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THE OPTIMAL AGING AND MIND-BODY-SPIRIT CURRICULUM SERIES:

MODULES FOR MEDICAL AND HEALTHCARE PROFESSIONAL

EDUCATION

MODULE 5: Complementary and Alternative Healthcare in Working with Geriatric Patients - Mind

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Learning Objectives

- 1. Define complementary and alternative healthcare approaches.
- 2. Define mind-body medicine.
- 3. Give a commonly used definition of optimal aging.
- 4. Explain compatibility of osteopathic and allopathic medicine with complementary healthcare approaches.
- 5. Explain the major difference between complementary and alternative healthcare approaches.
- 6. Identify at least three complementary and alternative healthcare approaches that emphasize the mind as the main pathway to health and explain what they are and what they do.
- 7. Explain why medical and healthcare professionals should be knowledgeable about, and familiar with, complementary and alternative healthcare approaches emphasizing the mind as the main pathway to health, especially when working with older patients.

Lecture

To set the stage for our discussions today, we will briefly review the definitions of complementary or alternative medicine, 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 medicine typically involves the use of natural substances, such as herbs, essences, and oils, and the use of mind, body, and spiritual techniques. The terms are typically used interchangeably, but it should be noted that, generally, alternative healthcare uses techniques that are alternative to conventional medicine techniques and complementary healthcare uses techniques that are in addition to conventional techniques. It should also be noted that, at some point in time, probably every medical technique was considered complementary or alternative to conventional techniques, until sufficient testing, research, and standardization of procedure was done. Finally, different medical philosophies vary in what they consider standard and complementary techniques, e.g. allopathic medicine does not include osteopathic manipulation as a conventional technique, whereas for osteopathic medicine, it is a foundational technique.

Mind-body medicine, popularized by Deepak Chopra, MD, or integrative medicine, popularized by Andrew Weil, MD, both include approaches from all branches of healing modalities: allopathic, osteopathic, and complementary or alternative techniques. Once again, the 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 affect health. Integrative medicine focuses on integrating effective practices from all branches of medicine.

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 provides 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 working with geriatric patients, it is useful to have a framework for treatment. Dr. 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 application of 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 OMT to support healing of the body, and being patient-centered rather than disease-centered, as are 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.

In other modules, we have discussed (1) demographics of aging, (2) optimal aging, (3) complementary and alternative approaches to healthcare, and (4) complementary techniques that primarily use the body as the entrance point for care. Here, we will be discussing alternative techniques that primarily use the mind as the entrance point for care.

Examples of mind-body practices that use the mind as the initial pathway to affect the entire body include meditation, affirmations, visualization, hypnosis, and even such simple practices as word and number games, music, and handcrafts.

Meditation is a broad category for many different techniques and approaches and is used for many different purposes. Typically, a person who is meditating focuses attention on a word, an object, or the breath. Meditation can be used to increase calmness or relaxation, for health purposes to help deal with a specific condition or to

improve overall wellness, and for spiritual development. Most types of meditation have similar characteristics:

- Meditation is usually done in a quiet location, free from distractions, although there are also walking forms of meditation, and some people regularly meditate anywhere, anytime.
- Meditation is usually done in a comfortable posture, which can be sitting, lying down, standing, or walking.
- Meditation usually includes focus of attention, which can be a word or set of words, a mantra that is a specifically chosen word or set of words, an object, or simply the breath.
- Meditation involves keeping an open attitude, which lets distractions, thoughts
 and emotions come and go without focusing on them, gently bringing the
 attention back to the focus of attention when one becomes aware that the mind
 has wandered.

Generally, meditation can be used for health purposes for conditions such as anxiety, pain, depression, addictions, stress, insomnia, and many physical and emotional symptoms of chronic illnesses, as well as general overall wellness. All types of meditation help to balance the mind, body, and emotions.

As examples, two common types of meditation are Transcendental Meditation (TM) and Mindfulness Meditation. Each grew out of a religious tradition (Hindu and Buddhism), but neither is a religious practice in and of itself. Both are techniques that can be beneficial to anyone, regardless of their spiritual or religious persuasion. Both are well researched and effective. TM uses a mantra, which is a word, sound, or phrase repeated silently, to quiet the mind and allow the body to get deep rest, resulting in a state of relaxed alertness. Mindfulness Meditation involves focusing on the breathing process and being fully present in all activities, which means putting full attention on whatever activity one is engaged in – in other words, being mindful.

Research being conducted on meditation is looking at how meditation works and what types of health benefits meditation can provide. Sophisticated tools are being used to learn more about how the brain works and the effects of meditation on the brain, and through the brain, on the body. Meditation is generally considered safe for most people, although intense meditation might not be recommended for individuals with certain psychiatric problems, unless done under supervision of an experienced teacher.

The use of affirmations, visualizations, guided meditation, and hypnosis are all techniques that can be used to positively impact a person's health. They can be viewed as being on a continuum of simplest to more complex, with each using the mind to influence various conditions of the body or various situations in life.

Affirmations are statements of intention, repeatedly stated and made as if they were already fact. They are a component of positive thinking, championed by Emile Coue who created autosuggestion therapy and others such as Norman Vincent Peale and Louise Hay. Affirmations are covered, in more detail, in Module 6.

Visualizations are the act of creating pictures or images of desired outcomes in one's mind with respect to an experience or a body part, such as visualizing a reduction in pain, or a fully functioning knee joint, when one is dealing with the pain of arthritis. The more detailed the picture created and the more senses used in creating these mental images, the stronger, better, and more effective the visualizations can be. Visualizations are discussed, in more detail, in Module 6.

Guided meditation shares the characteristics of meditation discussed above, but instead of being done by one's self, is a process in which a leader guides the meditation, often using visualization techniques and a story form in the process. This type of meditation is often used in-group settings and on CDs/DVDs that can be used for self-healing purposes.

Hypnosis is considered an altered state on consciousness, in which a person is more susceptible to suggestion, from self or some one other. Hypnosis can be used positively influence a person's health. For example, research has been done on the use of

hypnosis for reducing anxiety prior to certain medical procedures, headaches, smoking cessation, pain control, hot flashes in postmenopausal women, and irritable bowel syndrome.

In addition to the techniques discussed above, even simple life activities, such as doing crossword puzzles, or number puzzles such as Sudoku, and handcrafts such as knitting and crochet, have been researched and shown to have positive effects on the brain, and through the brain, on the body and the emotional state of the person. Research has indicated that these types of activities may keep the brain active and delay or prevent dementia or other cognitive decline, as well as improve mood, and bring about calmness and relaxation. It can be surmised that other activities requiring intense mind focus, such as origami, carving, or whittling, would have similar effects.

This brief review of mind-body techniques using mind techniques as the main pathway to influence the whole person is intended to give you some familiarity with several complementary and alternative techniques that can be used with geriatric patients. As a clinician, you need to be familiar with techniques of this sort, because sometimes you will find it helpful to recommend them to your patients, and sometimes, your patients will tell you that they are already practicing them. Research is continually being done to find the most effective ways and best conditions to use these techniques. In addition, patients and others are exploring these as alternatives to the high costs of conventional medicine. You are encouraged to do your own exploration of some of these techniques so that you can be an informed provider able to provide good guidance to your geriatric patients on these topics.

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.

- Meditation
- Affirmations
- Visualizations
- Hypnosis
- Crossword or other word puzzles or number puzzles such as Sudoku
- Handcrafts, such as knitting or crochet
- Other hobby-type activities that require focus, including origami, carving, or whittling

Assignment

- 1. <u>Pick one</u> 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. <u>Pick another approach</u> 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 in internet search on the topic. Journal your research experiences and your one-time practice experience.

- 3. <u>Pick a third approach</u> 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. <u>Come to class prepared to discuss</u> 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

- What were your experiences with your chosen techniques?
- Do you think they work?
- Would you do them again?
- 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 like to try any of the other techniques? Which ones? Why?
- Would you do your chosen technique or techniques regularly? Just under certain circumstances? For specific conditions? If so, which circumstances or conditions?
- How might any of these techniques be used with your older patients?
- Would you recommend use of any of these techniques to others? To whom? For what purposes?
- What did you learn when you explored the NCCIH website? Was it easy to find information? Would you use it again? Would you recommend the website to your patients, as a resource?

Lecture Discussion Questions

- 1. Define complementary and alternative healthcare.
- 2. Define mind-body and integrative medicine.
- 3. Define optimal aging.
- 4. How do the above concepts work together?
- 5. How can complementary and alternative healthcare approaches be useful in your work with geriatric patients?
- 6. Identify three complementary and alternative healthcare approaches that use the mind as the starting point for techniques that affect the whole body.
- 7. Would you use any of those approaches yourself? For what purposes? How could you go about learning more regarding any of the mind-body approaches emphasizing the mind?
- 8. How might you deal with a geriatric patient who is using complementary techniques focusing on the mind? Why are they using those techniques? Are they getting the results they want? Would you encourage them to continue? Why? Might you tell them to stop any particular approach? If so, which would you recommend stopping and why?
- 9. Would you be likely to recommend to your geriatric patients any complementary techniques using the mind as the main approach? If so, which ones? Why? For what purposes?
- 10. Could you recommend places where your patient might get more information on these subjects? If so, where?

Main Teaching Points

- 1. Definition of alternative or complementary healthcare approaches: Approaches to healthcare 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.
- 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. 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.
- 5. 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.
- 6. 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.
- 7. 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.
- 8. Geriatric patients will often use a combination of conventional medical approaches and complementary or alternative health approaches, for many reasons.
- 9. 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 provide and coordinate the best possible treatment plan.
- 10. Examples of mind-body approaches that use the mind as the main pathway to affect the whole person include meditations, affirmations, visualizations, hypnosis, crossword or other word puzzles, number puzzles such as Sudoku, and handcrafts such as knitting or crocheting. It is likely that other hobby-type activities requiring focus, such as origami, carving, or whittling, would have similar effects on health.
- 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.

Resources and References

Brummel-Smith, K. (2007). Optimal aging part 1: Demographics and definitions. *Annals of Long-Term Care*.15(11), 26-28.

Gerber, R. (2001). Vibrational medicine: The #1 handbook of subtle-energy therapies. Rochester, VT: Bear and Company.

Gerber, R. (2000). Vibrational medicine for the 21st century: A complete guide to energy healing and spiritual transformation. New York, NY: William Morrow Publishing.

Mayo Clinic. (2010). Mayo clinic book of alternative medicine, 2nd edition (updated and expanded): Integrating the best of natural therapies with conventional medicine. Birmingham, AL: Oxmoor House.