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Self-Care Strategies

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**Readers discuss a doctor’s call for expanded use of mind-body techniques for both financial and health reasons.
To the Editor:**

Many economists believe that health care costs will continue to rise. Even more distressing, the Affordable Care Act will likely reinforce current practice, which dictates surgical and pharmacological interventions that can be expensive, inappropriate, burdened by side effects and, often, ineffective.

Forty years ago, as a researcher at the National Institute of Mental Health, I began to study inexpensive self-care strategies — then called “alternative therapies” — that might address the underlying biological and psychological imbalances that contribute to chronic conditions. These included nutrition, exercise and “mind-body” techniques like meditation, guided mental imagery and biofeedback.

Since then, research has demonstrated that mind-body approaches reduce stress and improve mood and immunity. They decrease blood pressure in hypertensives, blood sugar in diabetics and pain. Dietary modification can play a major role in preventing breast, prostate and colon cancer, as well as in diabetes and heart disease. And exercise, which can help prevent all of these, can also alleviate depression.

We spend about twice as much as many other industrialized nations on health care, often with inferior outcomes. Three-quarters of that spending is on chronic conditions, including heart disease, diabetes, cancer, arthritis, depression and chronic pain — exactly the ones for which self-care is best suited. Comprehensive programs that offer self-care in a supportive group are even more promising, for both treatment and prevention. This approach is also proving effective for psychological trauma.

What was unexamined and alternative 40 years ago is now well researched. It should be fundamental. If we are going to reduce our ruinous costs and improve our declining national health, we must make self-care and group support central to all care.

JAMES S. GORDON
Washington, May 12, 2014

The writer, a psychiatrist, directs the Center for Mind-Body Medicine and was chairman of the [White House Commission on Complementary and Alternative Medicine Policy](#) appointed by President Bill Clinton.

Readers React

Alternative therapies shouldn't be alternative anymore, but should be thought of as mainstream by now. Taking personal responsibility for one's health through self-care techniques would be a paradigm shift for most people, but could have a great positive effect on their lives and eventually our national medical economy.

Admittedly, it's a lot harder to work on yourself than to outsource the work to a doctor, and of course many conditions require intense medical intervention. But for the conditions that Dr. Gordon mentions, there are simple ways that we can help ourselves, such as calming ourselves down during a panic attack, lifting ourselves out of depression without drugs in many (though of course not all) cases, or lowering blood pressure naturally.

This concept has personal resonance for me as I deal with chronic back pain, a condition notorious for being hard to manage effectively through conventional Western medicine. I take the advice of my doctor, but I also am trying to do the hard work to heal myself holistically through my diet, movement and stress management.

The difference between feeling that my care is in my hands versus someone else's hands can be life-changing, and the implications for society are encouraging, too.

JENNIFER ROMAN
Chicago, May 14, 2014

While Dr. Gordon's advocacy of alternative health therapies for treating chronic conditions is very welcome, I believe that the Affordable Care Act will help, not hurt, the adoption of those strategies. The clinic I go to exemplifies community health and patient-centered practices that marry alternative and traditional medical approaches.

For instance, if a visit to one's doctor (or nurse practitioner) reveals high blood pressure or high blood sugar, not only will a considered prescription be made, but an appointment with a health educator, nutritionist or acupuncturist will be made. Also, many classes are offered: yoga, dance, a walking group, nutrition, cooking and more, held in various languages. I quit smoking with a combination of prescribed nicotine patches, acupuncture in a group setting, and a support group, all held in the clinic.

The Affordable Care Act supports many of these preventive health strategies and is now bringing in many new clients to the clinic. The problem isn't the federal law; it's the model in both alternative and traditional medical practices that focuses on profits rather than on patient-centered community health.

SARI BRONER
Berkeley, Calif., May 14, 2014

Dr. Gordon claims that a wide variety of self-treatments, also known as complementary and alternative medicine, have now been “well researched” and shown to be effective. These include meditation and guided mental imagery for improving underlying biological and psychological imbalances, and mind-body approaches for improving mood and immunity.

He may be right about some of his examples, but the question is: How good is the science? We should have grasped the lesson of the “well researched” hormone replacement therapy recommended to postmenopausal women to reduce menopause symptoms and the risk of heart disease. Subsequent randomized clinical trials showed that this risky procedure used by millions of women could increase the risk of heart disease.

Until the alternative medical treatments that gullible Americans spend billions of dollars for each year are proved effective and safe in randomized clinical trials or some suitable alternative, a Scottish verdict is warranted: Not proven.

ED ERWIN
Miami, May 14, 2014

The writer is a professor of philosophy at the University of Miami.

The self-care measures that Dr. Gordon prescribes for patients are sound and effective. This should be obvious to all who care for the sick and are therefore very aware of the mind-body connection. As a physician for 47 years and the daughter of an old-time family doctor, I have seen these methods used effectively. Unfortunately, in our system, there is no financial remuneration for spending time with patients to advise their use. And patients have been convinced that newer medications, technologies and procedures are best.

We badly need to change in the direction suggested by Dr. Gordon. It would improve outcomes and lower costs.

ELIZABETH R. ROSENTHAL
Larchmont, N.Y., May 14, 2014

The writer is a dermatologist.

I agree with Dr. Gordon that alternative therapies can be very useful, cost-effective approaches to successful care. As a psychiatrist, I have used and taught medical hypnosis, often classified as alternative therapy. Medical hypnosis, an old and well-studied therapeutic tool with a lot of good science behind it, when combined with certain behavior modification strategies, can help patients stop smoking and lose weight. Hypnosis is also a tool that can be used to address deeper issues, including anxiety, high stress and insomnia. Conquering those kinds of problems, in turn, can have a positive effect on physiological illnesses such as cardiovascular disease and metabolic disorders.

Unfortunately, neither hypnosis nor other alternative therapies are readily taught in medical training programs. These programs need to incorporate alternative and adjunctive care with the recognition that these techniques can be an important component of a well-rounded therapeutic plan, never losing sight of the great medical and surgical treatments that cure illnesses, prevent disease and improve our quality of life.

ROBERT T. LONDON
New York, May 14, 2014

The writer is on the faculty of NYU Langone Medical Center.

It was like a breath of fresh air to read Dr. Gordon's letter. This is what health care could look like in the United States if we let it grow up. There is scientific evidence to support these approaches, and they create the holy grail in health care: a partnership between patient and provider, tapping into the body's own capacity for healing.

I still get tears in my eyes remembering a scene in the recent documentary "Escape Fire," in which a wounded veteran held up a grocery sack full of pharmaceuticals that he had been prescribed for pain and post-traumatic stress syndrome. None of them worked. Where did he finally find relief? In acupuncture.

Alternative therapies are another arrow in the quiver of health care, and where evidence supports them, they could be a first line of defense. Healers have always been there for us; it's the system that's broken.

PATTY FRANSON
Sioux Falls, S.D., May 14, 2014

The writer is a former health care executive.

Dr. Gordon is a highly respected leader in the area of mind-body medicine. His call to action is timely, and it's critical that his message be heard by political and medical leaders, as well as the general public. Far more money, energy and time should be spent on educating people about effective self-care and preventive medicine.

There is a myth often perpetuated by the mainstream media that interventions such as diet, exercise and mind-body techniques have not been scientifically validated. Nothing could be further from the truth. As Dr. Gordon writes, what was considered unexamined and "alternative" is now well researched.

It's time to put these practices in place to affect health care not only from a financial perspective but also from a quality-of-life standpoint.

KAROLYN A. GAZELLA
Boulder, Colo., May 14, 2014

The writer is the publisher of the Natural Medicine Journal.

The Writer Replies

It's heartening to read the responses to my letter. Dr. Rosenthal and Dr. London clearly recognize the importance of integrating self-care and group support in medical practice; Ms. Broner describes a clinic where this is happening; and Ms. Roman exemplifies active engagement in one's own care. Each year my colleagues and I train many hundreds of physicians and other health professionals who are moving in this direction. So there is progress.

Formidable obstacles remain, as some of the writers suggest. Powerful financial incentives urge the ordering of superfluous diagnostic tests, hasten the performance of surgeries that may be unnecessary, and push physicians to quickly write prescriptions rather than patiently teach self-care. Though the Affordable Care Act may, as Ms. Broner observes, encourage more self-care, it does not give it the central place it deserves.

Like Mr. Erwin, many physicians continue to question results of scientific studies they haven't examined. Meanwhile, only a tiny percentage of research dollars is devoted to nonpatentable, low-cost self-care approaches. Even the more open-minded tend to confuse therapies like acupuncture, which requires a professional to administer, with the more fundamental self-care, whose implementation is in the hands of patients.

Perhaps this shouldn't be surprising. A medical establishment that continues to ignore the ancient injunction for physicians to heal themselves cannot be expected to help its patients to heal themselves. It's time for all of us to act on this life-enhancing, money-saving wisdom.

JAMES S. GORDON

Washington, May 15, 2014

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