

CAM AT THE NIH

FOCUS ON COMPLEMENTARY AND ALTERNATIVE MEDICINE

VOLUME XII, NUMBER 4

FALL 2005/WINTER 2006

A Closer Look at Ayurvedic Medicine



© WHO/Palava Bagla

In India, about two-thirds of the people in rural areas use traditional medicine, such as Ayurveda, to help meet their primary health care needs.

Ayurvedic medicine, also called Ayurveda, is a whole medical system* that began in India and has evolved there over thousands of years. The word Ayurveda is made up of two Sanskrit words—*ayur*, which means life, and *veda*, which means

science or knowledge. Thus, the word Ayurveda means “the science of life.”

In the United States, Ayurveda is considered complementary and alternative medicine (CAM). Many therapies used in Ayurveda are also used on their own as CAM, such as herbs, massage, and yoga. NCCAM is supporting some research studies on Ayurvedic therapies.

What Is Ayurveda?

Ayurveda is a whole medical system that is based on various theories about health and illness and on ways to prevent, manage, or treat health problems. The aim in Ayurveda is to integrate and balance the body, mind, and spirit. This is believed to help prevent illness and promote wellness. Ayurveda also has treatments for specific health problems.

Ayurveda is based on ideas from Hinduism, one of the world’s oldest and largest religions, and ancient Persian

beliefs. In India, Ayurveda has long been the main system of health care, although conventional (Western) medicine is becoming more common there, especially in urban areas. Ayurveda and variations of it have been practiced for centuries in some other countries as well.

Looking at Health and Disease

Ayurveda has some basic beliefs about health and disease that might be described as follows:

- People, their health, and the universe are all related. Health problems can result when these relationships are not in balance.
- A person’s constitution is called his *prakriti*. The *prakriti* is thought to be a unique combination of physical and psychological characteristics and the way the body functions. Three qualities called *doshas* form important aspects of the constitution and control the activities of the body. They are known as *vata*, *pitta*, and *kapha* in Sanskrit.
 - Every person has a unique balance of *doshas*, with one usually the most prominent. Each *dosha* tends to correspond with a certain body type and personality type, and a greater chance for certain types of health problems.
 - An imbalance in a *dosha* can be caused by an unhealthy lifestyle or diet, too much or too little mental and physical activity, or not being properly protected from the weather, chemicals, or germs.

* Whole medical systems are healing systems and beliefs that have evolved over time in different cultures and parts of the world.

(continued on pg. 2)

INSIDE

- 3 Perspective: Bala Manyam, M.D., on Ayurveda
- 4 News for Researchers
- 4 New Research Centers
- 5 What Is Traditional Medicine?
- 6 New Position: Director, Integrative Medicine Consult Service
- 6 Research Roundup
- 8 More Information



NATIONAL INSTITUTES
OF HEALTH
U.S. DEPARTMENT OF
HEALTH AND HUMAN
SERVICES

CAM at the NIH:

Focus on Complementary and Alternative Medicine

is published by the National Center for Complementary and Alternative Medicine, National Institutes of Health.

Subscriptions: For a free subscription (by postal mail or e-mail), contact:

NCCAM Clearinghouse

Toll-free in the U.S.:

1-888-644-6226

TTY (for deaf and

hard-of-hearing callers):

1-866-464-3615

Web site: nccam.nih.gov

E-mail: info@nccam.nih.gov

Editorial Address:

CAM at the NIH

P.O. Box 7923

Gaithersburg, MD

20898-7923, or

info@nccam.nih.gov

A Closer Look at Ayurvedic Medicine

(continued from pg. 1)

- In Ayurveda, health and disease are believed to be related to the way a person's *doshas* are balanced, the state of his physical body, and mental or lifestyle factors.

Ayurvedic Treatment

In working with patients, an Ayurvedic practitioner uses various techniques, including questioning, observation, touch, advising, a treatment plan, and specific therapies. Patients are expected to be active participants in their treatment, because changes in diet, lifestyle, and habits are often required.

The goals of Ayurvedic treatment are to:

- **Eliminate impurities.** A process called *panchakarma* focuses on the digestive tract and the respiratory system.
- **Reduce symptoms.** The practitioner may suggest treatment options such as:
 - Yoga
 - Stretching
 - Breathing exercises
 - Meditation
 - Herbs
 - Specific foods and diets
 - Tiny amounts of metal and/or mineral preparations
 - Hands-on therapy (such as massage of "vital points")
 - Lying in the sun
- **Reduce worry and increase harmony in one's life.**
- **Help eliminate physical and psychological problems.**



Ginger is a medicinal herb in Ayurveda.

Practice in the United States

Practitioners of Ayurveda in the United States have various types of training. Some are trained in the Western medical tradition (such as medical or nursing school) and others in a whole medical system called

naturopathic medicine, before or after they study Ayurveda. Many learn at one of India's many colleges for Ayurveda. Practitioners may differ as to which aspects of Ayurvedic practice they are trained in (for example, being trained in massage but not in preparing herbal treatments, and vice versa).

The United States does not have a national standard for certifying or training Ayurvedic practitioners. Some Ayurvedic professional organizations are collaborating to develop licensing requirements. Consumers should know that not all practitioners who offer services or treatments that are called "Ayurvedic" have been trained in an Ayurvedic medical school. (Services in spas and salons often fall into this category.) It is important to ask about a practitioner's training and experience.

Does Ayurveda Work?

Because Ayurveda includes many types of therapies and is used for many health concerns, answering this question is beyond the scope of this article. Very few rigorous, controlled scientific studies have been carried out on Ayurvedic practices. In India, the government began systematic research in 1969, and the work continues. You can check for any research findings either on the PubMed database (see pg. 7) or by contacting the NCCAM Clearinghouse (see left-hand column).

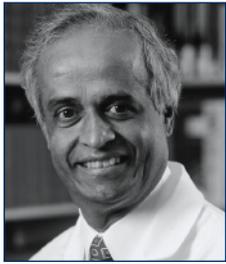
Safety and Medications

Properly trained Ayurvedic medicine practitioners are taught the importance of using carefully prepared plant, metal, and mineral preparations to protect their patients. However, some Ayurvedic medications have been found to be adulterated with undesired materials and have the potential to be toxic. Many ingredients have not been thoroughly studied in either Western or Indian research.

(continued on pg. 7)



Ayurveda and Conventional Medicine



Bala V. Manyam, M.D.

Bala V. Manyam, M.D., is a member of NCCAM’s National Advisory Council for Complementary and Alternative Medicine (see nccam.nih.gov/about/advisory/

[nccam](http://nccam.nih.gov)). Dr. Manyam is retired director of the Plummer Movement Disorders Center, Scott & White Clinic, Temple, Texas, and professor emeritus at Texas A&M University System Health Science Center College of Medicine. He received his medical degree from Bangalore Medical College, in India, and did his neurology residency at the Medical College of Wisconsin, Milwaukee, and Thomas Jefferson University, Philadelphia (where he also held a pharmacology fellowship). Currently, Dr. Manyam is researching Ayurvedic herbal medicines, especially for degenerative neurological disorders such as Alzheimer’s disease. In a recent interview, Dr. Manyam offered his personal perspective on Ayurveda.

What are some reasons that people in the United States become interested in Ayurveda?

Many patients with chronic diseases find that conventional drugs can have significant side effects. Also, some patients are seeking preventive and health-promotion benefits (two things that Ayurveda focuses upon).

What is your philosophy about using Ayurveda versus conventional medicine?

I have an open mind. I believe that all health/healing systems have merits and demerits. I look at the good things in each system that I think could do the best for my patients or me. I also believe that just because a particular therapy was stated as effective in an ancient text and has been continuously used, does not mean it is effective. We should not blindly accept it. It should be tested and retested over the years.

Are there variations in practice within Ayurveda in the United States?

I am not aware of any studies to precisely answer this question. There are very few qualified Ayurvedic physicians in the United States. Some naturopathic doctors and doctors who are M.D.s have incorporated some Ayurvedic approaches into their practices. Thus, the practice is variable.

What are some challenges that need to be met if Ayurveda is to move further toward becoming part of integrative medicine in the United States?

The biggest challenge is obtaining standardized, reliable Ayurvedic products. In ancient times, and still in rural India, the physician would identify and prepare fresh formulations for patients. Now, however, a long shelf life is necessary. It is very difficult to do this, as botanicals contain many compounds besides the so-called “active” compound, and their shelf lives can be variable. For example, the base ingredient of Chavanprash, a health tonic, traditionally is *Emblica officinalis*, or gooseberry. However, modern formulations often use sweet potato and very little gooseberry, because sweet potato keeps better due to its sugar content.

Second, it can be misunderstood how metals are used in some Ayurvedic preparations. In some preparations, there is a metallic component in the form of a metallic oxide (or *bhasma*). These medications must be prepared in a prescribed, rigid manner in order to be as safe as possible.

Third, physicians in Ayurveda must be adequately trained. In one estimate, at least 200 hours of Ayurvedic training are needed for an allopathic physician to acquire enough knowledge to adequately integrate Ayurveda into his or her practice. ❖

Report Looks at Health Effects of Soy

A new evidence-based report has found that eating soy protein daily may have some health benefits—but overall, the health effects of soy are uncertain and need further investigation. The report, “Effects of Soy on Health Outcomes,” is published by the Agency for Healthcare Research and Quality (AHRQ). It was requested and funded by NCCAM and the NIH Office of Dietary Supplements.



The authors found, from the studies they examined, that there is some evidence that eating tofu or other sources of soy protein daily may reduce low-density lipoprotein (LDL, so-called bad cholesterol) and triglyceride levels slightly. They also found that soy isoflavones might help reduce hot flashes in postmenopausal women. However, the authors cautioned that firm conclusions cannot be made because the available studies were limited in number, of poor quality, or of too short duration to lead to definite conclusions. They called for future studies of soy to better address these issues as well as others.

The report’s summary is available at www.ahrq.gov/clinic/epcsums/soysum.htm or by calling the AHRQ Publications Clearinghouse toll-free at 1-800-358-9295.



New Research Centers Announced

Visit nccam.nih.gov/research/announcements/active for more information on these and other NCCAM-funded opportunities.

NIH will soon require all competing research grant applications to be submitted electronically, via the Web portal Grants.gov (www.grants.gov), using Form SF-424 (Research and Related, or R&R, application). At least 2 weeks before submitting a grant application, institutions must register with Grants.gov, and principal investigators must register with eRA Commons. These changes are being phased in by grant mechanism (type of grant) and began in December 2005. To find out more, go to era.nih.gov/electronicreceipt.

RFA-HD-05-025: Global Network for Women's and Children's Health Research
Sponsors: NCCAM, the National Institute of Child Health and Human Development, and the National Cancer Institute. The goal of this program is to reduce the risks of maternal, infant, and early childhood illness and death in resource-poor countries in Africa, Asia, Latin America, and the Middle East. U.S.-international research collaborations will seek to conduct randomized clinical trials hoped to yield information useful in clinical, program, and policy decisions.

(continued on pg. 5)

On October 14, 2005, NCCAM announced it has funded five new research centers on CAM, at leading U.S. research institutions and through new global partnerships.

Three new **Centers of Excellence** will provide 5 years of support to experienced researchers at U.S. institutions who are studying the potential benefits of CAM practices and how they may work, using state-of-the-art technologies:

■ **Center for Arthritis and Traditional Chinese Medicine**

University of Maryland, Baltimore

This center will study traditional Chinese medicine (TCM) approaches—acupuncture and herbs—for the treatment of arthritis. The investigations will include a clinical trial of an herbal formula, HLXL, for osteoarthritis in people, and two animal studies (on HLXL's effect on autoimmune arthritis and on acupuncture for arthritic inflammation).

■ **Center for Chinese Herbal Therapy**

Mount Sinai School of Medicine, New York

Researchers will investigate a Chinese herbal treatment, ASHMI, for people with allergic asthma. Additional studies will look at how the herbs might work and will identify the active components.

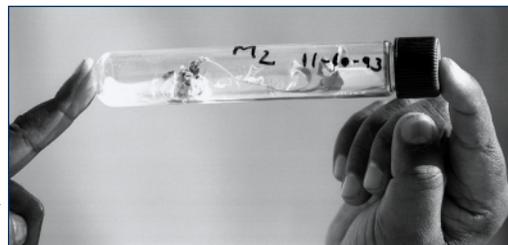
■ **Center for Mechanisms Underlying Millimeter Wave Therapy**

Temple University School of Medicine, Philadelphia

This center will study low-intensity, millimeter-length electromagnetic waves as a potential CAM treatment for a variety of diseases and conditions. Also, animal studies will explore this therapy for chronic itching and pain caused by nerve damage.

Two **International Centers for Research on CAM** will allow for study of CAM and traditional medicine practices in countries where the practices originated.

The goals are to aid health care locally and globally and help build CAM research capacity internationally. These grants are being cofunded by three other components of NIH: the Office of Dietary Supplements, the Office of AIDS Research, and the Fogarty International Center.



■ **Functional Bowel Disorders in Chinese Medicine**

University of Maryland, Baltimore; Chinese University of Hong Kong, China; University of Illinois, Chicago; University of Western Sydney, Sydney, Australia

This collaboration will conduct research on TCM practices—acupuncture and herbs—for the treatment of irritable bowel syndrome (IBS). Researchers will study the effects of acupuncture and a TCM herbal preparation in an animal model of IBS. They will also conduct a preliminary study of the herbal preparation in people with IBS.

■ **The International Center for Indigenous Phytotherapy Studies: HIV/AIDS, Secondary Infections and Immune Modulation**

University of Missouri, Columbia; University of the Western Cape, Bellville, Republic of South Africa; along with University of KwaZulu-Natal, University of Cape Town, and the South African Medical Research Council

Traditional African plant-based therapies that are already in widespread use for HIV/AIDS and some of its secondary infections are the focus of this partnership. Researchers will conduct a small clinical trial using sutherlandia

(continued on pg. 5)

New Research Centers Announced

(continued from pg. 4)

(*Lessertia frutescens*) in adults with HIV. They will also look at African wormwood (*Artemisia afra*), which is used by traditional healers for many conditions seen in people with HIV/AIDS.

NCCAM also announced a third international center, which is being funded by the National Cancer Institute:

■ International Center of Traditional Chinese Medicine for Cancer

The University of Texas M.D. Anderson Cancer Center, Houston; Fudan University Cancer Hospital, Shanghai, China

The research focus is studies of TCM approaches—herbs, acupuncture, and qi gong—for cancer, its symptoms, and treatment-related side effects.

For more information, go to nccam.nih.gov/training/centers. ❖

News for Researchers

(continued from pg. 4)

PAR-05-152: CAM at Minority or Health Disparities Research Centers

Sponsors: NCCAM, the National Cancer Institute, and the National Center for Minority Health and Health Disparities. This initiative will support research projects on CAM practices as they relate to racial and ethnic health disparities.

PA-05-141: Basic and Preclinical Research on Complementary and Alternative Medicine

Sponsors: NCCAM, the National Cancer Institute, and the NIH Office of Dietary Supplements. This initiative will support basic, mechanistic, and preclinical research in all areas of CAM. The goal is to better understand how CAM therapies may work and to build a stronger foundation for ongoing and planned clinical studies.

■ ■ ■

NCCAM recently released, as a cosponsor, several program announcements for career transition and development awards for research scientists. See nccam.nih.gov/training/opportunities for the complete list.

What Is Traditional Medicine?

NCCAM recently funded two international research centers to study traditional medicine and CAM (see pg. 4). But what is traditional medicine? The World Health Organization (WHO) defines it as “health practices, approaches, knowledge, and beliefs incorporating plant-, animal-, and mineral-based medicines, spiritual therapies, manual techniques, and exercises, applied singularly or in combination to treat, diagnose, and prevent illnesses or maintain well-being.” Traditional medicine has maintained its popularity in all regions of the developing world, and its use is growing in industrialized countries (where adaptations of it are called CAM).

Here are some facts about the global use of traditional medicine:

- Over one-third of the population in developing countries lacks access to essential medicines.
- Countries in Africa, Asia, and Latin America use traditional medicine to help meet some of their primary health care needs.
- In Africa, up to 80 percent of the population uses traditional medicine for primary health care.
- In Ghana, Mali, Nigeria, and Zambia, the first line of treatment for 60 percent of children with high fever from malaria is the use of herbal medicines at home.



© WHO/P. Viriot

Cultivating medicinal plants, Ethiopia

- In San Francisco, London, and South Africa, 75 percent of people living with HIV/AIDS use traditional medicine and/or CAM.
- In China, traditional herbal preparations account for 30 to 50 percent of the total consumption of medicines.
- Twenty-five percent of modern medicines are made from plants that were first used traditionally.
- Unregulated or inappropriate use of traditional medicines and practices can have negative or dangerous effects. For example, the herb ma huang (ephedra) was marketed as a dietary aid; overdoses led to at least a dozen deaths, heart attacks, and strokes.

There is concern that a growing herbal market and its commercial benefit might pose a threat to biodiversity (the variety and abundance of life on our planet) through overharvesting (if not controlled) of the raw material for herbal medicines and other natural health care products. ❖

Source for article at left: World Health Organization, www.who.int/mediacentre/factsheets/fs134/en, adapted and reprinted by permission. NCCAM is a WHO Collaborating Center for Traditional Medicine.

Position Available:

Director, Integrative Medicine Consult Service at the NIH Clinical Center

NCCAM seeks an outstanding clinician to create and lead an Integrative Medicine (IM) Consult Service at the NIH Clinical Center (CC). The Service will consult on and, as appropriate, treat CC inpatients and outpatients, through IM therapies such as acupuncture, meditation, massage, and Reiki, among others. The appointee will assemble a cadre of attending physicians and fellows, develop a teaching program, establish administrative infrastructure, and manage staff resources. Applicants must have an M.D., D.O., or equivalent degree; board certification in internal medicine, pediatrics, or family medicine; a license to practice a medical discipline in the United States; experience identifying and managing complex medical issues in both inpatient and outpatient settings; and strong leadership and management skills. Formal training and/or experience in IM are highly desirable. For more information (e-mail application is preferred), go to nccam.nih.gov/about/jobs/dim. The deadline is February 28, 2006. NIH and the Department of Health and Human Services are Equal Opportunity Employers.

Research Roundup

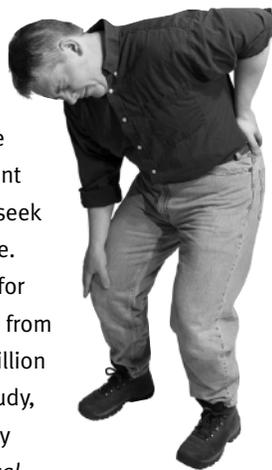
“Research Roundup” presents examples of NCCAM-funded research recently published in peer-reviewed journals listed in the National Library of Medicine’s PubMed database.

Integrating CAM and Conventional Medicine

In the past 10 years, CAM has become both more popular with the general public and better accepted by more physicians. It will be some time, however, before CAM is integrated into the mainstream health care system. In a commentary on an article about integrative medicine in the July/August 2005 edition of *Health Affairs*, three authors from NCCAM—Richard L. Nahin, Ph.D., M.P.H.; Carol Pontzer, Ph.D.; and Margaret Chesney, Ph.D.—also observe that the public’s CAM preferences are not completely in line with the scientific community’s research priorities, and vice versa. More research on CAM therapies is needed, as well as improved communication between the lay public and health professionals. Integrating useful CAM therapies into mainstream medicine holds the potential for “maximizing health care quality,” the authors note. However, they see it as a slow process that must rely on solid research into the risks and benefits of CAM therapies.

Comparing Four Approaches for Low-Back Pain

Low-back pain is the second-most-frequent reason that people seek primary medical care. Direct costs of care for this condition range from \$25 billion to \$33 billion each year. In this study, published in the May 2005 issue of *Medical Care*, researchers at the University of California, Los Angeles, led by Gerald F. Kominski, Ph.D., compared costs and clinical outcomes of four different approaches to treating low-back pain: medical care by a primary care physician; medical



care plus physical therapy; chiropractic care (spinal manipulation and other adjustments); and chiropractic care along with one or more additional treatments: heat, cold, ultrasound, or electrical muscle stimulation.

Costs of care (except drug costs) and disability ratings were tracked for 654 patients, whose ratings of disability were similar. Medical care alone was the least expensive treatment, but its cost nearly doubled when physical therapy was added. Chiropractic care and chiropractic plus other methods cost more than medical care alone and did not produce better outcomes than medical care.

Study in Mice of a Formula for Peanut Allergy

More than 3 million Americans are allergic to peanuts and tree nuts. More people die of allergic shock from peanuts than of allergic shock from all other foods. The number of cases of peanut allergies has risen sharply in recent years, and it is an allergy that a person rarely grows out of. Currently, the only way to manage the allergy is to completely avoid peanuts, products containing peanuts (such as peanut oil), or products that may contain traces of peanuts or peanut residue. An earlier NCCAM-supported study indicated that a Chinese herbal formula (FAHF-1) may reduce this allergic reaction and block its life-threatening symptoms in mice. However, the formula was complex, difficult to produce in quantity, and contained two potentially dangerous ingredients. The team—Kamal D. Srivastava, M.Phil., and colleagues at Mount Sinai School of Medicine—developed a simpler formula (FAHF-2) that also cut out those two ingredients. They found that it had the same effects in mice as FAHF-1 and continued to be effective for up to 5 weeks after treatment. Their report appears in the January 2005 issue of the *Journal of Allergy and Clinical Immunology*. ❖

For more findings, see the NCCAM Grantee Publications Database, at nccam.nih.gov/cgi-bin/bibliography.cgi. Sorting by “Publication Date” yields the most recent records first.

Echinacea for Prevention and Treatment of Adults' Colds

On July 28, 2005, the *New England Journal of Medicine* published the results of an NCCAM-funded clinical trial of echinacea for the prevention and treatment of the common cold in adults. The research was conducted by Dr. Ronald Turner, of the University of Virginia School of Medicine; Dr. Rudolf Bauer, Karl-Franzens-Universität, Graz, Austria; and collaborators at Clemson University in South Carolina.

In this study, the research team found that none of three different preparations of the root of *Echinacea angustifolia* at 900 mg per day had significant effects on whether volunteers

became infected with a cold virus, or on the severity or duration of symptoms among those who developed colds. The study included 437 healthy adult volunteers who were assigned at random to receive one of the echinacea preparations or a placebo. (There are critics of this study who believe that the dosage of echinacea used was too low.)

The trial was designed to test if echinacea would help prevent or treat cold symptoms, because this is how echinacea is often used. *Echinacea angustifolia* was chosen as it is one of the species endorsed by the World Health

Organization for treating the common cold. Earlier, smaller studies had found that the three preparations used benefited adults with the common cold, and these preparations represent some of the different ways that echinacea is available and used for colds.

Research on botanicals, including echinacea, presents a number of challenges in terms of determining the product's active elements, standardizing the product, and deciding on an appropriate dosage. Challenges to echinacea research include:

- Determining whether the roots, leaves, flowers, seeds, or stems are the most effective parts of the plant
- Investigating the differences between echinacea species
- Determining the proper dose

It is only after these questions have been answered and standardized echinacea preparations have been developed that additional large-scale studies in people can be conducted.

NCCAM will continue to support research on echinacea. A number of smaller studies are currently under way. This research is being done both because of the public health burden of the common cold and the public's widespread use of echinacea. A recent survey of CAM use by U.S. adults found echinacea is the most commonly used natural product. ❖

A Closer Look at Ayurvedic Medicine

(continued from pg. 2)

In the United States, Ayurvedic medications are regulated as dietary supplements. Thus, they are not required to meet the rigorous standards for conventional medicines. The Centers for Disease Control and Prevention received 12 reports of lead poisoning in 2004 that were linked to the use of Ayurvedic medications. A study published in the *Journal of the American Medical Association* in 2004 found that out of 70 Ayurvedic remedies purchased over-the-counter (all were manufactured in South Asia), 14 (one-fifth) contained lead, mercury, and/or arsenic at levels that could be harmful.¹

Whenever two medications or more (whether Ayurvedic or not) are used together, they may interact in unexpected ways. For example, an Ayurvedic medication called guggul lipid may increase the activity of aspirin in the body, which could lead to bleeding problems.

If you are considering or using Ayurveda as CAM...

- Discuss it with your regular health care provider. This is for your safety and a complete treatment plan.
- Any diagnosis of a disease or condition should be made by a provider with

substantial conventional medical training and experience managing that disease or condition.

- Proven conventional treatments should not be replaced with an unproven CAM treatment.
- Do not try to treat yourself. It is better to use Ayurvedic remedies under the supervision of an Ayurvedic medicine practitioner.
- Ask about the practitioner's training and experience.

Reference

¹ Saper RB, Kales SN, Paquin J, et al. Heavy metal content of Ayurvedic herbal medicine products. *Journal of the American Medical Association*. 2004;292(23):2868-2873.

This article is adapted from NCCAM's Backgrounder "What Is Ayurvedic Medicine?"

For More Information

NCCAM Clearinghouse (see pg. 2)

Offers publications, including NCCAM's "What Is Ayurvedic Medicine?" (nccam.nih.gov/health/ayurveda), and database searches. The Clearinghouse does not give medical advice or referrals to practitioners.

PubMed® (an online service that lists citations to articles from scientific and medical journals)

- PubMed Web site: www.ncbi.nlm.nih.gov/entrez
- CAM on PubMed (a subset of PubMed): www.nlm.nih.gov/nccam/camonpubmed.html

CRISP (Computer Retrieval of Information on Scientific Projects) A searchable database of federally funded biomedical research projects, including those supported by NCCAM

- CRISP Web site: crisp.cit.nih.gov ❖

CAM at the NIH:

Focus on Complementary and Alternative Medicine

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

NCCAM, NIH

31 Center Drive MSC 2182

Building 31, Room 2B-11

Bethesda, MD 20892-2182

FIRST-CLASS MAIL
POSTAGE & FEES PAID
DHHS/NIH
PERMIT NO. G-826

Official Business

Penalty for Private Use \$300



More Information

NCCAM is continually developing new information products. The following new titles are available on the Web or from the NCCAM Clearinghouse (see pg. 2):

- *Rheumatoid Arthritis and Complementary and Alternative Medicine* (nccam.nih.gov/health/ra)
- *What Is Ayurvedic Medicine?* (nccam.nih.gov/health/ayurveda)
- *Herbs at a Glance* fact sheets: *Milk Thistle, Asian Ginseng, Cranberry, and Ginkgo* (nccam.nih.gov/health/supplements)
- *Do CAM Treatments Help Menopausal Symptoms?* (nccam.nih.gov/health/menopauseandcam)
- *Conference on the Biology of Manual Therapies: Conference Recommendations* (nccam.nih.gov/news/upcomingmeetings/final_recommendations), from a conference cosponsored by NCCAM and held at NIH in June 2005 ❖

To find out about upcoming meetings of the **National Advisory Council for Complementary and Alternative Medicine**, go to nccam.nih.gov/about/advisory/naccam.

NCCAM is cosponsoring a meeting, “**The ‘Omics’ Revolution**,” that will address transcriptomics, proteomics, and metabolomics in dietary supplement and nutrition research. The date is March 20-21, 2006, in Lihue, Hawaii (www.genomics.uic.edu/index.htm).



© Bob Stockfield

Anne Harrington, Ph.D., Professor for the History of Science, Harvard University, spoke at NIH on October 28, 2005, as part of the NCCAM series *Distinguished Lectures in the Science of Complementary and Alternative Medicine*. Her lecture, “Is Spirituality Good for Your Health? Historical Reflections on an Emerging Research Enterprise,” is archived on the Web and may be viewed at www.videocast.nih.gov (click on “Past Events” and use the search function to locate).