

## Pediatric Integrative Medicine Summaries 2008

**Permission was given to share all summaries in 2008. All Information below is dated for the year 2008. If you have specific questions about a specific program please contact the program's leadership (identified at the top of each summary)**

Kara M. Kelly, MD

Associate Professor, Division of Pediatric Oncology

Medical Director, Integrative Therapies Program for Children with Cancer

Morgan Stanley Children's Hospital New York

New York

1) Program launched 1998.

2) Clinical: Services are offered to both inpatient and outpatient program for pediatric oncology patients. Supportive care during conventional care, e.g. for pain, nausea, vomiting, anxiety, stress, mucositis, stomatitis, nutritional counseling, fitness. Integrative members attend all medical rounds and collaborate on patient care. A referral can be self generated, by member of team, or the medical staff. Service is offered to all pts after contra-indications checked. Continuing care offered (diagnosis through survivorship).

3) CAM services offered: acupuncture, acupressure, MT, reflexology, aromatherapy, reiki, herbal counseling, nutrition, yoga. CAM providers who come on site are credentialed through hospital – show evidence of their licensing/education/experience. No patient fees (philanthropy, research grants, divisional support)

4) Research: surveys, clinical trials investigating nutrition (macro/micronutrients, antioxidants), supplements (glutamine, milk thistle,), acupuncture, and aromatherapy. Animal models investigating homeopathy (Ruta 6/Calc Phos)

5) Educational initiatives for med students, residents, in nutrition/pharmacology, Reiki training offered to the entire medical staff of Columbia University's Medical Center.

Other:

6) Website: [www.integrativetherapies.columbia.edu](http://www.integrativetherapies.columbia.edu)

7) Active in Children's Oncology Group CAM committee, Children's Oncology Group Nutrition committee, and Society of Integrative Oncology

Victoria Maizes MD  
Executive Director, Program in Integrative Medicine  
Associate Professor in Community Health  
University of Arizona College of Medicine  
Tucson, Arizona

- 1) Program launched 1994. Had pediatric center grant from NCCAM. Integrative programs also exist in family medicine and psychiatry.
- 2) Inpatient and outpatient program. Most often, kids with chronic diseases, e.g. ulcerative colitis, cancer, cystic fibrosis, pain, autism, tics. See fewer children than they have in the past due to limited available dedicated faculty. Patients can self-refer, also get referrals from physicians and CAM providers.
- 3) CAM services for inpatients: integrative medicine consultation, hypnosis, guided imagery, osteopathic manipulation, energy therapies – reiki, Native American service (not through them) – Shamanic practitioner. Outpatients: Mind body clinic, osteopathic manipulation, nutritional and botanical counseling, ongoing consultative care. Also refer into community through strong network of providers (are aware of who is comfortable seeing kids).
- 4) Educational program for medical students, residents – workshops in mind body, meditation, etc. Four fellowships – include residential fellows (med, peds, family MDs) and online fellowship for all primary care and subspecialty physicians. Joint family medicine residency - integrative medicine fellowship since 2004. Collaborative program at 6 sites. In 2009 will be opened to joint program with pediatrics and internal medicine. Developing integrative medicine programs for residency (family medicine first). Some teaching with pharmacy. Integrative Rheumatology program initiated in 2007.
- 5) Research: appropriate methodology/outcomes research in IM (e.g. whole systems, patient preference, qualitative research), educational research, corporate health improvement program – how IM can be cost effective (underway)

#### Other

- 1) Intake forms available on website: [integrativemedicine.arizona.edu](http://integrativemedicine.arizona.edu)
- 2) Nutritional conference yearly.
- 3) Online fellowship.
- 4) Drweil.com

Anjana Kundu, MBBS, MD  
Director of Complementary and Integrative Medicine program  
Department of Anaesthesiology and Pain Medicine  
Children's Hospital and Regional Medical Center  
University of Washington  
Seattle, Washington

1. Began with Education (Jan 2004) and then added inpatient (Feb 2004) and outpatient (July 2004) (started under pain medicine)
2. Inpatient and outpatient programs. Most have provider referral. Newborn – 21. 15-25 pts/week in each inpatient and outpatient programs. Can be either consult/continuing care.
  - a. Outpatient: Chronic illness, pain and oncology. Also see some medical conditions – functional disorders- enuresis, constipation, GI patients (chronic pain) etc.  
For biofeedback program – Chronic pain and stress management, don't do mental disorders. Massage not offered, being planned for outpatient pain management. Naturopath for heme/onc patients only.  
  
Inpatient: Acupuncture as above, Reiki therapy available for inpatients or part of research study. Naturopath for heme/onc patients only.  
Don't work with severe mental disorders – get medical attention first.  
Medical attention first for severe concerns – as it stabilizes will introduce CAM. That's hope but sometimes only see referrals after everything else has failed.
3. CAM services: Naturopath, biofeedback, Energy Healing/Reiki, guided imagery, Therapeutic touch, acupuncture, watsu (water shiatsu), meditation, MT, yoga.
4. Research – outcomes from service provision – informal, retrospective research 2005, Survey of medical practitioners for CAM expertise, Reiki and postoperative pain, prevalence/reasons for CAM use (tertiary center survey), prevalence of CAM use in ped diabetes, MT for cerebral palsy, yoga and eating disorders, acupuncture and sleep (with CARE), teaching parents reiki.
5. Education – Jan 2004 (before clinical program). Work with Med students, Fellows, Other trainees, No CAM students (had interest but nothing yet), Observers from Bastyr university. No grad/research students – grand rounds, community lectures

Other

6. Have done 2 day workshop on guided healing and imagery (with Bastyr University)
7. Provide 2 day wknd workshop on healing touch twice a year

Anju Sawni M.D. FAAP  
Assistant Professor, PIM housed within Division of adolescent medicine  
Children's Hospital of Michigan  
Wayne State University School of Medicine  
Detroit, Michigan USA

1. 1992/93 – fourth year elective on CAM (not just PIM). Started with research in 1997 - epidemiology study on pediatrician's attitudes on CAM
  2. Clinical services began in 2000. Provide inpatient consults, but predominantly see outpatients. Inpatient: see patients sporadically for management of chronic pain, headaches, oncology, abdominal pain. Outpatient: 2-4 patients one half day/week for nutritional counseling, ADHD, asthma, chronic headaches, abdominal pain, cancer, rheumatological disorders. Also teaching self-hypnosis for management of primary enuresis, chronic headaches, abd pain. Most inpatients are MD referred while outpatients are self-referred.
  3. CAM Services: teach self hypnosis & relaxation techniques. Offer homeopathic (remedies), herbs, nutritional counseling. Refer to community providers for acupuncture, massage, craniosacral work, energy healing, chiropractic and osteopathic manipulation. Have community providers for massage and craniosacral who can come into the hospital if it is requested by family.
  4. Research: epidemiological studies on CAM use in pediatrics.  
(**Sikand A**, Laken M: Pediatricians' Experience with and Attitudes Towards Complementary/Alternative Medicine. Arch Ped Adol Med., 1998;152:1059-1064.  
**Sawni-Sikand A**, Schubiner H, Thompson R. "Complementary/Alternative Medicine in Primary Care Pediatrics." Amb Peds, March 2002; Vol 2, No. 2:99-103.  
**Sawni A**, Ragotheman R, Thomas R, Mahajan P. "The Use of Complementary/Alternative Medicine Therapies among Children Attending an Urban Pediatric Emergency Department. Clinical Pediatrics Vol 46:1, pg.36-41. January 2007.  
**Sawni A**, Thompson R. "Pediatricians' Attitudes, Experience and Referral patterns regarding Complementary/Alternative Medicine: A National Survey." BMC Complementary and Alternative Medicine June 2007.)
  5. Doing a study looking at non pharmacological interventions to manage pain in children. ("Impact of a guided imagery/relaxation DVD on Needle Stick Distress in Children". Co-PI. Study data collection completed but not published.
  6. Education: in 1998 started educating colleagues, pediatric residents, med students about CAM, and then PIM. Have a fourth year med school elective. No formal curriculum but several materials (could share a calendar of the months elective. Have several speaker in the community who come and give lectures on different areas, such as acupuncture, chiropractic, natural hormones etc.). No CAM students at this time.
- Other
7. Have information sheets on nutrition/herbs (in the process of completing,)

David M. Steinhorn, MD  
Medical Director of IM Initiative and Hospice and Palliative care  
Children's Memorial Hospital  
Northwest Fineberg University of Medicine  
Chicago

1. Started with education in 2003.
2. Clinical consult services started in 2007. In the midst of starting inpatient program. Predict seeing as many as 40-50 treatments/week (based on research protocol – with touch healing). Self referral, MD and nurse referral.
3. CAM services: Touch healing – energy, acupuncture and massage.
4. Research activities started in 2004. Touch healing and heart rate variability, touch healing/MT and patient/family response, TCM patterns in cyclic vomiting syndrome. Current research focused on: MT in HIV positive adolescents, energy healing in stem cell transplant recipients,.
5. Education: Local and national presentations, write for local hospital newsletter, sessions for med students, grand rounds for residents, no fellowship or CAM students.

Other

6. Have information from research protocol – vomiting, touch healing, and massage.
7. Several manuscripts/book chapters
  - **Steinhorn DM**, Wang S. Integrative Medicine in the Pediatric Intensive Care Unit. Oxford Textbook of Pediatric Integrative Medicine. (eds) Weil A, Culbert T, Olness K (in press)
  - **Steinhorn DM**, Rogers M. Complementary therapies in symptoms management in terminally ill children. Oxford Textbook of Paediatric Palliative Care. Oxford Press 2006
  - Bonzak S, Blitstein R, Fisk A, Wang S, Li B, **Steinhorn DM**. Examination of Cyclic Vomiting Syndrome in Children Using Traditional Chinese Medical Pattern Differentiation. Medical Acupuncture. 2007;19(2): 85-94
  - Suresh S, Wang S, Porfyris S, Kamasinski-Sol R, **Steinhorn DM**. Massage Therapy in Outpatient Pediatric Chronic Pain Patients: Do they facilitate Significant Reductions in Levels of Distress, Pain, Tension, Discomfort and Mood alterations? *Pediatr Anesth (in press)*
8. Website: <http://www.childrensmemorial.org/depts/integrated/overview.aspx> [link is correct.]

Lawrence D. Rosen, MD  
Section Chief, Division of Pediatric Integrative Medicine  
Joseph M. Sanzari Children's Hospital  
Hackensack University Medical Center  
Medical Advisor, The Deirdre Imus Environmental Center for Pediatric Oncology  
Clinical Assistant Professor, Department of Pediatrics  
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- 1) Program launched 2007 (previously had pediatric integrative service in NY 2003-2006). We have 0.2 FTE MD, 0.2 FTE nurse on site, but the other 0.8 FTE per person is outpatient via private practice – the care is integrated – does this make sense to you? Not sure how you want to list it.
- 2) The outpatient part of this program has been discontinued. The only clinical work I do at the hospital is inpatient consults. These patients are generally hematology/oncology. We offer MD consults/MBM to address symptom management, and nursing consults re: energy work (Reiki) and yoga.
- 2) I continue to get outpatient referrals, but I see them in my primary care practice; we accept commercial insurances there, so access is greatly improved.
- 3) CAM services: inpatient: yoga, Reiki, general medical consults and mind-body therapies; Outpatient – currently all in primary care practice, includes above and additionally infant massage, nutritional counseling, botanical/homeopathic counseling
- 4) Research: current program: RCT of NHP vs placebo for head lice, St. Anthony's Project (evaluation of a potential autism cluster in Northern NJ)
- 5) Education and Advocacy via the Deirdre Imus Environmental Center. – Environmental health issues

Other

- 1) Pangea conference
- 2) IPC and related listserv

Lonnie Zeltzer, MD  
Director, Pediatric Pain Program  
Professor of Pediatrics, Anesthesiology, Psychiatry and Biobehavioral Sciences  
Mattel Children's Hospital at UCLA  
David Geffen School of Medicine at UCLA  
Los Angeles, California

- 1) Start: PIM within pediatric pain clinic started 1991
- 2) Outpt chronic pain service 1 day/wk (inpts only seen in research protocols); self-refer and referral based; consults and continuing care. Funded by individual practitioners by the community who are selected and come in for a weekly clinical meeting and then they see patients from their own. Virtual clinic – email each other, work together on patients, just not on one site.
- 3) CAM services: Acupuncture, TCM herbals, Reiki energy therapy, craniosacral, art therapy, hypnotherapy, biofeedback (PT), music therapy, 2 PT, individual and family psychological therapy, 2 massage therapists, Iyengar yoga, Vipasanna mindfulness meditation – only licensed practitioners allowed on-site. Fee for service; sliding scale.
- 4) Research interests: mixed methods (qualitative/quantitative), hypnotherapy, acupuncture, yoga, meditation, models of care, gender and Tran generational experiences re pain (++ research funding from grants etc)
- 5) Educational initiatives for med students, residents, students of TCM/acupuncture, music therapy, PT, grad students

#### Other

- 1) Website(s): UCLA Pediatric Pain Program <http://www.mattel.ucla.edu/pedspain>
- 2) Non-Profit: The National Children's Pain Center  
<http://www.pediatricpain.org/ncpc.php>,
- 3) Book on chronic pain management in children: Conquering Your Child's Chronic Pain: A Pediatrician's Guide for Reclaiming a Normal Childhood (HarperResource Publishers, 2005)
- 4) Has intake questionnaire, 6 mo f/u questionnaire, and pt information sheets to share

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1. Started getting referrals Sept 2005
2. Inpatient (0-3/week; currently much less frequent due to time constraints) and outpatient (2-4/week). Typically see oncology, neurology, GI, chronic pain, habit related. Particular diagnoses vary. Accept referrals from MD, other professionals and self-referral. Consult and continuing care.
3. CAM Services: Inpatient: Massage, hypnosis, guided imagery, credentialed acupuncturists. Outpatient: Broad-based integrative model for various complex medical conditions: mind-body approaches, nutrition, supplements, herbs, and other recommendations. Uses local herbal stores and university-affiliated and non university affiliated TCM, non univ-affiliated craniosacral and homeopathy.
4. Research – Jan 2007 mentoring a medical resident. Proposal developing to do a study looking at yoga reducing seizure frequency or medication amounts for seizure disorders – intervention and control group. Review and summation of intake forms of other PIM programs (fundraising).
5. Education – Provide individual mentoring for nursing students, med students or peds residents. Nothing for CAM students yet. (no curriculum available yet).
6. Workshops for phlebotomists and clinic nurses on approaches to children during painful procedures
7. Workshop for University-affiliated faculty on integrative pediatrics and self-regulation training.
8. Funding for 3 projects:
  1. Development of web-based content for the Osher Center on adolescent and pediatric integrative topics; assistance with development of a speaker series on adol/ped integrative talks for the general public.
  2. The Pediatric Integrative Pain Clinic. Start-up funding to develop and administer the clinic; funding for a clinical social worker. Half-day/wk service starts July, 08.
  3. Supervised practicum in child psychology. Funding for 1 year of direct clinical supervision by a clinical psychologist (in the setting of the pain clinic).

Other

9. Hosted Pangea 2007
10. Has probiotics talk on AAP website

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Stollery Children's Hospital  
Associate Professor, Dept of Pediatrics  
Faculty of Medicine  
University of Alberta  
Edmonton, AB

1. Launched in 2003 research and education, clinical 2006
2. Outpatient service: require referral; ½ day clinic/week; outpatient information service (Sept 2006) and N of 1 evaluation service (June 2006).
3. CAM Services: TCM, massage, naturopathy (all credentialed by Children's Hospital). Patients don't have to pay to be seen within program but do pay out-of-pocket for services received in CAM providers' offices.
4. Funding: Mixed (hospital, university, grants, philanthropy)
5. Research interests: RCTs, SRs of safety and efficacy, products and practices, methods research in N of 1, community-based research (active surveillance of harms; community-based primary prevention), health services research, translational research (bedside to bench and back)
6. Educational Initiatives: Med student electives, selectives for peds residents, fellowship for peds residents, grad students; no CAM students at this time.

Other:

7. Host the PedCAM network ([www.pedcam.ca](http://www.pedcam.ca))
8. Hosted North American Research Conference on Complementary and Integrative Medicine in 2006.

Kathi Kemper, MD MPH  
Director, Program for Holistic and Integrative Medicine  
Professor of Pediatrics, Public Health, Family and Community Medicine  
Wake Forest School of Medicine  
Brenner Children's Hospital  
Winston North Carolina

- 1) Current program launched 2001 (has previously led two prior pediatric integrative medicine programs: Swedish Medical Centre (1994) and Boston Children's (1998))
- 2) Inpatient and outpatient consult service with MD referral. Inpatients mostly oncology. Outpatients: chronic abdominal pain, depression, chronic headache, ADHD, autism, complex congenital problems. Meet with subspecialties regularly to see how CAM can be integrated into their services.
- 3) Integrative services: massage therapy, music therapy, art therapy, child life, pastoral care, nutrition, healing touch, reiki, hypnosis. No unlicensed providers can come into hospital. Outpatients – refer into community for healing touch, acupuncture, massage, hypnosis, biofeedback.
- 4) Research: health services/utilization, education research (e.g. dietary supplements and herbs curriculum), music in NICU and oncology
- 5) Education: Medical school has CAM committee, CAM and community committee, mind body committee, herbs and dietary supplements taskforce, MBSR, elective in therapeutic touch. Integrative medicine case-based teaching is integrated (not stand alone courses). Online education on herbs and supplements.

#### Other

- 1) Chairs American Academy of Pediatrics Section on Complementary, Holistic, and Integrative Medicine <http://www.aap.org/sections/chim/>
- 2) Has curriculum on website: <http://www1.wfubmc.edu/phim/>

Robert Pendergrast , M.D., M.P.H.  
Associate Professor Pediatrics, Director of Adolescent Medicine  
Children's Medical Centre  
Medical College of Georgia  
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1. Officially created PIM mind body clinic in fall 2003
2. Inpatient and outpatient programs: coverage of ped inpatient 12 weeks/year (25 patients/week) –no one formally refers patients for PIM but he practices that way. Mind body clinic – half day/week. Adolescent clinic (continuing care) 2 days/week. Mind body: migraine headache, irritable bowel, rheumatic pain, chronic abdominal pain, panic disorders, anxiety attacks. Adolescent: similar plus hypertension, obesity (nutrition), procedural anxiety (immunizations, pelvic exams). Inpt – whatever is on the roster. Can self refer, but most have referral from MDs.
3. CAM services: mind body, nutritional counseling, energy therapies (Healing touch), herbal therapies, biofeedback (done by psychologist) (psychologist moved mid-2007, biofeedback no longer offered).
4. Research: PI for review of mind body clinic data 2005, Co investigator on MBSR and cardiovascular stress reduction (this study completed and published in January 2008, reference: Barnes, V. A., Pendergrast, R. A., Harshfield, G. A., & Treiber, F. A. (2008). Impact of meditation on ambulatory blood pressure and sodium handling in prehypertensive African American adolescents. Ethnicity & Disease, 18(1), 1-5.) Summary attached of most recent course outline offered in January 2007.
5. Education: 2001-2003 educational working group on CAM curriculum, 2001 to present – 9 week elective for first year med students
6. Resident education, does departmental teaching, grand rounds, nothing for CAM students

#### **Other**

7. Writes bi-monthly in a newspaper health column– some topics include CAM.
8. Has created nutritional sheets