

Ellen's Choice: Can Alternative/Complementary Medicine Make a Difference?

by

Elizabeth Harper

Bioscience Department

Pacific College of Oriental Medicine



Part I – Problems

Ellen wished she had never left Brooklyn! There was always something to do in the city—people to talk to, places to go, classes to take, shop windows to inspire her. There was something about living in the city that fostered a sense of self, a cultural pride. But now that she lived in suburban New Jersey, Ellen wasn't so sure of herself and she was bored. She was eager to find daytime activities, maybe even meet some people she could talk to. Something, anything, to keep her mind busy while her two children were at school.

For several weeks, she had occupied herself by checking out a variety of class schedules at the local colleges, parks, and community centers. Nothing seemed to spur her interest or the time was all wrong. What did the other mothers do around here, she wondered. Homesick and discouraged, she questioned her husband's decision to move the family out to "the country."

One nice thing, however, was that her town had a local deli. Not really like the kind you'd find in Brooklyn, but a deli. She liked to go there to get coffee and the paper in the morning or to pick up a snack for the kids after school. One day she noticed a sign at the counter advertising a morning yoga class just next door. The time was right and the location was good. It sounded interesting. Noting the phone number, she planned to inquire about the class that evening even though she felt it probably wasn't going to work for her.

Her voice cracked when she made the call. She hadn't expected it to, but when the yoga instructor answered the phone, a flood of memories seeped up and caught in her throat. Fighting back tears, she was able to share a bit about herself—her body history, so to speak. It wasn't easy. She didn't know the woman on the other end, but she seemed knowledgeable and empathetic. Ellen had heard that she taught people with a variety of physical problems but Ellen wondered if she had ever taught anyone like her. She certainly didn't want to get involved with something she couldn't do or something that would make her feel more miserable than she already felt.

Ellen told the woman on the phone that she had scoliosis—scoliosis so bad that as a teenager she had had to have surgery. And now, she and her doctor had been discussing the possibilities of another one. Something she would really like to avoid, if possible.

As a child, Ellen had always been a bit lopsided, and sometimes friends or neighbors would yell at her "Stand up straight!" or "Don't schlump so!" As a teenager, she had been miserable. Her mom had to hem her dresses on a slant so they looked even. Embarrassing as this was, it wasn't the worst of it. As she continued to grow, she started getting annoying aches and pains. Sitting too long hurt. Standing was sometimes a little more comfortable. Most nights she would kneel while doing her homework. Sometimes she'd wake up at night with such bad cramping in her back that she spent the rest of the night tossing and turning. Her lack of sleep led to a cycle of muscle aches and pains, muscle weakness, anxiety, and depression. Occasionally her parents took her to their family physician, but he wasn't much

help. He had taken a few radiographs and at one point prescribed a lift for one of her shoes, but he didn't really know what else to do.

One day in his restaurant her father overheard a conversation about a young girl about her age who had just had surgery for scoliosis. He hadn't heard of scoliosis before, but it sounded a lot like what was going on with Ellen. He wanted his daughter to meet this doctor. Maybe this man could help.

It was several weeks before they were able to get an appointment with the doctor. After all, he was a prominent surgeon at the Hospital for Special Surgery in Manhattan. When they finally did meet, he was thorough in his examination and clearly knowledgeable about the body. It was evident from the surface exam that Ellen had idiopathic scoliosis. Her right hip and shoulder were prominent, and though her leg lengths were equal, when standing her left leg seemed shorter. Radiographs showed a left thoracolumbar scoliosis measuring 54 degrees from T11 to L3.

The doctor feared that as Ellen matured this curve would progress. Not only would it continue to cause her pain, but eventually she might also develop some internal organ dysfunction. At this point bracing Ellen's spine would do very little good. His suggestion was for Ellen to have spinal surgery that included both spinal fusion and instrumentation with what is known as a Harrington rod. It would be necessary to follow surgery with traction and a body cast. She would need to remain recumbent for three months after surgery, after which she would be able to change to a more localized mobile cast that would allow her to sit and walk with minimal discomfort.

Her parents were relieved. Finally there was someone who could help their daughter! Eager to see her problem solved, they pushed for the surgery, but Ellen wasn't so sure. She was a senior in high school and desperately wanted to go to college. She was anxious about surgery. Her resistance was strong. She fought with her parents, her parents fought with her, she fought with her doctor.

It became a battle of wills—her doctor pushing her, her parents just wanting the best for their daughter... and maybe she just wanted some control. Finally Ellen consented. Having the surgery must be better than the hell her life had become.

The surgery was uneventful, as surgeries go. Ellen spent much of her recovery time in a rehabilitation center. This was hard, both because she spent most of her time lying down or in physical therapy and because she was isolated from that which had been her life: her family and friends. She had finished school before her surgery but had not yet started college, so she was probably a little bored as well. Eventually, however, she was able to go home, still in a body cast but a little more mobile. Her mood lifted as she prepared for the excitement of starting college.

By the beginning of the school term Ellen enjoyed walking to college and was able to sit through her classes. She still wore a cast, but it was considerably lighter than the initial one and she could remove it for bathing and such. Life was looking up a bit, school was interesting, she was beginning to be more mobile, and all this stuff with her back was just something she had to get through. After all, the surgery had seemed to help a bit.

Yet, several weeks into the school year she started to experience shooting pains up her back. These pains were more than muscle spasms; they burned, her skin felt hot where the surgery had been, and when she took her cast off the skin around her lower spine was swollen and bright red. At first she wanted to ignore this, but the pains became so excruciating she had to go back to the doctor. He was concerned. She had a high fever and considerable pus drained out of the swollen area. He knew she had an infection, but he felt a dose of antibiotics would do the trick. It helped for a while, but as soon as the prescription was finished the pains came back. Her body temperature skyrocketed. This time the doctor wasted no time. There was no doubt in his mind that the rods would have to come out.

Ellen was immediately admitted to the hospital and prepped for surgery. The rods were removed and her recovery from the operation was uneventful though discouraging because of all the time she had spent in rehab the last six months. All this for what?

This was a question her doctor had asked as well, but he was confident from her radiographs that some of the spinal fusion he had performed had taken. Her vertebral curve was corrected to some degree. The fusion that had taken place would likely get Ellen well into her adult years.

In fact, it did. Ellen went on to finish college. Eventually she married and had two children. Little by little, though, the pains in her back returned. On occasion, Ellen could relieve the pain by taking Tylenol with codeine or by trigger point injection of stronger analgesics. Several times she tried to get into a regular fitness program, which helped for a while, but she was busy and it really wasn't much fun.

Now, at 47, Ellen's doctors were worried that her spine might be showing some deterioration and additional curvature. On further evaluation it seemed that in addition to the scoliosis in her left thoracolumbar spine (T11–L4), measuring 44 degrees, she had a right thoracic curve (T5–T11) measuring 49 degrees. Her spine was somewhat flexible in the area of her surgery, which suggested incomplete fusion of these vertebrae. In addition, her lumbosacral region (L5–S1) showed considerable degeneration, which was likely the cause of the new aches and pains. She had also developed a thoracolumbar kyphosis that caused fatigue in her neck muscles when having to look up for lengths of time. Her doctors were concerned that the additional curvature would cause eventual deterioration of her vertebrae, causing her additional muscle pain and possible compromise to a variety of internal organs.

Her doctors discussed several conservative treatment options with Ellen and her husband, including medication, exercise, external support and/or surgical treatment of combined anterior and posterior reconstruction to attempt to obtain spinal curvature correction and balance. Ellen wasn't sure. She wasn't too thrilled with the idea of surgery again. She didn't know what to do.

So, for the past year or so, she had done nothing—except move away from her friends and relatives in Brooklyn to this big, lonely suburb. She didn't really like the “country.” She knew that finding a class in the area would be good, but it had been so frustrating to find something to fit a mother's schedule.

She wasn't sure about yoga. She had heard it could be helpful to some people, but no one had ever mentioned it to her as something that might help her. Was she even going to be able to do it? What about the other people in the class? What were their problems? Would they be so different that she wouldn't fit in? All these questions raced through her mind as she inquired about the class.

The instructor assured her that she was familiar with scoliosis; in fact, she had had several students with scoliosis in the past year or two who had enjoyed and benefited from her classes. She also explained that yoga, as a physical discipline, is non-competitive, and, if taught well, is a technique that can be adapted for many body types so it really didn't matter what problems the others had. If performed regularly Ellen could develop better musculoskeletal strength and balance that would take some pressure off the vertebrae and alleviate some of the pain. In time, small reductions in the abnormal curvature might also occur. If nothing else, yoga might help Ellen feel better about her body and calmer about her present life situation.

The instructor also explained that if Ellen's body was responsive to yoga she might want to eventually start adding other types of exercise to her fitness routine. Yoga was a great place to get started in a fitness routine because it would help her get stronger, more flexible, more in touch with her body. All this could then carry over to how she approached other kinds of exercise.

Ellen thought it sounded okay, and the class was so close to her house she might as well try.

Questions

Answer the following questions using your textbook, suggested Internet sites, and class notes.

Basic Anatomy:

1. List the five vertebral regions found in the human spine. For each vertebral region, identify one or two distinguishing features of that type of vertebrae.
2. Discuss normal curvature in the adult human spine. Identify the physical advantage to the human body these curves provide.
3. Identify the three most common deviations of this spinal curvature.

4. For each type of deviation, identify regions of possible internal organ dysfunction.
5. What effect might any of these deviations have on normal nerve functioning?
6. What organs might be compromised in Ellen's case?
 - a. as a teenager?
 - b. now as a mature adult?

Inflammation and Infection:

1. What is a Harrington rod? From what type of material is it made?
2. What might have caused an infection at the site of surgery?
3. Each of the following symptoms felt by Ellen occurred because of a very specific set of physiological defense mechanisms. Discuss the physiological mechanisms of each of Ellen's symptoms.
 - a. fever
 - b. local redness/heat
 - c. shooting pains
 - d. local swelling
 - e. presence of pus

Emotional Outlook:

1. What words would you use to describe the various emotions Ellen experienced around the time of her surgeries and recovery?
2. What words would you use to describe Ellen's current emotional state?

Part II – Options

A year later Ellen had found that she was really enjoying her yoga class. In class she felt strong and was able to do most of the poses. With an adjustment here or there, some of the poses even felt good. She was beginning to feel parts of her body move in places she had never moved before. After class, she felt straighter, stronger, lighter. At first the relaxation at the end of class felt awkward and uncomfortable, but sometimes she found herself quiet, still, a little more at peace with herself. Lately she had been thinking about doing yoga more than once a week.

Maybe she should also consider doing some of the things the other people in the class chatted about. They seemed to really be excited by a certain chiropractor. But her surgeon had told her never to see a chiropractor. He felt they could be of no help. Massage sounded nice, but could it really help her scoliosis? She had heard them talking about acupuncture, t'ai chi, and qi gong. One of the women in the class was a shiatsu practitioner and someone else did Reiki. And lately her teacher had been talking about other kinds of therapeutic movement, like Feldenkrais and Pilates. Ellen wasn't really sure what they were talking about, but it sounded kind of interesting.

She couldn't imagine that anything could really be of much help, but she was sick of her doctor and husband pushing her to go through a second surgery. The first had been so horrible! Maybe she should check out some of these alternative/complementary therapies. If she knew more about how they could help her, she could be the one to make her own decision. If only she knew where to start.

Assignment:

Here is your chance to help Ellen make some decisions about her health. With the information you gather here, you will give her a chance to determine if alternative/complementary medicine is for her.

You will be placed into one of several groups. Each group will be assigned a specific “alternative/complementary modality” to explore. You will need to find out as much as you can about the modality and determine how valuable it might be in helping Ellen with her physical and psychological struggles. You will need to use a variety of resources, including library searches, Internet sources, the Yellow Pages, and an interview with at least one practitioner in your area. All resources should be listed and presented with your group consensus.

When we reconvene, each group will educate the rest of the class about the modality they explored. Your group must come to a conclusion about the strengths and weaknesses of the modality you explored, and to what extent it might be helpful to Ellen.

Once all groups have presented their conclusion, we will discuss Ellen's choices and come to a consensus as to the best options for her.

Some Things to Think About:

1. What resources do you currently have to help you explore your assigned modality?
2. What additional resources must you locate to complete this assignment?
3. How will you go about securing these resources?
4. As a group, how will you divide the responsibilities necessary to complete this project?
5. What specific questions would you like to answer?
6. What specific questions will you have for the practitioner that you interview?
7. How will you organize your presentation and discussion of your findings?

Scoliosis Resources:

- Keim, H.A., and R.N. Hensinger. 1989. Spinal deformities: scoliosis and kyphosis. *Clinical Symposia* 41(4): 3–32.
- Web search term—*scoliosis*

Some Web Sites for Alt/Comp Medicine:

- Oriental Medicine—<http://www.orientalmedicine.com/> and <http://www.pacificcollege.edu/acupuncture->

massage-news/articles.html. Use the following search terms:

- acupuncture
- t'ai chi
- qi gong
- tui na
- herbal medicine
- shiatsu
- Reiki (also <http://Reiki.7gen.com>, Reiki.aloha.com)
- Body Therapies—International Somatic Movement Education and Therapy Association—<http://www.ismeta.org/>.
Use the following search terms:
 - hatha yoga—Iyengar yoga recommended (also: <http://yoga.com>, IYA.)
 - Feldenkrais
 - Pilates
 - bioenergetics
 - chiropractic massage (also: <http://ABMP.com>)
 - therapeutic
 - deep tissue
 - trager massage
- National Institutes of Health—National Center for Complementary and Alternative Medicine—<http://nccam.nih.gov/>.



Case copyright held by the **National Center for Case Study Teaching in Science**, University at Buffalo, State University of New York. Originally published April 3, 2001. Please see our **usage guidelines**, which outline our policy concerning permissible reproduction of this work.