

Health Insights Today

A SERVICE OF CLEVELAND CHIROPRACTIC COLLEGE

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Learning from the Past, Creating a Vision for the Future

Interview with Marc Micozzi, MD, PhD

Interview by Daniel Redwood, DC

Marc Micozzi is a medical physician and anthropologist who was the founding editor-in-chief of the first scholarly journal in the field of complementary and alternative medicine (CAM), *The Journal of Alternative and Complementary Medicine: Research on Paradigm, Practice and Policy*. He organized and edited the first U.S. textbook in the field, *Fundamentals of Complementary & Alternative Medicine* (1996), now entering a fourth edition (2010), with Elsevier Health Sciences. It has been translated into Spanish and Japanese. He served as series editor for Medical Guides to Complementary and Medicine, with 22 titles in print on a broad range of therapies and therapeutic systems within the scope of CAM.

With Springer, he has published texts on *Complementary Medicine in Cancer Care & Prevention* and on *The Practice of Integrative Medicine: A Legal and Operational Guide* (with colleagues at Harvard). His latest book in preparation is *Textbook of Nutrition*. Dr. Micozzi organized and chaired several continuing education conferences on the theory, science and practice of CAM between 1991-2001, co-chaired with former Surgeon General C. Everett Koop, and with Dean Ornish, MD.

Prior to this work, Dr. Micozzi published original research on diet, nutrition and chronic disease as a Senior Investigator at the National Cancer Institute from 1984-86. He continued this line of research when he was appointed Associate Director of the Armed Forces Institute of Pathology and Director of the National Museum of Health and Medicine in 1986. His early work on carotenoids (including lycopene), iron and cancer (collaborating with Nobel laureate Baruch Blumberg) and other research made important contributions to this field. He co-edited two comprehensive technical volumes on application of clinical trials methods to new investigations of the role of micronutrients and macronutrients in cancer. He has published 275 articles in the medical, scientific and technical literature.

From 2002-2005, he founded the Policy Institute for Integrative Medicine in Bethesda, MD, and served as Executive Director of the Center for Integrative Medicine at Thomas Jefferson University in Philadelphia. Dr. Micozzi has actively collaborated with Former US Surgeon General C. Everett Koop for over 25 years, most recently as a medical and scientific advisor to Dr. Koop Life Care Corporation, where he worked on new developments with the FDA regarding review of dietary supplements.

Dr. Micozzi has been a frequent speaker on these topics nationally and internationally. His work has been noted in the *New York Times*, *Washington Post*, *Miami Herald*, *Chicago Tribune*, *Los Angeles Times*, as well as *Good Morning America*, *CBS Evening News*, *CNN*, *C-SPAN*, *NPR*. He is an Adjunct Professor in the Department of Medicine at the University of Pennsylvania, and in the Department of Physiology and Biophysics at Georgetown University, and a faculty member for the new CAM curriculum at Drexel University in Philadelphia and the University of California-Irvine. He guest lectures at Johns Hopkins University and widely in university courses that use his basic texts.

Dr. Micozzi is a member of the *Health Insights Today* editorial advisory board. The interviewer, Dr. Daniel Redwood, wrote the chapter on chiropractic for Dr. Micozzi's textbook, *Fundamentals of Complementary and Alternative Medicine*.

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Fundamentals of Complementary and Alternative Medicine was the first textbook in the field to be published by a major health sciences publisher, in 1995. Your fourth edition has just been released. What can you tell us about it?

I've always had the approach of looking at the cultural history of these practices, to explore their foundations. That's the whole orientation of my textbook. I wanted this to be more than a cookbook. It's much more fundamental, as you know, as a long time contributor. My goal is to teach students and practitioners how to think about health and healing in a more comprehensive way, trying to prepare them for the 21st century, to live in a post-biomedical paradigm.

When you look back, not just on the textbooks, but on your work that the textbooks reflect, how do you see your contribution to integrative medicine and to the healing arts? What do you feel best about?

There's probably a better word for this, but it's that I've been an archivist, someone who recorded the information. You know, they talk about Samuel Johnson and about Boswell. I feel more like a Boswell than a Johnson. There is a better word, a scribe. I've been the scribe.

So if you think about your textbook, Fundamentals of Complementary and Alternative Medicine, which I agree has the depth and breadth to accurately be called fundamental, would you say that its contribution has been in terms of informing health practitioners about the broader context within which they operate? So that they can see beyond their specific neck of the woods, their specific discipline as a chiropractor or acupuncturist or naturopath or holistic medical physician, to see the whole forest more fully?

Yes, and allowing those who want to see a better future to envision what it might really look like. So it isn't just about the past. It's about carrying forth these timeless values, these timeless aspects of health and healing, carrying them forward. It's one thing to say that I wish things were better, I wish things were different. I think this book gives people some tools to really be able to create, in a legitimate way, a construct of how things can be made better.

When we look at the past and gaze across the broad sweep of the centuries in the healing arts, we see changing boundaries and changing definitions of particular professions. Sometimes people living now, and particularly living now in the United States, see the current lay of the land—with medical doctors, osteopaths, chiropractors, podiatrists, massage therapists, acupuncturists, and so forth—and assume that this will be the form in which things remain indefinitely. But if we look back 150 years or so, most of these professions didn't yet exist. When people look forward, should they expect further changes in the nature of the professions?

Absolutely, that's what the history tells us. The scribe's role is to say, "Here is the evidence of how things have been different, here's what has changed, and here's what has been timeless." And therefore, within that perspective, you can begin to conceive of different ways, so that we're not actually stuck within this paradigm that we happened to grow up with in the post-World War II era, which to some extent is an aberration.

In earlier human societies, the role of healer was not even a profession *per se*. That's also true in a lot of Third World societies today. I have recently been using some of my knowledge to put together a training program for traditional birth attendants in Iraq. So this is very contemporary in terms of current needs and contingencies. We're about to pull out of Iraq, and I give credit to the Army, which has civil affairs people and medical people. They don't want it all to just collapse and so they're really trying to put some tools in the hands of the Iraqis. I mean, they don't need a Harvard Medical School; they need to train emergency medical technicians, they need to train traditional birth attendants, and they need to train people in first aid. This is what American forces have found out there over the past seven years.

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So I have been asked to put together an orientation to take medical faculty from over there, and give them tools to train traditional birth attendants. That way, the births that can be safely done at home should be done at home, and the ones that need to go to the hospital can be identified. This goes back to some of the work I did in Southeast Asia 30 years ago. So, this perspective is being translated right now to training EMTs, traditional birth attendants and first aid responders in Iraq, where there is a hole in the medical system, just as there is a hole in most other things in Iraq.

In these societies, there are people who have been identified, outside of the Western model of education, as people who have the attributes of a healer. This has nothing to do with training or education. Instead, it's by a process of divination, where the elders see a spirit in this child, which says that you have the qualities of a healer. This is the way it's done all around the world by people in traditional societies. The notion is that being a healer is not a profession or something you learn to do; *it's something you are*. So you get the medicine man, the shaman. A woman, in these societies, can be a traditional birth attendant or an herbalist. In the Middle Ages, you got burned at the stake for that, as a witch.

I guess that means there's been some progress over time.

Yes. Interestingly enough, I now live again in the town where I grew up, which is about ten miles from Salem, Massachusetts. I am meeting in a few weeks with a woman who is an herbal practitioner from this area, who is something like a tenth generation New Englander, whose family arrived right after the Mayflower. What she's doing would be outside anything we call integrative medicine. And despite the whole integrative medicine movement in the academic medical centers, there still remain people that are completely outside of that, from their own traditions.

So the healing arts move on through various pathways, despite what may or may not be happening in official channels through licensed professions, through academic health centers and so on.

Absolutely. It's been part of every community, it continues to be part of every community, and it moves on regardless of all the official activities.

What else can you tell us about the new edition of the textbook?

I'm really excited about the new edition. Because I have been working for myself these past few years, I can take a different approach. During the previous three editions, I had full-time jobs, I worked hard, and we squeezed it in where we could.

I know the feeling.

For the fourth edition, I really could step back and think deeply again, for the first time in 15 years. And I think it allowed me to take that next step, of really beginning to understand *how* these healing practices work. You know, we always talk about how we don't want to be hung up on the mechanism of action, because that is always bounded by the paradigm. True observations are true whether or not they fit within the biomedical paradigm. And we have to account for true observations and not just ignore them because they don't fit with our explanation.

In this fourth edition, for the first time, I really moved to the point of beginning to explain how these things work *outside* of the biomedical paradigm. In the previous editions, we said, essentially, "Here is the evidence that these things work, here is how you make them work, and here is how you experience them." This new edition really says, "This is *how it works and why it works*, based on an expanding understanding of biology." So there's a new chapter

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on energy healing, for example. I've always struggled with the energy healing chapter, and we've changed it for every previous edition. But this time I got Wayne Jonas to really work on it [Wayne Jonas, MD, is a former Army medical physician, who was Director of the NIH Office of Alternative Medicine and now serves as President and CEO of the Samueli Institute], together with John Ives. Their chapter gives you the explanations.

I've also got a new chapter, a really deep chapter, on psychoneuroimmunology, that I wrote with Hakima Amri, one of the people at Georgetown who are leaders in this area. [Micozzi was named Adjunct Full Professor in the Department of Physiology and Biophysics at Georgetown in 2007 and teaches there regularly]. I've got another chapter on ecology, by a brilliant guy named Kevin Spellman (of the Tai Sophia Institute in Maryland), about the ecology of plants and how this forms the underpinning of the full science of human biology and healing.

Plus, there's a new chapter on biophysical devices. In the past, we had a superficial catalog of biophysical devices. This time, we went into the mechanisms of how electromagnetic devices work, what they actually do at the cell level, and why you get the responses that people see. So there's case after case where we're able to begin to explain how they actually work, using this expanded model of human biology and healing. We have the perspective of evolutionary biology and we pulled in more sciences that normally aren't talked about in terms of biomedicine, which usually talks about molecular biology and then stops there. We bring in all the rest of it.

I'm really looking forward to seeing the rest of the book.

There's a whole new section about the basic science underpinning CAM. And in terms of medical education, the way you would see this book is as the basic science text for CAM, together with clinical sciences. Medicine is usually taught in a sequence of basic medical sciences followed by clinical sciences.

That's true of chiropractic education, as well.

Fundamentals is the basic science book on CAM, though it also incorporates clinical sciences. Aside from the earlier foreword by Dr. Koop, the former Surgeon General (who is now 96 years old), we have a new foreword by Avi Haramati, of Georgetown, who was president of the Consortium of Academic Health Centers for Integrative Medicine. He does a nice job of talking about the educational purpose of the book. And believe it or not, we also have another foreword in the new edition from George Lundberg, the former editor for twenty years of the *Journal of the American Medical Association*, with whom I keep up an email correspondence. His foreword is called, "The Good Medicine Guide to CAM." He basically says, "These are the principles of good medicine, and the CAM that works is just good medicine." In my little world of textbooks, my role of being a scribe, these are breakthroughs.

Speaking of the scribe role, I guess there's Odysseus and then there's Homer. It may be that accepting that one is Homer rather than Odysseus, the scribe rather than the epic hero, can be a hard thing to swallow. But overall, the life of Homer is potentially a life very well lived.

[Laughter]. At least Homer eventually got to practice what he preached. I don't know if you knew this, but when David Kessler stepped down as head of the FDA, I was put forth as a nominee by former Surgeon General Koop as well as Senator Harkin, who knew me from my work in CAM. It turns out that when Kessler left, Bill Clinton gave the assignment to replace him to Vice President Al Gore. Being a smart politician, Gore went to Tom Harkin, who chaired the committee that funds the FDA. It's funded under the Agriculture Department appropriations bill, not Health and Human Services. So I was interviewed by Tom Harkin, Tom Daschle, the White House counsel, and others. It was fun and interesting.

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But I had just started as Executive Director of the College of Physicians in Philadelphia and that played a role in my ultimately not pursuing a return to Washington, DC, at that time. One reason Dr. Koop wanted me to lead FDA was because, based on our personal relationship, he figured he could keep after me the way he kept after Kessler to regulate nicotine as a drug. And, within the last year, that has finally happened! Another idea was, if we can get Micozzi in there, he'll fix everything with dietary supplements and CAM. And you know what I found out afterwards? That the drug companies were okay with my nomination. How could the drug companies have that position? After all, my CAM textbook was out and I had been doing all these national conferences on non-drug healing. Oddly enough, despite my work on all of this, it was the food industry where my nomination ran into difficulty. They didn't know me, I was later told.

What is your sense of the state of the medical profession today?

We have a middle generation of physicians, like the one I go to myself, that know nothing but numbers. They don't touch you, they don't look at you, and it's all defensive medicine. You go in and you say, "My knee hurts and I think it might be arthritis." And they say, "There's nothing we can do about that, but you're 55 years old, so we better send you to the cardiologist." And they'll do a \$6000 workup to make sure you're not about to drop from a heart attack. Then they send you to the dermatologist because you've got moles, and then to the eye doctor. Then, when they've concluded that you're not about to have a heart attack, you don't have skin cancer, and you're not about to go blind, they lose interest because they're not at risk anymore. Do you understand what I'm saying?

It's a perfect example of how knowledge does not equal wisdom.

So this is the generation of doctors in their thirties and forties. They really know little about healing; they're technicians. And they're so busy and so burdened that it's all they have time for. As for the young people in medicine, well, I teach in the CAM program at Georgetown, and they use my book. We hope we have an impact. They love the course, they're engaged, and they lift my spirits. But can they withstand all the obstacles that they're going to face?

Sometimes I feel like there is almost nowhere to turn. And so I focus on trying to capture the great information we have about healing from ancient and historic times. That's also much of what the fourth edition of our book is about. I'm also doing another book with Kevin Ergil on classical acupuncture. The other books on Chinese medicine are basically translations that express one person's view and therefore don't fully reflect the richness of Chinese medicine. Patients often find that a particular treatment doesn't work for them, for their condition. But it turns out that the Chinese have entire "classics," or texts, on what to do when you have a person with a particular kind of problem and your usual treatment doesn't work. At that point, you need to go to a whole different level. So many of the modern texts are just grafting these ancient procedures onto the way contemporary medicine is practiced. What I'm trying to do is to help save the ancient wisdom.

That raises a serious philosophical question about integrative medicine, which goes to the point of whether it involves more than that kind of uninspired grafting. Does it sometimes reflect a higher synthesis that enhances both the ancient tradition and contemporary conventional medicine?

My experience at the Thomas Jefferson University Hospital in Philadelphia left me feeling disillusioned (with apologies to Thomas Jefferson). I was brought in to start a CAM policy institute. The dean at Jefferson couldn't believe that I really wanted to do that. Because to them, it's nothing serious. And that becomes a self-fulfilling prophecy. If the leadership of the medical center thinks that your integrative medicine program really is not serious,

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and they're only doing it because they have to do it to satisfy civilians on the board, then the whole thing is a sham, although it need not be.

After a year, they moved me, in addition to running the policy institute, to also run their CAM clinic. I told myself, "Well, by bringing it into the mainstream, we'll make these modalities more widely available to people." But in my experience, you lose more than you gain. *In no case was an alternative treatment ever substituted for the regular treatments on which the hospital makes more money.* And every time I brought in a new donor for the center, they cherry picked them for the hospital. I was tired of being window dressing and went out the door.

It was purely additive? That is very, very disappointing.

Yes, purely additive. One of the big projects I got funded for the policy institute was that meta-analysis of back pain studies through the Palmer College Consortium. Now here you have over 700 studies, all saying that spinal manual therapy is usually the appropriate treatment. I remember participating in a Congressional field hearing in 2003 during the medical malpractice crisis. I remember Governor Rendell [of Pennsylvania] getting up there. He's a good guy, and an acquaintance, and he was saying, "It's getting to the point where doctors cannot even get insurance in Pennsylvania to do back surgery."

After it was over, I talked to him. I said, "You know, Governor, that might actually be a good thing, because in most cases we should not be *doing* back surgery. We should be sending people to chiropractors." He listened, and at his request I sent a summary of our research to his office. But in my experience, little makes it into practice because of the phalanx of the health insurance, PHARMA and biotech, as we just saw again with the charade and abomination of health care reform.

So that we don't close on that somewhat depressing note, can you offer any suggestions to students in professions like chiropractic, or medicine, about how to have a career that connects to the essence of healing?

Despite the follies and fiscal misdeeds of the organized government-industry-medical complex, we remain surrounded by the reality that, outside the mainstream, practitioners and people still have access to a better, more optimistic, more complete kind of healthcare that recognizes the limits of biomedical technology as well as the limitless possibilities of human capabilities and the boundless human spirit.

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