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PROPOSAL FOR FOCUS ON COMPLEMENTARY AND ALTERNATIVE MEDICINE

Establish a new focus for complementary and alternative medicine (CAM) under the Assistant Secretary for Health. The issues of complementary and alternative medicine are broad and relate to the responsibilities of CDC, FDA, NIH and AHCPR. The new office would broaden the activity beyond NIH interests and expertise to include those of CDC, FDA, and AHCPR. For example, CDC EIS officers could participate in the preliminary gathering of field data from practicing physicians using CAM modalities.

Its mission would be broader than the current mission of the NIH Office of Alternative Medicine (OAM), yet would include all of the elements that the OAM has: evaluation of alternative treatment modalities; research training; and an information clearinghouse.

Research activities, for example, evaluating CAM modalities, would be carried out primarily through research contracts, an effective targeted approach for managing clinical trials. Some possibilities might include St. John's Wort for depression; melatonin for jet lag and sleep disorders; and DHEA for male aging. In this way, it would be possible to identify a few of the thousands of complementary and alternative modalities, conduct well-designed studies, and establish convincingly whether these products have beneficial effects.

Oversight could be provided by an outside advisory committee, such as the advisory council for the NIH OAM, as well as by the Assistant Secretary for Health and senior representatives from the CDC, FDA, NIH and AHCPR. The NIH would establish a trans-Institute committee composed of senior officials from the relevant Institutes to help coordinate research activities and provide advice to the new office.

The responsibilities and resources of the current NIH OAM would be transferred to the new entity [\$12m and 14FTEs]. Additional funding would be derived from the participating agencies in accord with recommendations by the Assistant Secretary for Health. NIH Institute-supported CAM research--for example, studies of the mechanisms of action of alternative therapies, such as acupuncture; and chemical studies designed to identify the active ingredients of herbal preparations--would continue to be supported by the

respective Institutes.

This activity would be established for a specific period of time, e.g., 5-6 years, after which an outside review group--organized by, for example, the Institute of Medicine--would evaluate the accomplishments, as well as the effectiveness, of this new entity.