

Integrative Medicine: A Step Beyond Being “Doctored Pretty Good”

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When my colleagues ask me “what is integrative medicine,” I generally start by referring them to the definition created by the Academic Consortium for Integrative Medicine & Health. It states

Integrative medicine and health reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing.¹

I think that is a succinct and accurate—but bare bones—description and it is a good place to start. But stories help to put meat on those bones and the following is one I often share as one example of what an integrative medicine approach can do.

I met Mrs Benson (not her real name) for the first time when she was referred to me for further evaluation of her chronic abdominal pain. At age 47, she appeared to be closer to 67—her sad face reflecting every hour of misery she had endured for the past 20 years with a “bad stomach.” She’d been “doctored pretty good”—if seeing multiple specialists who repeated the same, expensive “-oscopies” over and over but never gave her an answer or relief or even really listened to her—can be called being doctored “good.” Now she sat in my office, despondent and careworn. As a general internist at a large academic center, I am accustomed to seeing patients at the end of their ropes, miserable with symptoms that defy conventional diagnostic efforts—despite the heroic efforts, many physicians along the way have made to ensure no stone is unturned. Yet with each stone turned over, the patient was simply told what she did *not* have, and as if that was something, given a large bill and sent back home to a life with exactly the same degree of pain and misery—only now saddled with a mounting debt to boot.

She looked at me with eyes imploring me to find something that all the other doctors had missed. So we

talked. I asked her to tell me about the last time she felt good—really, vibrantly good. Age 12. Her eyes lit up—and for a moment, she looked like a woman who was just 47 and might have just stepped into my office for a routine checkup. But then came the stories—typical stories that every physician has heard too many times—of abuse, and unkind acts and unfairness. But as she described one event in particular—I watched her transformation back to her wretched current state become complete. It was 20 years ago and she was having an abdominal surgery—she “woke up” during the middle of the surgery and could “feel everything.” She was terrified and all she could hear was the surgeon yelling “hold her down!!” Tears welled up, she clutched her abdomen and her whole body became taut.

I waited for her to calm down and demonstrated some simple deep breathing techniques. We gently explored the concept of posttraumatic stress disorder. We looked at her personal life and all the sources of ongoing stress. We brainstormed together to decide which could be changed. We talked about tools for managing those stressors that could not be changed immediately. I gave her a simple handout on a wellness approach that emphasized transitioning to a whole food diet, development of a daily 30-minute walking program, practicing a stress management technique (I gave her 3 CDs of various guided imagery CDs our patient education department created), and the importance of reconnecting with her family, friends, and spiritual home. We did no tests. I simply asked her to try all of these changes for 1 week and to call me.

In 1 week, she called. She had some starts and stutters with the lifestyle changes, but thought she might be able

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to do most of them. By week 2—abdominal pains still came—but not quite as frequently. By week 3, she was walking 3 times a week for 20 minutes. After 1 month, she came in to see me. She looked different—better. She was working with a therapist from her hometown and learning how to deal with the scars from her past. Her diet had improved significantly. She liked one of the CDs I gave her quite a bit—and was listening to it for 15 to 20 minutes before bed. She'd had a good night's sleep once in the past week—the first she could recall in years. She has a long way to go—but she has hope.

The word doctor comes from the Latin “to teach.” Once, all doctors were first and foremost, teachers. We shared our special knowledge with patients and helped them find their way to health and wholeness. Then—technology, third party payers, and a host of other factors turned everything upside down. We lost that connection to our doctors as healers. Now we are very good in this country at fixing broken things (eg, a blocked artery, a small breast tumor)—but not very good at keeping people healthy in the first place. Or caring for

patients whose symptoms don't fall into an immediately “fixable” category. Restoring the doctor–patient relationship—valuing the priceless gift of teaching—these are simple but powerful steps to help us turn our culture from one of “sick care” to one of health promotion. Integrative medicine—which integrates the best of both conventional and evidence-based complementary care for the individual—is one piece of the puzzle to restoring our health-care system and those patients who are still suffering despite being “doctored pretty good.”

Can it work? Just ask Mrs Benson.

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Reference

1. Academic Consortium for Integrative Medicine & Health. <https://imconsortium.org/about/introduction/>. Accessed January 6, 2020.