

A LOOK AT THE CENTER FOR MIND-BODY MEDICINE

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Mark A. Hyman, MD, is the editor in chief of *Alternative Therapies in Health and Medicine*. (*Altern Ther Health Med*. 2008;14(3):10-11.)

James S. Gordon, MD, is founder and director of The Center for Mind-Body Medicine (CMBM), a clinical professor at Georgetown University School of Medicine, Washington, DC, and a former chairman of the White House Commission on Complementary and Alternative Medicine Policy. Along with 5 others leaders, Dr Gordon was recently honored as one of the Pioneers of Integrative Medicine by the Bravewell Collaborative. The Center for Mind Body Medicine (www.cmbm.org) started its Food As Medicine (FAM) training program 7 years ago to enable healthcare professionals to offer their patients nutritional therapies for chronic illness and health promotion and to bring nutrition into the center of the medical school curriculum. Since 2001, FAM has trained 800 practitioners and educators, and CMBM has created scholarships for faculty members from academic medical centers including Johns Hopkins, Georgetown, and the University of California at San Francisco and for healthcare professionals who are working with underserved communities around the nation. Kathie Swift, MS, RD, co-directs the FAM course with Dr Gordon, and with the help of CMBM staff members, they have assembled a remarkable faculty of leading nutrition scientists and clinicians.

Following is an interview I recently conducted with Dr Gordon and Kathie Swift.

What motivated you to start the Food As Medicine program?

Dr Gordon: FAM began as a course at Georgetown. The idea was to give medical students exactly the kind of course that I had always wanted, connecting biochemistry to clinical practice, providing the hands-on experience of preparing and eating healthy foods. I had worked with nutrition as a clinician for 25 years but hadn't systematically explored the science of nutrition. So it was part of my education as well as the education of my students.

By the second year, when Susan Lord, MD, a family physician, joined me in teaching, the course was by far the most popular elective for first-year medical students—two thirds of the students made it their first or second choice. And the course evaluations were stunningly positive: "This is the most important

class I've taken in medical school, and it's the most fun! It makes the science come alive." The next step was to make the course available to faculty and medical students at other schools, as well as to clinicians like us who would find it valuable in their practice. We held the first national program in 2001, with Susan directing the course, and we kept getting the same kind of wonderful, confirming feedback.

How is the content different from traditional dietetic or nutritional training?

Ms Swift: Traditional dietetic training is very well grounded in the basic science of nutrition and patient-centered counseling. This course expands education in 5 key areas: mindful eating, nutritional genomics, sustainable agriculture, nutritional supplements and natural therapies, and functional laboratory assessment. Mindful eating explores the mind-body connection. Nutritional genomics shows how what we eat influences genetic expression and tendencies toward chronic disease and offers powerful information about individualizing diets for disease prevention and healing. Information about sustainable agriculture and organic foods provides a context for healthful eating and helps our participants to guide their patients in making the best food choices. And our cutting-edge information on nutritional supplements and natural therapies, along with an overview of laboratory testing, can help make clinical practice so much richer and more effective.

In the traditional nutrition care process, diagnosis might be the end of our thinking. We're training clinicians to understand that diagnosis should be the beginning of inquiry, not the end. We want them to explore the nutritional root causes of illness and to apply systems thinking in asking and finding answers to why we get sick and how we can recover and stay well.

Dr Gordon: We work with our participants where they are. The course is appropriate for someone who knows nothing about nutrition; it gives them the information they need about food and supplements and how to use them in a practical way, so that on the Monday morning after the course, they can begin to integrate what they've learned into their practice. It gives those who are more experienced in nutrition an introduction to some of the more subtle ways they can use food to influence biochemical pathways and change the course of disease processes.

Ms Swift: For most of the participants, the real awakening happens from the immersion experience. They're starting the day with yoga, meditating, and eating whole foods. They're learning

more about cooking and preparing foods. What comes to mind is the Chinese proverb, "I see and I forget; I hear and I remember; I do and I understand."

Dr Gordon: The nutrition training in most medical schools and residency programs is minimal. Physicians have been taught that medicine is basically drugs and surgery. We're showing them that working with diet can often be as potent as pharmacological interventions and that diet can even reverse the conditions for which pharmacological interventions have been used. Our physician participants, probably even more than dietitians, have had a kind of eye-opening, profession- and life-changing experience of seeing that nutrition is a primary therapeutic modality.

Ms Swift: Everyone also sees that physicians and dietitians and nutritionists working together as partners can provide the most significant outcome for patients.

Where do you draw inspiration from in developing the program?

Ms Swift: For me, the inspiration comes from my work with patients. My work helping patients eat whole foods mindfully helps me to understand what should be covered in this course so that all of us can better serve our patients.

Dr Gordon: I've seen the power of food enhance my own well-being and reverse disease processes. I'm also keenly aware of the need for a revolution in healthcare. It's painfully clear that we don't have magic bullets for most chronic illnesses and that self-care—through nutrition, stress management, and exercise—is our best and safest bet for reversing and preventing most chronic illnesses.

How is this course different from other nutrition courses that are available to practitioners?

Dr Gordon: It is a completely integrated course. It's not a conference, not a series of lectures. It's designed to lay the scientific and experiential foundation for clinical practice and the teaching of others. Every lecture is carefully designed to dovetail with every other lecture.

What are some examples of how people have used what they learn?

Ms Swift: Dozens of our physician graduates have made nutrition central to all the care they offer. Many dietitians have felt reenergized and significantly expanded their practices; MDs and RDs as well as naturopathic physicians and nutritionists have developed new programs in hospitals and clinics, organized nutrition conferences, and published papers and books that were catalyzed by their FAM experience. In Baltimore, where we have focused on community outreach, two dozen health professionals we've trained who work in Head Start, public schools, clinics, and post-prison projects are helping their clients and patients learn healthy, whole-foods eating.

How do you see nutrition education becoming part of basic medical education, and what has been the response of medical schools to your vision?

Dr Gordon: Over the last 6 years, we've had faculty from 50 medical schools attend Food As Medicine. These people have

become nutrition champions, bringing the integrative FAM perspective and teaching into the medical school curriculum—in basic sciences like biochemistry and physiology, in clinical rotations, and in elective and required nutrition courses. At Johns Hopkins, where some 50 faculty members and students have come through Food As Medicine, there are significant efforts underway to raise the profile of nutrition in all aspects of medical education and clinical service.

Who would most benefit from the training, and how do you make it accessible to practitioners?

Ms Swift: All medical school faculty members and health professionals who want comprehensive training in nutrition would benefit from FAM, which occurs in June. This year we have reduced the tuition and condensed the time frame to make it accessible for more practitioners. The course offers a semester's worth of nutrition curriculum in 4 days.

For more information on the Food as Medicine program, go to www.cmbm.org.

