

Vital & Vibrant

FEELING HEALTHY
IN BODY AND MIND
EDITED BY COURTENAY SMITH

A LOOK AT NATURAL REMEDIES + HOW TO PREVENT DIABETES + HEALTH REPORT

m.d.s who go HOLISTIC

Are these four pioneering doctors really on to something good?

BY MERYL DAVIDS LANDAU

Baby boomers have always been willing to challenge authority and embrace unconventional thinking—and this tendency has fueled a surge in the use of alternative medicine. Researchers are now studying remedies they once shrugged off as weird or downright laughable.

So **more** talked with four midlife women who are at the forefront of a growing trend—after getting a traditional medical degree, all chose to pursue credentials in various alternative methods. What we found: Even medical doctors have wildly divergent views on which alternatives work, and the extent to which they rely on them. Some stick mainly to conventional means, using alternatives to enhance well-being. Others make alternative therapy the staple of their practice—and even acknowledge that their methods might be a little “out there.”

Here, we show how each of the women we spoke with integrates alternative and conventional care, with the following caveat: What you read here is the opinion of each practitioner; their advice doesn't always agree, and sometimes does not adhere to the medically accepted standard of care (for example, they don't rely on the same screening tests). ▶

So whose advice do you trust? When any healthcare practitioner, whether an M.D. or holistic healer, recommends a treatment that is involved, expensive or outside the standard of care (such as not using mammograms as a primary breast-cancer screen, or prescribing chelation therapy for anything other than heavy-metal poisoning), you ought to research it more, says Lana Holstein, M.D., director of women's health services at Canyon Ranch in Tucson, Arizona. It's always a good idea to make sure your doctor is certified by a medical specialty board for M.D.s (check the American Board of Medical Specialties, 866-275-2267); and ask alternative practitioners about their certifications, as well. "Ultimately, you want a physician who is open and curious," says Holstein. "Rigidity of thinking is a big red flag."

Here, a look at the different ways doctors are using alternative care—and what it might signal for the future of natural remedies.

Estelle Whitney, M.D., 45
Wilmington, Delaware
Gynecologist, acupuncturist,
holistic medicine

Home remedy: "My grandmother was an old-time herbalist. As a child, I was tortured by her hot herbal mustard plaster, put on my chest when I had a cold. But my father was a physician, and his more scientific ways ultimately won out in the family."

Eureka moment: "Eight years ago, for my own uterine fibroid pain, a friend suggested acupuncture. I was skeptical, but I wanted to avoid surgery. After just two treatments, the pain diminished



"If a woman has headaches, I advise her to sleep more, get off caffeine, sugar and alcohol, and improve her communication."

about eighty percent. Now, nearly a quarter of my patients who have pelvic pain due to fibroids or endometriosis try acupuncture first, before we consider stronger medications or surgery."

A balanced menu: "For most conditions, I usually present both mainstream and alternative options. With dysfunctional bleeding, for example, if tests confirm it's a hormonal problem, I might suggest an estrogen formula or a progesterone cream. If she doesn't want that, I'm happy to recommend an herb, like Vitex. But herbs work more slowly, so it can take several cycles to benefit."

Screen queen: "I advocate all the basic screens: mammograms, Pap smears, blood cholesterol. I also like to test

thyroid hormone levels every three to five years."

Menopause survival plan: "The WHI study on hormone therapy only served to support my belief that treatment of each woman should be individualized. With each patient, I lay out all of her options, from hormones to alternative remedies like a daily serving of soy, taking vitamin E, exercising more and decreasing alcohol and caffeine, and perhaps herbs like black cohosh. For women who want hormones, I explain the risks and benefits, and let the patient decide."

Buyer beware: "I have problems with traditional Chinese herbs that acupuncturists use, which come from outside the country. They are not well controlled, and

there have been many reports of kidney and liver damage, and other illnesses due to contamination. I suggest women request products grown and formulated in the United States."

Carol Roberts, M.D., 57
Tampa, Florida
Otolaryngologist, holistic
medicine

Eureka moment: "As a resident getting by on little sleep and a lot of pressure, I had no energy and was getting sick all the time. One day, somebody said, 'Try this Echinacea.' The next day my cold was gone. Then a friend dragged me out running. Soon I started feeling really good. I knew then that there was stuff they hadn't taught us in medical school."

Self-education: "I had a traditional ear, nose and throat practice for ten years. But I became disillusioned, because I couldn't really help a lot of conditions, such as chronic sinus problems. I started reading about exercise, nutrition and herbal remedies and recommending them."

Rescued, not healed: "I use conventional therapies when indicated, such as giving antibiotics for a strep throat. But I consider drugs to be 'rescue' medicine. The real healing is in the holistic part: Trying to see why the person is prone to sore throat and preventing it through exercise, nutrition, yoga, chelation therapy (intravenous treatment to remove toxins, such as lead, from the blood), you name it." ▶

What research? “If a treatment has been around for ten thousand years, I’m willing to give it a shot. I’m skeptical of the so-called ‘objective research’ that fills the medical literature. The drug companies advertise in those journals and fund the research.”

Unique screens: “I do the usual panel of blood tests and Pap smears. For breast screening, I recommend thermography [infrared images mapping tiny alterations in body heat] which can pick up tumors earlier than mammograms and doesn’t expose you to radiation. Plus, I do tests that conventional doctors won’t, such as hair analysis for nutritional status, and food-allergy tests.”

Menopause survival plan: “I always advise women to

tigue and mild depression. I didn’t want to take medication. I sought out a psychologist for therapy, who also taught me biofeedback, and an acupuncturist. After a few months, I was back on track.”

Holistic in action: “If a woman has headaches, I advise her to sleep more, get off caffeine, sugar and alcohol, do daily breathing exercises and improve her communication. If that doesn’t work, then I do prescribe medication, but I try to use the lowest doses for the shortest period of time.”

On certification: “I’m certified by the American Board of Holistic Medicine, which is not recognized by the American Board of Medical Specialties. But we hope this will happen in the future—I’m one of the founding diplomates of

“I was skeptical about acupuncture for my uterine fibroid pain, but the pain diminished by eighty percent.”

exercise, eat right, rest, play and love a lot, which is sometimes all they need. But if a patient requires estrogen, I give her natural estrogen, a combination of estriol and estradiol made from plants and modified in the lab to be bioidentical to a woman’s hormones. Natural progesterone is available in health-food stores—I prefer the sublingual form to the skin cream, because it is well absorbed and easier to change doses.”

Nancy Russell, M.D., 50
Kansas City, Missouri
Internal medicine, holistic medicine, herbalist

Eureka moment: “In the early Nineties, I was working long hours and raising two sons, and I got headaches, fa-

the ABHM. To qualify, we have to establish a residency program, demonstrate we have a number of people passing our test, and prove that our test is valid. Our test doesn’t just measure our knowledge in a written exam. There’s also an oral interview, to test where you are emotionally and spiritually in your life, because if you’re not healthy psychologically, it’s hard to help people get better.”

My own menopause: “What works for my hot flashes is drinking a lot of ice water, eating soy three times a week and avoiding caffeine. I do advocate HRT for those who need it, using the smallest doses for the shortest time. Since the WHI study was discontinued, I screen women on

HRT for the risks of heart disease, warn about the increased risk of breast cancer and monitor hormone levels at least once a year.”

Drawing the line: “I’m cautious about some alternatives. I’m not a proponent of chelation therapy, for instance. I don’t think there’s a lot of support for colonics, though if a patient wants to try them, I’ll support her decision.”

Test patterns: “I do the traditional blood workups, and, if needed, look at hormone levels of the thyroid, adrenals—cortisol and DHEA—and ovaries. I also support Pap smears, colonoscopy and mammograms. I like the new digital mammograms because they’re better quality.”

The M.D. advantage: “If somebody wants acupuncture, I evaluate them first—to make sure that if they have headaches, they don’t actually have a brain tumor, for instance. Later, if acupuncture isn’t working, I can judge whether to do it a little longer or try something else.”

Hepsharat Amadi, M.D., 46
Coral Springs, Florida
Family practice, acupuncturist, NMT practitioner

Early explorer: “Even as a Harvard undergrad, I researched alternative methods. In medical school at SUNY Stonybrook, I arranged an elective with a doctor who did acupuncture and homeopathy. Later, I went to school for three years to study acupuncture and Chinese herbs.”

Good intent: “This year, I completed a seminar in the Feinberg NeuroModulation Technique [NMT], a form of energy medicine. We all have an electromagnetic field; if certain frequencies are blocked, it can lead to illness.

Doing acupressure down the side of the spine, combined with the right intent—literally, thinking the corrective thought for how a person’s physiology needs to change, based on a series of yes or no questions that you’ve asked the person’s body (called a muscle response test)—corrects the electromagnetic field and leads to healing. I know this sounds really wild, but what can I say, I’ve seen evidence that it works.”

Unique screens: “I like all my patients to have a baseline mammogram and thermograms. Regular Pap smears, blood work and thyroid function are also important. Another helpful screen is the hemoglobin A1c test. Unlike fasting glucose, which measures that day’s blood-sugar level, this gives the average of the previous few months. I use it to screen for diabetes and to monitor treatment.”

The menopause vibe: “There are two potential problems in women who have menopausal symptoms. Western medicine recognizes one—she may be deficient in hormones. However, if the electromagnetic frequency to the part of the body that processes hormones is blocked, she may simply be metabolizing her own hormones inconsistently. After NMT, half my patients who had been taking hormones don’t need them.”

Good and bad estrogen? “If NMT fails to correct menopausal symptoms, that’s when I’ll use bioidentical hormones. The WHI study reaffirmed my belief that synthetic hormones cause problems. They haven’t done a big, randomized controlled trial comparing estrogens. They act like all estrogens are the same, and they’re not.” ■