

Integrated Medicine in Action

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In the February 2008 issue of *AT*, I reported on plans for an integrated weight management clinic, then in its planning stages. I'm happy to report we launched the program in June and have learned a lot in the process!

Overview

AIMC Berkeley's Weight Management Program is designed to help participants lose 12-24 pounds during a 12-week period. Services include evaluation by an MD weight-loss specialist, weekly acupuncture treatments, nutritional supplements and weekly classes covering cognitive-behavioral therapy, nutrition, exercise and fitness. Some participants opt to take advantage of additional services, including one-on-one exercise coaching and additional group acupuncture treatments.

When the word got out we were starting this program in early June, we had a large number of initial inquiries, which boiled down to 60 people who were genuinely serious about participating in the program. Our exclusion criteria include mental or emotional disorders requiring treatment, eating disorders such as anorexia nervosa or bulimia nervosa, brittle diabetes, severe hormonal disorders, heart disease, liver disease and kidney disorders. We ended up with 15 dedicated individuals who began the program in June 2008. The first group of participants was all women, mostly middle-aged, with the heaviest participant initially weighing in at 390 pounds. Our next 12-week session began in September 2008 with 30 clients, including 10 from the first group who wish to repeat the process.

Medical Evaluation

Each participant first saw a medical doctor who specializes in weight management for an initial one-hour medical evaluation, followed by several shorter visits during the 12-week session. The doctor ordered blood tests as indicated by the initial medical intake. The initial intake includes a bioimpedance analysis that provides details on body fat and muscle mass, intracellular and extracellular fluids and basal metabolic rate. The doctor evaluated the participant's current eating habits and provided dietary instructions based on their basal metabolic rate and medical status, primarily emphasizing reducing intake of carbohydrates and high-glycemic foods. The daily caloric intake required to maintain the participant's weight was calculated based on their basal metabolic rate. The target daily intake was set at 500 calories less than that for a total calorie decrease of 3,500 (a pound) each week. The bioimpedance analysis was repeated midway through the program and at the end to document progress.

Acupuncture

After the medical workup, each participant saw a licensed acupuncturist for an Oriental medical evaluation and received Japanese-style acupuncture based on their OM pattern. The acupuncture point

protocols used were based on an integration of Japanese and Chinese acupuncture theory, with the core point selection based on Sawada-style *tai qi* therapy to harmonize the body. Supplemental points were selected based on channel theory and muscle-channel treatment theory. The primary points used for all patients included LI4 and LV3 to harmonize *qi*, LI10 and ST36 to regulate *qi* and activate blood, CV12 and CV6 to harmonize and tonify the middle and lower *jiao*, K3 and SP6 to tonify liver and kidney, and auricular acupuncture for hunger, endocrine and stomach. After the initial Oriental medicine evaluation and acupuncture treatment, participants received acupuncture treatments at least once a week in a small group setting.

Herbs and Supplements

In the initial 12-week session, all participants received a Japanese antioxidant seaweed and green tea supplement.

Nutrition

The program's food guidelines are relatively unstructured because of the difficulty of creating a one-size-fits-all program, but generally follow a whole-foods approach. Nutrition classes emphasize eating whole foods, including lots of vegetables and some fruits, and staying away from processed and high-glycemic foods. In their program evaluations, participants asked for one-on-one nutritional consulting, so we are providing that as an option next session.

"When they transition off high-glycemic foods, people notice a change," said clinic director Jason Beito. "They think it will be difficult to stay away from high-glycemic foods, but once they do it, they realize it's not so bad and that they feel much better."

Nutrition classes introduced participants to Oriental medicine concepts, including the different Oriental medicine patterns seen with excess weight, and the idea that excess weight is part of an energetic imbalance. Also emphasized was the importance of how you eat - for example, chewing and eating consciously to promote good digestion and nutrient absorption to decrease hunger. Participants were pleased to hear they could eat ice cream from time to time and that fat and cholesterol are not evil.

Although there was some interest among participants in the rigorous semi-fasting diet known as the very-low-calorie diet, which often is used in medical weight-loss clinics, we decided not to offer it in our program. The very-low-calorie diet consists of 800 calories a day, mostly from protein shakes with a little carbohydrate. Although this extreme diet often has dramatic results, it also has many side effects including electrolyte disturbances, depression, anxiety, insatiable appetite, coldness, hair loss and an increased incidence of gallstones.

Cognitive-Behavioral Therapy

The psychotherapist met with clients in a small classroom setting every week to discuss concepts like self-control and conscious eating habits, and to share personal struggles and victories. Because studies show people who keep a food diary lose more weight than people who don't, we encouraged participants to write down what they ate or drank so they could tabulate how many calories they were taking in. Participants were given three-ring binders at the beginning of the program, which they updated each day with their food intake notes. One client said that even though she didn't follow her plan perfectly, just making a plan gave her a better idea of what she should be eating. Additionally,

many participants realized they were eating overly large portions when they began measuring their food. "Journaling is a major factor in troubleshooting," explained Beito. "It makes it easier for us to help them make adjustments."

Exercise

During the weekly classes, participants were instructed in walking, stretching and core-conditioning exercises. We recommended participants stretch and walk five days a week, working up to 20 minutes of walking a day at 70 percent of maximum heart rate. While not all participants were exercising at this level, they were still losing weight, and all were getting more exercise than they were before they started the program. One-third of the group opted to do additional one-on-one exercise coaching.

Results

How is it all going? I must say it's going well. The clients are all highly motivated, educated and articulate individuals. They are just over halfway through the first 12-week session and many have lost 15 to 20 pounds. They feel great in the balance. In mid-session evaluations, all the clients rated the overall program as either very good or excellent. It is exciting for me to see medical doctors working alongside Oriental medical practitioners, discussing medical concepts such as hypothyroidism, metabolic syndrome, and insulin resistance, along with liver and spleen *qi* stagnation and stomach heat.

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