 10 most commonly used CAM therapies were the use of prayer specifically for one’s own health (43.0%), prayer by others for one’s own health (24.4%), natural products (18.9%), deep breathing exercises (11.6%), participation in prayer group for one’s own health (9.6%), meditation (7.6%), chiropractic care (7.5%), yoga (5.1%), massage (5.0%), and diet-based therapies (3.5%). CAM was most often used to treat back pain, colds, neck pain, joint stiffness and depression. 54.9% believed that combining CAM with conventional care would provide added benefit.11

The above data suggest that people value other ways of treating illness and that they want to be empowered to be active participants in their care. They also feel that CAM offers them more opportunity to tell their story and explore a more holistic view of their problem.12

NOTE: CAM is complementary and alternative medicine.

12 Barrett B, Marchand L, Scheder J, et al. Bridging the gap between conventional and alternative medicine: Results of a qualitative study of patients and providers. The Journal of Family Practice. 2000;49(3)
Avoiding CAM Labels

With the growth of good scientific research regarding many CAM therapies, we are realizing that the labels once used to classify these therapies are no longer needed. The use of the terms, “complementary and alternative” will only serve to detract from a therapy by making it sound second-class. Therapies that are often labeled under the heading of CAM include nutrition and spirituality. Many would argue that a lack of attention to these important influences on health has resulted in an epidemic of obesity, diabetes and substance abuse. Stress, of which many CAM labeled mind-body therapies address, was found to be the second leading risk factor for heart disease after smoking in one of the largest studies ever completed across multiple cultures.\textsuperscript{13} These are hardly of lesser significance than conventional therapies.

Labeling therapies as CAM also avoids the deeper issues that need to be addressed in health care delivery and promotes further fragmentation of care. Simply adding CAM therapies without changing our health care model is like increasing the number of specialists with no primary care infrastructure, which increases cost and reduces the quality of care.\textsuperscript{14} Having multiple providers treating the patient in many different ways will prevent what is needed most in the restructuring of health delivery, a medical home that is founded in relationship centered care.

The term integrative medicine stressed the importance of using the evidence to understand how to best integrate CAM therapies into our health care model and allowed us to better understand how they can be used to facilitate health and healing. This evolving understanding helped influence positive change in our health care system.

Changing the Medical Culture

In 2001, the Institute of Medicine (IOM) published a report on the overall state of U.S. health care. They concluded that the US health care system was so flawed it could not be fixed and an overhaul was required.\textsuperscript{15} In 2006, a report from the American College of Physicians stated that, \textit{Primary care, the backbone of the nation’s health care system, is at grave risk of collapse due to a dysfunctional financing and delivery system. Immediate and comprehensive reforms are required to replace systems that undermine and undervalue the relationship between patients and their personal physician.}\textsuperscript{16} This crisis

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{16} The Impending Collapse of Primary Care and Its Implications for the State of the Nation’s Health Care. A Report from the American College of Physicians. 2006. www.acponline.org/hpp/statehc06.htm?hp
\end{itemize}
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has led to proposals towards a restructuring of health care that resonate with the philosophy of integrative medicine. The Family Medicine community has joined The Institute of Medicine and The American College of Physicians in creating their own proposal on a new model for care.\textsuperscript{17} It promotes,

- A personal medical home
- Patient-centered care
- Team approach
- Elimination of barriers to access
- Advanced information systems
- Redesigned offices
- Whole-person orientation
- Care provided within a community context
- Emphasis on quality and safety
- Enhanced practice finance
- Commitment to provide a full scope of services

A similar set of goals was stated by the IOM in their proposal for a new health system for the 21\textsuperscript{st} century.

<table>
<thead>
<tr>
<th>Table #1  Simple Rules for the 21\textsuperscript{st} Century Health Care System</th>
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<tbody>
<tr>
<td><strong>Current Approach</strong></td>
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<tr>
<td>Care is based primarily on visits</td>
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<tr>
<td>Professional autonomy drives variability</td>
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<tr>
<td>Professionals control care</td>
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<tr>
<td>Information is a record</td>
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<tr>
<td>Decision making is based on training and experience</td>
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<tr>
<td>Do no harm is an individual responsibility</td>
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<tr>
<td>Secrecy is necessary</td>
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<tr>
<td>The system reacts to needs</td>
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<tr>
<td>Cost reduction is sought</td>
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<tr>
<td>Preference is given to professional roles rather than the system</td>
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Source: Crossing the Quality Chasm: A New Health System for the 21\textsuperscript{st} Century (15)

Integrative Medicine was created, not to fragment the medical culture further by creating another silo of care but to encourage the incorporation of health and healing into the larger medical model. The culture of health care delivery is changing to adopt this philosophy and the integration of non-traditional healing modalities will make this goal more successful.

Note box:

It is important to see the benefits and limitation of our current allopathic system and realize that science alone will not meet all the complex needs of our patients.  

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Integrative Medicine

Integrative medicine is healing-oriented and emphasizes the centrality of the doctor-patient relationship. It focuses on the least invasive, least toxic and least costly methods to help facilitate health by integrating both allopathic and complementary therapies. These are recommended based on an understanding of the physical, emotional, psychological and spiritual aspects of the individual.

Defining Integrative Medicine

- Relationship centered care
- Integrates conventional and complementary methods for treatment and prevention
- Involves removing barriers that may activate the body’s innate healing response.
- Uses natural, less invasive interventions before costly, invasive ones when possible.
- Engages mind, body, spirit and community to facilitate healing.
- Healing is always possible, even when curing is not.

Healing oriented medicine

Health comes for the old English word ‘Hal’ which means wholeness, soundness or spiritual wellness. ‘Health’ is defined by the World Health Organization as “a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity.” To ‘cure’ on the other hand, refers to doing something (such as giving drugs or performing surgery) that alleviates a troublesome condition or disease. Healing does not equal curing. We can cure a condition such as hypertension with a pharmaceutical without healing the patient. Healing would facilitate changes that reduce stress, improve diet, promote exercise and increase the person’s sense of community. In doing this, we help improve the balance of health of the body that may result in the ability to discontinue a pharmaceutical, reducing the need for the cure.

An example of this can be seen in figure 3. Here we have two trees, A and B. Tree A is obviously in a better state of health than tree B. This is likely due to its ability to be in balance with its environment. If a branch breaks on tree A, we can feel comfortable that if we mend the branch, it will likely heal very well or even heal itself. But if a branch breaks on tree B and we mend it, our intuition tells us

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that even if we have a talented tree surgeon, that branch is not going to heal. The point here is that our focus in medicine has been on fixing the branch while neglecting the health of the tree. If we give more attention to helping tree B find health either by removing barriers that are blocking its own ability to heal or by improving areas of deficiency, the branch will heal itself. We won’t need to spend as much time and energy fixing the parts. Cure and fix when able, but if we ignore healing, the cure will likely not last or will give way to another disease that may not have a cure.

Integrative medicine is about changing the focus in medicine to one of healing rather than disease. This involves understanding the influences of mind, spirit and community as well as the body. It entails developing insight into the patient’s culture, beliefs and lifestyle that will help the provider understand how to best trigger the necessary changes in behavior that will result in improved health. This cannot be done without a sound commitment to the doctor-patient relationship.

**Note Box**

Integrative Medicine is defined as healing-oriented medicine that takes account of the whole person (body, mind and spirit), including all aspects of lifestyle. It emphasizes the therapeutic relationship and makes use of all appropriate therapies, both conventional and alternative.

**Relationship centered care**

*It is much more important to know what sort of patient has a disease than what sort of disease a patient has.*

*Sir William Osler*

Observing practitioners of various trades such as biomedicine, manual medicine, Chinese medicine and botanicals helps us realize that some practitioners have better results with their chosen trade. Those with more success are able to develop rapport, understanding and empathy that help them facilitate healing with their therapy. The relationship fosters healing by not only allowing the practitioner to gain insight into the patient’s situation but by building trust and confidence that the patient has in the provider. This trust acts as a tool to activate the patient’s natural healing response supporting whatever technique the provider uses, whether it is acupuncture, botanicals, pharmaceuticals or surgery.

Developing a holistic understanding and relationship with patients allows the practitioner to guide them towards health more efficiently. The integrative clinician can point the way towards health while realizing that the patient will have to do the work to actually get there. This attitude does a great deal to remove pressure and guilt from providers who have been trained to think of themselves as failures when they cannot fix problems. In fact, relationship centered care is a necessity when dealing with the many chronic conditions that don’t have simple cures. Success is now defined as helping the patient find an inner peace that
results in a better quality of life, whether the problem can be fixed or not. (See outbox)

The Dynamic Process of Facilitating Health and Healing

The process of evaluation and treatment is dynamic and multi-factorial:
See 4 Steps in Figure

1. Good communication in the patient-practitioner relationship creates rapport and empathy, which supports the diagnostic process of evaluation and understanding. This insight enables the physician to develop the most efficient treatment plan possible.
2. Treatment options are considered in the context of the patient’s belief system and the culture in which they live. The evidence and science inform the decision of which therapeutic modalities best match the diagnosis and other requirements of the individual.
3. The physician and the patient can agree upon a plan of action that both believe will lead to improved health. In integrative practice, this is a collaborative approach that may involve both conventional and complementary referrals. For example, a patient with cancer may have a team that includes the primary care physician, an oncologist, nutritionist, a traditional Chinese medicine practitioner, and a chaplain. The primary practitioner is in the best position to organize a collaborative team that will support the patient’s needs. In a truly integrative approach, the patient is an active participant in the team decision-making process.
4. Healing is a dynamic, evolving process that requires continuous re-evaluation. What works at one time may need modification and adaptation in the future.

These four steps occur within an environment of constant change. As this process continues to unfold, physician and patient are constantly learning from past experiences and developing new insights on how to maintain the balance of health. In doing so, we often develop a deeper understanding of our core needs. This is a journey inward that ideally leads to an understanding of why a symptom may be present. For example, does it reflect a genetic aberration, a lifestyle stressor, an underlying functional issue such as inflammation, a nutritional deficiency, or is it filling a psychological need?
If this inner process is never explored, an individual will continue to rely on external influences to reduce the severity of symptoms without learning what the symptoms can teach us. A symptom can often be a red flag to alert us to lifestyle habits or situations that are not conducive to health and well-being. If we simply treat or suppress the symptom without fully understanding it, we will not have the opportunity to learn what is required to fully resolve it.

The above outbox is from:
Prevention
Integrative medicine encourages more time and effort on disease prevention instead of waiting to treat it once it presents. Chronic disease now accounts for much of our healthcare costs and also causes significant morbidity and mortality. The incidence of heart disease, diabetes and cancer could be significantly reduced through better lifestyle choices. Instead, they are occurring in epidemic proportions. A cardiologist, Robert Elliot said it well when describing our current medical situation,

*We have a three trillion-dollar a year medical system waiting at the bottom of a cliff for people to fall off and injure themselves. When we suggest building a fence at the top of the cliff to prevent people from falling in the first place, the answer from the bottom is, “We can’t afford it. We’re spending all our money down here.”*

The system needs a reallocation of resources. Unfortunately this is a large ship to turn. In the meantime, integrative practitioners can use their broad understanding of the patient to make recommendations that will lead to disease prevention and slow or reverse disease progression.

Integration
Integrative medicine involves using the best possible treatments from both CAM and allopathic medicine based on the patient’s individual needs and condition. This selection should be based in good science and neither rejects conventional medicine nor uncritically accepts alternative practices. It integrates successes from both worlds and is tailored to the individual, using the safest, least invasive most cost-effective approach while incorporating a holistic understanding of the individual.

Complementary and alternative medicine is not synonymous with integrative medicine. CAM is a collection of therapies, many of which have a similar holistic philosophy. Unfortunately the Western system views these as tools that are simply added on to the current model, one that attempts to understand healing by studying the tools in the tool box. David Rielly said it well in an editorial in the British Medical Journal.

*We are the artists hoping to emulate Michaelangelo’s David only by studying the chisels that made it. Meantime, our statue is alive and struggling to get out of the stone.*

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20 Reilly, D. Enhancing human healing. BMJ 2001;322(7279):120-121
Integration involves a larger mission that calls for a restoration of the focus on health and healing based on the provider-patient relationship.

**Key Questions to Ask Before Prescribing a Therapy**

The Integrative Medicine practitioner uses relationship centered care to develop insight into the most effective therapy for the patient’s needs. Before prescribing a specific therapy, there are five questions that one should ask.

1. **Does the therapy result in symptom resolution or symptom suppression?**

   Our initial goal should always be to get the symptom to resolve so we need to use fewer external influences to maintain health. This often requires that we explore the mind and spiritual aspects of a symptom. A symptom is our body asking for some type of change. If we simply suppress the symptom without understanding what it may need to go away, it will likely re-occur or arise in another part of the body. A good example of this is the use of proton pump inhibitors (*Prilosec, Prevacid, Aciphex*) for epigastric pain. These are excellent medications to help suppress symptoms or heal ulcers. But if we over rely on this technology, it prevents us from exploring the symptom further. It may keep us from listening to the patient’s story where the use of metaphor may give us further insight into the mind-body influences on health. A person with epigastric pain may say that their job is “eating them up inside.” If we don’t deal with this stress, the body will not truly heal even though the symptom is suppressed. This can lead to long-term use of a medication that can result in a change of the natural environment of the body. Long-term suppression of acid production can lead to an increased risk of pneumonia, B-vitamin, calcium and iron malabsorption and a higher prevalence of *C. difficile* colitis.

To foster symptom resolution, we need to explore both the external and internal reasons for its expression. (See figure below) An external therapy (medications, acupuncture, surgery, body work) will not have lasting benefit unless it is coupled with an internal exploration of why the symptom is there (emotions, stress, meaning and purpose). The physical and non-physical are inseparable and if we don’t address both it is difficult to get the symptom to resolve. If we have explored both and found no underlying internal source, then it is appropriate to suppress the symptom with our tools to reduce suffering and improve quality of life.

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2. What is the evidence?
The scientific model allows us to understand which therapies have the most intrinsic value. Once we have reviewed the evidence, we can combine it with the “art of medicine” to further stack the deck in favor of a positive response. Unfortunately, the amount of evidence we have to rely on is limited. Out of 2404 treatments reviewed in medical care 15% were found to be beneficial and 47% have not been adequately tested.\footnote{Tovey D (ed.). Clinical Evidence, Issue 13. BMJ, United Kingdom. 2005.}

It is very expensive to do good research and the therapies that get the best quality of evidence are often those therapies that have the greatest potential for economic gain. Unfortunately there is little economic incentive to promote therapies that result in healing in our current health care model. You will not see representatives from the wood and paper industry promoting the use of pencils and paper to support the health benefits of journaling on asthma and rheumatoid arthritis despite the evidenced showing benefit.\footnote{Smyth JM, Stone AA, Hurewitz A, et al. Effects of writing about stressful experiences on symptom reduction in patients with asthma and rheumatoid arthritis. JAMA 1999; 281: 1304-9.} The responsibility falls to the academic institutions and the government to provide funding to research all potential therapies despite their lack of economic rewards.

3. What is the potential harm?
It can be dangerous if we only look at the evidence for the potential benefit of a therapy without looking at the evidence for potential harm. There was evidence to show that diethylstilbestrol (DES) prevented miscarriages in the 1950’s but the potential harm on the unborn fetus was not taken into consideration until after many lives were affected. For supraventricular tachycardia, there was evidence that flecainide improved the rhythm on the electrocariogram, but it wasn’t until
further research found it to increase mortality.\textsuperscript{26} The integrative medicine practitioner uses the least harmful, least invasive therapy before the more invasive therapies. It is important that we continue to research not only the potential benefits but also the potential harm of the therapies we prescribe. Due to the potential risk of the external influences on health, we should encourage lifestyle habits with the least potential risk (whole food nutrition, stress reduction, exercise, spiritual connection) so that fewer high-risk interventions are needed resulting in the least potential risk of harm.

4. **What is the cost?**

*One of the first duties of the physician is to educate the masses not to take medicine.*

*Sir William Osler*

The cost of health care in America is at a breaking point. We have the most expensive health care system in the world spending $5,440 dollars per American. The second most expensive health care system is in Switzerland, which is 47\% cheaper.\textsuperscript{27} A large influence on this cost is our over dependence on technology and pharmaceuticals for the treatment of disease. Focusing on disease before health will further fragment care and lead to rising medical costs. Creating a better balance in American health care delivery where the primary care provider is able to use his or her insight through relationship-centered care to help the body heal itself will improve care and reduce cost.\textsuperscript{28, 29}

Despite spending more on health care delivery than any nation in the world, the United States ranks 15\textsuperscript{th} in quality when compared to the top 25 industrialized countries according to the 2000 World Health Report. Success of the higher ranked countries comes from a strong primary care infrastructure.\textsuperscript{30} White and Ernst showed that those primary care providers that provided a range of CAM therapies had a reduced number of referrals and treatment costs.\textsuperscript{31} Unfortunately, not all CAM therapists are primary care providers and the use of CAM without the direction and continuity of these clinicians will only fragment care further and increase costs. The key is to incorporate this integrative philosophy into medical education so that primary care is enhanced and CAM therapies can be used to better enable the provider to facilitate health.

\textsuperscript{27} Anderson GF, Hussey PS, Frogner BK, Waters HR. Health Spending in the United States and the Rest of the Industrialized World. Health Affairs 2005; 24(4): 903-914
CAM therapies are generally low-tech and low-cost and reduce the need for more expensive interventions. Users of CAM report that their use of prescription drugs and conventional therapies decreases.\textsuperscript{32} When CAM was combined with biomedicine, one study showed a reduction of pharmaceutical use by 51.8%, outpatient surgeries and procedures use by 43.2%, and a reduction of hospital admissions by 43%.\textsuperscript{33}

There is much economic incentive for physicians in America to do the fixing and very little for them to do the lifestyle education that would reduce the need for expensive pills and procedures. Dr. Dean Ornish and colleagues showed how coronary heart disease can be reversed by incorporating lifestyle changes including nutrition, exercise, stress management, group psychosocial support and smoking cessation.\textsuperscript{34} This is an excellent example of how an integrative approach can result in not only self-healing but a great savings in morbidity, mortality and the money needed to treat them. The philosophy of integrative medicine has the potential to result in tremendous cost savings, improved efficiency and quality of care.

5. \textbf{Does the Therapy Match the Patient’s Culture and Belief System?}

In our conventional medical system we have traditionally pulled the patient into our paradigm of thought telling them what they need. This method is often necessary for acute illness but for chronic conditions where there is no “right” answer we will be more effective if we offer treatment plans that best match patients’ belief systems. In this way, we can activate the internal healing response, a process that we know as the placebo effect. Instead of brushing this off as a nuisance, the talented clinician will use it to enhance healing. Becoming able to integrate methods of healing from various cultures will further enable the clinician to better match the therapy to the individual. The art of medicine may lie in the clinician’s ability to activate this response without deception. We should give patients what they need before we give them what we know. It is nice when we have knowledge about what our patients need. But this often requires collaborative treatments with an integrative team of providers that work towards a common goal of health for the patient.


Reducing Suffering

*The secret of the care of the patient is in caring for the patient.*

*Francis Peabody, MD*

*Good caring and a weak medicine can give a better outcome than poor caring and a strong medicine.*

*Unknown*

At the core of the delivery of health and healing is our ability to relieve suffering. This is not something that we learn in a book, but requires that we explore our own suffering before we can understand how to help others with theirs. (See chapter #6, Creating our Own Health Plan) We are our own first patient and part of our continuing education requires a recurring exploration of our inner selves so we can understand what it means to be truly present without judgment.

In learning this, it is helpful to understand how suffering influences the severity of pain and our quality of life. Pain and suffering are intricately connected but not the same thing. Pain is as normal as night and day, suffering is not. Pain helps protect us against further harm; suffering is an opportunity to learn. Suffering influences how our body perceives pain. The more I suffer, the more pain I experience. (See figure below). Our job is to reduce suffering so we can get the pain down to the most physiological reason for its presence. In treating someone’s suffering, we can often make pain more tolerable. In recognizing the severity of suffering, we can often avoid long-term medications that are used to suppress the symptom. It is often through our listening and our presence that we are best able to treat suffering. When there is no “right” answer or “drug cure” it is our human compassion, connection and unconditional positive regard that always works, even when our tools do not. This is the most important part of our work and is the reason why we heal in the process of helping others do the same.
The Future

The information age will continue to increase the amount of data regarding the variety of therapies available but will only complicate how we apply them. Informed patients will be looking for competent providers who can help them navigate through the myriad of therapeutic options, particularly for those conditions where conventional approaches are not effective. They will demand scientifically trained providers who are knowledgeable about the body’s innate healing mechanisms, and who understand the role of lifestyle factors in creating health including nutrition, the appropriate use of supplements, herbs and other forms of treatment from osteopathic manipulation to Chinese and Ayurvedic practices. They will be seeking providers who can understand their unique interplay of mind, body and spirit to help them better understand what is needed to create their own balance of health. This will require a restructuring of medical training that will involve more research and education regarding how the body heals and how the process can be facilitated.

Summary

The philosophy of health based on a balance of mind, body and spirit is not new or unique to integrative medicine. This understanding has been around since the time of Aristotle. What we call it is not important but the underlying concepts are. It is time that the pendulum swings back to the middle where technology is used in the context of healing and physicians acknowledge the complexity of mind and
body as a whole. Integrative medicine can provide the balance needed to create the best possible medicine for both the doctor and patient. We will know that we are near this balance when can drop the term the “integrative.” Integrative medicine of today will them simply be the good medicine of the future.

**Therapeutic Review**

**INTEGRATIVE MEDICINE:**
- Emphasizes relationship-centered care.
- Develops an understanding of the patient’s culture and beliefs to help facilitate the healing response.
- Focuses on the unique characteristics of the individual person based on the interaction of mind, body, spirit and community.
- Regards the patient as an active partner who takes personal responsibility for health.
- Focuses on prevention and maintenance of health with attention to lifestyle choices including nutrition, exercise, stress management, and emotional well-being.
- Encourages the provider to explore their own balance of health that will allow them to better facilitate this change in their patients.
- Requires providers to act as educators, role models and mentors to their patients.
- Uses natural, less invasive interventions before costly, invasive ones when possible.
- Uses an evidence-based approach from multiple sources of information to integrate the best therapy for the patient, be it conventional or complementary.
- Searches for and removes barriers that may be blocking the body’s innate healing response.
- Sees compassion as always helpful, even when other therapies are not.
- Focuses on the research and understanding of the process of health and healing and how to facilitate it.
- Accepts that health and healing are unique to the individual and may differ for two people with the same disease.
- Works collaboratively with the patient and a team of interdisciplinary providers to improve the delivery of care.
- Maintains that healing is always possible, even when curing is not.
- Agrees that the job of the physician is to cure sometimes, heal often, support always.

-Hippocrates-
“The chassis is broken and the wheels are coming off.” This is a sad but accurate view of the American health care system shared by many physicians, nurses, hospital administrators, insurers, payers and most importantly, the public. Even the prestigious Institute of Medicine has recently recognized serious dysfunctions in health care delivery.1 Ironically, just when decades of biomedical research are beginning to pay miraculous dividends, public confidence in the medical establishment is eroding. The fundamental relationship between patient and physician is in danger of disintegrating as a rapidly widening gap grows between what many conventional health care providers deliver and what the public wants and needs.

Physicians have always played the role of caregivers. In the Western world, the Hippocratic Oath and the Oath of Maimonides helped define the unique obligation of the physician to the patient and the practice. Nonetheless, until the emergence of modern science and its application to medicine, physicians had few tools to alter disease effectively. By the early 20th century, applied science began transforming medicine. In 1910, the Flexner Report 2 profoundly impacted American medical education by insisting on the scientific basis of medical practice. The Flexner model helped create the 20th century academic health center in which education, research, and practice are inseparable.

The scientific model vastly improved medical practice by defining, with increasing certainty, the pathophysiological basis of disease. One result has been a progressively better understanding of human biology and greatly enhanced ability to improve the outcome of disease. Another result, unfortunately, has been unexpected and unintended erosion of the patient-doctor relationship. Implied in the scientific movement is the desire to understand the molecular basis of living systems, the assumption that this is possible, and the belief by many that such knowledge will solve all medical problems. Burgeoning medical knowledge has created specialties and subspecialties, all necessary; however, it has also created a dizzying array of practitioners, who generally focus their attention on small pieces of the patient’s problem. Single-minded focus on the pathophysiological basis of disease has led much of mainstream American medicine to turn its back on many complex clinical conditions that are neither well understood in mechanistic terms nor effectively treated by conventional therapies. What rheumatologist would not rather treat gout than fibromyalgia or gastroenterologist, peptic ulcer disease rather than irritable bowel syndrome? But many patients today come to our
health care system with just such complex problems that are out of reach of the pathophysiological approach alone.

Managed care, capitation, increased need for documentation and productivity and major constraints in health care funding have further eroded the patient-doctor relationship and, at times, even forced physicians into positions of conflict with patients’ needs. In all, the historical role of the physician as comprehensive caregiver has markedly diminished. The combination of deteriorated physician-patient relationships, high reliance on expensive and invasive technology, and the widespread perception that physicians today are more focused on disease than on healing and wellness has opened tremendous opportunities for providers of alternative therapies. Nearly fifty percent of Americans are now using alternative medicine, and the amount of money they spend on it exceeds the amount of money spent on primary care medicine.

Health care providers are confused and frustrated by these statistics. They are also frustrated by the pressures of managed care and its ramifications; most importantly, by the lack of time to do what brought them to the profession in the first place: caring for patients. Sadly, managed care, in its attempt to cut costs by limiting physicians’ time with patients has, in fact, sabotaged the effectiveness of physician-patient interaction. In our view, rather than utilizing their diagnostic skills, physicians save time by relying on costly and impersonal technologies that may be less revealing than careful histories and physical examinations.

We must admit that our current delivery system as a whole is no longer able to deliver the best of care to most people. In fact, it may collapse totally because of its inability to provide what the public, the profession, and purchasers want and need. Alternatives in funding mechanisms will be required to enable a more rational approach to health care but while necessary, changes in physician reimbursement will not be sufficient. We believe that the health care system must be reconfigured to restore the primacy of caring and the physician-patient relationship, to promote health and healing as well as treatment of disease, and to take account of the insufficiency of science and technology alone to shape the ideal practice of medicine. The new design must also incorporate compassion, promote the active engagement of patients in their care, and be open to what are now termed “complementary” and “alternative” approaches to improve health and well being. Those of us in mainstream medicine should of course, assume responsibility for the scientific assessment of these new therapies. We propose integrative medicine as part of the solution.

Integrative Medicine is the term being used for a new movement driven by the desires of consumers but now getting the attention of many academic health centers. Importantly, Integrative Medicine is not synonymous with complementary and alternative medicine (CAM). It has a far larger meaning and mission in that it calls for restoration of the focus of medicine on health and healing, emphasizes the centrality of the doctor-patient relationship. In addition to providing the best conventional care, integrative medicine focuses on preventive maintenance of health by attention to all relative components of lifestyle, including diet, exercise, stress management and emotional well
being. It insists on patients being active participants in their health care as well as physicians viewing patients as whole persons – minds, community members, and spiritual beings as well as physical bodies. Finally, it asks physicians to serve as guides, role models, and mentors, as well as dispensers of therapeutic aids.

The Integrative Medicine movement is fueled not only by consumer dissatisfaction with conventional medicine, but also by growing physician discontent with changes in their profession. Physicians simply don’t have the time to be what patients want them to be: open-minded, knowledgeable teachers and caregivers who can hear and understand their needs. Physician unhappiness is not only the result of the limitations managed care has placed on their earning capacity. It is also a response to loss of autonomy, loss of fulfilling relationships with patients, and, for some, a sense that they are not truly helping people lead healthier lives. Significant numbers of physicians are now quitting medical practice, and applications to medical schools are dropping precipitously.

Most Americans who consult alternative providers would probably jump at the chance to consult a physician who is well trained in scientifically based medicine and is also open-minded and knowledgeable about the body’s innate mechanisms of healing, the role of lifestyle factors in influencing health, and the appropriate uses of dietary supplements, herbs, and other forms of treatment, from osteopathic manipulation to Chinese and Ayurvedic medicine. That is, they want competent help in navigating the confusing maze of therapeutic options available today, especially in those cases where conventional approaches are relatively ineffective or harmful. Unfortunately, that option is not generally available – physicians with the desired attitudes, knowledge, and training are few and far between. It is out of great frustration that many patients enter the world of CAM and its practices that run the gamut from sensible and worthwhile to ridiculous and even dangerous.

For the past four years, the University of Arizona’s Program in Integrative Medicine has been offering intensive two-year fellowships to physicians who have completed residencies in primary care specialties. The Program is now training larger numbers of practitioners using a distance-learning (Internet-based) model. It is also providing clinical services and conducting basic research on CAM modalities, but the focus is the restructuring of medical education.

During the past two years, colleagues at a number of academic health centers have been meeting and sharing ideas intended to foster the rational introduction of integrative medicine into medical education and practice. One initiative has been to form a Consortium of Academic Health Centers for Integrative Medicine to address the gap between consumer expectations and professional realities. This group has had two meetings, the more recent in September of 2000, and now includes representatives from the following medical schools: Albert Einstein-Yeshiva, Duke, Georgetown, Harvard, Jefferson, Stanford, and the Universities of Arizona, California (San Francisco), Maryland, Massachusetts, and Minnesota. Requirements for participation are: 1) the school must have a program in place in this area – not simply an elective course, research
project, or clinic; 2) the program must have the support of the institution; and 3) the dean or chancellor of the school must attend meetings personally or send a designated representative. Our intention is to admit new delegations until we can speak for one-fifth of the country’s one hundred and twenty-five medical schools, at which point we hope to be a significant voice in the call for fundamental changes in the way we are training future physicians.

The point of the integrative medicine movement is to position academic medicine to continue to build upon its fundamental platform of science but to train physicians to also:

- Refocus on the patient as a whole and the primacy of meaningful physician-patient relationships.
- Involve the patient as an active partner in his/her care, with an emphasis on patient education.
- Be open to understanding the benefits and limitations of conventional allopathic medicine and the realization that science alone will not effectively deal with all the complex needs of our patients.
- Use the best in scientifically based medical therapies whenever appropriate but provide compassion, attention to our patient’s spiritual needs as well as appropriate complementary and alternative approaches when they improve conventional medicine.

Fundamentally, Integrative Medicine is meant to provide the best possible medicine/healthcare, for both doctor and patient, and the success of the movement will be signaled by dropping the adjective. It is our belief and recommendation that Integrative Medicine be a cornerstone of the urgently needed reconfiguration of our increasingly dysfunctional system of healthcare. The Integrative Medicine of today will simply be the medicine of the new century.

REFERENCES

Enhancing Human Healing

Directly studying human healing could help to create a unifying focus in medicine

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All therapeutic avenues meet at life's innate healing or destructive processes. So direct study of human healing might serve as a unifying focus, bridging disparate worlds of care—a truly integrated medicine. In recent decades orthodox medicine's successful focus on specific disease interventions has meant relative neglect of self healing and holism, and from this shadow complementary medicine has emerged, with its countering biases. The gap between them is, however, narrowing with the emerging view, backed by the study of placebo and psychoneuropsychology, that to ignore whole person factors is unscientific and less successful.

Almost 20 years ago young doctors' interest in complementary medicine surfaced, presaging major changes in Western medicine that seemed unimaginable at the time. For example, acupuncture is now used in most chronic pain services, and about 20% of Scottish general practitioners have basic training in homoeopathy. But is integration just bolting on the scientifically proved bits of complementary medicine to the "leaning Tower of Pisa" of orthodoxy? To stop there would ignore the fundamental imbalances that complementary medicine's rise reflects but cannot fix. Indeed, complementary medicine may be largely driven by medicine's main omission—the failure of holism. Consider the needs (of both doctors and patients) revealed by these remarks of doctors after training in complementary medicine: "This has rekindled my interest in medicine" and "I now see the whole person and not a biochemical puzzle to be solved."

But how can primary care deliver its whole person perspective and honour a biopsychosocial perspective in too short consultations with rushed doctors whose human contribution is so undervalued it is excluded from treatment protocols? The back up is a pressured secondary care system designed around a mind-body split. So we end up too often resorting to our Western based, limited range of interventionist, expensive tools, with their resultant iatrogenesis. A Trojan horse delivery of holism by complementary medicine may help but won't cure this system failure.

Both orthodox and complementary medicine are in danger of identifying themselves and their care with the tools in their tool boxes—be they drugs or acupuncture needles. Our research and our "evidence based" treatment guidelines echo our focus on technical treatments for specific diseases, ignoring the critical impacts of whole person factors in these diseases. We are the artists hoping to emulate Michaelangelo's David only by studying the chisels that made it. Meantime, our statue is alive and struggling to get out of the stone. Take ischaemic heart disease, for example: evidence that hopelessness accelerates the disease and increases mortality is ignored in our guidelines. In developing and assessing care we cannot ignore that human caring and interaction is a powerful, creative activity with impact, which tools can serve but should not lead. Complementary
medicine has similar blind spots, and its need to defend its specific interventions undervalues what it has to teach about holism and healing.

It might help to speak of integrative care (as in the United States), rather than integrated care. If we defined it as care, aimed at producing more coherence within a person or their care it would be measurable. For example, Howie's patient enablement index has been used to show that a homoeopathic consultation alone has a healing impact before any additional effect from subsequent medicine (SW Mercer et al, Scottish NHS research conference, Stirling, September 2000). Critics and advocates agree that complementary medicine produces non-specific benefits, so—apart from the debate about specifics—if the greater emphasis on human care and holism encouraged by complementary medicine can result in better outcomes, long term cost effectiveness, and reduced drug use, iatrogenesis, and spirals of secondary care, then how will orthodoxy change to get similar results?

We should explore how therapeutic engagement (and qualities like compassion, empathy, trust, and positive motivation) can improve outcomes directly in addition to any intervention used. But can the creation of therapeutic relationships be taught? Could we do for the healing encounter what Betty Edwards has shown for other creative processes, with "non-artistic" people's ability to draw being transformed in days by activation of so-called right brain processing? Creative medical caring might similarly require balancing short term analytic, quick fix, technical thinking with analogical, holistic processing.

The study of human healing would ask, on multiple levels, what facilitates or disrupts recovery processes in individuals, with what potentials and limits? Founded on clinical care, it would gather knowledge from other places—placebo effects, hypnotherapy, psychoneuroimmunology, psychology, psychosocial studies, spiritual practices, art, and complementary medicine, not as ends in themselves but as portals to common ground in creative change. It needs to be practical—for example, if fear affects physiology, say in bronchospasm, what help can we offer other than drugs?

I hope in future that we routinely ask: what is the problem, is there a specific treatment, and how do we increase self healing responses? Then “show me your evidence” will require evidence of effective human care and facilitation of healing and not only data that our chisels were sharp. Because sometimes there is no chisel.

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WORDS OF WISDOM

Five long-practiced physicians were asked the following questions, “What have you done during your medical practice to prevent burnout and to maintain a high level of job and life happiness? What advice would you give to a young practitioner to help her or him do the same?” Their answers are found below:

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Finding compatible partners to practice with is, to me, almost as important as having a good marriage—almost. You need to have people with a similar philosophy and approach to clinical problems that you can “bounce off” problems with difficult cases, find support with, and trust to take good care of your patients when you're not available. Choose your partners carefully, then treat them fairly.

The volume of published information and pace of change in medicine is overwhelming. You need to stay current in your own specialty in depth, but to keep from being left behind in other fields, read at least the editorials of 2 or 3 main journals. This is manageable and will help you keep up with the major issues.

-Jeanne Spellman

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I think the single most important thing I have done to stay happy in the profession is to work three days a week. The salaries offered in the profession are high enough that most people don’t need the money from working full time. When you consider call, working three days a week comes out to what would be full time in many other jobs. Working with people is deeply rewarding, but being able to be fully present for this requires enough mental space to stay personally grounded.

The second most important thing has been to work with a multi-specialty group that supports my subspecialty, which by itself would not generate enough income to be self-sustaining. The group is a non-profit organization where I have the opportunity for teaching and clinical research. If the main reason you went to medical school was not money, where you decide to work is critical, because in many practices, the bottom line is functionally the most important thing.

The third most important thing I have done is develop my interest in spirituality and medicine, especially mindfulness and medicine, because that enriches every experience I have. When the novelty of clinical puzzles wore off the quality of the interpersonal interaction is what I continue to love.

Here is a story—I met a little demented lady who came to me with her daughter, who clearly was not kind to her. She was wheelchair bound by her rheumatoid arthritis and partially blind from macular degeneration. I hesitated before I asked my usual question as to how she spent her time, feeling that she must have nothing she could do. Her lighthearted answer was, "Oh, I just wait for the next thing to come by." A mindful response!

-Susan Mickel

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Balance in Medicine: It’s Worth a Fight

Determining that we need to find balance. In our medical career usually arises either from a realization that we don’t have it, or as we watch it gradually slip through our fingers as we struggle to fulfill demanding work and personal obligations. There is frequently a sense that our entire life revolves around Medicine and that our personal life has already been on hold for years. Early on in training, we accept this. We are excited about becoming a physician, and we are willing to subjugate other needs. There is, in fact, little room to wiggle; demands of educational and (later) residency obligations dictate enormous drains on our daily life and little is left for non-career interests, including personal relationships. Once training is completed, we are somewhat freer to make choices that truly honor who we are, where we want to go and what we want to do, but the vast majority of specialties within Medicine remain extremely demanding, wrapped up in undertones of commitment (“if you don’t want to work the hours required, you must not be very committed”).

Although this is a grossly myopic and self-serving judgment, engendering a certain level of insanity within the profession, it is unfortunately very common. As we find ourselves being spread extremely thinly across all areas of our lives, subsequently performing sub-optimally in many (and feeling inadequate because of it), I have found that what is ultimately most important is knowing who we are, what our priorities in life are, what our passions are, what our limits are, and finally what we are willing to sacrifice to achieve our goals. Obviously this means balance in our lives as a whole, not merely balance in Medicine. And frequently it means reassessing previous expectations.

It is helpful to identify what exactly it is that we want not only from our careers, but from the other components in our lives. What IS the most important thing to us? Are our visions of being a physician/parent/friend/student/athlete/administrator, etc. realistic/obtainable/absurd? What are the activities that nourish us, help us to relax, bring out the best in us, give us happiness or pleasure, reflect an essential part of our nature, or help us to be real? At the same time, are we feeling crazy in our lives because we are exhausting ourselves by running away from something? Are feelings of inadequacy motivating us to accept multiple demands on our time? Do we expend an inordinate amount of energy trying to keep the lid on something (so the can of worms is never opened)? Is there something that we need to look at?

Immense self-honesty may be necessary, together with the courage and willingness to look inward, to listen to our essential nature, and to honor and attend to the cries of frustration, anger and disappointment, as we commit to taking care of ourselves, FOR ourselves and others. In addition to the above questions, here are some ideas that may be of help …

1. Have a space in your home that is only yours, preferably a room that can be closed off from the rest of the house, to afford you complete privacy. Decorate it with your tastes, make it a haven to return to on a regular basis. USE it. Have your own stereo system there and play your favorite music. Make sure it has a nice big comfy chair with your name on it.
2. Spend time alone each day; those with whom you live will benefit immensely. Clearly state your needs to those around you, so they respect this time.

3. Pursue your favorite sport, even if it is not as much as you would like. Physical activity is a hugely important component of emotional balance (and the endorphin rush is pretty nice too).

4. Learn the concept of being in the Now; everything you do consciously present has infinitely more meaning and depth both for you and for those with whom you do it. Doing one thing with your mind elsewhere vastly diminishes its effect and the potential pleasure it can give you, and others.

5. Have hobbies and fun projects that delight you and take you out of yourself (e.g. working with plants empties my mind for hours, an almost meditative experience).

6. Consider an 80% contract at work (or less, depending upon your needs). Determine the time you wish to spend on each priority in your life and if you are considering a specialty in Medicine, remember to honor yourself in your final choice. Don’t let work invade or violate you.

7. Taking care of yourself is not a selfish endeavor; you will have so much more to give if you yourself are whole.

    -B.D.B.D.G.

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I have taken several measures to prevent burnout and to maintain a high level of job and life happiness. For me, direct and active involvement in clinical research has played an important role. While the type of research I have done has changed over time, doing research every week has made a huge difference. Given the opportunities now available in multi-center trials and in virtually all fields, this is something that should be considered by most clinicians, even those not in teaching hospital or academic centers. I believe it has made me a better and happier doctor.

Learn research design and take at least a one month elective rotation to do research no later than in your second year of training. Ask more senior physicians if you can help them identify patients that may be eligible for clinical trials. This will pay off as time passes after medical school.

    -Humberto Vidailllet

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To All My Patients

For who you are, I accept you
   Your beauty, your disfigurement
   Your silky smoothness, your wrinkled toughness
   Your agile muscles, your lameness
   Your intelligence, your dullness
I accept you all as part of the divine rainbow of human forms.

For opening yourself to me, I honor you
   Your accomplishments, your failures
   Your endearing smile, your repelling snarl
   Your hopes, your fears
   Your strengths, your vulnerabilities
I honor all of your experiences as part of humanity’s dramas

For your trust, I thank you
   For allowing me to care for you in health and during illness
   For permitting me to examine your exposed body
   For giving credence to my advice and teachings
   For seeing the integrity in my actions, the fairness in my values
I thank each of you for the privilege of being a trusted part of your life journey.

   -Jim Schumaker

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“Rocks and Beer”

A philosophy professor stood before his class and had some items in front of him. When the class began, wordlessly he picked up a very large and empty mayonnaise jar and proceeded to fill it with rocks, rocks about 2” in diameter. He then asked the students if the jar was full. They agreed that it was. So the professor then picked up a box of pebbles and poured them into the jar. He shook the jar lightly. The pebbles, of course, rolled into the open areas between the rocks.

He then asked the students again if the jar was full. They agreed it was. The professor picked up a box of sand and poured it into the jar. Of course, the sand filled up everything else. He then asked once more if the jar was full. The students responded with a unanimous "yes."

The professor then produced two cans of beer from under the table and proceeded to pour their entire contents into the jar - effectively filling the empty space between the sand. The students laughed.

"Now," said the professor, as the laughter subsided, "I want you to recognize that this jar represents your life. The rocks are the important things - your family, your partner, your health, your children - things that if everything else was lost and only they remained, your life would still be full. The pebbles are the other things that matter like your job, your house, your car. The sand is everything else—the small stuff. If you put the sand into the jar first," he continued, "there is no room for the pebbles or the rocks. The same goes for your life. If you spend all your time and energy on the small stuff, you will never have room for the things that are important to you. Pay attention to the things that are critical to your happiness. Play with your children. Take time to get medical checkups. Take your partner out dancing. There will always be time to go to work, clean the house, give a dinner party and fix the disposal. Take care of the rocks first—the things that really matter. Set your priorities. The rest is just sand."

One of the students raised her hand and inquired what the beer represented. The professor smiled. "I'm glad you asked. It just goes to show you that no matter how full your life may seem, there's always room for a couple of beers.”