

# The Psychosomatic Approach in Medicine

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"The influence of the mind on the body" and "mens sana in corpore sano" are old, well-known and even trite expressions but many practitioners fail to recognize the extent to which psychological factors can aggravate and even produce bodily disease. Vice-versa they do not appreciate the equally important influence of bodily disorder and defect on the patient's mentality.

That strong emotions such as fear, anger, disgust can produce tachycardia, palpitations, temporary rises in blood pressure, a sinking in the stomach, nausea and vomiting is universally realized, but that worry, frustration and resentment can be responsible for such *organic* diseases as gastric ulcer, ulcerative colitis, glaucoma and rheumatoid arthritis is not so well-known.

Brought up in an atmosphere of morbid anatomy, of microbes and toxins, preoccupied throughout his studies with the patient's body to the exclusion of his soul the average practitioner cannot help developing a frankly materialistic attitude towards disease. Consciously or unconsciously he divides diseases into two distinct groups, the physical and the mental. With the mental he is not concerned. For the physical diseases there must be a material cause. If he cannot find it he seeks refuge in the myth of focal sepsis and intestinal intoxication, oblivious of the fact that there are millions of people with septic teeth and enlarged tonsils and constipated bowels, who make no complaints. The number of teeth, tonsils and innocent appendices that are removed every year and the tons of cathartics that are consumed are an eloquent testimony to the prevalence of this attitude.

Gradually however it is being realized that persistent emotional disturbances — the feeling of insecurity, repressed hate, worry, anxiety, frustration — unhappiness in fact, may be as potent in the production of disease as the over-incriminated strepto-

coccus. Gradually the medical profession is returning to the old philosophic conception as an integral unit — a person — composed of psyche and soma, which cannot be separated nor considered separately — that there is an intimate connection between the two, via the thalamus and the hypothalamus — that when one is disturbed the other cannot be at ease — that sustained emotional disturbances can produce permanent physical disorder. Gradually a group is being sorted out, in which it seems likely that the most important etiological factor is psychological disturbance, a group of diseases, which are called psychosomatic to emphasize the psychological cause and the somatic manifestations. Gradually a new school of medicine is emerging which insists on the importance of psychological, social and environmental factors in the production and modification of all diseases and directs attention to their correction. The name Psychosomatic, by which this school calls itself is new, but its principles and its technique are as old as Hippocrates and have been practised by all good physicians since his time.

The list of psychosomatic diseases is a fairly long one and includes such common affections as bronchial asthma, essential hypertension, migraine, many forms of dyspepsia amongst which gastric ulcer, cardiospasm, diarrhoea, spastic constipation, mucous and ulcerative colitis, vertigo, impotence, dysmenorrhoea, thyrotoxicosis, neuro-circulatory asthenia, urticaria, and many forms of "fibrositis" and of headaches formerly thought to be of rheumatic origin. As one can see this selection includes a high percentage of the cases, that the average practitioner sees in his daily practice. Rare conditions considered to be of psychosomatic origin are Raynaud's disease, peri-arteritis nodosa, regional ileitis, mega-oesophagus and mega-colon, psychogenic fever, anorexia

nervosa, certain forms of hypopituitary obesity, hyperventilation tetany, enuresis and retention of urine, rheumatoid arthritis, the neurodermatoses, psoriasis, glaucoma, vaso-motor rhinitis and chronic pharyngitis.

It is not claimed that all the conditions just enumerated are always and exclusively due to emotional stresses and strains, but there is little doubt that these stresses and strains play an important part in the etiology a part which is sometimes paramount and sometimes contributory. In many cases the connection is obvious as the disability (e.g. asthma) recurs whenever the patient is faced with the same difficult situation. In others it is more remote but patient investigation soon reveals a sufficient cause. The part that emotional disturbances play in the production of these diseases is also shown by the improvement that follows appropriate treatment in the form of rest, re-assurance, sedation, explanation, elementary psychoanalysis, advice and the smoothing out of difficulties.

In the case of the stomach there is visual evidence to confirm the hypothesis that emotional disturbances can produce visible organic changes culminating in ulceration and haemorrhage. In a patient with an old-standing gastrostomy, Wolff and Wolff were able to observe, repeatedly, that anger and resentment induced immediate hyperaemia of the mucosa, with hypersecretion and hypermotility. If the protecting mucus was removed tiny haemorrhages appeared, which no doubt would have proceeded to ulceration if the irritation of the patient had been kept up long enough.

The mechanism of production of these psychomotor disorders would seem to be a state of hyperactivity of the autonomic nervous centres in the hypothalamus, stimulated, and as it were, driven mad, by constant messages and impulses from the overlying thalamus — the headquarters for the reception of all sensations and probably the centre for the emotions. In the case of gastric ulcer there is overstimulation of the vagus, which continues acting even when at

rest and especially during the night. In the case of Raynaud's disease there is sustained vaso-constriction of the arterioles of the upper extremities to such an extent that gangrene occurs and so on through the whole series.

A curious and inexplicable feature is that the same set of emotions produces different effects in different individuals; palpitations in one, asthma in another, dyspepsia in a third and urticaria in a fourth. The localization of the symptoms may possibly have a symbolic significance, but it is more probably due to the existence of a locus minoris resistentiae at that particular moment. Thus in a patient I had under treatment the first symptom of emotional distress was a long period of insomnia, followed after a short interval of well-being by an obstinate constipation. Eventually the patient contracted influenza and bronchitis. The constipation passed away and was replaced by an asthma, which resisted all attempts at medicinal treatment but disappeared when the patient was psycho-analysed and her difficulties were smoothed away.

The inclusion of "fibrositis" amongst the psychosomatic diseases may occasion some surprise but there is evidence that in many cases, so-called fibrositis is the result of nervous tension. Anxiety, fear, resentment cause contraction of all the muscles — the victim is ready to fight — he goes about with his shoulders hunched — his head bent forward — his chin thrust out — his hands clenched. Is it a wonder if the maintenance of this unnatural tense position for any length of time produces cramps and muscular pains — lumbago, pains between the shoulder blades, tender nodules in the trapezius, pains in the wrists, ankles, elbows and sometimes even the knees? In the same way occipital headache, the pain over the vertex and in the temporal region so often seen in tense nervous subjects are due to sustained contraction of the trapezius, the occipito-frontalis and the temporales muscles and not to any fibrositic and rheumatic nodules as was formerly supposed.

It is impossible to cover the whole field of psychosomatic medicine in one short article. In reality one cannot do more than mention its existence and hope that the reader's interest will be stimulated to consult the vast and interesting literature that has already accumulated. As usually happens, there has been a certain exaggeration of the importance of psychological factors. There is the great danger of paying too much attention to emotional factors and of overlooking organic disease until it is too late. Thus constipation may be attributed to spasm of the colon and this in its turn to a lack of understanding between husband and wife, whereas in reality it may be due to a carcinoma, or a pruritus ani may be diagnosed as a neurodermatosis, when it is the first sign of a prostatic neoplasm. In all things it is necessary to keep to the *via media*. Psychosomatic medicine offers a strong temptation to the lazy practitioner to diagnose psychosomatic disorders from the patient's history alone, without passing to a thorough physical examination and carrying out all the necessary investigations. This temptation must be resisted at all costs, but the

existence of this danger must not blind us to the fact that psychosomatic diseases do exist and must be treated in an appropriate manner.

One last word — the necessity of investigating psychological, social and environmental factors is not limited to the so-called psychosomatic diseases. The psychosomatic approach must be applied to all diseases. Every patient must be considered individually — as a person. Practically every disease — even such obviously organic diseases as pneumonia and appendicitis — has its psychological component. The brusque and hurried physician or surgeon, who diagnoses, prescribes or operates without considering the patient as more than a case, may possibly save the patient's life, but will leave behind an indelible psychological trauma and will not be living up to that ideal definition of the doctor as "the guide, philosopher and friend".

It is perhaps because of this, because we have become too scientific, more interested in the disease than in the patient, that as a class we are losing the trust, respect and love of our patients.

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## CONTRIBUTIONS

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