

## HEARTBEAT



## The Healthy Heart Report

# HEALING FROM THE HEART

In his book, a celebrated heart surgeon shares a bold new vision of healing that combines the best of Western and Eastern therapies.

by Mehmet Oz, M.D.

## Music Therapy

In our center, all patients are encouraged to listen via headphones to tapes playing the music of their choice or material we provide (Monroe Institute Binaural "Hemisync" Tapes, Faber, Virginia). Whichever option is selected, the patient begins listening to the tapes from the time of the first visit to the physician's office, and similar tapes are played during surgery. There is strong evidence that patients are subconsciously aware of what happens during surgery; in our own clinic, we've discovered that we can condition patients to respond one way or another depending on what we've played for them in the operating room. As a side benefit, the audiotapes also allow patients to block out the disturbing "illness" noises of the operating room and the intensive care unit so they can stay focused on healing.

## Hypnosis

Preoperative hypnosis and meditation training can also help a patient feel more in control before, during, and after surgery. We did a study in which patients, selected blindly and randomly, were taught these techniques a few days before surgery. The patients who learned and practiced them needed less pain medication than those who refused the treatment—and, indeed, some need no pain medication at all after leaving the intensive care unit. Although the randomized trial showed no improvement in pain sensation overall, the hypnosis patients did report less anxiety.

All hospitals have psychiatry departments with staff members or psychologists trained in hypnosis, so you may want to ask for a referral. An informative book on this topic is written by Stanley Fisher, Ph.D., and is

entitled *Discovering the Power of Self-Hypnosis* (Harper Collins, 1991).



## Aromatherapy

Aromatherapy is one of the newer adjuncts to surgery, and one that many dismiss as somewhat frivolous. Yet the perfume industry has spent millions of dollars on scientific testing of smells and has amassed well-substantiated data showing that certain aromas, such as spicy ones, can make patients hypersensitive to pain, while others, such as flowery scents, dull the pain sensations. Already some American hospitals are using vanilla-scented oxygen

in patients' nasal tubes, and more American medical centers are likely to join them as more of the European literature on this therapy appears in our medical journals. Aromatherapy can be hard to administer in a hospital setting, but once home, many patients find it helpful in reducing stress and improving sleep.

## Massage

Massage therapy is an area for more systematic study, though the anecdotal



evidence of its effects are persuasive. Sixty percent of treated patients believe they have gained an independent positive effect from massage in our clinic, aside from feeling "good" during the session. Only two percent say they felt worse. In some hospitals, massage is offered by staff practitioners, usually in half-hour or full-hour increments, and other hospitals will allow a massage therapist to visit an individual patient as an amenity. Even a nonprofessional massage by a family member can be helpful.

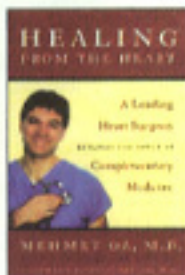
Reflexology, a technique concentrated on the feet and hands, attempts to affect internal organs by massaging the areas of the foot that correspond to as yet unmeasured "energy meridians." I am unaware of studies demonstrating the presence



of these reflex relationships with the foot, but I do know that the density of nerve endings is higher in the extremities, making them especially sensitive to touch. I know of no risk from massage and have experimental evidence that lymphatic drainage is enhanced by rubbing the feet.

## Yoga

My favorite therapy is yoga, since it allows meditation in conjunction with physical activity. Meditation alone is difficult for many Westerners, so focusing on the breathing and body first in order to center the mind can be much more effective. Better yet, virtually all patients, however ill, can perform some form of yoga, even if limited to deep breathing. Many yoga texts are available, but exercise tapes are easier to use and can be adapted



readily to individual patients. I personally use the Bryan Kest series.

### Religion

We recognized early in our studies that more than 50 percent of patients think of religion as not just a spiritual guide, but also as a healing force. Our polls confirmed previous findings that 90 percent of hospitalized Americans are religious and would like to discuss the spiritual aspects of their care with their physicians. Few doctors offer this opportunity to patients voluntarily, but counseling can be arranged without much difficulty just by asking for a representative of the pastoral service.

Many religious leaders advocate love as a major healing force, and we try to highlight this message when we counsel critically ill patients. The most important study arguing for a positive therapeutic effect of intercessory prayer was conducted by Randolph Byrd in 1988. Almost 400 intensive care unit patients were randomly chosen to receive either prayer or no prayer. The prayed-for patients had less need for respirators, antibiotics, and water pills. I have found Larry Dossey's writing particularly informative in this arena and am impressed by the anecdotal reports of patients. As no risk is apparent, I would make religion a part of my own therapy, especially if I were very ill.

### Acupuncture

Acupuncture is rarely offered in hospitals outside the psychiatry wards, where its effects on substance abuse (and smoking) have been reasonably well documented in Western medical literature. But there is an intriguing litany of eyewitness reports of major operations being



performed with only acupuncture for pain—inconceivable to most Western-trained physicians. A prominent cardiologist in our hospital, Isadore Rosenfeld, quite nicely describes an open-heart operation he witnessed in China without anesthesia—only acu-



puncture. Perhaps as Western experience of this ancient technique mounts, we will one day make it part of our own medical arsenal.

Although seemingly invasive, acupuncture by a licensed practitioner is an exceedingly safe intervention. I have recently collaborated with Dr. Soren Ballegaard, who has been sponsored by his government to evaluate the effectiveness of acupuncture in curbing angina pain. Because pain is a subjective phenomenon, assessment of efficacy is often difficult. However, Dr. Ballegaard's preliminary data are encouraging enough that I believe patients who cannot undergo surgery or angioplasty for chest pain should be considered for this therapy.

### EECP (enhanced external counterpulsation)

An alternative therapy for chronic angina that cannot be treated by any conventional means is enhanced external counterpulsation. Originating in China, EECP involves placing several blood-pressure cuffs on the lower extremities and sequentially constricting the legs to move blood to the heart. The patient is treated for several weeks prior to assessing the ben-

efits. A cardiologist at my facility, Rohit Arora, studied 139 patients and found that, compared to the control group, those receiving EECP had a statistically significant improvement in exercise capacity without angina and an increase in ability to push the heart until ischemia (inadequate blood supply) occurs. I now encourage patients who cannot undergo more conventional treatments for angina, such as ballooning (angioplasty) or surgery, to try EECP.

### Nutritional Recommendations

Since coronary artery disease is this nation's major killer, I will describe dietary recommendations for this population. For many other ailments, especially cancer, diet provides the foundation for recovery and should be aggressively pursued. Authors like Michio Kushi (Avery Publishing) and Patrick Quillin (Nutrition Times Press) outline excellent programs, but any nutritional intervention should be supervised by an oncologist.

For atherosclerosis patients, no meat or dairy products are allowed except for skim milk and nonfat yogurt. The only oils allowed are extra-virgin olive oil and two tablespoons of flaxseed oil daily. These oils must be kept refrigerated and used within three months.

A complete carbohydrate-based (starch) diet that includes vegetables, grains, legumes and beans, fruit, and soy products is advised. We emphasize that the patient should not just be removing foods from the diet, but also adding new staples that are high in fiber. The main course should move away from meat and poultry and toward beans, vegetables, and grains.

We have found that it is most effective to make dietary changes all at once—a paradigm shift that parallels the major operation the patient has just had. Before the dramatic effects on a patient's lifestyle have worn away, we try to influence them to embrace a new way of life, so the change seems more like a gain than a loss of the old staples. We hope that not only will coronary artery disease risk be reduced but also that the patients will feel better overall.

Vitamin supplementation is often needed, since many of the processed