

vulnerability for psychosis. However, the existence of specific “cannabis psychosis” is debatable. If it exists, it seems to be very rare in western societies. It is accepted that cannabis intoxication can produce a short-term exacerbation of pre-existing psychosis.

Subsequent four chapters discuss the relationship between cannabis use and schizophrenia, addressing issues such as cannabis as a potential causal factor in schizophrenia; cannabis abuse and the course of schizophrenia; endogenous cannabinoid system in schizophrenia; and cannabinoid “model” psychosis, dopamine-cannabinoid interactions and its implications for schizophrenia. The authors state that cannabis is neither a necessary nor a sufficient cause for schizophrenia. It is rather a component cause, and part of a complex constellation of other factors, such as genetic predisposition. Cannabis abuse, particularly a heavy one, seems to be an independent risk factor for more psychotic relapses and aggravation of psychotic and disorganization symptoms.

One may ask why persons suffering from psychosis/schizophrenia would abuse substance that may worsen their symptomatology. According to the chapter discussing the motives that maintain cannabis abuse among individuals with psychotic disorders, the final common pathway is the expectation that the substances of abuse will have a direct or indirect impact on persons’ affect. The main common motives are to enhance affect, to cope with negative affect, to enhance social affiliation/acceptance, and to cope with positive symptoms or negative side effects of medication. Only the last motive—to cope with positive symptoms or side effects—seems specific to persons with psychosis/schizophrenia. The other motives are similar to the motives of people without psychotic disorders. Nevertheless, as pointed out, cannabis abuse has a negative impact on illness course and thus needs to be effectively managed. The effective management of cannabis abuse in people with psychosis is outlined in chapter twelve.

The last chapter of this book discusses the residual cognitive effects of long-term cannabis use. The findings in this area are limited partially due to methodological and ethical limitations of studies in this area. The authors conclude that although heavy cannabis use almost certainly causes some short-term residual cognitive deficits, there is little evidence to suggest that these deficits persist for prolonged periods after cannabis is discontinued.

This is an interesting book dealing with an important and timely topic. It would be of interest to clinicians as well as researchers in the area of addictions. Clinicians dealing with “dual diagnosis” patients (who does not?) will also find some interesting information and ideas in this volume. However, one should not expect any definite answers. The chapters are a bit uneven as to the “depth of coverage”—some are too detailed and complicated. The book also lacks a coherent conclusion that would tie all the findings together into a comprehensive view of “marijuana and madness.” The lack of firm conclusions and answers probably reflects the state of our knowledge in this area, suggests that much more needs to be done and answered. Nevertheless, this is probably *the* book to read to get

an up-to-date summary of knowledge about the relationship between marijuana and mental illness.

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Natural Medications for Psychiatric Disorders. Considering the Alternatives, edited by David Mischoulon and Jerrold F. Rosenbaum, Lippincott Williams & Wilkins, Philadelphia, Pennsylvania; 2002; ISBN: 0-7817-2954-8; \$ 39.95 (softbound), 236 pp.

People have always looked for an ideal and safe cure. They often, and more so outside the United States feel, correctly or incorrectly, that medical profession and medication provide just one alternative in their search for this ideal and safe cure. The recent developments in the field of medicine—such as managed care, increased cost and co-pays, less time spent with physicians—have led to an increased dissatisfaction with traditional, official Western-style medicine and to a search for nontraditional, natural or other culture-based treatments. It is estimated that there are 1,800 herbal remedies available in the United States at present and the numbers, sales and the interest in these remedies keep growing. Over a decade ago, Eisenberg et al. (1) observed that about one third of the population in the United States was using complementary and alternative medicine. Plenty of popular books have been written about these remedies, some of them were reviewed on the pages of this journal (e.g., 2).

One of the newer additions to the growing collection of books on natural remedies or medications is David Mischoulon’s and Jerrold Rosenbaum’s book *Natural Medications for Psychiatric Disorders. Considering the Alternatives*. This monograph sets its goals a bit differently from the previous ones—it intends to provide a synthesis of the state of knowledge and published research data on the applications, clinical effectiveness, and safety of the better-studied natural psychotropics; to allow the psychiatrists or primary care physicians to decide comfortably whether or not to prescribe natural psychotropics to certain patients and to recommend the appropriate doses; and to facilitate communication between health professionals and patients who are interested in alternative treatments. The editors restricted themselves mostly to the “better-studied” natural remedies, which have a reasonable mass of peer-reviewed literature examining their claims, rather than trying to assemble an exhaustive textbook of all available natural psychotropics. The authors of each chapter are well known experts in the particular area.

The book is divided into Introduction and five parts (I. Treatment of mood disorders II. Treatment of anxiety and sleep disorders, III. Treatment of other disorders, IV. Polypharmacy and side effects management, V. Afterword) consisting of 14 chapters, and three Appendices.

The Introduction skillfully outlines the main issues of this area and points out the main source areas of “natural

remedies”—plants, herbs, vitamins, natural hormones, amino acid derivatives, and animals and fish (omega-3 fatty acids).

Part I focuses on several most studied remedies used in the treatment of mood Disorders—St. John’s Wort, omega-3 fatty acids, docohexanoic acid, S-adenosyl-L-methionine (SAM) and folic acid, dehydroepiandrosterone, phenylethylamine, and inositol. These chapters provide a fairly exhaustive review of available efficacy studies, a comparison with conventional medicines when available (e.g., the comparison of St. John’s Wort with some selective serotonin reuptake inhibitors), review of side effects of the substance or extract and exhaustive discussion of the possible mechanism of action. Some chapters delve into pharmacology and/or pharmacokinetics of the particular substance/extract.

Part II (3 chapters) homeopathy and kava, valerian, and melatonin—substances used in the management of anxiety and sleep disorders. Part III contains chapters on using black cohosh in menopause and chaste fruit in premenstrual syndrome, and Ginkgo Biloba extract in cognitive disorders. Again, the chapters in these two parts provide solid reviews of efficacy studies and possible mechanisms of action of the reviewed remedies. Part IV on polypharmacy and side effect management consists of one chapter briefly reviewing the possible and questionable use of Ginkgo Biloba extract in the management of sexual dysfunction secondary to antidepressants and the possible use of maca, a root vegetable from Peru, in the same indication. The chapter also discusses the possible use of natural remedies in weight reduction (basically, no good data available) and possible combinations of natural medications.

The Afterword makes three main recommendations: 1. Practitioners should routinely inquire about their patients’ use of alternative medications and should encourage patients to feel comfortable discussing them, 2. In the absence of more conclusive data, the authors believe that there are two kinds of patients to be considered good candidates for natural remedies: first the mildly symptomatic patients with a strong interest in natural remedies where the delay in adequate treatment would not be devastating, and second, patients who failed multiple trials of more conventional medications or who are particularly intolerant of side effects and thus in whom there would be little to lose trying natural remedies, 3. The authors suggest caution with patients who take multiple medications and natural remedies as relatively little is known about drug-drug interactions and toxicities.

Appendix A summarizes the different natural medications, their indications, dosages, and adverse effects. Appendix B provides examples of possible combination strategies with natural medications. Finally, Appendix C is a summary of interactions and suggestions for combination.

While this is an interesting book, I would not necessarily recommend it to a busy clinician. Why not? Well, I do not know whether the main purpose a busy and information-overwhelmed clinician would read the entire book, is achieved. I am saying this because I am not sure whether after reading this book one can “decide comfortably whether or not to prescribe natural psychotropics to certain patients and to recommend the

appropriate doses.” I don’t think that this is necessarily due to the authors’ writing. It is probably due to the fact that when applying stringent scientific criteria on using these substances, one simply cannot find enough solid evidence and guidance for their use. Some of the authors conclude their chapters with a statement that they simply cannot recommend the particular substance/extract for clinical use at the present time. The writing of the book is also a bit uneven. Some chapters are very good and straight to the point (e.g., the chapter on kava—yet this chapter does not deal enough with the possible hepatotoxicity associated with kava). Some chapters are very informative and even provide some guidance for the substance’s use (e.g., the chapter on melatonin). Other chapters are a bit opinionated without providing good clinical data beyond an interesting theory and speculation (e.g., the chapter on phenylethylamine). Finally, some parts of this book speculate on the basis of very weak data (e.g., the use of Ginkgo Biloba extract for sexual dysfunction secondary to antidepressant treatment) or speculate without any data (e.g., the use of maca in the treatment of sexual dysfunction). My cautious caveat is intended for a busy clinician interested in simple solutions and suggestions.

However, I would not like to discourage those seriously interested in this topic from immersing themselves in this book. I believe that they will find a lot of food for thought. The book is intended for them. It contains a large amount of interesting information, especially on the possible mechanisms of action of these substances/extracts and on other possible uses. Hopefully we will see more case reports and studies on possible new uses of these substances. One could almost say that this is a “scientist’s” and “natural remedies enthusiasts and connoisseurs’” book on natural medications for psychiatric disorders.

REFERENCES

1. Eisenberg DM, Kessler RS, Foster C, Norloch FE, Calkins DR, Delbanco TL: Unconventional medicine in the United States. Prevalence, costs, and patterns of use. *New Engl J Med* 1993; 328: 246–252.
2. Davidson JRT, Connor KM: Herbs for the mind. What science tells us about nature’s remedies for depression, stress, memory loss and insomnia. New York, New York, The Guilford Press, 2000.

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Social Skills Training for Schizophrenia (Second Edition) A Step-by-Step Guide, by Alan. S. Bellack, Kim. T. Mueser, Susan Gingerich, and Julie Agresta, The Guilford Press, New York, New York; 2004; ISBN: 1-57230-846-X; \$35 (softcover), 337 pp.

Social Skills Training for Schizophrenia is a welcome re-issue for those involved in the psychosocial treatment of people with schizophrenia. It serves as a comprehensive overview of