



# DR. NATURAL

## What physician and ex-hippie Vic Sierpina learned from his patients about alternative medicine

BY KATE MURPHY

**W**hen Victor “Vic” Sierpina was practicing family medicine out of an old farm house in Moffat, Colorado (population sixty-three), in the 1980s, a feverish, sniffling patient came in and said Echinacea hadn’t worked so he believed it was time for an antibiotic. Sierpina’s response was, “What’s Echinacea?” This, of course, was before Echinacea—an herb studies now indicate boosts immune response—became almost as ubiquitous at the corner drugstore as aspirin. In addition to discovering a range of herbal remedies used by local townsfolk, Sierpina learned the therapeutic possibilities of magnets and massage from patients who hailed from a nearby community called Crestone that had a rich mix of retirees, artists, spiritual retreat centers, ex-hippies, ranchers, and country folks. “My patients brought me all sorts of interesting stuff,” says Sierpina. They trusted him since he was a trained acupuncturist as well as a medical doctor. “Because I did acupuncture, they figured I wasn’t going to be dismissive of other alternative treatments they might be trying,” he says.

Though no longer doctoring mountaineers and Colorado bohemians, Sierpina, an associate professor in UTMB’s Department of Family Medicine, is still learning about and advising patients on alternative medicine. “It’s not a fringe thing any more,” he says. Indeed, a 1997 Harvard study indicates 42 percent of Americans use alternative medicine, spending \$27 billion on everything from herbal remedies to chiropractic care. Researchers estimate that today’s figures are as much as 20 percent higher. “Patients won’t accept a doctor who out of hand

tells them that they shouldn’t do or take anything non-traditional,” Sierpina says. They will either secretly try the alternative therapy in combination with what their doctor prescribes or forsake conventional medicine altogether, both of which can be dangerous. With a \$1.5 million grant from the National Institutes of Health, Sierpina hopes to bridge the gap between alternative and allopathic medicine and between traditional doctors and their increasingly holistic patients.

He has also written a book to help develop a curriculum in this area. As its title, *Integrative Health Care: Complementary and Alternative Therapies for the Whole Person* (published in January 2001, by F.A. Davis Company) suggests, Sierpina believes in blending conventional and alternative care. “It’s not about using one instead of the other,” he says. Many modalities can be used synergistically, such as anti-inflammatory medications together with acupuncture for sciatica or beta-blockers and antioxidants like vitamins C and E for those at risk of having a heart attack. In some cases, patients may not want the standard treatment or may not be able to physically tolerate it. “You always want to have something else in your back pocket,” says Sierpina—for example, St. Johns wort and yoga for a patient who is bothered by the side effects of anti-anxiety medications. “We as doctors have to know the full range of what is available to our patients to provide the best possible care,” Sierpina says.

That’s why he wrote the book—to inform physicians about alternative medicine and suggest ways they can effectively integrate it into their everyday practice.

Sierpina advises fellow doctors on how to broach the subject with patients (ask and be willing to listen) and addresses reimbursement and liability issues. In addition to describing alternative systems of care like ayurveda and oriental medicine, Sierpina details several popular nontraditional treatments including herbal and bioelectric therapies. Though intended as a primer for physicians, the book is accessible to the layperson, providing depth without being overwhelming.

In his book as well as in his teaching and medical practice, Sierpina doesn't come across as a proponent of any particular type of treatment. "You never feel like he's trying to shove things down your throat," says one of his students, William Nguyen, who is in his third year at UTMB. "He just wants you to consider all the options and evaluate them based on the best scientific evidence." Sierpina's measured approach and emphasis on critical analysis serves him well in an environment resistant to alternative medicine. George Bernier, UTMB's former vice president for education, says a lot of faculty members—mirroring the medical community in general—view alternative medicine as quackery. This opinion, he says, "is often the result of not having enough information."

To provide his colleagues with the scientific data they need to intelligently assess the merits of various kinds of alternative treatments, Sierpina, along with UTMB's School of Nursing and Academic Technology Center, created the university's alternative medicine web site ([www.atc.utmb.edu/altmed](http://www.atc.utmb.edu/altmed)). The site provides access to the latest peer-reviewed research on the efficacy, safety, and contraindications of various alternative therapies. Sierpina received the seed money and institutional support to launch the project in 1999 when he won a \$25,000 UTMB President's Cabinet Award. "It was tremendous recognition of the need to disseminate this type of information," says Sierpina.

Further affirmation came last October when he received a \$1.5 million grant from the NIH's National Center for Complementary and Alternative Medicine to integrate alternative medicine into UTMB's medical school curriculum and thus serve as a model for medical schools nationwide. According to the *Journal of the American Medical Association*, 75 of the 125 medical schools in the United States provide some sort of instruction in alternative medicine. However, the training is limited to only a few elective courses. In light of both patient and student interest in alternative medicine, "that has got to change," says Bernier, who until his recent retirement was a member of the Core CAM Curriculum Committee ("CAM" stands for Complementary and Alternative Medicine) and serves on the White House Commission on Alternative

and Complementary Medicine. To truly understand how alternative medicine can help or hinder traditional medicine, Bernier says, doctors need to incorporate learning about it throughout their training. Therefore, one of Sierpina's chief tasks in developing the curriculum is to generate case studies for faculty, teaching everything from anesthesiology to oncology, to reference in class and grand rounds. "There is great resistance among faculty to adding material to what they already have to teach. With the case studies, it's more like weaving it in, like in a tapestry," says Sierpina. He aims to use the principles of evidence-based medicine in presenting the cases and possible treatments. "This will help our students to think critically and scientifically about alternative therapies so they can better advise their patients," he says.

The process of developing and implementing the curriculum will take five years. Assisting Sierpina are more than forty people representing all sectors of the health care community. In addition to nurses, doctors, students, patients, and information technology experts, Sierpina has enlisted several alternative care providers to contribute their knowledge and expertise. His Core CAM Curriculum Committee panel has chiropractors and doctors of Oriental medicine sitting beside classically trained and frankly skeptical faculty. Mary Fenton, former dean of UTMB's School of Nursing and one of Sierpina's many collaborators, says all factions "respect him and take him seriously" because "he is able to walk the line between traditional and nontraditional medicine since he is so informed about both."

Sierpina graduated as a James Scholar in Independent Study from the University of Illinois Abraham Lincoln School of Medicine in 1979 and completed his family practice residency at MacNeal Memorial Hospital in suburban Chicago. He remained in Chicago six additional years, serving as medical director of a group practice and urgent care center before moving to Colorado in 1988. He received his acupuncture training at the University of California at Los Angeles and has also studied the technique in China. He moved with his wife, Michelle, to Galveston in 1996 to assume his current position at UTMB.

"I have always been interested in alternative therapies," says Sierpina, who is originally from Phoenix. His parents were believers in taking vitamins and eating wholesome foods. Moreover, he grew up in the 1960s, when natural approaches to life and healing were much in vogue. "I was a hippie. Can't you tell from the hair?" he says jokingly, running a hand over his now clean-shaven head. During medical school he worked at a holistic healing clinic housed in a church, and as a medical



resident he became involved in a group specializing in home birth. Two of his children were born at home. His years in the wilds of Colorado only intensified his youthful interest in low-tech and inexpensive alternative remedies.

To maintain his own health, Sierpina practices tai chi, prays, and meditates daily, does weight training, has regular massage treatments, and takes various nutritional and herbal supplements. He believes doctors have to be good role models for their patients. "You can't tell them to do all these things to be healthy if you aren't making an effort to do them yourself," he says—though he admits that it is a challenge to find enough time. Sierpina's schedule is packed with mornings spent tending patients and teaching classes and afternoons working on the al-

ternative medicine curriculum. He also coordinates and leads UTMB's popular Alternative Medicine Journal Club and is in high demand as a speaker on campus and in the community. "I keep busy," he says during an uncharacteristically still moment in his office, which contains among other incongruities a miniature Zen fountain and sun-bleached antelope skull. Perhaps it takes a clean-shaven hippie who collects Oriental and Old West objets d'art to unite the seemingly incompatible worlds of alternative and conventional medicine. ■■

*Kate Murphy writes for the New York Times, Business Week, and other periodicals. Her last article for UTMB Quarterly was "Fighting for Breath" in Winter 2000.*

## Acupuncture: Getting to the Point

**R**ooted in traditional Chinese medicine, acupuncture dates back at least twenty-five hundred years. It is based on the belief that the body is filled with an energy force, or *qi* (pronounced "chee") that runs along meridians, or channels, within the body. Pain and illness are the result of imbalances in the flow of *qi*. Acupuncture, or the insertion of hair-thin needles into critical points along the meridians, is thought to restore the healthful tide.

The World Health Organization says acupuncture is effective in the treatment of forty symptoms and disorders, including nausea and vomiting; muscle, tendon, and related pain; addictions to alcohol, tobacco, and other drugs; pulmonary problems such as asthma and bronchitis; and neurological damage such as that caused by stroke. The National Institutes of Health (NIH) is more restrained in its assessment, stating that acupuncture has been clinically proven effective in treating postoperative pain as well as nausea and vomiting after surgery and chemotherapy. Although incomplete scientific data is available, the NIH acknowledges that acupuncture may also help with stroke rehabilitation and relieve addictions, headaches, menstrual cramps, muscle pains, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma.

"No one really knows why it works," says UTMB's Victor Sierpina, who uses acupuncture in his daily practice to treat a variety of complaints. Eschewing the concept of *qi*, Western scientists prefer to explain acupuncture's efficacy in terms of opioid peptides (building blocks of opiates) released by the body during treatments, which produce an analgesic or pain-killing effect. The fact that opioid antagonists such as naloxone reverse the analgesic effect strengthens their argument. But acupuncture has also been shown to activate the hypothalamus and pituitary gland. The consequent alteration in



*Professor Victor Sierpina, left, demonstrates proper acupuncture technique. Though proven effective in reducing postoperative pain, as well as nausea and vomiting after chemotherapy, "No one knows why it works," Sierpina acknowledges.*

levels of neurotransmitters and hormones responsible for everything from mood to heart rate provides another possible mechanism. There is also evidence that acupuncture raises levels of, among other things, prostaglandins, white blood counts, gamma globulins, and overall antibody levels, which suggests immunostimulation.

As with a lot of alternative therapies, Sierpina says, "Just because you don't understand exactly why something has a healing effect is no reason to stop doing it." Sharing his view are over twenty-thousand licensed physician and nonphysician acupuncturists in the United States—twice as many as in 1998. The U.S. Food and Drug Administration estimates that around a million people currently receive acupuncture treatments in this country, and insurers including Aetna, Cigna, and Blue Cross/Blue Shield are picking up the tab. —Kate Murphy