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Perspective

Is the compleat allergist an integrative physician?

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ARTICLE INFO

Article history:

Received for publication June 10, 2020

Received in revised form XXX.

Accepted for publication July 24, 2020.

“Good allergists know the science; great allergists know their patients!”

A famous saying has been variously attributed to Sir William Osler (1849–1919) or Maimonides (1135–1204) in his *Treatise on Asthma* that argues for a patient-centric view of medical practice. It reads, “The good physician treats the disease that the patient has; the great physician treats the patient who has the disease.” As the science and technology of clinical immunology and allergy continue to evolve, we as practicing clinicians must not allow the art of caring for the whole patient to be diminished. Complete physicians care for their patients in a holistic manner, equally addressing the mind, body, and spiritual components of each individual. When patients are not feeling the caring attention they seek, or the healing touch they desire, they will often seek caregivers who practice outside the framework of conventional medicine. From these foundational pressures has evolved the modern day practice of complementary and alternative medicine (CAM).

It is important to define CAM. Complementary addresses those modalities that are used in addition to (ideally synergistic with) conventional orthodox practices, whereas alternative encompasses those approaches that are used in place of traditional therapy.¹ An integrative allergist-immunologist will include those modalities with an evidence basis to complement the traditional care we give and counsel patients regarding the concerns involving non-evidence-based alternative practices.²

We know that our modern allergy-immunology training programs are superb in their teaching of the state-of-the-art clinical practices for environmental precautions, pharmacotherapy, and

immunotherapy. However, encouraging good nutrition, exercise, and sleep are medicinal, nonpharmacologic, valuable additions for whole body health, and these aspects are rarely addressed in any depth for an allergy-immunology training curriculum. We need greater education in these modalities at both the Accreditation Council for Graduate Medical Education and the Accreditation Council for Continuing Medical Education levels.³ We have intake tools available to aid in history taking regarding integrative or CAM supplements or techniques that our patients may be pursuing.⁴

Allergists-immunologists are well known for their thorough, thoughtful approach to patient care. However, many of our colleagues would acknowledge that, at best, they tolerate patients' use of CAM modalities and, at worst, may actually try to discourage use by expressing often disparaging opinions about such things as using herbals, meditation, or mindfulness to improve asthma control. Yet, we, as a specialty, pride ourselves on our practice of taking comprehensive histories because it relates to defining current symptoms, intricate history of present illness often focused on defining specific exposure that elicits symptoms, and comprehensive medical, surgical, and environmental histories. We generally do skillfully focused physical examinations looking for signs characteristic of the diseases for which we care. But, when was the last time those of us, who see patients regularly, directly inquired about the psychological issues during a routine new patient visit? Is the patient anxious? Depressed? Stressed out? Do we ever address the spiritual components, such as hopelessness, existential crises, or inquire about grief or other faith-based issues with our patients? If indeed our patients have 3 components to their humanity, shouldn't each component be examined and dysfunctions addressed? Assessing a psychological or spiritual dysfunction does not necessarily mean rendering the direct care personally. Most allergists-immunologists who saw a new patient with complaint of dyspnea and was found to be in heart failure would not personally prescribe inotropic therapy but would refer to an appropriate

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Disclosures: The authors have no conflicts of interest to report.

Funding: The authors have no funding sources to report.

<https://doi.org/10.1016/j.anai.2020.07.024>

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cardiology specialist. Why, then, would it be less natural or important if a psychological or spiritual dysfunction was discovered to make appropriate referrals for these as well?

Our world is rapidly changing and not always for the better. Violence, injustice, personal dangers, and financial crises are all increasing everywhere. Now, more than ever, optimally caring for our patients must include assessing the entire patient every time we see them. That is when specifically inquiring and addressing the patient's psychological and spiritual states and their stress levels requires the medicine of time, not drugs or shots. Discovering and acknowledging each patient's unique personality, needs, and what they respond to is a fundamental approach to integrative care. If techniques such as mindfulness-based stress reduction can decrease skin test reactivity,⁵ why not use these mind-body approaches within our allergy therapeutic armamentarium? Meditation, yoga, diaphragmatic relaxation breathing techniques, mindfulness-based stress reduction, and behavioral modifications, such as self-management training, journaling, patient support groups, and cognitive-behavioral therapy have indicated benefits in studies in asthma. Perhaps, even prayer is medicine. Acknowledging the need for a healthy mind and spirit as part of comprehensive care for our patients has benefit for disease management and, perhaps even more importantly, fostering a strong physician-patient relationship.

The key to treating the whole patient begins with our own personal insight. We need to learn the signs and symptoms of anxiety, depression, and existential dysfunction as well as we do for histamine-mediated reactions and occult asthma. As we take the patient's history, let us include assessments of their lifestyle, state of mind, and body and soul. Let us all be complete physicians who practice integrative allergy-immunology. Our patients deserve nothing less!

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