



Barbara Rinehart

# PHYSICIAN NEWSLETTER

## ALTERNATIVE MEDICINE

Researched & wrote numerous articles for author review:

-  Beta carotene anticancer trials
-  Chiropractic medicine
-  Herbal therapy
-  Homeopathic medicines
-  Honey bee royal for hyperlipidemia

# Complementary Medicine

## FOR THE PHYSICIAN

VOLUME 1, ISSUE 3

### THE STATE OF COMPLEMENTARY MEDICINE

#### Integration of Herbal Therapy in a Family Practice: One Physician's Experience

Based on an interview with **ELLEN TATTELMAN, MD**  
Albert Einstein College of Medicine  
Assistant Professor, Department of Family Medicine

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**THE BENEFITS OF**  
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# Complementary Medicine

## FOR THE PHYSICIAN

VOLUME 1, ISSUE 1 MAY

### TO OUR READERS:

Welcome to the inaugural issue of *Complementary Medicine for the Physician*. An impressive variety of therapeutic approaches outside of mainstream medicine are now being evaluated by researchers at major medical centers in the United States and abroad. Our mission is to review scientific studies of complementary medicine reported in the medical literature. Expert commentators will provide key insights into these studies and report their significance and potential application to clinical practice.

Complementary medicine includes such therapies as herbal medicine, megavitamins, meditation, homeopathy, chiropractic, acupuncture, hypnosis, visualization, supportive group therapies, and many others. What constitutes complementary medicine depends on the current standard of medical care. Hypnosis and dietary manipulations were once considered out of the mainstream but are now standard medical practice. Scientific evaluation is what should determine the degree of acceptance of these therapies as valid. As reported in *The New England Journal of Medicine*, the American public—your patients—made an estimated 425 million visits in 1990 to providers of unconventional therapies. The time has come for a rigorous scientific scrutiny of these therapies.

### THE STATE OF COMPLEMENTARY MEDICINE

#### The Beta Carotene Anticancer Trials: Unexpected Results and Thoughtful Lessons

Based on an interview with **E. ROBERT GREENBERG, MD**  
Dartmouth Hitchcock Medical Center  
Director, Norris Cotton Cancer Center  
Professor of Community and Family Medicine, and of Medicine

**B**eta carotene rode the crest of the anticancer wave for 15 years, taken seriously by many physicians and scientists as well as the lay public. This food-derived compound is one of more than 500 carotenoids—violet yellow to red pigments chemically related to vitamin A. They are found predominantly in yellow/orange and leafy green vegetables and yellow/orange fruit, and also in tomatoes, egg yolks, algae, and red palm oil—a cooking staple among many African-descended groups.

Confidence in the protective effect and lack of toxicity this plant-based vitamin A precursor, however, was built on laboratory observations and preliminary findings rather than hard clinical data. Now that such data from major clinical trials are finally available, beta carotene supplements appear to have no helpful anticancer effect, and may even be harmful in at-risk individuals. Dr. E. Robert Greenberg, director of the Norris Cotton Cancer Center in Dartmouth, who was part of the overall research effort, finds significant lessons for both clinicians and health care researchers in the haste of this premature acceptance of beta carotene.

### ENTERING THE SCIENTIFIC SPOTLIGHT

In 1981, a group of epidemiologists and laboratory workers published a landmark article in *Nature* (Peto R, Doll R,

Continued on page 7

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ISSN 1087-0865

# Complementary Medicine

## FOR THE PHYSICIAN

VOLUME 1, ISSUE 2 JUNE

### THE STATE OF COMPLEMENTARY MEDICINE

#### Nontoxic Chinese Herbal Medicine Clears Recalcitrant, Disabling Atopic Dermatitis in British Trials; U.S. Trial Set to Start

Based on an interview with **MARY SHEEHAN, MD, MRCPI**  
Chief of Pediatric Dermatology  
Mercy Hospital, Pittsburgh

**S**evere recalcitrant atopic dermatitis (AD)—which occurs in an important minority of pediatric and adult patients—is an increasingly common pruritic disorder currently affecting 2-5% of the population. Most often beginning before the age of 6 months, it is unresponsive to relatively benign treatments and is intractable, if at all, only by therapies associated with such potentially significant toxicity (PUVA or cyclosporine) that they are used with caution in adults and as a last resort in children. Yet Chinese herbal physicians have been treating this condition, with apparent success, for a great many centuries using nontoxic formulas that were codified between the end of the pre-Christian era and 1200 AD. Board-certified dermatologist Dr. Mary Sheehan's rigorous clinical documentation of this capability has ramifications far beyond atopic dermatitis. It validates traditional Chinese herbal medicine (TCHM) across the spectrum of health problems as a potential resource for currently untreatable conditions and for less toxic alternatives to less-than-ideal Western therapies.

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ISSN 1087-0865

### THE INITIAL ENCOUNTER

Dr. Sheehan, a pioneer in forging a bridge between modern Western medicine and this ancient Chinese medical tradition, first encountered TCHM only 10 years ago. At the time, she was caring for the severe, often recalcitrant, pediatric AD cases referred to the Department of Dermatology at London's Great Ormond St. Hospital for Sick Children. Simon, a 5-year-old patient whose severely generalized AD had resisted her conventional treatments, was brought to see her after 5 weeks of daily herbal treatment with Dr. Ding-Hui Luo, a London-based Cantonese physician trained in both Western medicine and TCHM. The normalization of Simon's skin was so dramatic that Dr. Sheehan first thought his

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