CHICAGOANS OF THE YEAR
Our Heroes
THE NEW DOCS
How progressive MDs are using alternative techniques—from yoga to acupuncture to herbs—to provide better care

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The New Trials of William Kennedy Smith

Dr. Karen Koffler
Director, Integrative Medicine Program
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Last fall, Karen Koffler, a 43-year-old doctor with Evanston Northwestern Healthcare (ENH), assembled her staff for one of their regular Tuesday morning meetings. This unusual team of specialists included acupuncturists, yoga instructors, herbalists, and a personal trainer, among others. Koffler updated the group on the case of a 20-year-old woman who had never menstruated. The woman's hormone levels and other indicators had all been normal, which left her primary-care doctor completely baffled. Koffler's solution? She had referred the woman to Andrea Fisk, an acupuncturist on her team. Fisk ended up treating the patient's "meridian for the sea of blood"—applying needles to the woman's wrist and to the inside of her foot. She also prescribed a Chinese remedy that contained a mix of 15 herbs, chosen, says Fisk, "to nourish the patient's blood and yin." The results were almost immediate. Just days after the treatment, the woman menstruated for the first time in her life. Thirty-five days later her cycle kicked in again, and one month after that her period showed up right on schedule. The offbeat treatment had been a success.
“People are using these therapies,” says one doctor. “They have taken their health care into their own hands.”

Koffler, of course, would never use a word like “offbeat.” The director of integrative medicine at ENH (which includes Evanston, Glenbrook, and Highland Park hospitals), she is one of medicine’s new practitioners: traditionally trained doctors who are now incorporating alternative therapies into their arsenal of potential treatments.

Today, “integrative”—or “complementary”—is medicine’s new buzzword. In 1999, seven years after it had created the Office of Alternative Medicine, the National Institutes of Health (NIH) recaitzt that office as the National Center for Complementary and Alternative Medicine—which in 2003 handed out $100.2 million in grants to promote rigorous scientific research into these newly recognized therapies. In the Chicago area alone, there are at least five clinics dedicated to integrative or complementary medicine (see “Getting Centered,” page 51) and scores of doctors who incorporate these alternative therapies into their practices (see “Extra Care,” page 120).

“Somebody has a cold, that’s a round peg, and the medicines we have in the West are square holes,” says Donald W. Novey, who runs Advocate Lutheran General’s Center for Complementary Medicine in Park Ridge; he is the author of Clinician’s Complete Reference to Complementary & Alternative Medicine (C. V. Mosby, 2000). “There are herbs and Chinese medicines that can get people better faster. It’s a matter of choosing the right treatment from a larger number of available treatments.”

Don’t misunderstand: Novey, Koffler, and other MDs are not abandoning Western medicine; they merely want to enlarge its scope. By studying and employing medical traditions from other cultures—as well as by incorporating the latest research on the ways stress and nutrition can affect disease—these doctors hope to move beyond Western medicine’s reliance on technology and drugs.

“The focus of American medicine for the past 50 years has been treating things that cause death,” says Patrick Massey, who heads the integrative medicine program at Alexian Brothers Medical Center in Elk Grove Village. “We’re unbelievably good at that. People stopped dying years ago of pneumonia and diabetes and minor trauma. But we are victims of our own success; we have carried that aggressive and expensive approach over into chronic care, and it made us technicians who deal with a part of the problem, a part of the person—not the whole thing.”

Many other medical professionals have begun to share Massey’s concern. While some patients with acute problems (major diseases like cancer, or traumas like gunshot wounds) get put right, the patients with chronic problems (such as migraines, irritable bowel syndrome, sinusitis, and high blood pressure) generally get treated episodically, without enduring relief. “We’re running a revolving door,” Koffler says. “We patch them up and send them home, then repeat it when they come back.”

These new doctors want to break the cycle by employing, for instance, acupuncture, which has been proved effective in reducing, if not entirely eliminating, sinusitis, asthma, constipation, lower back pain, frequent urinary tract infections, carpal tunnel syndrome, and a long list of other ailments. Or they will prescribe tai chi, a centuries-old Chinese martial art, to promote flexibility and strength during chemotherapy, a contemporary technological solution that can often weaken a patient. And teaching biofeedback—the technique of manipulating involuntary bodily processes by conscious mental control—can help cardiac patients reduce the risk of a heart attack by giving them ways to calm the body and relieve stress.

In many cases, these alternative therapies do not provide a total cure. But they do have the advantage of providing a minimally invasive solution that requires fewer, if any, drugs. What’s more, these alternative therapies are often less costly. “If we have been treating people for sinusitis four or five times a year with antibiotics and they get an infection only two times a year after getting acupuncture or herbs, I call that good medicine, not alternative medicine,” says Daniel Derman, president of Northwestern Memorial Hospital’s physician group and co-founder of the hospital’s Center for Integrative Medicine.

Some doctors—and their patients—remain skeptical of alternative treatments, and they are put off by the New Age aura that attaches to integrative medicine. But the National Health Interview Survey—conducted by the National Center for Health Statistics—reported that about 36 percent of adults in the United States were using some of these integrative or complementary methods—everything from ancient Indian Ayurvedic medicine to the Zone Diet. “They lead to better satisfaction for the patient,” says Tony Lu, director of integrative medicine at Loyola University Medical Center in Maywood and an internist who uses acupuncture in his practice. “Yes, it’s a trend—but it’s a trend that is working. That’s why they keep coming back.”

The NIH survey and other reports suggest that consumers, rather than curers, instigated the movement toward exploring these nontraditional practices. Health professionals had for some time suspected that many people were using some form of these so-called alternative therapies—though few patients chose to share that information with their physicians. “Thirty percent of all health care in this country might be underground,” says Northwestern’s Dr. Derman. “There are a large number of people getting [alternative] care that they are not coordinating with their doctor.” Advocate Lutheran’s Dr. Novey concurs. “People are actively using these therapies,” he says. “They have taken their health care into their own hands. If we as physicians don’t acknowledge that, we are ignoring something very important.”

Janice Zeller, a Rush University College of Nursing professor, trains nurses to check with patients about their use of alternative therapies. They should know, for example, that patients who are on antiretroviral drugs for HIV should not be taking Saint John’s wort, because the herb, which is often used to combat depression, impairs the body’s ability to metabolize the drugs.

Some of the newfound interest in these alternative therapies may be driven by commerce. Toni Bark, a doctor in private practice in Evanston, ran the integrative medicine center at Advocate Good Shepherd Hospital Health & Fitness Center in Barrington until last summer. She says that the hospital ran a marketing campaign to increase awareness of integrative medicine. But Northwestern’s Derman says that he expects fewer than half of the integrative medical centers that have started up in the past five years will still be open in another five. “If caring for the whole mind and body is not grounded
in their practice, as it is here, it will just fade out," Derman says. "America is very faddish—and so is American medicine."

Faddish or not, insurance companies are also taking a closer look at integrative medicine. Blue Cross Blue Shield HMO policy holders in Illinois also receive BlueExtravagant, which offers discounted chiropractic, acupuncture, and massage therapy. At Alexian Brothers Medical Center, Patrick Massey performs acupuncture as an integral part of his practice, and office visits to him are generally covered by insurance. Insurers are also covering more chiropractic care than in the past, Massey says. But coverage for treatments such as yoga and Chinese herbs usually come out of a patient's pocket.

**In addition to prescribing non-traditional therapies, doctors of integrative medicine emphasize a systemic approach to medicine. They say they want to treat the entire body—or in some cases, the body and the mind, which can mean incorporating a patient's physical and mental and even spiritual aspects. "The need that is not being met is not necessarily in the area of pure biology, but in viewing the patient as a whole entity," says David Steinhorn, who runs the Judith Nan Miller Integrative Medicine Initiative at Children's Memorial Hospital. "There are more subtle aspects of well-being than Western medicine can reach." Yoga, for instance, can make the body stronger and more flexible, but its practitioners also understand that it encourages an inner strength and flexibility. (The growing science of psychoneuroimmunology continues to study the way the body and mind work together.)

With its emphasis on preventive care, integrative medicine has the potential to alleviate aspects of the nation's health care crisis—brought on in part by obesity, sedentary lifestyles, and inadequate nutrition— that has been looming for a generation. But it can also dampen medicine's impending financial crisis by providing less costly treatments. At Rush University Medical Center, Raj Shah is overseeing part of a clinical trial gauging the effects of huperzine A on the memory capacity of Alzheimer's patients (huperzine A is an extract from a club moss—*Huperzia serrata*—that has been used for centuries in Chinese folk medicine). "It seems to have a similar or better effect than the FDA-approved treatments we have been using," says Shah. "What's more, people can buy a monthly supply of huperzine A on the Internet for about $80; the comparable patented pharmaceutical products are in the $150-a-month range."

**Of course, there is nothing especially new about many of these so-called alternative therapies. The principles of Chinese medicine were laid out almost 5,500 years ago by Shen Nong, who wrote the first manual on herbal medicine around 3404 B.C. But now contemporary scientists, both in the lab and in the examining room, are subjecting these therapies to the same kind of evidence-based scrutiny regularly directed at more widely used "Western" practices.**

"If [alternative methods] cannot produce reliable, reproducible results, they are not useful for us to bring into the medical system," says Children's Memorial's Dr. Steinhorn. "We don't have the right to advocate for something unless we have the type of evidence that Western medicine acknowledges." Thus far, massage therapy for newborns and children under stress has shown good results. Other research projects are looking at how aromatherapy might help children with sleep disorders, how yoga can help them with cystic fibrosis, and how acupuncture might benefit kids suffering from cyclic vomiting syndrome.

At the University of Chicago's Tang Center for Herbal Medicine Research, its director, Chun-Su Yuan, has explored ginseng's much-vaunted powers exhaustively. He has found that it stands up well as an anti-obesity and anti-diabetes supplement, and that it helps reduce nausea and vomiting brought on by chemotherapy. But he has also found that ginseng can hamper the effects of warfarin, a blood thinner prescribed for people with certain heart conditions.

Admittedly, there is a long way to go. "Even though at least one-third of U.S. adults are using complementary and alternative herbal medications, only one out of 3,000 scientists is doing alternative medicine-related research, so there is still very limited data," says Dr. Yuan. Research is hindered partly by the lack of profitability: Herbal medicines cannot be patented, so they don't offer the lure of a potential payoff on a research investment.

Nevertheless, Yuan and others believe that integrative medicine will continue to make advances. Rush's Dr. Shah notes that precedent is on the side of the alternative remedies. As evidence, he points to the widespread use of a cure derived from tree bark. "It is thousands of years old, and even though we still don't understand all of what it does, we have standardized it and put it into modern medicine." You know it as aspirin.

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Karen Koffler, director

Karen Koffler has no problem diagnosing the problem with traditional medical practices. "In Western medicine, we have segregated every piece of the human body," she says. "We have not looked at the whole entity of the person. You can't separate the mental, emotional, and spiritual person from the physical person—but that is what physicians have been trained to do. Integrative medicine is about a philosophical approach to patient care, not a physical one."

Koffler acquired this hard-won knowledge after spending five years working as a doctor in hospital intensive care units. In 1996 she woke up to the idea that she had been treating only symptoms, not the underlying causes of disease. That realization led her to the University of Arizona, where with an integrative medicine fellowship she studied under Dr. Andrew Weil, a widely published pioneer in the field. (She also studied acupuncture, the only alternative therapy she herself performs for patients.) In 2001 she arrived at Evanston Northwestern Healthcare to head its newly established integrative medicine program.

"I don't make unbelievable claims that I will cure you in ways that conventional medicine cannot," Koffler says. "But I think without a doubt that everyone's healing can be augmented with these complementary methods. There is not a single diagnosis I see where the alternative therapies don't offer an additional way to expedite healing."

In some cases, Koffler suggests, even the attitude of her therapists can promote better healing. "Alternative practitioners use much more hopeful language than doctors do, because they don't believe they themselves are responsible for the cure. They help healing, but they are not responsible for the entire outcome. So they have a humility about their work."

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