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THE MEDICAL ISSUE

Point Taken

BRIGHAM DOCTORS TEAM WITH ALTERNATIVE THERAPISTS TO REINVENT HEALING.

THE FIGHT TO LINK
ACNE AND DIET

DOCTORS TIPTOE AROUND
FOREIGN ADOPTION FEARS

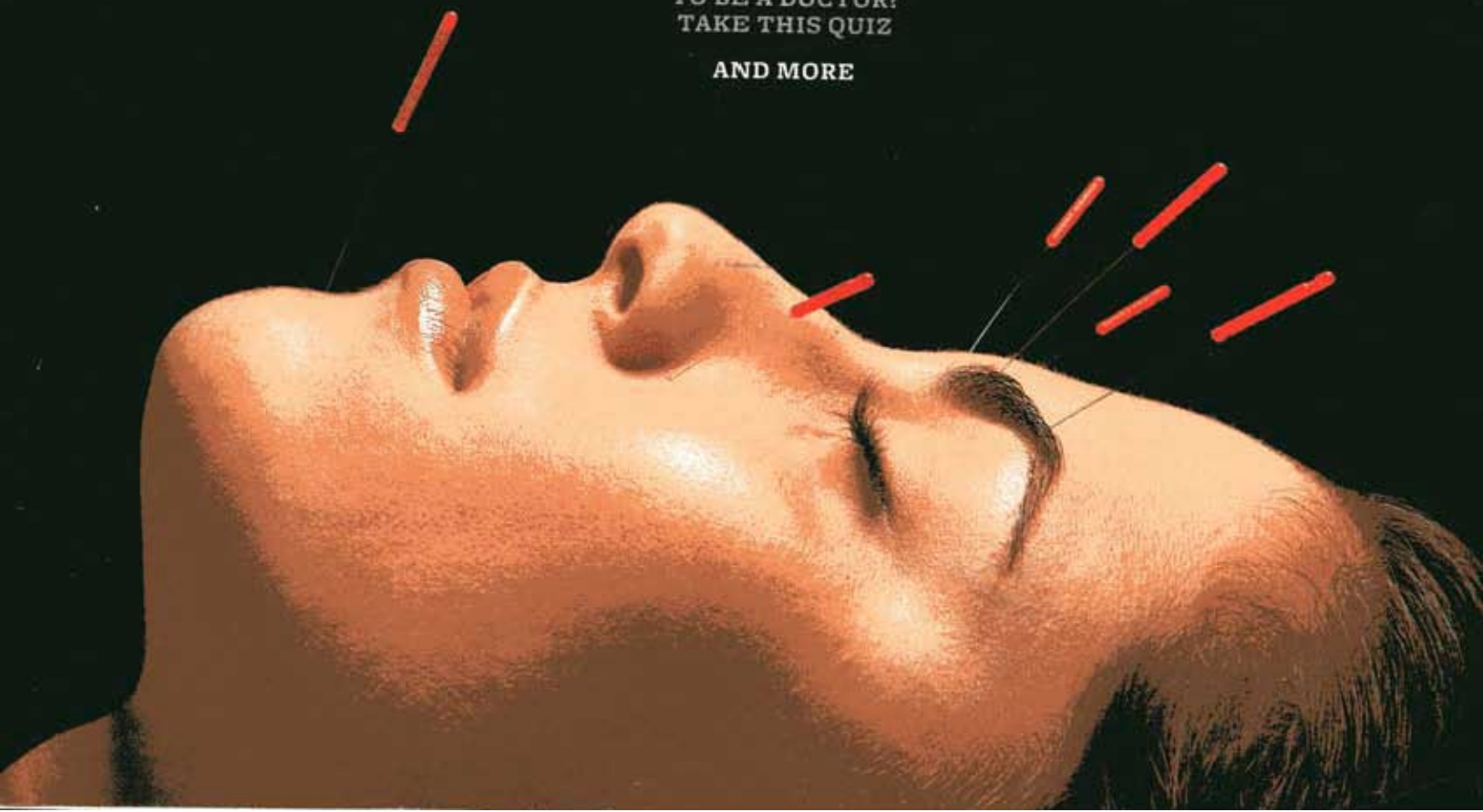
MISS CONDUCT CURES
WHAT AILS YOU

POURING MY HEART OUT
TO CLUELESS SHRINKS

ICE CREAM
FOR INFERTILITY

ARE YOU SMART ENOUGH
TO BE A DOCTOR?
TAKE THIS QUIZ

AND MORE



Sticking His Neck Out

After decades of advocating for a blend of conventional and alternative medicine, Dr. David Eisenberg has finally realized a dream by opening a new Brigham clinic – one that will test his theories and, perhaps, prove doubters wrong. Here, the first peek inside the clinic.

BY LISA PREVOST ■ PHOTOGRAPHS BY WIQAN ANG

At 43, Maura Wayman was so hobbled by back pain that it hurt to hunch over the sink to brush her teeth. The Wellesley mother of three had been limping in and out of chiropractors' offices for years. She'd also winced her way through physical therapy, muscle massage, and even traction, which eased the pressure on the herniated disk causing the problem. These treatments usually helped for a while, but the dreaded twinges would inevitably sneak up on Wayman while she was sailing along on her bicycle or balancing a child on one hip, and the intensity would build all over again.

"Everything looked like I was OK – I got the laundry done, I got the kids off to school, everybody was fed. But I felt like I was 85," Wayman says. Tall and trim, Wayman possesses a persevering spirit that contributed to her achievement as a masters swimmer, but when it came to her back, she had reached a point of surrender. So last summer, convinced there was no fix for her back, she looked to what she'd always considered a last resort: cortisone injections.

In a fluke of fortune, a friend told her she could perhaps get the shot through Meredith Beaton-Starr, an occupational therapist who had recently joined the staff of a new integrated healthcare clinic associated with the Harvard-affiliated Brigham and Women's Hospital. Loftily named the Osher Center for Complementary and Integrative Medical Therapies, the clinic employs a team of physicians and alternative practitioners who work together to help people get better by tapping their bodies' natural healing abilities. Wayman just wanted a quick shot, but the therapist had a different idea. She suggested instead that Wayman see a chiropractor and acupuncturist at the clinic, arguing so persuasively that Wayman wearily agreed. "If you had told me, 'Figure out how to balance an egg on your nose, and that will help,' I would have done it," she says, "because the pain was so bad."

Wayman says that when she started the first of about 10 visits in September, if she raised her leg more than 45 degrees while lying flat on her back, "it felt like someone was jabbing a knife into my back." Now she

is pain-free. Though she credits the treatment with relieving her agony, even more important, she says, is her newfound sense of control over her ailment. The acupuncture eases the pain and makes her feel relaxed – as early as the first visit, Wayman could feel that it "took the edge off." The chiropractor visits are more like personal training sessions, in which Wayman learns exercises for atrophied muscles in her back and abdomen, to prevent future debilitating episodes. She is also unlearning lifting, sitting, and standing postures that were exacerbating her condition. "None of the other chiropractors had ever pointed me in that direction before," Wayman says. "Right from the start, I felt like somebody was going to teach me how to manage my back. That was empowering."

For patients like Wayman who are eager to teach their aching back who's boss, this five-month-old clinic is a rare find. Here, on the fourth floor of the Brigham's ambulatory-care center in Chestnut Hill, a variety of alternative practitioners and holistically minded doctors are gathered within a single softly lit, earth-toned arena. Trained as a team of equals in which the massage therapist is afforded the same respect as the neurologist, the staff aims to gently move patients through therapeutic treatments and toward lifestyle changes geared at prevention. The patient who walks in looking for, say, massage for her neck may ultimately be steered toward the occupational therapist for advice on reconfiguring a desk setup contributing to the crick.

This is not the place for a flu shot or a Pap smear. But it is trying to build a reputation as the go-to source for physicians in need of help treating patients with chronic ailments like a pinched nerve or migraines.

The Osher clinic marks a milestone for its founder and director, Dr. David Eisenberg, a Harvard-educated internist who has long advocated a merging of Western medicine with complementary and preventative practices. For nearly 30 years, since he was the first American medical exchange student to the People's Republic of China, Eisenberg has tried to walk a steady path between skeptics and advocates of so-called alternative therapies – a catch-all category that covers acupuncture, chiropractic, massage, herbal supplements, and relaxation, as well as lesser-known treatments. PBS watchers might recall Eisenberg's bearded face and confident demeanor from the Bill Moyers television series *Healing and the Mind*.

Now the director of a Harvard Medical School institute – also called Osher – that studies this merging of therapies, Eisenberg has spent the last four years laying the groundwork for an integrative clinic that could withstand scrutiny from his exacting Harvard colleagues. By melding the clinic with a renowned academic hospital, he intends it to become an institutional model

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“I believe it’s better for a doctor to be able to guide patients who ask about [alternative] therapies rather than to simply say, ‘If you’re going to do that, don’t see me,’” says Dr. David Eisenberg.

of integrative healthcare and, just as important, an incubator for research into how and when less conventional therapies work or don't. The clinic should not be considered radical, in Eisenberg's opinion. "What this is," he says, "is comprehensive care. It's optimal care, given what we know now and all the therapies available."

THE SETTING ISN'T TOO SHABBY, either. The sleek glass-and-wood-paneled entrance is the first clue that the usual sterile clinic surroundings have been warmed to a spalike environment. The examination rooms, though equipped with the usual desk, computer, and exam table, also boast stylish raised-vessel sinks and individual music stations. Here, a medical doctor can feel as at home as the alternative practitioners who need to keep their patients relaxed and comfortable.

There is no requirement that first-time patients see one of the clinic's MDs before they see an alternative practitioner. All are referred to a financial counselor, however, who

explains which therapies are covered by insurance and which are not. Wayman's insurance covered her chiropractic visits but not the \$80 acupuncture treatments. In some cases, says the clinic's medical director, Dr. Donald Levy, the staff can find ways to reduce a patient's costs by, say, treating an ailment with physical therapy (typically covered) instead of with the requested massage (typically not). A seasoned internist who began exploring alternative approaches a decade ago, Levy acknowledges that the cost of alternative therapies is a barrier for many patients. However, he notes, a central aim of the clinic is to look for evidence that these therapies can be cost-effective and worthy of coverage. "It's a Robin Hood approach," he says. "We are learning from the people who can afford it, so we can then come up with the basis for making it available for lower-income people."

Every year, Americans spend at least \$30 billion on alternative treatments, but questions about how well or why they work have begun to attract the attention of the sci-

entific community only within the past decade. Harvard's Osher Institute has several major research efforts underway, including the clinic, and many other large universities are competing for grants in this area. The climate is far different from that of 1993, when Eisenberg published a landmark survey in the *New England Journal of Medicine* showing that one in three Americans were using some type of unconventional therapy (most often for back pain). Seven out of 10, however, had never told their doctors. "I believe it's better for a doctor to be able to guide patients who ask about these therapies rather than to simply say, 'If you're going to do that, don't see me,'" Eisenberg says. "That's a dismissiveness that I've always found unattractive."

Eisenberg has personally embraced the overarching philosophy of alternative therapies: that activity, diet, and state of mind play crucial roles in well-being. His regard for medical technology, like the insulin pump he wears to keep his diabetes under control, is matched by a respect for preventative prac-

DEBBIE BENEUCI

44, SOUTH PLYMOUTH

AILMENT

Herniated disk in her neck, neck pain

TREATMENTS

Massage, occupational therapy

"I have absolutely taken back my whole life. I'm ready to take back my gardening and golfing. I'm walking three times a week."



DR. JAMES MICHEL

53, WEST NEWTON

AILMENT

Complications from liver transplant, difficulty walking, diabetes

TREATMENTS

Diet alterations, massage

"I don't fully understand it, but I'm thrilled that it's worked."



MAURA WAYMAN

43, WELLESLEY

AILMENT

Herniated disk in her back, back pain

TREATMENTS

Acupuncture, chiropractic

"If they could bottle that feeling you get from acupuncture, they could sell it on street corners."



tices, like his daily meditation and exercise. A passionate cook, he prides himself on making healthful meals that actually taste good. He is also both a fan and practitioner of massage, an art he mastered in China by spending weeks trying to crush bags of rice into dust with his palms. Did all that rice crushing work? "Oh, yes," he says. "I'm very good."

The model for his clinic grew out of a four-year study almost entirely underwritten by the National Institutes of Health. The project culminated in a weekly gathering at a Holiday Inn in Brookline where the doctors and alternative practitioners who now staff the clinic practiced working alongside one another without any eye-rolling or other dismissive gestures.

After mastering egalitarianism and practicing on a few volunteers, the team moved to a more clinical setting to test their skills on 14 patients with severe and persistent back pain. Each patient saw one doctor and one alternative practitioner, who together developed the initial treatment plan; those plans were then modified over time as the whole team saw fit. A control group of six patients received only usual medical care. After 12 weeks, the team was astounded by the results: The patients in the first group realized far greater reductions in pain, as well as increases in mobility. The outcome was provocative enough to persuade the president of the Brigham, Dr. Gary Gottlieb, to move ahead immediately with the clinic, in large part to facilitate more research.

DEBBIE BENEDUCI had resigned herself to a life of pain by the time she met the Osher clinic staff at an opening party for the ambulatory-care center last July. A telephone triage nurse for a woman's health clinic in the same building, the 44-year-old had suffered near-constant pain from a herniated disk in her neck ever since back-to-back car accidents the year before. Forced to take two leaves of absence from work, she'd tried physical therapy, acupuncture, hot-stone massage, reiki, and something to do with energy blockages called "body talk." After her second leave from work, she did feel decidedly better. "It's just that when I got back to work full time, I felt like I was slipping backward," Beneduci says. "At the end of the day, my neck would just be falling forward, and then I had to get in the car and drive the 75 miles home to South Plymouth."

She began twice-weekly treatment sessions with Arthur Madore, a massage therapist who specializes in neuromuscular and core integration therapies. Madore didn't touch her neck for the first few sessions, she says, but instead concentrated on the muscles in her shoulders and upper back. → PAGE 38

Sticking His Neck Out

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As Beneduci recalls, he said, "Right now, your neck is trying to hold your body up. We're going to train your body to hold your neck up." He studied her posture for signs of strain, then showed her better ways to sit and cross her legs. Finally, he showed her several key "trigger points," spots where she can apply pressure with her thumb and index finger to release muscle tension on her own when she feels it building.

Because Beneduci faced the daily shoulder-tightening stress of handling 60 to 100 phone calls, Madore also referred her to Beaton-Starr, the occupational therapist,

who scrutinized Beneduci's workstation. After making some practical changes, like moving the phone within easier reach and putting frequently used items on the lowest shelves, Beaton-Starr tried to make the area more calming by removing excess clutter from the bulletin board and displaying up-lifting cards and photos more prominently.

Now, Beneduci says she feels "100 percent better," so much so that in October she picked up her golf clubs for the first time in months. Throughout the treatment process, she kept her primary care physician and physiatrist apprised of what was going on. "They were very curious and had a lot of questions," she says. "They weren't skeptical. It just wasn't anything they knew much

about." The reception from doctors throughout the ambulatory-care center has been similar as Levy and his colleagues have visited other clinics to explain what they're about. "I expected hostility," Levy says, "but they were very eager. The fact that we're here, in the Brigham, shows we're not crazy, quacky. And they're actually looking for somebody to do it right." As of October, about 40 percent of the clinic's 200-odd patients seen up to that point had been referred through doctors with the Brigham.

No doubt Beneduci's physicians are wondering why alternative therapies she had tried before were so much more effective this time. Is it the skill level of the therapists that made the difference? Or does it have more to do with the gestalt of the unit? Could she have been so convinced that the treatment would work this time that her mind played a role in the healing? Eisenberg doesn't pretend to have any definitive answers - these are precisely the kind of questions, he says, that this clinical model was designed to provoke and investigate. That said, however, Eisenberg did try to put together the most reputable team he could find. He selected alternative practitioners based on their reputations and experience working around MDs (no big egos allowed, he says). The three docs - an orthopedist, neurologist, and psychiatrist (in addition to Levy and himself) - all have Harvard and/or Brigham affiliations, pedigrees he believes will qualify them to act as ambassadors, spreading word about the clinic's successes to the old guard.

The Osher is by no means the first integrative clinic to open in an academic medical setting. About three-quarters of the 39 medical schools in the Consortium of Academic Health Centers for Integrated Medicine have some sort of integrated clinical practice, according to Dr. Mary L. Hardy, medical director of the Simms/Mann UCLA Center for Integrative Oncology and cochairman of the consortium's clinical working group. Many of these clinics struggle financially, especially models that operate at the outer edges of academic medicine, as what Eisenberg calls "garnish on the plate."

Eisenberg's model, which is unique in its tight alliance with a research institute and its insinuation into the Brigham infrastructure, benefits from the experience of others, Hardy notes, as well as from a \$5 million gift from the Bernard Osher Foundation, a San Francisco-based philanthropy that supports higher education, the arts, and research into integrative medicine.

And then there's the passage of time. "I think the medical community has recognized that these therapies work in cer-

tain situations," says Dr. James Michel of West Newton, who practiced internal medicine for 25 years at the Brigham and is on medical leave. "What was previously on the edge of therapy is now more accepted." Michel was highly skeptical before he began seeing Madore, the massage therapist, for treatment in October. After a liver transplant in 1999, Michel suffered multiple complications, even to the point of having to learn to walk again. The clinic's dietitian, who had designed a weight-loss plan that accommodated Michel's gourmet tastes without aggravating his diabetes, sent him to Madore when she noticed that his walking had weakened. In six weeks' time, Michel is glad to admit, he made more progress with Madore than he'd made in the last five years. "He realized that when I learned to walk after the transplant, I had developed improper mechanics," says Michel, 53. "He worked to coordinate my walk with the movement of my hips and spine."

Eisenberg hopes that research into such success stories will eventually persuade insurance companies that alternative therapies are at least as cost-effective as traditional medicine. Then again, there is always the possibility that the therapies tested will not prove reliably effective or less expensive than traditional medical care. If that is the case, Eisenberg maintains that the institute's "rigorous and dispassionate" research will document that, too. He points to a back study published earlier this year in the journal *Spine*: The study, which he coauthored, found that acute back-pain patients who were offered their choice of acupuncture, chiropractic, or massage therapy as an adjunct to usual medical care did no better or worse after five weeks than patients who received only conventional care. (He does not consider the findings particularly discouraging. Most patients with acute back pain tend to get better even without treatment, he says, which makes it hard to prove whether they benefited from certain therapies. That's why, in the clinic's study, the integrative team treated subjects with persistent, debilitating back pain - successes among those hard-to-treat patients would be both more noticeable and more noteworthy.)

After all this time, Eisenberg is more convinced than ever that science will eventually unlock enormous untapped potential in alternative therapies and herbal remedies. He said as much in the afterword to the 1995 reprint of *Encounters With Qi*, his book about his early China experience, citing one of his favorite proverbs: "*Zhen jin bu pa huo lian*," which translates to "Real gold does not fear even the hottest fire." ■