



ERMINIA M. GUARNERI, MD, FACC: PIONEERING INTEGRATIVE CARDIOLOGIST

Interview by Karolyn A. Gazella • Photography by Cobalt International

Erminia (Mimi) M. Guarneri, MD, FACC, is the founder and medical director of the Scripps Center for Integrative Medicine. Dr. Guarneri was an English literature major as an undergraduate at New York University. Her medical degree is from SUNY Medical Center in New York, where she graduated first in her class. Dr. Guarneri served her internship and residency at Cornell Medical Center, where she later became chief medical resident. She served cardiology fellowships at both New York University Medical Center and Scripps Clinic. Dr. Guarneri is board-certified in cardiology, internal medicine and nuclear medicine. She is a member of the American College of Cardiology, Alpha Omega Alpha, the American Medical Women's Association, and a Diplomat of the American Holistic Medical Association. Dr. Guarneri has authored several articles that have appeared in professional journals, such as The Journal of Echocardiography and The Annals of Internal Medicine.

Recently, Alternative Therapies in Health and Medicine spoke with Dr. Guarneri at the Scripps Center For Integrative Medicine in La Jolla, California.

Alternative Therapies (AT): You made a unique journey from English literature to bioengineering to medical school. When did you know you wanted to become a doctor?

Erminia M. Guarneri, MD, FACC: I knew that I was meant to be a physician when I was very young, as young as seven or eight years old. Intuitively, I knew I was meant to be a doctor, but I resisted. Even then, I knew medicine was what I came into this world to do. But when I was going through school, particularly when I was a teenager, I was fascinated with anthropology. For many years, I thought I would be an anthropologist. At the time, while I was fascinated with things like Neanderthal man and wanting to go on archeological digs, I also started to develop a second passion. I wanted to treat people at scenes of emergencies. So I became an emergency medical technician when I was a teenager, 18 or 19 years old.

Erminia M. Guarneri, MD, FACC, is shown here outside the Scripps Center for Integrative Medicine, where she is the Medical Director. Dr. Guarneri advocates prevention, healthy living, and alternative therapies.

When I went to college I decided to major in anthropology, but I was very disappointed with the large class sizes and the lack of small-group discussions. It was not uncommon to have 300 people in a class. That wasn't the way I wanted to learn. I felt that I could learn more just from my own reading. I had always been fascinated with literature, and I was an avid reader. Even when I was a kid, during summer vacation, I would read 10 books. In college I got into poetry, Shakespeare, and all of the literary giants. Even though at the time, I was not really thinking about medical school, on some intuitive level I knew I would eventually attend. I decided I did not want to major in biology or chemistry, like many of my peers. I wanted to be able to write. I enjoyed reading and writing so I stuck with English literature, but I also took all of the pre-med courses.

By the time I went to graduate school, I thought I would end up doing research, specifically research in bioengineering. The whole idea of bioengineering is to bring technology into life. There was a lot of research being conducted on animals, however, and I was too much of an animal lover. I very quickly realized I could not do research on animals and that bioengineering was not the path for me. By then, it became very clear that I was going to go to medical school. To me, working with people was the ultimate privilege—to work with people who are at a very vulnerable point in their lives and to hopefully make a difference.

So, while it was a circuitous route, it came with an “inner knowing.” Ultimately, I ended up where I needed to be, which is in the medical profession.

AT: Why cardiology?

Dr. Guarneri: There are a couple of reasons why I chose cardiology. First, I went to graduate school at night and worked full time during the day for two cardiologists at a cardiology practice. I was their electrocardiogram technician, and I began to learn a lot about cardiology. The appealing thing about cardiology for me was that I could see the results quickly. We can treat high blood pressure and elevated cholesterol levels, and if

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someone is having a heart attack, there is something we can do for them immediately. I felt that cardiology was a specialization where I could really make a difference. Although my intellectual fascination was really with neurology and endocrinology, I felt cardiology was an area where I could really get in and do something quickly.

Second, as I went through medical school it became very clear to me that the heart is so much more than just a pump. The heart is the place of our emotions. It is the place of our grief. How many times have we seen a patient describe the death of a loved one by putting their hand over their heart? It became very clear to me that the heart really encompasses just about everything.

AT: It's interesting that you make the connection of the heart as a mind-body-spirit organ, when conventional cardiology seems to focus so much on surgery and technology.

Dr. Guarneri: In Traditional Chinese Medicine, the heart is referred to as the "emperor of the body." Whenever you look at any ancient healing tradition, the heart has a prominent role as the seat of the soul or the seat of the spirit.

I did start out looking at the heart as a pump, and I did start my life out as a "plumber." That's what I used to tell people when they asked what I did. I'd say that I was a plumber because my job was to open arteries. That is very necessary and important work, but it is also very mechanical. Although it is a privilege to work with the human heart, I realized that if I was going to truly help people, I needed to work on the whole person.

After we placed a stent in a patient or completed a bypass, I'd often wonder about what else could we do. I began asking the very simple question, why does this person have heart disease? Is it about how they are living their lives? Who they are living their lives with? What are they eating? Do they have anger or depression? The heart lends itself beautifully to helping us explore all of these areas.

AT: Why did you make the switch from conventional cardiology to more of an integrated approach?

Dr. Guarneri: One day as I came out of the catheterization laboratory after completing a stent procedure, Dr. Dean Ornish was

standing there. I had not met Dr. Ornish at that point, nor did I know of his work. He told me he wanted to conduct a research study at Scripps, and he started to tell me about his work with lifestyle changes. I told him he really had the wrong person because my interest was in opening arteries—the tools, the mechanics, the catheters. I admitted to him that I knew nothing about nutrition because I was taught nothing about nutrition in medical school, and nothing about stress management, yoga, or anything else he was advocating. This was not my paradigm.

Eventually, for the sake of research, however, I agreed to be trained in these areas and to learn all that I could. I firmly believe that you cannot teach a patient what you do not understand. I began to spend time with heart patients who were doing retreats with Dr. Ornish. Eventually, I became involved with Dr. Ornish's retreats and started to watch how, in one week, people were transforming their lives by literally "cleaning out the garbage." I would hear them talk about how they felt and I'd watch them start to exercise and work on stress management. It was like

watching a full mind-body-spirit detoxification. As a physician, it was fascinating to see people cut their insulin levels in half and reduce their chest pain within just a week.

When we agreed to do the research, I was still performing stent procedures. Unfortunately, from a research perspective, patients had to choose between making lifestyle changes or having a stent or bypass surgery. While this seems silly now, that was the context in which the concept of integrative medicine was born for us here at Scripps. My nurse, Rauni King, and I simply sat down and said, why are we doing this? Why don't we help patients make positive lifestyle changes and provide stenting as an option? If people really need a stent procedure, they need one. At the same time, they still needed education about how to make lifestyle changes. So we started to blend both of our worlds together, and we called it integrative medicine.

AT: It's interesting because we don't often think of integrative medicine as providing us with a quick fix, but you found it in that week-long program.

Dr. Guarneri: Absolutely.

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AT: Was that the appeal?

Dr. Guarneri: No. It was great that after one week, the patients' pain was reduced and their blood sugar was coming down. Those are objective, measurable things. What was really eye-opening, however, was sitting in a support group and hearing for the first time the patients' perspectives on our healthcare system. It forced me to look at medicine in a totally different way.

It also changed my life. Going to the yoga classes really forced me to look at my own life and my own stress issues. As I was learning what was happening with my patients, I was also looking at what was happening with me. I went into that retreat eating meat and stressed out, and within a week I became a vegetarian, started doing yoga and meditation, and basically changed my life. That was 10 years ago. For me, it was a personal transformation. I have not only maintained that lifestyle, I have expanded it.

AT: That was a decade ago. What factors have since made your center so successful?

Dr. Guarneri: I think we were able to successfully create the center because I was a conventional cardiologist who was previously performing stent procedures, but was also doing integrative medicine research. We moved away from an "either or" mentality and began blending allopathic medicine with evidence-based complementary medicines.

We wanted to practice a more personalized medicine. We wanted to prescribe not just *one* diet, but the *right* diet for each unique patient. We wanted to give individualized exercise prescriptions. We wanted to use everything that was available to us to help the patient. If a patient needed a drug, they got a drug. If they needed surgery, they underwent surgery. But we also believed that they should still be able to go to stress-management classes, deal with their depression, and exercise.

In medicine, it has been hard to complete the circle of care and bring it all together because there has been so much of a singular focus on drugs and surgery. We often forget about the other pieces. Integrative medicine is more accepted by physicians because they realize it's not just about taking Laetriel or chemotherapy agents; it's about using what's available in all of evidence-based medicine. It's about creating a personalized

program for patients. The program may include acupuncture, yoga, or healing touch. It most definitely includes nutrition and exercise. So that's how we constructed the model.

AT: Did you feel like you were taking a professional risk?

Dr. Guarneri: I think it was a huge risk. It became an even bigger risk when I stopped performing stenting procedures and started really focusing on building the integrative medicine center. Because not only did it become a financial risk, it also became a

career risk. You can't stop stenting today and go back to stenting a year from now. I had done a lot of research in integrative medicine. But I looked at moving into the field as yet another stepping stone. It has really taught me why Western medicine is so good for the heart, but also why it is failing. And it is really failing in the area of prevention. We sit around and wait for people to have heart attacks so we can swoop in and fix them. Why not prevent the heart attack from occurring? So I think it was important for me to take this route on my medical journey.

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AT: Any regrets?

Dr. Guarneri: None at all. I believe that this was the path I was meant to take. Not only for my own growth and learning, but also for developing the credentials that would help me build the center.

AT: Looking back, what made your center unique then, and how has it changed over the past five years?

Dr. Guarneri: Since I am a cardiologist, we started out by focusing on the heart. We wanted to do everything we could to prevent heart disease and keep people out of the hospital. From there, the center grew to incorporate all of the other necessary pieces, such as exercise, nutrition, supplementation, stress reduction, and much more. We also considered the psychological health of our patients. Were they depressed, anxious, or stressed? Were they hostile? We needed programs in place that could help patients in these arenas. Physicians often direct patients to lose weight or lower their cholesterol, but that's where

it ends. Patients are left on their own to figure out how to make those changes. For us, if we want somebody to manage their stress, we provide programs that will help them. We also have a nutritionist to teach people how to eat. Our center really started as a unique heart program. What made us unique was that we used a truly integrative heart health model where patients may get a stent or a bypass, but they are also taught how to do yoga, and they learn how to eat healthy at the same time.

About three years ago, we were seeing a lot of pain problems in our program. People couldn't exercise because they had back pain or they couldn't get on the bike because they had knee pain—the typical orthopedic limitations. At the same time, we were dealing with heart patients who had many limitations regarding the drugs they could take. For example, if someone has renal insufficiency, they can't take a lot of Advil. We've also now seen the detrimental effects that COX-2 inhibitor drugs like Vioxx and Celebrex can have on some heart patients. We somehow figured that out years ago when we started treating pain with a safer, integrative approach. For example, we often use acupuncture, biofeedback, and healing touch to help manage pain so that we don't have to rely solely on medication.

Our program has grown into a specialty clinic that uses integrative medicine to prevent heart disease, manage pain, support weight management, and provide overall wellness and prevention programs to our patients. We don't just see people who already have a problem. We have many patients who are devoted to prevention. Patients will tell us that they have a family history of diabetes and are concerned, or that their dad died of a heart attack and they want us to help them with a prevention plan.

AT: What was the biggest surprise or most enlightening moment as you were building the clinic?

Dr. Guarneri: It's difficult to pick just one. The most important thing you can do in healthcare is come from the heart and really focus on doing things for the right reason. A painful "aha" moment was when we realized that, in general, insurance companies wouldn't pay for prevention. You can call your insurance company tomorrow and say that you want to get a nutrition consultation because of a family history of diabetes, and nine out of 10 insurance companies will not cover it. But if you called and said I already have diabetes, then you might get it covered. It was also painful to hear that patients would frequently only want treatments that their insurance companies covered. With that reality came the realization that we couldn't afford to operate. I had to quickly learn how to look at the bottom line and find a way that we could support ourselves. Many integrative medicine centers close because preventive medicine often is not covered. You can be offering the greatest, most effective medicine possible and be helping lots of people, but if the bottom line isn't healthy, it is not sustainable. It was our goal to create a healing, integrative model that would enable us to treat the whole person, while creating a model of care that is financially sustainable.

AT: From a business standpoint, is there a fear that you will do such a great job in cardiac rehabilitation that you won't need to do as many surgeries and therefore won't be able to fund all of your programs?

Dr. Guarneri: We all know that since there are so many medical problems and health issues in this country today, the best thing that could happen is that people could be healthier and we would have to see people less. But the real paradigm shift is not going to occur until physicians are reimbursed for keeping people well. In today's healthcare system, you can be the best physician in the world, who teaches everyone to eat right, exercise, and stay slim, trim, healthy, and out of the hospital, but at the end of the day you will receive little if any reimbursement for that. Insurance companies need to start paying for prevention. Patients' insurance rates need to go down if they don't develop diabetes or if they lose weight. Consumers need to be more empowered to be proactive about their healthcare.

AT: How quickly can we expect significant changes in our healthcare system?

Dr. Guarneri: If you want to turn a 747 around, you don't suddenly throw the wheel and expect it to turn. You have to start miles in advance before it will shift course. It's the same thing



in healthcare—it's going to take time for all of these pieces to come into place. But even this year, for example, Medicare is starting to pay for prevention assessments. That's a big step. There are other industries that have to be involved too. It's curious to me that we can allow partially hydrogenated oils in our foods. There's high-fructose corn syrup in practically all processed foods. To a cardiologist, that is like smoking a cigarette. There is a lot of responsibility, not only on the consumer side, but on those who are producing these products. And there's another piece—education. What if we started teaching children how to eat properly and how to manage their stress? What if, early on, we started teaching children techniques for breathing deeply, meditation, whatever it is? The whole shift has to occur on so many different levels. The healthcare industry is just a part, but it really extends outside of that. It's like a mushroom—it just starts growing. It's good that they are all actually happening simultaneously. We will hit a critical mass, and things will just become more commonplace.

AT: From your perspective, what has been the most significant change in the area of integrative medicine?

Dr. Guarneri: We wrote the proposal for an integrative medical center in 1996. I think we have moved from the point of “we don't know what this is” to more centers opening across

the country. Integrative medicine is slowly becoming a household word. It's not there yet. Many people still don't know what it means, but it's slowly coming along the way. We now have children learning yoga. Acupuncture is more accepted, along with traditional Chinese medicine. The role of nutrition in health is much more accepted. We have the American College of Cardiology discussing how stress, anger, and hostility affect the heart. Mainstream physicians were not talking about things like this 10 years ago. Now integrative therapies are shifting from the fringes into the mainstream. When it becomes part of the mainstream, you don't even need the term, “integrative medicine” anymore—it is just medicine.

AT: If we were to have the same conversation five years from now, what would you predict would be another change we might be talking about? If you could predict the future, what is going to be the next big step in integrative medicine?

Dr. Guarneri: I think we are going to move into an area, and some of us are already there, of personalized medicine. “Personalized” meaning looking at the patient genetically to help us make recommendations on nutrition, supplementation, and medications. Integrative medicine lends itself really beautifully to personalized medicine because integrative practitioners today are really the people who understand nutrition,



and understand supplements, specifically nutraceuticals. I think we will see more food as medicine products. My hope is for more mainstream implementation of integrative medicine, of the modalities that we use. The biggest obstacle to practicing integrative medicine right now is the financial aspect. Most insurance companies are not paying for the therapies. It's making it hard for integrative practitioners to practice. It's making it difficult for centers to exist within hospitals. There's also the issue of research—good quality research needs to come out to support the integrative medicine model.

I also think that the new paradigm, aside from shifting away from crisis healthcare and focusing on prevention, is really going to focus on biofield therapies. I think we are going to realize the body vibrates—the body is water. We are going to start to have a better understanding of therapies like homeopathy, acupuncture, and healing touch. We will really start to understand mechanisms for these types of therapies.

AT: What gets you most excited about medicine right now?

Dr. Guarneri: I think the most exciting thing about medicine right now is our ability to do things and work with people in a way that we haven't been able to in the past. Let me just illustrate that. This week, I had a 30-year-old woman come to see me because she wants to get pregnant. She is unable to get pregnant because she is on medication for arthritis and she is looking for different ways to manage her pain. Just this week alone, we have been working with her to reduce her pain using different modalities, including healing touch, hypnosis, and acupuncture, and after just a couple of sessions, she is already improving. We are using integrative medicine to help people—that's exciting. She's finding a world outside of steroids. For me, it's about working with the individual, one on one, and seeing a life change. That's the thrill of it; that's the most important thing.

Medicine is about people, and it's personal. To me, when physicians lose the fact that it's about people and that it's personal, then they've lost the reason for doing the work.

AT: What does the future hold for you?

Dr. Guarneri: One priority is to extend my research. My goal is to dedicate one day a week to research. Right now, we have several studies underway at the center. In the future, these results will be published and presented.

At the center, plans are underway for the launch of phase II of our expansion project, which includes a healing environment makeover throughout the center. In June of 2004, we completed phase I, where our dreams of a healing environment came to life through the addition of Dickinson & Gooding Center for Early Detection. Its architectural design is inspired by The Golden Mean. We have taken this natural geometric proportion known throughout history to create a healing environment. We have used elements found in nature—textures, patterns, and colors—and design elements such as natural light, curved spaces,

and variations in ceiling height to calm and soothe the mind. This healing environment is an essential part of our healing approach. In phase II, our whole center will receive a healing makeover and undergo an expansion to include healing gardens and a meditation labyrinth.