

The Role of Complementary Alternative Medicine in Treating Patients: A Conversation with Paul and Nancy Nathenson



Paul and Nancy Nathenson on one of their trips to Arizona.

Paul Nathenson, MPA BSN RN CRRN, had his first stroke in 2001 (with unknown etiology) that resulted in the temporary loss of function to his left hand and wrist. His second stroke occurred in 2002 and left him with more serious deficits to his left upper extremity. A biopsy in 2002 indicated a neoplastic lesion. In 2003 Paul suffered a grand mal seizure, followed by a third stroke and more severe physical deficits. In addition, he had significant cognitive deficits related to seizure drugs. Paul's neurological condition was

secondary to a brain tumor, and he had significant swelling. After undergoing a treatment regimen that including traditional Western methods, Paul and his wife, Nancy, RRT, decided to incorporate complementary alternative medicine (CAM) into his routine.

Q. What traditional Western medical treatments were prescribed to treat Paul's illness?

A. Nancy Nathenson (NN). Until 2004, Paul's treatment consisted of Western medical management techniques, such as magnetic resonance

imaging, biopsy, and pharmacology, were used to control seizures. In February 2004 he had brain surgery using a brain mapping technique for the resection of a 5.5 x 3.5-cm grade II oligodendroglioma. He spent 1 week in acute care followed by 6 weeks in a rehabilitation hospital. He had severe left hemiplegia postoperatively. His upper and lower extremities were paralyzed on the left side and he lost trunk control and swallowing ability. After surgery his prognosis was independent at a wheelchair level. He spent more than a month in a wheelchair before progressing to a cane. During this time he started radiation as part of his cancer treatment and began to lose much of the function he had regained during the first few weeks of rehabilitation.

He spent close to a year in outpatient rehabilitation, and although he was able to discontinue using a cane, he required the support of an orthotic for his left lower extremity. Paul was also able to start using the stationary bike and swimming.

Q. Why did you and Paul decide to supplement the traditional Western treatment with CAM?

A. NN. It was Paul's idea, and there was never any question whether I would support the course of treatment he chose. Once he decided, we decided. I was very thankful to have somewhere else to go for help.

A. Paul Nathenson (PN). There were many side effects from the various medications I was taking. The seizure medications were the worst and caused memory and cognitive processing problems. I really wanted to stop using them.

I had a chance conversation with a hospice nurse, and she told me about a naturopath in Tucson, AZ. I happened to be in Phoenix for a presentation, so I figured I'd visit the naturopath while I was in the area.

Q. Which CAM treatments did Paul incorporate into his routine?

A. PN. I was started on a natural diet and was given supplements, but I can't remember if I started any other treatments that first time.

The diet was as follows: Eat natural, mostly organic foods, green leafy vegetables, legumes, whole grains, and nonpasteurized juices.

The "no" list of foods was more extensive: No sugar, no sugar substitutes, no processed foods, no white flour, no dairy (except for goat or sheep dairy), no fast foods, and no processed soy. I also took a variety of supplements based on electromagnetic testing. Some supplements were specific to immune function such as astragalus, beta-glucan (from shiitake mushrooms), L-glutamine, and enzyme therapy. Some of the supplements were meant specifically to help wean me off of seizure medications, which I was ultimately able to do. At first I wasn't entirely committed to following the recommendations.

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A. NN. In 2006 his cancer returned with another tumor and an area of radiation necrosis. His cancer team recommended brain surgery for tumor resection, and then a biopsy to be followed by chemotherapy. He did not want to endure another brain surgery because the recovery time was so long. He went back to Tucson and was retested. He got new supplements, still focusing on immune support and enzyme therapy, but also started on resonant light therapy, infrared therapy, lymph massage, Reiki, meditation, and guided imagery.

A. PN. This time I was very strict about my diet. In addition to the previously mentioned foods, I gave up beef and pork and only consumed small amounts of organic chicken and fish. I ate lots of raw salads—Nancy and I nicknamed my favorite the “cowboy salad.”

Q. What differences did you observe in Paul’s health when using traditional versus nontraditional treatments?

A. NN. Paul’s traditional treatments, which included taking many medications, affected his speech and thought processes; his speech was sluggish and he was forgetful. Paul was fatigued all the time with traditional treatments. His balance was terrible, and I felt like I needed to follow him up and down the stairs and stay close enough to him in public so that I could catch him. His color was drawn, and his eyes were puffy and kind of dull-looking. After he stopped taking his many medications and started to adhere to the CAM treatments, I saw steady improvement in everything about him. Honestly, he had never looked so good—even at his peak of fitness before the brain tumor. His color was so good, his eyes so bright, I swear he was getting more brilliant by the day. I could tell in his conversations and when he discussed work-related projects and plans that he felt good. His balance and endurance improved dramatically. It was especially wonderful to see our family’s reaction when they saw him for the first time after many months; they could not believe the transformation!

Q. Can insurance be used to cover CAM treatments? Was it a struggle to get things covered? Do you have tips for others who might have to deal with insurance companies and are interested in adding CAM to their treatment regimens?

A. PN. Alternative care is mostly out of pocket. Insurance covers chiropractic care, which is considered an alternative therapy,

but that is about it. Although supplements are expensive, I was able to use supplements to wean off 12 of the 13 prescription medications I was taking—saving me more than \$400 per month (and that’s with a good pharmacy insurance plan). With a physician prescription it’s possible to have supplements and other treatments such as acupuncture covered. It is also possible in some cases to use flexible spending accounts.

Q. What was your family’s reaction when you and Paul decided to incorporate CAM into his treatment? How did you support one another?

A. NN. My siblings were quite guarded in their reactions, except for my two sisters, who were totally supportive. After Paul’s cancer came and went (thanks to CAM), one of my brothers and my sister-in-law actually came to us for more information and began incorporating CAM into their medical management. My sister-in-law went to Paul’s naturopath in Phoenix, and after a week’s worth of treatment, she found herself pain-free after living with chronic, daily pain for 15 years. As far as supporting one another, I was willing to do anything Paul wanted to do and was behind him 100%. I went with him to all of his naturopath appointments, helped him keep track of his supplements, and adopted his cancer diet as best as I could. It’s a tough one!

Q. What was the response of the other healthcare professionals who were responsible for Paul’s care when you informed them that you wanted to use CAM to treat his illness?

A. NN. At first, Paul wasn’t that forthcoming about what he was trying. I think it was because he felt it was nobody’s business. After the cancer came back and we beat it, it seemed as if our decision to use CAM was worth sharing with everyone. When I mentioned it, I remember people looking somewhat doubtful, which made me want to explain CAM in more detail. However, I did not want to come off as being too “preachy,” so eventually I opted to share resources with people who might be interested in CAM and allowed them to find out more about it on their own.

A. PN. Most of the specialists had the attitude of “whatever works,” but it was said with the connotation that “you are a nut case.” However, my personal physician and my best friend who is an MD are both very supportive.

Q. What are some misconceptions about CAM?

A. NN. I think most people are very skeptical—if not frightened—about CAM. The term alternative conjures up ideas of radical or unorthodox methods. Also, most people don’t realize that it can complement their traditional Western treatment regimen, and they do not have to give up all Western therapies in favor of alternative therapies. In addition, many people believe that their physicians are infallible and all-knowing, and unless they suggest CAM, it can’t be the right thing to do. Unfortunately, physicians are slow to accept CAM; it could mean fewer dollars in their pockets. After being in the “circle” of alternative users, we met people with the most amazing stories of cures and improved quality of lives where Western medicine had failed or fallen short.

Q. Knowing what you know today, what advice would you give others who face a similar situation as you? What would you do differently?

A. NN. You have to get a second opinion from your traditional medicine provider at the start. We didn’t and wish we had.

The next thing is to recognize the opportunity to utilize CAM early on and not wait until your medical provider says “you need another surgery,” “we’ll watch and wait,” or “the prognosis is poor.” You can’t do one piece of the therapy and expect results. You must “buy in” and do everything from supplements to diet to light and infrared therapies. I will be forever grateful that Paul has had the strength and perseverance to follow the therapy to the letter; otherwise I can’t imagine what the Nathensons would be facing right now.

Q. How did your backgrounds in rehabilitation nursing and respiratory therapy prepare you for this process? Was it a benefit or a detriment?

A. NN. I think most healthcare professionals would agree that it can be a blessing and a curse to have medical knowledge. In my view, healthcare professionals can be worse at recognizing medical problems or illness and even better at denying them. Also, knowing a little about a disease process can be worse than knowing nothing. I went straight to a medical resource and looked up *oligodendroglioma*. I read the prognosis, including surgery and radiation, and I made myself physically sick. Why did I do that? When I realized Paul had

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a brain tumor, I could only focus on the patients I had cared for and their negative outcomes. Being a healthcare professional was beneficial when it came to knowing our rights as a patient and a caregiver, knowing the important questions to ask during the course of Paul's illness, and knowing what to expect from the physician and healthcare providers. I wonder how lay people who are ill and their families make it through the healthcare system without having a medical professional in the family to provide oversight.

A. PN. To tell the truth, I think it was my triathlon training that most prepared me for my treatment by providing me with the skills to exert maximum effort and persevere to achieve my goal. I also had some adaptability skills from various life experiences. My rehabilitation background was of little help. As a rehabilitation professional, I think I was more objective than empathetic. I was sure that a trauma would never happen to me, so I never seriously put myself in my patients' shoes. I have since learned better and as a result have developed a greater capacity for empathy.

Q. What criteria should rehabilitation nurses consider when deciding whether CAM is appropriate for their patients? Are there any specific CAM treatments for rehabilitation patients?

A. PN. For most people I know, alternative health care is something they seek out. It's almost as if alternative health care comes to those who need it and are ready for it. I personally make very few recommendations unless directly asked. With that said, I think nurses should encourage all clients and patients to practice self-care. Orem's Self-Care Deficit Nursing Theory is an excellent theoretical model for rehabilitation nurses. As one progresses from a state of dependence to independence, self-care becomes a cardinal attribute of independence. In the mind-body-spirit model, self-care includes exercise, good nutrition, positive thinking, social support, and methods to alleviate stress. Therefore, interventions like massage, Reiki, relaxation techniques, guided imagery, and music


therapy are appropriate for almost any patient or client and are also important concepts for rehabilitation nurses to integrate into their own lifestyles.

Q. How is Paul today?

A. NN. Paul is awesome. We just celebrated our 24th wedding anniversary. He is still keeping to all of the CAM treatments and only takes one prescription medication for blood pressure (and is trying to eventually discontinue using it). He maintains a strict diet, and he exercises at least 5 days a week.

A. PN. I seem to be more centered than I was presurgery, and I have a sense of urgency about accomplishing personal goals. It's nothing morbid like I want to get so much done before I die; I am just motivated at a different level than before. In the last few months I achieved my certification in holistic nursing, which I have been working on for some time. As soon as I finished my exam, I started a 40-hour course in gerontology, which I have already completed. I plan to take my nursing home administrator exam in 2008 and then start some graduate studies in naturopathic medicine.

Paul Nathenson, MPA BSN RN CRRN, has had more than 20 years' experience as a nurse executive working in rehabilitation, and is certified in rehabilitation and holistic nursing (CRRN and HN-BC). He is currently vice president of corporate planning and long-term care at Madonna Rehabilitation Hospital in Lincoln, NE. Paul has been active with ARN, serving as president (2002–2003) and conference chair (1999) and participating in many committees and projects.

Nancy Nathenson, RRT, has been a registered respiratory therapist for 25 years, half of which were spent in critical care and half in rehabilitation. She is currently the pulmonary program coordinator at Madonna Rehabilitation Hospital in Lincoln, NE. Nancy serves as the respiratory consultant for the Lincoln Public School System and Lincoln Surgical Hospital. She is also the chair of the Patient Provider Committee of the Community Asthma Education Initiative of Lincoln. 

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