

Integrative Mind-Body Medicine as a Treatment for Psychophysiological Disorders Utilizing the Seven Keys to Treating Stress Illness

Editorial

Integrative Medicine is a revolutionary approach emerging to represent a broader healing paradigm of medicine than the biomedical model alone. This type of medicine is patient centered and healing oriented, integrates conventional and complementary therapies and involves a paradigm shift from illness to health [1,2]. Integrative Medicine uses conventional and alternative therapeutic approaches including but not limited to Mind-Body Medicine (Yoga Therapy, Tai Chi, Pilates), meditation, acupuncture, massage therapy, Animal-Assisted Therapy (AAT), nutritional supplements, biofeedback, neurofeedback, evidence-based self-care, chiropractic care, Traditional Chinese Medicine, homeopathy, naturopathy, spiritual healing, ritual healing, clinical and applied hypnosis, guided imagery, herbal medicines, aromatherapy, touch therapy, energy therapy, art therapy, music therapy, Rhythmic Auditory Stimulation (RAS), and other various forms of scientifically validated complementary and alternative medicine [2-8].

Through my gerontology classes and private wellness sessions I have recently "started integrating integrative medicine into my practice" [9]. Although health care professionals and researchers have not reached a complete consensus on the exact definition of Integrative Medicine they do agree that it exists. Integrative Medicine is generally referred to as a whole-person approach designed to treat the health of the person, and not just the illness of the patient [10].

Mind-Body Medicine

"Mind Body therapies are based in patient centered care. As with integrative medicine the plan is to involve the patient in his/her care plan" [11]. Saybrook University, a leader in the forefront of Mind-Body Medicine, defines this practice as "holistic mind-body techniques to help individuals and groups live healthier lives in both normal and traumatic situations" [12]. As a health and wellness professional, Multidisciplinary Professor and Behavior Health Consultant (BHC) I strive to provide appropriate direction and support to develop the understanding of the need for integrating Mind-Body Medicine for my geriatric clients. Many Americans recognize this type of medicine as alternative or as a complementary healing oriented medicine for health [13]. When patients and physicians understand and employ this healing paradigm shift from illness to health, it will improve the quality of care given to patients and enhance recovery [14].

Many treatment modalities that we take for granted as a first line of therapy were once introduced as new Mind-Body treatments within Integrative Medicine [9]. We should remember

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Volume 1 Issue 3 - 2015

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Received: June 12, 2015 | **Published:** August 04, 2015

throughout history what used to be complementary or alternative is now the norm and what is complementary now can and usually does become routine medicine [9]. Many of America's hospitals, physicians, health care systems, research universities, medical schools and professional practices are already creating the future of health care by applying the concepts and principles of Integrative Mind-Body Medicine to treat a myriad of illnesses with considerable success [12].

Psychophysiological Disorders

A patient with a non-existent physical illness who complains of frequent and persistent physical symptoms unaccounted for by pathological findings is medically recognized as a Somatizer [15]. Somatic stress symptoms are quite real and can manifest anywhere in the body. This condition is known as Stress Illness, Psychosomatic Illness, Psychosomatic Disorder, Somatoform Disorder or more recently Psychophysiological Disorder (PPD) and can cause mild secondary physical health outcomes or can be extremely severe and cause lifelong symptoms if left untreated [16,17]. Post-Traumatic Stress Disorder (PTSD), one of the recognized stress illnesses, alone affects approximately 7.7 million Americans [18]. Stress symptoms are also commonly reported by 90% of patients seen by physicians including chronically ill patients and psychiatric patients [16,19]. Despite historical and recent efforts, we are just beginning to understand the underlying theoretical framework and processes of Stress Illness and PPD symptoms that many patients experience.

When relevant diagnostic tests including physical exam, blood tests, chest x-ray, depression screenings, and additional diagnostic testing by physicians do not reveal a cause for the symptoms a patient is seeking treatment for, it is very likely they have PPD [20]. Moreover, PPD symptoms are just as real as symptoms caused by another diagnosed disease and also just as treatable and beatable [16]. Mind-Body Medicine can be an effective prescribed and

monitored treatment for Psychosomatic Illness, Psychosomatic Disorder, Somatoform Disorder and Psychophysiological Disorder when integrated within the Seven Keys to Treating Stress Illness [5,16].

Mind-Body Medicine Treatment Plan

Mind-Body Medicine plans for treatment of Psychophysiological Disorder (PPD) include different types of interrelated and mutually reinforcing therapeutic treatment modalities to address and manage patients symptoms presented. Where appropriate the approach to relieving the patient's PPD symptoms will be relieved by the following seven keys to treating stress.

Seven keys to treating stress illness

- Key 1 – Understand that your symptoms can be diagnosed and treated
- Key 2 – Search for the sources of stress
- Key 3 – Care for yourself
- Key 4 – Get right by writing
- Key 5 – Use appropriate therapies
- Key 6 – Overcome hidden resistance
- Key 7 – Become the person you were always meant to be [16]

Patient's psychophysiological disorder treatment plan

Step 1: Understand that your symptoms can be diagnosed and treated. Millions of people see a healthcare professional every year for symptoms of stress; an estimated 90% of all visits to primary care physicians (PCP) are for stress-related adverse health disorders [16,19]. You are not a hypochondriac your stress related PPD symptoms are just as real as symptoms caused by another diagnosed disease and also just as treatable and beatable with Mind-Body Medicine [5,16].

Step 2: Search for the sources of stress. Make a list of stressors by creating an A. Illness Description and a B. Stress Inventory. First, for the Illness Description list write down all of the stress related information you can think of "including the date your symptoms began, how often they occur, their location in your body and any connections you can find to the people, places and events of your life" [16]. Second, for the Stress Inventory list, write down everything that currently causes you worry, anxiety, fear, tension, rage, anger or emotional pain and also include every stress that has caused these emotions in the past [21]. Carry this stress inventory list with you so that you can add to it whenever you think of a new stressor. Third, use these two lists to find a connection in timing between a particular stress and your symptoms, a stress trigger, or a common stressor. Having an accurate understanding of your stressors is first powerful technique toward reducing your symptoms [16]. With this assessment of past and present stress you can begin to take control of your illness by removing the parallel stress connections or adapting to the stress triggers found.

Step 3: Care for yourself.

- I. The patient needs to set aside at least five hours a week to do activities that are joy focused and not goal focused to enable patient to just relax. This patient should self-indulge for the fun of it; have a blast with guilt-free enjoyment [21].
- II. The patient also needs to utilize Mind-Body meditation and relaxation techniques (RT). The assigned activities will be yoga, yogalates muscle relaxation, pilates movement meditation and tai chi mindfulness. The patient will participate in 3 activities one hour per week as a form of meditation and self-indulgence [16,22].
- III. Review the stress inventory list and select two items from the list that can be improved. After this success, select two more with the goal of reducing some of the PPD symptoms. Keep track of this progress on the stress inventory journal (list).
- IV. Prioritize and take charge of stress by reducing demands and developing healthy coping skills to the stress that remains in your life [23]. Realize it is okay to say no to others and to yourself by setting boundaries so you do not become stretched too thin [16].
- V. Patient needs to revisit and rebalance time management system by allocating a specific time every day for work, exercise and Mind-Body Therapy. Turning off instant messaging, text and email notifications on all social media and smart phones when working and participating in Mind-Body exercises will reduce interruptions and more importantly reduce the amount of stress felt from digital demands [24]. Remember we cannot literally manage time; we can only manage what we do with the time that we have [25]. Covey's Matrix is an excellent tool for determining what is important and urgent. Many multi-taskers can reduce stress and actually have been able to achieve more professionally and personally when they complete the important quadrant activities as compared to the urgent quadrant activities [26].

Step 4: Get right by writing. Writing a letter to the person who may have mistreated you can relieve somatic emotion that would otherwise build up and surface as PPD symptoms. This type of writing converts somatic emotion and/or rage to written communication. You do not have to mail the letter or letters, just write them.

Step 5: Use appropriate therapies. Overall health outcomes can be improved and stress illness can be treated by utilizing appropriate therapies and applying current resources [17]. This is key in Mind-Body Medicine stress illness treatment because it involves the treatment of multi-factored stress-induced medical symptoms, new diagnoses and previously diagnosed disorders. This will be a documented Mind-Body therapy plan of care signed by the PPD patient.

- I. The aforementioned Mind-Body meditation, yoga, yogalates muscle relaxation, pilates movement meditation and tai chi mindfulness are effective treatments for many of the symptoms of PPD. In addition to the benefits typically associated with Mind-Body Medicine, improved strength,

flexibility and breathing, a Yoga routine often provides the following benefits: reduced pain, reduced aggression, reduced obsessive and self-stimulatory behaviors, reduced depression and anxiety, more control of emotions, the joy of sharing class with others and making new friends [22]. Yoga's physiological and psychological processes that produce so many positive benefits are achieved through respiratory manipulation via breathing technique, postures, and cognitive controls via relaxation and meditation [27]. Yoga is an excellent practice for meeting the challenges of patients with PPD.

- II. The patient may also benefit from as-needed benzodiazepines if PPD causes anxiety. Mental health counseling may also be used as-needed. Both of these therapies might need to be explored in the future if Mind-Body treatments do not suffice alone. Integrative Mind-Body Medicine is less of a stand-alone therapy "and more of something that one should integrate into their practice" [9].
- III. There are a multitude of other alternative and complementary therapies available in addition to Mind-Body treatments [9]. Replacing anxious thoughts with positive thoughts through self-talk can be attempted. Journaling along with the stress inventory should also be used as a guide to ongoing stressors that cause anxiety.
- IV. Several elements of the Health Belief Model (HBM) including severity and curability of PPD and the benefits of stress-specific disorder social support are of import for behavioral health counseling and understanding the health risk behavior of individuals living with PPD symptoms [28,29]. Many healthcare professionals and wellness experts utilize the HBM model and the Transtheoretical Model (TTM) to assist their clients and patients [30,31]. The original TTM postulates that person's readiness to change their health behavior will fall into one of the following five stages; precontemplative, contemplative, preparation, action, and maintenance [31-33]. Assessing a patient's current stage and readiness to participate in Mind-Body treatments and to change health-related behaviors is imperative in helping the patient apply a successful therapy program. Researchers have found that programs personally adapted for a patient's readiness for making healthy lifestyle changes is an effective treatment for stress-related symptoms [34]. Therefore, to stop the cycle of the PPD symptoms the maintenance stage needs to be a continuation of behavioral change, not a termination of behavioral change [31]. Journaling can also be used here with the stress inventory list as a guide to ongoing stressors that cause stress-related behaviors and symptoms.
- V. Low Self-Esteem Treatment - A PPD patient should acknowledge their heroism and be proud of all of their accomplishments by switching to a more appropriate self-esteem [16]. Patients need to focus on the positive by first accepting positive feedback from others. For the individual with low self-esteem stemming from relationship issues, the patient must attempt to seek a relationship where the percentage between partners is balanced. Learning to develop a balanced accurate view of yourself will help in eliminating

PPD symptoms. Treating inadequate self-care skills can also improve self-esteem [19]. When a PPD patient "can feel more calm and comfortable in his body, with less pain and anxiety, it is easier for him to control his behavior, learn new skills and enjoy social interactions" [22].

- VI. Joint and Muscular Pain Treatment. Having a medically diagnosed condition can contribute to stress-illness related symptoms [35]. Successful ongoing as-needed daily treatment for chronic joint pain includes Mind-Body Yoga Therapy, RICE therapy and muscular strengthening and flexibility exercises [36]. Over the counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs) aspirin, ibuprofen and/or naproxen can also be used. Weekly treatments may include transcutaneous electrical nerve stimulation (TENS) unit, Acupuncture mat, OTC acetaminophen, Pamprin, OTC non-steroidal anti-inflammatory creams and lidocaine creams. Nutritional supplements for joint pain include calcium, glucosamine sulfate, chondroitin sulfate, MSM, vitamin D3 and hyaluronic acid. Prescription strength as needed treatment can include prednisone, Tylenol-3, hydrocodone or other opioid medications, and methocarbamol.

Step 6: Overcome hidden resistance. Identify and overcome personal hidden barriers to wellness [16]. There are many personal reasons why some people are physically active and others are sedentary (physically inactive). Some of these reasons may have a chronological link to PPD symptoms. Most of these reasons stem from the individual's perceptions of the benefits of exercises and the person's barriers to engage in Mind-Body exercise or physical activity [37]. There are several reasons why people are inactive. The two reasons that I hear most frequently, from my clients, are I don't have time and exercise hurts. Fitness experts report the time required for exercise is widely understood as the most common reason for low levels of exercise in the United States [38]. I agree with these fitness experts; many of my clients, students and colleagues tell me they don't have time to exercise and cite their lack of time as the one and only reason they are not fit. Also, my geriatric students have told me that they are too "out of shape" or that exercise "hurts" because of chronic injuries.

Another underlying reason why people are inactive is that they feel embarrassed about working out in front of people they do not know. In addition, if someone is overweight, they might feel insecure about other people seeing them in a swimsuit or workout clothes. Yet another barrier is that some people do not know how to start a exercise program (specifically a Mind-Body Medicine program) and do not think that they can afford a personal trainer. Time constraints, personal health, and the internal and external factors all function as elements that explain an unhealthy inactive lifestyle [37].

Step 7: Become the person you were always meant to be. By utilizing steps 1-6 a better understanding of the stressors will be achieved. This understanding will help to reverse the long-term impact of PPD symptoms [19]. Through hard work frustration will be replaced by pride [16]. I agree with the wise old adage there is always room for improvement. Writing down what we have, what we want, and what we need is an important step for identifying personal goals, meeting these goals and verifying that proposed

aspirations actually match our finished accomplishments [39]. As health practitioners we need to address the constructs of healthy behavior for our clients and for ourselves while practicing what we preach. This can be achieved by emphasizing the benefits of living a healthy lifestyle, eating a healthy diet, participating in Mind-Body exercise and by providing education on how to overcome perceived and real barriers to healthy activities [40].

Participating in Mind-Body Medicine therapy can spark a renewed love for health, wellness, physical activity and the quest for updated knowledge on stress management, behavioral health and health education. By implementing a lifetime Mind-Body Medicine program the PPD patient can take proactive steps to reduce stress in their life and maintain health and wellness [41]. Active people tend to lead a healthier lifestyle in all dimensions of wellness. Some of the reasons people stay active are because they want to prevent the risk of cardiovascular disease, prevent obesity and prevent mental illness and other mental disorders. People that regularly exercise usually have higher self-esteem because they look good and feel good. Additional reasons why a person with PPD needs to become more active are because Mind-Body exercises help to maintain emotional well-being by feeling more energetic, reducing stress level and producing a positive outlook on life combatting any adverse past experiences.

Conclusion

Mind-Body Medicine is a feasible treatment and is associated with significant therapeutic benefits, especially if exercise is done at least three times per week, among individuals with stress illness, mental disorders, and PPD [16,42]. All of the aforementioned treatments presented for the PPD symptoms need to be implemented and the progress, changes and improvement should be evaluated and documented in writing. There is hope; significant relief and or complete elimination of PPD stress-illness symptoms through these relatively simple procedures can be achieved [16].

Mind-Body treatments will enhance patient experience, improve population health, and reduce per-capita costs. As health care costs continue to skyrocket in the trillions, the Centers for Integrative Medicine and Healing presents treatments in Mind-Body Medicine as a more effective and less costly option [43]. This movement is leaving its imprint on health care as we see the use of the comprehensive treatments within Integrative Medicine increasing in the United States and across the globe [1,7,12,43]. However, based on published research, Mind-Body Medicine, Complementary and Alternative Medicine (CAM) and Integrative Medicine appears to be significantly prevalent only among patients with a higher education [44,45]. It is imperative that health professionals lead by example and counsel all patients on the multitude of effective interventions, natural and less invasive treatment modalities available within Integrative Medicine. Health practitioners can achieve this by emphasizing the benefits of Integrative Medicine and by providing education on how to utilize integrative therapies in addition to and integrated with traditional medical treatments.

References

1. Rakei D (2012) *Integrative Medicine* (3rd edn), Saunders, New York, USA.
2. Lord Stewart K, Tassone S (2015) *Integrative and Active Patient Care*, Interview with Shawn Tassone, MD. Foundational Nutrition.
3. Barrett B, Marchand L, Scheder J, Appelbaum D, Chapman M, et al. (2000) Bridging the gap between conventional and alternative medicine: results of a qualitative study of patients and providers. *Journal of Family Practice* 49(3): 234-239.
4. Buber M, Kaufmann WA (1996) *I and thou*. Touchstone, New York, USA.
5. Center for Mind-Body Medicine. (2015) *Center for Mind-Body Medicine Mission Statement*.
6. McCord G, Gilchrist VJ, Grossman SD, King BD, McCormick KE, et al. (2004) Discussing Spirituality With Patients: A Rational and Ethical Approach. *Ann Fam Med* 2(4): 356-361.
7. Russo R (2014) Conventional practitioners' communication of integrative alternatives for chronic back pain: An evidence-based, patient-centered model. *Integrative Medicine* 13(2): 35-41.
8. Tassone S (2015b) IBC 780: Integrative Medicine. Week 6: Ritual in Healing [Webinar].
9. Tassone S (2015a) IBC 780: Integrative Medicine, Foundations of Integrative Medicine: Week 1 [Webinar].
10. Astin JA (1998) Why patients use alternative medicine: results of a national study. *JAMA* 279(19): 1548-1553.
11. Tassone S (2015c) IBC 780: Integrative Medicine. Week 7: Mind-Body Medicine.
12. Mind-Body Medicine MS/PHD: Create the future of healthcare. (2015) Saybrook University.
13. What is Integrative Medicine? (2015). Arizona Center for Integrative Medicine, University of Arizona.
14. Tassone S (2012) The surgical suite as a sacred ritual. *The Journal of Science and Healing* 8(5): 299-303.
15. Desai G, Chaturvedi SK, Dahale A, Marimuthu P (2015) On Somatic Symptoms Measurement: The scale for Assessment of somatic Symptoms Revisited. *Indian J Psychol Med* 37(1): 17-19.
16. Clarke DD (2007) *They Can't Find Anything Wrong! 7 Keys to Understanding, Treating, and Healing Stress Illness*. Sentient Publications, Boulder, USA, pp. 200.
17. Macchi CR (2015b) Weekly Webinar: Week 5- Somatizers, Stress and Health Theory, & Social Cognitive Theory. IBC 613: Cognitive/Affective Bases of Health. [Webinar].
18. Roy SS, Foraker RE, Girton RA, Mansfield AJ (2015) Posttraumatic stress disorder and incident heart failure among a community-based sample of US veterans. *Am J Public Health* 105(4): 757-763.
19. Boone JL, Anthony JP (2003) Evaluating the impact of stress on systemic disease: The MOST protocol in primary care. *J Am Osteopath Assoc* 103(5): 239-246.
20. Keyes CL, Ryff CD (2003) Somatization and mental health: A comparative study of the idiom of distress hypothesis. *Soc Sci Med* 57(10): 1833-1845.

21. Clarke DD (2015). Weekly Webinar: Week 5 - Patient Treatment. IBC 780: Psychosomatic Illness: Diagnosis & Treatment. [Webinar].
22. Yog Autism. (2015) Spectrum Yoga Therapy.
23. Stress Management. (2015) ASU Wellness.
24. Berman R (2011) RES 811: Dr. Ronald Berman on Time Management. Grand Canyon University (GCU). Course Contents, Week 2: [docx file].
25. Cole T (2013) Self-Manage for Sales Success. American Salesman 58(12): 27-30.
26. Corbin C, Welk G, Corbin W, Welk K (2013) Concepts of physical fitness. (17th edn), McGraw Hill, New York, USA.
27. University Academic Success Programs [UASP] (2014). Online Tutoring.
28. Washington TD (2009) Psychological stress and anxiety in middle to late childhood and early adolescence: Manifestations and management. J Pediatr Nurs 24(4): 302-313.
29. Radhakrishna S, Nagarathna R, Nagendra HR (2010) Integrated approach to yoga therapy & autism spectrum disorders. J Ayurveda Integr Med 1(2): 120-124.
30. Akey JE, Rintamaki LS, Kane TL (2013) Health Belief Model deterrents of social support seeking among people coping with eating disorders. J Affect Disord 145(2): 246-252.
31. Macchi CR (2015) Health Belief Model & Theories of Reasoned Action and Planned Behavior: Week 3 [Webinar].
32. Glantz K, Rimer BK, Viswanath K (2008) Health education and health behavior: Theory, research and practice. Jossey-Bass, San Francisco, USA, pp. 533.
33. Macchi CR, Russell C, White M (2013) Shifting processes model: A conceptual model for sustainable weight management. Fam Syst Health 31(4): 326-337.
34. Armitage CJ (2009) Is there utility in the transtheoretical model?. Br J Health Psychol 14(Pt 2): 195-210.
35. West R (2005) Time for a change: Putting the Transtheoretical (Stages of Change) Model to rest. Addiction 100(8): 1036-1039.
36. Thernstrom M (2011) The Pain Chronicles: Cures, Myths, Mysteries, Prayers, Diaries, Brain Scans, Healing, and the Science of Suffering. Macmillan Publishers, Picador, New York, USA, pp. 384.
37. Stracciolini A, Meehan WP III, d'Hemecourt PA, Facep MD (2007) Sports rehabilitation of the injured athlete. Clinical Pediatric Emergency Medicine 8(1): 43-53.
38. Juarbe T, Turok XP, Pérez-Stable EJ (2002) Perceived benefits and barriers to physical activity among older Latina women. West J Nurs Res 24(8): 868-886.
39. Meltzer DO, Jena AB (2010) The economics of intense exercise. J Health Econ 29(3): 347-352.
40. Emil P, Raymond GC (2010) Program evaluation: Methods and case studies. (8th edn), Taylor & Francis, USA, pp. 336.
41. Montani JP, Schutz Y, Dulloo AG (2015) Dieting and weight cycling as risk factors for cardiometabolic diseases: who is really at risk? Obesity Reviews 7-18.
42. Park CL, Iacocca MO (2014) A stress and coping perspective on health behaviors: theoretical and methodological considerations. Anxiety, Stress and Coping 27(2): 123-137.
43. Garcia RA (2011) Does online "Working Out Work" as a treatment and prevention for depression in older adults? An analysis of a prescribed and monitored exercise program administered via the Internet for senior adults. (Capstone applied project and poster presentation). Arizona State University, Tempe, USA.
44. As healthcare expenditures in the U.S. continue to soar, CIMH presents integrative medicine as a more effective, less costly option. (2015) PR Newswire, Centers for Integrative Medicine and Healing (CIMH).
45. Rao G, Rao A, Pierce A, Shakeel M, Trinidad A, et al. (2015) Knowledge base and attitudes of university students towards complementary and alternative medicine (CAM). International Journal of Complementary & Alternative Medicine 1(1): 04.