

# Complementary & Integrative Medicine Medical Interest Group

CIM-MIG

Fall 2024

## Our Mission

Our mission is to support physicians, residents, and medical students who have an interest in complementary and integrative medicine (CIM) therapies. We will do this by sharing information, news and events, by providing recommendations for safe, responsible and professional practice, and by communicating with stakeholders about

CIM as a valuable tool that can help Ontario's doctors deliver better healthcare.

## Our Vision

Our vision is an inclusive healthcare system in Ontario, in which patients can explore their interest in complementary and integrative medicine with doctors, to ensure their safety and support their efforts to achieve better health outcomes.



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# Message from the Chair



Hello CIM MIG members, we are happy to present our fall newsletter to you.

Dr. Richard Nahas has written an intriguing article about the application of AI to improve regulatory fairness. In due course, we will be following up this article with a survey to get your views on how you feel about interfacing with the CPSO on disciplinary matters. Dr. Adrienne Junek has written an informative article on an Integrative Medicine approach to thyroid dysfunction. I have written an update about our application at the Royal College to get official recognition of Integrative Medicine.

On behalf of the executive committee, I would like to wish you a wonderful fall and holiday season.

Dr. Esther Konigsberg MD CCFP

## Conferences & Events

### Leaders & Learners: Advancing Whole Health Together Conference

ABOUT. The 2025 International Congress on Integrative Medicine and Health, *Leaders & Learners: Advancing Whole Health Together*, will take place in Seattle, WA, USA at The Westin Seattle. The Members Meeting dates are March 3 - 4, and the International Congress dates are March 5 - 7. These events will bring together leading figures from various fields to showcase recent scientific advancements in integrative medicine and health. This event is expected to sell out - attendees are encouraged to register early!

[Event Registration](#)

### Neural Therapy Workshops with Dr. Richard Nahas

ABOUT. In this two day workshop, you will learn new and important skills for more effective, more targeted neural therapy and manual therapy. Whether you use injections, acupuncture or manual techniques, this will help you find hidden lesions and treat them to dramatically improve patient outcomes.

[Event Registration](#)

# Clinical Resources



## AI in Healthcare - The Case for Better Regulation

Unless you have been living in a cave for the past year, you are aware that artificial intelligence has arrived. Tesla now offers cars that can drive without human assistance, and recently announced that the brains in these vehicles have been put into walking, talking autonomous robots. OpenAI has made us all users of AI, with large language models like ChatGPT becoming indispensable tools for everyday life. Many physicians are already using AI in their everyday lives, and while these tools have not yet entered mainstream medical practice, they are definitely coming soon.

Some experts are deeply concerned about AI, warning that it may turn against humanity, or other unforeseen consequences. Others have focused on more mundane potential problems, such as malfunctions, or systemic errors that would make it less competent or skillful than its human counterparts. This is particularly relevant to healthcare, where mistakes can have serious consequences. Doctors and other healthcare providers are not perfect, but history taking, physical examination, diagnosis and treatment require judgment and experience that we presume to be hard for AI to replace.

One interesting [Harvard University study](#) suggests that legal decisions are still better left in the hands of qualified humans. Researchers focused on a single judge in Dane County, Wisconsin, examining his decisions over a 30-month period from 2017 to 2019 about whether to release arrestees on their own recognizance or subject them to cash bail. Results showed that an AI algorithm performed worse than the judge at predicting reoffenders. The judge went against AI recommendations in more than 30 percent of cases.

The most important difference between AI and humans is the potential for improvement over time. According to one of the authors, “it’s a lot easier to understand and fix the algorithm than the human.” It is harder to understand the reasons why humans make decisions, much less change them. This has been noted by a [highly cited study](#) that identified racial bias in an AI algorithm for population health management, which led to disparities in healthcare delivery to black patients.

Those of us who practice integrative medicine have expressed concern about unfair regulation for decades. While it is natural for our peers to give greater scrutiny to practices they are not familiar with and do not use themselves, this has resulted in disciplinary actions taken against physicians for reasons that often have little to do with patient safety or quality of care. It is indisputable that there is a pervasive bias against what we do in general, and that some practices are more controversial than others. This can be expected to result in erratic and inconsistent decision-making, divorced from objective criteria such as patient outcomes or measurable gaps in care as compared to our peers.

The College of Physicians and Surgeons of Ontario currently employs physicians and lay members of the public to make legal decisions. These people cannot be expected to perform as well as the judge in the Harvard study. They do not have the education, training, experience or skills needed to measure their biases and make objective decisions. They review summaries prepared by investigators, who decide on their own which facts to include, exclude, emphasize or report in their submissions. Even worse, they do not even meet the physicians or the patients involved, a strange antiquated practice that has not changed since its inception in 1870.

In an interview about the study, one of the Harvard researchers said, “the advantage of an AI or algorithm is that it can be made transparent.” Other experts agree, saying “my reaction for folks who are afraid or skeptical of AI is to be afraid and skeptical of AI, but to be potentially more afraid or skeptical of unguided human decisions.”

# Clinical Resources Continued...



While complaints are just one of many activities that the CPSO undertakes, AI and big data can improve the way they measure our performance and assess our practices. They may only investigate a small number of cases involving integrative medicine, but their impact on society as a whole is enormous. I take comfort in the fact that we have made considerable progress since the burning of witches in Salem centuries ago. But humans don't really learn.

Prejudice is a side effect of our evolutionary instinct to classify and organize the things in our world. Groupthink, the madness of crowds, peer pressure and programming have been used to manipulate people since the dawn of time, based on sex, race, politics, nationalism and religion. Our instincts, our emotions, our biases and our habits have not changed for millennia. Unless we transcend this nonsense, we have no hope as a species. Unlike computers, people simply do not learn. By this definition, we are not intelligent at all.

Regulatory fairness has unique importance for integrative medicine, because the current situation is a major deterrent to doctors. Fear of discipline has made it nearly impossible for patients seeking integrative healthcare solutions to get them from their doctor. AI algorithms should be developed using specific criteria to assess the nature and degree of professional misconduct in every College investigation. This is the only way that integrative MDs will ever be treated in the same way as their peers. This will benefit all physicians, creating an objective report card that summarizes the specific factors related to each complaint in a consistent manner, regardless of the nature of the treatment given.

I personally believe that AI will make the future better. I am grateful to have found integrative medicine, and have accepted the sacrifices and hardships that have come with my decision to make it my life's work.

Perhaps one day AI will ease this burden for integrative MDs, freeing us from the fear of the unknown, distrust of the outliers and other irrational aspects of human nature that have been barriers to progress since civilization began.

*By Dr. Richard Nahas*

# Clinical Resources Continued...



## Subclinical Hypothyroidism - or Something Else? Looking at Reverse T3

Integrative medicine physicians have different thresholds for treating a hypo-functioning thyroid. Symptoms of hypothyroidism such as fatigue, weight gain, poor concentration, coldness, can be vague. It may be difficult to diagnose other causes when initial thyroid testing appears normal, leading some physicians to wonder if the thyroid gland isn't working properly despite normal looking labs.

The concept of hypo-functioning thyroid with normal TSH isn't new. In fact, some argue that the upper limit cutoff for TSH should be closer to 2.5, rather than 5.0. Additionally, for persons with auto-immune hypothyroidism, infertility, pregnancy - guidelines recommend initiating thyroid treatment even with a "normal" TSH if it is >2.5.

Free T4 and free T3 levels are sometimes tested to help assess whether the thyroid is functioning properly, and lower levels may be used as a rationale for initiating thyroid treatment. However, another test I would encourage integrative physicians to consider when evaluating the thyroid is reverse T3. Reverse T3 is produced when T4 is de-iodinated at the "wrong" site to create a hormone analog that actually blocks the actions of T3. Presumably an evolutionary adaptation to put the brakes on metabolism in times of physiological stress (i.e. acute illness etc.), this can also become problematic in today's epidemic of chronic complex disease where states of inflammation or dysfunction become chronic, leading to chronic elevations of reverse T3 and blocking the action of thyroid hormone even when TSH, T4, or T3 look normal.

Reverse T3 testing isn't covered by OHIP but isn't a particularly expensive test. Normal ranges are typically reported as 8-25 ng/dL, although some recommend that optimal levels are more likely <15-20. If you find that a reverse T3 is elevated, there are 3 primary steps you can take to help your patient:

- 1) Ensure sufficient nutrients for true conversion of T4 to T3 - zinc, selenium, iron, possibly tyrosine & iodine.
- 2) Prescribe T3-only formulations - compounded T3 or Cytomel, dose ranging from 2.5-10 mcg per day to counteract the presence of reverse T3 and reduce the strain on the body's physiology to convert it's own T4. Prescribing T4 to such individuals often worsens their symptoms of hypothyroidism by shunting T4 conversion towards more reverse T3.
- 3) Focus on treating the causes of elevated reverse T3 - insulin resistance, gut dysbiosis, inflammation, and stress (mental or physiological i.e. sleep deprivation).

The thyroid can sometimes be tricky to deal with. I have had some patients in my practice who responded incredibly well to Cytomel or T3 supplementation, as well as others who could not tolerate even small doses of Cytomel despite elevated reverse T3. Nonetheless, I hope this provides you with one more piece of the puzzle regarding thyroid health and treating hypothyroidism.

*By Dr. Adrienne Junek*

# Clinical Resources Continued...



## Application for Area of Focused Competence in Integrative Medicine at the Royal College of Physicians and Surgeons of Canada

One of the projects that our executive has been working on over the last couple of years is to gain official recognition for Integrative Medicine (IM) in Canada. I wanted to take this opportunity to explain why we have decided to pursue recognition and where we are in the process.

The idea began to germinate in the aftermath of collaborating with the College of Physicians and Surgeons of Ontario on the policy for Complementary and Alternative Medicine (CAM) in 2021. We had an unprecedented briefing with the CPSO's policy group. At that meeting, the head of the policy committee suggested that future CAM policies would likely be less harsh if Integrative Medicine was officially recognized in Ontario and Canada.

After consulting with both the Royal College and the College of Family Physicians of Canada, it was recommended that the best way forward was to apply for an Area of Focused Competence (AFC) through the Royal College. AFCs are defined as: *highly specialized areas of medicine that build upon a physician's certification (either specialty or subspecialty) to meet the evolving societal and patient population need. They are designed to establish national standards for training and specialist competence, and thus improve quality of care and patient safety.*

An AFC in IM would be open to Family Physicians and Specialists alike. According to the Royal College, once they approve a new AFC, a committee of experts in the field would work out the standards by which a physician can apply for AFC recognition.

We have worked hard on submitting the application and gathering support letters from different stake holders. We had been focused on submitting the completed application for the Royal College's September 1 deadline.

However, in late spring we were notified that applications for AFCs are on temporary suspension while they redesign the discipline recognition and review processes. In the meantime, the Royal College Committee on Specialties has all our materials and have told us that we may very well be their beta test case for the new application process. So stay tuned...

As noted in our application, the G20 World Health Organization's Traditional Medicine Global Summit in August 2023 made a commitment to "harness the potential of evidence-based traditional, complementary and integrative medicine...for the health and well being of people and the planet." Having an AFC in IM will bring Canadian medical standards in line with the WHO as well as our global partners.

We believe that the best way to move our field forward is through official recognition. We envision this will improve our field's relationship with the CPSO and other provincial colleges as well as create a solid foundation for the development of clinical, educational and research opportunities in Canada.

We look forward to hearing from you, our membership, on your thoughts about this initiative. Please feel free to share your thoughts on OMA connect or email [oma.cim.mig@gmail.com](mailto:oma.cim.mig@gmail.com)

**By Dr. Esther Konigsberg**

# An invitation to members

## Share something with us!

The Medical Interest Group for Complementary and Integrative Medicine has over 400 members. Some of you may feel passionate about one specific modality, whether it be nutrition, movement, mind-body practices, natural health products, manual therapy, or acupuncture. Perhaps you have an interest in a specific condition, or some aspect of functional medicine that you want to share with us. Some of you may have insights or personal experiences that have shaped your perspective on healthcare.

Whatever you want to contribute, we want to read it and share it with the Ontario Integrative MD community. We would love to receive submissions, whether they are in the form of a single paragraph or a full-length article, with references or without. Help us all to grow and learn together. Email submissions to: [oma.cim.mig@gmail.com](mailto:oma.cim.mig@gmail.com)

## Please Support Our Work- Pay Your Constituency Fees

Your CIM MIG Executive is focused on advocating for physicians who practice Complementary and Integrative Medicine. We are intent on gaining recognition for our field in Ontario and Canada. We need your support to help us continue our work and to help us create a safe regulatory environment for Ontario's doctors. We have made significant progress towards this goal, by engaging stakeholders, providing a consistent message about our members' aspirations and concerns, and drafting submissions that offer real solutions.

By paying your \$50 Constituency Fee, you will help ensure that our work can continue. We are working to support you, but we cannot do it unless you support us. Follow the instructions below to pay your dues:

Step 1: Log into the OMA

Step 2: Click on "[My Account](#)"

Step 3: Click on "Pay dues & fees"

Step 4: Click "Next Step" at the bottom of the page

Step 5: Click on "Complementary & Integrative Medicine Medical Interest Group"

Step 6: Click on "Next Step" at the bottom of the page

Step 7: Follow instructions on the page to finish the payment

CIM-MIG Contact:  
[oma.cim.mig@gmail.com](mailto:oma.cim.mig@gmail.com)

Chair: Dr. Esther Konigsberg  
Vice chair: Dr. Fred Hui  
Secretary: Dr. Adrienne Junek  
Treasurer: Dr. Elliot Jacobson  
MIG Coordinator: Alex Skublics