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Complementary and Integrative Medicine: What Are My Options?

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- No Financial Disclosures

2

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Introduction (who I am)

- ★ Naturopathic physician and licensed practitioner of Chinese medicine
 - 6 years of naturopathic medical school
 - 2 years naturopathic residency
- ★ Trained as general practitioner
 - Laboratory diagnosis
 - Physical exam
 - Prescription drugs
 - Minor surgery
- ★ General practitioner of holistic medicine
 - Nutrition, Nature Cure, lifestyle, botanicals, homeopathy, supplements, flower essences, manipulation, exercise, acupuncture



Dr. Deirdre Orceyre - www.drorceyre.com

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Overview

- Introduction to complementary medicine
- Biologic adjunctive therapies:
 - Mushrooms
 - Melatonin
 - Green Tea
 - Vitamins C and K2
 - et al
- Diet: Realistic Evidence Based approach
- Underlying systemic functional issues:
 - Gluten Sensitivity
 - MTHFR mutations,
 - Phase I or II liver detox genetic abnormalities,
 - Poor Stress Resiliency

4

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Overview

- Wellness approaches to minimize side effects of disease and chemotherapy:
 - Tai Chi
 - Mindfulness Practices
 - Meditation
 - Biofeedback
 - Yoga
 - Acupuncture
- Other ideas
- Tips on navigating CAM world
- References:
 - Books
 - Online Resource

5

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Complementary and Alternative Medicine (CAM)



- ★ **Complementary** medicine is used **with** conventional medicine.
 - Example: Acupuncture to reduce fatigue from radiation therapy
- ★ **Alternative** medicine is used **in place of** conventional medicine.
 - Example: Taking “anti-cancer” supplements **instead of** undergoing radiation therapy

Dr. Deirdre Orceyre Slide contributed by Sarah M. Rausch, PhD, LPA, MSW March 28 2015

6

Integrative Medicine

- Integrates complementary therapies with evidence of **safety and effectiveness** into conventional medical treatment with goals of:
 - optimizing health promotion
 - preventing disease
 - improving patient outcomes
 - managing symptoms
 - improving quality of life



Slide contributed by Sarah M. Rausch, PhD, LP

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What percentage of cancer patients report using CAM?

- 62% long-term Lymphoma survivors use CAM
- 73% of hospitalized cancer patients use CAM
- 44% of German Leukemia patients use CAM, with >half not disclosing to healthcare team



Slide made by Sarah M. Rausch, PhD, LP

National Cancer Institute (NCI) has incorporated a focus on complementary care for cancer survivors into their strategic plan (2014)

JNCI Monographs on integrative oncology

“National Center for Complementary and Alternative Medicine has decided ...to focus ... resources on research on benefits and risk of complementary health practices for symptom management...”

2015 - NCCAM becomes NCCIH (from CAM to Integrated Health)



Wong J. Building the Evidence Base for Integrative Approaches to Care of Cancer Survivors. Journal of the National Cancer Institute Monographs. 2015;62(4):205-26. doi: 10.1093/jncimonographs/ggv040

Integrative Medicine in Cancer Survivors

Review of clinical studies from 2016 only

KEY POINTS

- Cancer survivors can experience the physical, social, and emotional effects of cancer and its treatments such as fatigue, pain, neuropathy, lymphedema, difficulty sleeping, weight gain, cognitive dysfunction, sexual dysfunction, psychological distress, and fear of recurrence.
- Integrative medicine promotes the physical, emotional, and spiritual health of a person by incorporating complementary therapies (physical activity, diet, dietary supplements, mind-body modalities, acupuncture, and massage therapy) with conventional therapy.
- Recent studies have demonstrated effectiveness of various integrative medicine modalities, though there were noted limitations in the methodologies and



Wong J, Pinn K, Mittani D, Sheggs A, Shaw B, Ruddy KJ. Integrative medicine in cancer survivors. Curr Opin Oncol. 2017. doi:10.1097/CCO.0000000000000376. PMID:28469788

- Many oncology centers are exploring integrative therapy programs for survivorship

J Clin Educ (2016) 31:47-54 DOI 10.1007/s13187-014-0785-9

A Wellness Program for Cancer Survivors and Caregivers: Developing an Integrative Pilot Program with Exercise, Nutrition, and Complementary Medicine

Mark Stoutenberg & Alyssa Sogor & Kris Arheart & Stacy E. Cutrono & Julie Kornfeld

10-wk Integrative Wellness Program (IWP) - instruction in exercise, nutrition, and complementary and alternative medicine

Questionnaires - physical activity levels, dietary habits, sleep hygiene, and quality of life



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J Can Educ (2016) 31:47–54 DOI 10.1007/s13187-014-0785-9

A Wellness Program for Cancer Survivors and Caregivers: Developing an Integrative Pilot Program with Exercise, Nutrition, and Complementary Medicine

Mark Stoutenberg & Alyssa Sogor & Kris Arheart & Stacy E. Cutrono & Julie Kornfeld

"comprehensive programs for cancer survivors should incorporate exercise, nutrition, and CAM practices to improve health behaviors and potentially long-term health outcomes."

"promising results regarding the effectiveness of the program on improving dietary behaviors and other personal wellness characteristics...and had a great deal of applicability and content value to the participants."



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Levels of Evidence

- Level I - Well designed randomized controlled trials
- Level II – Prospective or retrospective non-randomized clinical trials and analyses
- Level III – Opinions of expert committees, best case series
- Level IV – Preclinical in vitro and in vivo studies, and traditional uses

14

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Biological Adjunctive Therapies (Biologics)

- Green Tea
- Boswellia
- Omega 3 (Fish Oil)/ Omega 6 (Flax seeds/oil)
- Medicinal Mushrooms
- Curcumin
- Melatonin
- Vitamin K2
- Vitamin D
- High-Dose Vitamin C I(V)

15

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Green Tea

- Levels I, II, III, IV
- High in bioflavonoid antioxidants
- Also contains tannins, minerals, caffeine and L-Theanine
- 2015 epidemiological study in China - green tea drinking associated with decreased risk of developing MDS. Leukemia Research 39 (2015) 164–169
- Induces apoptosis (cell death) in hematologic tumor cells in vitro Haematologica, 2005 Mar;90(3):317-25.
- Almost all studies are done on dietary intake with typical "high intake" considered to be 5 or more cups per day

16

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Green Tea



Initially submitted February 5, 2009; accepted for publication June 5, 2009.

Several biologic studies have reported that green tea constituents have antitumor effects on hematologic malignancies. However, the effects in humans are uncertain. The authors used data from the Osaka National Health Insurance Cohort Study in Japan to evaluate the association between green tea consumption and the risk of hematologic malignancies. Study participants were 41,761 Japanese adults aged 40–79 years without a history of cancer at baseline who answered a food frequency questionnaire survey in 1994. During 9 years of follow-up beginning in 1995, neoplasms and 36 hazards regression. The multivariate-adjusted hazard ratio of hematologic malignancies for 5 cups/day or more compared with less than 1 cup/day of green tea was 0.58 (95% confidence interval: 0.37, 0.89). The corresponding risk estimate was 0.52 (95% confidence interval: 0.31, 0.87) for lymphoid neoplasms and 0.76 (95% confidence interval: 0.32, 1.78) for myeloid neoplasms.

Am J Epidemiol. 2009 Sep 15;170(6):730-8.

17

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Green Tea



- Try to get organic (not organic is likely to contain high amounts of pesticides)
- If want to take supplement
 - high quality is important
 - Typical dose is one 300-500mg capsule twice daily (each containing at least 50% EGCG) (usual cost - \$15-20/month)
 - Capsules are actually cheaper than drinking high quality(organic) green tea at studied doses - 5-6 cups/day

18

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EGCG and CLL

(Chronic Lymphocytic Leukemia)



- 2 recent Randomized Control Trials on CLL (Rai Stages 0-2)
- Polyphenon E – concentrated green tea with EGCG content 400-4000mg/day in twice daily dosing (200-2000mg)
- About 70% of patients had WBC reduction of 10% or more and about 40% 20% or more
- Dose dependent side effects were common at higher doses: nausea, rashes. Some patients had to stop high dose
 - J Clin Oncol. 2009 August 10; 27(23): 3808–3814.
 - Cancer. 2013 Jan 15;119(2):363-70
- Currently available products contain about 200mg of EGCG/capsule – at 10 capsules/day cost is about \$50/month

19

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Boswellia



- Boswellic Acid acetate – grade III, IV
- Induces differentiation and apoptosis of human leukemia lines
- Very potent anti-inflammatory
- Very low side effect profile
- Quality is important
 - Leuk Res 1999; 23:43-50

20

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Japanese Mushrooms






- Levels I, II, III, IV
- Examples: Reishi, Shiitake, Maitake, Coriolus
- Traditional chinese medicine use
- Coriolus Versicolor aka Asian "Turkey Tail" – best evidenced in general (PSK, PSP)
- Maitake - 2015 study with MDS
Cancer Immunol Immunother (2015) 64:237–247
- Water extracts are best

DO NOT USE WITHOUT GUIDANCE – Protocols are complicated, often include mixes of all or some of the above, often on/off regimens, quality is critical

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Curcumin



- Curcumin is an active ingredient of Turmeric (curcuma longa)
- Levels II, III, IV
- Modulates inflammation by down-regulating COX2 – nature's Motrin
- Inhibits TNF-Alpha, IL1, 2, 6, 8, and 12
- Natural part of many world diets, especially India and Thailand

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Curcumin



- Induces cell death in human leukemia cells and stem cells.
Biochim Biophys Acta 1996 Nov15;1317(2):95-100. Oncol Rep 2016. PMID: PMC5001835.
- Small positive clinical trials for Pancreatic, Colon
Clin Cancer Research, 2008 Jul 15;14(14):4491-9
Clin Gastroenterol Hepatol., 2006 Aug;4(8):1035-8. Epub 2006 Jun 6.
- Absorption is increased with fats and black pepper
- Careful during chemo - only with guidance
Cancer Res 2002 Jul 1;62(13):3868-75
Mol Cancer Ther., 2006 Apr;5(4):952-61
- Typical dose - 1000mg twice daily of concentrated extract

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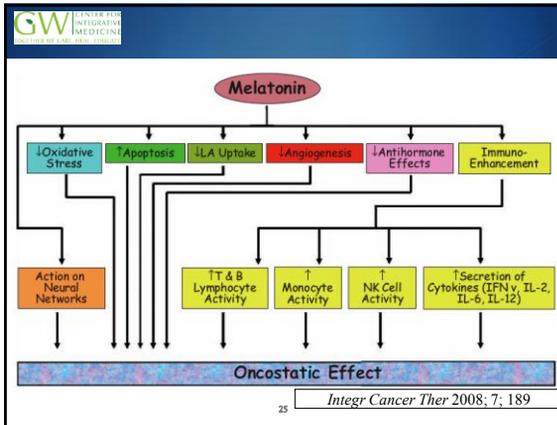
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Melatonin



- Levels I, II, III, IV
- Sleep hormone, synthesized by the pineal gland
 - Also appears to be a strong anti-oxidant and regulates secretion of growth hormone and other hormones
- Older positive study with chemo induced MDS
J Pineal Res., 1990;8(4):347-54
- Recent Meta-analysis (total of 21 randomized trials) showed 37% reduction in all cause 1 year mortality in patients with solid tumors
Integr Cancer Ther. 2011 Oct 21
- Usual dose 20mg at bedtime, start at no more than 5mg and slowly increase over 3-4 weeks

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Vitamin K2

- Levels I, II, III, IV – clear evidence for MDS, both clinical trials and laboratory research
- Does not affect clotting, important primarily in bone and muscle health
- Similarly to Vitamin D - more of a hormone as it affects cells via variety of receptor-mediated actions
- Helped MDS patients with differentiation of cells and strengthening of healthy cell lines
Eur J Haematol. 2010 Dec;85(6):538-48.
- Patients who used oral vitamin K2 without other medications had 44.4% (4/9) hematological improvement.
Leukemia 2000;14(6):1156-7

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Vitamin K2 (study specifics)

- Pilot Study
- 72.7% (8/11) had refractory anemia with excess blasts in transformation and 50% (6/12) had post-MDS acute myelocytic leukemia.
- K2 reduced blast cell numbers in bone marrow and/or peripheral blood in 71.4% (10/14) of those receiving other medications for MDS.
- Patients who used oral vitamin K2 without other medications had 44.4% (4/9) hematological improvement.

Leukemia 2000;14(6):1156-7

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Vitamin K2 (study specifics)

- Phase II – single arm prospective trial
- Patients with MDS with refractory anemia and refractory cytopenia with multilineage dysplasia, having either low or intermediate-1 risks of the IPSS
- 1st treatment with Vitamin K2 – 45mg (menatetrenone) – 13% response rate – improvement of anemia and thrombocytopenia
- 2nd – Non responders from above were given Vitamin K2 plus Vitamin D3 (0.75mcg/day) – 30% response rate
Leuk Res. 2010 Sep;34(9):1151-7. Epub 2010 Jun 27

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Vitamin K2 (supplement specifics)

- Quality is critical
- 2 types:
 - Menatetrenone (MK4) – Studied - typical dose is 45mg/day (Thorne has good liquid product)
 - Menaquinone-7 (MK7) - typical dose 50-150mcg/day.No clinical studies, thought to be as effective as MK-4 (BioTech makes good product)
- No known side effects, combine with at least some vit D
- No effect on clotting, safe to take even when on Coumadin, but if patient is on Coumadin, I check PT/INR 3-5 days after starting Vitamin K2

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Vitamin D

- Level II, III and IV
- Similar to Vitamin K2 clear plausible mechanism of positive effects on Bone Marrow
- Many small studies
- 2017 study - Low levels associated with shorter survival after first line treatment. *PubMed PMID: 26899917.*

Leuk Res Treatment. 2012; 2012: 125814.

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Vitamin D derivative	Dose schedule	Duration of therapy	Concurrent agents	Disorder treated	Number treated	Response	First author	Reference
1 alpha(OH) vitamin D3	4.5 to 15 microgram/day	4 weeks	Single agent	AML	2	Treatment decline in marrow blasts	Into	[4]
				MDS	1	Treatment decline in marrow blasts		
Allicacalcid	0.25 to 10 microgram/day	24 weeks	Single agent	AML	2	1 minor response	Takahashi	[5]
				MDS	11	3 partial and 1 minor response		
1 alpha(OH) vitamin D3	1 microgram/day	>4 weeks	Single agent	AML	1	1 major response	Nakayama	[7]
1,25(OH)2 vitamin D3	2 microgram/day	12 weeks	Single agent	MDS	18	8 transient, partial responses	Koeffler	[6]
1 hydroxy vitamin D3	4 to 6 microgram/day	17 months	Single agent	MDS	15	Improved PFS compared to control	Motomura	[8]
Calcitriol	200 microgram 3 days/week	Up to 2 years	Single agent	MDS	5	1 major response	Mullerovsky	[9]
Calcitriol	0.25 to 0.75 microgram/day	Up to 2 years	Single agent	MDS	14	10 responses, 2 major	Mullerovsky	[10]
Allicacalcid	6 microgram/day	6 months	Single agent	MDS	13	1 transient response	Yoshida	[11]
Deseracalciferol	12.5 microgram/day	12 weeks	Single agent	MDS	15	No formal response	Petrich	[12]
1,25(OH)2 vitamin D3	0.75 microgram/day	12 weeks	Probiotic + 13 cis Retinoic Acid	MDS	1	1 major response	Blaszczak	[13]
1,25(OH)2 vitamin D3	13 microgram/day	16 weeks	Vitamin C	MDS	19	3 major response	Siliman	[14]
1 alpha(OH) vitamin D3	1 microgram/day	Variable	Cytarabine + JFN + Retinoids	AML	15	5 responses (including stable disease)	Hellawell	[15]

Vitamin D



- Practical approach due to lack of clear dosing guidelines
- Keep serum Vitamin D level between 50-80 nmol/liter
- Unlikely to get enough from sun, most patients should supplement
- Often doses are 10,000 units/day or even more
- Some patients do a lot better with liquid form of D3 due to better absorption ³²

Intravenous Vitamin C



- Evidence – levels II, III, IV
- Safe (about 1 million infusions done between 2006-2008)
 - Only known contraindication - rare enzyme defect (G6PD)
 - Only 6 serious complications reported
- Safe to combine with chemotherapy – likely to enhance chemotherapy effectiveness
- Mild chemotherapeutic agent
 - Produces H2O2, normal cells capable of quickly removing peroxide
 - Appears cytotoxic for a lot of malignant cell lines (at least 10), including leukemia
 - MDS in vitro study showing benefit ^{Toxicology in Vitro 27 (2013) 1542–1549}
- Many studies -
 - [PLoS One. 2012;7\(1\):e30794. Epub 2012 Jan 17.](#)
 - [Free Radic Biol Med. 2011 Aug;151\(3\):681-7. Epub 2011 May 30.](#)
 - [PLoS One. 2010 Jul 7;5\(7\):e11414.](#)

33

Vitamin C IV



- We have treated hundreds of patients over years - mixed results, we are currently analyzing data
- Mostly decreased side effects of chemo, improved energy
- Multiple cases of long term survival at our clinic and in other places
- Still needed - randomized controlled trials
- More studies are on the horizon

34

Vitamin C IV



Problems:

- Expensive (\$100-200/infusion – insurances can cover portion of each bill)
- Takes time (2 hours average infusion) usually weekly for 4-6 weeks, after that ideally weekly but can be done every other week.
- Pain of the injection and frequent mild side effects such as bruising, IV site infiltration,
- Lack of evidence

35

Other Supplements



- **Fish Oil** – anti-inflammatory, seems to improve chemo induced side effects and slows down weight loss.
- **Mistletoe** – used a lot in Europe, conflicting data, but some positive double blind randomized studies (not for MDS/AA)
- **Glutamine, Acetyl-L-Carnitine, Alpha Lipoic Acid, probiotics** – supportive role during chemo therapy to minimize fatigue and prevent diarrhea
- **Ginger** – high dose, decent alternative to anti-nausea medications during chemo.
- **Dietary Soy** - reduced risk of MDS (PMID: 26458988.)

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36
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Recent Studies

with positive outcomes

- **Combining Chinese medical treatment with stem cell transplantation** (PubMed PMID: 25790675.)
- **Resveratrol** Suppresses Growth and Migration of MDS cells (in vitro) (PubMed PMID: 29035583.)
- **Wogonin** (from skullcap) inhibits the proliferation of MDS (in vitro) (PMCID: PMC4626188)
- **Artesunate** (from artemesia) induces cell death (in vitro) (PubMed PMID:24704559.)
- **Withaferin A** (from Ashwagandha) suppresses growth of myelodysplasia and leukemia cell lines (in vitro) (PMCID:PMCS021033.)

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What to Avoid/Cautions

- Individual oral **anti-oxidant** vitamins: Vits A, E, Selenium – should not be taken for long periods of time – Level I, II, III, IV (Vitamin C IV discussed separately)
- **Retail multivitamins** – poor quality, possibly harmful, level II, III, IV
- Learn how to **evaluate quality/claims**
- **Trusted online resources**
- **Consultations with integrative and naturopathic physicians**
- **Avoid** advice by clerks/salespeople at vitamin shops/stores
 - inadequate training in this field
 - most use information provided by product makers only

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Diets

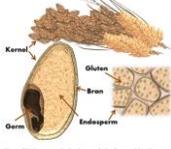
- Plant Based Diet – Levels II, III, IV – weak positive evidence at best
- High Fiber Intake - none
- Specific Diets: - levels III, IV – conflicting
 - Macrobiotic
 - Gerson
 - Gonzales
- Sensible approach - Moderate good quality animal protein, high in greens/some fruits, avoid “dirty dozen”, anti-inflammatory principles, food sensitivities?

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Gluten Sensitivity

- Evolutionarily speaking, wheat is a recent addition to the human diet, about 10,000 years ago.
- Gluten is the storage protein of cereal grains: Wheat, rye, barley, spelt, triticale
 - Gliadin: Is the alcohol-soluble fraction, glutamine and proline rich protein, and poorly digestible
 - Resistant to stomach acid and proteases
 - Gliadin is the primary immunogenic trigger of Celiac disease



The Gluten protein is mainly found in the endosperm of grain Kernel (seed)

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Gluten Sensitivity

- Evidence from the US and Finland has shown a marked increase in prevalence
- 4-fold increase in the last 50 years
- Data is based on stored serum samples and reflect a true increase in the prevalence of the disease, not related to under-diagnosis.
- Reason unclear: overuse of gluten/wheat, increased gluten in wheat with agriculture, other dietary, metabolic and environmental factors.

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Gluten Sensitivity



- Clear epidemiologic link to cancer – Level II, III, IV
[Gastrointest Endosc Clin N Am. 2012 Oct;22\(4\):705-22](#)
- Multiple **case reports** in the literature with dramatic improvement of MDS and AA with gluten-free diet.
[Recent Prog Med. 2010 Apr;101\(4\):157-8.1 Indian J Hematol Blood Transfus. 2014 Sep;30\(Suppl 1\):208-11](#)

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Detox System Defects

PHASE I Detoxification: The First Line of Defense

In Phase I detoxification, potentially harmful substances are converted to more water-soluble compounds, which are then excreted in urine, sweat, or through the lungs. Many have a short half-life and are excreted within a few days. However, some are more persistent and can be found in the body for weeks or months.

Phase I Defects: These defects can lead to a buildup of toxins in the body, which can cause a variety of health problems, including:

- Allergies
- Asthma
- Chronic fatigue
- Depression
- Headaches
- Irritable bowel syndrome
- Joint pain
- Migraine
- Multiple sclerosis
- Parkinson's disease
- Psoriasis
- Rheumatoid arthritis
- Skin rashes
- Sinusitis
- Sore throat
- Stomach pain
- Tinnitus
- Ulcers
- Weight gain
- Xeroderma (dry skin)

Phase II Detoxification: Conjugation of Toxins and Elimination

Phase II detoxification is the final step in the detoxification process. It involves the conjugation of the Phase I products with a variety of substances, such as glucuronic acid, sulfuric acid, and glutathione. This process makes the toxins even more water-soluble and easier to excrete.

Phase II Defects: These defects can lead to a buildup of Phase I products in the body, which can cause a variety of health problems, including:

- Allergies
- Asthma
- Chronic fatigue
- Depression
- Headaches
- Irritable bowel syndrome
- Joint pain
- Migraine
- Multiple sclerosis
- Parkinson's disease
- Psoriasis
- Rheumatoid arthritis
- Skin rashes
- Sinusitis
- Sore throat
- Stomach pain
- Tinnitus
- Ulcers
- Weight gain
- Xeroderma (dry skin)

49

Poor Stress Resiliency

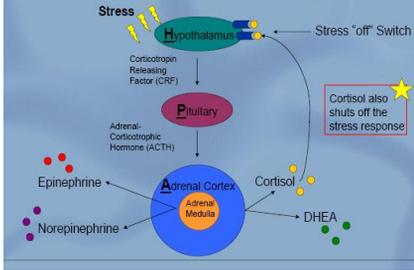


50

Poor Stress Resiliency

STOP STRESS

The Stress Response System



51

Stress Effects on Health

- Decreased wound healing
- Decreased immune function
- Decreased testosterone
- Increased insulin
- Worsened px after MI
- Increased risk sudden death
- Genomic changes
- Increased inflammation
- Incr. infection, colds,
- Increased HIV progression
- Increased inflammation
- Decreased vaccine response
- Increased liver disease
- Decreased health QOL
- Increased asthma flares
- Increased illness in children
- Increased LV dysfunction
- Increased cardiac arrhythmias
- Increased BP
- Increased HR
- Increased clotting
- Decreased insulin sensitivity

Eliot 1986, Shi 1989, Nilsson 1995, Kiecolt-Glaser 1995, Marucha 1998, Glaser 1999, King 2001, Kiecolt-Glaser 2005, Roy 2005, Glaser 2006, McGuire 2006, Childs 2006, Lathers 2006, Kieles 2007, Chen 2007, Wyman 2007, Ziegelstein 2007, Botman 2007

52

Acute vs Chronic Stress



Moderate Stress May Help Fight Cancer

- Acute – upregulates immune system, protective function
 - Increase in IL6
 - Increase in neutrophil count
 - Stimulation of NK cells, T-lymphocytes,
- Chronic Stress – global decrease in immune function

Psychol Bull. 2004 July ; 130(4): 601–630.

53

Wellness Strategies

- Acupuncture: energy, cancer treatment side effects
- Energy based exercises: Tai Chi and Yoga
- Energy treatments: Reiki, Healing Touch
- Massage
- Mind Body Practices: Meditation, MBSR, Hypnosis, Biofeedback
- Spiritual approaches: finding meaning in midst of crisis, better coping strategies

54

Acupuncture

Levels I, II, III, IV – no specific MDS/AA, data often conflicting

- Nausea Vomiting
- Fatigue
- Insomnia
- Anxiety
- Generally safe
- Adequate training must
- Cancer experienced acupuncturist



Semin Oncol Nurs. 2012 Feb;28(1):64-74.

Tai Chi

Excellent if not Ideal exercise

- Balance
- Strength
- Fatigue
- Easy to do and learn
- No need for special place
- Basics can be learned very quickly
- Find a teacher who specializes in working with patients with chronic illness




56

Yoga

- Clinical Trial
 - N = 39 pts. w/ lymphoma
 - Tibetan yoga (TY) (7 wkly sessions)
 - Wait list control
- Patients in TY group
 - Better subjective sleep quality (P < 0.02)
 - Faster sleep latency (P < 0.01)
 - Longer sleep duration (P < 0.03)
 - Less use of sleep medications (P < 0.02)
- FIND THE RIGHT TEACHER – THERAPEUTIC YOGA CERTIFIED



57

Cohen, 2004 March 28 2015

CranioSacral Therapy

- Osteopathic manipulation
- Very Gentle
- Some evidence for balancing Autonomic Nervous System (ANS)
- Effects very similar to massage but safer and in some ways more potent



58

Reiki

- Reiki is a healing practice that originated in Japan. Reiki practitioners place their hands lightly on or just above the person receiving treatment, with the goal of facilitating the person's own healing response.
- Effective for anxiety and fatigue - Level II, III, no specific MDS/AA studies
- Easy to learn to self-administer
- At our center we offer group class to learn basics of self Reiki in evening/weekend, cost of one 2-3 hour class \$75 (at our clinic)



59

Massage Therapy and Stress Management

- Memorial Sloan-Kettering Cancer Center
 - 1,290 patients treated over 3 yr period
 - Pre- and Post-therapy sx's recorded

Symptom	Improvement
Pain	40%
Fatigue	41%
Anxiety	52%
Nausea	21%
Depression	31%



Cassleth, 2004

60

Slide made by Brent A. Bauer MD

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Meditation and Stress Management

- Systematic review – meditation & cancer patients
 - 3 RC trials, 7 uncontrolled trials
 - Positive results
 - Mood, sleep quality, reductions in stress
 - Dose-response effect observed
 - Freq. methodological limitations identified
- MBSR – Mindfulness Stress Reduction Program - structured 8 weeks program, often covered by insurance. We have ongoing classes at our center.

*Smith, 2005
J Adv Nurs. 2005 Nov;52(3):315-27.*

Slide contributed by Brent A. Bauer MD

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4-7-8 breath – 3 min meditation

- Inhale for 4
- Hold breath for 7
- Exhale for 8
- If this is hard remove holding part and just do inhale 4 and exhale 8
- If you are out of breath with 4 and 8 try to count to 3 and 6.
- Abdominal breathing
- Now think about someone/thing that you love dearly

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Spirituality



Spirituality [refers to the way] people understand meaning and purpose in their lives. It can be affected by illness or loss, and it can be experienced in many ways — not just religion, but nature, arts, humanities, and rational thinking. Some say it is God, some say it is family, and some find it in nature. It's a very personal thing for people.

-Dr. Christina Puchalski

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This being human is a guest house.
Every morning a new arrival.
A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.
Welcome and entertain them all!
Even if they're a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.
He may be clearing you out
for some new delight.
The dark thought, the same, the malice,
meet them at the door laughing,
and invite them in.
Be grateful for whoever comes,
because each has been sent
as a guide from beyond.

-Rumi-

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Online Resources

- NCCAM at NIH: basic CAM information: www.NCCAM.NIH.GOV
- Medline: Free journal articles search tool: www.ncbi.nlm.nih.gov
- Memorial Sloan-Kettering Cancer Center Online Supplements database: www.mskcc.org/cancer-care/integrative-medicine/about-herbs-botanicals-other-products
- Consortium of Academic Health Centers for Integrative Medicine: www.imconsortium.org
- NCI subsection on CAM: www.cancer.gov/cancertopics/pdq/cam
- Oncology Association of Naturopathic Physicians www.OncANP.org

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Books

Click to LOOK INSIDE!

Final Points

- Be guided by someone with experience and a good handle on “fast moving train” of CAM research – ideal team would have MD/DO and cancer trained naturopathic doctor or experienced cancer nutritionist.
- Do everything with your oncologist’s approval, make sure your CAM provider communicates with the oncologist
- Whole body approach vs doing one CAM modality
- Life style change rather than “short term trial”
- Work with your insurance company, some CAM modalities are COVERED – call your carrier and ask: “What is my copay for ...”
- Flexible spending accounts will cover ANY CAM modality or supplement if prescribed by qualified provider

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GW Center for Integrative Medicine (GWCIM)

- **Established in 1998**
- **Clinical staff** - 22 practitioners: 3 MDs, 2 NDs, 1 NPs, 3 acupuncturists, nutritionist, chiropractor, massage therapist, Roling, Yoga instructor, Spiritual Director, Reiki Director, Hypnosis therapist, 2 Psychologists
- **Comprehensive consultations** and primary care: MD or licensed naturopathic physician (ND) or both

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GWCIM CAM therapies

- Functional Medicine
- Naturopathic Medicine
- Sexual Health
- Women’s Health
- Integrative Oncology
- Bioidentical hormones
- Acupuncture
- Reiki
- Biofeedback
- Mind Body Medicine
- Nutritional Consultations
- Craniosacral
- Hypnosis
- Massage (deep tissue, trager, Roling)
- Meditation
- Psychotherapy
- Psychiatry
- Spiritual Counseling
- Chiropractic
- Weight loss program
- Yoga

AND MORE...

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GW Center for Integrative Medicine (GWCIM)

- Classes: MBSR – Mindfulness Based Stress Reduction, Yoga, Reiki, Group Psychotherapy
- Cancer Programs
- Intravenous Nutrient Infusions (including Vitamin C)
- Onsite Comprehensive Laboratory
- Clinical Site for George Washington Medical School Integrative Medicine Track Program, in-hospital Reiki volunteer training and Yoga Initiative
- Rotating site for GW Residents/Med Students/Fellows
- Naturopathic Residency Program
- GW Hospital Reiki program and Integrative Medicine Consultations

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THANK YOU

Center for Integrative Medicine

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