

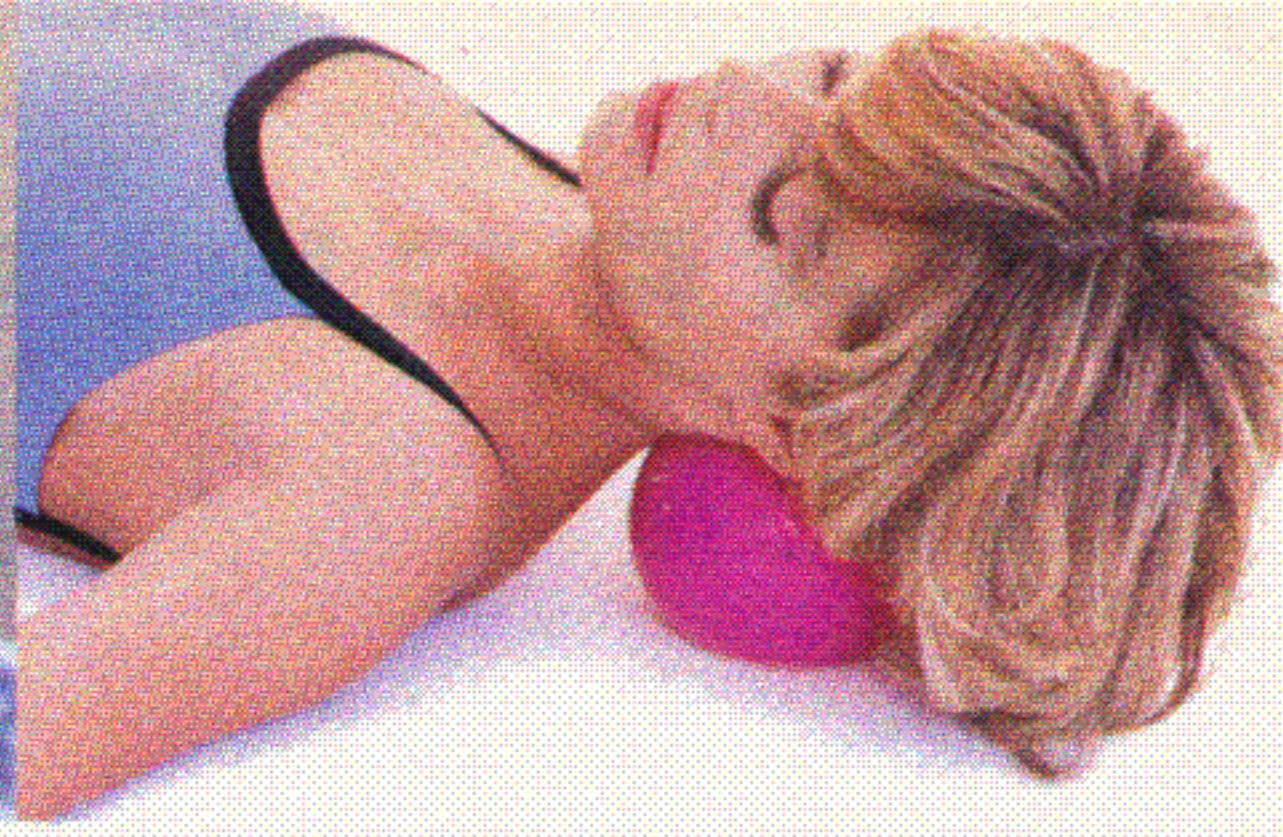
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THE selfjournal

OCTOBER 1996 THIS MONTH'S NEWS

IN HEALTH, NUTRITION, FITNESS, MEDICINE, BEAUTY AND STYLE

bodymind

Why talk is CHEAP

Insurance for psychotherapy may lower health costs.

Gone are the days of plush mental health benefits that paid for years on the couch. Today, reimbursement for 20 therapy sessions is considered a luxury, with many health maintenance organizations (HMOs) limiting counseling to as few as 12 sessions. In fact, the pendulum has swung so far in the opposite direction that a bill now under review in Congress would require coverage for psychological

illnesses to be on par with that for physical ones. But the legislation faces fierce opposition from employers and insurers, who fear comparable benefits will drive up the cost of the typical health plan by as much as 10 percent.

Yet the real cost is unclear. Studies by both the



Therapy may alleviate emotional strains that would otherwise turn into physical symptoms.

Congressional Budget Office and the American Psychiatric Association

estimate that the bill would boost premiums by considerably less—at most, 4 percent. Surprisingly, it's not likely *Continued on page 48*



A "woman" with bones of steel and a vinyl uterus will help determine air-bag and seat-belt safety during pregnancy.

CAUTION: PREGNANT DRIVERS

After nearly four years of trying, General Motors researcher David Viano, Ph.D., is the father of the first pregnant crash-test dummy, now being used to evaluate auto safety for women in the third trimester.

The four-foot 11-inch, 100-pound "woman" and her "fetus" were designed to mimic real people, with their body tissue and fluids: The uterus is constructed of a flexible vinyl polymer, and a special urethane gel serves as amniotic fluid. The dummy is small because petite pregnant

women tend to be more vulnerable to injuries in car accidents.

Subjected to 39 test crashes to date, the dummy has already established that a pregnant woman can safely drive a car equipped with air bags. She should also wear the lap belt below her abdomen and the shoulder harness to the side of her belly, between the breasts and over the collarbone. Worthy advice, given the estimated 4,000 fetal deaths that occur each year as a result of car crashes. —Kathleen McAuliffe

PHOTOGRAPHS: TOP, LEFT TO RIGHT, PETER ARDITO, LEONARDO CASALI, PETER ARDITO, ANNA PALMA; CENTER, MICHELLE MCCABE, HAIR, DENNIS DEVROY FOR GARREN NY AT HENRI BENDEL, MAKEUP, BRIAN SMOOT FOR BOBBI BROWN ESSENTIALS; BOTTOM, COURTESY OF GENERAL MOTORS.

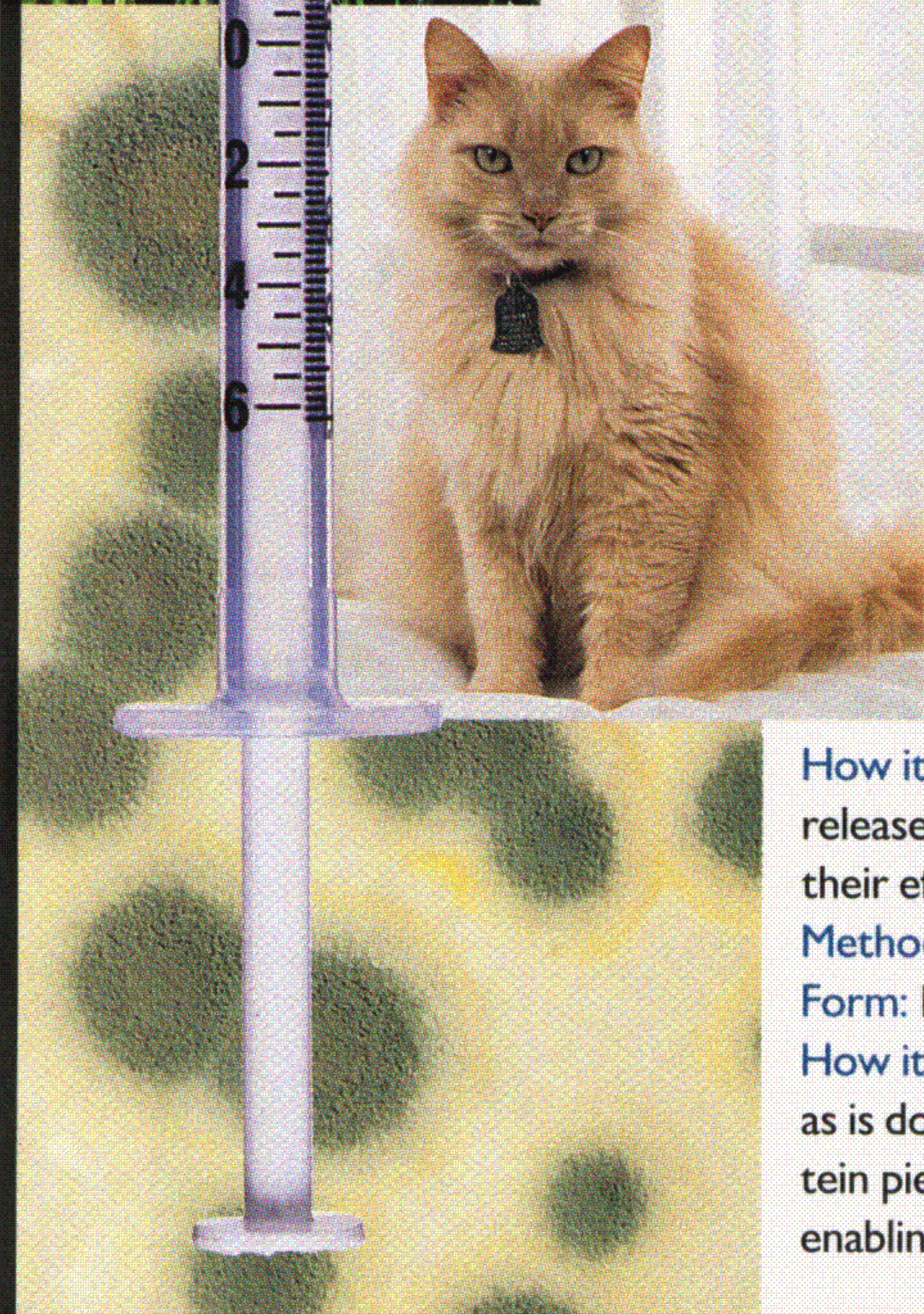
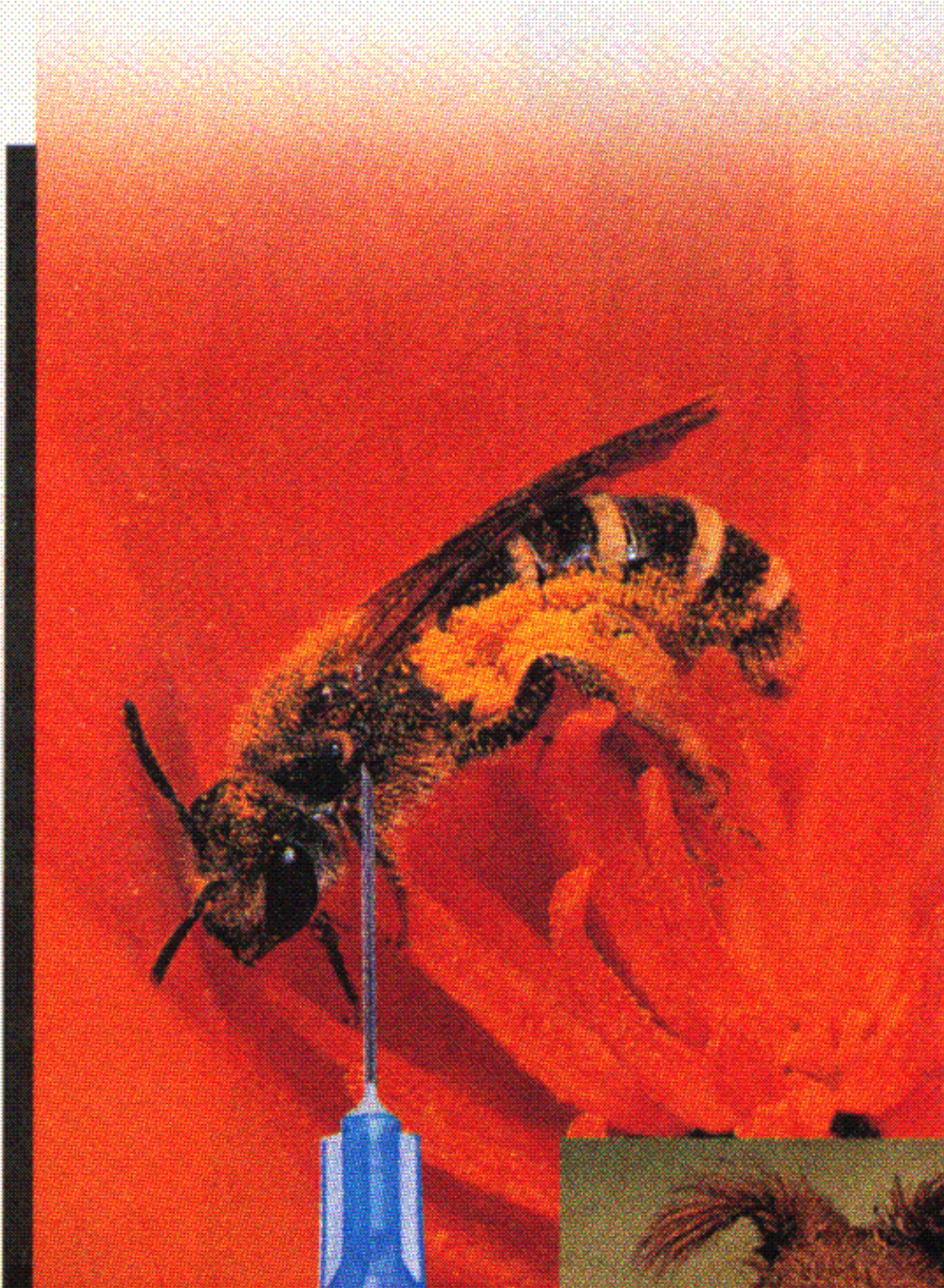
Why Talk Is Cheap

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that better benefits will trigger a stampede to therapists' offices, insists Glen O. Gabbard, M.D., a psychiatrist at the Menninger Clinic in Topeka, Kansas. "A highly respected Rand Corporation study showed that only 4 percent of insured people sought outpatient therapy when it was free—largely because of the effort involved and the stigma." That finding meshes with the experience of several states that recently mandated parity in the coverage of mental and physical illness; so far, none has reported a jump in the use of mental health services.

And when the long-term benefits of therapy are figured into the equation, mental health care starts to look even less costly. Numerous studies suggest that therapy may actually pay for itself over time by alleviating emotional strains that often lead to visits to the internist or gynecologist. People whose emotional distress manifests itself physically account for 30 to 60 percent of all doctor visits, according to a recent study in the journal *Professional Psychology: Research and Practice*. If such individuals are denied mental health services, "they usually resurface as more frequent users of other parts of the medical system," warns Gary Groth-Marnat, Ph.D., head of the study.

If you then consider the lost wages involved when a person is constantly seeing specialists in search of a physical cause for her symptoms, the cost of psychotherapy begins to look still more reasonable. It may even be a bargain. —*Kathleen McAuliffe*



NO MORE Sneezing!

The new allergy arsenal.

For allergy sufferers, the notion that medications could be better is a no-brainer. Antihistamines, decongestants and steroids all stifle symptoms—but they don't go far enough. "These medications don't address the allergy itself," says John Costa, M.D., an allergist at Beth Israel Hospital in Boston. Even the most advanced approach to taming allergies—immunotherapy (desensitizing a person to an allergen by giving her larger and larger doses of it in purified form), also known as allergy shots—isn't quite good enough. Not only does it not work for everyone, but it can cause a severe allergic reaction, resulting in shortness of breath, throat constriction and (in rare instances) shock and death.

Now scientists are studying a new generation of medications, some of which promise to stop allergic reactions before they start—a real victory for allergists and sufferers alike. Here are three that may be available in just five years. —*Jacqueline Stenson*

3 Allergy Treatments

Method: ANTI-IMMUNOGLOBULIN E

Form: Injection

How it works: When an allergic person is first exposed to an offending substance, such as pollen, mold or grass, the body produces immunoglobulin E (IgE) antibodies, which bind to the surface of cells found in the lining of the nose, eyes and lungs. When she's reexposed to the allergen, IgE causes these cells to burst open, releasing chemicals (like histamine) that cause classic allergy symptoms. Blocking the body's production of IgE may halt this chain of events.

Method: CYTOKINE AND LEUKOTRIENE INHIBITORS

Form: Injection (anti-cytokines); pill (anti-leukotrienes)

How it works: Cytokines and leukotrienes are chemicals that, when released during an allergic reaction, cause inflammation. Blocking their effects may prevent the onset of allergy symptoms.

Method: PEPTIDE-BASED VACCINE

Form: Injection

How it works: Instead of injecting whole proteins of an allergen, as is done with current immunotherapy, an allergist would use protein pieces—reducing the likelihood of an adverse reaction and enabling larger and more effective doses to be given.

ITEM HEALING MUSIC

Music is getting downright medicinal: Many hospitals are using it to restore mental function in patients who have suffered brain injury or stroke and to enhance—even replace—anesthesia. Studies

show that the body's rhythms—brain frequencies, heart rate and respiration—can be tuned to music to make them work in greater harmony. And preliminary research in the operating

room shows that music stimulates the release of endorphins, the body's natural painkillers. But you don't have to be sick to reap the benefits: Feel tension fade with new "mood" music CDs (like the Healing Music Series; call The Relaxation Company at 800-788-6670). —*Elizabeth Yow*