Integrative Medicine

This edition of *FP Essentials™* will update family physicians about integrative medicine (IM) and will cover four sections: acupuncture, chiropractic manipulation, cannabis and cannabinoids, and herbal therapies.

This edition of *FP Essentials* should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each (each with an abstract of 200 words or less) plus key practice recommendations, a maximum of 15 tables and figures, recommended reading, and approximately 100 references. This edition should focus on what is new in each topic and should answer the key questions listed for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references here include information that should be considered in preparation of this edition. However, these references are only provided as a useful starting point that should be used to identify additional information to review.

**Needs assessment:** A growing number of individuals use IM for prevention and management of many acute and chronic conditions. Although some use these modalities in place of traditional medical care, a significant number use both strategies. However, studies have shown that physicians do not always ask about IM. Studies also show that physicians may be unaware that patients are using these modalities, unaware of the current evidence supporting the use of these modalities, and unaware of the potential interactions between IM and traditional medical care. Furthermore, in an American Academy of Family Physicians’ survey, members ranked chiropractic manipulation in the top 4% and herbal therapies in the top 11% of medical issues in which there is a gap between relevance to practice and current skill and knowledge. This edition will address those gaps and aid family physicians in addressing the need for more information about IM modalities.
Section 1: Acupuncture

Example case: Darren, a 45-year-old man you have treated for chronic neck pain for several years, comes to your office because he is frustrated by the lack of pain relief. Approximately 10 years ago, he was involved in a motor vehicle accident, and has “not been the same since.” He has tried many modalities, including drugs, physical therapy, and steroid injections. He is interested in exploring other modalities to address his pain, and asks your opinion about acupuncture.

Key questions to consider:

- What is the physiologic basis of acupuncture?
- What are the different methods of performing acupuncture? What is the difference between acupuncture, acupressure, and dry needling? What is auricular acupuncture?
- What training and licensing are necessary to perform acupuncture? Do requirements vary by state?
- What do patients experience during an acupuncture session? How long do sessions typically last?
- What are the contraindications to receiving acupuncture? What are the restrictions during pregnancy?
- What are the 10 most common reasons individuals undergo acupuncture, and what is the evidence for the effectiveness of acupuncture for each of these conditions?
- What are the potential adverse effects of acupuncture?
- Does the use of acupuncture alter the effectiveness of other modalities?

Initial references to consider:


Section 2: Chiropractic Manipulation

Example case: Jessica is a 29-year-old woman with intermittent low back pain since the birth of her second child 2 years ago. Her back pain occurs “every few months.” It usually lasts for several days, and prevents her from caring for her children or doing her job as a paralegal. She is otherwise healthy, and is not interested in taking any drugs for her pain. A colleague at work with similar back pain recommended she try seeing a chiropractor. She wants your advice about chiropractic care.

Key questions to consider:

- What is the physiologic basis for chiropractic management of common medical and orthopedic conditions?
- What role do chiropractors play in providing primary care services to patients?
- What training is necessary to provide chiropractic manipulative therapy? How/where does one receive that training?
- Are there licensing requirements to provide chiropractic manipulation? Do those requirements apply to licensed physicians (ie, can a physician perform chiropractic manipulation without special licensing/credentialing)?
- What are the similarities and differences between chiropractic manipulative therapy and osteopathic manipulative therapy? Between chiropractic therapy and physical therapy?
- Are there any contraindications to undergoing chiropractic manipulation?
- What are the potential complications of chiropractic manipulation?
- What are the 10 most common chronic diseases for which individuals seek chiropractic manipulation, and what is the evidence for the effectiveness of chiropractic care for each of these conditions?
- What is the evidence (effectiveness and adverse outcomes) for the use of chiropractic manipulation in the management of:
  - Neck pain
  - Back pain
  - Joint pain (knee, shoulder, sacroiliac joint)
  - Neuropathic pain
- Does medical insurance cover chiropractic manipulation?

Initial references to consider:


Section 3: Cannabis and Cannabinoids

Example case: Heather, a 39-year-old woman with fibromyalgia, comes to your office as a new patient. She has seen many physicians, including subspecialists in rheumatology, pain management, psychiatry, and family medicine, due to her medical history of chronic pain, fatigue, and poor concentration. One subspecialist recommended medical marijuana. Since she started using it, she has noticed considerable improvement in her symptoms and has been able to discontinue many of her pain and antidepressant drugs. Because she is new to your state, she wants to know where she can obtain medical marijuana in your community.

Key questions to consider:

- What is the biochemical basis for the effects of cannabinoids (eg, tetrahydrocannabinol, cannabidiol)? Which phytochemicals in cannabis are thought to provide medical benefit? Is a particular cannabidiol to tetrahydrocannabinol ratio desirable for medical use?
- Evidence of benefit from cannabinoids is strongest for what conditions? How effective are they for managing those conditions in comparison to conventional medical therapies?
- What are the common adverse effects observed with cannabinoid use? Does sedation occur? Describe if/how the adverse effects of cannabinoids are dependent on the delivery system.
- What is cannabinoid hyperemesis syndrome? What is its effect on urgent care and emergency department visits and hospitalization?
- Are there any contraindications to cannabinoid use?
- Does medical cannabinoid use increase the risk of use of drugs of abuse?
- Does cannabinoid use adversely affect patients with comorbid mental illness?
- What are the current federal regulations concerning medical cannabinoid use? How do regulations vary from state to state? What training or certification is required for physicians who wish to prescribe cannabinoid therapy?
- How should patients receiving cannabinoids be monitored?
- What are the risks of using cannabinoids and driving? How long after use is it safe to drive, and is it illegal to drive, work, or operate machinery under the influence of cannabinoids?

Initial references to consider:


Section 4: Herbal Therapies

Example case: Charles is a 50-year-old man, who had a myocardial infarction last year. His cardiology subspecialist placed two drug-eluting stents, and he was started on a beta blocker, dual antiplatelet therapy, and a statin. Currently, he is pain-free and has resumed his job as a sanitation worker without any limitations. Today, he tells you that he discontinued taking his statin a few months ago because he read on the Internet that statins cause cancer. He saw an advertisement for an “all-natural” herbal cholesterol treatment, and wants to know if he can take it instead of the statin.

Key questions to consider:

- What are the current estimates of herbal therapy use in the United States? What are the reasons for their increase in use? Why should physicians be concerned?
- Why do patients avoid telling their physicians about herbal therapy? How can physicians create an environment that is more conducive to patients sharing this information?
- What are common locations where patients obtain herbal supplements? How are herbal therapies regulated in the United States? Are herbal supplements ordered from other countries safe? How are they regulated?
- What are the common contaminants and inactive ingredients in herbal supplements?
- What can physicians recommend to patients who want to reduce the risk of contaminants and increase the chances of ingredient reliability?
- Where can physicians and patients obtain reliable information about herbal therapy?
- What are some common and significant herbal-drug interactions that are seen in primary care? Include discussions of anticoagulants, heart failure drugs, and antidepressants.
- What are the most commonly used herbal therapies in the United States? What common adverse effects are seen with these therapies?

For the commonly used herbs listed below, list (a) what conditions it is used for, (b) what is the evidence for its use, (c) common adverse effects, and (d) how often adverse effects occur. This information could be presented in text, table, or both, as appropriate:

- Echinacea (Echinacea purpurea and related species)
- St John's wort (Hypericum perforatum)
- Ginkgo (Ginkgo biloba)
- Garlic (Allium sativum)
- Saw palmetto (Serenoa repens)
- Ginseng (Asian ginseng [Panax ginseng] and American ginseng [Panax quinquefolius])
- Goldenseal (Hydrastis canadensis)
- Valerian (Valeriana officinalis)
- Chamomile (Matricaria recutita)
Feverfew (Tanacetum parthenium)
Ginger (Zingiber officinale)
Evening primrose (Oenothera biennis)
Milk thistle (Silybum marianum)

Initial references to consider:

- Shelley BM, Sussman AL, Williams RL, Segal AR, Crabtree BF. ‘They don’t ask me so I don’t tell them’: patient-clinician communication about traditional, complementary, and alternative medicine. *Ann Fam Med*. 2009;7(2):139-147.