Complementary and Integrative Health Approaches

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Our remedies oft in ourselves do lie.

― William Shakespeare

Learning Objectives:
1. Elicit, discuss, and record patients' uses of complementary medical therapies.
2. Evaluate the strength of evidence behind the use of some common integrative treatments.
3. Integrate safe and effective complementary therapies into the care of children with common conditions.

Primary Reference:
   http://pediatrics.aappublications.org/content/early/2017/08/24/peds.2017-1961

CASE ONE:

Cammie Mile is a 10-year-old girl presenting to your office for a routine well-child visit. She has been in good health since early infancy other than having mild eczema as a baby. She was born vaginally and was breastfed exclusively for 10 months, and in total for 16 months. She eats a well-balanced, largely vegetarian diet that includes some dairy, eggs, and fish, as well as organic poultry on occasion. She is up to date on all of her childhood vaccinations. She comes in for her routine annual appointments and as needed.

Cammie was diagnosed with intermittent asthma one year ago. Since that time she has neither been hospitalized nor brought to the Emergency Department. She reports mild wheezing with upper respiratory infections and coughing with exertion in cold air.

1. What is Complementary/Integrative Health (CIH)? How likely are you to encounter inquiries about CIH in clinical practice? What complementary therapies are most likely to be utilized by patients?

2. What questions about CIH do you want to ask Cammie and her mother as part of your routine intake?

CASE continued:

When you ask how often Cammie needs to use her inhaler, Cammie’s mother, a professor in environmental health, tells you that they never filled the prescription for the medication you prescribed last year. She says she is a strong proponent of natural medicines and attributes her daughter’s continued asthma control to the supplements she gives Cammie on a regular basis. Additionally, Cammie’s mom treats her other common complaints, such as colds, with supplements, usually Echinacea, zinc, and vitamin C. On physical exam, vitals are within normal limits and the lung exam is unremarkable.
3. What is your first (personal) reaction to Cammie’s complementary health approaches for asthma control? What is the most appropriate response to her mother’s disclosure of use of complementary therapies for her daughter? What type of response might be counterproductive and why?

CASE continued:
Cammie’s mom tells you that she learned about the supplements she is giving from a website about alternative medicine but she doesn’t recall which one. She lists Echinacea, vitamin C (2500 mg/day) and an herb she thinks is called “petastases” but is unsure of the spelling. She also endorses the use of creative visualization and relaxation/breathing techniques to help Cammie relax and control her breathing when she starts to wheeze. “Am I giving Cammie the right supplements and treatments to prevent worsening of her asthma?”

4. How might you respond to her question? How do you know which complementary interventions are based on strong clinical evidence?

5. What are the medico-legal and ethical issues surrounding your response?

CASE continued:
You share your knowledge of these therapies with Cammie and her mother, provide them with a copy of an article on CAM and pediatric asthma (making a mental note to review it again yourself), and direct them to the NCCIH website for further information. You also explain the potential problems with improperly treated asthma, encourage Cammie’s mom to at least fill the prescription for albuterol so that she can have it at home in case of need, and review inhaler technique with both Cammie and her mom. Finally, you carefully document your discussion in Cammie’s medical records.

Additional References:

Resources:
2. Natural Medicines Comprehensive Database. www.naturaldatabase.com/