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EDITORIAL / ÉDITORIAL	1	<p>January 2005 marked IN-CAM's first year anniversary – it's amazing how fast one year goes by! The events of the past year clearly demonstrate that IN-CAM fills a need and has been embraced enthusiastically by Canada's CAM research community. We have also gained some insight in how we can redirect our energy and change our focus to ensure we can better serve the needs of this community.</p> <p>Membership: Currently, IN-CAM has over 800 members – which far surpasses our expectations with regards to membership numbers. Approximately 90% of members are from Canada and the remaining 10% represent many diverse countries including United States, France, Norway, Australia, United Kingdom and Switzerland, to name only a few. The geographical distribution of IN-CAM members across Canada nearly perfectly reflects the population distribution, indicating that IN-CAM has successfully reached targeted members across the country.</p> <p>Members' Research Interests: Almost half of IN-CAM members (45%) have indicated that clinical research is their primary research interest. Other research interests include health services, systems and policy (26%), population health (15%) and basic science (14%). We are pleased with this distribution in research interests; however, to respect our funding mandate by the Canadian Institutes of Health Research (CIHR) and Health Canada (Natural Health Products Directorate - NHPD), we will focus our efforts towards health services, systems and policy research (for more detail, please refer to the Research Priorities article in this issue). We</p>
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Members' Research Experience: Thirty-six percent of members have participated in at least one CAM research project and 33% have never participated in a CAM research project, but are very interested in participating in a CAM research project in the future. Thirty-one percent of members are not interested in participating in CAM research, but are interested in keeping up to date with research in this area.

The Future: We are very pleased to see such a large interest in a wide variety of CAM research both across Canada and internationally. Now that the network infrastructure is well developed, we will focus our efforts more on the conduct of CAM research. Through a modified Delphi process involving IN-CAM members and through a series of consultations with IN-CAM's Advisory Board, we have identified two primary priority research areas for the network: **CAM Health Care Delivery and Policy** and **Methodological Research** (with a special emphasis on knowledge translation within each area). These priorities are discussed in more detail in a separate article in this Bulletin. These research priorities will guide the type of strategic research that IN-CAM will facilitate and conduct in the future, and will also dictate the type of research that will be funded through internal competitions.

In the spring of 2005, two strategic planning groups (one in each priority area) will meet to develop a plan of action to advance research in the identified areas. The groups will have two primary tasks: 1) to identify specific themes within each general area that require attention; and 2) to consider various mechanisms to advance research within these thematic areas. For example, suggestions may include bringing together researchers and practitioners to develop research or grant proposals, hosting a research methods workshop, developing a research interest group or conducting a research project.

How IN-CAM may become more involved in the conduct of strategic research will remain the focus of Executive Committee and Advisory Board meetings in 2005. Input from our members will be extremely valuable, as you are an essential part of IN-CAM. We invite you to share your ideas and to let us know if you wish to become more involved in any of these areas by emailing us at:

info@incamresearch.ca

will however remain supportive of all types of CAM research and will continue to communicate regarding all types of CAM research and research activities.

Members' Primary Role: Twenty-five percent of IN-CAM members are practitioners – the largest of all member categories – appropriately reflecting clinical research as the primary research interest. IN-CAM has also attracted a large number of academic researchers and research staff (19%) and a considerable number of student members (17%), educators (11%), administrators (7%) and others (e.g., librarians, consultants, journalists, funders, etc.). Reflecting on the distribution of member categories, we are very pleased to see such a large interest in CAM amongst students – as these individuals represent the CAM researchers of the future. However, such a large number of student members also highlights the need for more senior researchers to become involved with IN-CAM. In the coming years, to address this gap, we will reach out to senior researchers with an interest in CAM who may be able to mentor and supervise students and junior researchers.



ÉDITORIAL: IN-CAM FÊTE SON PREMIER ANNIVERSAIRE

IN-CAM a fêté son premier anniversaire en janvier 2005. Il est étonnant comment vite une année peu se passer. Les événements de la dernière année démontrent qu'IN-CAM a été appuyé chaudement par la communauté de recherche en MAC au Canada et remplit un besoin nécessaire. Nous avons maintenant des idées pour réorienter nos efforts et pour changer nos priorités afin de mieux répondre aux besoins de cette communauté.

Composition de nos membres: Actuellement, IN-CAM compte au delà de 800 membres – ce chiffre dépasse nos objectifs en ce qui concerne le nombre de membres. Environ 90% de nos membres sont du Canada et l'autre 10% représente plusieurs autres pays, entre autres, les États-Unis, la France, la Norvège, l'Australie, le Royaume-Uni et la Suisse. La répartition géographique des membres d'IN-CAM à travers le Canada reflète presque parfaitement la répartition de la population dans l'ensemble du pays.

Domaines d'intérêt en recherche de nos membres: La majorité des membres d'IN-CAM (45%) ont indiqué que la recherche clinique est leur domaine d'intérêt principal. D'autres domaines d'intérêt comptent les services de la santé, les systèmes et politiques de la santé (26%), la santé des populations (15%) et les sciences fondamentales (14%). Nous sommes heureux avec cette distribution des intérêts de recherche mais afin de respecter notre mandat de financement envers les Instituts de recherche en santé du Canada (IRSC) et Santé Canada (Direction des produits de santé naturels - DSPN), nous concentrerons nos efforts vers les services de la santé, les systèmes et les politiques de la santé (pour de plus amples détails, veuillez consulter l'article sur nos priorités de recherche dans ce numéro). Nous appuyerons quand même tous genres de recherche en MAC et continuerons à diffuser des renseignements sur les recherches en MAC ainsi que les activités en recherche.

Rôle primaire de nos membres: Vingt-cinq pour cent des membres de l'IN-CAM sont praticiens- la plus grande de ces catégories – avec la recherche clinique comme priorité principale. IN-CAM a aussi attiré un grand nombre de chercheurs académiques et de personnel de recherche et un nombre considérable d'étudiants, d'éducateurs, d'administrateurs et d'autres (par ex. des bibliothécaires, des consultants, des journalistes, des organismes de financement, etc). Reflétant sur la distribution catégorique de nos membres, nous remarquons avec plaisir un grand intérêt en MAC parmi les étudiants puisque ces individus représentent les chercheurs en MAC de demain. Ceci dit, un nombre d'étudiants si

élevé souligne la nécessité pour des chercheurs principaux de s'impliquer avec l'IN-CAM. Dans les prochaines années, afin de réduire cet écart, nous viserons les chercheurs principaux intéressés aux MAC qui pourraient conseiller et superviser des étudiants et des nouveaux/nouvelles chercheurs/chercheuses.

L'expérience en recherche de nos membres: Trente-six pour cent de nos membres ont déjà participé dans au moins un projet de recherche en MAC et trente trois pour cent n'ont jamais participé mais sont très intéressé(e)s à l'avenir. Trente et un pour cent de nos membres ne sont pas intéressé(e)s à participer dans un projet mais aimeraient rester au courant avec la recherche dans ce domaine.

L'avenir: Nous sommes très heureux/heureuse d'apercevoir un grand intérêt dans une vaste gamme de recherche en MAC au Canada et à travers le monde. Maintenant que l'infrastructure est bien développée, nous concentrerons nos efforts sur la recherche en MAC. A travers un processus de Delphi modifié auprès des membres d'IN-CAM et avec des consultations avec le conseil consultatif de l'IN-CAM, nous avons identifié deux priorités pour le réseau : **Prestation et politique des services de soins de santé en MAC et Recherches méthodologiques** (en insistant sur le transfert des connaissances dans chaque priorité). Ces priorités sont discutées plus profondément dans un autre article dans ce numéro. Ces priorités de recherche guideront le genre de recherche stratégique qu'IN-CAM facilitera à l'avenir et en plus dictera le type de recherche qui sera financé par des compétitions internes.

Au printemps 2005, deux groupes de planification stratégique (un dans chaque priorité) se rencontreront afin de développer un plan d'action pour faire progresser la recherche dans ces priorités. Ces groupes auront deux tâches : 1) identifier des thèmes parmi chaque domaine général qui ont besoin d'attention; et 2) considérer des mécanismes divers pour avancer la recherche dans ces domaines. Par exemple, on pourrait suggérer de réunir les chercheurs et les praticiens afin de développer des propositions de subventions, faire l'hôte d'un atelier sur les méthodes de recherche, développer un groupe d'intérêts en recherche ou entreprendre un projet de recherche.

Comment IN-CAM pourrait s'impliquer plus profondément dans la recherche stratégique restera la priorité des réunions du comité de direction et du comité consultatif en 2005. Les commentaires de nos membres seront très appréciés car nos membres forment une partie intégrale de l'IN-CAM. Nous vous invitons à partager vos idées. Laissez-nous savoir si vous désirez vous impliquer d'avantage dans un des domaines en nous envoyant un courriel à : info@incamresearch.ca

FOCUS ON: IN-CAM'S FIRST ANNUAL RESEARCH SYMPOSIUM – A SUCCESS!

The first annual IN-CAM Symposium: *Building Research Capacity and Networking in Canada* was held on December 4 & 5, 2004 at the University of St. Michael's College, University of Toronto. Over 140 researchers, practitioners, students, educators, and policy advisors from across Canada, as well as internationally, attended this event. The many opportunities for networking was one of the

things participants liked best about the Symposium. IN-CAM's Executive and Symposium Committee members were very pleased to observe the new connections being made in the complementary/alternative medicine (CAM) research community. It was great to spend time with old friends and to meet new colleagues face-to-face.



FOCUS ON: IN-CAM'S FIRST ANNUAL RESEARCH SYMPOSIUM—A SUCCESS!

Keynote addresses were provided by Dr. Iris Bell, University of Arizona; Dr. Adrian Sandler, University of Arizona; Dr. Merrijoy Kelner, University of Toronto; and Dr. Pierre Haddad, Université de Montréal. Dr. Bell discussed the challenges facing the CAM research community regarding appropriate research outcomes in the framework of whole systems research. Dr. Sandler focused on the placebo effect in pediatric CAM research and highlighted some of his personal research results regarding autism and ADHD. Through discussion of her research regarding the professionalization of CAM practitioners, Dr. Kelner highlighted some of the challenges practitioners are facing as they strive for self-regulatory status and identified some of the strategies they are using as they try to fit into the health care system in Ontario. Dr. Haddad discussed his research into



anti-diabetic plants used by the Cree Nation in Northern Quebec.

Keynote presentations were complemented by oral and poster research presentations on: CAM Information; Natural Health Product (NHP)

Policy/Regulation; CAM and Pediatrics; Integrative Health Care; CAM and Education; Experiences of CAM; How Does CAM Work?; and CAM Professionalization.

For more information on all presentations given at the IN-CAM symposium, please visit the IN-CAM web site (www.incamresearch.ca/SymposiumInfo.html). Symposium abstracts will be published in the Journal of Complementary and Integrative Medicine in early 2005.

Symposium Evaluation:

Evaluation forms completed by participants offered mostly very positive feedback; 59 evaluation forms were completed. Overall, participants gave the symposium an average rating of 6.1 out of 7. The most favourable aspects of the Symposium that were identified by participants were the opportunities for networking, the diversity of topics, the keynote speakers, the egalitarian atmosphere and the organization of the event.

Some people suggested that more vegetarian and special diet options should have been available. Unfortunately food options by the University caterers were limited; however, next year we will make an effort to be more sensitive to those with special diet requirements. Participants had mixed feelings regarding the venue: some liked the walk outside between buildings, others would prefer less walking. The choice in facilities was limited by cost. Registration fees would have been much higher if all sessions were held in venues (such as a hotel) that could

accommodate all sessions in one building. Some participants noted that they would like an increased focus on CAM practice versus CAM research or more balance between basic science and social science research. IN-CAM is funded by CIHR as a health services and policy research network and although we will continue to support all types of research, we must stay focused on our mandate. Last, some participants mentioned that they would prefer that the event not cover the entire weekend. However, room availability is limited during the week due to scheduled classes at the University of Toronto. If we wish to keep the cost low, it is not possible to host the event, even partially during the week, due to conflicting class schedules. .

The feeling that IN-CAM should host an annual symposium was unanimous. Participants provided suggestions for future topics,



Including: health promotion, integrative medicine, a follow up on current research, practice focused research by specific CAM disciplines, NHPs and research ethics. Although a theme has yet to be decided, IN-CAM's second annual symposium will be held in November, 2005. Mark your calendar!

THANK YOU - IN-CAM would like to thank the many sponsors who made this event possible. Please review the list of sponsors on the IN-CAM web site. Also, thank you to the volunteers and to the Symposium Organizing Committee.

IN-CAM'S REVISED RESEARCH PRIORITIES

Comments regarding the potential for IN-CAM to **do** research, as opposed to promoting and facilitating networking and research, have been heard since we launched the network, but have recently become louder and more frequent. Even at the very beginning, CIHR reviewers' comments regarding IN-CAM's Interdisciplinary Capacity Enhancement (ICE) proposal pointed to the need to become more actively involved in the conduct of research. After being an active network for one year, we are now beginning to develop a strategic plan of action and a sustainable research program. Thus, it is an appropriate time to consider how IN-CAM may become more involved in strategic research, what the priorities of such research would be and how the network may support such research.

Discussion of this issue at the IN-CAM Advisory Board meeting in December 2004 resulted in the recommendation that we become more actively involved in funding, and more importantly, **doing** research in the following two priority areas (with a special emphasis on **knowledge translation** within each):



CAM Health Care Delivery and Policy:

This research area includes a variety of health services research topics including: who is practicing CAM; access to CAM; payment for and the economics of CAM (e.g., cost-effectiveness studies); models of CAM care provision (e.g., integrative health care); relationship of CAM and public health; and inter-professional relations. The position of CAM within the Canadian health care system and CAM policy decisions (e.g., regulation of Natural Health Products and CAM providers, insurance/government policies on reimbursement, intellectual property rights) are also included, as are studies of the evolution and professionalization of CAM practitioner groups.

Methods to Study the Safety, Efficacy, and Effectiveness of CAM:

This research area includes exploration of how different methods (e.g., randomized controlled trials, n of 1 trials, case series, observations studies, qualitative research, adverse effects monitoring) can best be used to study the safety, efficacy and

effectiveness of CAM products and therapies. This may involve modifying these methodological approaches and ensuring that the designs chosen are used rigorously and in a manner that respects the philosophical underpinnings of the CAM product or therapy being investigated (i.e., model validity). An important part of this research is the identification of appropriate outcomes for studying the effects of CAM interventions. Over the next few years IN-CAM will remain supportive of all types of CAM research, but will focus on funding and doing research in these two priority areas.

Stay tuned for more information in upcoming Bulletins and IN-CAM news flashes about the development of research programs in these priority areas.

PROFILE



Mark Ware, MD, MSc (UK), MSc, MSc

Dr Mark Ware is the Associate Medical Director of the McGill University Health Centre Pain Clinic and Assistant Professor in Family Medicine and Anesthesia at McGill University.

Dr Ware was born in London, England, completed his undergraduate degree in biochemistry and philosophy at Queen's

University at Kingston, Ontario in 1986, and completed his medical training at the University of West Indies in Kingston, Jamaica in 1992. After internships in London, England, he worked in internal medicine in Jamaica for 5 years, focusing on the management of patients with sickle cell anemia. In 1994 he undertook training in acupuncture in Colombo, Sri Lanka. In 1999 he completed a Masters in Epidemiology at the London School of Hygiene and Tropical Medicine. Since November 1999, he has been at McGill University where he teaches research approaches to complementary

medicine and lectures in courses on the neurobiology of pain.

Dr Ware's research interests have included sickle cell anemia and the epidemiology of pain. His current research interest is in evaluating the use of herbal cannabis for medical purposes. He has received the only two CIHR/Health Canada grants awarded to date to study the safety and efficacy of smoked cannabis for chronic pain. He is supported by a research scholarship from the Quebec government (FRSQ). He has published several papers on the epidemiology of cannabis use for chronic pain, multiple sclerosis and HIV/AIDS, and has presented his work as an invited speaker and at workshops and symposia at major international conferences.

Dr Ware is Scientific Director of the Canadian Consortium for the Investigation of Cannabinoids, a network of Canadian researchers interested in pursuing basic and clinical research on cannabis and related compounds. He is a member of the Canadian International Pain Societies, and sits on the Board of the Holistic Health Research Foundation of Canada. He is also a member of the National working group on CAM in Undergraduate Medical Education.

CAM RESEARCH UPDATE

CIHR / NHPD CAM Network ICE Research Project Grant Winners

The funding goal of the Research Project Grant program is to support and encourage researchers interested in the development of CAM research as expressed in IN-CAM's research priorities.

In 2004 IN-CAM awarded \$25,000 in research project funding. The award winners were:



Esther Suter

Calgary Health Region, Research Initiatives in Nursing and Health

Co-investigator(s): Lana Trojan

Project Title: Complementary and Alternative Medicine Education and Research Network of Alberta (CAMera): Membership Needs Assessment



Ivy Lynn Bourgeault

McMaster University, Health Studies and Sociology
Co-investigator(s): Kristine Hirschhorn and Robert Andersen

Project Title: Family Physicians' Views and Behaviours Regarding Complementary and Alternative Medicine: A Secondary Data Analysis of the 2001 College of Family Physicians of Canada Survey



Dugald Seely

Canadian College of Naturopathic Medicine, CCNM
 Research Department

Co-investigator(s): Ed Mills and P.J. Devereaux
Project Title: Feasibility of N-of-1 Study Design for Studying CAM Therapies



Trish Dryden

Centennial College, School of Applied Arts and Health Sciences

Co-investigator(s): Sabine Moritz, Sunita Vohra, Janet Kahn, Elizabeth Barberree and Helen Lee Robertson

Project Title: Teaching Parents to Massage their Child with Cancer



Paule Poulin

Calgary Health Region, Office of Surgical Research
Co-investigator(s): Lana Trojan, Joe Thibault and Marja Verhoef

Project Title: Developing CAM Research Capacity in Practice

RECENT ARTICLES

Priority Area: CAM Health Care Delivery and Policy

- Clarke DB, Doel MA, Segrott J. No alternative? The regulation and professionalization of complementary and alternative medicine in the United Kingdom. Health Place. 2004 Dec;10(4):329-38.
- Costelloe M, Nelson L. The needs of recently diagnosed cancer patients. Nurs Stand. 2004 Dec 8-14;19(13):42-4.
- Goldrosen MH, Straus SE. Complementary and alternative medicine: assessing the evidence for immunological benefits. Nat Rev Immunol. 2004 Nov;4(11):912-21. Review.
- Greer FR. Issues in establishing vitamin D recommendations for infants and children. Am J Clin Nutr. 2004 Dec;80(6 Suppl):1759S-62S. Rev
- Lew HL, Lee J, Chen JL, Chen SC. Complementary and alternative medicine education in the United States, China, and Taiwan. Phys Med Rehabil Clin N Am. 2004 Nov;15(4):933-42, viii-ix.
- UK BEAM Trial Team. United Kingdom back pain exercise and manipulation (UK BEAM) randomised trial: cost effectiveness of physical treatments for back pain in primary care. BMJ. 2004 Dec 11;329(7479):1381. Epub 2004 Nov 19.

Priority Area: Methodological Research

- Johnston BC, Mills E. N-of-1 randomized controlled trials: An opportunity for complementary and alternative medicine evaluation. Journal of Alternative and Complementary Medicine. 2004;10(6):979-984.
- UK BEAM Trial Team. United Kingdom back pain exercise and manipulation (UK BEAM) randomised trial: effectiveness of physical treatments for back pain in primary care. BMJ. 2004 Dec 11;329(7479):1377. Epub 2004 Nov 19.

Systematic Reviews – (Knowledge Transfer)

- Bent S, Padula A, Neuhaus J. Safety and efficacy of citrus aurantium for weight loss. Am J Cardiol. 2004 Nov 15;94(10):1359-61.
- Boon H, Wong J. Botanical medicine and cancer: a review of the safety and efficacy. Expert Opin Pharmacother. 2004 Dec;5(12):2485-501.
- Knuppel L, Linde K. Adverse effects of St. John's Wort: a systematic review. J Clin Psychiatry. 2004 Nov;65(11):1470-9.
- Lee H, Ernst E. Acupuncture for labor pain management: A systematic review. Am J Obstet Gynecol. 2004 Nov;191(5):1573-9.

OTHER PUBLICATIONS

The Board on Health Promotion and Disease Prevention (HPDP) has recently published a book entitled "Complementary and Alternative Medicine (CAM) in the United States" which is available online, free of charge. Please visit: <http://www.nap.edu/books/0309092701/html/>

Reminder - Graduate Studentship Grants - Application deadline: May 15, 2005

The funding goal of the Graduate Studentship Grant program is to support the development of researchers interested in IN-CAM's research priorities.

For complete details please visit: <http://www.incamresearch.ca/ResearchFunding/ResearchFunding.php>

OF INTEREST- UPCOMING EVENTS

Second NHPRS Conference: Integrating Basic and Clinical Research on NHPs

February 11-13, 2005 - Vancouver, British Columbia

For more information please visit: www.NHPResearch.bcit.ca

Inaugural International Congress on Complementary and Alternative Medicines (2005)

February 26-28, 2005 - Singapore

For more information please visit: www.iccam2005.org.sg/index.html.

Nutrition and Health Conference: State of the Science and Clinical Applications

March 6-9, 2005 - Tucson, Arizona

For more information please visit

integrativemedicine.arizona.edu/nutrition/2005/.

The International Society of Chinese Medicine (ISCM) Conference and Pre-Conference Symposium: Enhancing the Evidence of Evidence-Based Chinese Medicine

March 31, 2005 - Macao Cultural Centre, Macao, China.

For more information please visit: <http://www.iscm.org.mo/conference05/en/index.php>

Developing Research Strategies Conference

April 28, 2005 - Southampton

Closing dates for abstracts: February 25, 2005

For more information please contact: compmed@soton.ac.uk or telephone:(02380) 241073



When the Body Forgets to Heal: An Integrative Approach to Reactivating the Healing Response

May 27-29, 2005 - University of Victoria, Victoria, British Columbia
 For more information, please contact info@acpbc.org, or visit www.bodyheals.ca

Diversity and Debate in Alternative and Complementary Medicine: The 2nd International Academic & Experiential Conference for Researchers & Practitioners

June 28 - July 1, 2005 - Nottingham
Deadline for abstract submission: March 14th, 2005

NEWS FROM PedCAM

For more information relevant to CAM and pediatrics, please visit the Canadian Pediatric Complementary and Alternative Medicine Network (PedCAM) website at: www.pedcam.ca

Grants/Funding

- SickKids Foundation funding awards have been posted. Student awards due February 28, research LOI due May 13 and cross-training due September 9 (http://www.sickkids.on.ca/Foundation/custom/grt_cam_default.asp).
- The next deadline for SickKids Foundation Conference Grants is May 31, 2005
- The Canadian government has released the Funding Guide for International Science and Technology Cooperation (<http://fgic-gfci.scitech.gc.ca/>). The Next Competition deadline for the Canadian Child Health Clinician Scientist Training Program is April 1, 2005 (www.cchcsp.utoronto.ca/awards.html).

Conferences

The Pediatric Integrative Medicine Conference III will be held at the New York Academy of Medicine October 13-15. This conference is co-sponsored by the Maria Fareri Children's Hospital at Westchester Medical Center (NY) and Children's Memorial Hospital (Northwestern, in Chicago, IL). Contact: Larry Rosen, ldrdoc@alum.mit.edu

News

A formal request has been made to The American Academy of Pediatrics to create a new section entitled "Complementary, Holistic and Integrative Pediatrics (CHIP)". For more information, please contact Kathi Kemper (kkemper@wfubmc.edu)

Recent Articles

- Ball SD, Kertesz D, Moyer-Mileur LJ. Dietary supplement use is prevalent among children with a chronic illness. J Am Diet Assoc. 2005 Jan;105(1):78-84.
- Butler LD, Symons BK, Henderson SL, Shortliffe LD, Spiegel D. Hypnosis reduces distress and duration of an invasive medical procedure for children. Pediatrics. 2005 Jan;115(1):e77-85.
- Ize-Ludlow D, Ragone S, Bruck IS, Bernstein JN, Duchowny M, Garcia Peña BM. Neurotoxicities in Infants Seen With the Consumption of Star Anise Tea. Pediatrics 2004;114:653-656.
- Johnston BC, Vohra S. Probiotics for pediatric gastrointestinal disorders and antibiotic-associated diarrhea. Alternative Medicine Alert 2004;7(11):124-128
- Kemper KJ, O'Connor KG. Pediatricians' recommendations for complementary and alternative medical (CAM) therapies. Ambul Pediatr. 2004 Nov-Dec;4(6):482-7.
 Prussing E, Sobo EJ, Walker E, Dennis K, Kurtin PS. Communicating with pediatricians about complementary/alternative medicine: perspectives from parents of children with down syndrome. Ambul Pediatr. 2004 Nov-Dec;4(6):488-94.
- Yussman SM, Ryan SA, Auinger P, Weitzman M. Visits to complementary and alternative medicine providers by children and adolescents in the United States. Ambul Pediatr. 2004 Sep-Oct;4(5):429-35.

For more information please visit: www.brunel.ac.uk/depts/hs/achrn/

Highlighting Massage Therapy in CAM Research

September 25-27, 2005 - Albuquerque, New Mexico, USA
 For more information please visit:
http://www.massagetherapyfoundation.org/found_news_researchconference.html

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

CAMera CORNER

The Complementary and Alternative Medicine Education and Research Network of Alberta (CAMera: www.cameraresearchnetwork.ab.ca) is an official partner of IN-CAM.

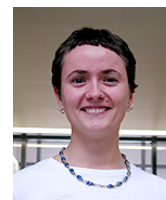
CAMera publishes a bi-monthly newsletter focussing on CAM research and practice. The latest edition focussed on Integrative Medicine. To view archives of CAMera's newsletters, please visit: www.cameraresearchnetwork.ab.ca/news/newsletters.html. To receive CAMera's newsletters via email, please contact Lana Trojan, Network Coordinator at lstrojan@ucalgary.ca.

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We invite your questions, comments and suggestions on the bulletin, the website and the network in general. Please contact one of our two Network Coordinators:

Nous accueillerons avec plaisir vos questions, commentaires et suggestions à propos du Bulletin, du site Web ou du réseau en général. Veuillez contacter l'une de nos deux coordonnatrices:

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