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EDITORIAL: IN-CAM FOCUSES ON NATURAL HEALTH PRODUCTS

Tannis Jurgens

Nature has served as an amazing source of “medicines” since the beginning of time. A wide variety of natural sourced medicines, known in Canada as Natural Health Products (NHPs), are used as part of care provided by many of the CAM

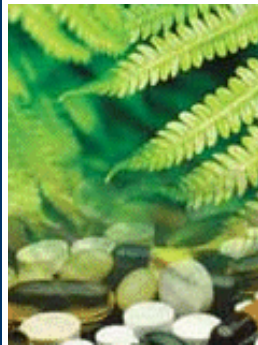


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disciplines that are part of IN-CAM. The fact that so many of the members of IN-CAM are involved in the safe and rational use of NHPs, whether from a research and/or a practice perspective, makes NHPs an excellent choice as the theme of this IN-CAM Bulletin.

Many consumers think of herbal remedies when asked about their use of NHPs, however, the range of products that are designated as NHPs is much broader. Health Canada, through the Natural Health Products Directorate (NHPD), classifies and regulates natural sourced products that are intended for the treatment or prevention of certain medical conditions/symptoms as NHPs*. To be classified as a NHP, a product must also be appropriate for self selection by consumers. In addition to herbal remedies, vitamins, minerals, amino acids, fatty acids, probiotics and homeopathic preparations are included in the NHP category. Products used in traditional systems of medicine, such as Traditional Chinese Medicine and Ayurvedic Medicine, are also regulated as NHPs.

Many NHPs have a long history of use as part of a traditional system of medicine. *Why is it important that we understand more about the safety and effectiveness of these products?* A recent survey, conducted under the direction of NHPD, found that as many as 71% of Canadians reported using some type of NHP regularly, with 38% of them using these products on a daily basis. In spite of widespread use, relatively little is known about the safety of using NHPs in special populations, such as children, pregnant or breastfeeding women and patients with chronic diseases. With use by all types of Canadian consumers, it is important that we understand as much as possible about the safety and responsible use of NHPs.

How do we best evaluate the safety and efficacy of NHPs? Designing studies to adequately determine the efficacy and safety of an NHP can present unique challenges, for several reasons. Firstly, NHPs are often used as part of a holistic treatment plan and it has been argued that evaluating the effectiveness of an NHP using a standard randomized controlled trial (RCT) that measures the effectiveness of the product itself may not capture the complete effect of the holistic treatment. Secondly, depending on the NHP being evaluated, it may be difficult to conduct a truly blinded trial. Producing a true placebo to garlic, for example, that tastes and smells like the test product is not easy.

The study of the safety and efficacy of NHPs provides a perfect opportunity for interdisciplinary research. By working together, we can design ways to evaluate these products that capture the benefits (and limitations) of using NHPs in promoting health and treating illness.

*NHP regulations are available at:
www.hc-sc.gc.ca/dhp-mps/prodnatur/index_e.html

ÉDITORIAL: IN-CAM SE CONCENTRE SUR LES PRODUITS DE SANTÉ NATURELS

Tannis Jurgens

La nature est une source formidable de médecines depuis que le monde est monde. Une vaste gamme

de médecines d'origines naturelles connue au Canada sous le nom de produits de santé naturels (PSN), sont utilisés par plusieurs disciplines MAC faisant partie de l'IN-CAM. Le fait qu'un si grand nombre des membres de



l'IN-CAM soient impliqués dans l'utilisation de PSN sans risque, soit d'une perspective de recherche et/ou d'une perspective clinique, rend le sujet des PSN un choix excellent pour le thème de ce bulletin de recherche.

Plusieurs consommateurs pensent aux remèdes à base d'herbes lorsqu'on les questionne sur l'utilisation des PSN, par contre la gamme de produits qui sont considérés PSN est beaucoup plus large. Santé Canada par l'intermédiaire de la Direction des produits de santé naturels (DPSN) classe et réglemente les produits de sources naturelles qui sont conçus pour le traitement ou pour la prévention de certains symptômes et conditions médicales comme étant PSN*. Pour être considéré un PSN, un produit doit aussi être approprié pour être sélectionné par les consommateurs eux mêmes. En plus que les remèdes à base d'herbes, les vitamines, les minéraux, les acides aminés, les acides gras, les probiotiques et les préparations homéopathiques sont aussi inclus dans la catégorie des PSN. Les produits utilisés dans les systèmes de médecine traditionnelle tels que la médecine traditionnelle chinoise ou ayurvédique sont aussi réglementés comme les PSN.

Plusieurs PSN ont une longue histoire d'utilisation dans le cadre d'un système de médecine traditionnelle. *Pourquoi est-il important d'en apprendre davantage sur l'innocuité et l'efficacité de ces produits?* Une enquête récente sous la direction de la DPSN a trouvé qu'autant que 71% de canadiens utilisent un genre de PSN régulièrement et 38% d'entre eux chaque jour. Malgré une utilisation courante, on en connaît relativement peu en ce qui

concerne l'innocuité dans les populations spéciales, tels que les enfants, les femmes enceintes et les femmes allaitantes et les patients atteints de maladies chroniques. Avec l'utilisation par tous les types de consommateurs canadiens, il est important de comprendre autant que possible la sécurité et l'utilisation judicieuse de ces PSN.

Comment évaluer l'innocuité et l'efficacité des PSN? Concevoir des études pour déterminer adéquatement l'innocuité et l'efficacité d'un PSN peut présenter des défis uniques pour plusieurs raisons. Premièrement, les PSN sont souvent utilisés dans le cadre d'un traitement holistique et certains prétendent que l'efficacité d'un PSN utilisant des essais contrôlés randomisés (ECR) standard pour mesurer l'efficacité du produit en question ne recueille pas l'effet complet du traitement holistique. Deuxièmement, selon le PSN qu'on est en train d'évaluer, il peut être très difficile d'effectuer un véritable essai à l'insu. Réaliser un placebo pour l'ail, par exemple qui goûte et sent comme l'ail n'est pas facile du tout.

L'étude de l'innocuité et l'efficacité des PSN représente une occasion parfaite pour la recherche interdisciplinaire. En travaillant ensembles, nous pouvons concevoir des moyens d'évaluer ces produits qui démontrent les avantages (et les limites) d'utiliser les PSN pour promouvoir la santé et traiter la maladie.

*Les règlements sur les PSN sont disponibles à : http://www.hc-sc.gc.ca/dhp-mps/prodnatur/index_f.html

FOCUS ON: THE NEW CANADIAN NATURAL HEALTH PRODUCTS REGULATIONS: POTENTIAL IMPACT ON RESEARCHERS AND CONSUMERS

Heather Boon



Image Source:
www.camline.ca/about/about.html

purpose of lowering cholesterol levels would now be classified as a natural health product. The new regulations are being phased in over a six-year period and have the potential to impact Canadian researchers. After a brief review of the regulations themselves, these potential impacts will be discussed.

On January 1, 2004 new Canadian regulations on natural health products (NHPs) came into force as part of the Food and Drugs Act. Legally, NHPs are defined as substances identified on a special Schedule including those from plants, animals, fungi, minerals, vitamins, essential fatty acids, probiotics, homeopathic medicines and traditional medicines that are used for medicinal purposes. So garlic for use in spaghetti sauce is still classified as a food, but encapsulated garlic sold for the

Site licenses and product licenses are two of the most important components of the regulations. The regulations require that manufacturers, packagers, labellers and importers of NHPs obtain site licenses which are granted when a company demonstrates their ability to comply with the good manufacturing process standards defined in the regulations and accompanying guidance documents. Companies were required to apply for site licenses prior to December 31, 2005. In addition, all NHPs require product licenses. Product licenses are granted following a Health Canada review of the safety and efficacy (for the label claim(s)) of the product and noted by a Natural Product Number (NPN) of licensed products. A range of evidence is considered in the review of safety and efficacy including history of use, traditional evidence (defined as use within a traditional system of medicine for a minimum of 50 consecutive years) and conventional scientific research. Health Canada has also produced product monographs that can be referenced to support product license applications (see http://www.hc-sc.gc.ca/dhp-mps/prodnatur/applications/licen-prod/monograph/index_e.html). New products must seek a product license prior to marketing in Canada. Products sold in Canada when the regulations came into force have until December 31, 2009 to submit applications.



FOCUS ON: THE NEW CANADIAN NATURAL HEALTH PRODUCTS REGULATIONS: POTENTIAL IMPACT ON RESEARCHERS AND CONSUMERS

The regulations also provide details about the information that must be included on product labels (including the names and amounts of all medicinal ingredients, the medicinal claim, instructions for use, cautions, adverse effects and potential drug interactions); rules for manufacturers about reporting suspected adverse events and requirements for obtaining approval for clinical trials that include NHPs.

It is perhaps this last item, clinical trial approval that may have the biggest impact on Canadian researchers. Any clinical trial that involves a NHP that has not already received a NPN for the indication being tested in the trial must be submitted to the Natural Health Products Directorate (NHPD) for approval. NPNs are product and brand specific. So, for example, if the echinacea product you wish to use in a clinical trial has not been approved yet, you require approval for a clinical trial of its ability to shorten the duration of colds even though four other echinacea brands may already have NPNs for this indication. The approval process includes submitting the trial protocol and ethics approval to NHPD for review. The approval process normally takes 4 to 6 weeks for simple single-

product trials, but may take significantly longer for complex trials involving multiple products. NHPD staff are willing to meet with investigators prior to submissions and this is recommended if your trial design involves more than a couple of NHPs or is more complex than a simple randomized controlled trial. Approval is only required when an NHP is administered as part of a trial. Approval is not necessary for natural experiments and observational studies where the investigator is simply observing what people are doing without intervening in their care.

One of the biggest areas of controversy remains whether studies of CAM practice (e.g., a study of traditional Chinese medicine care vs. conventional medical care) must be approved by NHPD if the TCM providers use herbs (NHPs) as part of their care. Currently, NHPD is requiring that investigators leading these trials apply for approval. As a research community, it is our responsibility to develop patient safety standards for these trials and to provide expert advice to NHPD when they review complex trial designs. If we work together, the approval process does not need to be a long and arduous journey.

For this issue, IN-CAM has decided to profile two of its members: Dr Emma Guns and Dr Charles Ramassamy, both imminent Research Scientists with an interest in Natural Health Products (NHP)s. IN-CAM would like to remind its members that they are encouraged to contribute relevant articles, profiles and upcoming events for publication in the quarterly Bulletin

PROFILE: EMMA GUNS



BSc - Chemistry and Pharmacology, University of Liverpool, 1993
PhD - Pharmacology, University of Liverpool, 1997

Emma Guns is a Research Scientist at The Prostate Centre at Vancouver General Hospital (VGH) and a faculty member of the Department of Surgery (Assistant Professor) and Pharmaceutical Sciences (Associate Member) at The University of British Columbia (UBC). She is also an Associate Member of the Department

of Advanced Therapeutics at the BC Cancer Agency. Dr. Guns coordinates the Natural Products Research Program at the Prostate Centre and is a pharmacologist with specialized interest and experience in drug metabolism, drug transport, pharmacokinetics, multi-drug resistance to chemotherapy and tumor models in vivo. Her research group includes research technicians Hans Adomat and Catherine Wood. Dr. Guns currently supervises 4 graduate students in the Departments of Surgery, Experimental Medicine, Pharmaceutical Sciences, and Pathology and Laboratory Medicine at UBC. Her research group's objectives are to pharmacologically assess the use of natural health products for prostate cancer. Current compounds/therapies of study include high pH therapy, ginsenosides derived from *Panax Ginseng*, PC-SPES and dietary

micronutrients such as lycopene and carotenoids. These agents are tested in prostate tumor models to evaluate toxicity, metabolism, pharmacokinetics and molecular mechanisms of action. Dr. Guns' research agenda also addresses the combination of natural products with conventional chemotherapy to determine the incidence of potential interactions posing as hazard or benefit to therapeutic efficacy.

As Head of the Analytical Pharmacology Core (APC) at The Prostate Centre, Dr. Guns is actively involved in the pharmacokinetic analysis of conventional therapeutics currently in clinical trials for the treatment of prostate cancer. Dr. Guns recently acquired two mass spectral units, as a result of her Canadian Foundation for Innovation (CFI) New Opportunities funding, one of these has been integrated into a Good Laboratory Practices (GLP) setting as part of a collaboration with the Investigational Drug Program at the BC Cancer Agency.

Aside from her local research activities Dr. Guns is a co-founder of the recently emerged Natural Health Products Research Society of Canada. This year she completed her term as Secretary and Member of the Board for this society which held its third Annual meeting in Toronto in 2006. The society has been supported by the Natural Health Products Research Directorate of Health Canada, as well as sponsorship from industrial and non-industrial sectors (www.nhpresearch.bcit.ca).



PROFILE: CHARLES RAMASSAMY



Charles Ramassamy joined the Institut national de la recherche scientifique INRS -Institut Armand-Frappier as an assistant professor in January 2004. He completed his Ph.D in neurosciences in France where he demonstrated the neuroprotective effects of several flavonoid compounds. He then completed post-doctoral studies at the Douglas Hospital Research Center at McGill University. His post-doc focused on the effect of oxidative stress and apolipoprotein E in the pathophysiology of

Alzheimer's disease. He was then appointed assistant professor in pharmacology at the University of Quebec, Trois-Rivières before joining the INRS-Institute Armand-Frappier.

His professional background includes more than 10 years as a neurobiologist with a special interest on the neuroprotective potential of natural health products.

Dr Ramassamy understands the value of networking in building research capacity in this field. He was appointed associate professor at Laval University, where he is also an active member of the Advisory Committee as well as the Institute of Nutraceutical and Functional Foods (INAF). He joined the Natural Health Product Research Society in 2004 to expand his research interests. Dr Ramassamy has been involved as an investigator and co-investigator on several grant applications on natural health products. His research is funded by the Natural Sciences and Engineering Research Council of Canada (NSERC), le Fonds de la recherche en santé du Québec (FRSQ), le Fonds québécois de la recherche sur la nature et les technologies (FQRNT) and the Canadian Institute of Health Research (CIHR).

He was recently awarded a CIHR and Health Canada grant to study the interactions of natural health products with drugs or foods. With numerous publications in neurosciences and on natural health products, he is a frequent presenter on the beneficial effects of natural products, and a reviewer for several journals in Pharmacology, Neurochemistry, Natural Products and Free Radical & Biology fields.

CAM RESEARCH UPDATE

IN-CAM STUDENT RESEARCH GRANT WINNERS

One of IN-CAM's objectives is to build CAM research capacity. In 2006, IN-CAM awarded \$15,000 in graduate student research awards.



Gaboury, Isabelle
University of Ottawa
Supervisor: David Moher
Project Title: Interprofessional Collaboration Within Integrative Health Care Programs: A Qualitative and Quantitative Assessment



Van Wielingen, Laura
University of Calgary
Supervisor: Linda Carlson
Project Title: Mindfulness-Based Stress Reduction and Acute Stress Responses In Women With Breast Cancer



Walji, Rishma
University of Toronto
Supervisor: Heather Boon
Project Title: Reporting Adverse Events Associated with Herbal Products

*** Please note that the November 15, 2006 CIHR/NHPD CAM Network ICE Research Project Grant competition has been cancelled for this year so that IN-CAM can focus on completing ongoing projects and developing a sustainability plan ***

RECENT ARTICLES

Abstracts for these articles are available from the IN-CAM website (www.incamresearch.ca) under Research Resources

Priority Area: CAM Health Care Delivery and Policy

- Bonell C, Hargreaves J, Strange V, Pronyk P, Porter J Should structural interventions be evaluated using RCTs? The case of HIV prevention. - Social Science & Medicine 2006; 5: 1135-1142

- Boudreau LA, Busse JW, McBride G. Chiropractic services in the Canadian Armed Forces: a pilot project. Military medicine - 2006 Jun;171(6):572-6.
- Hirschhorn K, Bourgeault IL Comment on: "Conceptualizing mainstream health care providers' behaviours in relation to complementary and alternative medicine". Social Science & Medicine 2006; 3: 563-565



- Kronenberg F, Cushman LF, Wade CM, Kalmuss D, Chao MT. Race/ethnicity and women's use of complementary and alternative medicine in the United States: results of a national survey. American Journal of Public Health. 2006 Jul;96(7):1236-42. Erratum in: Am J Public Health. 2006 Aug;96(8):1340.
- Laurenson M, MacDonald J, McCready T, Stimpson A. Student nurses' knowledge and attitudes toward CAM therapies. British Journal of Nursing. 2006 Jun 8-21;15(11):612-5.
- Moreira-Almeida A, Koenig HG. Retaining the meaning of the words religiousness and spirituality: A commentary on the WHOQOL SRPB group's "A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life". Social Science & Medicine 2006; 4: 843-845
- Shuval J. Nurses in alternative health care: Integrating medical paradigms. Social Science & Medicine 2006; 7: 1784-1795
- Wilding C, Muir-Cochrane E, May E. Treading lightly: spirituality issues in mental health nursing. International Journal of Mental Health Nursing. 2006 Jun;15(2):144-52

Priority Area: CAM Health Care Delivery and Policy

- Prantera C. Probiotics for Crohn's disease: what have we learned? Gut. 2006 Jun;55(6):757-9. Comment on: Gut. 2006 Jun;55(6):842-7

Priority Area: Knowledge Transfer

- Hodge WG, Schachter HM, Barnes D, Pan Y, Lowcock EC, Zhang L, Sampson M, Morrison A, Tran K, Miguelez M, Lewin G. Efficacy of omega-3 fatty acids in preventing age-related macular degeneration: a systematic review. Ophthalmology. 2006 Jul;113(7):1165-72; quiz 1172-3, 1178.
- Medicott MS, Harris SR. A systematic review of the effectiveness of exercise, manual therapy, electrotherapy, relaxation training, and biofeedback in the management of temporomandibular disorder. Physical Therapy. 2006 Jul;86(7):955-73.

OF INTEREST - UPCOMING EVENTS

Canadian Association for Health Services and Policy Research (CAHSPR) Conference

September 17-19, 2006
Vancouver, BC

For more information on the Call for Abstracts/Sessions, please visit:
www.cahspr.ca

Third International Congress of Traditional Medicine

September 20-22, 2006
Toronto, ON

For more information, please visit:
www.tcmcanada.org/congress/index.htm

2006 Integrative Medicine and Phytotherapy Conference and Natural Health Expo

October 21-25, 2006
Kiev, Ukraine

For more information, please contact Kristina Shevchenko at +38 (063)2776465, e-mail shevchenko@nbscience.com, or visit
www.nbscience.com.

Third Annual Conference: Exploring Health and Healing

October 24-26, 2006
Banff, AB

For more information, please visit:
http://cchse.org/chapters/Southern%20Alberta/2006-10-24_EHH_brochure-final.pdf

The Immunity Challenge: Surviving and thriving with evidence-based natural approaches to immune health

October 28, 2006
Toronto, ON

For more information, please visit: <http://www.ImmunityChallenge.ca/>

*IN-CAM's Third Annual Symposium: Integrating CAM Research and Practice: Focus on Outcome Measures

November 4-5, 2006,
Calgary, Alberta

For more information, please visit:
www.incamresearch.ca

4th International Multidisciplinary Conference on Spirituality and Health - Interweaving Science, Wisdom, and Compassion

November 9-12, 2006
Vancouver, Canada

For more information, please visit:
<http://www.interprofessional.ubc.ca/Spirituality2006index.htm>

Society for Integrative Oncology (SIO)

3rd Annual Conference: Multi-disciplinary Advances in Integrative Oncology

November 9 - 11, 2006
Boston, Massachusetts

For more information, please visit: www.integrativeonc.org

4th International Multidisciplinary Conference on Spirituality and Health - Interweaving Science, Wisdom, and Compassion

November 9-11, 2006
Vancouver, Canada

For more information, please visit:
www.interprofessional.ubc.ca/Spirituality2006index.htm

2nd International Asian Health and Wellbeing Conference

November 13-14, 2006
Auckland University, New Zealand

For further information and call for abstracts, please visit:
www.health.auckland.ac.nz/population-health/cahre/conference/



CAM RESEARCH UPDATE - OF INTEREST - UPCOMING EVENTS

2006 World Congress on Chinese Medicine

November 23-25, 2006

Kowloon Shangri-La Hotel, Hong Kong

Call for Abstracts deadline: September 30, 2006

For further information and call for abstracts, please visit:

<http://www.mvdm.com/cm2006/>

13th Annual Symposium on Complementary Health Care

December 12-14, 2006

Exeter, England

For further information please visit:

[http:// www.pms.ac.uk/compmed/symposium](http://www.pms.ac.uk/compmed/symposium) or e-mail:

B.Wider@exeter.ac.uk

For more events related to CAM research, please visit the Conferences and Education section of IN-CAM's website www.incamresearch.ca.

NEWS FROM IN-CAM PARTNERS

NEWS FROM CCAM



Natural Health Products & Cancer: Research Update from the CCAM Team

Jennifer Millard

As the use of natural health products (NHPs) by cancer patients increases, issues around safety, interactions, disclosure and communication become critical. The literature shows that cancer patients often include NHPs as part of their CAM use. For example, in Leis' study of Canadian cancer patients, 86% of all CAM users used at least one NHP and overall, the top five most commonly used CAM were NHPs (multivitamins, vitamin C vitamin B-complex, calcium, Essiac).¹ The popularity of NHPs among cancer patients has prompted the CCAM Research Team to examine their use from a variety of perspectives.

Currently, one team study is exploring the type and number of NHPs used by patients in an integrative cancer care setting, with preliminary results reporting simultaneous use of multiple products to be very common. A second study focuses on how cancer patients perceive the risks and benefits of using NHPs in the hope that results can be used to raise awareness, increase knowledge and improve communication between patients and their health care providers. Team members are also carrying out two funded clinical trials, one testing the efficacy of a homeopathic product for the treatment of lymphedema in breast cancer patients and a second examining effects of Chinese herbal medicine (in addition to other CAM therapies) on improving the quality of life of cancer patients.* The latter trial plans to test over 47 herbs and, as much as possible, incorporate the philosophy of Traditional Chinese Medicine, on which these herbs are based, into the trial methodology.

More recently, CCAM research seeks to understand CAM (including NHPs) information needs and decision-making in response to demands for evidence and information. When faced with a treatment decision, cancer patients are often overwhelmed by the amount of information available and are unsure about its quality.

(For example, a simple internet search for "natural health products for cancer" returns over 35,000,000 hits). Likewise, without training in this field, not knowing which resources are credible and faced with lack of time, health care providers may feel ill-equipped to answer questions about specific products and therapies. As a first step, CCAM has begun compiling a list of credible, evidence-based, user-friendly websites that can be used to search for specific information about NHP and CAM therapies (e.g. www.CAMline.ca). CCAM has started to work with the Cancer Information Service of the Canadian Cancer Society to make more information available to staff and patients and to develop decision-making tools with both patients and health care providers in mind.

References

¹Leis A, Verhoef M, Deschamps M, Doll R, Tan L, Dewar R. What determines the use of complementary therapies by Canadian cancer patients? [Abstract]. *Focus on Alternative and Complementary Therapies* 2003; 8(1):149-150.

Recent Team Publications of Interest

1. Guns E, Cowell SP. Drug insight: lycopene in the prevention and treatment of prostate cancer. *Nat Clin Pract Urol*. 2005 Jan;2(1):38-43. Review.
2. Ohlen J, Balneaves L, Botoroff J, Brazier A. The influence of significant others in complementary and alternative medicine decisions by cancer patients. *Soc Sci Med* 2006 Sep;63(6):1625-36.
3. White M, Verhoef M. Cancer as part of the journey: The role of spirituality in the decision to decline conventional prostate cancer treatment and to use complementary and alternative medicine. *Integr Cancer Ther* 2006 Jun;5(2):117-22.

Acknowledgement

CCAM is supported by the Sociobehavioural Cancer Research Network (SCRN) of the Centre for Behavioural Research & Program Evaluation (CBRPE) with financial support provided by the National Cancer Institute of Canada with funds from the Canadian Cancer Society.

*Funding provided by the Lotte & John Hecht Foundation and the Canadian Institutes of Health Research, respectively.



CAMera CORNER



CAMera is a not-for-profit organization. Membership is open to researchers, administrators and practitioners with an interest in CAM research across the province of Alberta.

For more information about us, please visit:

<http://www.cameraresearchnetwork.ab.ca/>

NEWS FROM PedCAM



Pediatric Integrative Medicine (PIM) Clinic Announcement

The Complementary and Alternative Research and Education Program at the University of Alberta launched the first academic pediatric medicine clinic in Canada this September.

The clinic provides consults to children and families on the safety and efficacy of proposed CAM therapies. Patients, families and health care providers receive objective, up-to-date, accurate information about CAM therapies and products to facilitate evidence-based, informed decision-making.

This program takes referrals for any family who is giving or considering giving CAM therapies or products within the program areas of expertise (Traditional Chinese Medicine, Naturopathy & Massage Therapy). The clinic will see patients for a full range of health care needs including illness prevention and health promotion. The PIM clinic is accessed through referral from a pediatrician.

For more information please contact the CARE program at: care@medmail.ualberta.ca.

Conference Announcement: Pangea 2006

October 26-28, 2006—Chicago, Illinois
Children's Memorial Hospital of Northwestern University Feinberg School of Medicine in Chicago and the Judith Nan Joy Integrative Medicine Initiative are sponsoring a national/international scientific and clinical conference featuring an internationally renowned faculty comprised of pediatricians, allied healthcare professionals and leaders in the field of Integrative Medicine for children. CME credit available. **Scholarly abstracts are being sought and will be accepted until October 1st.**

Detailed information is available on the conference website: www.pangea2006.org.

Recent Articles

- Derasse M, Klein P, Weiser M. The effects of a complex homeopathic medicine compared with acetaminophen in the symptomatic treatment of acute febrile infections in children: an observational study. Explore (NY). 2005 Jan;1(1):33-9.
- Johnston BC, Supina AL, Vohra S. Probiotics for pediatric antibiotic-associated diarrhea: a meta-analysis of randomized placebo-controlled trials. Canadian Medical Association Journal - 2006 Aug 15;175(4):377-83.
- Moneret-Vautrin DA, Morisset M, Cordebar V, Codreanu F, Kanny G. Probiotics may be unsafe in infants allergic to cow's milk. Allergy - 2006 Apr;61(4):507-8.
- Shaw A, Thompson EA, Sharp D. Complementary therapy use by patients and parents of children with asthma and the implications for NHS care: a qualitative study. BMC Health Services Research - 2006 Jun 15;6(1):76.
- Williams PD, Schmideskamp J, Ridder EL, Williams AR. Symptom monitoring and dependent care during cancer treatment in children: pilot study. Cancer Nursing - 2006 May-Jun;29(3):188-97.

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