

Psychosomatic Disorders

Introduction:

The word "Psychosomatic" is derived from two Greek words, "Psyche" meaning mind and "Soma" meaning body.

It has long been an axiom in modern medicine that not only is the disease to be treated, but also the patient. This is the main axiom in Homeopathy too. Janet and Freud suggested that since man functions as an integrated whole, the psychological and physiological function are interdependent and inter-related. Therefore, some physical disorders on the psychological plane.

"Psychosomatic disorders" are also called "Psycho Physiological reactions". These are the results of a chronic disruption of homeostatic balance of the body produced by psychological stress. There are patients whose symptoms are limited to the mental sphere, such as neurotic and psychotic disorders, and there are patients whose illness appears to be the results, solely of a physical disease such as neoplasm and infection. Between these two extremes there are however many patients who show not only physical signs and symptoms but also psychological disturbances as well. In some cases as a recognisable instance, the depression and hopelessness which may be seen in a patient who realise that he is dying from an incurable disease. In others, emotional disturbances and physical symptoms and signs occur together, or disturbances on the psychological plane lead to physical disease.

Historical Evolution of Theories

Primitive Concept:

If we go to the early revival period of medicine we learn of psychosomatic disorders; the concepts were in a rudimentary form, In 1818, Heinroth first revealed insomnia as a psychosomatic disorder. Until the early twentieth century, little was known about the psychogenic mechanism involved in these disorders.

Early Psychoanalytic Concept :

In the concept of Actual Neurosis, Freud said symptoms were the results of the damming up of the body's energies. For example, anxieties, neurasthenia and hypochondria was viewed to be the simple result of the failure to discharge physiological sexual in stinets.

Several of Freud's disciples utilized the symbolism which he derived for the neurotic conversion disorders as a mean of explaining psychosomatic symptoms or what they called the organ neurosis. To them these symptoms, symbolized, through a form of body language, the character of the patient's repressed intrapsychic conflict. For example Ferenezi (1926). Considered diarrhoea to be an aggressive form of giving to other what substituted for real performance and Garma (1950) conceived peptic ulcers to be symbolic attacks upon the mucous by the patient's introjected hostile mother.

Dunbar's Personality Profile Theory :

Flander Dunbar (1985) said there was direct communication between personality types and specific psychophysiological symptoms. For example, ambitious and hard driving personalities were especially vulnerable to coronary artery diseases.

Alexander's Conflict Regression Theory :

Franz Alexander (1950) proposed that each psychosomatic disorder reflected a specific type of unconscious conflict which could be found not in one but in a variety of different personality types. He speaks of several types of emotional state as related to specific and different configuration of physiological reactions; eg., rage is specifically associated with cardiovascular responses, dependency needs characteristically stimulated gastrointestinal activity and respiratory functions.

Alexander invoked the Freudian concept of regression, stating that psychosomatic patients had experienced traumatic conflicts in childhood, which are 'fixated' and are reactivated in the present. For example, ulcer patients ostensibly suffered fixated dependency conflict during the oral stage of psychosexual development, when present events reactivate this conflict which originally occurred in infancy. Specifically, these reactions took the form of excessive secretions since these occurred as a consequence of the infant's search for the security provided through maternal nutrition. Since mother's milk is not forthcoming in adulthood, the stomach and upper intestine are subjected, as a consequence of these physiological reactions, to a repeated flooding of gastric acids, leading to a destruction of the mucous lining and causing peptic ulcers.

Margolin Theory :

Margolin (1953) viewed psychosomatic disorders as a consequence of the persistence of a generally immature physiological coping response which, though once appropriate in infancy is now inappropriate for dealing with adult stresses.

Ruesch Theory :

Ruesch (1946) formulated that psychosomatic symptoms are a symbolic expression of unconscious conflicts transformed into the language of the body. Due to verbal inadequacies. The individual reverts to the psychosomatic symbolism as a way of telling others about his psychological needs and conflicts. For example, chronic nausea would express an inability to 'stomach' the unpleasant things which the person feels he must take from others; persistent back pain would be interpreted as a way of saying that he feels overloaded with pressure and so on.

Grace and Graham Theory :

In 1952, Grace and Graham focussed on specific attitudes. They claim that attitudes taken towards certain types of stressful situations activate specific constellations of physiological reactivity. For example, if an

individual feels deprived and resentful and desires revenge, as a result there will be increase g.i., secretions, which finally gives rise to ulcers.

Non-specificity Theories :

This model claims that the specific form of psychosomatic disorders cannot be predicted by the specific type of emotional difficulty experienced. Proponents claim that psychosomatic disorders in general are found to be associated with psychogenic problems. They say patients who are chronically unable to reduce anxiety are strongly disposed to exhibit some form of psychosomatic disorders.

Constitutional Specificity Theories :

Patients with distinct and different physiological reaction patterns are disposed to develop specific types of ailments.

Lacey and Lacey, 1958; Mirsky, 1958, and Malme 1962 said that individuals exhibit distinctive and stable types of physiological symptoms to stress. For example, the group will develop cardiac complaints from frustration and embarrassment whereas another group will develop g.i., disturbances with some variety of stressful events.

Neuro-endocrinal Theory :

Autonomic nervous system is influenced by other parts of the nervous system like the limbic system, and the neocortex and the endocrines like the anterior pituitary, the adrenal cortex and the adrenal medulla.

Hypothalamus the centre for sympathetic activities, is of central importance in these feedback mechanism circuits. Emotional disturbances acting through the hypothalamus can affect the sympathetic and the parasympathetic systems, resulting in alterations in the functions of the viscera to which these system innervate. The autonomic nervous system is responsible for two important functions.

- i. It defends the organism from dangerous situations.
- ii. It controls the internal stasis through the regulation of digestive, excretory, respiratory and vasomotor processes.

Sometimes, these two functions become antagonistic to each other. How exactly this is brought about is easy to understand if one recollects that the autonomic nervous system supplies three structures in viscera such as the glands, muscles, the vessels. The imbalance in sympathetic and parasympathetic will alter the functions of these three structures. Hence there will be hyper or hyposecretion, hyper or hypomotility and hyper or hypomia. The end result of these chain reactions will be the devitalisation of the organs which render the organ more susceptible to external or internal stimuli, both physical and physiological.

From the Homoeopathic Point of View :

If at the same time we see the evolution of disease from the homoeopathic view we envisage great similarity. Homoeopathy says that at the level of spirit when the will is misdirected, weakened, altered and distorted, it loses hold of its value system. There occurs an erosion of the value system and ethical norms leading to confusion in thinking. Perception and discrimination gets blunted; as a result man becomes indecisive. Instinctual responses assert themselves at the primitive level. The patient now becomes a prey to the lower propensities of human nature embodied in the emotion-desire complex.

But life offers resistance to this perpetuation, through conscience. Now the conflict arising from blocked desires, impulses, urges and drives, finds expression through various channels such as :

- a. Disturbed imagination.
- b. Altered physiological functions e.g. appetite, digestion, elimination, sexual function, sleep, and dreams.
- c. Drop in performance and efficiency.
- d. Disturbed intellectual performance.
- e. Emotion disturbance.
- f. Altered psycho-physiological functions.
- g. Structural alteration.
- h. Altered behavior.

Incidence

It has been roughly estimated that almost 70 percent of those consulting a physician suffer from psychosomatic disorders.

Dynamics of Psychosomatic Disorders :

The following are the aetiological factors for the psychosomatic disorders:

Biological Factors

- a. Genetic.
- b. Differences in autonomic reactivity.
- c. Somatic weakness.
- d. Alteration in cortico-visceral control mechanism,

Psychological and Inter Personal Factors :

Its role is not clear yet but emphasis has been laid on following :-

- a. Personality make up.
- b. Family patterns.
- c. Stress.
- d. Defences.
- e. Learning in the autonomic nervous system.

General Socio-Cultural Factors :

A. Genetic Factors :

Solomon (1969) has noted the presence of a rheumatoid factor in the sera of arthritic victims. Neeheles (1970) has pointed a similar factors in the blood of persons suffering from ulcers. Increased frequencies of asthma, hypertension, migraines and other reactions have also been reported in close relatives. Hence genetic factors should not be ruled out in constituting the aetiology of psychosomatic disorders.

B. Difference in Autonomic Reactivity :

Individuals vary significantly in their primary reaction tendencies including their reactivity to stress. Even very young infants reveal marked differences in their sensitivity to aversive stimuli. One may become severely upset by exposure to bright sunlight or by loud noises, whereas another will be relatively undisturbed by these. Such basic differences in emotional reactivity continue into adult life.

Wolf (1950) has suggested that people can be classified as "stomach reactors", "pulse reactors" and so on, depending on what kind of physical changes are characteristically triggered by stress.

C. Somatic Weakness :

Factors like heredity, illness, or prior strain make one particular organ system more vulnerable to stress than others. If the person has inherited a weak stomach he presumably will be prone to, g.g. secretions, and upsets when he becomes angry or anxious. If a person has a respiratory infection his lungs or nasal passages may remain vulnerable and emotional stress may bring on attack of bronchitis or asthma.

The above facts were confirmed by Rills (1964) and Bulator (1963).

D. Alteration in Cortico Visceral Control Mechanism :

Cortico-visceral mechanisms may fail in their homeostatic functions, so that the individual's emotional response is exaggerated in intensity and he does not regain physiological equilibrium within normal time limits. Hence it predisposes the individual in psychosomatic disorders in the face of continued stress.

Psychological and Inter Personal Factors :

It's role is not clear yet but emphasis has been laid on the followings :

A. Personality Make-up :

The work of Flanders Dunban (1943 - 1954) and a number of other early investigators raised the hope that personality make up is associated with particular psychosomatic disorders - for example, that persons who are rigid, highly sensitive to threat and prone to chronic underlying hostility tend to suffer from hypertension and peptic ulcers.

B. Family Patterns :

Psychosomatic reactions are often maintained by secondary gains achieved in the family setting. For example a child with asthma who does not like to be left at home may develop an acute attack when his parents are planning to go to some social function or a spouse who feels neglected may find that his symptoms provide a convenient means of obtaining sympathy and support from others as well as some measure of control over their activities.

C. Stress :

Throughout an individual's lifetimes, there is a close relationship between the timing of physical illness and life stress. It is seen that people with stress suffer from g.i and cardiac complaints.

Bahnso, 1969; Englan Adler, 1967.

D. Defences :

Perhaps, the individuals affected are either unable to discharge their emotions adequately by verbal and other everyday means or to erect physiological defences, for the alleviation of emotional tension by rationalising the stress situation or becoming desensitized to it. As a result they appear to rely on repression, which screens out their emotional feelings, from conscious awareness, but the physiological components of the emotion continue and finally lead to structural damage. (Hykanson and Burgess, 1962).

E. Learning in the Autonomic Nervous System :

Recent evidence indicates that learning in the autonomic nervous system can also take place voluntarily through the process of operant conditioning (Dicara, 1970; Green & Walter, 1970 etc.).

General Socio-Cultural Factors :

In general, psychosomatic disorders occur among all major social groups but it appears to be extremely rare among certain primitive societies. For example peptic ulcers are practically unheard of among certain primitive groups. At the same time we have observed the prominence of g.i. and c.v. complaints among people subjected to extreme stress.

Psychosomatic disorders are found to be disproportionately high at the two extremes of socio-economic conditions (Fairs and Dunhan, 1939, Pascomanick 1962; Rennie and srole 1956). For example arthritis is found common on lower socio-economic levels and incidence of peptic ulcer and cardiovascular ailments are found common amongs executives who are under pressure chronically.

Peptic Ulcer :

The Ailment and the Cure :

The patient must be given a peptic ulcer diet. For the pscudo independent patient, respite may be achieved not bu rest or inactivity but by permission to engage in some other activity, to escape temporarily from the burdens of responsibility.

Passive dependent patient may need a much longer period of indulgence.

Psychotherapy including psychoanalysis may improve the capability of some patients to manage their lives, to deal with unconscious conflicts and to gratify needs in personally and socially acceptable ways.

Homocopathic medicines on the basis of totality are to be prescribed.

Common symptoms were taken and repertorised and it is seen following drugs are thought to be best. These are Arsenic album, Nux Vomica, Sulphur, Phosphorous and Lycopodium.

Ulcerative Colitis :

Constant awareness of the patient's needs in necessary and prompt attention to relief of discomfort given and thereby lead to the establishment of a 'Doctor-Patinet Relationship".

The physician must be aware of the kind of relationship that exists with other members of family. Physician must not take a retaliative or punitive attitude toward the other members of the family.

Some patient may require psychotherapy. Care should be taken to see that this is not interpreted by the patient as a rejection and replacement therapy.

Psychotherapy can modify the basic psychological structure and capacity to relate so as to render the patient less vulnerable to situations in which the disease has become manifest in the past. Remission and healing are common but cannot eliminate the biological defect underlying.

Homoeopathic Medicines :

Constitutional drugs should be selected from the following group - Mere, Cor., Sulphur., and Phosphorus.

Obesity :

1. Caloric intake must be lower than output.
2. Fasting results in rapid weight loss which is the vogue as a treatment for obesity in recent

years.

3. Increased physical activity.
4. Homoeopathic medicine

The following drugs can be thought of but selection of solitary drug is to be made on constitutional basis
- Calc.carb., Sulphur, Ars. alb.

Anorexia Nervosa :

1. The patient must begin to eat voluntarily or force feeding by gastric intubation should be started.
2. Malnourished cases may be fed high caloric diets immediately but prudent tactic is probably the oral feeding of simple foods at frequent intervals.
3. Psychotherapy.
4. Homoeopathic medicines : Arg. nit. and Lycopodium have proved efficacious.

Essential Hypertension :

1. Early detection and treatment.
2. Psychotherapy.

Identify the situations and events that repeatedly arouse his resentment or anxiety. Psychotherapy should be directed at the patients particular psychological conflicts, vulnerabilities and maladaptive modes of coping with them, regardless of theoretical preconceptions as to what problems are specifically related to essential hypertension. A simplistic notion is that the free expression of hostility should be encouraged as a means of lowering blood pressure. The following drugs prove essential such as phosphorus, Pulsilla, Arsenic alb, and Lachesis which have been selected after repertorization.

Cardiac Arrhythmias :

Psychotherapy - It is indicated in the patient who suffers frequent prolonged severe arrhythmias that it is clearly related to interpersonal and intrapsychic conflicts and associated emotions. Therapy should be adjusted to the patient's specific problems and vulnerabilities. The relief of anxiety indecision and guilt and improved coping with hostility are the usual goals. Fear of cardiac disease or even a benign arrhythmia and psychodynamic meaning of the fear may have to be explored.

Homoeopathic Medicine :

The following drugs are useful which have evolved after repertorial working out. - Ars.alb., Baryta carb., Sulphur.

Hyperventilation Syndrome :

Psychotherapy may help him to adapt to stress more effectively.

Homoeopathic Medicines :

1. Arsenic alb.
2. Phosphorus.
3. Nux vom.

Diabetes :

1. Homoeopathic Medicine : Arg. nit., Acid phos., Sulph.
2. Diet
3. Psychoanalysis.

Skin Disorder :

1. Psychotherapy to these allergic patients in whom the onset and exacerbations of their disorders are clearly related to emotional factors.
2. Homoeopathic medicine : Graph., Cal. c., Sep., Graph., Petro., Sulph.

Amenorrhoea :

Excluding organic causes the following play important roles in causing amenorrhoea : pseudocycosis, anorexia nervosa, psychic trauma and psychosexual immaturities.

In pseudocycosis several simple approaches have been successful, re-education, hypnosis and positive suggestion. More formal psychotherapy can be directed at underlying conflicts. Alleviating the stress associated with psychologically traumatic events should restore normal menstrual functions.

Homoeopathic Medicine :

1. Calc. carb.
2. Nat. mur.
3. Sulphur.

Post Partum Distress :

The patient can be prepared for a period of emotional instability after delivery.

She need not arrtribute such reactions to personal inadequacy interpersonal rejection. Homoeopathic medicines Act. Arn. Mont., sabina., Race.

Rheumatic Arthritis :

1. Homoeopathic medicine : Ars. alb., Lachesis, Med.
2. Proper regimen.
3. Psychoanalysis in selected cases can be helpful.
4. Hypnosis may be helpful in muscle relaxation in certain cases.

Psychogenic pain :

1. Psychotherapy is indicated for patients who are willing and able to deal with their emotional problems.
2. Hypnotherapy is advised for short term relief.
3. Acupuncture is being currently used as a modalities.
4. Homoeopathic medicine. Aconite nap., Belladonna.

Accident pronenss :

1. Psychotherapy, To correct underlying personality problem to bring a change in life situation.

Migraine :

1. A reasonable amount of physical exercise.
2. Adequate rest.
3. A well rounded diet.
4. Treatment of associated medical disorders.
5. Removal of precipitating factors such as exposure to glare, flickering lights, the missing of meals, offending allergens, and fatigue.
6. Psychotherapy.

7. Homoeopathic Medicine :
 - a. Apis mel.
 - b. Arsenic iod.
 - c. Belladonna

Asthma :

1. Behavioural therapy : Verbal desensitization.
2. Homoeopathic Medicine :
 - a. Arsenic alb.
 - b. Kali carb.
 - c. Lachesis

The following homoeopathic medicines can be used in different disease conditions which have been worked out after repertorisation, as detailed below :

1. Arthritis : Calc. carb., Sil., Sulph.
2. Backache : Calc. c., Rhus Tox., Sepia, Sulph.
3. Cardiospasm; Graph., Ign., Phos.
4. Chronic conjunctivitis : Arg. nit., Nat. mur., Sulph.
5. Chronic gastritis : Arg. met., Arn. mont., China., Nux. mos.
6. Delayed ejaculation : Agaricus., Cale. carb., Flouric acid.
7. Diminished libido : Agnus c., Bartya c., Graph., Lyco., Silica.
8. Disturbance of menstruation : Calc. c., Nat. mur., Sulph.
9. Frigidity : Agnus c., Kali. b., Lyco.
10. Hay fever : Ars. alb., All. c., Nat. mur.
11. Hemic and lymphatic diseases : Hep. s., Lachesis, Mere. s., Nux. vom.,
12. Impotency : Baryta carb., Calad., Calc. carb., Calc. sulph., China.
13. Muscle cramp : Anac., Cup. met., Nat. c., Plat.
14. Paroxysmal tachycardia : Arg. nit., Lyco., Sulph.
15. Premature ejaculation : Graph, Lyco., Zinc. met.

16. Recurring bronchitis : Ars. alb., Nit. acid., phos.
17. Syncope : Aco. nap., Chin., Sep., Sulph.
18. Tension headache : Lachesis, Nat. mur., Phos, acid., Puls.