



OMA

ONTARIO MEDICAL ASSOCIATION

Complementary & Integrative Medicine Medical Interest Group

CIM-MIG

Winter 2022

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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A Message from the Chair

As this latest wave of the pandemic ebbs and spring is on the horizon, we hope that this newsletter finds you healthy, well and optimistic. It certainly, has been a difficult and stressful time for our patients and ourselves thought it would be timely to offer an article on an Integrative Approach to Stress and Anxiety. Dr. Richard Nahas shares his wisdom about an evidence-based approach to practicing both conventional and Integrative Medicine. Dr. Adrienne Junek shares her passion for Integrative and Functional Medicine.



The CIM MIG will have a webpage on the OMA website go live in the next few weeks. Please stay tuned for that.

If you have any articles that you have written and would like to share it with our members, please send them in and we will include it in our next newsletter. As always, we are happy to hear from you.

Yours in health,

Dr. Esther Konigsberg MD CCFP

Chair of Complementary and Integrative
Medicine Medical Interest Group.

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Join Us in May!

Advancing Healthcare Together:
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www.consortiumcongress.org



2022 International Congress on
Integrative Medicine and Health
May 23–26, 2022 | Phoenix, Arizona, USA
Academic Consortium for Integrative Medicine and Health



North American Academy of Neural Therapy
International Congress



Virtual Conference
March 19, 2022
10am-5:30 pm EST
Neural Therapy in the Wake of
Covid-19
Now Approved for
6 Hours
CME Credit!



The Dr. Rogers Prize is a biennial award celebrating the achievements of those whose work has advanced the field of complementary and alternative medicine in Canada. The winner receives a \$250,000 prize, the largest award of its kind. For more information, visit www.drrogersprize.org

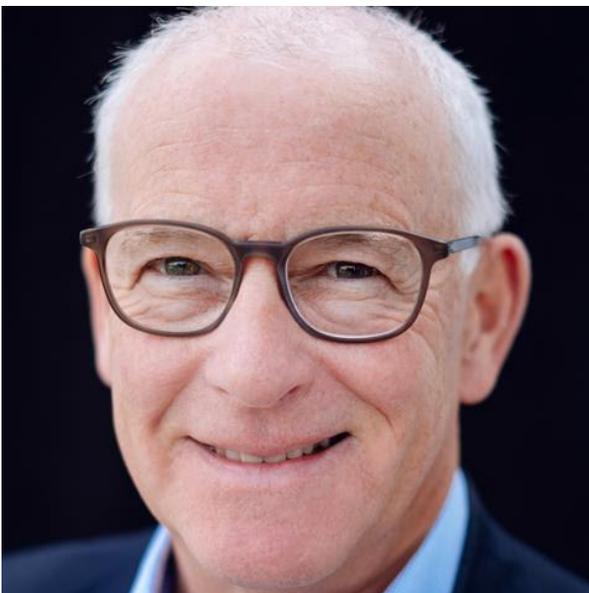
Congratulations to the
2021 Dr. Rogers Prize Co-Winners
Two Recipients Share \$250,000 Dr. Rogers Prize

Dr. Linda Rapson

Toronto, Ontario

Dr. Rapson advocated for the integration of acupuncture into mainstream pain treatment beginning in the 1970s. Against great resistance, she focused on expanding its use as an effective treatment across fields of healthcare.

[Learn More about Dr. Rapson](#)



Dr. Gregor Reid

London, Ontario

Dr. Reid ascertained the health attributes of lactobacilli bacteria in the 1980's and persevered to advance the field of probiotics and beneficial microbes worldwide with his ground breaking research.

[Learn More about Dr. Reid](#)

[Download the Press Release](#)

[Learn More About the Dr. Rogers Prize](#)

Clinical Resources



Rational prescribing and the N of 1 trial

One of the key barriers preventing wider adoption of Integrative Healthcare is the perceived lack of evidence to support its use, with large clinical trials considered the gold standard of evidence-based medicine. Even the most rigorous randomized controlled trial cannot predict if a given intervention will be effective in a specific individual. For this reason, N-of-1 trials have been placed, by some, on the pinnacle of the evidence hierarchy.¹ A rational prescribing approach, using a series of interventions, one a time, provides a structured framework that allows the average physician to begin providing more integrative healthcare.

What is rational prescribing?

The WHO Guide to Good Prescribing defines appropriate prescribing as ‘the situation in which patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements for a sufficient length of time, with the lowest cost to them and their community.’¹ This process is one of many¹ that have been termed ‘rational prescribing’.¹

1. Define the problem

Include a bio-psycho-social-cultural history, physical examination, laboratory analysis, diagnostic imaging, or specialist consultation to clarify the diagnosis and/or symptoms which are the target of treatment. Problems that commonly lead patients to seek medical treatment include a disease or disorder, a symptom or sign of underlying disease, medication side effects, psychological or social problems.

2. Clarify treatment goals

Patient-centered goals are required in most cases, such as improvements in symptom severity, duration, or frequency. Goal setting in the medical literature has turned attention SMART goals (i.e. that are Specific, Measurable, Achievable, Realistic and Time-based).¹ An intervention should be evaluated based on whether or not it could help the patient achieve these goals.

3. Select a treatment

Prescribers may choose to develop a personal formulary of drugs and non-drug treatments for the clinical problems they most commonly encounter. Treatments may consist of advice and information, non-drug therapy, drug treatment, referral for treatment, or combinations of these. Patient preference, convenience and cost are additional factors in treatment selection.

4. Write a prescription

Prescriptions for integrative therapies should be structured with clear strength, frequency, and duration. The same is true for any provider, modality, nutritional intervention, or a specific mind-body practice. For example:

- Exercise prescriptions embrace the FITT structure (Frequency, Intensity, Time, and Type of exercise).¹
- Trials of massage therapy, physiotherapy and other rehabilitation providers be structured as a prescription for one-hour sessions, once per week, for six weeks, with a specific provider.
- Trials of a natural health product might include a specific manufacturer or a specific formulation, along with the dose, frequency, and duration.

Continued...

Clinical Resources Continued...



5. Give information, instructions, and warnings

Patients should be provided with a for why the intervention is needed, what changes are expected and when they should occur. Patients should also be informed of common side-effects as well as how, when and for how long to follow the prescribed treatment.

6. Monitor treatment

Clinical monitoring enables the prescriber and the patient to determine whether an intervention has been successful. There is a greater need to monitor treatment prescribed for subjective symptom management since benefits are largely self-reported and determining efficacy requires patient follow-up. If a disease is cured, the treatment can be stopped. If the disease is chronic, and the treatment is both effective and without side effects, it can be continued. Serious side effects should lead the prescriber to change the dose or select a different treatment. Ineffective treatment should lead the prescriber to review the diagnosis, the treatment prescribed, the dose, and the patient's understanding and compliance. If this review suggests that changing treatment is appropriate, it should be done by returning to step three.

Treatment monitoring is the final step of the rational prescribing process but may also be the step that is most often overlooked. In one of the few studies that measured this step as a prescribing outcome, prescribers who received brief education about how to set 'SMART' treatment goals while applying the WHO guide were nearly twice as likely to monitor their prescriptions as those receiving education in the WHO guide alone.¹⁶

Conclusion

Integrative medicine has the potential to improve healthcare through better outcomes and increased patient satisfaction. Rational prescribing provides a useful framework for physicians to support patients who are seeking to explore therapeutic options that lie outside of guideline-based care. By helping patients to select therapies and structure and monitor one therapeutic trial at a time, an n-of-1 approach allows physicians to deliver evidence-based integrative medicine.



Figure 1

The Process of Rational Treatment (WHO guide to good prescribing)

- Step 1: Define the patient's problem
- Step 2: Specify the therapeutic objective
- Step 3: Verify the suitability of your preferred treatment for that objective: Efficacy, Safety, Suitability, Cost
- Step 4: Start the treatment
- Step 5: Give information, instructions, and warnings
- Step 6: Monitor treatment and stop if necessary

Clinical Resources Continued...



Integrative Approaches to Stress and Anxiety

It is hard to be immune to today's headlines regarding the impact of the pandemic on mental health. Stress and anxiety are at an all-time high affecting our patients, families, communities, and ourselves. As I tell my patients, stress is twofold, with external sources and internal reactions. It has become obvious that often we have little control on what is happening outside of ourselves, however, there is much that can be done to minimize the impact of stress. In previous newsletters we have addressed meditation and resources such as the Big White Wall and Bounceback (please go to the OMA exchange forum/ CIM MIG, to review previous newsletters).

Lifestyle:

- **Reduce caffeine, sugar and refined processed foods** - they all have a stimulatory effect on the Hypothalamic-Pituitary-Adrenal axis.
- **EXERCISE:** Studies have demonstrated that **active aerobic** activity, only **10-15min per day** a few times per week helps to reduce anxiety. Should be earlier in the day if possible and not close to bedtime.
- **Sleep** - sleep hygiene techniques for the best quality sleep. Here is a link: <https://sleepeducation.org/healthy-sleep/healthy-sleep-habits/>

Mind-Body Therapies

Some of the best-studied mind-body therapies for anxiety include mindfulness and meditation, yoga, prayer/spirituality, and biofeedback. Mindfulness-based therapies such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) are effective in the management and treatment of anxiety and mood symptoms. Here are some instructions for an effective breathing technique that you can share with your patients:

The 4-7-8 (or Relaxing Breath) Exercise

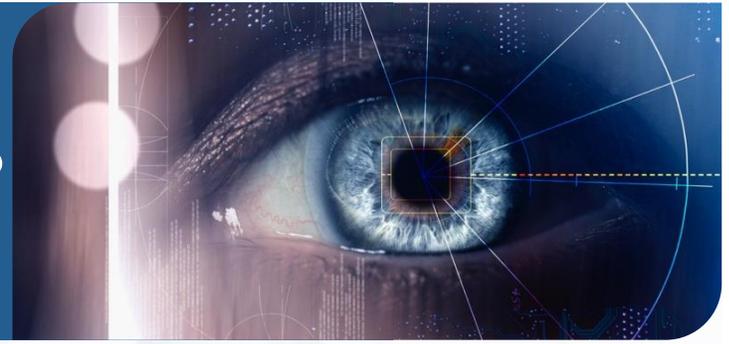
Although you can do the exercise in any position, sit with your back straight while learning the exercise. Place the tip of your tongue against the ridge of tissue just behind your upper front teeth and keep it there through the entire exercise. You will be exhaling through your mouth around your tongue; try pursing your lips slightly if this seems awkward.

- Exhale completely through your mouth, making a whoosh sound.
- Close your mouth and inhale quietly through your nose to a mental count of four.
- Hold your breath for a count of seven.
- Exhale completely through your mouth, making a whoosh sound to a count of eight.
- This is one breath. Now inhale again and repeat the cycle three more times for a total of four breaths.

Note that you always inhale quietly through your nose and exhale audibly through your mouth. The tip of your tongue stays in position the whole time. Exhalation takes twice as long as inhalation. The absolute time you spend on each phase is not important; the ratio of 4:7:8 is important. If you have trouble holding your breath, speed the exercise up but keep to the ratio of 4:7:8 for

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the three phases. With practice you can slow it all down and get used to inhaling and exhaling more and more deeply. Here is an instructional link: [Please click here:](#)

Do it at least five times a day, (before rising, each meal and at bed time). You cannot do it too frequently. Do not do more than four breaths at one time for the first month of practice. Later, if you wish, you can extend it to eight breaths. If you feel a little lightheaded when you first breathe this way, do not be concerned; it will pass.

Once you develop this technique by practicing it every day, it will be a very useful tool that you will always have with you. Use it whenever anything upsetting happens - before you react. Use it whenever you are aware of internal tension. Use it to help you fall asleep. This exercise cannot be recommended too highly. Everyone can benefit from it. (From Dr. Andrew Weil.)

Natural Health Products (this list is not exhaustive)

- **Rescue Remedy by Bach Flowers** 4 drops under the tongue when anxious. This can be used repeatedly during the day as needed.
- **Holy Basil by AOR** 500mgs; 1 capsule twice daily, and/or:
- **AOR Zen Theanine** 225mg/capsule 1 capsule/day.
- **GABA** by AOR 1-5 capsules daily. Only interactions are possible with blood pressure medications for further lowering blood pressure.
- **Inositol** by NFH in doses up to 20g/day reduces the severity and frequency of panic attacks Start with 2-4 grams 2X/day, increasing to 4-6 grams 3X/day as needed. Titrate up gradually to avoid stomach distress.
- **Ashwagandha (AOR Gandha-600)** 1 capsule daily.
- **Passion Flower** by St. Francis Herb Farms - 30 drops in a mouthful of water, 2X/day on an empty stomach for anxiety. Watch for drowsiness and avoid driving. 120 drops in a mouthful of water, before bed on an empty stomach for sleep.

Please refer to the Natural Database for more information on side-effects and possible interactions. (Please go to the OMA exchange forum for our MIG to access link.)

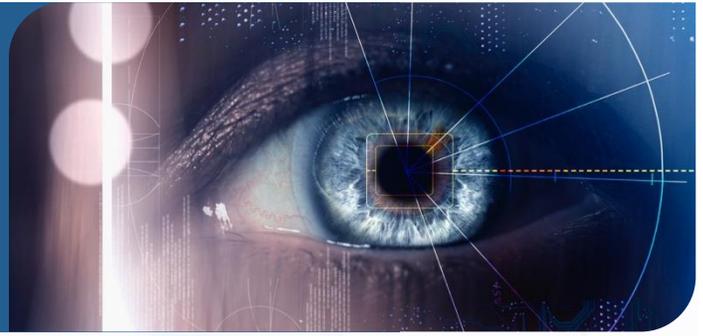
Other Approaches:

- **Traditional Chinese Medicine** including acupuncture, tai chi and qi gong are supported by several clinical trials for the amelioration of anxiety.
- **Massage** for patients who are comfortable with being touched while being mostly unclothed.
- **Music Therapy** one randomized study on psychiatric inpatients measured the effects of music therapy on reduction of anxiety and showed a statistically significant improvement in the treatment (music therapy) group.
- **Energy Medicine** more recently referred to as **Biofield Therapies**, include Reiki and Therapeutic Touch. Although studies have not been conducted specifically for anxiety, the downsides are minimal when done by trained health care professional and patient satisfaction is reported as high.
- **Aromatherapy** Lavender, Citrus aurantium (Neroli oil), and lemon oil vapor have been studied for anxiety linked to medical issues with statistically significant results. Oils can be applied to diffusers for low cost with no serious adverse effects. Patients may also benefit from choosing the scent that feels the most relaxing to them.

You can prescribe or recommend several of these together. Dr. Richard Nahas recommends a rational prescribing approach to help identify the tools that work best for each patient. To do this, structure a 2-4-week trial of one NHP at a time. For therapies administered by a provider, consider a trial of 6-12 sessions with a specific provider. Reassess as needed to help patients evaluate the success of each trial to achieve a personalized self-care regimen.

- By Dr. Esther Konigsberg

Clinical Resources Continued...



Integrative and Functional Medicine

Part 1 - Integrative medicine certification 30 years in the making

Like most integrative medicine physicians, I came to the specialty through illness of a loved one. As a child, my connection to a family member with multiple chemical sensitivities exposed me to the basics about elimination diets, environmental toxin avoidance, and homeopathy before I was a teenager. Years later, in university, I had the opportunity to hear Dr Andrew Weil speak about his integrative medicine fellowship for medical doctors. I knew instantly that *that* was the type of doctor I wanted to be.

I applied for Dr Weil's 2-year part-time fellowship immediately after family medicine residency. The curriculum was well-designed, evidence-based, and suited for physicians from any specialty. The foundations of health - proper nutrition, exercise, stress reduction, and spirituality - formed the basis of the first part of the fellowship, while the remainder focused largely on integrative interventions that could be applied for each medical specialty (i.e., nutrition, vitamins, minerals, supplements, herbals, mind-body practices, manual medicine practices, etc.). The fellowship also included herbal medicine, legal advice, and complementary health systems such as Ayurveda, homeopathy, and acupuncture. Three one-week-long in-person workshops at the beginning, middle, and end of the 2-year fellowship offered an opportunity to meet the faculty and participate in interactive components of the curriculum. This program transformed the way we viewed health and healing, both personally and professionally, and was especially powerful for fellows who had felt burned out in the conventional medical system.

After completing the fellowship, I became one of only 7 Canadian physicians to write the American Board of Integrative Medicine (ABOIM) exam to become certified in integrative medicine. While not recognized in Canada, I did this certification to show my conventional medical colleagues that I had undergone rigorous training to learn what I know now, that I was a *certified specialist* in integrative medicine and that the specialty itself was worthy of such recognition.

Part 2 - Down into the rabbit hole of functional medicine

When I clicked "submit" on my integrative medicine fellowship application, I had no idea that this move would set me on a journey through enough continuing medical education to fill a full 5-year residency in both integrative and functional medicine.

After completing my integrative medicine fellowship, I proudly set out to begin offering my services to my patients... but I felt like I had been thrown into the ocean without a lifejacket. My first few patients were a combination of rare autoimmune thrombophilic and skin disease, chronic fatigue syndrome with Hashimoto's hypothyroidism and a gentleman with parkinsonian-like tremors, Lyme disease and chemical occupational exposures. Most of my patients had already done a lifestyle and diet overhaul that I was trained to provide and wanted to look deeper for answers into their illnesses. I didn't know where to start.

Throughout my integrative practice, many patients asked if I provided functional medicine, not integrative medicine. Not knowing what it was, I attended the introductory workshop through the institute for functional medicine (IFM; ifm.org) and I was

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immediately sold; I could see that this system would give me some of the answers and tools I needed start assessing and helping my complex patients. Functional medicine uses the principles of modern physiology and biochemistry to identify and treat the root causes of disease. It embraces a broader definition of “evidence” by including animal and pre-clinical data, and goes the extra mile to explain, connect and treat underlying health imbalances which are generally overlooked by conventional medicine. Education consists of an introductory 5-day workshop with 6 additional 2.5-day modules for each of the core clinical imbalances: 1) gastrointestinal function & digestion, 2) immune system & chronic infections, 3) inflammation & metabolic control (insulin/lipids), 4) mitochondrial ATP energy production, 5) environmental toxins and biotransformation, and 6) hormone balancing including adrenals, thyroid, and sex hormones.

After completing the certification process (attendance at all modules, case report & written exam), I not only understood the interconnectedness of my patients’ illnesses better, but I also had access to more tools to help them start to address underlying causes of their illnesses. And I found something else that was meaningful - a road map to help my family member navigate out of chemical sensitivities and into a normal life again.

Part 3 - Reflections of the past and future of integrative medicine

In addition to integrative medicine fellowships and functional medicine, there are also the American academy of anti-aging medicine (A4M), orthomolecular medicine and physicians who are self-taught via years of clinical experience and conferences. Additionally, others are trained in homeopathy, acupuncture, neural therapy, and various other domains. We are a diverse group,

yet united in the fact that we all believe there is more we can do for our patients than what conventional medicine has to offer.

Things have changed over the years. Complementary, integrative, and functional medicine have become increasingly familiar terms among medical professionals. Education certification programs have been created and established, albeit mainly in the USA. But most importantly, patients are increasingly demanding for our services. Despite these advances, our biggest hurdle is getting recognized among our conventional medicine colleagues. Conventional physicians prefer to work with other medical doctors rather than naturopaths. If we want to raise awareness and respect for integrative medicine, doctors need formal recognition as a medical specialty in Canada.

The OMA CIM MIG is interested in creating an application for integrative medicine to be recognized as a specialty within medicine in Canada, either through the CCFP or the RC PSC. Certification would need to recognize colleagues from all paths of integrative practice by offering, at least initially, two paths to certification - one path for those with formal training and one for those with self-taught clinical experience. If you would like to share any thoughts on this process, please reach out to oma.cim.mig@gmail.com It is our hope that one day, all Canadian integrative medicine physicians can get the respect and recognition they deserve.



By,
Adrienne Juneke, MD, CCFP, ABOIM, IFMCP
Integrative & Functional Medicine Physician

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

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

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Treasurer: Dr. Adam Gavsie
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