



Embracing a Paradigm Shift: Allopathic Medicine is being Complemented



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Opinion

Anthropologically, the rise of westernized medicine has occurred rapidly. Achievements have often been cited and in some cases are truly remarkable, including development of purified antimicrobials, supportive electrolyte care, and genetic modification. However, there are limitations of westernized medicine. The allopathic medical model, which focuses on westernized medicine, often looks at illness from a one-cause, one-disease or cure perspective. When a patient has high blood pressure, an allopathic physician may prescribe a drug to lower blood pressure. This fits in with a patient base that is not very committed to health, just looking for a quick fix and not serious lifestyle evaluation or alteration. However, some MD's trained primarily in the way of allopathy, all naturopaths, and some patients want more. Why do some medical professionals and patients seek a deeper commitment to being an active participant in their own health? Modern medication and surgical intervention can address specific abnormalities, but also potentially creates serious side effects [1]. In addition, allopathic medicine typically fails to address a disorder's underlying causes, such as obesity, excess alcohol intake, lack of physical activity, poor diet and chronic stress. The combination of being unable to address underlying causes of a disorder and the possibility that side effects overwhelm benefits are patient cited reasons for mistrust of westernized practice.

Nutrition can be medicine. With the rise of evidenced based practice, the one-abnormality, one-disease methodology (e.g. if I lower blood pressure in a patient their heart will be healthy) has also been applied to the study of nutrition. While this approach contributes valuable information for sound clinical practice, it can also miss the benefit of food-based medicine. For example, consider how researchers have approached the observation that people who eat vitamin-C rich foods have less cancer and heart disease? It is often approached like this; "vitamin-C is in foods X, Y, and Z; people who eat these foods have less cancer and heart disease, therefore it must be vitamin-C that prevents cancer and heart disease". Following, patients use vitamin-C supplements and expect CVD protection. This results in people approaching nutrition in a manner that involves daily consumption of a vitamin-C pill, instead

of daily consumption of broccoli, cantaloupe, chili- or cayenne-pepper, guava, lemons, kiwi, oranges, parsley and strawberries. While vitamin-C pills can, under some experimental and real-life circumstances, help prevent disease, the amount of nutritional value that is lost when intake focuses on pill-based exposure instead of food-based, cannot be quantified.

How do we know a paradigm shift is occurring with allopathic medicine being complemented more and more by complementary and alternative medical (CAM) practice? While naturopathic physicians have always embraced CAM, use by MD's is also increasing. Studies demonstrate that yearly CAM use by MD physicians has increased from 34% in 1990, to 42% in 1997, and up to 62% by 2008 [2,3]. Raw diets, herbal medicine, massage, megavitamins, self-help groups, Ayurveda, energy healing, and homeopathy are forms of alternative medicine with increasing use today [4]. Common medical reasons people seek out alternative intervention include back problems, anxiety, depression, headaches and other chronic conditions. Mushrooms are a good example of a food item used in CAM. These are the third kingdom of potential foods, and genetically are more like animals than plants. Whole mushrooms, mushroom powder, mushroom tea, mushroom wine, mushroom tincture, and fermented mushrooms are therapeutic modalities. In western culture mushroom cave farming dates back the 1650's. In eastern cultures farming likely occurred prior to the 1600's. In fact, medicinal mushrooms were so valued in ancient Japan that at least one kind, the maitake, was worth its weight in silver metal, and it has been said that Egyptians believed that mushrooms were plants of immortality that by law could only be consumed by royalty. Today, the value of mushrooms is again being recognized [5,6].

Research on medicinal mushrooms today focuses on both, whole and fractioned extracted and/or fermented mushroom components. Current observation and study provides support for the theory that mushroom intake protects against bacterial and viral disease, cancer, inflammatory damage. Research results are particularly exciting related to common and edible mushrooms and

cancer, including cancer of both breast and prostate. Mushrooms are consumed globally and are one of the most concentrated forms of the anti-cancer polysaccharides referred to as glucans. Mechanisms of putative fungal-chemical action include the induction of NAD(P)H:quinone oxidoreductase and glutathione S-transferase activity, as well as a direct cancer cell apoptotic effect [7]. Beyond these mechanisms, mushrooms have also been noted to block the formation of estrogen and one strong form of male hormone dihydrotestosterone (DHT). Since these hormones promote the growth of breast cancer and prostate cancer, respectively, an anti-hormone effect could also account for some of the medicinal impact of mushrooms related to cancer. One mushroom particularly of interest is the white button mushroom. This mushroom is of note due to its ease of production, common commercial availability, and low cost. Both, whole mushroom, mushroom powder, and alcohol extract of white button mushrooms suppress steroid 5-alpha-reductase and aromatase under varying conditions [8]. Since 5-alpha-reductase converts testosterone to dihydrotestosterone (DHT) and has been shown to play a vital role in the development of prostate cancer and benign prostate hyperplasia, this effect along with those noted above have prompted clinical research.

A series of in vitro and in vivo experiments have shown that white button mushrooms can be a chemoprevention agent against prostate cancer. In a phase I clinical trial, thirty-six patients were treated with white button mushroom powder at doses between 8 and 14 grams per day. Treatment did not influence the levels of circulating androgens: testosterone, DHT and DHEA, but was associated with declining PSA levels in 36% of patients [9]. Dose escalation was conducted in cohorts of 6 patients, showing that no more than one patient per cohort experienced dose limiting toxicity (DLT). This is in stark contrast to the incidence of DLT from alpha-blockers used for benign prostate hyperplasia [10] and this is just one example of how increased CAM use and value-recognition creates greater options for patient support, while minimizing potential side effects. Study of mushrooms and their effects on health represent just one sliver of non-allopathic patient management we commonly refer to as CAM. Major reasons for

growth in the use of CAM, are increasing cost of allopathic care, general societal changes toward postmodernism, concerns with vaccination, and increasing recognition that allopathic approaches don't always create more benefit than side effects. Embracing the paradigm shift toward CAM, instead of fighting it, allows us to take the best strategies for patient care from both eastern and western medicine.

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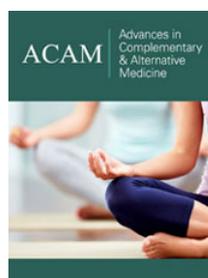
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