

News You Can Use

Fish-Oils Not Prescribed Widely in United States for CVD

A recent survey of family physicians in Washington State indicates that, despite knowing about the heart healthy benefits of fish oils and having favorable views of nutritional therapy, doctors frequently do not recommend these oils for patients who have cardiovascular disease (CVD). The 22-item survey was mailed to randomly selected family physicians in the area.

The researchers found that only 17 percent of the doctors recommended fish oil to their patients—even those who had had heart attacks. Doctors who were high prescribers of fish oil were more likely to be aware of its ability to reduce the risk of sudden death and were also more likely to have time to discuss dietary therapies with their patients.

Yet, in Europe, more physicians recommend eating fish or taking fish oil supplements than U.S. doctors do. Some of the reasons for this disparity may include the fact that fish oil is sold as a nutritional supplement and has not been approved of by the U.S. Food and Drug Administration as a treatment for CVD. There are also concerns regarding the quality of the products, some of which combine the beneficial oils with less-useful fatty acids.

The researchers recommended raising awareness among doctors about the benefits of fish oil and reducing time constraints that prevent doctors from counseling their patients about dietary matters. [Oh RC, Beresford SA, Lafferty WE. The fish in secondary prevention of heart disease (FISH) survey—primary care physicians and omega-3 fatty acid prescribing behaviors. *J Am Board Fam Med* 2006;19:459–467; and Rosenthal E. In Europe it's fish oils after heart attacks but not in U.S. *New York Times*, October 3, 2006]

Chinese Herb-and-Insect Formula for Angina Pectoris

***Tongxinluo*—a formula containing traditional herbs and insects—is used to treat cardiovascular diseases in China and other Asian nations and may have some promise for helping patients who have unstable angina pectoris.** Recently, a group of reviewers searched several databases to locate studies to learn more about the effectiveness of this formula for treating the condition

The papers searched included studies appearing from 1995 to 2005 in the Cochrane Central Register of Controlled Trials, MEDLINE,[®] EMBASE, Chinese Biomedical Database, China National

Knowledge Infrastructure, and Japana Centra Revuo Medicina. In addition to these online sources, the reviewers handsearched other relevant Chinese journals and checked information from manufacturers and on registers of ongoing studies.

The review included randomized trials that compared either the *tongxinluo* capsule only or standard treatment plus the capsule with other drugs used to treat angina pectoris, placebo, or no intervention. Two researchers identified studies that were considered relevant for the review, and 18 studies were included. These were short-term follow-up trials with a total of 1413 people.

The researchers did not find strong evidence that *tongxinluo* capsules reduced the combined outcome of acute myocardial infarction (AMI), angioplasty, coronary artery bypass graft (CABG), and sudden death or all-cause mortality but the capsules in combination with routine angina therapy did reduce the risk of AMI, angioplasty, or CABG. In addition, *tongxinluo* capsules did reduce the frequency of angina attacks and improved readings on the patients' electrocardiograms.

The reviewers recommended that large, high-quality randomized, controlled trials be conducted, as the evidence was not yet sufficient to recommend this treatment for patients with unstable angina pectoris. [Wu T, Harrison RA, Chen X, et al. *Tongxinluo* (*Tong xin luo* or *Tong-xin-luo*) capsule for unstable angina pectoris. *Cochrane Database Syst Rev* 2006;4:CD004474]

Milk Thistle Seed May Assist Blood Sugar Control in Type 2 Diabetes

Silymarin (an extract of milk thistle seed) may help people with type 2 diabetes control their blood sugar levels according to the results of a recent small study. The antioxidant herb lowered the amount of sugar bound to hemoglobin in blood significantly as well as reducing fasting blood sugar levels.

The 4-month trial was a randomized, double-blinded, placebo-controlled study of 51 patients with type 2 diabetes. One group of 25 patients received a 200-mg silymarin tablet three times per day plus conventional oral hypoglycemic agents. A second group of 26 patients received the same conventional therapy but the tablet taken was a placebo. The patients were examined during each month of the study.

At the end of the trial, the group treated with the silymarin had significant reductions in fasting blood glucose levels and in glycosylated hemoglobin while both of these measures rose significantly in the placebo group. Blood lipids were decreased in

the treatment group but the effect was not considered significant.

The researchers noted that their results were encouraging and that there was a need for additional large multicenter trials. [Huseini HF, Larijani B, Heshmat R, et al. The efficacy of *Silybum marianum* (L.) Gaertn. (silymarin) in the treatment of type II diabetes: A randomized, double-blind, placebo-controlled, clinical trial. *Phytother Res* 2006;20:1036:1039]

Pain Prevalence High in U.S. Citizens

A recent *Chartbook on Trends in the Health of Americans*, included with *Health United States, 2006*, offers a startling statistic about pain among U.S. citizens—1 of 4 adults over age 65 reported having at least a day-long bout of pain in the month prior to being surveyed and 1 in 10 reported that their pain lasted for 1 year or longer.

Health, United States is an annual report on the health of U.S. citizens. It is prepared by the Centers for Disease Control and Prevention's National Center for Health Statistics. The lead study author of the section on pain explained that this problem was chosen for highlighting because "it is rarely discussed as a condition in and of itself—it is mostly viewed as a byproduct of another condition, . . . because the associated costs of pain are posing a great burden on the health care system, and because there are great disparities among different population groups in terms of who suffers from pain."

Additional statistics in the report revealed that:

- Low-back pain affected more than one fourth of adults.
- Migraine or severe headaches affected 15 percent of the respondents, with people ages 18–44 almost three times as likely as people over 65 to have the problem.
- Severe joint pain increased with age and women had this type of severe pain more often than men (10 percent versus 7 percent, respectively).
- Between 1988–1994 and 1999–2002, narcotic drug usage to alleviate pain rose from 3.2 percent to 4.2 percent.

An average of \$6,280 per person was spent on health care in 2004 with seven percent of adults not receiving health care because they could not afford to pay for it.

For more information on pain and CAM see the interview with James N. Dillard, M.D., D.C., C.Ac., on pages 292–296.

Acupuncture, Hypnosis May Relieve Labor Pain

If the results of a small meta-analysis are borne out in larger trials, acupuncture and hypnosis may provide pain relief for women in labor. A group of reviewers searched several sources at different time periods for information on various complementary and alternative medicine (CAM) modalities for reducing pain during labor. These sources included the Cochrane Pregnancy and Childbirth Group trials register (July 2002), Cochrane Controlled Trials Register (July 2002), MEDLINE (1966–2002), EMBASE (1980–July 2002, and CINAHL (1980–July 2002).

Randomized controlled studies that compared CAM therapies with placebo, with no treatment, or with pharmacologic pain management were included whether or not the trials were published. The patients included women who gave birth to one or more children and who had spontaneous or induced labor. Both the first and second stages of labor were included.

Seven trials with a total of 366 women were selected for a meta-analysis that measured maternal satisfaction, use of pharmacological pain relievers, and adverse outcomes for either the mothers or their neonates. The trials included acupuncture (1), audioanalgesia (1), aromatherapy (1), hypnosis (3), and music (1).

Patients who received acupuncture (n = 100) had a decreased need for pain relief and those who were hypnotized (n = 189) were more satisfied than controls. However the other CAM approaches did not produce any differences. The researchers cautioned that the number of patients in this analysis was small and that further research is needed to confirm these initial results. [Smith CA, Collins CT, Cyna AM, Crowther CA. Complementary and alternative therapies for pain management in labour. *Cochrane Database Syst Rev* 2003;2:CD003521]

National Institute on Aging to Study Herb for Alzheimer's

A national clinical trial of an extract of Chinese club moss, sponsored by the National Institute on Aging, will explore whether the herb can be used to help treat Alzheimer's disease and other forms of dementia. The plant is sold in stores with nutritional supplements and is used in China for treating cognitive disorders.

Trial participants will receive either a dose of huperzine A (an alkaloid extract from Chinese club moss) or a placebo. The dose will be larger than what is sold commercially. After the period of comparing the extract to placebo, all patients will be given huperzine A for 8 weeks and then offered the option to continue taking the extract if they feel it is helpful. The scientists will test participants' cognitive functioning throughout the study period.

For more information, visit the website: www.clinicaltrials.gov/ct/show/NCT00083590

National Eye Institute Envisions Large Study on ARMD

The National Eye Institute of the National Institutes of Health (NIH) is conducting a nationwide study to determine the effects of antioxidants and fish oil on age-related macular disease (ARMD). In U.S. patients over age 60, ARMD is the leading cause of vision loss, with nearly 2 million Americans affected with an advanced form of the disease and another 7 million at a high risk for vision loss.

Five (5) years ago the Age-Related Eye Disease Study showed that high-dose antioxidant vitamins and minerals (vitamins C and E, β -carotene, zinc, and copper) taken orally reduced progression of ARMD by 25 percent as well as lowering the risk of moderate vision loss by 19 percent.

The new study—entitled AREDS2 will add lutein and zeaxanthin and omega 3 fatty acids (docosahexaenoic acid and eicosapentaenoic acid) to the formula used in the original study to determine if these nutrients also affect ARMD. The researchers will recruit 4000 volunteers with ARMD, ages 50–85, from nearly 100 clinical centers.

For more information, contact: phone (877) 273-3780; website: www.nei.nih.gov/AREDS2

CAM Use for Sleep Problems

In 2002 the National Health Interview Survey was conducted to learn the extent of CAM use among patients with insomnia and other problems associated with sleeping. Logistic regression was used to analyze associations among insomnia or trouble sleeping and comorbid conditions and use of CAM treatments.

Over a period of 12 months the prevalence rate of insomnia or trouble sleeping was 17.4 percent among the population sampled. Four (4) of 5 adults with either of the problems also reported having comorbid conditions, such as obesity, hypertension, congestive heart failure, and anxiety or depression, and 4.5 percent of adults with insomnia or trouble sleeping used CAM to treat these conditions.

But these numbers are not small because the analysis indicates that more than 1.6 million noninstitutionalized U.S. adults are using CAM to treat sleeping problems. Thus, more information is needed about what types of CAM are being used and how effective they are. [Pearson NJ, Johnson LL, Nahin RL. Insomnia, trouble sleeping, and complementary and alternative medicine: Analysis of the 2002 National Health Interview Survey data. *Arch Intern Med* 266; 166:1775–1782]

Botanical Medicine Course on the WWW

A multisite project initiated by the University of Arizona Program in Integrative Medicine, Tucson, and Beth Israel/Albert Einstein, Bronx, New York, will bring a botanical medicine module into residency training in 14 residency programs around the United States. The residency programs are in family medicine, internal medicine, and obstetrics/gynecology. Each program can integrate the free course into its own academic schedule but the course will be a requirement.

The course development was led by Tierona Low Dog, M.D., and features online interactive reviews of research papers, case histories, and clinical challenges. The module is designed to enable residents to discuss and recommend herbs, read labels on herbal products, access resources about botanicals, and determine which botanical research is of good quality. Another goal is to enable residents to discuss and recommend herbs for addressing menopause.

For more information, contact: Victoria Maizes, M.D., phone: (520) 626-6417; e-mail: vmaizes@ahsc.arizona.edu or Benjamin Kligler, M.D., M.P.H.; phone (646) 935-2251; e-mail: bkligler@chpnet.org

New Dietary Research Bibliography Highlights Research on Supplement Claims

The Office of Dietary Supplements (ODS), of the NIH, has released its 2005 issue of the *Annual Bibliography of Significant Advances in Dietary Research*, the seventh issue of this bibliography to date. **The new bibliography includes abstracts of 25 dietary research papers in 2005 that were considered noteworthy by an international team of reviewers.**

In contrast to previous issues, this one offers more papers describing studies of how effective dietary supplement products actually were compared with the claims made for the products by their marketers. Coverage includes effects of botanicals, B and D vitamins, and calcium on fractures; mineral supplementation on mineral status; and vitamin E on CVD. The papers describe the supplements' mechanisms of action to affect health or offer explanations to advance understanding of these effects in individuals.

The papers were drawn from more than 1000 papers from 58 peer-reviewed journals; 261 papers were evaluated by the international team of 50 reviewers who are all recognized experts in nutrition, botanical sciences, and public health.

To obtain a copy of the *Bibliography*, contact: ODS, NIH, 6100 Executive Boulevard, Room 3B01, MSC 7517, Bethesda, MD 20892-7517; e-mail: ods@nih.gov or download it from http://ods.od.nih.gov/Research/Annual_Bibliographies.aspx

Writing—an Rx for Physicians

One of the essential paradigms in CAM is the concept of the patient as an individual human being rather than being considered a "case" or categorized by a "disease." **Many residency programs offer support groups to help residents air their concerns and deal with the emotional effects of practicing medicine—but now a small study suggests that writing down such experiences in narrative form may also help residents get to know themselves and their patients better.**

For the study, 15 residents, from 3 training programs in one institution, participated in a 2-and-1/2-day writing workshop. The doctors wrote narratives about what it was like to give bad news to patients; feeling burned out, powerless, or insecure; and how little they knew about their patients. A positive theme that also emerged was the healing power of compassion. Afterward, the study participants evaluated the workshop in a focus group.

While the number of participants in the workshop was small, the study suggests that creative writing may be a way for residents to access their own feelings about their work and become more cognizant of their patients' emotions. The doctors also gained an expressive outlet and felt a greater sense of community among themselves. [Reisman AB, Hansen H, Rastegar A. The craft of writing: A physician-writer's workshop for resident physicians. *J Gen Intern Med* 2006;21:1109–1111]

Davidson Receives First Award for Mind-Brain-Body Research

The first recipient of The Mani Bhaumik Award has been given to Richard J. Davidson, Ph.D., director of the Laboratory for Affective Neuroscience and the W.M. Keck Laboratory for Functional Brain Imaging and Behavior, University of Wisconsin at Madison, for his work on the brain's neuroplasticity.

The award was established earlier in 2006 for scientists around the world who advance knowledge of how the brain and the conscious mind participate in healing. The award was named after Mani Bhaumik, Ph.D., who co-invented the technology used in laser-assisted in situ keratomileusis (LASIK) surgery, and the award is given annually via the Cousins Center for Psychoneuroimmunology at the University of California, Los Angeles. The center is named for Norman Cousins, author of the seminal work *Anatomy of an Illness as Perceived by the Patient* (New York: W.W. Norton, 1979).

Dr. Davidson studies the relationship between the central circuitry of emotion and peripheral biology to explore how the mind, brain, body interact. He seeks to explain why people respond very differently to emotional challenges. His work has included a series of brain scans of Tibetan monks that suggested that emotions such as love and compassion can be learned.

Research Career Development Award Established

A new award has been established by the Bernard Osher Foundation, based in San Francisco, California, and the National Center for Complementary and Alternative Medicine (NCCAM). **The award is designed to help clinicians involved in manual manipulation therapy explore research careers in CAM, and was established via a grant to the Foundation for the NIH.**

The goal is to promote CAM via research training and mentorship and the award will be given to individual practitioners who have clinical CAM doctorates and wish to pursue research in the field but have limited opportunities for research training. To be eligible an applicant should have one or more of the following degrees from a medical institution that includes teaching about manual manipulation as part of a core curriculum: D.C.; N.D.; D.A.O.M.; or D.O.

Each recipient will receive up to 5 years of intensive training in biomedical, behavioral, or clinical sciences related to CAM and the training will be supervised.

For more information, contact: phone: (888) 644-6228; website: nccam.nih.gov/training/

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