

An Alternative Approach

STUDENTS GET A HANDS-ON INTRODUCTION TO COMPLEMENTARY MEDICINE

eVEN THOUGH DEYA Jourdy '05 has suffered from a herniated disk ever since a hockey injury two years ago, he's never tried massage therapy. Not until this snowy March morning, when the husky student finds himself lying face down on a massage table in the middle of Weill Auditorium. In front of a dozen first-year students, therapist Amy Balter rubs the knots in Jourdy's back and shoulders, all the while inviting his classmates to ask questions and locate stress points for themselves. Twenty minutes later, Jourdy—whose girlfriend has been after him to try massage for some time—says he doesn't know why it took him so long to get around to it. "It felt good," he says. "And I'm a lot less tense."

The massage session is included in a half-day, hands-on introduction to complementary and integrative medicine offered to medical students



PHOTOS BY JANET CHARLES



Healing touch: Valerie Young '06, above, experimented with acupuncture, while classmates observed stress-relieving massage techniques during a half-day seminar on alternative medicine.

for the first time this past year. It's part of Medicine, Patients, and Society, a course that runs through three years of the curriculum, integrating classroom studies with the real world. The office preceptor session, for example, the heart of the first-year component, allows students to shadow a physician in his or her office, learning to take histories and practicing physical exam techniques. On this particular morning, practitioners demonstrate a number of CAM therapies—or "modalities"—including meditation, acupuncture, Qi Gong (or Chinese energy yoga), and massage.

"As doctors, we're trained to look for biological mediators," says Dr. Sung Lee, who led the morning's introduction to Qi Gong. "When we don't find them, we say, 'We can't help you.' That's when CAM practitioners step up to the plate." Nearly half of all Americans seek such alternative treatments, yet close to three-quarters of those users say they don't feel comfortable discussing the options with their physicians. Indeed, in a straw poll taken prior to the classroom demonstrations, two-thirds of the medical students say they've had professional massages and one-third say they've tried meditation.

Yet nearly the entire class admits they don't know enough about complementary medicine to recommend treatments to their patients. "Students need to know how to talk to patients about these modalities," says Dr. Mary Charlson, executive director of Weill Cornell's Center for Complementary and Integrative Medicine and chief of the Division of General Internal Medicine. "They need to know what their patients are doing." But simply lecturing about CAM isn't enough, says Charlson, one of the event's organizers. "We want students to experience these

techniques, to see them performed first-hand."

While Jourdy's massage has made him a fan, reactions to the demonstrations from other students are mixed. Down the hall, David Padua '05 listens skeptically as Dr. Robert Schulman leads a session on acupuncture and traditional Chinese medicine. Padua, a tall guy with an easy grin, balks as Schulman removes an acupuncture needle from its sleeve and instructs the class on how to insert it into the skin. "Is it painful?" asks Padua, evoking laughter from his classmates. Moments later he applies the needle to his own hand. "It doesn't hurt," he reports, somewhat relieved. "It's just a pin-prick."

Throughout the day, administrators encourage students to examine their skepticism. "Do your own values and practices influence your approach?" Charlson asks in a lecture preceding the demonstrations. "Of course they do. If you practice a modality, you're much more likely to recommend it—because our own values influence our therapeutic modalities."

Padua hasn't had much exposure to alternative medicine, except through references in pop culture, and he's never been particularly interested in learning more. The demonstrations, however, have piqued his interest. "Some of these modalities have been around for a very long time," he says, "so they must have some positive effect on people's health." Yet today's session leaves him with more questions than answers. "There must be some kind of comparative analysis between acupuncture and standard Western medicine," says Padua, who wishes the sessions had been more closely tailored to the medical student audience. And he says he's not quite ready to recommend acupuncture to a patient. "I'd have to do a little more reading about it, and get a little more verification about its effectiveness in a clinical setting."

For other students, this sort of suspicion seems foreign. Hina Talib '05, who had never tried massage therapy before the demon-

stration, says her family's culture helped her realize the importance of balancing both biomedical and alternative medicine. Several of Talib's relatives in India trained as physicians, yet they own and operate Universal Pharmaceuticals Group, one of India's largest Ayurvedic medicine plants. Meanwhile, Talib's mother, a pediatrician who has since relocated to America, used acupuncture to treat her daughter's chronic pain. "CAM modalities don't seem strange or out of place to me," she says. "Growing up, my mom treated me with both alternative medicines and Tylenol."

Talib's response illustrates another of the morning's goals: the need for cultural sensitivity. "Anyone who comes into a physician's office is engaging in a cross-cultural encounter," says Dr. Lyuba Konopasek, director of the first-year Medicine, Patients, and Society course. Many of the modalities originate in cultures with which physicians might not be familiar, and integrating conventional Western medicine with traditional CAM modalities can pose additional challenges. "Conventional medical care is a different cultural experience for many patients—which is something we need to remind students about," says Konopasek.

Like Jourdy and Talib, Marc Otten '05 has spent part of the morning on Amy Balter's massage table. And like many of his classmates, he recognizes how pervasive complementary/integrative medicine has become—and why such demonstrations might be necessary. "I know people who are really enthusiastic about some of the CAM modalities, and I suspect the same will be true of some of my patients one day," he says. "Given the increasing presence of journal articles about CAM, the creation of the National Center for Complementary and Alternative Medicine five years ago, and the growing emphasis on preventive care, these alternative approaches to health are going to become a part of patient care that doctors need to understand."

— Paul Zakrzewski

Phoenix Rising

STUDENTS ORGANIZE BURN CAMP

CANOING ON A PRISTINE LAKE. Rock climbing for the first time. Learning how to make a friendship bracelet. This is what summer camp is all about. But such activities take on special meaning at Camp Phoenix, a free program for pediatric burn survivors. For many of the campers, it's the first time they meet kids like themselves. And for at least a few hours—amidst the tie-dying, swimming, and tag games—the day camp provides an environment where kids don't have to feel self-conscious about their scars.

Paul Mullan '04 and MD/PhD student Joseph Mancias started the program three years ago to help patients aged seven to twelve recover emotionally from severe burns. Many have undergone multiple sur-

geries and skin-grafts—some have scars covering 60 percent of their bodies. And when the children return to school, some are ostracized or teased. "They may have feelings of guilt, shame, or confusion," says Mullan. "It's therapeutic for them to have fun outside of the hospital walls."

Volunteers, including medical students, nurses, and members of the New York Fire Department, organize day events during the school year at Riverbank Park in Manhattan and, in the spring, a weekend trip to New Jersey. Since 2000, the program has hosted 100 children—about 10 percent of the more than 1,000 treated each year at the William Randolph Hearst Burn Center at Weill Cornell for injuries sustained from hot water, fireworks, and



Summer fun: Kids meet firefighters and other volunteers at a camp for former burn patients.

fires. "The number one reason to have the camp," says Mancias, "is so the kids can know that there are other kids out there living with this."

— Lauren McSherry