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*THE OPTIMAL AGING AND MIND-BODY-SPIRIT CURRICULUM SERIES:  
MODULES FOR MEDICAL AND HEALTHCARE PROFESSIONAL  
EDUCATION*

***MODULE 4: Optimal Aging and Complementary and Alternative  
Healthcare in Working with Geriatric Patients - Body***

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## Learning Objectives

1. Define alternative and complementary healthcare approaches.
2. Define integrative and mind-body medicine.
3. Identify one of the nation's largest and most complete resources for scientifically based information about complementary and alternative healthcare approaches.
4. Explain why an understanding of, and familiarity with, complementary and alternative healthcare practices with an emphasis on physical approaches are important for a healthcare professional to know, especially when working with older patients.
5. Provide a commonly used definition of optimal aging.
6. Explain why the concept of optimal aging is compatible with osteopathic and allopathic medical techniques and practices.
7. Identify at least three examples of mind-body approaches that use the body as the main pathway to affect the whole person, and describe what they each are and what they each can do.

## Lecture

To begin our discussions today, we will briefly review the definitions of complementary or alternative health care approaches, integrative and mind-body medicine, and optimal aging.

Alternative or complementary healthcare derives its name from being alternative or complementary to allopathic medicine, which typically involves the use of drugs, surgery, or rigorously tested FDA approved modalities of treatment. Alternative or complementary healthcare typically involves the use of natural substances, such as herbs, and the use of mind, body, and spiritual techniques. The terms are used interchangeably, but it should be noted that generally alternative approaches use techniques that are alternative to conventional medical techniques, and complementary approaches use techniques that are in addition to conventional techniques. It should also be noted that, at some point in time, probably any medical approach or technique was considered complementary or alternative to what is currently considered conventional, until sufficient testing, research, and standardization of procedure was done. Even different medical philosophies vary in what they consider standard and complementary techniques, e.g. allopathic medicine does not include osteopathic manipulation treatment as a conventional technique, whereas in osteopathic medicine, it is a foundational technique.

Mind-body medicine, popularized by Deepak Chopra, MD, or integrative medicine, popularized by Andrew Weil, MD, involves what are considered by many to be the best approaches from all branches of healing modalities: allopathic, osteopathic, and complementary or alternative techniques. It is important to recognize that many of the techniques adopted by Dr. Weil originated with Andrew T Still, MD, DO, the founder of osteopathic medicine, who was a forerunner in the area of integrating the best practices from several healing approaches to develop a new more comprehensive treatment system. (See Appendix to the Module Series for autobiographical and biographical information about Andrew T Still). These terms are often used interchangeably. Mind-body medicine focuses on the interactions between the brain, the body, the mind, and

behavior. It also focuses on the ways in which emotional, mental, social, spiritual, experiential, and behavioral factors all affect health.

The National Center for Complementary and Integrative Health (NCCIH), located within the National Institutes for Health (NIH), is one of the largest and most complete resources for scientifically based information about complementary and alternative medicine. Among other resources, it includes literature reviews, clinical guidelines, a dictionary of practices and approaches, and reviews of research. Much of our discussion will be based on NCCIH information.

In a study done by branches within NIH, it was found that about 38% of adults in the United States use some form of alternative medicine, and the number continues to grow. Alternative and complementary practices are used by people from all backgrounds, but is greater among women, those with higher incomes and education, and among adults age 50-59. However, high percentages of use also exist among those aged 60-69 (41%), 70-84 (32%), and 85+ (24%).

Geriatric patients will often use a combination of conventional medical approaches and complementary or alternative health approaches, for many reasons. Some of the more common reasons include relief from pain, anxiety, insomnia, or a general desire for improved wellness. Healthcare professionals need to be familiar with the types of treatments their geriatric patients may be using, so they can provide and coordinate the best treatment plan, and so they can give advice and counsel about patient-chosen alternative health care techniques.

In working with geriatric patients, it is useful to have a framework for treatment. Ken Brummel-Smith, MD, a noted geriatrician, has provided an easy working definition of optimal aging that is commonly used by clinicians, geriatricians, and geriatric patients: optimal aging is the capacity for function across many domains - physical, functional, cognitive, emotional, social, and spiritual - to one's satisfaction and in spite of one's medical condition. Osteopathic medicine supports this definition of optimal aging, through its foundational principles that focus on the whole person, on the capacity of the body to heal itself if given the right conditions, on the use of Osteopathic Manipulative

Treatment (OMT) and Osteopathic Practices and Principles (OPP). Osteopathic medicine supports the body's inherent ability to heal itself and is patient-centered, rather than disease centered, as opposed to some other types of medicine. Allopathic medicine supports this definition of optimal aging through its efforts to relieve symptoms of disease or malfunction, reduce or eliminate pain, and to improve quality of life for patients.

Examples of mind-body practices that use the body as the starting point to affect the mind, body and spirit of a person are many. It is hard to find anyone, of any age, who does not incorporate one or more of these techniques in their lives naturally and on a regular basis. Included in this category in alphabetical order are such things as aromatherapy, homeopathy, massage, music (including both playing and listening), Qi Gong and Tai Chi, Reiki, Therapeutic Touch (often used by nurses), and yoga. Also deserving special mention is one of the important foundational osteopathic practices – Osteopathic Manipulation Treatment. A brief description of these techniques follows.

- **Aromatherapy:** Aromatherapy is the use of essential oils from plants (flowers, herbs, or trees) as a complementary health approach, generally involving inhalation of the odor of warmed essential oils for relaxation or alleviation of other health symptoms. NCCIH has 80 studies on the efficacy of using aromatherapy for different conditions, including several meta-analyses.
- **Homeopathy and Bach Flower Essences:** Homeopathy was developed in Germany at the end of the 18<sup>th</sup> century. Basic principles include “like cures like” – the notion that a disease can be cured by a substance that produces similar symptoms in healthy people, and the “law of minimum dose” – the notion that the lower the dose of medication the greater its effectiveness. Homeopathic remedies generally come from plants or minerals, and are often found in sugar pellets that are placed under the tongue, but other delivery systems can also be used. There is no research showing the efficacy of homeopathy, but it has many adherents. According to a 2007 National Health Survey, which covered a comprehensive survey of the use of complementary health practices used by Americans, almost 4 million adults and almost 1 million children used homeopathy in the previous

year. This includes use of a homeopathic product as well as visits to a homeopathic practitioner. Out-of-pocket costs were almost \$3 billion for homeopathic medicines and about \$170 million for visits to homeopathic practitioners.

- **Massage:** Massage therapy is a broad category covering many different techniques. Generally, therapists press, rub, or manipulate the muscles and other soft tissues of the body. They most often use their hands and fingers, but may use their forearms, elbows, feet, or even some tools to aid in the manipulation. There is a great deal of research showing the effectiveness of the various types of massage for several health conditions, such as relief from back, neck, and joint pain, and meta-analyses have been conducted in this area, as well.
- **Music (both playing and listening):** Music can be used to affect people's moods. It can relax, stir up, induce a stupor-like trance, or calm someone who is anxious. Preliminary research has shown that some mind-body practices such as music therapy can be helpful in relieving some of the symptoms related to dementia, such as agitation and depression.
- **Qi Gong and Tai Chi:** Qi Gong and Tai Chi are disciplines from traditional Chinese medicine that combine gentle physical movements, mental focus, and deep breathing. Qi Gong and Tai Chi both show some beneficial health effects on a number of conditions, such as arthritis and fibromyalgia. Some studies have also shown improvement in the immune system as a result of using these practices.
- **Reiki and Therapeutic Touch (often used by nurses):** Reiki is a complementary healthcare technique in which practitioners work with the energy field around the person, and either put their hands lightly on various parts of the body or hold their hands above the body of the patient. Research on this modality is inconclusive, with a general lack of research for the most part, and with mixed results for much of the rest. Anecdotally, there are many reports of Reiki helping with both emotional and physical conditions. Therapeutic Touch is often taught to

nurses, and is another technique that uses gentle touch as a healing, calming, or comforting modality.

- **Yoga:** Yoga is a mind-body practice with origins in ancient Indian philosophy. The various styles of yoga typically combine physical postures, breathing techniques, and meditation or relaxation. Hatha yoga, the most commonly practiced form in the United States and Europe, emphasizes postures (*asana*) and breathing exercises (*pranayama*). The 2007 National Health Interview Survey found that yoga is one of the top 10 complementary health approaches used among US adults. An estimated 6% of adults used yoga for health purposes in the previous 12 months.
- **Osteopathic Manipulative Treatment (OMT):** Deserving special mention is one of the important foundational osteopathic practices – Osteopathic Manipulative Treatment (OMT). Other practitioners, such as chiropractors, naturopaths, and physical therapists, also do a form of spinal manipulation, but osteopathic physicians receive training in OMT as part of their medical training, and they use OMT in conjunction with other medical based treatments they prescribe to their patients. Spinal manipulation is performed by using hands or a device to apply controlled force to the spine. The amount of force depends on the form of manipulation used. The goal of the treatment is to relieve pain and improve physical functioning. As in other areas, osteopathic medicine with Osteopathic Practices and Principles (OPP) focuses on the whole body, and is concerned with the mind as well as the body, in order to promote healing or recovery. There are several research studies showing the efficacy of this type of treatment for low back pain or headache.

**Conclusions:** This brief review of mind body techniques using physical techniques as the starting point to influence the whole person is intended to give you some familiarity with several complementary and alternative techniques that can be used with your geriatric patients. As a clinician, you need to be familiar with these types of measures, because your patients will be using them, or asking you about their efficacy.



Sometimes, you will find it helpful to recommend these mostly non-medical approaches to your patients, to supplement the treatment you are prescribing. In addition, osteopathic physicians may find the use of OMT can be a very helpful adjunct to other treatments they are prescribing.

You will always find up-to-date information about any of these techniques at NCCIH and other NIH sites because these federal agencies are continually doing research to learn more about complementary and alternative approaches that can best help patients and under what conditions. This is cutting-edge knowledge, an area that researchers, medical practitioners, and patients are exploring as an alternative to the high cost of conventional medicine. You are encouraged to do your own exploration of some of these techniques, so that you can be an informed clinician, able to provide sound guidance to your geriatric patients.

## Experiential Activities

In this experiential activity, you will try some complementary approaches and discuss your experiences in class. For your experiential practices, you will be picking three techniques from the following list to learn about, as described in the Assignment directions below:

- Aromatherapy
- Homeopathy
- Massage
- Music (playing and listening)
- Osteopathic Manipulative Treatment
- Qi Gong or Tai Chi
- Reiki or Therapeutic Touch
- Yoga (hatha)

### Assignment

1. Pick one approach and practice it 10 minutes every day for one week. You can learn more about how to practice your chosen technique by going to the NCCIH website and researching it. You can also do an internet search on the topic. Journal your research experiences and your daily practice experiences.
2. Pick another approach and try it once during the week. You can learn more about how to practice your chosen technique by going to the NCCIH website and researching it. You can also do an internet search on the topic. Journal your research experiences and your one-time practice experience.
3. Pick a third approach that you know little or nothing about and just read about it, using the NCCIH website as your learning resource. Again, if you want more information you can do an internet search. Journal your research experience.
4. Come to class prepared to discuss your research experiences, your technique practice experiences, and what you learned.

## **Questions to Address in your Journal**

- What do you think about the techniques you worked with?
- Do you think the techniques work? Did you notice any difference in your moods or how you physically felt after practicing them?
- Did it make a difference if you did a technique every day, or just once during the week? What kind of a difference?
- Would you do them again? Would you continue them on a regular basis? Under what conditions?
- Would you recommend the use of any of your three chosen techniques to your geriatric patients? To others? For what purposes?
- What was your experience using the NCCIH website? Was it easy to use? Would you use it again? Would you recommend it to others? Why or why not?
- What was your experience doing other Internet searches on any of the practice techniques? Would you recommend any particular type of search to others? Why or why not?

## **Class Discussion of Experiential Activities**

- Which techniques did you choose?
- How did you like working with them?
- Which did you like the most?
- Which did you think was most effective?
- Did amount of time practiced seem to make a difference in terms of effectiveness?
- Would you recommend the techniques you tried to others? When? Why?

## Lecture Discussion Questions

1. Describe the differences between allopathic, osteopathic, integrative, and mind-body medicine, as well as complementary and alternative healthcare approaches.
2. Identify a national database for information about complementary and alternative healthcare approaches.
3. Why should a healthcare practitioner be familiar with these different approaches to medical care and treatment? In what ways will this help a healthcare professional work with geriatric patients?
4. Explain the concept of optimal aging.
5. How can the concept of optimal aging be used by a healthcare professional?
6. Identify at least three examples of complementary and alternative healthcare approaches that use the body as the starting point to care and explain how these approaches might be used in work with geriatric patients.

## Main Teaching Points

1. Definition of alternative or complementary healthcare approaches: Approaches to healthcare that are considered alternative or complementary to allopathic medicine (which typically involves the use of drugs, surgery, or rigorously tested FDA approved modalities of treatment). Alternative or complementary medicine typically involves the use of natural substances, such as herbs, and essential oils, and the use of mind, body, and spiritual techniques. The terms alternative and complementary are often used interchangeably, but generally, alternative healthcare refers to techniques and approaches that are alternative to conventional medicine, and complementary healthcare refers to techniques or approaches that are complementary to conventional medicine.
2. Definition of mind-body medicine or integrative medicine: Integrative medicine involves the best approaches from all branches of healing modalities: allopathic, osteopathic, and complementary or alternative medicine. Mind-body medicine focuses on the interactions between the brain, the body, the mind, and behavior. It also focuses on ways in which emotional, mental, social, spiritual, experiential, and behavioral factors all affect health.
3. The National Center for Complementary and Integrative Health (NCCIH), located within the US National Institutes for Health (NIH), is one of the largest and most complete resources for scientifically based information about complementary and alternative medicine.
4. Geriatric patients will often use a combination of conventional medical approaches and complementary or alternative health approaches, for many reasons.
5. For maximum effectiveness, healthcare professionals need to be familiar with the various types of treatment approaches (traditional and non-traditional!) their geriatric patients may be using so they can both provide and coordinate the best possible treatment plan.

6. A solid, practical, and useful framework for working with geriatric patients has been developed by Ken Brummel-Smith, MD, a noted geriatrician, who provided an easy working definition of Optimal Aging that is commonly used by clinicians and others working with geriatric patients.
7. Definition of optimal aging: Optimal Aging is the capacity of the geriatric patient for functioning across many domains – physical, functional, cognitive, emotional, social, and spiritual – to one’s satisfaction and in spite of one’s medical condition.
8. Osteopathic medicine supports this definition through emphasis on foundational principles of Osteopathic Practices and Principles (OPP) that focus on working with the whole person, the capacity of the body to heal itself if given the right conditions, the use of Osteopathic Manipulative Treatment (OMT) to support healing, and being patient-centered.
9. Allopathic medicine supports this definition through its emphasis on its efforts to relieve symptoms of disease or malfunction, reduce or eliminate pain, and to improve quality of life for patients.
10. Examples of mind-body approaches that use the body as the main pathway to affect the whole person include aromatherapy, homeopathy, massage, music, OMT, Qi Gong, Tai Chi, Reiki, Therapeutic Touch, and yoga.
11. Familiarity with, and exploration and experience of, these and other complementary techniques is encouraged for all healthcare professionals, so they can best work with their geriatric patients who will often be using one or more of these techniques. This also supports the concept of optimal aging.

## References and Resources

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