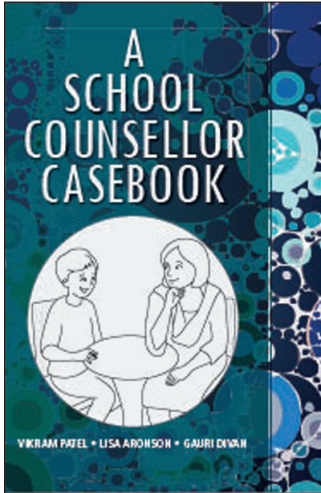


Book Reviews

A School Counsellor Casebook. Vikram Patel, Lisa Aronson, Gauri Divan. Byword Books, Delhi, 2013. 425 pp, ₹550, ISBN 978-81-8193-115-3 (print version).



This casebook provides an interesting insight into the problems that our young children and youth are facing today. It is sometimes shocking to see the range and severity of problems encountered by these young minds, who strive to deal with them despite their limited capacities and resources. These problems are wide and varied. I would like to spell out a few of them—a primary school child facing physical or verbal bullying at school, a child undergoing sexual abuse by a parent at home, the youth trying to choose the right career option,

or an adolescent who has been contemplating committing suicide for various reasons. The counsellor needs to play the role of a perceptive, empathetic adult who does not give lectures, but empowers them with skills needed to deal with their problems. As a counsellor working in different school settings for a long period of time, I have always felt the need for a book which can provide the essential information regarding counselling in a school setting. A book which can be used by counsellors and other adults interested in playing the role of a counsellor in a child's life. This casebook serves that purpose well. It dispels the myths and fallacies related to counselling, helping the counsellor define and redefine her own boundaries in the process of counselling. It clearly differentiates between the role of a counsellor, a psychotherapist and a special educator, stressing the need for referral by a counsellor for different issues and challenges that lie outside her purview and the importance of working as a team rather than individually.

It is also a good refresher for all school counsellors with any background and encourages them to review their basics of counselling. The authors claim that the book should be helpful not only to skilled and experienced mental health professionals but also to lay persons who have some background in psychology and want to work as school counsellors or develop an understanding of counselling in a school setting. The book, to a large extent, fulfils the claim. It provides a comprehensive module for all individuals who aim to be counsellors and help school children in dealing with their developmental, familial, social and emotional issues. The book takes up a psychoeducational approach towards children's problems. The information provided is well-organized and builds methodically, helping the reader develop a strong understanding of counselling as a process.

The book has been divided into two parts—the first half provides the theoretical framework that a counsellor needs to empower the child to deal with her life problems. It tries to provide a strong foundation by helping the counsellors draw their expectations and diagnosis with the help of the life-span perspective and complete understanding of various disorders, distress and

disabilities. The counsellors are provided with various tools to build up their knowledge, skills, strategies, attitudes and ethics in the area of counselling.

The second part of the book seems to be the most practical as it provides an array of case studies depicting various problems a student may go through during her school years. The case studies elaborate on a step-by-step process of dealing with the child's problems in an objective manner. They are a good representative of the population with examples from different socioeconomic status, genders, family backgrounds, cultures, etc. Asking the right question is an essential art critical to the field of counselling and different kinds of questions given in the case studies will help counsellors develop this skill.

The book also provides a variety of tools to counsellors, which can be used by them easily without any modification. The comprehensive sample counselling forms can be used with little change by counsellors working in different settings. An underlying message that comes with these ready-to-use tools is the importance of maintaining detailed records, which is often not stressed in schools. The presentation of the case studies in the book can be used as a framework for the counsellor to record her therapeutic process with students in the school setting. The strategies suggested in different case studies could have been elaborated upon in more detail to give a better insight to the counsellor according to the need of the case.

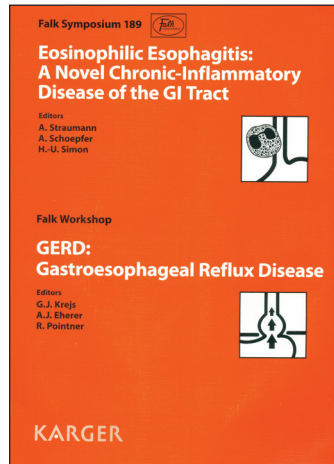
The book emphasizes upgradation of counselling skills and iterates on the care for the emotional and mental health of counsellors, who tend to negate this aspect while working in their schools. It is imperative for counsellors to develop their community and interact on a regular basis for their professional development. The importance of professional development is stressed through interesting exercises such as building one's resources along with a long list of books, films and websites, which can be used by the counsellors while simultaneously doing creative and enjoyable activities.

The casebook tries to give a comprehensive view of various counselling strategies and as a counsellor I understand that doing this humongous task is not easy. For a new counsellor, the strategies suggested can be used as a preview which should encourage her to further study the strategies she feels most comfortable with to implement appropriately.

A counsellor in a school not only empowers her students in a counselling setting but also works on a preventive and promotional level. Developing and executing a mental health plan for the school is a part of the vision and role of the counsellor. This book makes an effort to develop the multi-faceted role of a counsellor at various places, such as while elaborating supportive interventions or introducing the counsellor's role to the school faculty or students. The book makes an attempt to break the stereotypes related to the role of the counsellor by helping them broaden their vision and take up a multi-faceted role which involves the entire school and extends way beyond the confines of a small room. This book reconstructs the role of a counsellor in an entirely new light, for he or she is envisaged as an integral part of the school system and is working in tandem with the school and society at large.

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Eosinophilic Esophagitis: A novel chronic inflammatory disease of the GI tract. A. Straumann, A. Schoepfer, H-U. Simon, G.J. Krejs, A.J. Eherer, R. Pointner (eds). S. Karger, Basel, 2014. 180 pp, price not mentioned. ISBN 978-3-318-02592-7; e-ISBN: 978-3-318-02593-4.



This single-theme issue of the *Digestive Diseases* journal, published by Karger and contributed by experts in the field of oesophagitis, summarizes the current knowledge in understanding of this disease affecting the oesophagus. This issue also marks the 20th anniversary of the discovery of the disease (first described in 1993). The book makes us realize that for every question that has been answered in the past 20 years, many more questions remain unanswered.

Eosinophilic oesophagitis (EoE) is a relatively new disease of increasing importance. The disease is now recognized as the second most common cause of chronic oesophagitis, after gastro-oesophageal reflux disease (GERD). It is also accepted as the most common of all the eosinophilic gastrointestinal disorders. Although reported predominantly from western countries, the disease affects individuals of every race, gender and age. It is therefore important to know about this disease even in the Indian setting.

The basic pathophysiology of the disease is dealt with in the first few chapters. EoE is a chronic inflammatory disease of the oesophagus associated with dysphagia in adults and refractory reflux symptoms in children. A considerable number of patients have associated concurrent allergic diseases such as rhinitis, asthma and eczema. Therefore, new insights into the pathophysiology of the disease have helped develop newer pharmacotherapy for EoE, as detailed in the book. The authors have also touched upon the current molecular and genetic aspects of EoE and the challenges that lie ahead. The authors should be commended for making this disease easily understandable.

The clinical, endoscopic and histological pitfalls in the diagnosis of EoE are comprehensively dealt with in this book. The most common clinical pitfall is the difficulty in distinguishing GERD and EoE. This is because reflux disease is more common and the symptoms of both diseases may overlap and co-exist. In addition, as rightly described by the authors, EoE can lead to reflux (via altered mucosal function caused by inflammation) and conversely it is also possible that reflux could lead to EoE (due to the action of the allergens on the injured mucosa). A clinical entity that has been recently described is the proton pump inhibitor-responsive oesophageal eosinophilia (PPI-REE). This should be distinguished from classical EoE, which does not respond to PPI.

The endoscopic pitfalls described by the authors include failure to recognize the endoscopic appearances of EoE and to obtain adequate biopsies. With the aim to improve and standardize endoscopic diagnosis, a new endoscopic scoring system for EoE

(called EoE endoscopic reference score, EREFS) has been described. This includes the findings of exudates, rings, oedema, furrows and strictures and coloured illustrations would have made it more descriptive. However, the classification and grading system proposed is the updated one and will help facilitate standardization of diagnostic criteria and also help in comparison in future trials.

The histological pitfalls described include the current variability in histological diagnostic criteria and in the estimation of eosinophilic count. The authors of this review list the current recommendations so as to avoid these histological pitfalls. Another important pitfall discussed is the number and location of endoscopic biopsies to be taken, in order to avoid a missed diagnosis.

Interestingly, one of the chapters describes the disease as 'asthma of the oesophagus'. The similarities of the diseases, both symptomatically and histologically, makes interesting reading. This similarity explains the response of EoE (in early stages) to topical steroids, anti-IgE therapy and interleukin therapy. The role of advanced diagnostics in the diagnosis of EoE is also described. An important recent advance in diagnostics is the functional luminal impedance probe (FLIP). Mucosal impedance testing also helps in detecting the impaired mucosal barrier function. These and the other newer tests described have helped in the more accurate diagnosis of this condition.

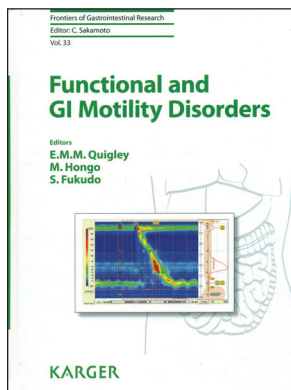
The question of who should be treated is still unanswered. Should we treat all patients with histological abnormality or should we treat patients with symptomatic disease only? The goals of therapy as described by the authors include improvement in the quality of life, reduction in the risk of further injury to the oesophagus and prevention of organ damage. The three treatment modalities described are the three Ds—diet, drugs and dilatation. Dietary modification forms an important part of the treatment and is particularly useful in children. However, an increasing number of immune-modulating drugs have been tried successfully for this condition. Dilatation is reserved for patients with stricturing disease.

The final chapters deal with the unmet diagnostic and therapeutic needs in EoE. The most important among these is the difficulty in distinguishing this disease from GERD. The search for a non-invasive test to monitor disease activity is still unmet. Finally, the disease has varying intensity and phenotypic presentation and guiding treatment by the expected phenotype and clinical severity is still not possible.

To conclude, this book would be a comprehensive reference guide for surgeons, gastroenterologists, postgraduates and researchers in the field. The high quality print and paper used for the book make for comfortable reading. An obvious drawback is that the photographs are in black and white. Since there are quite a few endoscopic photographs, colour illustrations would have made it more attractive. I would strongly recommend this book to anyone who would like to learn more about this rare but important disease of the oesophagus.

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Functional and GI Motility Disorders. E.M.M. Quigley, M. Hongo, S. Fukudo (eds). Karger, Basel, 2014. 175 pp, price not mentioned. ISBN 978-3-318-02578-1.



Functional and motility disorders of the digestive system cause significant morbidity and impaired quality of life. These disorders are most commonly seen by gastroenterologists and the treatment of these is quite challenging for physicians and frustrating for patients. In recent years, however, several important advances have taken place in understanding pathophysiology, diagnosis and treatment of these disorders. Moreover, in contrast

to the earlier belief that suggested these disorders to be mostly psychosomatic or functional in nature, micro-organic basis of these conditions is being uncovered. Treating these disorders with appropriate pharmacological, endoscopic and surgical methods is associated with better outcomes. Several of these conditions such as motor dysphagia, functional constipation and gastroparesis require motility studies, technique and interpretation of which are rapidly changing with time. Though enormous literature is available on these subjects, it is difficult for most practising gastroenterologists and students to go through and understand these comprehensively. This book presents the necessary information quite concisely to update practising gastroenterologists and students on these subjects.

The book consists of 15 chapters. These include, oropharyngeal dysphagia, non-obstructive dysphagia, gastroparesis, the role of gastric sensorineural dysfunction in functional dyspepsia, chronic intestinal pseudo-obstruction, the role of small intestinal dysmotility in irritable bowel syndrome and small intestinal bacterial overgrowth, indications and methods of studying colonic motility, assessment and therapy of defaecation disorders, mind-body dimension in functional gastrointestinal disorders, the role of psychosocial factors in these diseases, the pharmacology of brain-gut axis, clinical context such as intensive care unit, neurological diseases, paediatric neurodevelopmental delay and postoperative patients. The planning of the contents itself illustrates that the book covers the complex subject completely. All the chapters are written by well-recognized experts in the field.

The book is a perfect mix of science and practice. Each chapter covers the subject lucidly but at the same time concisely presenting the science behind it as well as a practice guide. Also, the book is easy to read. Multiple tables add value to each chapter. Moreover, a short abstract in the beginning of each chapter is useful for busy readers to understand the content of each chapter quickly.

The appearance of this hard bound book is quite attractive. The cover page presents a screen shot of a normal high resolution oesophageal manometry, which is an important development in the recent past. The fonts used throughout the book are quite easy to read. There are several colour and black and white illustrations which help in explaining the subjects quite well and at the same time give a very good appearance to the book. In fact, from the clinicians' and students' perspectives, there is hardly a shortcoming of the book. The only limitation that may be mentioned is lack of a chapter covering the current Chicago classification of oesophageal motility disorders. However, on second thoughts, I feel that would lead to

unnecessary complexity for the readers, most of whom would be either practising clinicians or students of gastroenterology who may not be deeply interested in gastrointestinal manometry in great detail. Hence, I think the editors and the authors need to be congratulated for successfully compiling such a nice book.

This book would be an important asset in the library of all schools and colleges of medical science and on the bookshelf of students and practising gastroenterologists.

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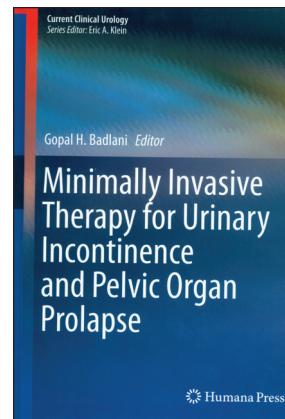
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Minimally Invasive Therapy for Urinary Incontinence and Pelvic Organ Prolapse. Gopal H. Badlani (ed). London, Springer, Humana Press, 2014. 286 pp, price not mentioned. ISBN 978-1-4939-0007-7.

Urinary incontinence is one the most under-treated causes of impaired quality of life, particularly among women. The fact that it does not limit longevity may be responsible for patients ignoring it, particularly in the presence of competing concerns of costs and time spent in hospitals for its treatment. Among women, the commonest types are stress urinary incontinence (SUI) and overactive bladder while among men, the aetiology most often is previous surgery for benign or malignant prostatic pathologies. Neurogenic disease is prevalent in both populations. There have been



major advances in the evaluation and management of incontinence, among both men and women. These include improved urodynamic assessment, anti-cholinergic medications, intravesical therapies and prosthetics. Prosthetics, in particular, have seen rapid developments with increasing ease of placement, success and acceptability. Minimally invasive kits have made it possible even for the occasional implanter to offer these solutions to her patients.

Dr Gopal Badlani, a recognized authority in the field of female pelvic floor dysfunction, has edited this book. Its 286 pages are divided into six sections consisting of 22 chapters with the predominant contribution from authors based in the USA. The book covers the basic pathophysiology of female pelvic floor dysfunction, its evaluation and management as well management of male incontinence. The chapters are detailed, divided into coherent sub-sections and well edited to avoid major overlap. The chapter on urodynamics provides a practical approach to performing and interpreting these tests, something that often proves a challenge for most urologists.

Mid-urethral slings is the most common procedure performed

for female SUI and four chapters describe the procedures and outcomes for the trans-vaginal, trans-obturator, single incision, and fascial slings with diagrams and outcomes literature. The reporting is balanced and literature published till 2012 is quoted. The fifth chapter is particularly useful as it describes the presentation and management of early and late complications. The single chapter on intravesical therapies for overactive bladder covers all current treatments and, the editor's personal area of expertise, pelvic organ prolapse, gets exhaustive coverage in seven chapters which are descriptive and complete. However, the description of surgical management of male incontinence is limited. The chapter on artificial urinary sphincter does not carry any diagrams of operative technique and male slings are not covered.

The book is easy to read though a few more diagrams would have made the understanding of operative procedures easier. The controversy over use of mesh is discussed briefly and a more detailed explanation of the reasons for the FDA warning and the current opinion among urologists would have been useful. However, it is possible that this is still an evolving discussion. Surgeons who deal with urinary incontinence, both urologists and gynaecologists, would benefit from reading this book. For practitioners in India, open surgical procedures such as the Burch colposuspension are still an important option, particularly due to the costs involved with prosthetic devices. These are not described in this book which, by its title, deals only with minimally invasive approaches. A common cause of urinary incontinence in women in India is obstetric and surgical fistulae. These are not discussed. The book, published by Humana Press in 2014, is available for around US\$ 200 from online retailers.

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Where Does It Hurt? J. Holden, J. Kieffer, J. Newbigin, S. Wright (eds). Wellcome Trust, London, UK, 2014. Paperback. 101 pp, *Gratis*.

To put it mildly, this is an unusual book. It is irreverent, full of information, food for thought, wit and humour and completely devoid of formality. In short, it is a book difficult to ignore or put down.

The editors debated whether they should be labelled *Three Johns and Shelagh* on the title page as well but were persuaded (whether gently or otherwise is not made clear) to let convention triumph.

The book focuses attention on the medical humanities—'the commonly accepted term for the wider context in which that relationship can be explored'. We have been told earlier that the relationship in question is that 'between medical science and a



hands on the book.

Cartoons and a four-page comic embellish the pages.

I advise you not to skip the introductory essay by Dan O'Connor, head of humanities and social science at the Wellcome Trust. One reason for reading it is that it provides references from works published in the years 2078, 2097, 2113, 2123 and 2145. Where else will you encounter such prescience?

Let me give you just one example of what I learnt from this book.

I have long wondered why past giants such as Plato (428–348 BC), Aristotle (384–322 BC), and Galen (129–199 AD) coined and used the term artery to describe what we know today as arteries because they believed them to carry air. (In contrast, they coined the term *arteria trakheia* or the rough artery to describe the windpipe.)

'The fundamental principle of life, in Galenic physiology, was pneuma (air) or breath. Pneuma took three forms, with each being located in different parts of the body: (i) natural spirit resided in the liver, the centre of nutrition and metabolism; (ii) vital spirit was located in the heart, the centre of blood flow regulation and body temperature; and (iii) animal spirit was created in the brain, the centre of sensory perceptions and movement' (http://www.acsu.buffalo.edu/~duchan/new_history/ancient_history/galen.html).

Why did these wise and experienced observers hold this belief for hundreds of years?

Jane MacNaughton's essay 'Take a deep breath...' (pp. 28–31) provides a possible explanation. '...It is deeply embedded in western culture that breath is thought of as the infusion of life. The Biblical notion that God had breathed life into man became translated in medieval times into the notion of breath as the *vital spirit*, an idea that can be traced back to Aristotle who associates breath or pneuma with *soul* or *spirit*. Aristotle's treatise *On breath* writes of the spirit or soul being taken into the body by breath, and being lost again in the last breath...'

You may find other insights of value as you read its various essays.

The book can be downloaded free of cost from www.wellcomecollection.org/wheredoesithurt.

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