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Book Review: Handbook of Mind-Body Medicine for Primary Care.

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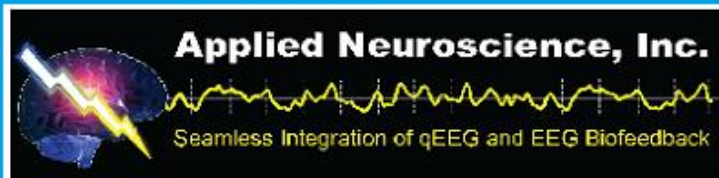
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BOOK REVIEW



HANDBOOK OF MIND-BODY MEDICINE FOR PRIMARY CARE.
Donald Moss, Angele McGrady, Terence C. Davies and Ian Wickramasekera (Editors). Thousand Oaks, CA: Sage Publications, <<http://www.sagepub.com>>, 2003, \$99.95.

I received a copy of this book and, intrigued by the title, decided to review it myself rather than pass it on. As a career Family Physician (and neurotherapist) I was especially interested in what this book would have to say to the primary care MD or Nurse Practitioner about how mind-body medicine, biofeedback, and especially neurotherapy could be an important part of individual treatment planning for a variety of disorders. Although neurotherapists may see themselves aligned with behavioral medicine in the guise of psychiatric specialists, it is well known that the bulk of affective disorder, ADHD, addictive disorder, pain management, anxiety and somatization problems are managed by primary care providers. And, in my estimation, many primary care providers have an interest in providing integrative health care. I recall the efforts I spent as a member of the Complementary and Alternative Medicine (CAM) task force at the University of Minnesota College of Health Sciences a few years ago in coming up with a curriculum design for medical students. This text, if available then, would have been invaluable. As it stands, it is a very thorough and up-to-date clinical handbook and reference for the primary care doctor or nurse.

The introduction, written by Terrence C. Davies, MD (Chair of Family and Community Medicine, Eastern Virginia Medical School) and Frank V. deGruy, MD (Chair of Family Medicine, University of Colo-

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rado School of Medicine) stresses the centrality of primary care in health delivery systems world wide. Considering the cost of this care, more and more accepted as a “right,” these authors point out that the majority of health problems presented by patients to their providers can be “defined in terms of mind-body illness, and therefore the publication of this work, at this point in time, becomes a matter of considerable significance” (p. x). The authors also acknowledge the contentiousness of both primary care in the scheme of things, and the proper role and significance of CAM therapies, and state that maybe a better title might have been “A Handbook of Controversies in Mind-Body Medicine and Primary Care Practice.” All that said, I find the book quite living up to its title—it really does cover the waterfront of practical mind-body (read medicationless) therapies that can be useful in primary care.

The first thing I noticed (naturally) were chapters devoted almost exclusively to neurotherapy. Chapter 9, “Neurofeedback, Neurotherapy, and Quantitative Electroencephalography” by Ted LaVaque, PhD, appears in “Part II. Basic Clinical Tools.” This section also includes chapters on progressive relaxation, biofeedback and biological monitoring, hypnotherapy, cognitive behavioral therapies, acupuncture, and spirituality and healing. Chapter 25, “Attention Deficit Hyperactivity Disorder” by Joel Lubar, appears in “Part III. Applications to Common Disorders.” This section also includes chapters on headache, facial pain, asthma, coronary disease, obesity/type II diabetes, functional bowel problems, fibromyalgia and chronic fatigue, anxiety and mood disorders, sleep, rheumatoid arthritis, premenstrual syndrome, and finally chronic care. I found these chapters especially rich in both concept of care and practical approaches to individual problems. The chapter on “The Metabolic Syndrome: Obesity, Type 2 Diabetes, Hypertension and Hyperlipidemia” really caught my eye. This chapter, written by a primary care physician, a nurse, and a psychologist is a model for integrative care for “the American epidemic.” It is well thought out in terms of integrative care, offering broad guidelines for diagnosis and treatment. Other chapters, such as the one on urinary incontinence, are somewhat more specific.

The meat of “Part II. Basic Clinical Tools” and “Part III. Applications to Common Disorders” is sandwiched between “Part I. Models and Concepts for Mind-Body Medicine” and “Part IV. Education for Mind-Body Medicine.” The opening section is conceptual as noted. In this section I was particularly interested in Chapter 6, by Davies, “A Comprehensive Approach to Primary Care Medicine: Mind and Body in the Clinic.” Davies begins his dialogue referencing Damasio’s “Des-

cartes' Error," laying the groundwork for his argument for CAM integration in that we are functionally more than any of our parts, and that our parts are not functional in themselves. Ninety percent of symptoms seen in primary care can not be explained on the basis of physical findings. I was also intrigued by Wikramasekera's discussion of placebo, that the suggestibility engendered by biofeedback-induced relaxation enhances the suggestibility induced by the equipment and setting. After all, we are all looking for a better placebo in our *primum non nocere* approaches to empowering our patients to better manage their own deleterious psychosomatizations. "Part IV. Education for Mind Body Medicine" is brief but essential, and perhaps in future editions could be expanded. The dessert of the book comes at the end: Donald Moss's delightful "Existential and Spiritual Dimensions of Primary Care: Healing the Wounded Soul." Wise, comforting, and very real, this chapter is a must read for anyone who does patient care at any level, from the billing clerk to the CEO to the brain surgeon.

You can accurately guess that I liked this book. I wish it were available in a less expensive format—at \$100 a copy for hard cover, it might not make its way into the hands of the practitioners and students who need it the most. But, if you have a favorite Family Doc, Internist, Nurse Practitioner, or administrator and you want them to have a nice gift—buy them this book. But read it before you give it away!

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