PREFACE

As health care providers, we spend our lives searching for treatments that reduce suffering and lengthen the lives of our patients. Sometimes we find solutions in surprising places. Although we all have hopes for advancements in technology, the future of medicine is also about challenging preconceptions as we change our healing biases. In many ways, this is the natural evolution of "global medicine." We have global communications and global banking; however, until recently medicine has remained remarkably provincial. Traditionally, healers arose from their local culture with the same biases as their patients. As a result, only recently have Western physicians become aware of the mysteries and opportunities of Eastern approaches. Yet, in the context of our honest commitment to evidence-based medical care, our reaction is to view these options with skepticism, because the important "gold standard" of proof, the large randomized clinical trial, is not accessible to us.

Nevertheless, patients are experimenting already with many unconventional treatments. The increasing use of complementary and alternative medical (CAM) therapies by patients to prevent or treat cardiovascular disease and the ineffective communication between patient and physicians in this regard are documented by repeated population surveys in the United States. The finding that less than one half of the more than 50% of our patients who use CAM therapies share this information with their doctor is the basis for an increasing concern. How can we prevent or even monitor potential adverse events and poor clinical outcomes resulting from drug-supplement interactions or failure by the patient to comply with traditional medical care? Even more provocatively, how will we learn about the benefits of CAM approaches if we are unaware of their use? We, as health care providers, are challenged to acquire the knowledge base to be effective communicators and counselors to our patients. Complementary and Alternative Medicine in Cardiovascular Disease addresses these challenges for cardiovascular medicine.

The charge given to each expert author was to address, where relevant, history, theoretical basis, philosophy, practical application and the specific therapies, pharmaceuticals, diets and supplements of the selected CAM therapy or practice. In addition, each author was directed to review and critique, as appropriate, the relevant clinical evidence. The guiding principal was to provide information regarding CAM that the physician or other health care provider "should know" in caring for and counseling patients with, or at risk of, cardiovascular diseases.

The topics covered in *Complementary and Alternative Medicine in Cardiovascular Disease* range from the more commonly encountered use of herbs, vitamins and other supplements, dietary and supplemental fats and oils, meditation, prayer, and acupuncture to less familiar areas such as homeopathy, massage, chelation therapy, aromatherapy, and energy therapies. We also asked committed practitioners to describe their fields to allow readers to acquire the "flavor" of their patient's CAM experience.

Our goal was to provide a resource that would form the basis of an ever-increasing personal knowledge base in CAM and cardiovascular disease for the physician, nurse, and other health care provider. The quality of the chapters contributed by the authors has permitted us to produce a remarkable text that we are confident will be of continued value to the reader.

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