

Complementary & Integrative Medicine Medical Interest Group

CIM-MIG

Winter 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. On behalf of the executive, we would like to thank the members that joined us at our virtual AGM in November. The dialogue was very engaging and if you missed it, you can access the meeting link on our webpage.

This winter's newsletter includes a timely article by Dr. Elliot Jacobson on Vitamin D which is sorely deficient especially at this time of year in most Canadians. Dr. Jacobson's article addresses the benefits of Vitamin D supplementation and testing. Dr. Mandeep Singh has written an informative article on Psychedelic Assisted Psychotherapy which has been a focus of great interest for both the public and health professionals as mental health issues are so prevalent in our post covid world.

Lastly, we have added an article which was published in *Global Advances in Health and Medicine: Integrative Medicine in the Canadian*. This has laid the groundwork for the CIM MIG and other stakeholders to begin the application process for an Area of Focused Competence in Integrative Medicine through the Royal College of Physicians and Surgeons of Canada. Please stay tuned for more information on this initiative.

Your executive committee and I would like to take this opportunity to extend our best wishes for a happy and healthy winter season as we look forward to spring.

Dr. Esther Konigsberg MD CCFP

The International Congress on Integrative Medicine and Health

The International Congress on Integrative Medicine and Health will take place in Cleveland, OH at the Hilton Cleveland Downtown. The Members Meeting dates are April 9 - 10 and the International Congress dates are April 11 - 13. These events will bring together leading figures from various fields to showcase recent scientific advancements in integrative medicine and health.

[Event Registration](#)

Clinical Resources



The Vital Role of Vitamin D

As we rejoice in the return of the sun after what seemed like the gloomiest, greyest December and January in a very long time, my thoughts have been focused on Vitamin D and its role in health and disease prevention.

In recent years, the importance of vitamin D in maintaining overall health has garnered increased attention from healthcare professionals and researchers alike. Often referred to as the "sunshine vitamin," vitamin D plays a crucial role in numerous bodily functions, impacting everything from bone health to immune function.

Understanding Vitamin D:

Vitamin D is a fat-soluble vitamin that the body produces in response to sunlight exposure. It can also be obtained through certain foods and supplements. Once synthesized or ingested, vitamin D undergoes conversion in the liver and kidneys to its active form, 1,25-dihydroxyvitamin D, which plays a pivotal role in regulating calcium and phosphorus levels in the body.

Bone Health:

One of the most well-known functions of vitamin D is its contribution to bone health. It enhances the absorption of calcium and phosphorus in the intestine, promoting the mineralization of bones and teeth. A deficiency in vitamin D can lead to rickets in children and an increased risk of fractures, especially in older adults.

Immune System Support:

Emerging research suggests that vitamin D plays a crucial role in supporting the immune system. It has been linked to the modulation of immune responses, reducing inflammation, and enhancing the body's ability to defend against infections. Adequate vitamin D levels may contribute to a lower risk of respiratory infections, autoimmune diseases, and chronic inflammatory conditions.

Cardiovascular Health:

Vitamin D may also have positive effects on cardiovascular health. Studies have indicated that sufficient vitamin D levels are associated with a lower risk of hypertension, heart disease, and stroke. The vitamin's anti-inflammatory properties and its role in regulating blood pressure contribute to overall cardiovascular well-being.

Mood Regulation:

Beyond its physical benefits, vitamin D has been linked to mental health and mood regulation. Research suggests that adequate levels of vitamin D may help reduce the risk of depression and improve mood. The exact mechanisms behind this connection are still being explored, but it is clear that optimizing vitamin D levels should play an important part in treating depression and anxiety.

Brain Health:

Vitamin D receptors are present throughout the brain, indicating its potential role in cognitive function and neurodegenerative diseases including MS and Parkinson's disease. Adequate levels of Vitamin D have been associated with better cognitive performance and a reduced risk of neurodegenerative diseases like Alzheimer's.

Rationale for Testing:

Given the critical role of vitamin D in various bodily functions, testing patients for blood levels of 25(OH)D becomes imperative.

Individual Variability:

People's ability to produce or absorb vitamin D varies based on factors such as genetics, skin pigmentation, geographical location, and lifestyle. Darker skin tones require more extended sun exposure to produce the same amount of vitamin D as lighter skin tones. Geographical locations with limited sunlight exposure during certain seasons can also impact vitamin D synthesis. Testing helps identify individuals at risk of deficiency and allows for personalized supplementation strategies.

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Preventing Deficiency:

Routine testing allows healthcare professionals to identify individuals with insufficient or deficient vitamin D levels early on. This is crucial for preventing and addressing conditions associated with vitamin D deficiency.

Monitoring Supplementation:

For individuals supplementing with vitamin D, regular testing ensures that the supplementation regimen is effective and that vitamin D levels remain within the optimal range. It also reduces the risk of toxicity from excessive supplementation

Limitations:

While the benefits of maintaining adequate vitamin D levels are well-documented, it is essential to acknowledge the limitations and uncertainties surrounding the utility of supplementing with oral vitamin D₃, which is demonstrated by inconsistencies in study findings. Some studies suggest positive effects, while others show limited or no impact. These discrepancies highlight the need for more robust research in the area. There are still many questions to be answered with regards to individual variability in response to oral supplementation; optimal dosage; interactions with other nutrients; duration of supplementation, and other confounding factors such as diet, sunlight exposure and other co-morbidities.

Vitamin D is not merely a nutrient but a vital regulator of numerous physiological processes essential for overall health and well-being. From bone health to immune function and beyond, its influence permeates every organ system in our bodies. Given its diverse health benefits and the prevalence of deficiency in certain populations, testing for blood levels of 25(OH)D is crucial.

By understanding individual Vitamin D status and implementing targeted interventions, healthcare providers can effectively optimize health outcomes and enhance the quality of life for their patients, while at the same time potentially reducing healthcare costs that are associated with treating Vitamin D deficiency-related conditions.

By Dr. Elliot Jacobson

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The Psychedelic Renaissance: An overview

Psychedelic-assisted therapy is a broad term that encompasses a number of different approaches and protocols using psychedelic medicines that have been studied since the 1950s. Though psychedelics like LSD showed promise as therapeutic agents, a period of prohibition starting in the 1960s and through the early 2000s significantly hindered the research and development of these modalities. Recently, psychedelics have been gaining prevalence in medical research and in mainstream media. The hype can put medical professionals in a challenging position in helping patients temper expectations while providing a space for open discussion about potential valuable treatment options when traditional options have been exhausted.

Here I will briefly outline the broad strokes of psychedelics with more focus on the concept of integration as an importance of adjunctive Psychedelic Assisted Therapy and how to guide patients towards reliable resources/local clinics and away from misguided pursuits.

What is meant by the term psychedelics?

Classic psychedelics typically refer to serotonergic hallucinogenic substances, such as lysergic acid diethylamide (LSD), psilocybin (the psychoactive compound in magic mushrooms), and N,N-Dimethyltryptamine (DMT, active ingredient in Ayahuasca). These drugs have a common mechanism of action, consisting of partial agonism for the serotonin 5-HT_{2A} G protein-coupled receptors (GPCRs; cf., Kim et al., 2020)

There also is an anti-inflammatory mechanism of psychedelics which could play a protective role in depression and addiction (Flanagan & Nichols 2018).

Outside these compounds, synthetic forms that sometimes fall under the umbrella term of psychedelics include Ketamine which is currently legalized and has the most research and MDMA which is in the process of phase 3 trials. (There are multiple variations of substances beyond the scope of this article.)

All of these psychedelic substances have various nuances on their effects such as MDMA having more of prosocial properties (empathogenic), psilocybin

targeting more specific effects of fearful stimuli and ketamine which has more of a dissociative effect. These nuances are being researched and/or used in regulated ways to target certain conditions. Regardless of the psychedelic, these substances provide new connections and neuroplasticity resulting in mental flexibility leading to change. Equal attention should be provided to the integration process. The total process provides a favorable climate where the client can discover, reinforce and sustain new pathways of mental processes and emotions.

What states or processes result from use of psychedelics?

Psilocybin is an agonist which acts more strongly at the 5-HT_{2A} receptor than some of the others.

MDMA enhances release of monoamines (serotonin, norepinephrine, dopamine), hormones (oxytocin, cortisol), and other downstream signaling molecules such as Brain-Derived Neurotrophic Factor (BDNF) to dynamically modulate emotional memory circuits. By reducing activation in brain regions implicated in the expression of fear and anxiety-related behaviors, namely the amygdala and insula, and increasing connectivity between the amygdala and hippocampus, MDMA may allow for reprocessing of traumatic memories and emotional engagement with therapeutic processes. (Allison A. Feduccia, MAPS, 2018).

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Ketamine is a noncompetitive antagonist NMDA receptor and modulates glutamate which is connected anti suicidal effect. It also works on BDNF and other downstream neurotrophic factors and help in neuroplasticity.

All this can give fertile ground for states of consciousness including “mystical experiences” giving individuals opportunity for growth, exploration, and healing.

4 aspects that can be included in **mystical experiences** (Barrett, Johnson, Griffith 2015)

- 1) Mystical - Internal unity or sense of pure being
- 2) Positive mood - experience of amazement
- 3) Transcendence of time and space
- 4) Ineffability - sense that an experience cannot be describe adequately by words.

What occurs with these various states is phenomenon known as ego death or ego dissolution, which results in an overall sense of connectedness or oneness. This can result in the loosening of constraints of conscious and subconscious defense mechanisms which otherwise may take thousands of hours of therapy. New pathways can be forged allowing for amelioration of mental health conditions. This is also why some people choose to pursue it when there exists a wanting to get “unstuck” and for exploration.

General terminology related with doses response and levels of experience

- Psychedelic dose -moderate to high dose for mystical experience
- Psycholytic dose - Low to moderate dose for adjunct to psychoanalytic approach
- Microdose. Sub low dose. NO RCT support as of yet

Ketamine and psychedelics in clinical practice

Ketamine assisted psychotherapy (KAP) is the most legally accessible form, as currently, psilocybin and MDMA have limited accessibility through research settings and special access program (SAP) in Canada.

In choosing clinical settings for the use of ketamine it is good practice to connect with ones that embrace this process of integration. Unfortunately, these clinics are not always available to certain populations due to socioeconomic barriers, availability of trained medical professionals, and corporate interests that ignore integrative aspects around the use of psychedelics.

KAP Process

General screening by clinical team for bipolar disorder (no treatment in active manic phase), history of thought disorder, personality disorders and active substance use. Caution should be applied to patients with uncontrolled HTN, CVD/arrhythmia, stroke, seizures, migraines and sleep apnea, medication interactions (e.g. cannabis blunts response to ketamine).

4 routes of administration with different bioavailability I.V. (100 %), I.M. (95%), Intranasal (8-45%), Oral lozenges/troches (17- 29%)

Preparatory sessions

- Set - exploring a client’s “mindset”, previous experiences of non ordinary states, biases/ expectations/concerns/. Setting intention or questions of interest.
- Setting - environment, including choice of music and frequency of sessions.

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Medicine Session

- KAP therapist provides a supportive non suggestive space. This can also involve resourcing (breathing/grounding techniques/pre-discussed boundaries on touch) Presence of medical provider (Nurse/MD depending on mode of administration.), to monitor BP or I.V.

Integration (to make whole)

- processing, meaning making, releasing grieving, making lasting changes and promoting/feeding new neural pathways.
- Session types of activities that may help in integration, journaling, music, art etc.

Experiences may vary from quite distressing emotionally to insightful visuals to the mystical to quite benign. **It is important to note to the client that neural changes still occur and can be built upon over the next weeks through integration and increased receptivity.**

Side effects may include sedation, dissociation, psychiatric events or worsening of psychiatric disorders, abuse and misuse, increases in blood pressure, respiratory depression, and lower urinary tract and bladder symptoms (Cystitis).

Most common application for ketamine includes treatment resistant depression, MDD with suicidal thoughts and actions. PTSD, and anxiety disorders. Less common applications OCD, addictions and eating disorders.

In a 2022 study, people with depression and thoughts of suicide received 6 IV ketamine infusions at over 21 days. Within 6 weeks of starting treatment, 20% of people with

depression were considered “in remission”, and 50% of people who had thoughts of suicide no longer experienced them. (Patrick A. Oliver, MDa; Andrew D. Snyder, et September 2022)

In the case of psilocybin, there has been ongoing research and special consideration for end of life treatment.

In closing, in my space of integrative psychiatry, I frame the use psychedelics as another tool in a holistic approach to mental health and overall well being. I often tell patients that this is not a magic, bullet but it may have a role in some cases. Moreover, to experience the full benefit, other important practices need to be engaged. Whether they be traditional psychotherapy, naturopathic, alternative treatments such as acupuncture, reiki or basic healthy living exercise and nutritional awareness is part of this treatment. Having years of therapy or meditative experience may enhance or more readily navigate the process. The medicine in itself may give the opportunities to fully experience these other practices or more fully participate in them which is one of its biggest gifts. The ability to fully experience and engage in life.

It behooves me to bring attention to one of the bigger concerns with this new psychedelic revival creating tension. There is an unfortunate lack of acknowledgement and cultural appropriation with some of the deep rooted traditional indigenous practices which have been prevalent in rituals and religion for hundreds of years.

Resources

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Resources

Clinics/Training organizations with KAP model:

- FieldTrip
- Numinus
- Therapsil - end of life focus

Harm reduction-zendoproject

MAPS - Multidisciplinary Association for Psychedelic Studies

Mindbody Podcast Spotify:

Discussion with Dr Mandeep Singh, Psychedelics and treatment of Depression/PTSD

Books/Literature:

Watts, Rosalind & Luoma, Jason. (2020). *The use of the psychological flexibility model to support psychedelic assisted therapy. Journal of Contextual Behavioral Science. 15. 92-102. 10.1016/j.jcbs.2019.12.004.*

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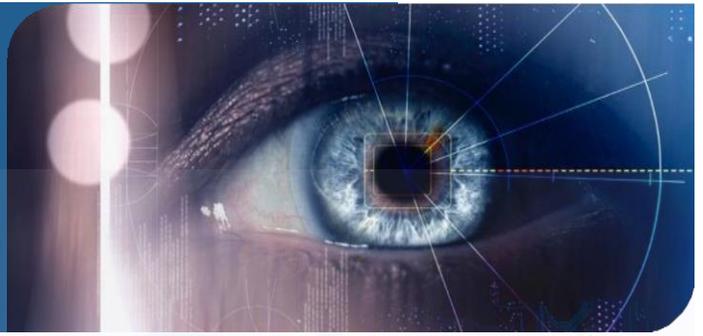
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By Dr. Mandeep Singh MD MPA, is a psychiatrist based in Toronto. Dr Singh's training in integrative psychiatry encompasses traditional psychiatric methods, nutritional insights, psychedelic therapies, and medical cannabis, tailored to treat conditions including ADHD, PTSD, and sports-related mental health issues to name a few.

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Integrative Medicine in the Canadian Medical Profession: Certificate of Added Competence Proposal for Physicians

Global Advances in Integrative Medicine and Health Global Advances in Integrative Medicine and Health Volume 12, January-December 2023 <https://doi.org/10.1177/27536130231182426> Viewpoint: Integrative Medicine in the Canadian Medical Profession: Certificate of Added Competence Proposal for Physicians
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Most Canadians use some form of Complementary and Alternative Medicine (CAM) and most Canadian physicians are not able to address their patients' use due to inadequate training. Integrative Medicine (IM) in the medical profession has grown over the last 20 years and is now recognized as a sub-specialty in the United States. Canada is lagging behind. The current state of CAM and IM education for physicians in Canada is described, using the United States' experience in comparison. The landscape and obstacles for Integrative Medicine for Canadian physicians is reviewed. A case is made for recognition of Integrative Medicine by Canadian Medical Colleges in order to advance this field in Canada.

In a 1996 British Medicine Journal (BMJ) editorial, David Sackett, a Canadian medical doctor and pioneer in evidence-based medicine wrote that "the practice of evidence-based medicine means integrating individual clinical expertise [with] the best available external clinical evidence from systematic research... with patient preference." Integrative medicine (IM) is the medical term used when complementary and alternative medicine (CAM) therapies are integrated with conventional medical care. Many Canadians now use CAM therapies, (1) even though their medical doctors often lack exposure to these therapies, (2,3) due in part to limited medical education opportunities while in medical school and subsequently in post-graduate medical education. Canadian medical doctors need to be aware of IM evidence to effectively manage the care of their patients. (4) In contrast, many European countries and the United States (U.S.) have established educational and certification programs for medical doctors in IM to inform them about IM evidence and guide the integration of CAM therapies into the comprehensive delivery of healthcare.

This article will describe the current state of CAM and IM in the medical profession in Canada

and use the United States' experience in comparison. A case will be made for recognition of Integrative Medicine by Canadian Medical Colleges.

Background

The interest in IM has grown in the medical profession around the world. The U.S. has been a world leader in developing education in Integrative Medicine. (5)

- Integrative Medicine Fellowships and Residencies. The University of Arizona's (U of A) Center for Integrative Medicine fellowship, established in 1997, was the first IM Fellowship in the US. Currently there are eighteen IM fellowships based in the U.S. Most of the fellowships are on-site or hybrid, some offering a predominantly virtual curriculum. Approximately 2200 MDs have graduated from these fellowships to date. The U of A Center for Integrative Medicine also created the first IM curriculum for residency education, "Integrative Medicine in Residency" (IMR) which began in 2008. (6) This curriculum has been added to 85 residency programs in the United States including Family

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Medicine, Internal Medicine, Pediatrics, Psychiatry, and Obstetrics and Gynecology. To date there have been a total of 1130 Resident Graduates as well as 1142 Current Residents.

- **Integrative Medicine Associations:** Academic Consortium for Integrative Medicine and Health (ACIMH) which began in 1999. The ACIMH is a consortium of more than 75 academic medical centres, nursing schools and health systems from the United States, Canada, Australia, Brazil and Mexico. The five Canadian member institutions are: University of Alberta, University of Calgary, McMaster University, University of Toronto, and University of Saskatchewan. ACIMH members commonly participate in multi-centered IM research projects which often lead to evidence-based clinical guideline development. Members also participate in international conferences and share educational initiatives. The ACIMH has stated that “integrative medicine and health reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing.”

- **Integrative Medicine Certification:** Medical fellows who have graduated, are eligible to take examinations for board certification in Integrative Medicine. The American Board of Integrative Medicine (ABOIM) was established in 2013 as a specialty under the American Board of Physician Specialties. Many IM physicians believe that board certification adds credibility and distinguishes them as having added competency in the field of Integrative Medicine when compared with other providers. There has been a total of 990 ABOIM diplomates.

- **Integrative Medicine at the National Institutes of Health (NIH) in the U.S.** The NIH opened the

“Office of Alternative Medicine” in 1992. In 2014 it was renamed The National Center for Complementary and Integrative Health” (NCCIH) and is focused on research in integrative medicine. The NCCIH states that: “Integrative health aims for well-coordinated care among different providers and institutions by bringing conventional and complementary approaches together to care for the whole person.”(7)

- **Functional Medicine.** Additional IM training is also available through the Institute for Functional Medicine (IFM) which states that functional medicine is an individualized, patient-centered, and science-based approach that promotes optimal wellness and addresses the underlying causes of disease.(8) 490 US MDs have completed functional medicine training and have been certified by IFM. Some medical doctors have completed both IFM and IM fellowship trainings.

Canadian patients were surveyed in 2016 by the Fraser Institute (Complementary and Alternative Medicine: Use and Public Attitudes 1997, 2006, and 2016). The survey noted that seventy-nine percent of Canadians had used a CAM therapy and more than half (56%) of Canadians had used a CAM therapy in the year prior to the survey. Even though the majority of people choosing CAM therapies did so for “wellness” over one-half of the visits also addressed medical concerns. Surveyed Canadians were interested in IM, the integration of conventional medicine and CAM.

IM in the Canadian Medical Profession

- **Canadian Physicians.** As of June 2021, 101 Family Practice residents had completed the IMR and 35 residents were currently enrolled. 52 Canadian Physicians have completed an IM fellowship in the United States, 6 are currently enrolled. There are currently seven Canadian physicians certified by ABOIM in the United States. To qualify they must

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have graduated from a medical school and residency program through either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada, are licensed to practice medicine, and have completed an ABOIM approved Fellowship in IM. Some Canadian Physicians have chosen specialty training routes such as multi-year programs in traditional East Asian medicine.

- The Canadian Academic Consortium on Integrative Healthcare Education (CACIHE) began in 2002 to develop Complementary and Alternative Medicine in Undergraduate Medical Education. CACIHE is a national network of educators associated with Canada's 17 medical schools collaborating to develop core competencies and content about complementary therapies for undergraduate medical education. (9) It is currently on hiatus during the COVID pandemic.
- Provincial Medical Associations. Of fifteen medical associations in Canada, two have designated sections for Complementary and Integrative Medicine(10): The Ontario Medical Association Medical Interest Group for Complementary and Integrative Medicine and the Doctors of Nova Scotia Section for Integrative and Complementary Medicine. These sections of the Medical Associations were formed to represent and advocate for IM physicians' unique position within the medical profession.

Discussion

The growth of CAM utilization by Canadian patients has occurred with limited engagement by Canadian physicians and Canadian medical institutions and to a lesser extent in Canada than it has in the United States. A number of factors have contributed to this:

1. Most of the training programs are in the United States. This reduces accessibility to Canadian physicians. The virtual fellowships and training programs are also priced in U.S. dollars making them less affordable.

2. There are only two Canadian IM centres¹ affiliated with academic health centres, neither offering clinical services, and no IM centres in Canadian hospital systems. This may be because neither the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada recognize the ABOIM and therefore IM as a specialty. As a result, provincial health plans do not reimburse physicians for integrative medicine services. In contrast, there are IM centres and clinics in the United States offering services that are often reimbursed by insurance providers.

3. There is a perception by the conventional medicine community that Complementary and Integrative Medicine is not evidenced based. In fact, there has been a rapid growth of published research in IM since 1990 (see Figure 1). 10% of the Cochrane reviews are related to CAM. The NCCIH conducts and funds research in Complementary and Integrative Health and along with the Canadian Institute of Health have invested more than \$1.3B in research funding over the past decade.(11) The quality of this research has been similar to conventional medicine research.(12)

Conclusion

Canadians are increasingly using CAM therapies and the medical community needs to be able to better advise (or provide) these services to their patients. We suggest that official recognition of IM would better serve the Canadian public. This could be accomplished by two approaches. 1: Adding a "Certificate of Added Competence in Family Medicine" as a

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new domain of care, and 2: establishing an “Area of Focused Competence” designation through the Royal College of Physicians and Surgeons of Canada (RCPSC). These programs would enhance a physician’s practice, and would be available to family physicians and general practitioners. Priority topics and key features for the assessment of competence could be created in cooperation with academic experts in IM and working groups at the College of Family Physicians of Canada (CFPC) and the RCPSC.

Based on the experience in the United States and Europe, we believe that recognition through the CFPC and/or the RCPSC would support educational opportunities in Canada that would benefit physicians and their patients. Formal surveys of patient demand and practitioner training in Canada and elsewhere would provide feedback to guide the development of educational offerings.

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By Dr. Esther Konigsberg

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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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