



Why CAMs?

Because our patients are:

- Involved and engaged in their medicinal consumption
- Pro-active about seeking alternatives
- Driven to find relief of their symptoms

– Who is taking them?

- Nearly ½ of adult patients in the U.S
- Rising interest

– Why are we involved as PT's?

- Working with those taking them
- Patients ask for our professional opinion
- Patients may be seeking further health professional information about them



What is classified as a CAM?

- Drugs that previously were prescribed, but are now OTC
- Vitamins, Minerals, Herbs
- Homeopathic Medicine
- Traditional Chinese Medicine
- Mind-Body Techniques (mindfulness)
- Energy practices (Acupuncture, Biofield Therapy)
- Self-Help Physical Activity and Yoga



Keep in Mind...

- No mandatory testing
- No legal standards
- Research of safety and efficacy is still limited
- Consumption may go untold



Glucosamine/Chondroitin

- Anti-inflammatory and analgesic
- Natural substances found in and around cartilage cells
- Controversial beliefs on it's relief of OA pain
 - And few studies have looked at its effects on joint structure/cartilage reformation
- In a study by the NIH with 1,583 participants, found that not much difference in pain for those with mild-to-moderate OA, but more relief in a small subgroup that had moderate-to-severe OA.
 - First study was short- 6 months long
 - Secondary study performed- 2 years long showed that prolonged use was safe, but that benefits of OA pain relief were not statistically superior to placebo.
 - Study conclusion: OA patients should work with their health providers to develop a comprehensive plan for managing their arthritic pain.



Tumeric/Curcumin

- Claims: Reduce inflammation especially with OA, heal wounds, improve skin health, protect cognitive abilities, and alleviate pain
- Antioxidant/Anti-Inflammatory/Anti-Arthritic Effects
 - Reduce number of damaged cells and reduce inflammation
 - Evidence that turmeric extracts result in similar improvements to NSAIDs, especially in OA.
- Metabolic Syndrome
 - Significantly reduces concentrations of pro-inflammatory cells in patient's with insulin resistance, hyperglycemia, hypertension, low HDL, and high LDL, obesity, elevated triglycerides
- Antitumor, Anticancer, and Antiseptic effects
- Healthy Individuals
 - Indications of health benefits with 80mg/day: significant lowering of triglyceride levels, and a decrease in markers of brain aging, stress, and liver disease. May help with exercise-induced muscle soreness.
- According to JECFA and EFSA reports, the Allowable Daily Intake (ADI) is 0-3 mg./kg body weight
- Problem: Poor Bioavailability



Willow Bark

- Analgesic and Anti-inflammatory
- Used primarily for low back pain and OA
 - Also used for headaches and inflammatory conditions like tendinitis and bursitis
- Contains Salicin (similar to aspirin) and Flavonoids (natural plant-based anti-inflammatory agents)
 - Appears to take longer to work (than aspirin), but has longer lasting effects
- In a well-designed study, higher doses (240mg) of Willow Bark had significant low-back pain relief in comparison to placebo.
- Side effects tend to be mild: upset stomach, nausea, etc.



Devil's Claw

- Anti-Inflammatory
- Reduce pain: resulting in improved physical function in those with OA
 - Higher pain relief than generic leading brand of pain medication in Europe
 - U.S. National Library of Medicine reported that devil's claw seems to work about as well as some NSAIDs.
- Moderate effectiveness for arthritis of the spine, hip, and knee
- Safety: appears to be non-toxic and carries few side effects



S-adenosylmethionine(SAMe)

- Naturally occurring compound found in almost every tissue & fluid in the body
- Anti-Inflammatory and Analgesic
 - Lessen morning stiffness, reducing pain and swelling, improving ROM, and increasing walking pace
- In multiple well-designed, short term studies of 4-12 weeks, these supplements were just as effective as NSAIDs.
- Recommended between 600-1,200 mg per day for OA (in divided doses)
 - May also be beneficial for mild-to-moderate depression (brain chemical involvement)
 - May reduce fibromyalgia symptoms (injection)



Avocado Soybean Unsaponifiables (ASU)

- Natural vegetable extracts made from avocado and soybean oils
 - Active components are currently unknown
- Treat OA symptoms by blocking pro-inflammatory agents and slow progression of disease by preventing deterioration of synovial cells and promote regeneration.
- Reduces pain and stiffness while improving function in joints
- Currently looking at further studies to...
 - Determine how BMI, disease severity, and activity level influence the effect of ASU
 - Determine if benefits are short-term or long-term



Thunder God Vine

- Evaluated for patients with RA
 - High quality studies denote that it may improve some RA symptoms.
 - Very few studies have taken place
- Side effects may be greater than the benefits
 - Infertility, decreased bone mineral content, hair loss, etc.

 Conclusion: Not enough evidence to date showing true significance with any health conditions other than RA.



Cannabidiol Hemp Oil (CBD)

- Made from high CBD and low THC hemp- unlike medical marijuana products.
 - Low amounts of THC result in non-psychoactive products (No High!!)
- CBD interacts through the endogenous cannabinoid system which regulates the body's homeostasis
 - "Corrects/Mediates" body's reaction
 - Within the past decade, over 23,000 studies published
- Believed to help with anxiety, epilepsy, inflammation, cancer, and chronic pain.
 - In a systematic review: moderate-quality reports of cannabinoids treatment effectiveness for chronic pain and spasticity.



Fish Oil

- Claim: Protects the heart, eases inflammation, improves mental health and lengthens life
- Contains Omega-3 fatty acids which...
 - Promote brain function, normal growth and development, and suppress inflammation
 - Lowers triglycerides to lower risk of death, heart attack, diabetes, and stroke
 - Deficiencies linked to various health problems
- In those with RA improved morning stiffness, joint tenderness, and pain
- General recommendation:
 - Eating dietary sources of fish oil 2x/week is associated with reduced risk of heart disease (seafood or plant based)
 - Uncertain if greater benefits from Omega-3's in natural source or via supplement.



Vitamin D

- Few foods in nature contain Vit. D, but many foods are fortified with it
- Promotes calcium absorption
 - Normal bone mineralization, growth, and remodeling
- Modulates cell growth, neuromuscular and immune function, and reduces inflammation
- National Institute of Health reports that Vit. D improves immune response.
 - Correlation between Vit. D levels and seasonal infections
- For recommended dietary allowances, the average person from 1-70 years old needs 600IU (international units).
 - Sun exposure without sunscreen for 5-30 minutes at least 2x/week
 - Cannot be within a window UVB cannot penetrate



Essential Oils

- Used for aromatherapy and traditional medicines to improve physical, emotional, and spiritual well-being
- Multiple theories behind why they work
- Common Oils Include:
 - Anti-Inflammatory: Eucalyptus, Orange, Yarrow, Peppermint, Patchouli, Rose, Helichrysum, Tea-Tree
 - Anti-arthritic: Galbnum, Tarragon, Thyme (rheumatism), Yarrow
 - Analgesic: Ginger, Lavender (also noted beneficial in treatment of NS issues-Headaches), Lemongrass, Marjoram, Rosewood, Peppermint
 - Stimulating: Eucalyptus, Grapefruit, Peppermint
 - Sedative/Relaxant (soothe anxiety): Frankincense, Marjoram, Vanilla, Bergamot,
 Roman Chamomile, Lavender



Nutrition: The Role it Plays

- Diets play a pivotal role in chronic inflammation
 - Many major disease are linked to chronic inflammation
- Our digestive bacteria release chemicals that create or suppress inflammation.
- Picking the "right" foods and avoiding the "wrong" foods
 - Brain-Gut connection
- What Holds True: When it comes to vitamin and mineral supplements, no substance can wholly substitute the wealth of nutrients you get from eating fruits, vegetables, and whole grains.
 - Our bodies love movement: we need to remain physically active
 - We need to listen to our bodies



Resources

- Clegg, D. The NIH Glucosamine/Chondroitin Arthritis Intervention Trial (GAIT). *Journal of Pain & Palliative Care Pharmacotherapy*. 2008;22(1):39-43. doi:10.1080/15360280801989351.
- Gupta SC, Patchva S, Aggarwal BB. Therapeutic Roles of Curcumin: Lessons Learned from Clinical Trials. *The AAPS Journal*. 2013;15(1):195-218. doi:10.1208/s12248-012-9432-8.
- Daily JW, Yang M, Park S. Efficacy of Turmeric Extracts and Curcumin for Alleviating the Symptoms of Joint Arthritis: A Systematic Review and Meta-Analysis of Randomized Clinical Trials. *Journal of Medicinal Food*. 2016;19(8):717-729. doi:10.1089/jmf.2016.3705.
- Hewlings SJ, Kalman DS. Curcumin: A Review of Its' Effects on Human Health. Foods. 2017;6(10):92. doi:10.3390/foods6100092.
- Ehrlich, Steven D. Willow Bark. *University of Maryland Medical Center Complementary and Alternative Medicine Guide*. 2015. http://www.umm.edu/health/medical/altmed/herb/willow-bark
- Ehrlich, Steven D. Devil's Claw. *University of Maryland Medical Center Complementary and Alternative Medicine Guide*. 2015. http://www.umm.edu/health/medical/altmed/herb/devils-claw
- Ehrlich, Steven D. S-adenosylmethionine. *University of Maryland Medical Center Complementary and Alternative Medicine Guide*. 2015. http://www.umm.edu/health/medical/altmed/supplement/sadenosylmethionine
- Christiansen, B, Bhatti, S, Goudarzi, and Emani, S. Management of Osteoarthritis with Avocado/Soybean Unsaponifiables. *Cartilage*. 2012. Vol 6(1). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4303902/pdf/10.1177_1947603514554992.pdf
- National Center for Complementary and Integrative Health. Thunder God Vine. *NCCIH*. 2016. https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/



Resources

- Medical marijuana inc. What is CBD (cannabidiol) Hemp Oil? Medical marijuana inc. 2017. https://www.medicalmarijuanainc.com/what-is-cbd-hemp-oil/
- Whiting, PF, et al. Cannabinoids for Medical Use: A Systematic Review and Meta-Analysis. JAMA. 2015 Jun 23-30;313(24):2456-73. doi: 10.1001/jama.2015.6358.
- Ehrlich, Steven D. Omega-3 Fatty Acids. *University of Maryland Medical Center Complementary and Alternative Medicine Guide*. 2015. http://www.umm.edu/health/medical/altmed/supplement/omega3-fatty-acids
- U.S. Department of Health and Human Services. Vitamin D fact sheet for health professionals. *NIH*. 2016. https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/
- Aranow C. Vitamin D and the Immune System. *Journal of investigative medicine : the official publication of the American Federation for Clinical Research*. 2011;59(6):881-886. doi:10.231/JIM.0b013e31821b8755.
- Organic Facts. List of Essential Oils. Organic Inforamtion Services. 2017. https://www.organicfacts.net/health-benefits/essential-oils
- PDQ Integrative, Alternative, and Complementary Therapies Board. Aromatherapy and Essential Oils (PDQ) U.S. National Library of Medicine.2017. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0032518/
- Ali, B., Al-Wabel, N.A., Shams, S., Ahamad, A., Khan, S.A., Anwar, F., Essential Oils Used in Aromatherapy: A systematic review. *Asian Pacific Journal of Tropical Biomedicine*. 2015. Vol (5)8: 601-611. http://www.sciencedirect.com/science/article/pii/S2221169115001033
- <u>Harvard Medical School. Fighting inflammation at the meal table. *Harvard Health Publishing*. 2017. https://www.health.harvard.edu/healthy-eating/fighting-inflammation-at-the-meal-table</u>