

Myths Vs Facts: Dr. Google

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Making Cancer History®

Learning Objectives

- Discuss a few myths vs. facts in colon cancer
- Outline differences of alternative vs. complementary vs. integrative medicine
- Describe a whole-person approach to patient care
- Review different integrative medicine strategies:
 - Nutrition
 - Exercise
 - Stress management
 - Acupuncture
 - Oncology massage
 - Herbs and supplements

Dr. Google: Good or Bad?



BJGP Open

The effect of Dr Google on doctor–patient encounters in primary care: a quantitative, observational, cross-sectional study

Noor Van Riel, MD, Koen Auwerx, MD, [...], and Birgitte Schoenmakers, MD, PhD

The emerging use of the internet for searching health information, commonly referred to as 'Dr Google', is **not seen as a threat by GPs** and **leads to a better mutual understanding** of symptoms and diagnosis.

Dr. Google: Good or Bad?

Do Dr. Google and Health Apps Have (Comparable) Side Effects? An Experimental Study

[Stefanie M. Jungmann](#)  , [Sebastian Brand](#) , [...], and [Michael Witthöft](#)   [View all authors and affiliations](#)

[Volume 8, Issue 2](#) | <https://doi.org/10.1177/2167702619894904>



Googling and using health apps showed **comparable adverse emotional and behavioral effects.**

The findings are in line with current models of cyberchondria in which **health-related Internet use** represents an essential factor in **maintaining and amplifying emotional distress.**

Complementary and Alternative Medicine Use Among Cancer Patients

Patient goals: Reduce the side effects of conventional treatments such as organ toxicity, improve quality of life, protect and stimulate immunity, or to prevent further cancers or recurrences

Table 1. Proportion of Patients Who Used CAM, Combined CAM With Conventional Therapy, and Discussed CAM With Physician

Type of CAM	Heard of CAM (%)	If Heard of CAM, Ever Used (%)	Combined CAM With Conventional Therapy (% of users)	Discussed CAM With Physician (% of users)
CAM overall	99.3	83.3	88.0	61.8
CAM overall excluding spiritual/psychotherapy	95.8	68.7	75.2	60.7
Spiritual practices	95.7	80.5	91.0	36.6
Vitamins/herbs	88.1	62.6	76.6	64.1
Movement/physical therapies	78.4	59.2	66.9	48.4
Psychotherapy	74.0	41.2	58.3	41.1
Mind/body	71.3	48.6	79.5	26.3
Special diet	65.2	32.3	63.2	41.9
Other therapies	64.2	10.5	40.0	15.8

Integrative Medicine

Physical

- Exercise
 - Nutrition
 - Acupuncture
 - Oncology Massage
- Primary Oncology team
 - Physical Medicine & Rehabilitation
 - Supportive Care
 - Cancer Pain

Mind-Body

- Health Psychology
 - Meditation
 - Music Therapy
 - Tai Chi/Qi Gong
 - Yoga
- Psychiatry
 - Spiritual Care

Social

- Group Programs
- Social Work
 - Support Groups



Difference between Complementary Alternative & Integrative Medicine

Alternative medicine is used in place of conventional medicine.

Complementary medicine is used together with conventional medicine.

Complementary and integrative medicine (CIM) refers to the use of evidence-informed, non-mainstream approaches together with conventional medical approaches (per NCCIH)

Ketogenic Diet and Cancer: Google

A ketogenic (keto) diet is a very high-fat, low-carbohydrate way of eating.

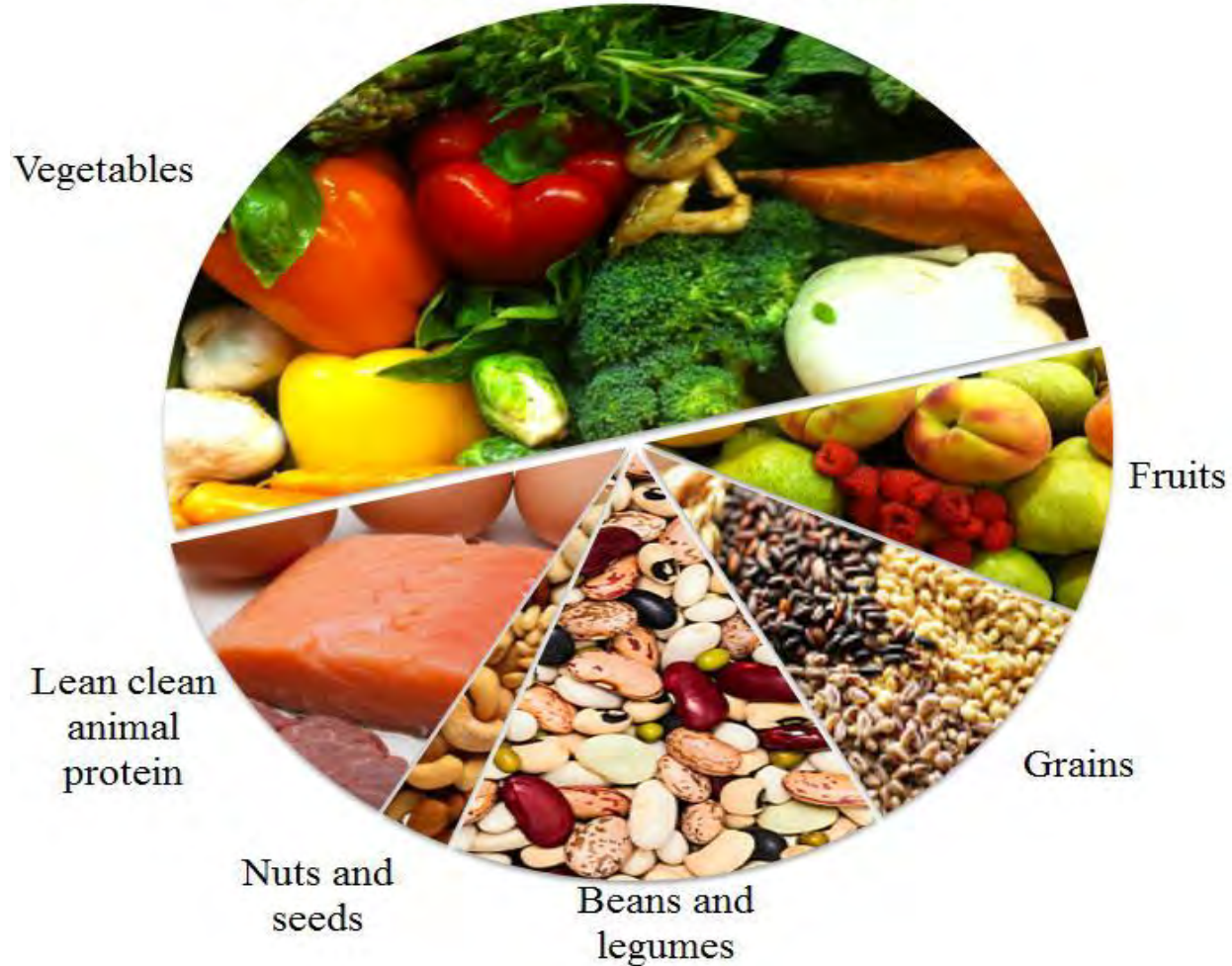
It can help you lose weight by forcing your body to burn fat instead of carbs as its main source of energy.

There is interest in how a ketogenic diet may help treat some types of cancer. One theory is that cancer feeds on the sugar you eat, but a high-fat diet starves the tumors.

So far, no major cancer group recommends keto diets for either prevention or treatment of cancer.

Diet and Cancer: Google

Health-Supporting Dietary Pattern



Myth: Natural Cure (exists) for colon cancer

Fact: Human studies are needed for human use

Research finds botanical treatment effective for colon cancer

By [Maxine Nunes](#) | Sep. 04, 2020

[Clinical Trials and Studies](#) [Research News](#)



The remarkable results of a new City of Hope study show that the natural botanical *Andrographis paniculata*, when given in conjunction with chemotherapy, may be a major breakthrough in treating chemotherapy-resistant colorectal cancer.



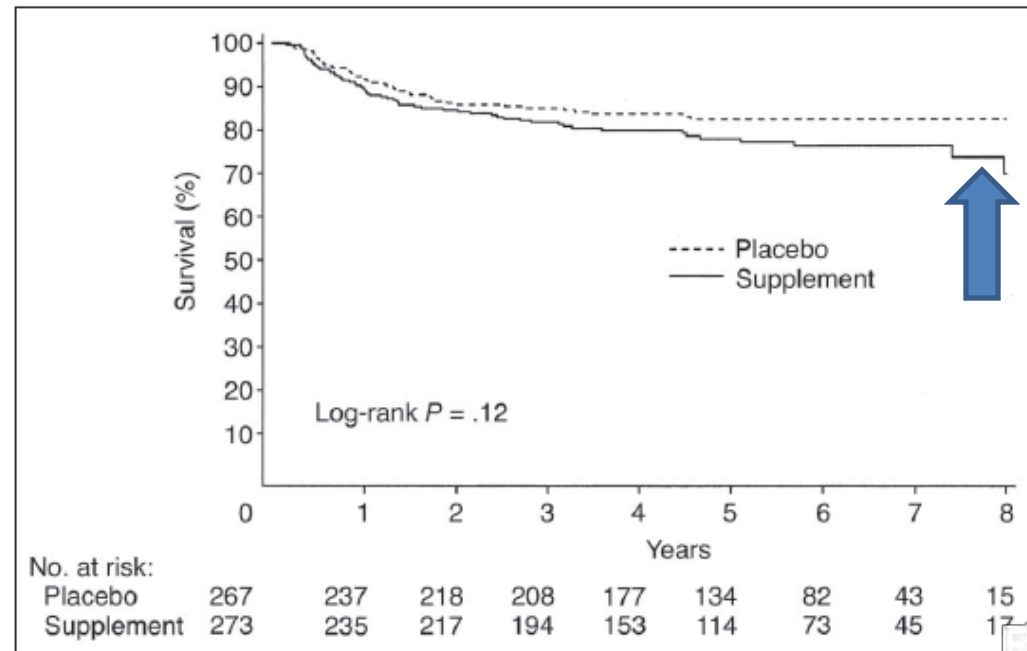
- First, they used cell lines of human colorectal cancer, cultivated in the lab.
- Cell lines, of course, do not represent the whole body, so the second step was to look at the effects using animal tissue.
- Knowing that it worked on an animal model, the third step was to further confirm these findings in a 3D-organoid model, grown from human colorectal tumor tissue excised from an actual patient.

Anti-Oxidants During Treatment

Randomized Trial of Antioxidant Vitamins to Prevent Acute Adverse Effects of Radiation Therapy in Head and Neck Cancer Patients

Isabelle Bairati, François Meyer, Michel Gélinas, André Fortin, Abdenour Nabid, François Brochet, Jean-Philippe Mercier, Bernard Têtu, François Harel, Belkacem Abdous, Éric Vigneault, Sylvie Vass, Pierre del Vecchio, and Jean Roy†

- 540 H&N cancer patients treated with radiation
- Randomized to:
 - Vitamin E and Beta-carotene
 - Placebo
- Supplement arm:
 - Decreased acute adverse effects
 - Increased rate local recurrence



Vitamin C Infusions and mCRC



A Randomized, Open-Label, Multicenter, Phase 3 Study of High-Dose Vitamin C Plus FOLFOX ± Bevacizumab versus FOLFOX ± Bevacizumab in Unresectable Untreated Metastatic Colorectal Cancer (VITALITY Study) [🔗](#)

Conclusion:

Survival and response rates **not statistically different** between the control group and the experimental group.

Further exploration needed:

Patients with RAS mutation had significantly longer PFS with Vitamin C than control group (median PFS, 9.2 vs. 7.8 months; HR, 0.67; 95% CI, 0.50–0.91; $P = 0.01$)

Published: 30 March 2023

Medicinal Mushroom Supplements in Cancer: A Systematic Review of Clinical Studies

[Santhosshi Narayanan](#) , [Aline Rozman de Mores](#), [Lorenzo Cohen](#), [Mohammed Moustapha Anwar](#), [Felippe Lazar](#), [Rachel Hicklen](#), [Gabriel Lopez](#), [Peiying Yang](#) & [Eduardo Bruera](#)

[Current Oncology Reports](#) (2023) | [Cite this article](#)

171 Accesses | 2 Altmetric | [Metrics](#)

Abstract

Purpose of Review

Patients seek clinical guidance on mushroom supplements that can be given alongside conventional treatments, but most research on such fungi has been preclinical. The current systematic review focused on clinical studies of mushrooms in cancer care conducted in the past 10 years. We searched Medline (Ovid), Embase (Ovid), Scopus (Wiley), and Cochrane Library to identify all mushroom studies conducted in humans published from January 2010 through December 2020. Two authors independently assessed papers for inclusion.

Of 136 clinical studies identified by screening 2349, 39 met inclusion criteria. The studies included 12 different mushroom preparations. A survival benefit was reported using Huaier granules (*Trametes robiniophila Murr*) in 2 hepatocellular carcinoma studies and 1 breast cancer study. A survival benefit was also found in 4 gastric cancer studies using polysaccharide-K (polysaccharide-Kureha; PSK) in the adjuvant setting. Eleven studies reported a positive immunological response. Quality-of-life (QoL) improvement and/or reduced symptom burden was reported in 14 studies using various mushroom supplements. Most studies reported adverse effects of grade 2 or lower, mainly nausea, vomiting, diarrhea, and muscle pain. Limitations included small sample size and not using randomized controlled trial design.

Summary

Many of the reviewed studies were small and observational. Most showed favorable effects of mushroom supplements in reducing the toxicity of chemotherapy, improving QoL, favorable cytokine response, and possibly better clinical outcomes. Nevertheless, the evidence is inconclusive to recommend the routine use of mushrooms for cancer patients. More trials are needed to explore mushroom use during and after cancer treatment.

Myth: No scientific basis for integrative therapies

Fact: Integrative Oncology is science-informed



National
Comprehensive
Cancer
Network®

NCCN Guidelines Version 1.2023
Adult Cancer Pain

[NCCN Guidelines Index](#)
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[Discussion](#)

INTEGRATIVE INTERVENTIONS

Consider integrative interventions in conjunction with pharmacologic interventions as needed. Integrative interventions may be especially important in vulnerable populations (eg, frail, elderly) in whom standard pharmacologic interventions may be less tolerated or based on patient preference. The utility of integrative interventions underscores the necessity for pain management to be carried out with a team approach that contains a wide range of treatment options. ([See PAIN-L](#))

Pain likely to be relieved or function improved with cognitive, physical, or interventional modalities:

• **Cognitive Modalities**

- ▶ Cognitive behavioral therapy (CBT), cognitive restructuring
- ▶ Mindfulness-based stress reduction (MBSR)
- ▶ Imagery
- ▶ Hypnosis
- ▶ Biofeedback
- ▶ Acceptance-based training
- ▶ Distraction training
- ▶ Relaxation training
- ▶ Active coping training
- ▶ Graded task assignments, setting goals, pacing, and prioritizing
- ▶ Behavioral activation

• **Nutritional Modalities**

- ▶ Nutrition consult
- ▶ Dietary recommendations
- ▶ Assess and educate on herbal, botanical, and dietary supplements

• **Spiritual Care** ([See NCCN Guidelines for Distress Management](#))

• **Physical Modalities**

- ▶ Bed, bath, and walking supports
- ▶ Positioning instruction
- ▶ Instruction in therapeutic and conditioning exercise
- ▶ Energy conservation, pacing of activities
- ▶ Massage
- ▶ Heat and/or ice
- ▶ Transcutaneous electrical nerve stimulation (TENS)
- ▶ Acupuncture, electro-acupuncture, or acupressure
- ▶ Ultrasonic stimulation

• **See Interventional Strategies** ([PAIN-M](#))

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.



INTERVENTIONS FOR PATIENTS ON ACTIVE TREATMENT^{e,f}

Nonpharmacologic

- **Physical activity (category 1)**
 - › **Maintain optimal level of activity**
 - › **Cautions in determining level of activity:**
 - ◊ Bone metastases
 - ◊ Thrombocytopenia
 - ◊ Anemia
 - ◊ Fever or active infection
 - ◊ Limitations secondary to metastases or other comorbid illnesses
 - ◊ Safety issues (ie, assessment of risk of falls)
 - › Consider initiation and/or encourage maintenance of a physical activity/exercise program, as appropriate per health care provider, consisting of cardiovascular endurance (walking, jogging, or swimming) and resistance (weights) training.^j
 - › Consider referral to rehabilitation: physical therapy, occupational therapy, and physical medicine
 - › Yoga (category 1)
- **Physically based therapies**
 - › Massage therapy (category 1)
- **Psychosocial interventions**
 - › Cognitive behavioral therapy (CBT)^k/Behavioral therapy (BT)^l (category 1)
 - › Psycho-educational therapies/Educational therapies (category 1)
 - › Supportive expressive therapies^m
- **Nutrition consultation**
- **CBT^k for sleep**
 - › Stimulus control/Sleep restriction/Sleep hygiene
- **Bright white light therapyⁿ**

Pharmacologic

- **Consider psychostimulants^o (methylphenidate) after ruling out other causes of fatigue**
- **Treat for pain, emotional distress, and anemia as indicated per NCCN Guidelines (See appropriate NCCN Guidelines for Supportive Care)**
- **Optimize treatment for sleep dysfunction, nutritional deficit/imbalance, and comorbidities**

Category 1

- Physical Activity
- Yoga
- Massage therapy
- Psycho-educational, CBT

2A

- Nutrition
- Sleep hygiene
- Light Therapy

^eSee Discussion for information on differences between active treatment, post-treatment, and end-of-life treatment. (See MS-1)

^fInterventions should be culturally specific and tailored to the needs of patients and families along the illness trajectory, because not all patients may be able to integrate these options due to variances in individual circumstances and resources.

^jSee [NCCN Guidelines for Survivorship \(SE-3\)](#).

^kA type of psychotherapy that focuses on recognizing and changing maladaptive thoughts and behaviors to reduce negative emotions and behaviors and to facilitate psychological adjustment.

^lCBT/BT influences thoughts and promotes changes in behavior; it includes relaxation strategies.

^mSupportive expressive therapies (eg, support groups, counseling, journal writing) facilitate expression of emotion and foster support from one or more people.

ⁿBright white light therapy of 10,000 lux is most frequently self-administered in the early morning for 30–90 minutes. Timing needs to be adjusted for those who sleep during the day.

^oPharmacologic interventions remain investigational, but have been reported to improve symptoms of fatigue in some patients. Methylphenidate should be used cautiously and should not be used until treatment- and disease-specific morbidities have been characterized or excluded. Optimal dosing and schedule have not been established for use of psychostimulants in older adults and patients with cancer.

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ANXIETY, DEPRESSION, TRAUMA, AND DISTRESS: MANAGEMENT AND TREATMENT

NONPHARMACOLOGIC INTERVENTIONS

• **For all survivors:**

- ▶ Address treatable contributing factors
 - ◊ Pain, sleep disturbance, fatigue, toxic metabolic/endocrine/other medical comorbidities, substance use disorder
- ▶ Provide reassurance that symptoms of worry, stress, fear of recurrence, anxiety, and depression are common problems among cancer survivors and that these symptoms can be treated
- ▶ Provide support and education to patient and family regarding normal recovery phases after treatment, common stresses, distress and fears, and strategies for managing uncertainty and distress
- ▶ Provide resources for social support networks and specific social, emotional, spiritual, and informational needs, including online and mobile phone apps. Consider referral to social work services, patient navigator (if available). [\(See SURV-B\)](#)
- ▶ Develop a plan for regular physical activity and healthy nutrition. [\(See HL-1\)](#)

• Reevaluate symptoms and function at next

“Consider” yoga for improving some survivorship areas such as:

- Distress
- Cognitive functioning
- Menopausal symptoms
- Pain

[\(See SANXDE-9\)](#)

• **For adjustment disorder or distress without safety risk, mania, or psychosis**

[\(See DIS-10 and DIS-17 from the NCCN Guidelines for Distress Management\):](#)

- ▶ Refer to a therapist, preferably one with psycho-oncology training if available (ie, psychologist, advanced practice clinician, licensed therapist):
 - ◊ Cognitive behavioral therapy (CBT) (eg, mindfulness, behavioral activation, structured CBT, exposure therapy, fear of recurrence, trauma symptoms, insomnia, or other symptoms related to distress) in structured groups, or with digital modalities (category 1)
 - ◊ Social work for complex social factors
 - ◊ Supportive normalizing of survivor's experience
 - ◊ Existential therapy related to values, meaning, and purpose in life
- ▶ Consider referral to chaplain for spiritual support for religious conflict, concerns about death and afterlife, guilt, grief, and meaning and purpose in life

▶ Consider referral for integrative therapies (ie, mindfulness meditation, imagery/hypnosis, yoga)

▶ Consider referral for couples, family, caregiver, or relationship counseling/support

• **For moderate to severe intensity major depression, generalized anxiety, panic, or PTSD symptoms:**

- ▶ Refer for evaluation and treatment by a mental health professional^h
- ▶ Consider pharmacologic and/or nonpharmacologic treatments

• **For substance use disorder:^P**

- ▶ Safety evaluation [\(SANXDE-A\)](#)
- ▶ See DIS-21 from the [NCCN Guidelines for Distress Management](#)
- ▶ Refer to substance use disorder specialist

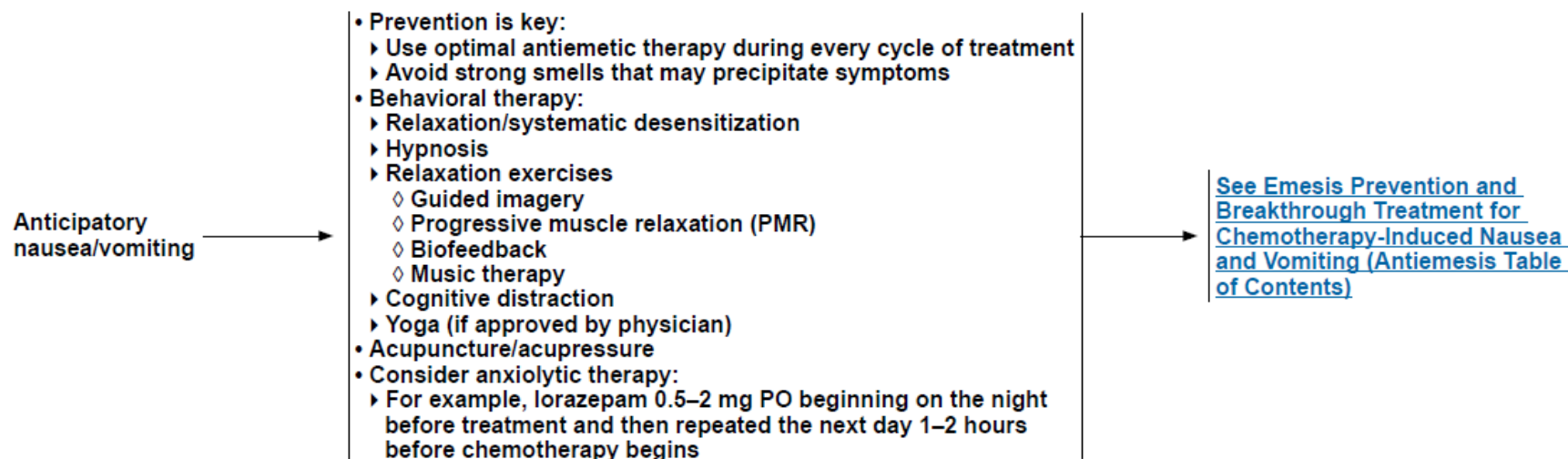
^h Psychiatrist, psychologist, advanced practice clinician, and/or social worker.

^P For additional resources, [See SURV-B 4 of 4](#).

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.



ANTICIPATORY EMESIS PREVENTION/TREATMENT

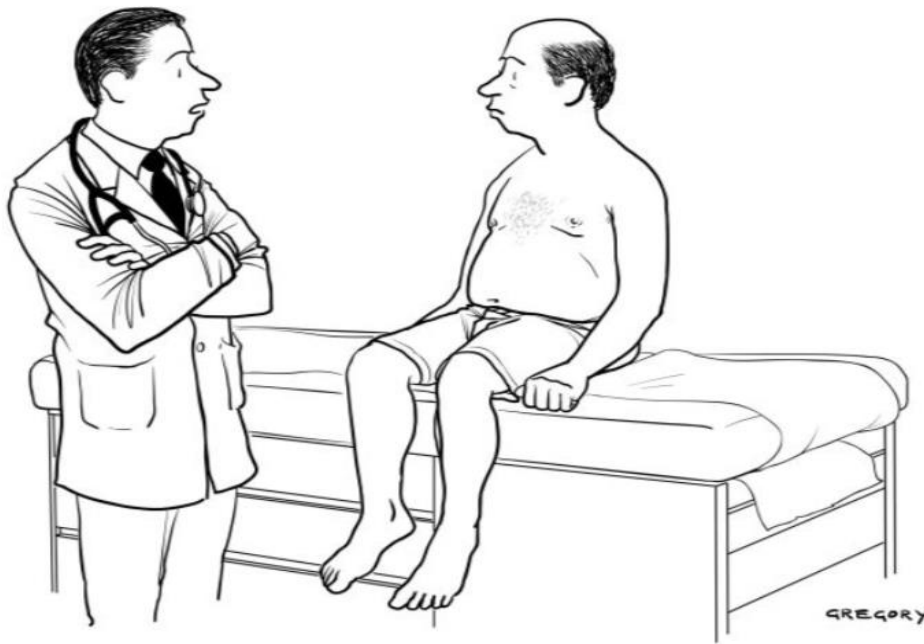


[See Principles of Emesis Control for the Cancer Patient \(AE-1\)](#)

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

Myth: Stress has nothing to do with cancer

Fact: Stress impacts cancer biology and even survival



“Stress is killing you—you need an easier job, a smaller house, and a different family.”

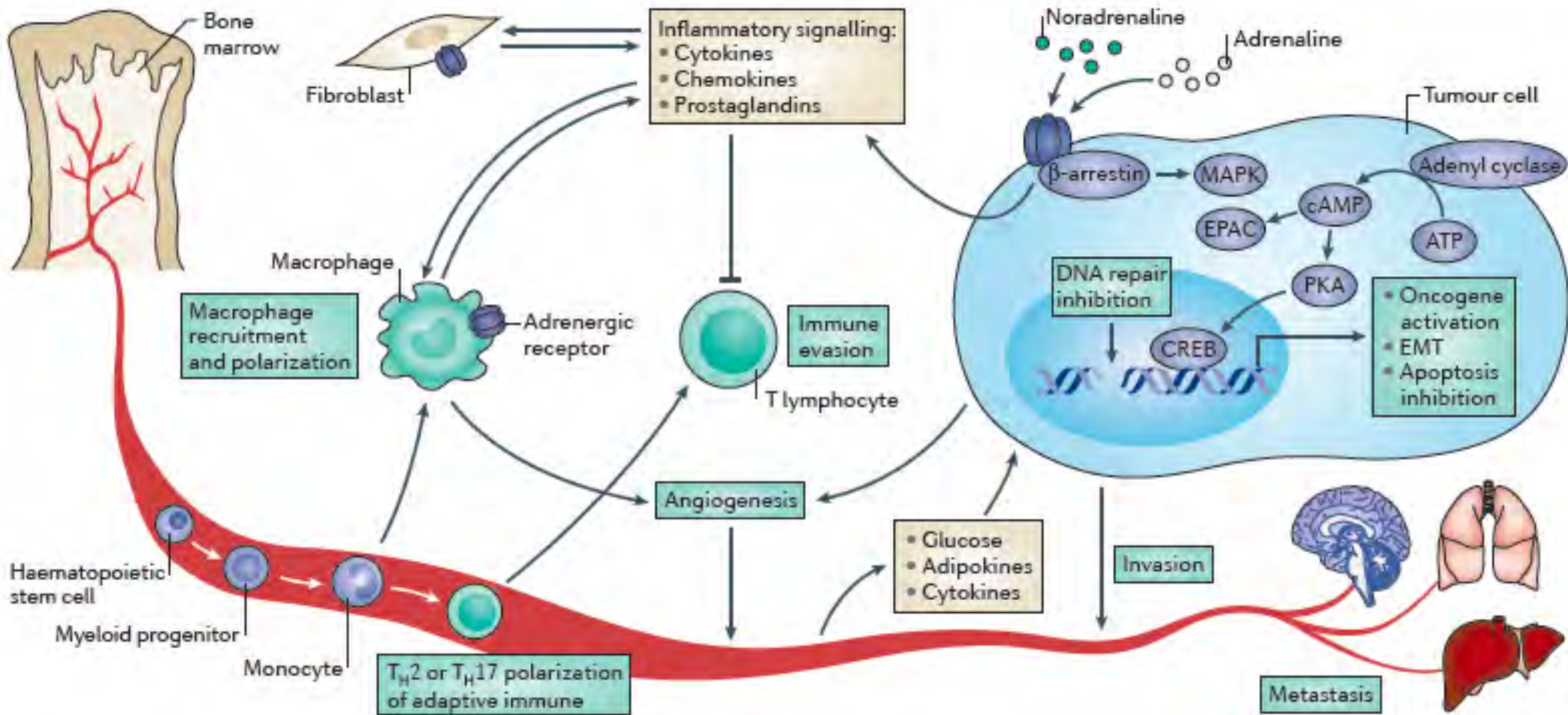
Depression as a Predictor of Disease Progression and Mortality in Cancer Patients

A Meta-Analysis

Jillian R. Satin, MA; Wolfgang Linden, PhD; and Melanie J. Phillips, BSc

BACKGROUND: Cancer patients and oncologists believe that psychological variables influence the course of cancer, but the evidence remains inconclusive. This meta-analysis assessed the extent to which depressive symptoms and major depressive disorder predict disease progression and mortality in cancer patients. **METHODS:** Using the MEDLINE, PsycINFO, CINAHL, and EMBASE online databases, the authors identified prospective studies that examined the association between depressive symptoms or major/minor depression and risk of disease progression or mortality in cancer patients. Two raters independently extracted effect sizes using a random effects model. **RESULTS:** Based on 3 available studies, depressive symptoms were not shown to significantly predict cancer progression (risk ratio [RR] unadjusted = 1.23; 95% confidence interval [CI], 0.85-1.77; $P = .28$). Based on data from 25 independent studies, mortality rates were up to 25% higher in patients experiencing depressive symptoms (RR unadjusted = 1.25; 95% CI, 1.12-1.40; $P < .001$), and up to 39% higher in patients diagnosed with major or minor depression (RR unadjusted = 1.39; 95% CI, 1.10-1.89; $P = .03$). In support of a causal interpretation of results, there was no evidence that adjusting for known clinical prognostic factors diminished the effect of depression on mortality in cancer patients. **CONCLUSIONS:** This meta-analysis presented reasonable evidence that depression predicts mortality, but not progression, in cancer patients. The associated risk was statistically significant but relatively small. The effect of depression remains after adjustment for clinical prognosticators, suggesting that depression may play a causal role. Recommendations were made for future research to more clearly exam-

Molecular mechanisms for "Fight or Flight" regulation of tumors



Approach & Care Plan

Meroë B. Morse MD, ABOIM
Assistant Professor, Integrative Medicine

Definition of Integrative Oncology

“Integrative oncology is a **patient-centered, evidence-informed** field of cancer care that utilizes **mind and body practices, natural products,** and/or **lifestyle modifications** from different traditions *alongside* conventional cancer treatments.

Integrative oncology aims to **optimize health**, quality of life, and clinical outcomes across the cancer care continuum and to **empower** people to prevent cancer and become active participants before, during, and beyond cancer treatment.”



Integrative Medicine

Physical

- Exercise
 - Nutrition
 - Acupuncture
 - Oncology Massage
- Primary Oncology team
 - Physical Medicine & Rehabilitation
 - Supportive Care
 - Cancer Pain

Mind-Body

- Health Psychology
 - Meditation
 - Music Therapy
 - Tai Chi/Qi Gong
 - Yoga
- Psychiatry
 - Spiritual Care

Social

- Group Programs
- Social Work
 - Support Groups



Our Focus During Integrative Consults



Eating Patterns



Movement



Toxin Avoidance



Social Connectivity



Herbs & Supplements

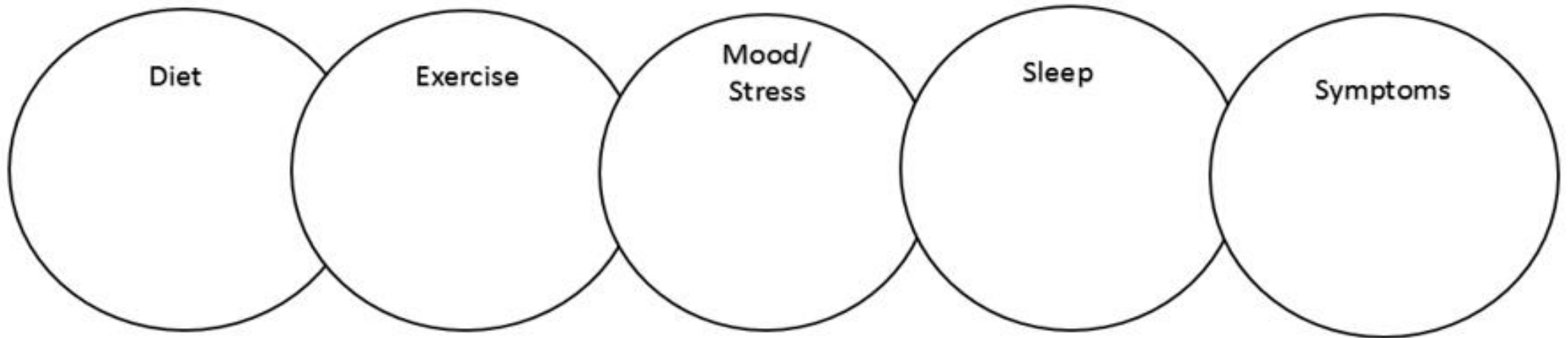


Stress Management



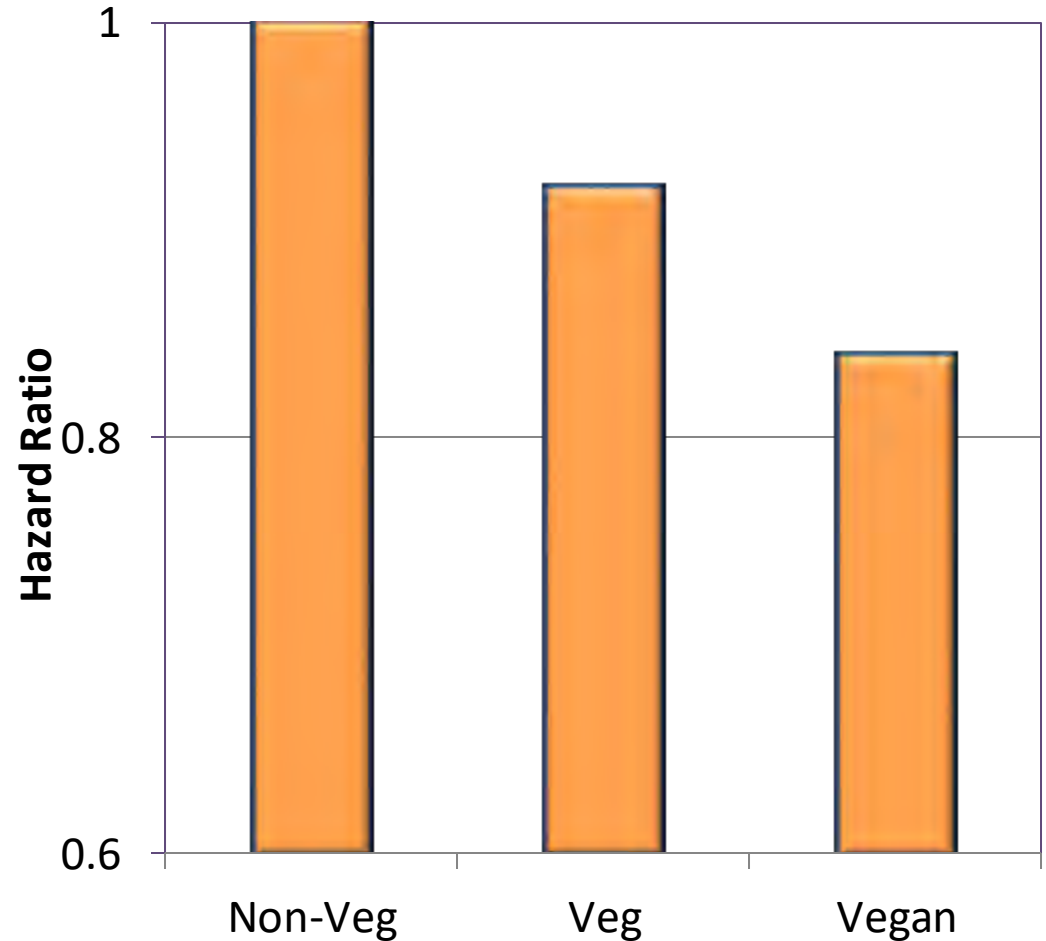
Sleep

Integrative Medicine Care Plan



- Follow up:
- Physical Therapy
- Clinical Nutrition
- Health Psychology
- Acupuncture
- Oncology Massage

Nutrients, Eating Patterns and Cancer



S.A.D. & Harmful ☹️

↓ vegetables, fruits and plant fiber

↓ raw foods or fermented foods

↑ calorie-dense beverages/HFCS

↑ industrially processed foods

↑ refined grains

↑ industrial animal products (meat, milk, cheese)



Link Between Obesity & Cancer



Health-Supporting Dietary Pattern



The Gut Microbiome



Exercise



Exercise Guidelines - ACSM

MODE OF EXERCISE	RECOMMENDATION
Aerobic	Achieve 150 minutes of moderate intensity exercise or 75 minutes of vigorous intensity exercise weekly, or some combination of the two.
Resistance	Perform strength training exercises 2-3 times per week targeting all major muscle groups.
Flexibility	Include stretching exercises for all major muscle groups on exercise days.

Behavior Change Tips For...*Everybody!*

- **Start with small, achievable goals**
- **Do something active, however small, everyday**
- **Use a pedometer, fitness tracker, or your phone to track progress**
- **Embrace technology: Fitness apps, YouTube videos**
- **Set goals and break them down into smaller steps**
- **Find an exercise buddy to boost accountability**



The Mind-Body Connection



Mind-Body Practices

- Relieve anxiety & stress
- Improve quality of life
- Improve sleep
- Reduce pain
- Reduce nausea



Music Therapy



Yoga



Meditation



Tai Chi & Qi Gong

Yoga

Table. **Benefits of Yoga in Cancer Based on Current Evidence**

During Cancer Treatment

Quality of life

Fatigue

Biomarkers: cortisol, pro-inflammatory cytokines

Perceived stress

Psychological outcomes such as benefit finding and spirituality

Anxiety, depression, sleep (mixed evidence)

Post-Treatment

Quality of life

Fatigue

Sleep

Biomarkers: pro-inflammatory cytokines

Decreased menopausal symptoms

Decreased arthralgia

Improved cognitive function

Improved lymphedema

Acupuncture

Insertion of needles at specific points to help relieve cancer or treatment-related symptoms.

How can Acupuncture help?

- Pain
- Nausea
- Dry Mouth
- Hot Flashes
- Fatigue
- Neuropathy
- Insomnia



Oncology Massage Therapy

Oncology massage therapists have special training to provide safe and optimal massage through awareness of the unique needs of cancer patients.

How can Oncology Massage help?

- Relieve Anxiety & Stress
- Decrease Pain
- Relieve Constipation
- Relieve Neuropathy

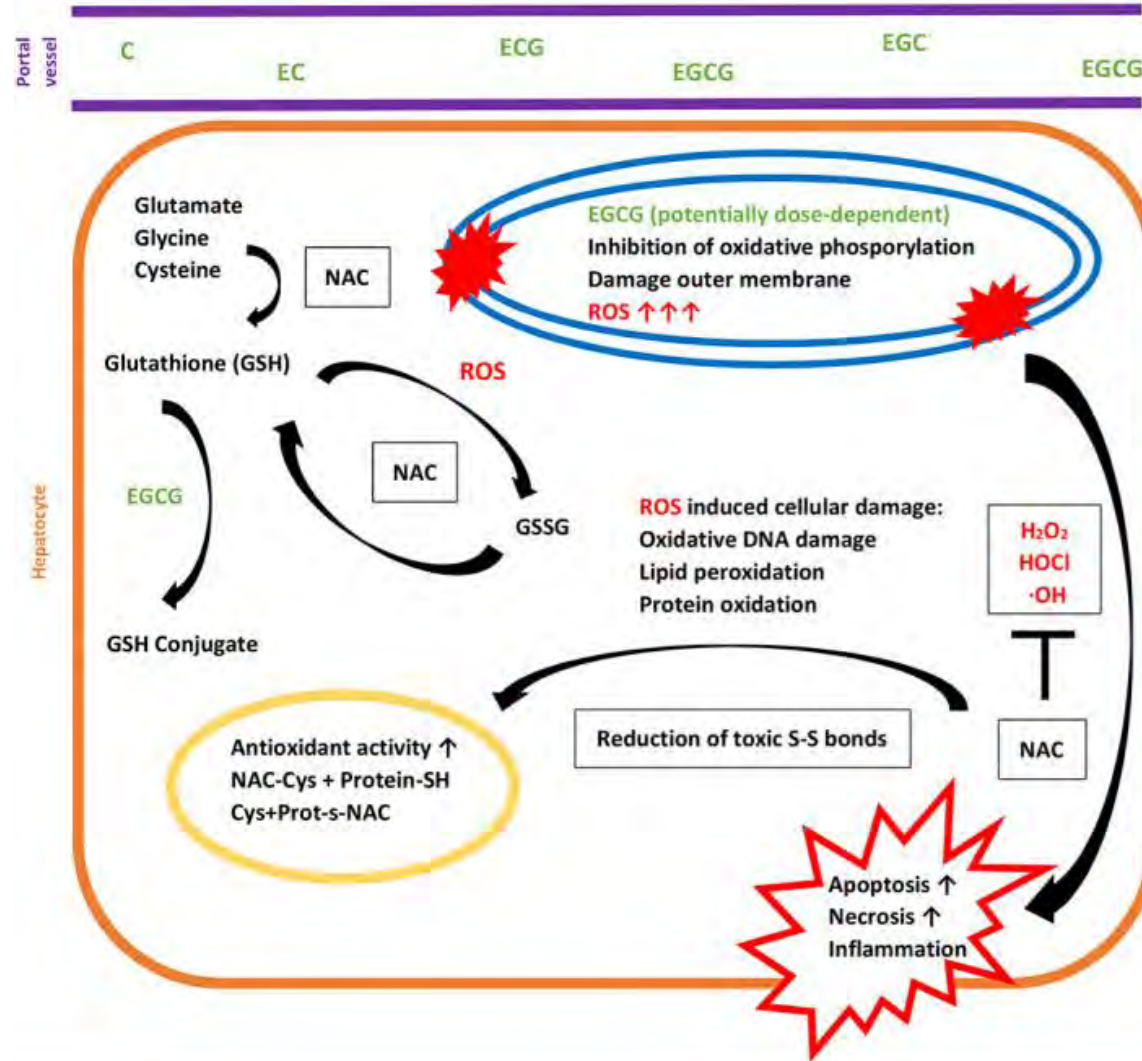


Herbs & Supplements

- Unregulated industry
- Evidence of toxins/lead, unlisted ingredients
- Case reports of liver and kidney injury
- Can hinder efficacy of chemotherapy, immunotherapy and XRT
- Need more unbiased, high-quality (RCT) human research studies



Green Tea and Liver Injury



Turmeric: Too Much Of A Good Thing?

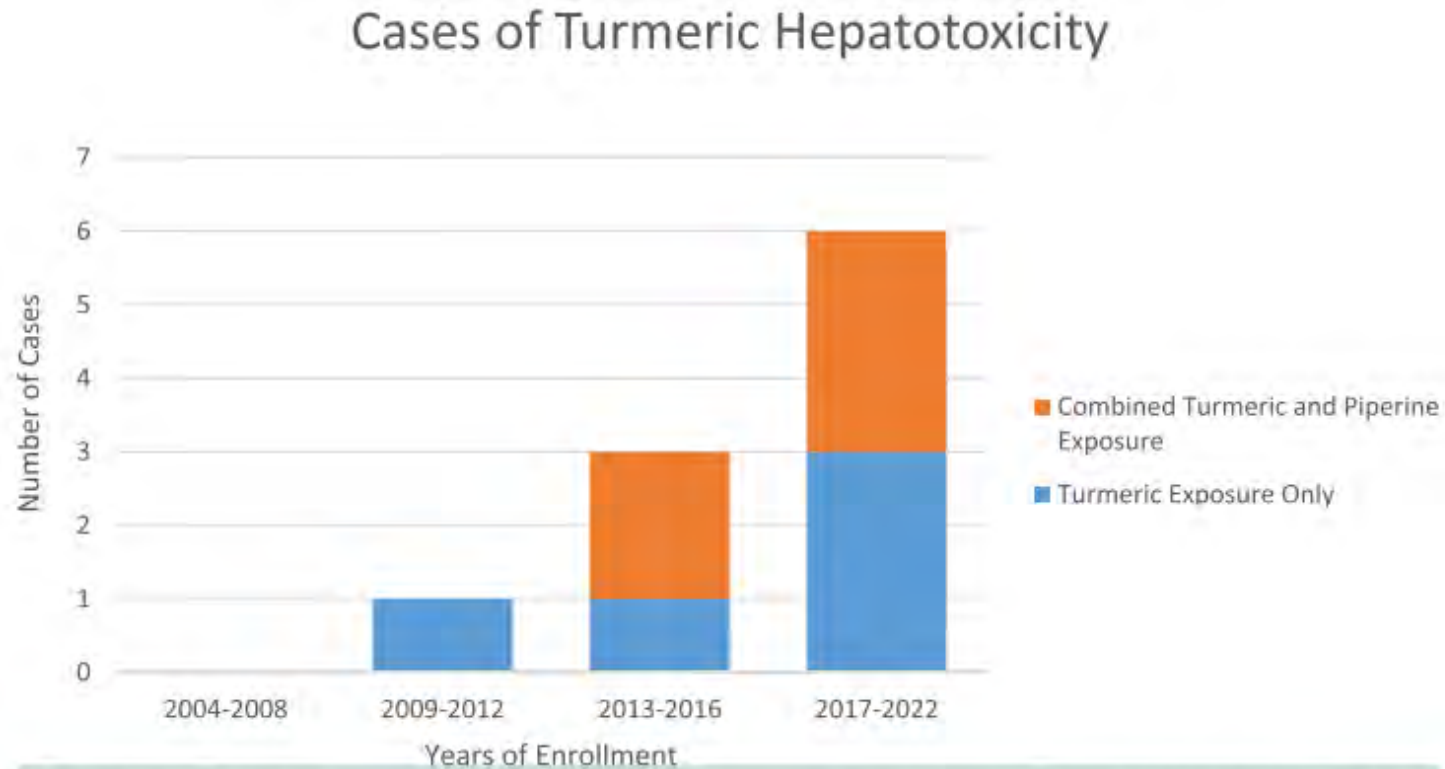


Figure 1 Year of presentation of 10 cases of turmeric liver injury. Shown are the years of the clinical presentation of 10 cases of turmeric liver injury reported in the Drug-Induced Liver Injury Network Prospective Study. Cases with turmeric exposure only are shown in blue; those with combined turmeric and piperine exposure (based upon product label and chemical analysis) are shown in orange.

Let “Food Be Thy Medicine”



Evidence-based Resources

Organization/web site (alphabetical order)	Address/URL
Anticancer Lifestyle Website	www.anticancerlifestyle.org
Cochrane Review Organization	www.cochrane.org
Consumer Lab	www.consumerlab.com
Memorial Sloan-Kettering Cancer Center Integrative Medicine Service	www.mskcc.org/aboutherbs
National Center for Complementary & Integrative Health (NCCIH)	http://nccih.nih.gov
Natural Medicines Comprehensive Database	http://naturalmedicines.therapeuticresearch.com
National Cancer Institute Office of Cancer Complementary & Alternative Medicine	http://cam.cancer.gov
University of Texas, MD Anderson Cancer Center, Integrative Medicine Center	www.mdanderson.org/integrativemedcenter
American Cancer Society	www.cancer.org/
National Cancer Institute	www.cancer.gov/publications/pdq

Integrative Medicine Resources

www.mdanderson.org/integrativemedcenter

Integrative Medicine Audio & Video

[Meditation/Mind-Body](#) | [Music Therapy](#) | [En Español](#)



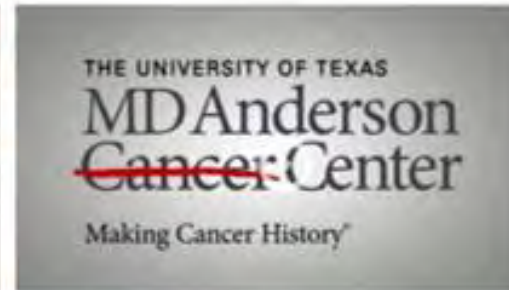
MEDITATION: BREATH & MOVEMENTS I

Intro to Breath and Movements



MEDITATION: BREATH & MOVEMENTS II

Tsa Lung Movements



POWER OF BREATH I

Audio: Connect with the Heart (long)



YOGA FOR HEALTH



TAI CHI



QI GONG


Integrative Medicine
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Medicine Center through iTunes U.
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Key Take Away

- Integrative Medicine involves a whole-patient approach: physical and emotional health aspects.
- Consider making changes in diet, exercise, stress management and sleep.
- Use mind-body approaches such as yoga, tai-chi, meditation and music for stress management.
- Acupuncture, Oncology massage can be integrated, if indicated and without contraindications.
- Herbs and supplements may be harmful: Open communication will help build physician-patient trust and use the right resources.

Thank you!