

Charting a Course for Integrative Pediatrics

An Interview with Lawrence D. Rosen, M.D.

Sheldon Lewis

Recently, Alternative and Complementary Therapies' Editor, Sheldon Lewis spoke with Lawrence D. (Larry) Rosen, M.D., about integrative pediatrics.

Dr. Rosen, is a board-certified general pediatrician who practices primary care based on a holistic, family-centered model, at the Whole Child Center in Oradell, New Jersey, and consults at the Joseph M. Sanzari Children's Hospital at Hackensack University Medical Center also in New Jersey, serving as chief of pediatric integrative medicine and as a medical advisor to the Deirdre Imus Environmental Center for Pediatric Oncology, in Hackensack.

A nationally recognized expert in pediatric integrative medicine, Dr. Rosen also serves as the chair of the Integrative Pediatrics Council (IPC; www.integrativepeds.org), a non-profit multidisciplinary group dedicated to transforming children's health care. He writes a blog, "The Whole Child," at www.wholechild.us and is a founding member and vice-chair of the American Academy of Pediatrics (AAP) Section. Dr. Rosen is a clinical assistant professor at New Jersey Medical School, in Newark. He is a graduate of New York Medical College, in Valhalla, and the Massachusetts Institute of Technology (MIT), in Cambridge, and he completed his residency and chief residency in pediatrics at Mount Sinai Hospital in New York City.

Sheldon Lewis: Dr. Rosen, what is the Integrative Pediatrics Council [IPC]?

Lawrence D. Rosen: The Integrative Pediatrics Council is a nonprofit organization that is dedicated to transforming children's health care. Informally, it's a group of individuals from different disciplines, who serve as a leadership group to guide the evolution of health care towards a more integrative approach.

SL: How did it come into being?

LDR: That's a great story. The origins of integrative pediatrics go back many, many years before I started practice. But the IPC itself grew directly out of a meeting in the summer of 2004. Timothy Culbert [M.D.], the Medical Director of the Children's Hospitals and Clinics of Minnesota,* invited a group of us to join him for a summit discussion, if you will, including Drs. Culbert, Kathi Kemper [M.D., M.P.H.], Russ Greenfield [M.D.], Richard Walls [M.D.], David Steinhorn [M.D.], John Mark [M.D.], Susan Sencer [M.D.],† and myself, moderated by Bill Henry and Susan Stock. Essentially, a group of us met together for a few days in St. Paul to talk about the state of integrative pediatrics and where we might go in an organized fashion.

Out of that meeting came three different things, one of which was what we were calling the Pediatric Integrative Medicine Leadership Initiative, an interdisciplinary group that became the IPC.

The second was that this group became the de facto core group that would run the Pediatric Integrative Medicine Conference, which had previously been held in Arizona and Minnesota. Then the conference hadn't happened again for several years, and so I agreed to host the conference in New York City in 2005. Under the stewardship of Lynn Getz [M.S.W.],‡ one

*These hospitals and clinics are in various cities in Minnesota.

†Affiliations for most are as follows: Dr. Kemper, Caryl J. Guth Chair for Complementary and Integrative Medicine, and professor in the department of pediatrics and public health sciences at Wake Forest University School of Medicine, Winston-Salem, NC; Dr. Walls, San Diego, CA; Dr. Steinhorn, Chicago, IL; Dr. Mark, Palo Alto, CA; Dr. Sencer, Minneapolis, MN.

‡Ms. Getz is in Santa Fe, NM.



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of integrative pediatrics' greatest advocates, we subsequently rebranded the conference as "Pangea: A Conference for the Future of Pediatric Wellness" in 2006 [see Resources box for 2008 conference].

The third initiative that came out of the Minnesota meeting was the American Academy of Pediatrics' (AAP's) Section on Complementary and Integrative Medicine, which was Kathi Kemper's brilliant vision. Both Kathi, who, of course, helped start the whole field of integrative pediatrics, and Tim have been mentors to me since the beginning.

SL: How did you become involved in the practice of integrative pediatrics?

LDR: When I went to college at MIT, I had very little interest in medicine. I hadn't had much exposure to medicine as a healing profession. It was more just about fixing disease.

But at MIT, I met Dr. Dermot O'Rourke [M.D.], a psychiatrist doing research at MIT and the Massachusetts General Hospital, in Boston, and he was the first one to enlighten me about the idea of medicine as an art.

But I was disappointed to find that, through my excellent but conventional medical school education and residency training, there wasn't a lot of attention paid to healing per se. My formal education was based on a very piecemeal, disease treatment-oriented system. I made good use of the time and learned all the basic, conventional approaches I needed to. I knew I wanted to work with kids, and that children in particular were terrifically open to other modes of healing.

As I went into primary care practice in 1997, I realized that I was ill-prepared to deal with a lot of the chronic illness issues I was seeing in practice; in residency and medical school, you're dealing with acute care most of the time. Families would bring in their children with autism and obesity, and I would be at a loss as to how to help them in any significant way.

I needed tools to work with these families, and so I relied at that point on, two resources. One was the families themselves. Families would come to me and say: "Hey, look, I'm doing this special diet with my child with autism (or with asthma or with food allergies or Crohn's disease) and it's really making a difference. Are you interested in learning more about it?" I was intrigued; I had come to medicine believing in the power of partnership with families and here was a golden opportunity. I owe these first families so much gratitude for opening my eyes to a broader world of health and wellness.

The other resources I discovered were mentors who would help me along this path, some of whom were pediatricians and some of whom were in other fields, like nutrition, homeopathy, Chinese medicine, mind-body medicine, psychology, and energy healing. I apprenticed myself, if you will, to them and did a lot of self-learning. This was an evolution for me. It took time and didn't happen overnight.

I think of this approach as being somewhat like the original method of medical education. When doctors first started their training, there were no formal medical schools; there was a mentor model. You apprenticed yourself, you learned what you could from your supervisor. In this way, I was able to delve deeply into mind-body medicine through the Academy for Guided Imagery, in Santa Monica, California, and then, in similar fashion, discovered biofeedback, self-hypnosis, nutrition, Chinese medicine, homeopathy, and botanical medicine.

SL: At that time weren't you were working in a general pediatrics practice?

LDR: Yes, I was one of 5 pediatricians in a very busy conventional practice. We had a primary care, insurance-based model, and so there were challenges financially and operationally how to provide integrative care. My partners were very accepting of my newfound interests, and I think they recognized the positive response of families to the integrative approach I was taking.

Around the same time I started an academic integrative pediatrics program at Westchester Medical Center, the Maria Fareri Children's Hospital, in Valhalla, New York. It was a consulting program where specialists like oncologists or gastroenterologists would consult with me to see kids in the hospital, and I had a one-day-a-week outpatient practice in the general pediatrics clinic as well.

It was one of a handful of growing number of medical school-based, academic-based programs. Sunita Vohra [M.D.], at the CARE program in Edmonton, Canada, and I began documenting the institutions offering such programs, and this work continues to this day. Over time, I shifted the focus of my academic work to Hackensack University Medical Center in New Jersey, becoming the medical director of the Deirdre Imus Environmental Center for Pediatric Oncology and the chief of the Division of Pediatric Integrative Medicine.

SL: You recently opened your own integrative pediatrics practice, the Whole Child Center in Oradell, New Jersey. How does it differ from a conventional mainstream pediatrics practice?

LDR: It's been a long-standing dream for me to open a fully integrative, green primary care practice. It was important to me to build my primary care practice in an ecologically sustainable manner, entirely devoted to the integrative, medical-home philosophy.

Integrative medicine, unlike what many believe, is not just of the addition of complementary and alternative medical therapies; it is a philosophy of care.

Primarily, to me, the integrative medicine philosophy is about establishing a respectful, collaborative relationship with families. So, often, what I'll do, if I have a patient who has a complex, chronic illness—especially if we're talking about a child with autism—is meet with the parents first alone so that I get to listen to their concerns and learn from them and ask questions and review school data, lab tests. . . everything in advance of seeing the child.

The first time I see the child, we often do it as a “meet-the-doctor” visit. If the child wants me to examine him or her in my consultation office and not in the exam room, fine. If it's in the hallway, fine. If it's in the waiting room, fine. . . . We figure it out. We try to help the children feel comfortable.

In terms of newborn care and primary care for a lot of parents, we do structure these as well-care visits. I try to see parents more frequently and spend more time with them than is done typically. I don't base the visit timing entirely on the vaccine schedule, which most pediatric offices do. I try to have visits somewhat frequently within the first month, and then monthly after that within the first year.

SL: Do you use an alternative vaccine schedule?

LDR: I believe in flexible vaccine scheduling, working with families to individualize the administration of vaccines, just like I would for any other medical treatment. Some people ask me: “Are you comfortable working with families who don't vaccinate?” The answer is “yes.” We develop a mutual relationship whereby we discuss the risks and benefits about vaccination, but I do respect families' individual choices for their children's health. Look,

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I know this is controversial. Many of my colleagues disagree with this approach. I'm not saying there's one right way to do this, but I do strongly believe in personal choice and freedom of medical decision making for parents. There is virtually nothing in medicine that we know to be absolutely true for all patients; to think that vaccination is the exception is, to me, naïve.

SL: In my own family, we basically created an integrative health care model for our children, but we were managing it, because we couldn't find anyone who could manage it. How do you work with families to help them manage their children's integrative care?

LDR: I do this through the concept of the medical home, in which parents and pediatricians work together for the best health of their kids. I like that model the AAP developed because it emphasizes continuity and accessibility and the relationship between the parents and the pediatrician. The pediatrician is like a quarterback who helps parents navigate the health care system, especially for kids with chronic issues.

Resources

Organization

Section on Complementary, Holistic, and Integrative Medicine (SOCHIM)

American Academy of Pediatrics (AAP)
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Elk Grove Village, IL 60007-1098
Phone: (847) 434-4000
Fax: (847) 434-8000
Website: www.aap.org/sections/CHIM

Established in July 2005, this section of the AAP was created to promote education, research, and collaboration with other professionals who want to learn more about the use of complementary and alternative therapies in child care. The SOCHIM is also concerned with policymaking and advocacy for pediatric patients and families seeking these therapies or for pediatricians who attempt to counsel patients responsibly about them.

Conference

“Pangea: A Conference for the Future of Pediatric Wellness.” will be held at the New York Marriott Downtown in New York City, on November 14–15, 2008.

For more information, please contact: e-mail: pangea@loreleievents.com or visit www.pangeaconference.com

I would take that a step further and say that an integrative medical home takes that model and says: “O.K., we're going to do the same thing, but we're also going to integrate working with other therapists, whether that be homeopaths, naturopaths, chiropractors, Traditional Chinese Medical practitioners, acupuncturists, energy healers, or whatever. It's the same system, but it helps to integrate those other therapies when they are safe, effective, and appropriate. Some pediatricians are comfortable doing that; some aren't.

I could be a terrific integrative pediatrician and work with you and your family, but not actually do anything outside of just general pediatrics. On the other hand, there are pediatricians like myself who have developed additional skills in areas like mind-body medicine, so I'll also work with kids using imagery, self-hypnosis, or biofeedback, let's say, around specific health issues like chronic headaches, abdominal pain or stress.

I work with a very special holistic nurse in my practice, Karen Overgaard, [L.P.N.], who is trained in nutrition, yoga, infant massage, and Reiki. So within our practice we're able to provide some unique services, but we also work with outside practitioners, just as I would with any other pediatric specialist, such as a cardiologist or a neurologist. It's my job to help families coordinate their care.

SL: I like the quarterback metaphor, as opposed to the physician being, say, the commander in chief, because it acknowledges that the parents are the ultimate decision-making authorities.

LDR: I tell parents when I meet with them for the first time: “we're creating a team.” You may say: “Oh, but the quarterback by default is the most important.” No. Nobody's more important than anyone else. You need all of the members of the team on board. The child is an incredibly important member

of the team, as are the parents and family, and the entire health care team. We all have to work together. What I think general pediatricians are really well-trained to do is to be guides, to help coordinate care.

SL: One of the key elements in pediatrics is well-child care. So you've got the kids who every now and then might get an ear infection, might get a bad cold, might get hurt. But then you have the kids who have some serious chronic illness or developmental disability. How do you integrate those two sides of your practice?

LDR: And there are, of course, children with both. For all children, we try to focus on prevention and wellness, even prenatally. Our health care system has become much more disease-focused and disease treatment-oriented, which works very well for acute care, but not so well for primary preventive care. There is an emphasis in our practice on nutrition and development, as well as on other elements of what I'd call "lifestyle medicine"—fitness, rest, and emotional and spiritual well-being.

In every pediatric practice, you do have children who suffer from acute crises. For these acute issues, such as ear infections, there are some complementary and alternative remedies that we integrate within our care, such as the use of topical essential oil drops, trying to reduce the need for antibiotics. Another simple thing is that we put children who do have to go on antibiotics on probiotics.

Regarding the more chronic issues, unfortunately, there are an increasing number of children with autism, ADHD [attention-deficit hyperactivity disorder], asthma, food allergies, diabetes, and metabolic syndrome. In these cases, especially, we try to look at lifestyle factors. There is primary prevention—talking about healthy eating and exercise for all of our infants and toddlers, and there is also secondary prevention. When I see a child with an increasing body-mass index and a family history that puts him or her at risk for cardiovascular disease and obesity, I institute other programs along the lifestyle medicine venue, including specialized fitness, nutrition, and mind-body therapies.

Then there are children who have active chronic diseases like diabetes or ADHD, where we strongly advocate integrative care when needed, integrating conventional pharmaceuticals in that plan, to offer them the best evidence-based treatments we can.

SL: Where do you see the field of integrative pediatrics going?

LDR: I would say that it's encouraging that within large conventional organizations like the AAP, we now have a full-fledged section on integrative medicine, so our voice is heard within this large organization, and we can help influence policies in this very powerful group that does a great job advocating for children's health.

There is also the issue of global children's health, as Thomas Friedman, of *The New York Times*, has noted, that the world is increasingly flat. We now have many connections between the IPC and other groups around the world, whether it's through our listserv network or through the Pangea conference.

Dr. Vohra, one of our IPC Board members, has been a tremendous ambassador abroad, bringing together integrative pediatric groups from Asia, Australia, Europe, Central and South America, and the Middle East. These connections with similar groups in other countries remind us to think about children's health in a global sense—especially around such issues as the environment and poverty. It's one of the reasons the first images you see entering the Whole Child Center are the amazing photographs of children from around the world by emerson Matabele. That's really important to me, and to teach other children. It's something I teach my own kids about. We're all in this together.

To me, integrative medicine should be de facto medicine. I think that it was Dr. Kemper who first wrote that holistic pediatrics is good medicine. If one day there was no special term "integrative medicine," that would be fine with me. ■

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