



Medical  
Wellness  
Association

# Medical WELLNESS

INTEGRATING HEALTH PRACTICES

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Welcome to the second year of publication for the Medical Wellness Journal. We feel a great sense of pride in this journal designed for all medical wellness practitioners. MWA serves the wellness industry by providing credible information and practical research to help the diverse needs of practitioners. Our defining model of integrating medicine and wellness is a leading trend in health care.

We successfully celebrated our first international meeting and recognized industry leaders during the Medical Wellness Summit in Chicago. The MWA awards honor the best programs and leading professionals for their contribution to medical wellness.

Make your plans for the Medical Wellness Summit 2005, November 3-5<sup>th</sup> in Chicago, Illinois. See page 15 of this issue for your registration form. A complete conference agenda and outline will be available online and in the next issue of Medical Wellness Journal.

[www.collegeofwellness.com/conf\\_nat04\\_schedule.php](http://www.collegeofwellness.com/conf_nat04_schedule.php)

Through the Medical Wellness Journal we are focused on our commitment to serve the needs of both research and best practices. George Pfeiffer, CEO of the WorkCare Group, and past President of AWHP is the professional featured in *One-on-One*. We would like to welcome Dr. Kirsti Dyer and Amy Blansit-Broadbent, MA as new contributing editors for the journal.

*Christopher Breuleux, PhD*

• ONE-ON-ONE: GEORGE PFEIFFER	PAGE 2
• SUCCESSFUL CAM PROGRAMS	PAGE 2
• UNDERSTANDING FIBROMYALGIA SYNDROME	PAGE 5
• DEFINING MANUAL AND MASSAGE THERAPY MEDICAL CODES	PAGE 7
• ACUPUNCTURE FOR WOMEN WITH MENOPAUSE	PAGE 8
• ORGANIC VS. NON-ORGANIC LABELING	PAGE 9
• CLINICAL UPDATES	PAGE 11
• WHOLE PERSON WELLNESS—RESTORING BALANCE	PAGE 14
• PROGRAM REVIEW HIGHLIGHT: CLAREMONT CLUB	PAGE 16

THE OFFICIAL JOURNAL OF THE MEDICAL WELLNESS ASSOCIATION

# One-on-One

## with George Pfeiffer

The following interview of George J. Pfeiffer, President and Founder of The WorkCare Group, Inc., Charlottesville, VA, was conducted by Christopher Breuleux, President of Medical Wellness.

**MW:** Mr. Pfeiffer, you started your career in health promotion, over 30 years ago. What have been some of the notable changes you have seen during your career?

**Pfeiffer:** I started out as an Executive Fitness Specialist for Xerox Corporation. I worked with senior managers in promoting cardiovascular health and risk reduction. This model was common to most corporate programs back in the early 1970s—exclusive, medically oriented, and highly personalized. In fact, my responsibilities and expertise would be very similar to what we call personal training and wellness coaching today.

Into the 80s, corporate wellness programs evolved into comprehensive health management programs that involved health risk assessment, periodic health screenings, awareness/education, and risk intervention. Within the past decade, disease management programs have been introduced, reflective of an aging workforce and the increasing prevalence of chronic health conditions.

Finally, the concept of health and productivity management has become part of the health promotion vernacular and is being cautiously received by the employee benefit community.

**MW:** Is the concept of health, performance and productivity management something new to work-

site health promotion? It has always been part of our benefit statement. It is intuitive that health and productivity are inextricably linked—that healthy employees use fewer health resources, are less absent, disabled, and better engaged in their work, as compared to employees who have a lower health status. Today, through integrated data warehouses and new metrics, we are able to quantify these associations. For example, the concept of “presenteeism”—being physically present on the job, but being task impaired because of health status, is an evolving indirect cost metric that can be two to three times direct medical costs. This type of metric, challenges decision-makers to rethink the value proposition of employee health and wellness from exclusively a cost center to that of performance management.

**MW:** How realistic is this proposition?

**Pfeiffer:** It is very challenging when we are faced with double-digit annual increases in health care spending. The litmus test will be when decision-makers understand that keeping employees healthy and helping others manage a chronic condition has greater potential cost savings, then focusing exclusively on direct expenditures. The bottom line is that quantifying productivity impairment or enhancement in relation to health and risk status is complex.

**MW:** What role do you see wellness and complimentary medical practices within worksite health promotion?

**Pfeiffer:** First, employees like any other health care consumer are already trying CAM approaches. I believe

health promotion practitioners in conjunction with employee wellness should provide information and support on the benefits, risks, and costs of the most popular practices. At a minimum, companies should provide information, research and wellness programs. Some health plans are already subsidizing wellness and CAM therapies for selected conditions. Finally, the growth of health and productivity management provides opportunities for practitioners to work with companies in the management of such health conditions as musculoskeletal pain, arthritis, gastrointestinal problems, asthma, and diabetes, migraine, and depression.

**Pfeiffer:** Not at all. Productivity enhancement has always

health promotion practitioners in conjunction with employee wellness should provide information and support on the benefits, risks, and costs of the most popular practices. At a minimum, companies should provide information, research and wellness programs. Some health plans are already subsidizing wellness and CAM therapies for selected conditions. Finally, the growth of health and productivity management provides opportunities for practitioners to work with companies in the management of such health conditions as musculoskeletal pain, arthritis, gastrointestinal problems, asthma, and diabetes, migraine, and depression.

### WHAT IS MEDICAL WELLNESS?

Medical wellness is an approach for delivering health care that considers the multiple influences on a person's health. Accordingly, there are multiple options for treating and preventing disease. Further, medical wellness:

- Provides a balanced, appropriate application of wellness practices within the clinical setting that are based on evidence-based practices.
- Promotes a cross-disciplinary approach to patient care, based on informed consent and decision support between the practitioner and patient.
- Establishes a foundation for dialogue and collaboration between conventional and complementary practices with the primary goal of promoting optimal health and well-being.
- Promotes the development and application of professional standards for wellness practices across clinical practices.

# Integration of Complementary Medicine

## Successful CAM Programs

*Complementary and alternative medicine* (CAM), more recently referred to as *integrative medicine*, includes a broad range of treatments and therapies. In one promising trend, many new organizations are offering practical information about credentialing and licensing of CAM practitioners, legal issues, models, and integration of services. The process of integration is coming from a place of thoughtfulness and careful planning; rather than slapping together a CAM program that's likely to fail, workplace leaders are taking the time to consider all the facets and build successful programs. There were fewer reports of programs that were closing and much greater interest in learning what has worked.

In addition, hospitals, physician groups and medical centers are developing more ways to offer complementary and alternative medicine. Whereas only a few models existed in the past, Dr. Donald Novey, medical director for the Center for Complementary Medicine, Advocate Medical, defines five emerging models for the delivery of integrative medicine:

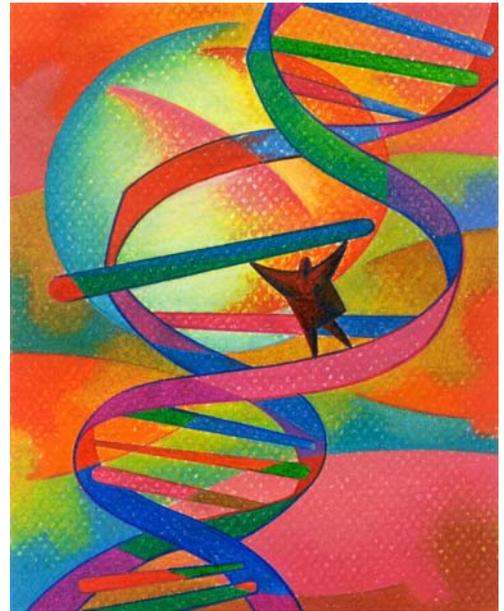
- **Consultatory:** generally limited to single type of illness such as cancer treatment
- **Primary care:** CAM is added to traditional care practice.
- **Wellness-Fitness:** CAM services located within wellness center or program.

- **Virtual:** CAM services scattered throughout the system and loosely coordinated.
- **Medical Spa:** in addition to bodywork, classes and retail sales are offered, as well as CAM treatments like massage and acupuncture.

Because all of these options can be successful, Dr. Novey suggests that before choosing a model, healthcare and allied medical providers should consider their competition, patient demographics and the level of organizational support.

## Mismatch of CAM Services between Consumers' Desires and Hospitals' Offerings

In May 2003, Health Forum (Healthform.com) conducted its second annual Complementary and Alternative Medicine (CAM) survey of hospitals with some rather interesting results. The top CAM therapy sought by American consumers was relaxation techniques, followed by herbal medicine, massage, chiropractic, then spiritual healing, however, the top service offered by hospitals was massage, followed by stress management, yoga, relaxation techniques and pastoral counseling. In fact, only 13 percent of hospitals surveyed in 2003 were offering herbs in their hospital pharmacy and chiropractic care was not offered in most hospitals. The results of this survey, indicated a mismatch between what consumers are seeking and what the hospitals are offering.



[http://www.hospitalconnect.com/hhnmag/jsp/articledisplay.jsp?dcrpath=AHA/PubsNewsArticle/data/040330HHN\\_Online\\_Ananth&dmain=HHNMAG](http://www.hospitalconnect.com/hhnmag/jsp/articledisplay.jsp?dcrpath=AHA/PubsNewsArticle/data/040330HHN_Online_Ananth&dmain=HHNMAG)

## Definitions: Complementary and Integrative Medicine

*Complementary medicine*, as defined by NCCAM, is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Complementary medicine is used together with conventional medicine. While some scientific evidence exists regarding some CAM therapies, for most there are key questions that are yet to be answered through well-designed scientific studies--questions such as whether these therapies are safe and whether they work for the diseases or medical conditions for which they are used.

*Integrative medicine*, as defined by NCCAM, combines mainstream medical therapies and CAM therapies for which there is some high-quality scientific evidence of safety and effectiveness. The integrated practice com-

## “Integrative medicine combines mainstream medical therapies and CAM therapies for which there is some high-quality scientific evidence of safety and effectiveness.”

bines conventional Western medicine (allopathic) with complementary and "non-traditional" services such as acupuncture, chiropractic, massage, hypnosis and homeopathic medicine.

### Categories of Complementary and Integrative Medicine

NCCAM classifies CAM therapies into five categories, or domains:

1. **Alternative Medical Systems**
2. **Mind-Body Interventions**
3. **Biologically Based Therapies**
4. **Manipulative and Body-Based Methods**
5. **Energy Therapies**

**1. Alternative Medical Systems** are built upon complete systems of theory and practice. Often, these systems have evolved apart from and earlier than the conventional medical approach used in the United States. Homeopathic medicine and naturopathic medicine are examples of alternative medical systems developed in Western cultures. Traditional Chinese medicine and Ayurveda are examples of systems developed in non-Western cultures.

**2. Mind-Body Interventions (Mind-Body Medicine)** uses a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms. Some techniques that were considered CAM in the past have become mainstream e.g. patient support groups and cognitive-behavioral therapy. Other mind-body techniques that are still considered CAM, include meditation, prayer,

mental healing, and therapies that use creative outlets such as art, music, or dance.

**3. Biologically Based Therapies** in CAM use substances found in nature, such as herbs, foods, and vitamins. Some examples include dietary supplements, herbal products, and the use of other so-called "natural" but still scientifically unproven therapies e.g. using shark cartilage to treat cancer.

**4. Manipulative and Body-Based Methods** in CAM are based on manipulation and/or movement of one or more parts of the body. Some examples include chiropractic or osteopathic manipulation, and massage.

**5. Energy Therapies** involve the use of energy fields. There are two types:  
\* **Biofield therapies** are intended to affect energy fields that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proven. Some forms of energy therapy manipulate biofields by applying pressure and/or manipulating the body by placing the hands in, or through, these fields. Examples include qi gong, Reiki, and Therapeutic Touch.

\* **Bioelectromagnetic-based therapies** involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating-current or direct-current fields.

Source: What Is Complementary and Alternative Medicine (CAM)? NCCAM Publication No. D156, May 2002. National Center for Complementary and Alternative Medicine (NCCAM), National Institutes of Health.

Accessed from <http://nccam.nih.gov/health/whatiscam>

## Art Heals Network

Arts and Healing Network (AHN) is an on-line resource ([www.artheals.org](http://www.artheals.org)) created in 1997 to celebrate the connection between art and healing. It is designed to educate and inspire. The web site serves as an international resource for anyone interested in the healing potential of art. AHN is for environmentalists, social activists, artists, art professionals, health care practitioners, and those challenged by illness.

AHN promotes many creative projects including those offered within hospitals to artists raising awareness about environmental issues. The Arts and Healing Network encourages artists to get their work out in the world where it can make a difference.

“Arts and Healing Network honors and supports the emergence of healing artists and recognizes them as essential catalysts for positive change.”

Marion Weber, Founder

# Understanding Fibromyalgia Syndrome

by C. Jessie Jones, PhD & Lynne Matallana, M.A.

**A**s the medical-wellness community professionals participate in efforts to improve health and functional status of people with various medical conditions, one of the most misunderstood conditions, yet increasing in prevalence among all age groups is fibromyalgia syndrome (FMS). While the best diagnostic procedures and treatment options to manage symptoms are being debated it is now evident that an increasing number of people are being diagnosed with FMS (between 6-10 million Americans) with the prevalence increasing with age.<sup>1</sup> The purpose of this article is to discuss the (1) definition of FMS, (2) causes, symptoms and triggers that worsen symptom of FMS, (3) potential consequences of FMS, and (4) need for a multidisciplinary team-effort to provide symptom management strategies for people with FMS. The diagnostic criteria for fibromyalgia was established in 1990 by the American College of Rheumatology (ACR).<sup>2</sup> ACR defined fibromyalgia as “a painful, but not articular [not present in the joints], condition predominantly involving muscles and is the most common cause of chronic widespread musculoskeletal pain”(p.160).

The criteria for fibromyalgia established by the ACR was based on a blinded, multi-center study that evaluated 11 symptom variables including sleep disturbances, frequent headaches, and stress levels. For diagnosis the patient must have a history

of widespread pain for more than three months and pain in at least 11 or more tender points upon digital palpation during physical examination. Tender points are areas of muscle or other soft tissues that are extremely sensitive to pressure stimulation. Unlike people with FMS most healthy individuals experience pain in only a small number of tender points. Although these criteria for diagnosis lack a specific “marker” for laboratory testing (e.g., blood test, urine test, x-ray) and have been described as subjective in nature, most researchers agree that the ACR criteria is a beneficial tool for diagnosis of FMS until more highly sophisticated tools are available in the future. It should be noted that many diseases lack specific diagnostic markers (migraine headaches, depression), however this does not negate the existence of these conditions. In the case of FMS, the lack of a marker should only encourage researchers to continue a diligent search for such a tool. Fibromyalgia is classified as a syndrome because it is a collection of symptoms and overlapping conditions. Because FMS can mimic and overlap other illnesses (e.g., myofascial pain syndrome, chronic fatigue syndrome, irritable bowel syndrome, irritable bladder syndrome) or coexist with other some of the inflammatory rheumatic diseases such as systemic lupus erythematosus and rheumatoid arthritis, FMS can be hard to diagnose.<sup>3,4</sup>

Most researchers agree that there are a large number of potential causes of FMS including a genetic component. It is generally accepted that FMS symptoms are the result of disordered sensory processing in the central nervous system. Many people report that their symptoms developed after a triggering event such as an accident or injury, viral infection, surgery, emotional or physical stress, or even exposure to certain drugs or chemicals. Fibromyalgia that has a quick onset after a car accident or physical injury is referred to as post-traumatic fibromyalgia. A large portion of the medical community accepts the current evidence that indicates that 35-65% of people develop fibromyalgia symptoms after experiencing a physical trauma.

Whatever the cause, the latest research has identified physiological abnormalities in neurotransmitter and neuroendocrine function which interferes with how the central nervous system processes sensory information for people with FMS.<sup>4,5</sup> The main symptom or chief complaint of FMS is constant widespread pain, above and below that waist and on both sides of the body. Other symptoms include:

- Fatigue
- Stiffness
- Muscle spasms (clustered in neck, shoulders, upper chest wall, and lower back)
- Paresthesia (numbness or tingling)
- Disturbed sleep

- Decreased exercise endurance
- Cognition dysfunction

The intensity of these FMS symptoms are different for people and fluctuates on a daily basis which makes treatment outcomes more difficult to document. Symptoms are aggravated by extreme weather changes, exposure to certain chemicals, emotional and physical stress, hormonal deficiencies, sleep problems, acute illnesses/ infections, too little or too much physical exertion, and nutritional deficiencies.<sup>6</sup>

FMS is costly in terms of human dignity and socioeconomic impact. The emotional stress associated with the fluctuating symptoms of FMS is taxing even for the strongest of people. Having been diagnosed with FMS several years ago, we are both personally familiar with the struggle. A search for the “magic” treatment to “cure” FMS or at least minimize symptoms is never-ending. Typical consequences for people with FMS include an increased risk for emotional distress, work and family problems, and reduced quality of life. Also, because people with FMS often find it difficult to be physically active, they are at risk for a host of sedentary behavior medical problems (e.g., obesity, sarcopenia, diabetes, cardiovascular disease), difficulty with activities of daily living, and physical disability.<sup>7</sup>

Every year in the United States at least ten million people seek medical help for pain and it is estimated that \$85 billion is spent annually to diagnose and treat chronic pain. It is extremely difficult to accurately report the direct medical costs associated with FMS, however it has been estimated to be approximately \$9 billion per year in the US.<sup>14</sup> Using a large US health insurance claims

data base for the year 2000, Berger, Dukes, & Oster (2004)<sup>8</sup> reported that health care charges for people with neuropathic disorders (which included people diagnosed with fibromyalgia) were 3-fold higher (\$17,355 vs \$5,715, respectively) than patients without neuropathic disorders. This cost does not include the thousands of out-of-the-pocket dollars for medical care beyond what the insurance company covers for medications, co-payments, etc., and complementary and alternative therapies for symptom management.<sup>9, 10</sup>

Symptom management is critical in order to reduce the onset of physical frailty and to promote an active life expectancy. The optimal treatment for symptom management for people with FMS is unclear and comprehensive evidence-based guidelines have not been reported by experts in the field.<sup>10</sup> However, current evidence suggests that the most efficacious approach to symptom management at this time is based on a biopsychosocial model (a multifaceted pharmaceutical and nonpharmaceutical approach) including certain pharmacological medications, patient education, physical and occupational therapy, exercise (e.g., yoga, tai chi, aerobic, strength conditioning, aquatic programs), cognitive-behavioral therapy, dietary modifications, stress management techniques, (e.g., relaxation training, coping strategies, meditation, electromyographic biofeedback training, activity pacing, guided imagery, hypnosis), and certain alternative therapies (e.g., acupuncture, massage therapy, chiropractic or osteopathic manipulation, herbal remedies and dietary supplements).<sup>12</sup>

FMS is a serious chronic medical condition that warrants research that

will guide us to a better understanding and new treatment modalities. Current off label pharmacological therapies are often ineffective, and people with fibromyalgia tend to experience drug sensitivities and intolerable adverse reactions. In order to address these issues, patients need to work closely with their health-care professional(s) to evaluate at what dosage level and what kind of medications are going to be not only tolerable, but also helpful in symptom reduction.

However, with the increase of new research evidence regarding the neurobiology of chronic pain, hopefully new, safe medications will be developed to compliment an integrated approach to symptom management for people with FMS, with an emphasis on having the person with FMS be actively involved with decision concerning the therapeutic regimen by health care providers. In closing, we would be remised not to share our keys to easing FMS symptoms which include: having a strong support system; staying educated about FMS; taking care of the mind, body, and spirit; living a balanced lifestyle; keeping faith and hope; and maintaining a positive attitude—the brain has an amazing affect on the body!

**Resources:**

- American College of Rheumatology  
[www.rheumatology.org](http://www.rheumatology.org)
- American Academy of Pain Management  
[www.aapainmanage.org](http://www.aapainmanage.org)
- American Fibromyalgia Syndrome Association  
<http://www.afsafund.org/>
- American Pain Foundation  
[www.painfoundation.org](http://www.painfoundation.org)
- Arthritis Foundation [www.arthritis.org](http://www.arthritis.org)
- International Myopain Society  
[www.myopain.org](http://www.myopain.org)
- National Fibromyalgia Association  
[www.fmaware.org](http://www.fmaware.org)
- National Fibromyalgia Research Association

## Understanding Fibromyalgia Resources—continued

<http://www.nfra.net/>

Oregon Fibromyalgia Foundation

[www.myalgia.com](http://www.myalgia.com)

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## Defining Manual and Massage Therapy Medical Codes

By Christopher Breuleux, PhD

Massage therapy has proven beneficial as a growing number of physicians; chiropractors and other health-care practitioners prescribe manual and physical treatments for their patients. Research findings show that therapeutic massage programs in medical facilities continues to grow as the American Hospital Association; (AHA) confirms the number of registered massage therapists that work in medical centers has significantly increased. (1) The Medical Wellness Association (MWA) confirms that there are numerous benefits to offering massage in a medical setting. (2)

The American Medical Association (AMA) updates the manual each year that contains the codes for known medical procedures and treatments. The procedures manual is revised quarterly due to the always changing field of medicine. The Current Procedural Terminology (CPT) codes offer a concise description of the medical professional's actions. CPT codes, descriptions and other medical data for 2005 are copyright and CPT is a trademark of the AMA. Only practitioners, employees and agents are authorized to use CPT authorized materials internally within your organization. Use is limited to use in Medicare, Medicaid or other programs administered by the Centers for Medicare and Medicaid Services (CMS).

### Standard Massage Therapy Definitions and Terms:

The increased regulation of massage makes the medical and physician referral and insurance reimbursement more common. Massage therapy

means the manipulation of soft tissue by hand or through a mechanical or electrical apparatus for the purpose of body massage and includes effleurage (stroking), petrissage (kneading), tapotement (percussion), compression, friction, vibration and nerve strokes. The terms "massage," "therapeutic massage," "massage technology," "myotherapy," "body massage," "body rub," or any derivation of those terms are synonyms for "massage therapy." (3)

Massage therapy constitutes a medical and health care service if the massage therapy is for therapeutic purposes. The terms therapy and therapeutic when used in the context of massage therapy practice do not include a service or procedure for which a license to practice medicine, chiropractic, physical therapy, or podiatry is required by law. (3)

Medical massage is an adjunct to medical treatment and enhances the effectiveness of therapeutic care. Medical massage works with patients who have health problems or injury that requires physician or hospital care. Massage therapy referrals are growing in popularity by the public and acceptance by the medical community. As a profession, massage is a scientifically proven health and medical modality which has gained widespread popularity and consumer demand.

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# Acupuncture Alternative for Women with Menopause

by John Paul Liang, M.S.O.M., L.Ac.

Menopause is a natural stage in a woman's life when the production of hormones in the body decreases and menstruation and egg production eventually ceases. This process usually affects women somewhere between the ages of 45 and 55 years. During this life stage, many women experience symptoms that include hot flashes, night sweating, mood changes, insomnia, depression, anxiety, irregular periods and sexual disorders.

For years, women have turned to hormone replacement therapy (HRT), as an effective treatment to help eliminate the symptoms of menopause. However, recent research has indicated that HRT has potential risks that include an increase in heart attacks, strokes, and cancer. With this concerning information, many women are looking for other alternatives therapies. Some of these have included acupuncture, herbal medicine, and natural dietary supplements.

## Introduction to Acupuncture

Acupuncture and herbal medicine have been the major form of medicine in China for over 3,000 years. Chinese hospitals today utilize a combined approach of both Oriental and medicine. This trend is spreading to the United States.

According to the National Center for Complementary and Alternative Medicine, research shows that acupuncture releases pain-killing biochemical's in the body—endorphins—that stimulate the central nervous system, and help regulate a person's blood pressure, blood flow, and brain chemical release.(1)

Acupuncture is based on two major theories: yin/yang theory and five element theory. The yin/yang theory is based on balance. Individuals become sick when there is an imbalance between yin and yang within the body. Yin is the less active, darker, cold, and quiet component while yang is the more active, lighter, hot, and aggressive component. As shown in Figure 1, as long as these two opposites support and control each other, the individual stays healthy. Many problems arise when one component overpowers the other, resulting in various symptomatic manifestations.

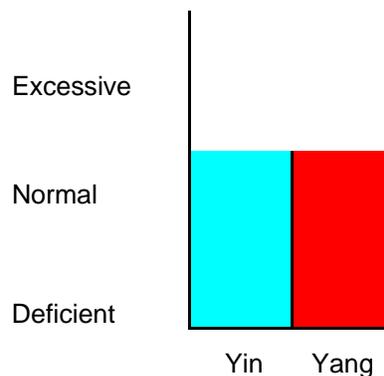


Figure 1

The second theory of five elements is based on nature. Similar to the yin/yang theory, the five element theory is based on the balance of the organs within the body. The body is treated as a whole, and therefore many organs are affected by the conditions of other parts of the body.

## Acupuncture Theory in Relation To Menopause

In females who experience menopause symptoms, one of the most com-

mon conditions includes a low level of yin within the kidney system. Because yin is related to cold and inactivity, a relatively low level of yin compared to yang will cause the individual to feel hot or have hot flashes and night sweats (Figure 2).

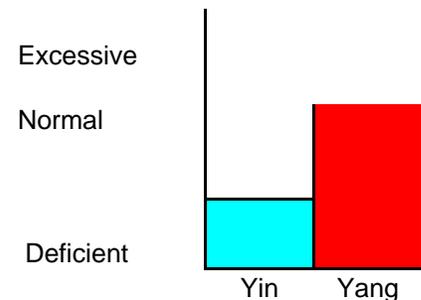


Figure 2

## Treatment of Menopause

The goal of acupuncture and herbal medicine is to reestablish the balance between yin and yang by raising the yin component of the body. Once the yin or cold component is strengthened, then the woman experiences fewer hot flashes and less insomnia. Many other natural dietary supplements also work to establish the same balance. Nutritional and herbal supplements may be used along with the acupuncture to restore balance.

In a recent review of 7 patients at the American College of Acupuncture & Oriental Medicine, (2) women who received acupuncture treatments received noticeable results. The women, whose ranged in from 43 to 57, were given acupuncture treatment one to two times per week along with herbal supplements. The symptoms experienced included irritability, low energy, hot flashes, insomnia, dry mouth, depres-

# Organic vs. Non-Organic Labeling

by Antonio Jacobs, MS

Women with Menopause —  
Continued

sion, night sweats, and anxiety. Some women just started with treatment and received 4 total treatments, while others have been more regular with more than 20 treatments. Of the 7 patients, one noticed a slight improvement, 5 noticed an improvement, and one patient does not have any more symptoms and comes in for maintenance and prevention.

## Conclusion

There are many factors that contribute to the effectiveness of acupuncture in the treatment of menopausal symptoms. The goal of Oriental medicine is to re-establish the balance between yin and yang that is lost when women reach menopausal stage. Many new research and clinical studies are underway to further search for alternative treatments for women with menopause. Women should consult with their physicians before trying any new modalities.

## Reference

1. What is Complementary and Alternative Medicine? NCCAM Publication No D156, May 2002.
2. Unpublished Research Project, American College of Acupuncture & Oriental Medicine, 2004

For more information, please contact American College of Acupuncture & Oriental Medicine <http://www.acaom.edu/>

More health and wellness conscious consumers are expressing their concerns about the quality and nutritional value of the food they consume. These health and wellness conscious consumers have led to the development of healthier food products. Terms such as "Fat Free", "Low carb", "Sugar Free", and "Organic" are being used by the manufacturers and produce suppliers to express the improved options and quality in food and nutritional products. These and other nutrient claims must meet specific FDA definitions that include the conditions under which each term can be used.

Food and nutrition present many different issues with respect to wellness and public health. These terms are meant to express the improved options and quality in food and nutritional products.

Even savvy consumers often misunderstand what the terms "Organic" and "Organically Grown" mean. The use of the terms "Organic," "Organically Grown" vs. "Non-Organic" requires education of consumers. These specific designations also work to protect the nutritional needs of all consumers.

The principal guidelines for organic production are to use materials and practices that enhance the ecological balance of natural systems and that integrate the parts of the farming system into an ecological whole. In 1995 the National Organic Standards Board (NOSB) passed the following definition of "Organic"

*"Organic agriculture is an ecological production management system that promotes and enhances biodiversity, biological cycles and biological activity. It is based on minimal use of off-farm inputs and on management practices that restore, maintain and enhance ecological harmony."*

As a labeling term on food labels, "USDA Organic" requires that at least 95% of the product's ingredients have been grown and processed according to USDA regulations defining the use of fertilizers, herbicides, insecticides, fungicides, preservatives and other chemical ingredients. It also denotes products produced under the authority of the Organic Foods Production Act.

To maintain the quality, attractiveness and shelf life of food and nutritional products, certain measures are



taken by the manufacturers and produce suppliers. One major issue of debate is the use of artificial fertilizer, growth regulators, and pesticides in the production of produce. Consumers, healthcare professionals and researchers have expressed concern regarding the potentially harmful side effects these materials may produce on human health. For such reasons many consumers purchase "Organically" grown and Manufactured Meats and Produce with the belief that these products are



## Organic vs. Non-Organic Labeling

—continued

healthier and less harmful. Consequently, the demand for "Organic" products is growing. According to a statistical research conducted by the USDA, the value of retail sales of organic foods in 2000 was approximately \$6 billion, and the number of organic farmers' increases each year by about 12%.

The organic movement has gathered momentum over the past decade, but a few basic, concerning questions still exist. "Are organic products better for humans and the planet?" and especially "How safe are organic products?" According to Dennis Avery, a former researcher for the Department of Agriculture, *organic produce is more likely to be infested with bacteria because it is fertilized with animal excreta, which can contain pathogens.* Additionally, the use of growth enhancing substances, specifically antibiotics, to enhance growth of animals used as human food is illegal in the United States. Antibiotic residue may persist in the carcass of animals and affect antibiotic sensitive individuals that consume the product (Last, 1998). Finally, while pesticides have been proven to have adverse side effects on human health, their use is strictly regulated and enforced by inspectors of conventional farmers. In fact, John Stossel's story on Organic Foods in 2000 stated that each year the CDC

reports 5,000 or more deaths in the United States as a result of bacteria *while no death can be attributed to pesticide poisoning.*

Therefore the only the issues of more nutritional value and better for the environment can be argued regarding the use of "Organic" vs "Non-organic" foods. Regarding the nutritional superiority of organic products, Katherine Di Matteo of the Organic Trade Association (which represents organic growers and retailers) states that "organic foods are as nutritious as any other product on the Market. " Regarding the issue of "healthier for the environment," Di Matteo claims organic farming is better because it doesn't require the use of chemicals. However, Dennis Avery, a former researcher for the Department of Agriculture, states that organic farmers waste more land and resources because they lose so much of their crop to weeds and insects. Furthermore, if all farmers worldwide were organic, more than ¾ of the world land area would be used for farming.

Many consumers, healthcare and wellness practitioners believe that "organic" products are better than "non-organic" ones. It would seem that the health and wellness conscious consumers and practitioners alike must continue ongoing evaluation review and scientific research of food, nutrition and health information before reaching any final conclusions.

For More Information:  
**The National Organic Program**  
<http://www.ams.usda.gov/nop/indexNet.htm>  
**National Organic Standards Board**  
<http://www.ams.usda.gov/nosb/index.htm>

**Organic Foods Production Act of 1990** <http://www.ams.usda.gov/nop/archive/OFPA.html>

**Organic Trade Association** <http://www.ota.com/index.html>

**Ellis Hattie. Food Matters: Organic food.** [http://www.bbc.co.uk/food/food\\_matters/organicfood.shtml](http://www.bbc.co.uk/food/food_matters/organicfood.shtml)

### REFERENCES

Last, John, M, Ph.D. Public Health and Human Ecology.

Appleton & Lange. Stanford, Connecticut. 1998. Pg. 200-215.

McAvoy, Susan. Glickman announces new Proposal for National Organic Standards.

USDA.gov. Release number: 0074.00.

Stossel, John. How Good is Organic Food? ABC News, Transcript number: 000707. July 7, 2000.

## A Report of the Surgeon General: Physical Activity and Health

This report is a passport to good health for all Americans. Its key finding is that people of all ages can improve the quality of their lives through a lifelong practice of moderate physical activity.

To view the full 300-page report or read an executive summary visit the CDC's website at <http://www.cdc.gov/nccdphp/sgr/sgr.htm>

# UPDATES

## Community Wellness Programs

### American on the Move

<http://www.americanonthemove.org>

This initiative is dedicated to helping individuals and communities make positive changes to improve health and quality of life. America On the Move promotes two simple daily changes for everyone: walk 2000 more steps and eat 100 fewer calories. These changes will help you feel healthier and more energetic, while preventing weight gain.

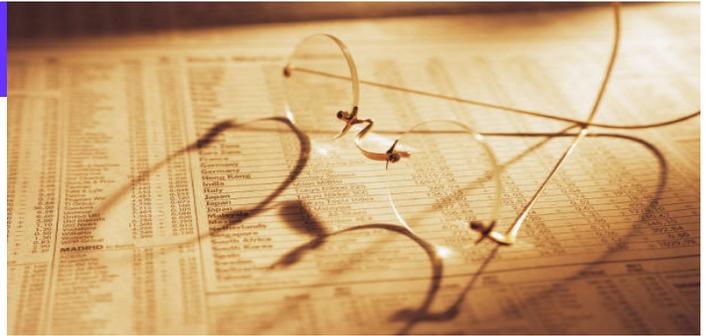
## Workplace Medical Wellness Programs

According to the return on investment study conducted by "Wellness Program Management Advisor" among wellness managers, workplace medical wellness programs can improve employee morale, reduce company healthcare costs and increase human resource productivity. Yet despite the acknowledged benefits of wellness programs, wellness managers continue to be challenged to prove the value of their programs to top management. The report completed by the editors of the "Advisor" has compiled the study responses of 150 workplace wellness managers serving in a variety of settings. Wellness managers provide candid answers to both their frustrations and their successes. This report is the second industry study that zeroes in on managers' need to prove the return on investment (ROI) of their programs. The study research provides the specific focus of analyzing the performance of wellness programs in the workplace.

Wellness Program Management Advisor? Issue Volume  
<http://www.healthresourcesonline.com/wellness/18nl.htm>  
<http://www.wellnessjunction.com/press/pr081704.htm>

## Health Knowledge Made Easy for You by Medical Wellness!

Now you can get Medical Wellness *News and advice* sent directly to you by e-mail. The e-newsletter is free and what's even better... you customize your newsletter. Your customized/personalized **Medical Wellness e-newsletter** contains only the health information that you select.



## New Dietary Guidelines Released January 2005

Every 5 years the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA) publish new Dietary Guidelines for Americans. The 2005 edition of the Guidelines was released in January. The Dietary Guidelines are based on the latest scientific and medical information. They help provide authoritative advice for people two years and older about how proper dietary habits can promote health and reduce risk for major chronic diseases. The Food Guidance System, currently called the Food Guide Pyramid, is undergoing revision and should be released in the spring of 2005. These guidelines are the basis of federal food programs and nutrition education programs and support the nutrition and physical fitness pillars of President Bush's HealthierUS Initiative.

This new edition of Dietary Guidelines for Americans highlights the principle that Americans should be placing a greater emphasis to keep their weight within healthful limits and engage in enough physical activity. Eating a healthy balance of nutritious foods continues to be one of the central points in the Dietary Guidelines. The 2005 Dietary Guidelines are now placing a stronger emphasis on both calorie control and physical activity, since many Americans continue to gain weight and get too little physical activity.

For More information:  
[www.healthierus.gov/dietaryguidelines](http://www.healthierus.gov/dietaryguidelines)

### Additional Resources:

For more information on President Bush's Healthier US Initiative see: <http://www.whitehouse.gov/infocus/fitness/>

News Release: New Dietary Guidelines Will Help Americans Make Better Food Choices, Live Healthier Lives.

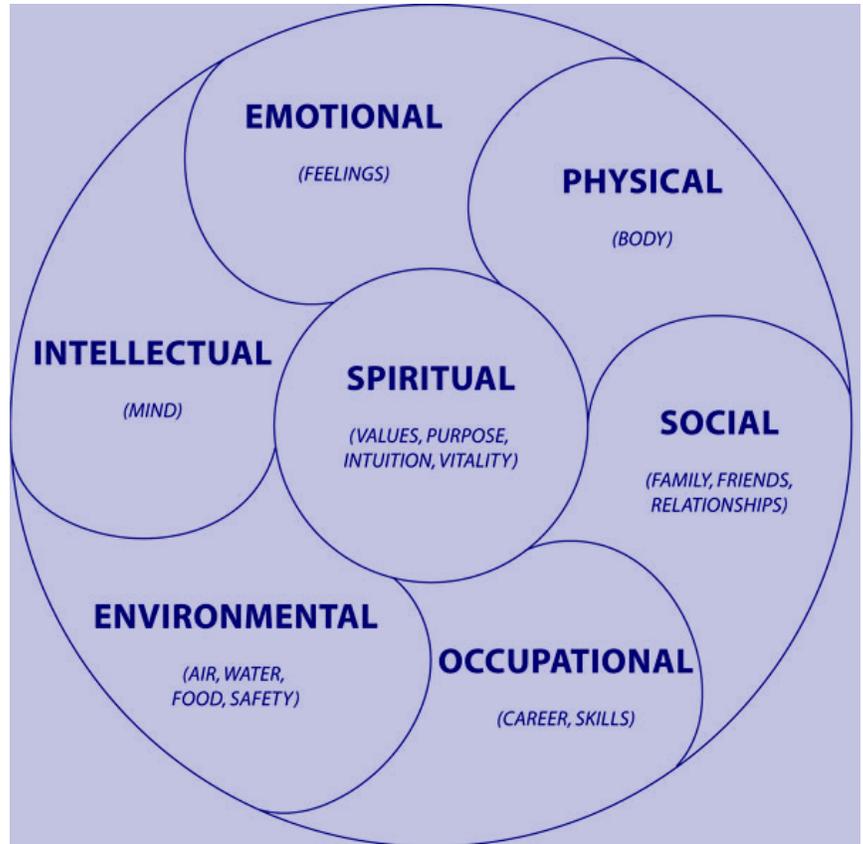
Available at: <http://www.hhs.gov/news/press/2005pres/20050112.html>

# DIMENSIONS OF WELLNESS

*Wellness* is defined as "an active, lifelong process of becoming aware of choices and making decisions toward a more balanced and fulfilling life."

One of the models of Wellness combines seven dimensions of well being into a quality way of living. *Wellness* considered as the ability to live life to the fullest and to maximize personal potential in a variety of ways. Wellness places responsibility on the individual; it becomes a matter of self-evaluation and self-assessment. Wellness involves continually learning and making changes to enhance your state of wellness.

Source: Dimensions of Wellness.  
NDSU Wellness Center. Accessed from:  
<http://wellness.ndsu.nodak.edu/education/dimensions.shtml>



## STUDY: OBESITY DEATH RISK OVERSTATED

Wednesday, April 20, 2005

[www.cnn.com/2005/HEALTH/diet.fitness/04/20/obesity.deaths.ap/index.html](http://www.cnn.com/2005/HEALTH/diet.fitness/04/20/obesity.deaths.ap/index.html)

CHICAGO, Illinois (AP) -- Packing on the pounds is not nearly as deadly as the government thought, according to a new calculation from the CDC that found people who are modestly overweight actually have a lower risk of death than those of normal weight.

The Centers for Disease Control and Prevention reported that obesity accounts for 25,814 deaths a year in the United States. As recently as January, the CDC came up with an estimate 14 times higher: 365,000 deaths.

According to the new calculation, obesity ranks No. 7 instead of No. 2 among the nation's leading prevent-

able causes of death.

The new analysis found that obesity -- being extremely overweight -- is indisputably lethal. But like several recent smaller studies, it found that people who are modestly overweight have a lower risk of death than those of normal weight.

Biostatistician Mary Grace Kovar, a consultant for the University of Chicago's National Opinion Research Center in Washington, said "normal" may be set too low for today's population. Also, Americans classified as overweight are eating better, exercising more and managing their blood pressure better than they used to, she said.

The study -- an analysis of mortality rates and body-mass index, or BMI -- was published in Wednesday's *Journal of the American Medical Association*. Last year, the CDC issued a study that

attributed 400,000 deaths a year to mostly weight-related causes and said excess weight would soon overtake tobacco as the top U.S. killer. After scientists inside and outside the agency questioned the figure, the CDC admitted making a calculation error and lowered its estimate three months ago to 365,000.

The new study attributes 111,909 deaths to obesity, but then subtracts the benefits of being modestly overweight, and arrives at the 25,814 figure.

CDC Director Dr. Julie Gerberding said because of the uncertainty in calculating the health effects of being overweight, the CDC is not going to use the new figure of 25,814 in its public awareness campaigns. And it is not going to scale back its fight against obesity.



## Upcoming National Health Observances

Visit: <http://www.healthfinder.gov/library/nho/nho.asp>



### MAY

National Physical Fitness and Sports Month  
President's Council on Physical Fitness and Sports  
Department W, Room 738-H  
200 Independence Avenue, SW  
Washington, DC 20201-0004  
(202) 690-9000  
PCPFS@OSOPHS.DHHS.GOV  
[www.presidentchallenge.org](http://www.presidentchallenge.org)

**Asthma and Allergy Awareness Month**  
Asthma and Allergy Foundation of America  
1233 20th Street, NW, Suite 402  
Washington, DC 20036  
(800) 7-ASTHMA  
[info@aafa.org](mailto:info@aafa.org)  
[www.aafa.org](http://www.aafa.org)

**National Bike Month**  
League of American Bicyclists  
1612 K Street, NW, Suite 800  
Washington, DC 20006  
(202) 822-1333  
[ryan@bikeleague.org](mailto:ryan@bikeleague.org)

**National Women's Health Week**  
Office on Women's Health  
U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 712 E  
Washington, DC 20201  
(800) 994-9662  
[www.4woman.gov](http://www.4woman.gov)

### JUNE

13 - 19

**National Men's Health Week**  
Men's Health Network  
P.O. Box 75972  
Washington, DC 20013  
(202) 543-MHN-1 (6461) x101  
[info@menshealthweek.org](mailto:info@menshealthweek.org)

5 - 11

**National Headache Awareness Week**  
National Headache Foundation  
820 North Orleans, Suite 217  
Chicago, IL 60610-3132  
(888) NHF-5552 (643-5552)  
[info@headaches.org](mailto:info@headaches.org)  
[www.headaches.org](http://www.headaches.org)

### NOVEMBER

2-5

**Medical Wellness Summit**  
Chicago, Illinois  
Medical Wellness Association  
American College of Wellness  
(281) 313-3040  
[mwa@houston.rr.com](mailto:mwa@houston.rr.com)

# Whole Person Wellness Restoring Balance

By James Strohecker, President of HealthWorld Online (www.healthy.net)

Today, there is a widely recognized need for individuals to take a greater level of responsibility for their health and well-being. At the same time, people are looking for more personalized approaches to wellness that address the physical, emotional, mental, and spiritual dimensions of our lives – approaches that look at us as a whole person. The principles of “self-responsibility” and “whole person”, hallmarks of the holistic health, self-care and wellness movements in the 1970s, are now re-emerging as essential solutions to our current health care crisis and spiraling medical costs.

A new program that embodies this approach is the Wellness Inventory developed by wellness pioneer John W. Travis, MD, MPH, and e-health pioneer HealthWorld Online. A protégé of Dr. Louis Robbins (creator of the Health Risk Appraisal) while a resident at John's Hopkins and working with the US Public Health Service, Dr. Travis chose to dedicate his life to "teaching people to be well" rather than to treating patients. Recognized as a founder of the modern wellness movement, he opened the first wellness center in the U.S. in 1975, created the original well-

ness assessment, and authored the classic *Wellness Workbook*.



## Whole Person Wellness Program

The Wellness Inventory is a pioneering "whole person" assessment program designed to help individuals gain personal insight into their state of physical, emotional, and spiritual wellness. The program offers guidance and tools to transform this new awareness into lasting changes in one's life, and a renewed sense of health and well-being

## The Wellness Inventory

(www.WellnessInventory.net) takes individuals on a year-long wellness journey described in the following 5 steps:

**Step 1 - Assessment:** Complete life-style assessment covering 12 dimensions of whole person wellness.

**Step 2 - Scores:** Receive Wellness & Satisfaction Scores for each section. Learn your strengths and the areas you have the strongest readiness for change.

**Step 3 - Personal Wellness Plan:** Create 10 wellness action steps in the areas you are most motivated to change.

**Step 4 – Tools to Help You Reach Your Wellness Goals:** A suite of tools to help you follow your wellness plan & meet your goals.

**Step 5 – Resources for Ongoing Wellness:** Learn to maintain higher state of well-being and vitality.

Wellness coaching can greatly accelerate this 5 step process by providing the support and accountability that increase an individual's chances for success in meeting their goals.

## A Flexible Wellness Solution

The Wellness Inventory offers maximum flexibility for implementation in a wide range of settings - corporate wellness programs, hospitals, spas, health practitioners, life coaches, government agencies and churches. Reporting, coaching and communication tools for licensing organizations facilitate individual and group need's assessment, one-on-one coaching, increased levels of participation, and ongoing wellness education.

The Wellness Inventory may be utilized as the centerpiece of a custom wellness solution for an organization. Optional wellness program components that may be built around the Wellness Inventory include wellness coaching, monthly lectures and e-newsletters, and specific modules such as resiliency training, nutrition, or a walking program.

## Custom Corporate Program

Outline of potential corporate wellness program utilizing the Wellness Inventory:

- 1. Assessment:** Administer Wellness Inventory to employees.
- 2. Wellness Coaching:** Offer wellness coaching to employees who need assistance in formulating their personalized wellness action plan.
- 3. Monthly Wellness Lecture:** Ongoing employee education through a monthly lecture series on the 12 dimensions of life-style in the Wellness Inventory. Optional wellness e-newsletter sent through the email broadcast feature.
- 4. Needs Assessment:** Use scores from the first assessment to determine the company-wide needs. Design program modules to address the needs. Or, design modules into the overall wellness program from the outset – walking program, resiliency training, etc.
- 5. Final Assessment with Wellness Inventory:** Scores from the final assessment determine the company-wide progress.

# Medical Wellness Association and American College of Wellness are proudly hosting:

## Medical Wellness Summit 2005

November 2-5, 2005  
McCormick Place  
Chicago, Illinois



(Please type or print your name as you would like it to appear on your badge)

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<input type="checkbox"/> Life Member (10% discount)	\$135	\$160	\$ _____
<input type="checkbox"/> Corporate/Partner Member	\$175	\$225	\$ _____
<input type="checkbox"/> Non-Member	\$275	\$390	\$ _____
<input type="checkbox"/> Guest (with member)*	\$200	\$250	\$ _____
<input type="checkbox"/> Student (undergraduate)	\$75	\$100	\$ _____

\* Separate registration form required; guests are ineligible for ACW CE credits.

**Please be prepared to show your identification upon arrive at the conference!**

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All requests for cancellation must be made to the ACW/MWA headquarters in writing by mail or email. Phone cancellations will not be accepted. All cancelled/refunded registrations will be assessed a \$50 administration fee. The performance of this conference is subject to the acts of God, war, government regulation, disaster, strikes, civil disorder, curtailment of transportation facilities, or any other emergency making it impossible to hold the conference. Conference schedule is subject to change.

**Special Services:**  Please check here if you require special accommodations to participate in accordance with the Americans with Disabilities Act. Attach a written description of your needs.

MAIL TO: 2345 East Grand, Springfield, MO 65804  
PHONE: (866) 661-7355



# Claremont Club & Wellness Campus

## Program Review

*Providing integrated and comprehensive programs to Eastern Los Angeles County*

The Claremont Club is a multi-use athletic, aquatic, tennis and wellness facility located on nineteen acres in Claremont, California, thirty miles east of Los Angeles. The club opened in 1973 with the goal of helping its' members enjoy healthy, independent lifestyles through proper exercise, nutrition and socialization. The wellness campus includes twenty-nine tennis courts, seven racquetball and handball courts, three squash courts, a large strength & conditioning room, group exercise studio, yoga studio, pilates studio, spinning studio, 50 meter Olympic pool, warm water therapy pool, junior fitness room, three separate childcare areas, pro shop, café, conference rooms, full-service spa & salon, eleven Jacuzzis, private and family locker rooms with steam and saunas, along with medically operated wellness, physical therapy and rehabilitation.

### Programs and Services:

In 2001 The Claremont Club entered into a strategic alliance with Pomona Valley Medical Center, a 436 bed, and full service hospital founded in 1904 to meet the healthcare needs of the residents of the Greater Pomona Valley. Recognized as one of the Top 100 Hospitals nationally, Pomona Valley Hospital has entered into a ten-year partnership for providing Physical Therapy, Sports Medicine and Rehabilitation as part of a recently completed \$4.1 million dollar expansion. The wellness facility offers ongoing lectures and seminars on a host of wellness topics including cooking for a healthy heart, breast cancer, menopause, arthritis, obesity and on-set diabetes, etc. In addition, the club sponsors monthly support groups for women, Parkinson's disease and special wellness support programs.. New wellness programs include an online Wellness Newsletter, Weight Management programs, headed by a R.D, aquatic therapy and a full line of medically based spa services.

### Highlights:

Claremont is most proud of its' charitable arm and was honored by Club Business International in 2003. Mike Alpert, President and CEO states "The Club has subsidized 50% of all the fees for people who have serious health problems, such as cancer or multiple sclerosis, and provides memberships to such individuals, as well as disadvantaged children. More than 160 people have participated in this program and we have developed an integrated Cancer Wellfit program for women suffering from Breast Cancer. Other programs include the Tree of Joy which supplies Christmas gifts to over 300 children at Leroy Haynes Center for abused and abandoned boys; Adopt-a-Family; Camp, aquatic and tennis scholarships to financially disadvantaged children throughout the Claremont and Upland communities."

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