

A DAY IN THE LIFE

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I opened my practice, Cornerstone Center for Health, LLC in October 1998, four days after completing my residency at Griffin Hospital in Derby, CT. This residency served as an experimental program. I was the only naturopathic physician in this allopathic hospital. I had the opportunity to "work the floors," attend daily conferences, grand rounds and tumor board with the allopathic residents as well as work with area allopathic physicians in their offices, specifically a family practitioner, a neurologist, and an obstetrician/gynecologist.

I worked with a family practice doctor one day a week on rounds and in his office. At first we worked in more of a supervised teaching model, seeing patients together and discussing allopathic and naturopathic treatments. After a time, I began to see patients independently. Many of these were his patients, others were referrals from area physicians. Periodically, we would hold a case review in order to discuss pathology, treatment, and case management.

I was able to partner with a neurologist/headache specialist in a hospital-based pain clinic. Many of her patients had severe neurological complaints due to traumatic injury, others had intractable migraines or mixed type headaches. After seeing a certain percentage of her patients "fail medications," the neurologist began to research herbal and nutritional therapies. Together we discussed which patients would be good candidates for dietary changes, nutritional supplementation, herbal supplementation, or homeopathy.

The ob/gyn I worked with was, and still is, one of my true advocates. I had the opportunity to be on call with him and attend births and surgeries. In the office we practiced integrative medicine, seeing patients together and allowing the patients to choose which form of medicine they wanted—allopathic, naturopathic, or a blend.

From these experiences, I learned much about allopathic medicine: the thought process, diagnostic techniques, pharmaceutical medicines, procedures, and hospital politics. I also learned about myself. I discovered that naturopathic medicine is not my job; it is my calling. I had opportunities to finesse political struggles, educate medical professionals, learn from them, keep my sense of humor, and hardest of all, to understand that not knowing everything is okay. I realized that my fears of not knowing enough were shared by allopathic residents as well. All of us were struggling to climb the learning curve. In recognizing our "sameness" we were able to relax into understanding each others differences.

After residency, I created my solo private practice within Griffin's primary service area. Seymour, CT is an old industrial town. Interestingly, in the state with the highest number of doctors per capita, it is considered an underserved area and has only one primary care physician. I chose to put my practice in Griffin's primary service area to foster referral patterns to and from the hospital and area allopathic practices. I also wanted to maintain and build the relationships I had begun while working at the hospital.

My practice is truly a family practice. The youngest patient is five months and the oldest is 95 years. I see myself working with patients in four capacities: integrative medicine, primary care, primary prevention, and as a last resort. Last resort patients are those who elect to see me when they have exhausted conventional medical treatment options or patients who are referred because their medical doctor has exhausted his/her treatment options.

One example of such a patient is Doreen C. who, after extensive neurological work-up and treatment, continued to have multifocal pain, spasm, and tremor after a traumatic brain injury four years previously. Her activities of daily life were severely impacted as she had difficulty speaking, was depressed, and used either a cane or a wheelchair because of her inability to walk any distance. After treatment with two homeopathic medicines (arnica and

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hypericum), Doreen was pain-free, spasm-free, speaking fluently, out of her wheel chair, and had an entirely new attitude. The neurologists were impressed and their staff wondered what I had done since "she's like a new person."

Today I see a steady stream of patients with problems ranging from primary pancreatic adenocarcinoma to chronic sinusitis exacerbated by pregnancy to chronic otitis media. After leaving the office, I go to Griffin Hospital to see cardiac patients in the Heart Disease Reversal Program (HDRP). The patients in this program have had a cardiac event and we are working with them in a capacity beyond typical cardiac rehab. The HDRP is based on Dr. Dean Ornish's program with elements of monitored exercise, low fat vegetarian diet, group support, stress reduction/yoga, educational lecture series, and naturopathic consults.

In this program, I work with patients and their doctors to decrease the side-effects of common cardiac medicines, supplement nutritional deficiencies due to or related to these medicines, use botanicals and nutrients to potentiate the effects of pharmaceutical medicines often allowing for a decreased dosage of these medicines, and monitor the combinations of pharmaceutical medicines, nutrients, and botanicals. In addition, I work with patients and their cardiologists to safely decrease or discontinue pharmaceutical medicines and work with patients who are not candidates for cardiac medicines due to liver enzyme elevation or kidney failure. I co-manage many patients with medical doctors and in doing so, achieve an opportunity to both educate the medical doctors and learn from them.

One such patient, is a 68 year-old man with a past medical history of diabetes mellitus type II, coronary artery disease status post coronary bypass graft (right coronary artery, circumflex, left anterior descending) in 1993 and angioplasty (left main and left anterior descending) with rotoblader and stent in 1998. He also has a stomach diverticulum that produces cardiac-like pain, experiences heartburn almost constantly, and has shortness of breath and chest pressure on exertion. His medications include: Cardura 4 mg qd, Corgard 40 mg qd, Norvasc 20 mg qd, Imdur 60 mg qd, nitroglyc-

erine as needed for chest pressure, Lipitor 10 mg qd, Plavix 75 mg qd, Coumadin 5 mg qd, Micronase 1.25 mg qd, Prilosec 20 mg qd, and Ativan 1.0 mg for sleep. His over the counter medicines include: Mylanta as needed for heartburn, coenzyme Q10 30 mg tid, and vitamin B complex 50 mg. qd.

Meeting with him for the first time on June 9, 1998, he has many questions about the efficacy and dosages of CoQ10 and B vitamins. I discover an anemia that has not been worked-up or treated, which concerns me because of his Coumadin therapy. I give him articles on CoQ10 and increase the dose to 120 mg qd, put him on the deglycyrrhizinated licorice product Rhizinate for the heartburn/gastrointestinal discomfort and refer him back to his cardiologist to evaluate his anemia.

On July 10, 1998, he is experiencing dramatic fatigue, an increase of his chest pressure and reports that he "feels like he's going downhill with no hope of recovery." He had been hospitalized due to a reaction to his lipid-lowering medications. He has discontinued both the Plavix and the Lipitor. He is concerned about his lipid levels increasing while off medication. His gastrointestinal discomfort is much improved and no longer needs the Mylanta and has discontinued his Prilosec. We increase his CoQ10 dose to 120 mg bid, and begin taurine 500 mg tid and inositol hexaniacinate 500 mg tid.

On September 14, the patient reports feeling "happy as a clam." He has had a dramatic decrease in his fatigue, angina, and heartburn and has been able to be more active. He painted his house over the summer (by himself). He discontinued the inositol as it exacerbated his heartburn. We will now try guggulipids.

Throughout working with the patient I have kept in touch with his cardiologist by phone and letter. He has been surprised by his decrease in fatigue and angina and by his increased ability to exert himself. This cardiologist explained to me that while he had been skeptical of the natural medicines I had prescribed, he now realizes that there is "something to it."

Much of what I do is basic naturopathic medicine. I haven't been out of school long enough to achieve a finesse with this medicine that

comes with years of study and practice. I use botanicals, clinical nutrition, homeopathy, in-office hydrotherapy, counseling, and some physical medicine. I continually go back to the basics of botanicals, nutrition, and biochemistry. I educate patients, encourage them to ask questions regarding their medical care, and listen to them. Often, I think of philosophy class with Dr. Jared Zeff and my first introduction to naturopathic philosophy and principles. Those principles are with me each day as I see patients and work with them to (re)discover vital health and wholeness.

As I think back to my first day at National College of Naturopathic Medicine in 1993, I think of my dream of being a small town family doctor who "watches families grow into generations." On this pretty spring day, I stop to realize that I am a family practice doc in a small town where I am known as "Dr. Christine." I am part of a community where I attend the baptisms and funerals of patients. I am concerned with the relationship of individuals to community and related to that, the difference between individualism and individuality. As an individual, I have come to learn that my greatest contribution to the community is working with different medical professionals to create and maintain a system of healing that empowers the patient and his/her choice of choice in healthcare.