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The Role of Good Nutrition. Good Physicians and the Advantages of Alternative Medicine: An Educational Program for Senior Adults

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ABSTRACT

**THE ROLE OF GOOD NUTRITION, GOOD PHYSICIANS
AND THE ADVANTAGES OF ALTERNATIVE MEDICINE:
AN EDUCATIONAL PROGRAM FOR SENIOR ADULTS**

VIOLET CONNOYER, B.A.

Abstract Presented to the Faculty of the Graduate School
of Lindenwood University in Partial Fulfillment of the
Requirements for the Degree of
Master of Arts
1998

ABSTRACT

This study examines previous and forthcoming knowledge of ancient medicinal remedies and solutions which provide and enable the acquisition of better and safer health care. Because of political reasons which appear to be dominant over all others, this inherent knowledge continues to seemingly remain obscure within the medical world and within our society. Continued education plays a vital role in the assessment of health care today because statistics stress that too many lives are daily being snuffed out because of careless and improper drug administration and insidious drug reactions which follow thereafter. As a result, many people are striving to control their own lives and destinies by alternative means, and seek alternative forms of medical treatment and physicians who thus administer it. As more hospitals and more insurances gradually begin accepting alternative forms of medicines and treatment, medical schools and physicians are slowly but surely, beginning to practice alternative medical remedies.

**THE ROLE OF GOOD NUTRITION, GOOD PHYSICIANS
AND THE ADVANTAGES OF ALTERNATIVE MEDICINE:
AN EDUCATIONAL PROGRAM FOR SENIOR ADULTS**

COMMITTEE IN CHARGE OF CANDIDACY

VIOLET CONNOYER, B.A.

A Culminating Project Presented to the Faculty of the
Graduate School of Lindenwood University in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts
1998

EDUCATION

COMMITTEE IN CHARGE OF CANDIDACY:

Marilyn Patterson, Ed. D., Associate Professor
Faculty Advisor, Lindenwood University

Betty Lemasters, Ph. D., Associate Professor
Lindenwood University

Rita Kottmeyer, Ph. D., Associate Professor
Lindenwood University

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In memory of my wonderful father, George Steven Gust, one of 11 children raised without a father himself during the Great Depression, who had a fifth grade education, whose face I saw and upon whose words I heard in times of great distress, explicitly saying to me, "Go Back To School."

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Chapter 1

INTRODUCTION

Authors Dollemore, Giuliucci, Haigh, Kirchheimer and Callahan state that Bill Gottlieb, Editor-in-Chief for Prevention Magazine Health Boards met with 20 customers a few years ago, in a "focus group" which was an event arranged by companies to find out what their customers liked and disliked about their products and what their customers wanted for the future (xv). According to Gottlieb, customers wanted choices, and did not want to be limited to just one kind of doctor, a medical doctor, but rather they wanted to be able to sample from the new field of "alternative medicine," with its broad range of practitioners (xv). Moreover, Gottlieb said customers did not want to be limited to just one kind of treatment, the medical treatment of a drug or an operation, but that customers wanted to explore the world of natural healing because they thought these methods might be safer and more effective (xv).

Gottlieb said customers told him a lot of the medical care they used did not work and that it sometimes created even more health problems than they started with. Customers, Gottlieb said, wanted more than a new

kind of doctor and a new kind of treatment. Customers wanted the option to solve their health problems at home (xv).

In addition, Gottlieb said that customers were fed up with the arrogance of medical doctors who thought they knew everything and would hardly give you the time of day. Although Gottlieb said customers wanted to go to a doctor for medical problems that were beyond self-care, they wanted a way to minimize their contact. Customers wanted to take care of themselves whenever possible (xv).

Chapter 2

LITERATURE REVIEW

Authors Dollemore, Giuliucci, Haigh, Kirchheimer & Callahan note that most foods in the American diet are no longer whole, a term used to describe a food in its most natural, unadulterated form, free of processing, preservatives and additives, and that even most fresh fruits and vegetables, clearly the most nutritional foods in the American diet, are suspect. In addition, these authors note only one percent of the United States produce is organic, grown without the use of cancer-causing pesticides and other dangerous chemicals (Dollemore et al. 42).

Authors Dollemore, Giuliucci, Haigh, Kirchheimer & Callahan note Elson Haas, Medical Doctor and Director of the Preventive Medical Center of Marin in San Rafael, California, and author of the book, "Staying Healthy with Nutrition," as saying when a food is processed or refined, it loses its nutritional punch, and that there are fewer vitamins and fiber, more fat and more sugar. The authors note Haas as saying the reason why many people are sick and stay sick, is due to nutritional imbalance, and that when thinking of nutritional imbalance, there are two primary problems. Haas said that congestion was one of the problems,

that too many of the wrong foods were being consumed and not being processed and eliminated properly. In addition, Haas said that deficiency was another problem, that people were not getting enough vitamins, minerals, amino acids and essential fatty acids. Haas said that both of these problems interfered with the body being able to do the functions it needs to do and that this is why people get colds, dry skin, hair loss and feel fatigued (Dollemore et al. 44-45).

James B. Pierce, Ph. D. chemist, and author of "Heart Healthy Magnesium," states that unless people eat mostly fresh, uncooked or lightly cooked fruits and vegetables at least three or four times a day, they are very likely to be deficient in vitamins and minerals. Even if people do eat mostly fresh, uncooked or lightly cooked fruits and vegetables at least three or four times a day, they still may end up with nutritional deficits. Pierce said not to expect to find a single supplement that will contain all of the nutrients needed, or expect to have them in the right amounts (103).

In the book, "Healing Unlimited," it is noted that Richard M. Carlton, Medical Doctor, and psychiatrist in private practice, believes that mainstream medical doctors and psychotherapists often overlook the role of food in psychological disturbances, and that it was unfortunate because over the years, the National Institutes of Health and other top institutions

have shown that food does have an effect on brain processes. Carlton also said that in his years as a psychiatrist, he witnessed countless instances in which a simple change of diet led to a rapid recovery of mental health. Carlton said it was clear to him that what people ate, had a profound effect upon how they thought, and how they felt (78).

Jeffrey Bland, a representative of the Linus Pauling Institute of Science and Medicine, Palo Alto, California, says in the book, "Healing Unlimited," that diet and psychology are intimately related, and to be especially careful during times of stress such as bereavement, sorrow, and trauma, that this stress often translates into suppression of the immune system (3). Bland says the immune system is made up of white blood cells, and to give optimal protection, these cells should be working 24 hours a day. Cells are directly affected by the quality of food people eat, the way people behave, and the nature of their thoughts. Excessive sugar, inadequate protein, inadequate zinc, iron, manganese, and inadequate vitamin C and Vitamin E, are all dangers to the immune system (3).

Bland feels most people do not get enough magnesium in their diets, and that magnesium deficiencies create anxiety symptoms. The minimum amount necessary is usually 300 to 500 milligrams a day, but that under conditions of high stress, more magnesium is needed since it is

used very rapidly at such times. The best sources of magnesium are green leafy vegetables, lean meat and whole grains (3).

Steve Williford writes in the September 22, 1997, and September 26, 1997, Memphis Business Journal, that medical anthropologist, Doctor John Heinerman is Prentice Hall's best-selling alternative health author and an expert in the healing power of natural foods, herbs and plants. Williford says Heinerman has written 50 books, and 24 volumes are about natural healing (38). Williford notes Heinerman as saying there are seven common foods and herbs that are richly endowed with healing properties, and that these seven common foods and herbs are proven to cure scores of illnesses, prevent and reverse symptoms of aging, and restore energy and vitality (38).

In addition, Heinerman says that antioxidants, bee pollen, cayenne pepper, garlic and onions, ginseng, turmeric and wheat grass are not only pretty standard for health care, but some of them harken back to the very beginning of time. Heinerman notes Egyptian pharaohs feeding tons of garlic every month to the Hebrew slaves at the time Moses made plans with God to lead them out of their captivity and into freedom. Heinerman notes Chinese emperors drinking ginseng as much as Americans drank coffee every day while the Great Wall was being constructed. In far-off

India, turmeric was being utilized on a fairly regular basis by Ayurvedic doctors practicing some of the world's first known medical techniques such as suturing up wounds (Williford 38).

Heinerman believes vitamins A, C and E have always existed in the foods and herbs that mankind uses to satisfy its hunger and stay well by, but that only within this century have they been discovered and discussed by numerous men and women of science. Their extreme popularity in part, may be attributed to the massive advertising efforts put forth by the huge health food supplement industry, and the fact that consumers have reacted favorably to them because they know just how effective they work for the body's immune and nervous systems (Williford 38).

Robert McCaleb, president of the Herb Research Foundation, a research and education organization in Boulder, Colorado, says herbs ginkgo and saw palmetto can alleviate some of the afflictions of old age, and that studies show that taking ginkgo can help elderly people who suffer from memory loss and confusion. McCaleb says that saw palmetto is effective at treating prostate problems that plague many older men. Herbs provide safer, gentler alternatives for people who are taking potent prescription drugs with many side effects (Dollemore et al. 60).

Varro E. Tyler, Ph. D and professor of pharmacognosy, (the study of drugs from natural sources), at Purdue University in West Lafayette, Indiana, says that in the past, all medicines were herbs, and that today's medicines are synthetic forms of herbs. The herb valerian, is an effective, nonaddictive alternative to prescription sleeping pills, and that ginger, which has no side effects, is a good alternative to antihistamines which can cause drowsiness and the scopolamine patch which causes dry mouth (Dollemore et al. 60). Rosemary Gladstar, a Barre, Vermont herbalist and author of several books about herbs, says unlike antibiotics, herbs can be used to treat both bacterial and viral infections and form a strong first line of defense against colds, flu and other infectious diseases (Dollemore et al. 60).

Cynthia Mervis Watson, Medical Doctor and physician who specializes in homeopathic and herbal therapies in her family practice in Santa Monica, California, says there are effective herbal therapies for women's reproductive problems, including premenstrual syndrome, infertility, irregular periods, menstrual cramps, menopausal symptoms and vaginal infections. In addition, Watson also said herbal remedies sometimes work when Western medical treatments fail. Watson said herbal remedies are great for treating urinary tract infections, digestive

problems, coughs, colds, skin rashes, allergies, chronic fatigue and all kinds of immune system problems (Dollemore et al. 60).

According to Watson, when it comes to treating serious illnesses such as heart disease, cancer and autoimmune disorders, many medical doctors are prescribing herbal remedies to be used in conjunction with mainstream medical techniques. Herbs such as ginger, peppermint, papaya and fennel can help reduce the nausea caused by chemotherapy, for instance, and that Irish moss can thin the blood, and hawthorn berry, rosemary and motherwort can improve circulation in people with heart disease. Watson says when using herbs in the treatment of major health problems, a health professional must be consulted (Dollemore et al. 60).

Julian Whitaker, Medical Doctor and editor of Health & Healing, Tomorrow's Medicine, July 1997, newsletter, has practiced medicine for over 20 years after receiving degrees from Dartmouth College and Emory University. Dr. Whitaker has long been an advocate of living a healthy life, and over the last 20 years, thousands of patients from all over the country have come to the Whitaker Wellness Institute in Newport Beach, California, for a one-week program of medical testing, treatment and education designed specifically for their individual health problems (8).

Doctor Whitaker states that vitamin B-12 deficiency is one of the more common deficiencies of the elderly. Even if older people get adequate amounts of vitamin B-12 from dietary sources such as meat, eggs and fish, older people often lose the capacity to absorb this nutrient as they age, and that this is primarily due because of decreased production of stomach acid and a substance called intrinsic factor, both of which are required for its absorption. Deficiencies are often subclinical, meaning they do not show up on normal serum and urine tests and as such, they are often overlooked in the absence of the classical symptoms of B-12 deficiency, a serious form of anemia called pernicious anemia, and nerve damage. Whitaker believes that because absorption is so poor in the elderly, the recommended dosage of vitamin B-12 is 1,000 mcg daily (2).

Whitaker explains that memory loss and other mental declines which are signs of earlier, more modest B-12 deficiencies, all too often are attributed to other causes by conventional doctors, and the possibility of suboptimal levels of B-12 is rarely even explored. Whitaker said one study found that 42 percent of individuals over 65 tested had a vitamin B-12 deficiency, and as much as one-third of the mental deterioration and confusion in older people may be due to inadequate levels of B-12. These numbers are staggering, and that we are looking at millions of people with

mild to significant intellectual dysfunction that could be normalized simply by supplementing an inexpensive vitamin (2).

There is an abundance of medical literature illustrating the beneficial effects of vitamin B-12 supplementation on memory, mood and other neuropsychiatric parameters. According to Whitaker, a study published in the *New England Journal of Medicine* followed a number of patients with documented B-12 deficiencies. Thirty nine of the subjects had neurological and psychiatric symptoms such as sensory loss, incoordination, dementia and psychiatric disorders, but no signs of anemia, and were treated with B-12 injections. All of these patients had significant improvements in symptoms, and that studies have also been carried out to examine the effects of B-12 supplementation on Alzheimer's disease. Whitaker said the consensus is that although deficiencies are common and supplementation often helps in the early stages of Alzheimer's, latter-stage patients usually show little improvement (2).

Vitamin B-12 supplementation also helps several other conditions, and that deficiencies are often a factor in age-related depression, and that mood often dramatically improves with supplementation. Whitaker notes that some physicians have reported patients with asthma and neuropathies, (including patients with diabetic neuropathy), have responded well to

weekly B-12 injections (2). Whitaker explains that relatively large doses of vitamin B-12 have been used successfully to fight fatigue, and that the normal dose of B-12 is 1,000 mcg intramuscularly (by injection), once a month. Doses of 1,000 mcg a day have been used to alleviate symptoms of chronic fatigue syndrome, and that large doses have also been successful in eliminating some pain conditions, particularly arthritis of the spine (2).

The June 17, 1995, issue of the British Medical Journal reported in a British 20 year follow up study of a cohort of randomly selected elderly people living in the community who had taken part in the 1974 and 1974 Department of Health and Social Security nutritional survey, and for whom dietary and data had been recorded, antioxidant vitamins may be important in protecting low density lipoprotein from oxidation by free radicals. The British Medical Journal revealed that because oxidative modification of low density lipoprotein may enhance their atherogenic potential, dietary antioxidants have a potential role in the prevention of cardiovascular disease, and that the most important dietary antioxidant in terms of intake is vitamin C, and evidence from ecological studies links low intake of this vitamin with increased rates of cardiovascular disease. In Britain, for example, rates of stroke and coronary heart disease are

highest in regions where consumption of fruit and vegetables is lowest, and mortality from stroke was the highest in those who had the lowest vitamin C concentration (1563).

In the 1995, Volume 5, Issue 3, of the Journal of Nutritional and Environmental Medicine, the journal reveals there is increasing clinical, experimental and epidemiological evidence that antioxidant nutrients, the antioxidant vitamins A, C and E, and beta-carotene being the most studied, may be important in the prevention of coronary vascular disease and coronary artery disease in particular. It has been suggested that antioxidant vitamins may reduce cardiovascular risk by inhibiting oxidation of LDL-C, the particularly atherogenic form of cholesterol (219).

Saxon and Etten note multiple health problems often occur with aging, and those over 65 are likely to experience one to three chronic diseases involving major body systems (Saxon & Etten, 307). It is Saxon and Etten's belief that older adults look to the thousand or more available prescription drugs as curative or at least as life prolonging. In addition, they say many resort to over-the-counter drugs which are readily available and used for a variety of ailments such as headaches, cold, arthritis, constipation, indigestion, etcetera. Older adults constitute about 13 % of

the population, experience 30 % of all adverse drug reactions, and that older noninstitutionalized adults, on the average, use 10.7 prescriptions each year. It is not unusual for some to ingest 12 to 20 or more pills each day, and that this is complicated by other factors such as taking inappropriate dosages or contraindicated medications, ingesting duplicate medications or concurrent medications that interact with one another, and self-medicating with other persons' prescriptions or with over-the-counter drugs. These practices often result in side effects such as confusion, restlessness, nausea, dizziness, and diarrhea (Saxon & Etten, 307).

It is estimated that 15 to 30 percent of those hospitalized show evidence of one or more reactions to drugs, and that drug side effects are responsible for 30, 0000 deaths and 1.5 million admissions to hospitals each year (Saxon & Etten, 307). Older persons are more likely to experience toxic effects from drugs they ingest than younger persons, and it is interesting to note, they say, that the standard normal adult dosage cited in drug literature is developed for 150 pound males 22 to 26 years old. Saxon and Etten feel that these usual adult doses, then, can easily become overdoses for older adults who have lesser stature and diminished ability to process medications. Other issues to consider are the potential for drug reactions and for interactions with one another or with alcohol,

smoking, caffeine, and foods. Hospitalized persons over age 65, they say, have drug reactions three times more frequently than those under age 50, and those in nursing homes take three to nine different drugs regularly. Saxon and Etten thus feel the inherent danger of drugs for those of older ages is obvious (Saxon & Etten, 308).

Noncompliance, or the failure of older persons to follow instructions concerning medications occurs about 30 to 40 % of the time, and that factors contributing to noncompliance include multiple medications prescribed on complex schedules, loss of finger and hand dexterity needed to open bottles and manipulate pills, inadequate vision to read instructions, inability to hear instructions, or not receiving adequate instruction (Saxon & Etten, 308). Saxon and Etten notes other issues leading to noncompliance are uncomfortable side effects such as a dry mouth or frequency of urination and a lack of reading skills necessary to read and understand instructions. Some individuals may have limited ability to organize thoughts and perceptions regarding their medication regimen, and still others are not able to pay for prescribed medications as in the case of one older couple whose medication bill, if they could pay it, ranged from \$700 to \$1,000 each month. Saxon and Etten believe, it is essential, then, to consider these and any other reason for

noncompliance when teaching and assessing the ways older individuals take their prescribed medications (Saxon & Etten, 308).

Older adults' unique responses to drugs and their incidence of drug misuse place them at high risk for impaired physical and psychological states, accidents, and even institutionalization. Furthermore, highly variable individual responses to medications appear to increase with aging (Saxon & Etten, 309).

Pharmacokinetics is the study of the time it takes for drugs to be absorbed, distributed, metabolized, and excreted from the body, and the correlation between where they are deposited in the body and the duration and intensity of therapeutic effects (Saxon & Etten, 309). Saxon and Etten note absorption begins when the medication is ingested and absorbed in the mouth, stomach, or intestinal tract, and distribution refers to the drug being transported throughout the body to various tissues. When in contact with specific tissues and organs, the drug undergoes metabolism, and finally it is excreted (Saxon & Etten, 309).

Saxon and Etten believe the effectiveness of a drug's response depends upon its concentration at the site of action (Saxon & Etten, 310). Thus, they say, the rate at which absorption, distribution, metabolism, and excretion occurs influences the speed at which the drug works, how long

it remains in the body, and the blood concentration of the drug (Saxon & Etten, 310). Individual responses to drugs vary widely, even within the same individual. In addition, they say, factors such as age, disease, the presence of food or other medications in the body, smoking, alcohol ingestion, body weight, and genetics all influence the processing of drugs in the body (Saxon & Etten, 310).

Doctor Julian Whitaker, in a special supplement to his newsletter, *Health & Healing, Tomorrow's Medicine Today, (Your Health Action Plan for Heart Disease)*, says the bottom line is that taking long-term medication which alters any of your natural body functions is obviously dangerous (28). In addition, Whitaker says that virtually even the names of some of the drugs used for high blood pressure and heart disease which include diuretics, beta blockers, calcium channel blockers and ACE inhibitors represent their poisonous nature. The key is for both doctors and patients to realize that prescription drugs cause disease, and that he could not think of a single prescription drug used for cardiovascular disease that should be used indefinitely, and that by definition, they were for temporary use only. Doctor Whitaker believes anytime a doctor puts you on one of these drugs with no plan to take you off them, that doctor

is simply giving the drug time to express all of its toxic effects in your body (28).

Doctor Leo Galland, Director of the Foundation for Integrated Medicine in New York City, and author of "The Four Pillars of Healing," said in the November, 1997, and December, 1997, issue of "Total Health," that people often asked him how he came to reject the narrow confines of conventional medical practice. Doctor Galland said the answer to that question was easy, and that his rejection was due to the limited effectiveness of conventional medical practice, especially in treating people with chronic illnesses (Galland 34).

Doctor Galland was educated and trained at New York University Bellevue Medical Center, and rapidly became disillusioned with the mythology of modern medicine. He was taught that the physician's chief concern is the diagnosis and treatment of disease, and that he rapidly realized that patients heal themselves. According to Galland, conventional medicine ignores the healing process, and often leads doctors to use treatments that undermines healing instead of supporting it (Galland 34).

Doctor Galland believes that conventional Western medicine is organized around the theory of diseases which believes that a person becomes sick because he or she contracts a disease. In this model, each

disease is seen as an independent entity which can be fully understood without regard to the person it afflicts, or the environment in which it occurs. Doctor Galland further stated conventional treatments are treatments of diseases, not people (34).

Most of the drugs employed in conventional medicine are designed to act as chemical straightjackets, preventing the cells of the body from performing some function that has become hyperactive. Galland says the side effects of these drugs are a direct extension of their actions, and may be fatal. Doctor Galland further stated a Harvard research team concluded that 120,000 Americans are killed in hospitals by their doctors every year, and that most of these deaths occur because doctors prescribe drugs without paying attention to the special characteristics of the person for whom the drugs are prescribed (34).

Doctor Galland says that two decades ago, he left a full-time academic career to establish a general practice in a small town in Connecticut, and that he developed a habit which taught him more about patients than did eight years of schooling and residency training, and five years of teaching. Doctor Galland began phoning patients he had not seen for several months, inquiring how they were feeling, and what were they doing to take care of themselves. Galland said he was impressed by the

huge extent of individual differences in response to the same kind of treatment, and realized that most of the accepted therapies for chronic ailments did little to improve the quality of a patient's life or health (34).

Doctor Galland was frustrated by the obvious limitations of conventional therapeutics and explored alternative strategies, beginning with the study of nutrition, psychology, environmental health and therapeutic exercise. He was amazed to discover that so much of medical relevance within these disciplines was already known and published, yet so little had been incorporated into the practice of medicine. Galland's efforts to integrate these fields into health care led him back into training, and research, and eventually into a unique specialty that is patient oriented, not disease oriented (34).

Doctor Galland says for the past 15 years he has worked extensively with people who pose diagnostic dilemmas, or are considered to be treatment failures, and that most of these people have seen numerous medical specialists, and many have consulted a variety of alternative health practitioners. Galland said in attempting to help these patients, he moved beyond conventional notions of diagnosis and treatment to explore aspects of the patients' lives which had previously been ignored: dietary, environmental, interpersonal, and biomechanical. He feels he gained new

insight into the importance of the inner environment, and the microbial ecology of the intestinal tract in supporting, or undermining health. Galland said in 1980, he and his colleagues founded an organization called, "The Academy of Integrated Medical Studies." Their objective is to pursue a new way of approaching the problems of patients by integrating alternative healing strategies with conventional medical science (34).

It is interesting to note that James B. Pierce, Ph. D. chemist, says that sadly, most people with congestive heart disease are subjected to conventional medical treatment without any attention to nutrition, and many go on to develop other complications including adult onset diabetes (64). These people, he said, need to know the importance of abandoning the typical fat-laden American diet and of taking supplemental vitamins and minerals. Otherwise, he said, they will very likely, slowly but surely, and under the care of a physician, decline, and before long take up residence in the family's burial lot (64).

Pierce says that conventional medicine commonly treats congestive heart disease by the administration of diuretics to reduce the volume of fluid in the body as well as other drugs such as beta-blockers that are supposed to maintain a normal heart rhythm. This treatment, only treats

the symptoms and not the underlying cause of the disease. Pierce further stated the use of these medications tend to accelerate the patient's decline in health (62).

Pierce believes an essential chemical substance in all muscle is a compound formed by the chemical combination of magnesium with adenosine triphosphate (ATP). This compound, is necessary to maintain cellular health. Pierce further stated in studies of decreased blood flow in the liver, Doctor I. H. Chaudry at Michigan State University, and his colleagues at Johns Hopkins University and St. Louis University Medical Center, found that when they infused magnesium and ATP separately into the blood, Mg: ATP did not form in the cells (Pierce, 63). Pierce further noted that all three components and normal cell function were restored when they administered the compound Mg: ATP intravenously. In another research report, Doctor Chaudry and others noted that infusion of Mg: ATP intravenously into normal human volunteers increased cardiac output by as much as 131 percent, without increasing their blood pressure (63-64). Pierce said the infusion of Mg: ATP intravenously should be an effective procedure for minimizing damage to the heart muscles during and soon after a heart attack (Pierce 64). Pierce further clarified his position by advising everyone to keep in mind that what he was talking

about was not a matter of administering medications, but rather a matter of restoring normal cellular components and advising patients about proper nutrition. Pierce believes one can only guess how many lives might be saved if all physicians were to adopt this knowledge and expertise as part of general medical practice (64).

On the contrary, it is interesting to note that Salim Yusif and Marcus Flather, representatives of the Division of Cardiology at McMaster University, Hamilton, Ontario, Canada, report in the March 25, 1995 British Medical Journal, that small trials reporting the use of magnesium in acute myocardial infarction have been reported intermittently for 20 years. The rationale for these studies came partly from observations of differences in heart attack rates associated with geographical variations in magnesium in the water supply and partly from laboratory studies showing that magnesium had cardioprotective effects during ischaemia and that myocardial magnesium concentrations were relatively low during acute ischaemia (Yusif, Salim and Marcus Flather, 751-753).

Yusif and Flather further state a meta-analysis of small trials is not a replacement for large, carefully conducted trials, and that since most treatments produce either no effect, or at least only moderate effects on

major outcomes such as mortality, investigators should be skeptical if the results obtained deviate substantially from this "too good to be true," expectation. Yusuf and Flather propose that definitive trials should demand levels of evidence that are statistically more reliable, with the lower confidence limits of the risk reductions representing a clinically worthwhile difference. Yusuf and Flather say the lesson to be learned is that until further research evidence is presented, there are no grounds for the routine use of magnesium for patients with acute myocardial infarction (Yusuf, Salim and Marcus Flather 751-753).

Stephen Beaven, an Indianapolis Business Journal reporter, states in the January 26, 1998 and February 1, 1998, Indianapolis Business Journal, that the medical community scoffs at the routine use of magnesium, and cardiologists say there is no evidence to prove it works. However, Howard W. Park, a retired Indianapolis Public Schools instructor, believes chelation therapy, helped clear his clogged arteries six months after doctors told him he was beyond help (22).

Beaven says that Doctor David Decatur, a physician who recently opened the Decatur Medical Center in Indianapolis, Indiana, admits there is no definitive data to prove chelation therapy's worth, but that he has all the proof he needs when he talks to the 15 to 30 patients he treats each

day. Decatur stated that one of his patients, a retired Indianapolis Public Schools instructor, had a history of heart problems and was told by doctors he had no options left. Decatur said this man was hardly able to walk across the room, and was referred to the Decatur Medical Center by his family doctor. After 40 treatments of chelation therapy, at first twice a week and then weekly, he can now ride a bike, go shopping, and otherwise lives a full life (Beaven 22).

Beaven says in chelation therapy, doctors use a synthetic amino acid, EDTA, to break down calcium and other deposits in arteries. The treatment according to proponents, he says, prevents and eases cardiovascular disease, and proponents also claim it helps diabetic patients and those who suffer from arthritis (22). Chelation therapy is gaining momentum in alternative medical circles, but unlike some alternative treatments, (like acupuncture which has gained acceptance in the mainstream), many in the medical community remain skeptical of chelation's value (Beaven 22).

Jack Hank, executive director of the American Board of Chelation Therapy, acknowledges that many doctors do not believe in chelation therapy, and that many doctors are poorly informed. Furthermore, Hank said many doctors do not want to know anything about chelation therapy.

Hank believes that no definitive tests have been done because pharmaceutical companies are uninterested in the treatment (Beaven 22).

As conventional medicine becomes ever more complicated and costly, a growing number of people are turning to natural healing, simple, traditional, decidedly low-tech methods of preventing illness and solving everyday health problems (Dollemore et al. 3).

Doctor Stephen Levy, a board certified internist, says in the January 26, 1998, and February 1, 1998, Indianapolis Business Journal, (Health Care Quarterly Section), that he prescribes modern drugs to treat acute conditions such as heart disease, and when his patients have vague, mostly incurable complaints such as joint pain, he uses whatever his patients say works. Levy feels that if he gives his patients a prescription, chances are they are not going to fill it anyway. Levy says if what he chooses to give his patients works, it is great with him (Levy 23-25).

Levy said that when he orders a treatment for an elderly patient with arthritis, he is more likely to turn to a herbal remedy that includes extracts of pineapple root rather than to turn to Roche Holding AGS' medicine, "Naprosyn," or Monsanto's medicine, "Daypro." While Levy has about 3,000 patients, and has due respect for the miracles of modern medicine, he finds that plant treatments relieve arthritic pain as well as

drugs without the sometimes serious side effects such as internal bleeding and kidney damage. Doctor Levy said his theory is that if a patient has a non-curable disease, there is not any reason to make that patient sick with standard medicine (23-25).

McFeely writes in the April 14, 1997, Indianapolis Business Journal, about family physician David Decatur, an Indianapolis, Indiana native, from the Indiana University School of Medicine and served in the United States Air Force as a flight surgeon. Doctor Decatur started researching dietary and nutrition programs for the United States space program while in the Air Force. After 20 years of studying alternative medicine, Doctor Decatur opened a center on the city's north side of Indianapolis promising to offer medical services that transcend those options offered by traditional medicine (40). Decatur believes that achieving total health requires integrated attention to the mind, body and spirit, and that rising medical costs and continued frustrations of many patients with chronic fatigue and heart disease will lead them to his door (40).

Decatur believes he will get clients who are failures of conventional medicine in his center, and that for the most part, it will be from people with chronic problems. These people, Decatur said, want

another avenue because they realize conventional methods have not been working for them (McFeely 40). In addition, Decatur says economics will play a part in his success because his treatments are generally 30 percent less expensive than conventional methods. Decatur's long-term goal at the office is to conduct studies and prove the benefits of alternative treatments, especially those in the cardiovascular area. Decatur said he wanted to treat and prevent diseases, not just put a Band-Aid on them (McFeely 40).

It is the belief of authors Dollemore, Giuliucci, Haigh, Kirchheimer & Callahan, that people across the country are exploring natural therapies in record numbers. The authors cite Gene BenHage, vice-president of marketing for General Nutrition Center, a nationwide chain of health food stores, as attesting to his belief (Dollemore et al. 7). The authors note General Nutrition Center is the largest specialty retailer of herbs, health foods and vitamin and mineral supplements in the nation, and that the Pittsburgh based company has 1,900 stores across the country, up from 800 stores, ten years ago (7).

Doctor Stephen Levy, said in the January 26, 1998, and February 1, 1998, Indianapolis Business Journal, that other companies meeting the demand for plant therapies are Herbalife International Incorporated,

Nature's Sunshine Products Incorporated, and Celestial Seasonings Incorporated. These distributors, Levy said, often manufacture their own products, and cater to a public seeking alternatives to classic medicine (Levy 23-25).

It is believed that a factor in the recent surge in interest in alternative medicine may have been brought about by rising health care costs, and that people are taking more control of their destinies as far as health is concerned (Dollemore et al. 8). Also noted was the idea that people are taking more control of their destinies as far as health is concerned because with the cost of health care, they cannot afford not to (Dollemore et al. 8).

At the same time, more and more Americans have been affected by newly discovered chronic degenerative diseases such as Aids and chronic fatigue syndrome, conditions that Western medicine cannot cure, and Americans feel that conventional medicine does not do all that well with chronic illnesses which are definitely on the increase (Dollemore et al. 8). Many patients with chronic fatigue, arthritis or irritable bowel syndrome either are not helped by medication, or experience such severe side effects that they stop treatment altogether (Dollemore et al. 8).

Conventional doctors often tell patients to learn to live with these problems, but for a 32 year old woman with irritable bowels who does not want to live with diarrhea and stomach cramps for the next half-century it is not acceptable, and that people are willing to try unconventional treatments because they want to get well (Dollemore et al. 8).

Many patients are also attracted to the alternative practitioner's emphasis on treating the whole person, (mind, body, and spirit), and that Ayurvedic practitioners treat patients according to mind, body type, and the belief that true healing depends on balancing physical, mental and emotional influences. Flower remedies and essence therapy are chosen to even-out emotional imbalances which therapists believe are at the root of most physical problems. Holistic physicians use intensive counseling to help patients find out whether aspects of their daily lives such as job stress, marital problems, diet or sleeping habits might be behind their symptoms (Dollemore et al. 8).

In this age of managed care and impersonal group practices, patients find the individualized approach particularly appealing, and that it is definitely a reaction to how depersonalized allopathic medicine has become (Dollemore et al. 8). There was a time when it was not always this way, and that the family doctor of a century ago was really a holistic

doctor. The family doctor of a century ago, knew three generations of the family, and knew that the mother's diabetes got worse when the teenager acted up. That doctor, knew the big picture, and that is something conventional medicine has definitely lost (Dollemore et al. 8).

Gina Dingwall, the director of education and patient services of the Tzu Chi Institute, (the country's first center for evaluating alternative and complementary therapies), finds that patients are often disgruntled with the relationship they have with their physicians, stating some doctors offer only drugs and surgery and have no background in alternative therapies, while other people say their doctors will no longer see them if they undergo alternative care (Kent, 1427). Kent noted Dingwall as saying some doctors suffer from an intolerance and disinterest in chronic conditions, and that this, combined with a lack of "Legitimized" medical school training in alternative care, results in a "mutual paranoia" between alternative practitioners and many conventional physicians. Kent said Dingwall hopes a "complementary relationship" will eventually develop with doctors because the institute is there to facilitate change, and see where their challenges are (Kent 1427).

It is interesting to note that Kent stated Dingwall as saying doctors from Vancouver, Canada's Hospitals' gerontology and burn units, have

recently asked her for help with new approaches to care, and that on the other hand, some physicians have expressed concern to her. Dingwall said doctors are being made uncomfortable by fundamental changes in the physician/patient relationship which is leading to more autonomous patients who are becoming gatekeepers of their own health care, and who have the ability to select from an array of treatment choices (Kent 1427).

Linda Carron, writer for the Triangle Business Journal, writes in the September 12, 1997, Triangle Business Journal, that Americans are searching for ways to get and stay healthy without the use of drugs, and that this is sparking an increasing interest in the alternative health movement. Carron feels that in response to the demand, practitioners and dealers of alternative medicine and products are proliferating and reaping huge profits, and that often termed New Age, or alternative, those in the multi-billion dollar industry prefer to call their practices, "old age" or complimentary (Carron 3, 4, 5).

Carron reported that a study released by the Office of Alternative Medicine of the National Institute of Health, concurs that an estimated 425 million visits were made to unconventional therapists in the United States in 1990 generating approximately \$13.7 billion, and that this figure compares with 388 million visits to primary-care physicians that same

year thus indicating growth in the industry will continue (Carron 3, 4, 5). James B. Pierce, Ph. D. chemist, says the general public is unaware of alternative medicine's importance to health for numerous reasons (Pierce 17). First, Pierce said, scientists and physicians, like other people, tend to resist change and new ideas. Second, with reference to nutritional supplements, nutritional supplements, he said, are not patentable, and they are therefore not as profitable for pharmaceutical companies to make and sell as the proprietary drugs are. Third, the profit motive penetrates deeply into the administration of health care. Fourth, physicians are constantly bombarded with advertisements from pharmaceutical companies that extol the merits of new and current drug treatments. Fifth, physicians, Pierce said, are trained to identify physical problems and prescribe drugs to solve them. Pierce said many pay more attention to alleviating symptoms than to eliminating the underlying causes of disease. Sixth, medical schools to a large extent, ignore and may even discourage the practice of nutritional therapy, and many schools, do not require even a single course in nutrition. Seventh, physicians who do not conform to established procedures and approaches, risk being ostracized and perhaps even losing their professional privileges. Pierce said the pressure can be intense. Eighth, scientific reports must be explained and translated into

language that most people can understand before the information they contain can be appreciated. Often the information is out there, but in forms that the average person is unlikely to encounter (Pierce 17).

In the November 21 and November 27, 1997, issues of the Washington Business Journal, Deady reports that administrator/director Gregory Drury, who represents Wholeness for Humanity Incorporated, (a struggling alternative medicine healing organization), states that Americans spend more than 1.3 billion dollars a year on alternative medicines, and that Wholeness for Humanity Incorporated is trying to get in on the action. Since insurance does not pay for most alternative forms of medical care, the \$64,000 question for Wholeness Humanity Incorporated was whether it could convince traditional corporate America to foot the bill for alternative health care because some of the methods were just too far out and unproven (Deady 53).

A November, 1997 Modern Medicine book states that the Office of Alternative Medicine has established 11 clinical research centers across the United States, and that each is responsible for investigating alternative treatments to a particular disease. In addition, National Institute of Health researchers are studying complementary therapies for addiction, aging, AIDS/HIV, allergy, asthma, cancer, chiropractic, pain, stroke and women's

health, and that one of the 11 centers is responsible for general medicine. In the planning stages are trials of hypericum, (St. John's Wort), for the treatment of depression, and acupuncture as a therapy for arthritis (41, 42, 43).

John W. Cox, a reporter for the South Florida Business Journal, reports in the February 6, 1998, South Florida Business Journal, that besieged by unorthodox doctors vying for recognition, a committee of the Florida Board of Medicine has called for a statewide conference to consider how to cope with the growth of alternative medicine. The Board's 15 member Quality Assurance Committee voted January 30, 1998 to invite national medical experts as well as private practitioners in such fields as herbology and chelation therapy to an unprecedented symposium later this year (Cox 4a). Cox said the recommendation was scheduled to be considered at a subsequent board meeting, and that the board licenses the state's medical doctors (Cox 4a).

Cox noted committee member, Doctor Fuad Ashkar, a Miami endocrinologist, as saying the main purpose of the conference would be to consider ways of protecting consumers, although Ashkar said eventual regulation of some forms of nontraditional medicine was also a possible outcome. Ashkar said that right now, the board members are going to take

one step into the jungle of alternative medicine to see what is in it, and potentially what is dangerous to the public. Ashkar added that federal officials are also investigating how to regulate the field (Cox 4a). Cox said the committee's move was welcomed by some practitioners of alternative medicine who said such a conference would be controversial, but productive (Cox 4a). Cox said Doctor Martin Dayton, (a chelation specialist and proponent of unorthodox medicine who works at Miami Heart Institute's new center for Alternative Medicine and Longevity), feels it is time for something like this to happen, and that it was certainly an opportunity to gain credibility (Cox 4a).

Cox said the State Department of Health officials do license some doctors whose practices fall under the category of alternative medicine such as chiropractors and acupuncturists, but they have withheld their blessing on other unorthodox practices like herbology and electromagnetic therapy. Cox said public interest in the field is booming, and prompting some physicians to offer treatments for cancer and other terminal diseases that have not been proven clinically effective. Cox said as a result, health officials, as well as alternative physicians themselves, are calling for some system of credentials that would distinguish newcomers from more experienced doctors (Cox 4a).

According to Cox, part of the reason committee members suggested the conference was to accommodate growing numbers of nontraditional doctors who want recognition, and that Ashkar said while the board could benefit from listening to them, licensing them is a much more difficult matter. Cox said Ashkar questions how licensing will occur, stating licensing would be a tough issue to consider because practically each housewife practices a bit of alternative medicine here and there (Cox 4a). Judy Cooper, vice president of health policy and regulations for the 16,000 doctor Florida Medical Association, said her organization is monitoring talk about a statewide conference, and that the association had no policies on alternative medicine, but that it would try to develop some if the state board schedules a symposium on the topic (Cox 4a).

Linda Carton, reporter for the Raleigh Triangle Business Journal, writes in the September 26, 1997, Business Journal, serving Phoenix and Valley of the Sun, that while it takes measures akin to an act of Congress to change the core curriculum of medical school, students of the healing professions are at least exposed to alternative medicine before they graduate. Carton says the introduction of alternative theories and practices in the halls of academia across America is a slow process, but that interest is spurred by a combination of factors such as media exposure

to patient, and student demand as well as the appearance of documented research and data (Carton 21).

Susan Gaylor, a professor at the University of North Carolina notes there are 97 medical schools in the United States that offer some type of elective or curriculum class in the mind-body spirit aspect of treatment. Gaylor predicts physicians will be the leaders in the move toward holistic treatments and as leaders, need to know what the literature is saying, what patients are doing on their own, and what the evidence is showing (Carton 21).

Roger Buford Mason, a reporter for the Canadian Medical Association Journal, writes in the November 15, 1997, Canadian Medical Association Journal, that despite the reservations of traditionalists, a growing number of Canadian doctors are incorporating complementary medicine into their practices. Acupuncture has gone from the status of almost quackery, to now being considered mainstream by a lot of physicians (Mason 1335).

Karen Capen, an Ottawa, Canadian lawyer, writes in the May, 1, 1997, Canadian Medical Association Journal, that courts and licensing bodies are turning their attention to alternative therapies, and that today, there is growing concern among provincial and territorial medical

licensing bodies that physicians may need guidelines to establish acceptable practice standards in alternative medicine. Capen says that in 1996, the College of Physicians and Surgeons of Ontario, Canada established a committee to consider its position on alternative, unproven, complementary and unorthodox approaches, and was given a mandate to make recommendations about core values concerning complementary medicine. Capen further stated the college was also asked to make recommendations on what constitutes acceptable use of additional diagnostic methods that were not generally accepted or validated, and acceptable offers to patients of alternative therapies of unproven value after a conventional diagnostic workup. In addition, the college was to outline requirements for physicians when patients requested alternative therapies after they refused conventional diagnostic workups, and that the committee has yet to present its recommendations (Capen 1307).

Brad Smith, staff reporter for the Denver Business Journal, writes in the November 28, 1997 and December 4, 1997, Denver Business Journal, that Sloans Lake Managed Care Health Maintenance Organization, (one of the state's smallest health plans with nearly 18,000 members), will soon be one of Colorado's most innovative plans with a rider that includes a wide range of alternative medicine benefits. Smith

says the rider being prepared by Sloans Lake will be one of the most comprehensive in the country and will be offered at a cost of a few dollars a month. Smith said the offering for alternative treatment available under the rider included Chinese medicine, acupuncture, herbology, massage therapy, ayurvedic medicine, hypnotherapy, homeopathy and naturopathy. Certification of providers of health insurance, has always been one of the biggest stumbling blocks for health plans wanting to offer alternative medicine benefits, and that many providers do not have state licensing requirements, or other ways of certifying them (Smith 12a).

In the May 1, 1997, and June, 1997, National Council Against Health Fraud newsletter, Kenneth Pelletier and colleagues at the Stanford University School of Medicine, (Complementary and Alternative Medicine Program), surveyed 18 insurance companies about their coverage of the kinds of nonstandard medicine listed by the National Institute of Health Office of Alternative Medicine. It was noted all 18 plans reimbursed for chiropractic and osteopathic manipulation, 17 covered acupuncture, 16 covered biofeedback, and 12 covered nutritional counseling. None covered homeopathy, herbology, reflexology, massage, iridology, or any of the more experimental techniques (2).

Doctor Julian Whitaker, author of newsletter, Health & Healing, Tomorrow's Medicine Today, says in the October 1997, special supplement edition, that in the health world, witch-hunting in its modern form, is practiced by certain members of the National Council Against Health Fraud. In addition, Doctor Whitaker says that the National Council Against health Fraud is against anything outside of conventional medicine, and that in its eyes, if a health care professional utilizes virtually any other therapy, chiropractic, acupuncture or nutritional supplementation, he or she, by definition, is a "quack" and a "fraud" (Whitaker 1-2).

Doctor Whitaker further stated the National Council Against Fraud is an organization dominated by a small group who liberally brand health professionals and others with whom they disagree, as quacks and frauds. Doctor Whitaker further stated people should protect access to medical treatment of their choice by writing to Doctor Lynn Behrens, President of Loma Linda University, Loma Linda, California 92350, who has recent legal and court documentation repudiating allegations and charges made by the National Council Against Health Fraud against physicians who have chosen to employ alternative medicine. Doctor Whitaker further suggests writing Doctor Behrens for copies of this documentation (Whitaker 1-2).

Authors Dollemore, Giuliucci, Haigh, Kirchheimer & Callan said that Doctor Michael A. Klaper, M.D., who is a nutritional medicine specialist in Pompano Beach, Florida, and director of the Institute of Nutritional Education and Research, (an organization based in Manhattan Beach, California that teaches doctors about nutrition and its relationship to disease), says that what is really tragic is that doctors are so busy learning how to fix broken arms, deliver babies and do all of those "doctor things" in medical school that they consider nutrition to be boring. Then, Doctor Klaper said, once doctors get into practice, they spend most of the day treating people with diseases that have huge nutritional components that have long been essentially ignored. In addition, Doctor Klaper said he gets calls from doctors across the country saying their patients are asking questions about nutrition and nutrition's role in their conditions (Dollemore et al. 42).

B.Z. Khasru, writer for the Westchester Country Business Journal, finds it interesting to note that Oxford Health Plans Incorporated has taken a pioneering step in their insurance programs by offering members access to alternative medicine and chiropractic services. Oxford Health Plans has the tendency to listen to their customers, and provides them with the

products and services they want, and that most of the members who are joining the insurance. are happy with it (Khasru 2).

Peter Neurath, said in the May 30, 1997, Puget Sound Business Journal, that earlier this month, Western District Court Judge Franklin Burgess ruled in favor a suit by 12 carriers challenging Washington's law requiring health insurers to cover the services of naturopaths, acupuncturists, licensed massage therapists and other alternative health care providers. Neurath said a Washington Health spokesman Steve Eaton, said the federal court's ruling meant greater choices for health care consumers, and that now consumers and businesses could choose if they wanted to pay for alternative provider coverage or not. The spokesman, Steve Eaton, also said it gave carriers more latitude to manage costs and make coverage more affordable, which was important to consumers as well (Neurath 6).

Richard Ancello, staff writer for the San Diego Business Journal, notes that the San Diego based American Specialty Health Plans has reached an agreement to provide alternative medicine coverage for members of Woodland Hills based Health Net, one of California's largest HMO's which will include acupuncture, acupunctuure, acupressure, and massage treatments. Ancello says that the American Specialty Health

Plans is the state's fourth-largest specialty HMO serving 1.8 million members, including 250,000 in San Diego County. Ancello said that Blue Shield of California, (which has about 1.6 million members statewide and 101,715 in San Diego County), has taken the alternative concept beyond acupuncture and chiropractic medicine with its new Lifepath program. The new Lifepath program became available, he said, on January 1, 1998, and offers chiropractic, acupuncture, massage therapy services, stress management seminars, fitness clubs and services at a discount for its members (Ancello 31).

Anita Elash, a freelance writer living in Toronto, Canada, writes in the December 1, 1997, Canadian Medical Association Journal, that growing demand has led some Canadian hospitals to offer alternative therapies to patients even though many physicians still question their efficiency. Elash said one physician told her that hospitals have no choice but to offer the treatments. If the physician believes in the primary of patients making their own decisions, and if the physician believes in the fundamentals of informed consent, then the physician cannot deny patients access to this treatment (Elash 1589).

Zosia Kmietowicz writes in the November, 1997, issue of the British Medical Journal, that Prince Charles is a great advocate of

complimentary medicine, and at the request of the Prince of Wales, a culminating report of 18 months' work was released by four working groups set up in February of 1996. Kmietowicz says the culminating report is designed to stimulate debate on the possible role of complementary medicines within the health care system before the issues are explored further at a conference to be held the summer of 1998 (Kmietowicz 1113). The document contains 28 specific proposals and highlights research, professional regulation, education and training, and effective delivery of integrated health care as priority areas (Kmietowicz 1113).

Kmietowicz says although he welcomes the initiative, Edzard Ernst, a professor of complementary medicine at the University of Exeter, is concerned that the enthusiasm for alternative medicine may lead to its acceptance within mainstream medicine without evidence from trials that it is effective. Professor Ernst cites evidence in a report that complementary and alternative medicine is affective, but that the report is "over optimistic." Ernst says that the evidence is not there for many therapies. According to one of the reviews, the majority of trials do not support acupuncture for asthma as an effective treatment, however is the impression given in the report. Ernst says he supports this report, and is

in favor of complementary medicine, but integration should be after evaluation, and not the other way around. According to Ernst, if trials come out in favor of complementary and alternative medicine, then integration should proceed in an organized way (Kmietowicz 1113).

Chapter 3

PROJECT DESCRIPTION

At this time, this author was extended an opportunity June 5, 1998, to conduct a one-hour training course to eight Senior Citizens who were guests of the Bellefontaine Enrichment Center's Voyages In Learning, located at the Bellefontaine United Methodist Church at 10600 Bellefontaine Road, St. Louis, Missouri, 63137. This author collaborated with representative Ms. Margueritte Tapy concerning necessary approval to conduct the training course. Ms. Tapy approved, and a personal invitation was extended.

The Bellefontaine United Methodist Church is a historic church, alive in the present, and looking forward to an exciting future. In addition to a variety of ministries, the Bellefontaine United Methodist Church offers a children's Day Care Center for working mothers, engages in periodic fish-frys and is socially involved in many community activities.

The Bellefontaine Enrichment Center's Voyages In Learning has been in existence since August 9, 1991. Adults 50 and over are invited every Friday from 9 a.m. to 2 p.m. Registration begins at 8:30 a.m. with coffee, fellowship and blood pressure checks at 8:30 a.m., if desired. A

program schedule is printed each week and attendees select the programs they wish to attend. For a registration fee of one-dollar, any and all classes can be attended throughout the day. Sack lunches can be brought, in addition.

The Bellefontaine Enrichment Center's Voyages In Learning program has been planned for, by, and with, older adults who are dedicated to a three-fold mission:

The Bellefontaine Enrichment Center's Voyages In Learning emphasizes the preservation of wellness in preference to the curing of sickness. Their focus is on preventative measures. The Bellefontaine Enrichment Center's Voyages In Learning pursues education of a continuing nature to insure that participants are able to survive with meaning and with dignity, to cope intelligently with change and to bring a new creative aspect to their lives, recognizing who they are and where they are going. The Bellefontaine Enrichment Center's Voyages In Learning encourages volunteerism which deserves to be an experience in Christian growth accompanied by a feeling of success.

The training course was devised from the book "Team Games for Trainers," written by Carolyn Nilson, copyright in 1993 by Mc-Graw Hill, Incorporated. Pages 13, 27, 28 and 84 were utilized and modified to

conform to the subject matter. The object of the training course was to present information sharing, cultural assessment, role fulfillment, and group and individual empowerment.

The source and content of the subject matter employed in the training course came from the book, "Healing Unlimited," written by the Editors of Boardroom Classics, pages 130 through 136, copyright in 1994, 1995, 1996 and 1997 by Boardroom Incorporated.

The training course was conducted in a beautiful, light, airy, atrium whose acoustical grandeur required no microphone. Eight chairs were arranged in a semi-circle. Inside the circle, an overhead projector and screen was placed in a manner whereby the transparencies were visible to everyone. Ms. Tapy inserted sequential transparencies, one at a time, into the overhead projector while this author spoke and elaborated on the contents and object of the training subject matter.

The effectiveness of the training course was later evaluated by completed surveys indicating a learning process had occurred. Following is the schedule of events for the day.

Bellefontaine Enrichment Center

Bellefontaine United Methodist Church

10600 Bellefontaine Road

St. Louis, MO 63137

867-0800

Voyages In Learning June 5, 1998

Everyone Welcome	8:30 a.m.	
Coffee and Tea are Ready		
Blood Pressure Check by Volunteer Registered Nurse		
	8:40 a.m.	
Announcements		
	9:00 a.m. - 9:50 a.m.	
Exercise for Fitness-Barbara Harrington, RN		Chapel Hall
Program to be announced-Al Griese		Choir Room
Gardening		Atrium
	10:00 - 10:50 a.m.	
Social Bridge-Dorothy Wieser		Atrium
Current Events-Budd Sanders		Choir Room
	11:00 - 11:50 a.m.	
Social Bridge-Dorothy Wieser		Atrium
"The Role of Good Nutrition, Good Physicians and the Advantage of Alternative Medicine"-Violet Connoyer, Guest Speaker To be eligible for her Masters Degree, Violet is presenting this program to complete her thesis. "LET'S SUPPORT HER."		
	Noon - 12:30 p.m.	
Lunch and Fellowship		Atrium
	12:30 - 2:00 p.m.	
Social Bridge-Dorothy Wieser		Atrium

Bellefontaine Enrichment Center

Bellefontaine United Methodist Church
 10600 Bellefontaine Road
 St. Louis, MO 63137 867-0800

Reservations for the Second Friday Light Lunch on June 12th are due today. Menu will include Turkey Club Sandwich on Hoagie Roll, pickles and chips.

In honor of Flag Day on June 14th, the program following the second Friday light lunch will feature a special Flag Day video titles "Many Faces of Old Glory" the finest flag show in America.

In honor of Flag Day and June birthdays, a special "Flag Day Cake" will be served for dessert.

The next chapter includes a synopsis of the training modules used in the training session and a discussion of the results of the evaluation survey.

Chapter 4

TRAINING PROGRAM AND DISCUSSION**Training Module One - Facts Are Friendly**

Objective: To advise senior citizens on how to protect themselves against disease mongering.

Procedure: Senior citizens listen to instructor, read and discuss from screen cautionary measures on how to protect themselves against disease mongering. The instructor uses an overhead projector.

Discussion Questions: Senior citizens are encouraged to explore alternative methods of health care. The exercise builds around personal medical and health care experiences.

Honesty must be a hallmark of groups at work. Too often in peer groups, honesty is discouraged because of peer group pressure, trying to figure out what the peer group is thinking about and behaving accordingly. Groups often need help in feeling that it is okay to talk about and disclose their own beliefs, or to disagree with the prevailing assumptions of other people.

Materials: Pencils and Survey Handouts

Approximate Time Required: 15 minutes

Training Module One - Narrative

A desire to aid the afflicted is not the only motive driving our health-care system. Also at work is a powerful and unrelenting urge to maximize profits.

In order to remain in business, doctors, hospitals, diagnostic facilities, drug and medical equipment makers, insurance companies and other recipients of our health-care dollars all need one thing; patients with health insurance. The greater their number, the sicker they are, the more drugs they take, the more tests they undergo, the bigger the industry's profits.

To get more patients, the health-care industry often resorts to an insidious form of exploitation known as disease mongering.

Disease-mongering takes many forms: Disease mongering is the surgeon who insists upon treating a minor heart ailment with costly and often risky bypass surgery just to earn more money.

Disease mongering is the drug maker that uses manipulative ads to portray the common cold as a debilitating ailment in need of drug therapy.

Disease mongering is the diagnostic clinic that sells mammograms even to women for whom there is no evidence of necessity.

Disease mongering is the medical journalist who earns his keep by hyping minor illnesses as plagues.

No matter what form disease-mongering takes, the result never varies: healthy people are led to believe they are ill or at risk of becoming ill, and persons suffering from minor ailments are led to believe they are seriously ill.

The health-care industry knows that once people are instilled with fear, they will take action, scheduling costly medical checkups and diagnostic tests at the merest hint of trouble, using cold remedies, painkillers and other drugs for conditions that clear up even without treatment. People gobble prescription drugs with nasty and potentially harmful side effects and submit to surgery that is risky and of questionable benefit.

Watch for trouble. Manipulative ads, television, newspapers and magazines are filled with ads for sinus remedies, arthritis pills, headache relievers, and, of course, even baldness cures.

The more people encounter these ads, the more firmly they are convinced that they need the products promoted. The reality is that minor aches and pains, as well as occasional cold or flu symptoms are a normal

part of life. There is no good reason to visit the drug store every time you sneeze.

To avoid being manipulated, each time you choose to read a health add, ask yourself who really stands to benefit from its message, you or the makers of the product? Are there alternatives? What would happen if you took no action? Use only those products truly beneficial to you.

Man-made diseases.

While there is no doubt that broken bones and heart attacks need prompt treatment, not all medical conditions required treatment. Example: mild hypertension.

It is the author's view that the cutoff between normal and high blood pressure has been set arbitrarily low in this country. As a result, inflating the ranks of the "ill" maximize, the profit potential for doctors and companies selling antihypertensive drugs. In fact, a blood pressure reading treated in this country with an aggressive drug regimen might be considered normal in England.

Blood pressure is not the only such "man-made" disease.

Elevated cholesterol level is considered a heart disease risk factor, and rightly so, but often even mildly elevated cholesterol is treated as a disease in its own right.

Result: people who feel perfectly fine are urged to take harsh and costly drugs, even though evidence of their value is controversial.

In an effort to sell more estrogen, drug makers are now trying to turn menopause from a natural process into a deficiency disease that needs treatment. The list goes on and on.

To avoid trouble, if a doctor says you are at risk for, or already have a particular disease and urges aggressive treatment, follow the advice only if there is solid evidence that the treatment will cut your risk. Get a second opinion, and do your own research.

Section Two

Needless diagnostic tests: Doctors order far too many diagnostic tests. Each time you have a mammogram, stress test, cholesterol test, Aids test, etcetera, you are taking a risk. Not only that you will hear bad news, but your test result could be in error. The test might indicate you are okay when you are really sick, for instance, or that you are sick when you are healthy.

Danger: A "false positive" causes not only needless anxiety, but also labels you "sick" and thereby jeopardizes your insurability. It can even lead you to seek risky treatments.

Example: There have been cases in which people died during heart surgery scheduled after stress tests mistakenly indicated they had heart disease. Similarly, mammograms are often urged for women under 40, even though young breasts are usually too dense for accurate X-ray readings.

To avoid trouble, for anyone already at a reasonably high risk for a particular condition, the potential benefits of being tested generally outweigh the risk of inaccurate results. But if your risk for the ailment is very low, avoid being tested. Ask your doctor to explain your level of risk

when making the decision. Make sure the doctors with whom you discuss your case have no financial stake in performing the test.

Scandalous: Through the conflict of interest in such an arrangement is obvious, many doctors now own their own CT scanners, MRI scanners and other diagnostic equipment. The more tests they schedule, the more money they make.

Free screening clinics: These days, free screening is being offered for everything from prostate cancer to high blood pressure. It sounds like a good idea. But in many cases these clinics are set up to bring in more patients, and are more beneficial to their sponsors than to the general public.

Problem: Unreliable readings. Some serious medical problems are missed entirely, while problems are diagnosed in persons who are actually perfectly healthy. To avoid trouble, be tested in a doctor's office or a diagnostic facility specializing in medical tests. Make sure the person who interprets the test results is highly experienced.

Needless surgery: A surprisingly large percentage of operations in this country are performed needlessly, up to 25% by some respected estimates. Certain procedures are especially likely to be performed

inappropriately, including hysterectomy, back surgery, caesarean sections and bypass surgery.

Result: Needless expense, discomfort and even the risk of fatal complications, all because a surgeon was eager to operate. To avoid trouble, always get a second opinion before agreeing to surgery. Many problems frequently treated with surgery can be resolved more cheaply and safely via exercise, changes in diet, physical therapy and other nonsurgical methods.

Overbearing Doctors: Americans tend to be much more deferential toward doctors than toward lawyers, accountants, and other professionals we employ, and doctors rarely do anything to stop us.

Explanation: Most of us started seeing doctors when we were kids, and we still behave like kids in the presence of them.

Better Way: Instead of blindly accepting your doctor's advice, make it a point to discuss all your available options.

Helpful: Calling your doctor by his/her first name, especially if the doctor calls you by yours. Doing so reminds you that you are on an equal footing with one another, that you are hiring the doctor, and not the other way around.

Overly Aggressive Treatment: Every good doctor knows that too much medical care is just as deleterious as too little. Unfortunately, patients often demand aggressive treatment.

Problem: While such treatment might be warranted for serious ailments, some conditions do just as well with minimal or no treatment. In fact, few medical conditions call for urgent intervention of any kind. Certainly you should see a doctor right away for obvious injuries, severe pain or high fever.

Reason: Many conditions improve or disappear without treatment, saving you money, aggravation and more. (Healing Unlimited, pages 131 and 132).

Training Module Two - Are You Learning Anything?

Objective: To provide a strong incentive to senior citizens on learning as they travel, attend seminars, and conferences and represent the community as a whole.

Procedure: Remind senior citizens that they are expected to think of the training exercises as a learning process and of themselves as learners, that there is always something to learn in life, no matter how young, or how old we are.

Follow-up on related health-care experiences.

Discussion To be answered on survey.

Questions:

The object of the training is to encourage senior citizens to be continuous learners, and to put that learning to work in multiple, creative ways as soon as possible after the learning experience.

Materials: Pencils and Survey Handouts

Approximate Time 15 minutes

Required:

Training Module Two - Narrative

How To Cut Through Medical Mysteries That Your Doctor Cannot Solve

Section One

In this age of modern medical technology, we sometimes expect our doctors to be able to accurately diagnose and successfully treat every single disease. But no doctor is always right. Many people spend years suffering from ailments that have defied the efforts of even highly trained medical specialists.

Doctors have particular trouble dealing with ailments whose symptoms fail to "add up" to a known disease. Show up at the emergency room with a broken leg or a heart attack, and odds are strong that you will get prompt, professional treatment. Show up complaining of fatigue or vague aches and pains, though, and you will probably have problems.

Reason: Most doctors like to "cookbook" their way through their cases. If you do not fit the recipe, the doctor has no idea of what to make of you or your ailment.

If your physician seems unable to solve your particular ailment, do not hesitate to seek out a second opinion, or even a third or fourth opinion.

Many commonly misdiagnosed and mistreated ailments are controllable if you find a physician willing to make the effort.

It is crucial that there be a willingness to consider all the possible causes of an ailment, not just the usual causes.

Commonly Misdiagnosed Ailments: Chest pain. Chest pain that cannot be linked to heart disease or some other familiar cause is often put down to a bad case of "nerves." But good doctors realize that once heart disease is ruled out, there remain several other possible culprits for the pain. They include spasms of the chest muscles and more common, gastroesophageal reflux. This condition results when stomach acid splashes upward into the esophagus. It can cause pain that closely resembles that caused by heart disease.

However, unlike most chest pain caused by heart disease, pain from gastroesophageal reflux is not made worse by exertion. Gastroesophageal reflux is usually made worse by a big meal, while heart pain is only occasionally linked to eating. Eating less and avoiding aspirin and other medications that irritate the stomach are often effective against gastroesophageal reflux, as is keeping the head elevated during sleep.

Fatigue: Many different ailments, from anxiety disorder to parasitic infections, can cause chronic fatigue. Doctors are usually quite

adept at treating fatigue that can be linked to one of these ailments. But doctors unable to pinpoint an underlying cause are too eager to blame fatigue on stress, depression or another psychological problem. In such cases, another possible culprit, chronic fatigue syndrome, is frequently overlooked.

Once thought by many to be merely a "fad" disease, chronic fatigue syndrome is now broadly recognized as a real and often debilitating ailment. Yet only a minority of doctors are adept at diagnosing and treating it. Unlike most other forms of fatigue, chronic fatigue syndrome is often accompanied by flu-like aches and pains, sore throat, mental "slowing" and other vague symptoms. Chronic fatigue syndrome is typically made worse by exercise. Other forms of fatigue are little affected by exercise.

While there is no "magic bullet" for treating chronic fatigue syndrome, many drugs are effective at treating its symptoms.

Key: Find a physician willing to work with you to keep your symptoms in check. In most cases, chronic fatigue syndrome disappears spontaneously after two and a half to three years.

Headache: Many so-called "stress" headaches are really caused by muscular fatigue stemming from nighttime clenching of the teeth

(bruxism), or by chronic tension in the muscles at the base of the neck (trapezius muscles). Unfortunately, few doctors ever take the time to examine these muscles, so many patients wind up taking drugs when behavioral therapy aimed at reducing stress would be far more beneficial for them.

Alternative treatments: In some cases, these headaches may also be relieved by treating the affected muscles with massage, electrical stimulation, or even injections of saline solution or by a combination of these treatments.

Impotence: At one time, doctors thought that nine out of every 10 cases of impotence were psychogenic, caused by psychological factors, including depression and anxiety. It is now felt that only about half are caused by specific physiological (organic) problems, including poor blood circulation in the penis.

Problem: Many men suffering from organic impotence are treated as if they have psychogenic impotence. These men waste time in psychotherapy or taking mood-altering drugs when their problem could be quickly and easily treated with minor surgery or with other appropriate drugs.

Bottom line: Any man suffering from impotence should make sure his physician considers both possible causes before accepting treatment.

Sleepiness. Daytime sleepiness not caused by insomnia is often blamed on depression or emotional stress, and is often treated with sleeping pills. In fact, many people troubled by daytime sleepiness are really suffering from sleep apnea. That is a condition in which sleep is disrupted scores or even hundreds of times nightly, and which cannot be controlled by sleeping pills. Sleep apnea strikes all kinds of people but is most common among obese men who snore heavily.

Mechanism: Loose tissue inside the throat sags during sleep, eventually pressing upon and blocking the windpipe, disrupting breathing and causing the person to wake up. In many cases, a sleep apnea sufferer's bed partner is well aware of these waking episodes and may be instrumental in helping with the diagnosis.

Caution: Sleep apnea is more than an annoyance. It can cause fatal heart irregularities. Anyone suffering from unexplained drowsiness should suspect this condition. There are many effective methods of treating it.

Sore throat. Doctors often treat a sore throat as if strep throat were the only possible cause. In fact, there are many other potential causes, and the antibiotics that are so effective against strep do nothing to control them. Other possibilities: mononucleosis, tonsillitis, chlamydia, chronic fatigue syndrome, thyroid inflammation and more. In some cases, sore throat is caused by tenderness of the carotid arteries, a condition known as carotodynia.

Important: Do not take antibiotics unless your doctor has ruled out other possibilities. Insist that the true cause of the sore throat be found before you accept treatment (Editors of Boardroom Classics 132, 133, 134).

How to Stand Up for Your Rights as a Patient

Section Two

It is important for us all to take a more active role in our own medical treatment to insure getting the most appropriate care. In medicine, information is power. Before you consent to any procedure, you have the right to know what that procedure is, its risks and benefits, its cost, what the alternatives are and the doctor's success rate with the procedure.

Important: Take advantage of your right to get a second opinion before agreeing to surgery. No doctor worthy of the title should object. The process will let you in on a secret known to all doctors but few lay people: There is no universal agreement on how to treat specific conditions. What one doctor thinks is the best treatment, another may think is the worst.

Your medical records: Your records are confidential, but in the average teaching hospital, a patient's chart is available to at least 125 people in one day, three shifts of nurses, doctors, medical students, technicians and insurance personnel. It is the job of many of them to add to your medical records. But when so many people have access, human error is inevitable. The standard error rate on medical records runs three percent to ten percent.

Imperative: Take advantage of your right to your medical records. Find out exactly what the medical profession knows about you and make sure the information they have is accurate.

The consent form: Before undergoing surgery, you are asked to sign a consent form. The form should not contain any information that you have not already discussed with your doctor. If there are any clauses

with which you do not agree, such as allowing pictures to be taken during surgery, cross them out and bring them to your doctor's attention.

If you are being treated at a teaching hospital, you have the right not to be treated by medical students if you do not wish to be. If you have chosen the hospital so a celebrity physician can perform the operation, make sure it is that doctor who will actually do the surgery. If you see a clause in the consent form that refers to "Dr. Celebrity or his designees," cross it out and be sure to have a talk with your physician.

If any type of research is to be done on you, you will be asked to sign a separate form. You are not obligated to participate in any research, and your decision cannot prejudice your care.

Refusing treatment: You need not accept any medical treatment you do not wish to receive. You do not have the right to demand a specific treatment from a doctor, but you do have the right to agree, or disagree, with his recommendation. The right to refuse treatment is a powerful one, it even extends to artificial life support, dialysis, a respirator, artificial feeding, etcetera. You cannot force a doctor to help you die, but your request to remove life-sustaining equipment must be respected.

Crucial: Leave written instructions about your treatment, and designate, in writing, someone to act in your behalf, in case you are rendered incapable of making a competent decision yourself. Legal disputes arise when a patient has lost consciousness or is otherwise unable to make his intentions known. We do not like to think about these issues when we are healthy, but if we do not think about them then, we may not be able to influence what happens to us in the future.

You can write your own living will, which states your wishes regarding artificial life support, but some hospitals have refused to recognize these.

It is safer to have your lawyer draw up a durable power of attorney (sometimes called a health care proxy), giving someone you trust the power to make decisions about your medical care if you cannot make them yourself, and to interpret your living will if it is ambiguous. No court has yet refused to recognize this document. Keep copies where they can be readily accessed when needed. Do not keep them in a safety-deposit box (Editors of Boardroom Classics 135-136).

Training Module Three - A Training Exercise

Objective: To get senior citizens used to being personally responsible for listening to what is important to them.

Procedure: Senior citizens listen to instructor, read and discuss from screen. Overhead projector is used. Senior citizens are asked to report to the group in a structured manner to the effect: While listening to the speaker,

I heard ...

I realized ...

I learned ...

Guide each senior citizen to report according to this very structure of speaking. The goal is to put the burden of truth on the listener.

Good listening is something we do not do very well. Effective senior citizen group exercises require all group members get the same message and talk the same language. This means senior citizens have to be good listeners in order to become personally responsible for themselves.

Materials: Survey handout

Approximate Time 15 minutes

Required:

Training Module Three - Narrative

Organizing a Nutritional Therapy Plan and Making It Work

Once you decide you would like to try a nutritional approach to maintaining good health, the first thing to do is to consult with your physician about the advisability of changing your habits. Be prepared for the possibility that he or she may oppose the idea of taking mineral and vitamin supplements. A doctor might tell you that vitamin and mineral supplements are unnecessary, since you get all of the minerals and vitamins you need by eating a balanced diet.

At this point, you can do one of a number of things. You can:

1. Give in and say, "That sounds good to me."
2. Ask for a copy of such a balanced diet, along with specifications showing how it provides all of the essential nutrients you need each day. Insist on getting a list of the essential nutrients each food item contains. Then compare this with those presented in Food Values of Portions Commonly Used. Remember that cooking food, exposing it to the air, or even storing it for a short time can destroy numerous sensitive nutrients. Consider that much of the food available in supermarkets is refined and so is deficient in nutrients.

3. Ask what fraction of each nutrient from each food is actually absorbed from the digestive tract into the bloodstream. Nutrients that are not absorbed do not do you any good.

4. Remember that the recommended daily allowances in many cases are much lower than the amount of each nutrient you would need to support good health. This is true of magnesium and vitamins C and E, among others.

5. Discuss the need to counteract the chemical free radicals we encounter in the environment. These include ozone from electric motors; nitrogen oxides from all combustion processes; chemicals present in chlorinated water; hydrocarbon chemicals and their derivatives present in automobile exhaust gases; the free radicals formed by excessive consumption of unsaturated fats (vegetable oils and partially hydrogenated vegetable oils); and many others. Ask for an explanation of the effects of these agents on your health.

6. Even though your physician might deem them to be useless and a waste of money, ask if you can take selected nutritional supplements without harming your health. If the answer is yes, ask your doctor to help you select a program of essential vitamin and mineral supplements. Seek your doctor's help in monitoring the improvement in your health.

7. If your physician denies that there is any point in taking nutritional supplements, lend him or her a copy of this book to read about the amazing health benefits of maintaining an adequate balance of minerals and vitamins in the body. Then discuss your personal case.

8. If your doctor still claims that nutritional supplements are useless, or even harmful, ask for copies of original scientific studies that confirm that opinion.

9. If you are not satisfied that your doctor is taking your concerns seriously, you may wish to seek a second opinion, or even a third or fourth. If so, go ahead. It is your body and your health.

In any event, consult with your physician. It may not be easy, but be polite and persistent. You need his or her professional advice. And you may be surprised. Not all physicians resist nutritional therapies, though many do.

The results of the training session indicated that the audience was pleased with the material presented, and that a learning process had occurred. The strength of the training session was evidenced by the cooperation and supportability of the audience. The weakness of the training session was attributed to people who arrived late.

Late arrivals interfered with the allotted time frame in which to conduct the training session. At the time the training session was supposed to begin, there was not enough people present to make it worthwhile.

A two-hour training session would have enabled this author to have presented the material in a more-in-depth manner. However, because of the busy day June 5, 1998, at the Bellefontaine United Methodist Church, and the fact that time in itself was a prevailing factor to this author, this author made use of the time allowed to the best of her ability.

Doctor Ronald Klatz, President of the American Academy of Anti-Aging Medicine, wrote in the November, and December, 1997, issue of Total Health, that the two approaches of medicine, the scientific approach and the alternative approach, became diametrically opposed, but that they could be drawn together to the greater benefit of all humankind (Klatz 35).

Klatz said that conventional medicine, (that which is taught at medical schools), was strip-mining the scientific arena, and that conventional medicine did not allow physicians to dig deep enough, and that conservatives were keeping progressive researchers from making as many new discoveries as they could (Klatz 35).

Klatz believes it is ethically imperative for medical professionals to keep an open mind concerning the values and validity of alternative healing techniques which have established their efficacy over hundreds of years. Klatz feels that anti-aging clinicians, (medical professionals who cooperate and coordinate their efforts to ensure optimal health and longevity for their patients) are committed to staying abreast of all innovations, whether they be cutting-edge, university based science, or well-documented alternative healing methods that work. Klatz feels practitioners can then apply this varied health-supportive knowledge to a patient's individual needs, resulting in a more effective and expedient healing process (35).

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APPENDIX A

in an effort to bring about the kinds of changes that you have
wanted at various stages in your career. I am sure that you
will be able to do this in the future in a way that is
satisfying to you.

1. Did you like the type of information you were given today?

Yes No

2. Did this information seem to be useful in the long run, and
did you feel that the journey of your spiritual life for the
future was made easier?

APPENDIX A

3. Has there been any information received with you today that you
have changed, either in your knowledge of your life or in
please give the name of a person who

4. Did you see any of the things that you had heard of in the
past, and did you see any of the things that you had heard of in the
past?

Yes No

5. Do you feel that you have the information that you need to
do a good job in your work, and do you feel that you have the
information that you need to do a good job in your work?

Yes No

SURVEY!

In an effort to better meet the needs of any future training sessions, I, Violet M. Connoyer, student of Lindenwood University located in St. Charles, Missouri, ask you to take a few minutes to complete the following survey.

1. Did you like the type of information that was presented to you today?
Yes No

2. Did this information serve to be helpful and/or enlightening, and did you feel that the primary objective intended was for the purpose of continued education?
Yes No

3. Has there been any information shared with you today that may have changed, and/or impacted the course of your life? If so, please state the nature of information.

4. Do you place any credence upon how you feel and what you think about things that hapen in your life, or doesn't it matter?
Yes No

5. Do you feel (such as I), that the information shared together today as a group will enable you to be more assertive and aggressive in your health and business matters hereafter?
Yes No

6. Please circle one of the following.

12-19 yrs 20-29 yrs 30-39 yrs 40-55 yrs

55 and older

7. Please provide any other comments below that you feel are important in meeting your needs, and that I may have missed in this survey.

Thank you for your time in completing this survey! I appreciate your help.

Please hand me all completed surveys before departing the room.