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**OUR ANNUAL ROUNDUP OF THE NOBLE AND THE NOTABLE,
INCLUDING THE REGION'S BEST DOCTORS AS VOTED BY THEIR PEERS**

“WE’RE NOT reinventing the wheel here,” fertility specialist Dr. Anish Shah says of the work he is doing with Chinese medicine practitioner Keith Bell. What he is referring to is the growing national movement toward collaborative health care in all fields of medicine. Working together, across disciplines, results in better outcomes and more satisfied patients — as our story of Shah and Bell’s alliance, as well as those of other doctors and specialists, unequivocally demonstrates in the following pages.

For our 2014 Top Doctors survey, we asked local physicians to recommend their peers in 90 categories. We also asked them to nominate their nurse colleagues in five special honors categories: lifetime achievement, palliative and hospice nurse, pediatric nurse, psychiatric nurse and school nurse.

We sent letters to 4,077 doctors, inviting them to complete our online survey. From our list of current licensed practitioners, obtained from the Virginia Department of Health Professions, 719 responded to the survey — a response rate of 17.6 percent. ▶

By Emma Coates, Chad Anderson, Anne Dreyfuss and Joan Tuppeonce



Keith Bell (left) and Anish Shah

“The patient community is hearing about it, and they’re very excited.”

— Keith Bell

BETTER TOGETHER: COLLABORATIVE CARE

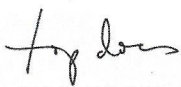
WEST MEETS EAST

Dr. Anish Shah is a fertility specialist at the Richmond Center for Fertility and Endocrinology. Keith Bell is the founder of Oriental Medicine Specialists. They have been working together for six months, treating infertile couples and patients with polycystic ovary syndrome.

- ▶ **Keith Bell:** I’ve been in this town for 14 years doing holistic reproductive medicine, so I’ve worked with all the physicians in town, but there’s never been a collaborative effort [like this one]. In the past, the reproductive endocrinologist moves on with their plan and I move on with my plan, and only the patient is aware of the [overall] plan. Never have we consulted and come up with one plan [until now]. It may take a little longer to treat the patients, but we’re getting better results.
- ▶ **Anish Shah:** We had a patient who had very low egg numbers, and that makes them very resistant to my treatment. They have cyst formations, and then we can have some challenges of implantation. This is where Keith came in. He started to apply acupuncture, herbal medicine and diet therapy, and with that help, we were able to get a more optimal cycle to start with, and [that allowed us to help] her have a wonderful cycle. Acupuncture also reduces the amount of stress and anxiety, which reduces the amount of hormones

that can work against [patients].

- ▶ **KB:** I teach holistic medicine theory, and there’s a difference between alternative medicine, complementary medicine, integrative medicine and holistic medicine. And this is actually how Anish and I met. He heard me speaking at an infertility conference where I was teaching people what the different terms mean. We’re taking the theories of Chinese medicine, the theories of Western medicine, and utilizing the best of both.
- ▶ **AS:** There is a wonderful national trend, and we’re just trying to bring this to this local community, and make people recognize that Oriental medicine can be used in conjunction with Western medicine and it’s even more helpful. When I [moved] here six months ago, it was, I don’t know, a stroke of luck? I went to a conference and Keith was there, and I was like, “Keith, I think we could do something together — are you interested?” And he was like, “Absolutely. I’ve been waiting for someone to want to do this for 14 years.”
- ▶ **KB:** And the patient community is hearing about it, and they’re very excited. Because people want their doctors to understand everything that they’re utilizing. And that’s what’s been actually a lot of fun for us, and the patients, too. This is a hard time for them, and if they can get treatment and actually feel like they’re a part of it and having fun with it, then it’s a big deal.
- ▶ **AS:** One of the interesting things is that how I look at things is very Western. I was taught at Duke, and I’m looking at it very scientifically. The way Keith looks at things, he looks at the body in a different prism, and so when we start to talk, we →



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↪ **west meets east** *cont'd*

start to see that we're actually thinking of it similarly, but we're using different terminology. You know, we're not reinventing the wheel here. At cancer institutions, the radiation doctors, the oncologists and the surgeon all meet, and that collaborative experience improves clinical care and outcomes.

- ▶ **KB:** As far as our outcomes, it's too new [to say how successful this is]. We're six months in. What's interesting is that we're seeing people who tried treatment over and over and over and didn't respond, and they're now responding.
- ▶ **AS:** We've had quite a number of pregnancies recently, and until we have a threshold of patients to really understand and study that, we can only say anecdotally that it probably is helpful. We know there are things that I do that can work against what Keith does and vice versa, so no matter what, the principles are there to say we should be talking. The other thing is, we know that our patients are happy.
- ▶ **KB:** One of the things I love about the way Dr. Shah works is he's looking for the best outcome for the [best] price. You want it to be affordable, and it's not a [quick fix]. It's [about saying], "Step back, let's get you as healthy as possible, and let's do this where you can afford it and take the stress off." It's restoring my faith in a medicine that I chose not to go into. And then I do that with my patients, because I see tons of patients who are losing faith in a system.
- ▶ **AS:** It's so funny For centuries they've been doing what they've done in the East, and clearly you can't dismiss the fact that all this was working, but yet we're very myopic in our way. Sometimes, in the Western side of the world, how we approach medicine, we think of it very linearly and we think of it in a very analytical process. But what's interesting is the way I think about something, and then when I ask Keith to explain to me his approach and what he's doing and how he's dealing with that, suddenly I'm like, "Well, you know what, that's because this organ does this — wait a second, this makes sense." It's like this "Eureka!" moment.

Richmond magazine

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