OMA

ONTARIO MEDICAL ASSOCIATION

Complementary & Integrative Medicine
Medical Interest Group

CIM-MIG Summer 2020

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.

In This Edition...

A Message from the Chair

Dear colleagues,

I am writing these words at a time in my life when I must admit that, like many others, I sometimes find myself with a heavy heart. Heavy, but still rich with hope and still committed to serving light. I'm sure no one will disagree that we are living in difficult times. Hope, resilience, adaptability, mindfulness and acceptance are not just integrative wellness words anymore. They have become all powerful tools for survival that we all need right now.

We are living in the midst of a global pandemic of historic significance that has turned the world we know upside down. While most physicians are squarely focused on this public health emergency, it is but one of many shockwaves that are affecting our lives and our world. The global system of scientific and political collaboration and trade that has been carefully cultivated for nearly a century is being pulled apart in the midst of this pandemic. Accusation and blame has created the most extreme tension between the US and China since Nixon visited Mao's China. Our economic future, our freedom of movement, and when we will all be able to live normal lives again, are all uncertain.

Media coverage of the pandemic has been relentless, and while unfounded opinions are not hard to come by these days, my opinion is that it has been critical of dissent and has contributed to a polarization of opinion on many issues. Some people say there is no coronavirus, others that it was made in a lab. Some say it is no worse than an ordinary flu, and others claim that natural or low-cost treatments are being suppressed by the pharmaceutical industry. While public health experts have provided unified leadership and a strong, clear message, they have also been called into question. Anthony Fauci has been accused of many terrible things, and Bill Gates has been accused of far worse. But there is also confusion about the need to wear masks, the reliability of our statistics, and the unforeseen risks and harms of social distancing.

Integrative medicine has been a part of this global story in a few important ways. In some hospitals, treatment protocols have included intravenous vitamin C, botanical medicine formulas and other integrative protocols.

While it is unclear how widespread or effective their use has been, there have also been position papers and recommendations for integrative approaches to prevention, treatment and self-care that have emerged from various organizations. An example is the document released by the University of Arizona that we sent to all CIM MIG members and posted on the OMA's COVID-19 online forum.

In the midst of the pandemic, the disturbing video of George Floyd's death made police brutality an issue of urgent importance, and brought the Black Lives Matter movement to the streets in hundreds of cities around the world. While we are all concerned about the impact of these protests on COVID19, this is clearly a message that anti-black racism must end now. Here again, integrative medicine can offer perspective and perhaps promote healing. The integrative approach considers cultural factors that can create illness, vitamin D deficiency and its impact on COVID19 and many other chronic diseases, and acknowledges the role of emotional trauma in promoting immune dysfunction, in some cases across generations. While injustice creates wounds that are painful and deep, we also recognize the toxic effects of anger and the healing power of forgiveness.

Many physicians who take the leap and begin prescribing integrative interventions eventually become 'believers' in what they do. Positive patient outcomes, one after another after another, may not be level 1 evidence, but they are hard to ignore. For many years, we have read with dismay the consistent negative bias in the media coverage of issues related to 'alternative medicine'. This has made many integrative MDs more skeptical than most of the news media in general. It is troubling that recent events have made a free press seem less and less of a reality in our society, but it is encouraging to see that public awareness of this problem is growing. Unfortunately it has come at the cost of a more systemic erosion of confidence and trust in all our institutions and leaders.

A Message from the Chair

While many physicians do not feel comfortable giving integrative healthcare advice to their patients, many of us are doing something to support immune health in our families and ourselves. Whether it is as simple as ensuring that we stay physically active, that we get some sunlight and fresh air on most days, or that we are more mindful of stress and being more proactive about it, we recognize that there are steps we can take to help ourselves stay well. Our patients feel the same way, and many turn to us for advice about what to do, about which natural health products to take, how to take them and for how long.

While the CIM MIG Executive felt it was important to provide our members with a credible resource with recommendations from experts in the field, these are all admittedly unproven. Even vitamin D supplementation for documented deficiency, which makes sense for so many reasons, is a thorny issue. While there are several lines of evidence suggesting that it might be effective, we simply don't know that it is. While the risk of toxicity is extremely low, will it reduce adherence to public health recommendations? These are complex issues in the absence of evidence.

I treat chronic pain, which is much more amenable to integrative treatment because I can assess the efficacy of my prescribed advice directly in each patient. Whether we are trying to improve their pain, mood, sleep, fatigue, cognition or any of the other symptoms my patients struggle with, we conduct one trial at a time. For some interventions, a trial takes six weeks. For others, a few days will suffice. Every time we do this, we schedule a follow-up appointment to determine whether or not they correctly completed the trial, and whether or not it was effective. We do this whether the trial is oral magnesium for two weeks, a gluten-free diet for 3 months, or six weekly sessions with manual therapist.

While it is not at all suited to dealing with the COVID19 pandemic, this rational prescribing approach to practicing integrative medicine is one that I can confidently advocate to any audience, and one that any physician should feel confident using. When a patient has been treated using evidence-based guidelines and their needs have not been met, I believe that it is my duty as a physician to continue my efforts to help them.

Not only is this 'not a bad thing', I think most physicians would agree that it is 'a good thing'. But in the modern era, many of us are afraid to deviate from guidelines, regardless of what our patients might need.

So I come full circle to the issue of regulatory fairness for Ontario's doctors as the single key issue that should be the core focus the CIM MIG. For decades, the CPSO has treated integrative MDs as a problem, targeting them for investigation and discipline. This has prevented most MDs from pursuing their interest in integrative healthcare in a meaningful way. For the millions of Ontarians who have an interest in these therapies and are seeking help from a knowledgeable healthcare provider, this is most definitely 'a bad thing'.

I hope and trust that the articles in this issue will be useful for you, whether you are already a full-fledged integrative MD, or simply interested in some aspect of it. Dr, Konigsberg has provided an important update on IM certification from the ABOIM, which is probably the most recognized IM credential in academic medicine. Dr. Hui offers some advice about the tools he has found most effective in helping his patients sleep better over years of successful practice. And Dr. Adam Gavsie, a family physician in Stratford, has kindly agreed to contribute to this issue of our newsletter. He shares some useful information and advice about virtual care, which is certainly part of the new normal.

I wish you all well in these extraordinary times. Know that we will continue to work to make Ontario a safe place to practice integrative medicine. Stay safe.

Sincerely,
Dr. Richard Nahas

Dr. Nahas is a family physician who works with a team of providers to deliver integrative and interventional pain management services in Ottawa.

Clinical Resources

Telemedicine, Virtual Care and Integrative Medicine during the pandemic and beyond

I remember back in my first year of medical school in 1992 rushing to the computer room to check out my favourite Listservs with text-only discussions on topics ranging from medical cases to the latest Seinfeld episode. I realize that my experience with this water cooler version of the Internet in its infancy seriously dates me. Yet it gives me a great perspective on the development and integration of technology and medicine over the past 25-30 years.

While seeing our patients on a computer or cellphone is not new, it has been a slower area of healthcare to gain traction. Telemedicine or virtual healthcare is a technology that allows for the remote delivery of healthcare services. One sector of the population that has embraced telemedicine is the corporate sector with its focus on employee health. While utilized to a lesser degree in Canada, the US has seen medium and large sized companies double their use of telemedicine to 30 million visits in 2017. In fact, 75% of large US companies offer a virtual healthcare option in 2017, compared to 48% in 2016.

Akira, Maple, Dialogue, eCare, GOeVisit and Wello are the major players in Canada. They all share a similar business model aimed at cutting down on in-person medical visits.

Virtual health visits via text chats or video can help patients:

- In remote locations with limited access to medical expertise
- With difficulty obtaining transportation to appointments
- With reduced mobility
- With young families and no child-care options
- Provide faster and more convenient care as opposed to waiting for an in-person appointment

According to a study between Cossette Marketing and Dialogue Telemedicine, more than half of medical diagnoses can be made virtually and do not require an in-person consultation. This anchors the idea that telemedicine can help to curb the volume in overburdened walk in clinics and Emergency Departments.

Potential concerns and drawbacks to telemedicine include the for-profit nature of the aforementioned companies that may erode the universality principle of the Canada Health Act, the possibility of sacrificing quality of care for convenience, the question of who will have access to the data, protection of breaches (on the aforementioned platforms), and the continuity of care.

Fast forward to the present day where we find ourselves in an unprecedented situation requiring physical distancing from our patients. This has created an opportunity for the expansion of virtual visits using a myriad of platforms. Specifically, the virtual screening for COVID has become a safe and effective way to triage during this pandemic. Ontario has pushed through new rules and billing codes making virtual care much easier for physicians to consider. Other jurisdictions in Canada and the US have seen similar measures undertaken by their respective healthcare systems.

Clinical Resources (Continued…)

Prior to the pandemic, the Ontario Telehealth Network (OTN) was the only sanctioned platform Approved for billing of virtual visits through OHIP. Following the lockdowns put in place to protect our healthcare system, OHIP sanctioned temporary billing codes that allow for any platform to be used for virtual consults. This opened up the options to include the Zoom platform among others. Additionally, a number of electronic medical records (EMR) began rolling out a virtual visit add-on that uses a web-based platform with a link from the scheduling component of the software. My personal experience is with Practice Solutions EMR owned by Telus and I find it works quite well.

Telemedicine can enable improved management of chronic health conditions, ideally leading to fewer ER visits and hospitalizations, reduced prescription drug use, and less absenteeism at work. Additionally, telemedicine is an effective medium for mental health consultations and has been utilized by many mental health professionals to manage the increasing need for counselling and treatment. Group psychotherapy can also be accomplished effectively via telemedicine but the optimal number of participants and the platforms available are still being hotly debated by the Ministry of Health, the OMA and psychotherapy providers. Currently, only the OTN platform is covered for group psychotherapy. The concerns with OTN include connectivity issues and the fact that only 6 patients are supported at any given time on video. OHIP has traditionally covered up to 12 participants for in-person groups and the argument against virtual groups larger than 6 patients is that the efficacy of treatment beyond this number is questionable. Organizations like the Centre for Mindfulness Studies in Toronto are already successfully running 8 weeklong Mindfulness Based Cognitive Therapy (MBCT), Mindfulness Based Stress Reduction (MBSR), and Mindful Self Compassion (MSC) sessions outside of OHIP using the Zoom platform for larger groups.

Zoom has a healthcare platform that complies with PHIPA (Personal Health Information Protection Act, 2004) regulations and is a superior platform to the OTN. The hope among MD psychotherapists is that Zoom Healthcare will soon be authorized as an approved platform for virtual group and individual psychotherapy.

The ability to manage chronic disease and to deliver mental health remotely is an aspect of telemedicine where Integrative Medicine can shine. In fact, the Andrew Weil Center for Integrative Medicine (AWCIM) at the University of Arizona, the largest Integrative Medicine training program for healthcare professionals, has been actively examining ways to increase the availability of telemedicine for Integrative Medicine assessments and consultations. In addition to promoting the use of telemedicine by AWCIM graduates on its website, the faculty are actively looking at developing a standalone or adjunctive telemedicine platform with a specific focus on Integrative Medicine.

While the use of telemedicine and virtual consults has been slowly increasing over the last 5-10 years, the COVID-19 pandemic and subsequent lockdown have led to an explosive growth in interest and use of this novel form of healthcare delivery which will likely change the way we all practice medicine for years to come. It is an exciting time to be in healthcare.

- by Dr. Adam Gavsie

Dr. Adam Gavsie is a fellowship trained and board certified Integrative Medicine physician practicing family and mind-body medicine in Huron and Perth counties in Southwest Ontario.

Clinical Resources

Is your sleep perfect?

This is one of the questions I ask every patient during their initial consultation, regardless of their chief complaint. Sleep is an essential physiological function, and in my view it is absolutely necessary for real healing and wellness. If you can fix their sleep problems, your patients will feel better, regardless of which illness they are seeking treatment for.

A good night's sleep triggers a cascade of events that promote healing. One of the more obvious is the release of endorphins, which not only make us feel good, but also play a critical role in regulating the immune response of the brain and body. Poor sleep is far too common. It is one of the most common reasons for fatigue, poor concentration, low mood and other functional complaints.

Sleep Hygiene

There are some obvious factors that negatively impact sleep, but these are often overlooked. These basic things we can remind our patients to consider include:

- Restricting fluid intake at least 2-3 hours before bedtime
- Avoiding caffeine intake during the second half of the day
- Making sure to take prescription diuretics in the morning
- Avoiding daytime naps that are more than 30 minutes long

Contributing factors

Ironically, prescribed sedative-hypnotics can negatively impact sleep time and sleep quality. The half-life of lorazepam is 22 hours, and that of clonazepam is 72 hours. Not only can this long half-life disrupt the normal diurnal sleep-wake cycle, but it can also lead to catecholamine release to compensate for daytime drowsiness and fatigue. This can lead to anxiety and even panic attacks, which in turn lead patients to use more benzodiazepines in a vicious cycle.

In my experience, patients who wake up in the middle of the night can sometimes be experiencing reactive hypoglycemia. If patients admit to eating high-carbohydrate snacks in the evening, avoiding these or consuming them with some protein or fat (think peanut butter or hard cheese) can sometimes prevent these awakenings. Once again, adrenaline and cortisol are partly responsible for this, as they are released to counteract insulin-induced hypoglycemia at night. Yet another reason for this catecholamine surge is obstructive sleep apnea, so consider a sleep study to identify this in patients at risk.

In some cases, sleep can be affected by disturbances in the hypothalamic-pituitary-adrenal axis. Cortisol levels normally peak early in the morning, and this is when energy should also be at its peak. Cortisol levels gradually decline throughout the day and are at their lowest just after midnight.

In some patients, this natural rhythm can be disturbed by acute or chronic stress, leading to high cortisol levels at night. This may result in an inability of the mind to relax and switch off for the night. I sometimes use rhodiola, one of many so-called adaptogens, when I suspect this problem. A one-month trial is usually sufficient to improve sleep in these patients.

Clinical Resources (Continued)…

Melatonin

This is our body's natural sleep hormone. In the absence of light, melatonin acts like a lead weight belt for diving, helping us fall into sleep and stay there.

Interestingly, melatonin also acts as a marker of biological age. As we get older, our melatonin levels drop. This is one reason why young people generally sleep better than older people. For those patients whose melatonin baseline levels are low, supplementation may improve the depth and quality of sleep.

While it is not always effective, melatonin can sometimes be a non-addictive, natural sleeping pill. Another advantage of melatonin is that even at high doses, it does not cause prolonged daytime drowsiness.

Preclinical studies also suggest that melatonin also has antioxidant, anti-aging and immune modulating effects. I spent one month in Italy 30 years ago with a very well-known integrative MD named Dr. Di Bella. His popularity was based on several anecdotal reports of success in treating cancer patients. One thing he prescribed for almost all of his patients was a daily dose of 20 mg of melatonin. I remember him telling me that "if we can rewind the body's time clock to a young person's level, the body says that it is not the time for sunset yet. Cancer develops with age, so rewinding the biological age slow the progression". While this is obviously not a mechanism of action, it is worth noting that small clinical trials have reported improved survival in several cancers in patients who used high dose melatonin.

Many popular anti-aging books suggest 20 mg as a recommended dose. To disclose my personal bias, my wife and I have been taking 20 mg per night for over 20 years and we have both found it helpful.

While it is reassuring to know that such high doses have been used without serious risk, a trial of melatonin should begin at much lower doses if the goal is improved sleep. , Melatonin is commonly available in doses ranging from 1-5mg, and even lower doses are available. I typically use 3mg tablets, and suggest that patients start with one tablet on night 1, and increase their dose by one tablet each night until they are satisfied with their sleep. If they do not report improved sleep with 30mg, I advise them to discontinue the melatonin and we try something else.

Eye Mask

Using an eyemask is another simple and sometimes very effective solution. It can be particularly useful in preventing early morning awakening, from 4-8 am. Light suppresses melatonin release in a neural pathway that is now well-described. Specialized retinal receptors triggered by light activate the suprachiasmatic nucleus, which sends impulses to the pituitary gland.

Melatonin is known as a sleep hormone, but it is better understood as a system-wide regulator. Melatonin receptors have been found on macrophages, microglia and other immune cells, and on the vascular endothelium.

5HTP

This natural health product is worth special mention. It is a precursor of serotonin that is extracted from Griffonia seeds. I tell patients that I think of it as a "foot brake" that supports sleep by putting the brakes on racing thoughts. A trial of 100-200 mg at bedtime can sometimes improve sleep, usually within a week or two. As a precursor of both melatonin and serotonin, it can also have antidepressant effects when taken throughout the day.

Clinical Resources (Continued)…

GABA

This is an inhibitory neurotransmitter that I have also found effective in many patients. I call it the "hand brake". Many prescription and over-the-counter sleep aids are believed to act as GABA agonists. Why not use the "real McCoy?" It is not addictive, is identical to the endogenous molecule and can be safely used even at high doses. I start most patients with a bedtime dose of 1200 mg, and this can be titrated up each night, as with melatonin, for a week or two. There is no real maximum or toxic dose, but if it has not worked within the first week or two, I will usually try something else.

Cannabidiol

The recent ‘green rush’ has included an explosion of interest in cannabidiol, one of the cannabinoids that does not alter perception in the same way that THC does. It binds primarily to the CB2 receptor and has a myriad of effects in multiple systems. In addition to its use for seizures, off-label use for a wide range of disorders has become commonplace. In some cases, CBD can improve sleep considerably. I recommend orally ingested oils for effects that last throughout the night. There are many complex issues related to prescribing cannabis, and while many of these are limited to THC, even CBD cannot be taken across international borders.

Combination sleep aids

There are many natural combination sleep supplements that patients can try. While I do have a few brands that I sometimes recommend, a trial of any one of these will establish its efficacy within a week or two. Common ingredients include valerian, passionflower, lemon balm, 5-HTP, melatonin and GABA. Many of these can improve sleep and are quite safe. Kava kava, a herbal product from Polynesia, can be hepatotoxic and should be avoided.

- by Dr. Fred Hui

Dr. Hui has been practicing the full range of Integrative Medicine for 40 years. He has a lot of condensed experience to share.

An Update on Credentialing for Integrative Medicine Physicians

For several decades, board certification in integrative medicine has been the subject of ongoing discussion, work and development by leaders in the field. The American Board of Integrative Medicine (ABOIM) is the most recent iteration of this process. Their certification has been available to medical doctors in its current form since 2014. The following is some background about the ABOIM.

From: Randy J. Horwitz, MD, PhD, Medical Director of the Arizona Center for Integrative Medicine: The decision to develop board certification in IM was complex. On the one hand, it was considered important that all physicians learn the foundations of IM; on the other, growing popularity of IM in the US made it unclear whether physicians claiming to practice IM were adequately trained. Much discussion among IM faculty, practitioners, and fellows led to the realization that in the maturing field, a measure of competence was required— not just to benefit IM, but also to help the public identify physicians with demonstrated expertise. Inquiries to the American Board of Medical Specialties to consider a new board were turned down, as was a request to the family medicine residency review committee to create a certificate of added qualification.

In 2010, the Arizona Center for Integrative Medicine entered into negotiations with the American Board of Physician Specialties (ABPS). Established in 1952, ABPS is one of the three most prominent nationally recognized multi-specialty certifying entities in North America.

Clinical Resource (Continued)

The American Board of Integrative Medicine (ABOIM) was formally founded in 2013. Founding board members are national thought leaders in IM representing diverse specialties. The content and areas of competency were determined, a validated exam was created, and in 2014 the first diplomates were awarded board certification. Beginning in 2016, eligibility for board certification required completion of a fellowship in IM.

From the ABOIM's webite: The American Board of Integrative Medicine® (ABOIM) was formed to provide physicians who practice Integrative Medicine the means to demonstrate that they have mastered the core competencies necessary to provide the best medical care possible. Becoming certified through the ABOIM shows a physician's willingness to position him- or herself at the forefront of that evolution.

To qualify for the ABOIM Canadian physicians must:

1) Be a graduate of a recognized U.S., Canadian, or international allopathic or osteopathic college of medicine.

2) Hold a valid and unrestricted license(s) to practice medicine in the United States or Canada.

3) All Canadian applicants must have completed residency training in a program approved by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC). (See ABOIM website for other acceptable residencies)

4) ***Board Certification -*** All applicants must currently hold Royal College of Physicians and Surgeons of Canada (RCPSC) Board or College of Family Physicians of Canada (CFPC) Board. (See ABOIM website for other acceptable boards).

5) ***Integrative Medicine - Experience & Education -*** All applicants must qualify under one (1) of the following:

   iii. Have completed an ABOIM approved Fellowship in Integrative Medicine **OR**
   iv. Have graduated from an accredited 4-year naturopathic college **OR**

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   i. Have graduated from an accredited Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM) college **OR**
   ii. Have graduated from an accredited Council on Chiropractic Education (CCE) college.

The ABOIM has been the organization recognizing eligible IM fellowships. In July 2020 the Fellowship Review Committee of the Academic Consortium for Integrative Medicine and Health will take on the responsibility of recognizing IM fellowships. To find a recognized IM fellowship, click here.

The Board exam is a computerized test offered once a year in May. For more information on writing the exam, click here.

Many IM physicians believe that board certification adds credibility and distinguishes them to patients and colleagues as a physician with added competency in the growing field of Integrative Medicine. Additionally, board certification arguably adds validation and credibility to the field of Integrative Medicine itself.

Conversely, the downside of board certification are the costs and time associated with writing the boards and the yearly fees for maintaining board certification. Some Integrative MDs are concerned that the College may mandate board certification at a future time. This would create additional hardship for those physicians who have been practicing Integrative Medicine for many years and have not graduated from an IM fellowship.

Whether you are board certified or not, now more than ever, we need Integrative Medicine physicians to help heal our patients and health care.

Esther Konigsberg MD CCFP

Chair of the Fellowship Review Committee
Medical Director of Integrative Medicine Consultants Inc.
Assistant Clinical Professor, Andrew Weil Center for Integrative Medicine, University of Arizona
Assistant Clinical Professor, Michael G. Degroote School of Medicine, McMaster University.

An invitation to members

Share something with us!

The Medical Interest Group for Complementary and Integrative Medicine has nearly 300 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

Please Support Our Work-
Pay Your Constituency Fees

Your CIM MIG Executive is the only organization that is focused on CPSO Reform. We need your support to help us continue our work creating a safe regulatory environment for Ontario's doctors. We believe that doctors should not be targeted or persecuted for helping patients who want their trusted healthcare providers to help them explore CAM. We have made significant progress towards this goal, by engaging stakeholders, providing a consistent message about our members' 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

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