

HOMOEOPATHY IN PSYCHO - PHYSIOLOGICAL DISORDERS

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Introduction

To live is to be under stress and strain. To be human is to experience humiliation, rebuffs, changes, departures, disappointments, triumphs, successes and failures. But some people throughout their life are blessed with the capacity to maintain a high level of creative living despite various stress and strains mentioned above; while other people, on the other hand feel overwhelmed by minimal stress and strain, and suffer a variety of symptoms. Similarly emotional stress and strain play a more or less determining part in the aetiology, course and prognosis of certain disease conditions. These disorders are termed *Psycho-physiological or Psycho-somatic disorders*.

Psycho-somatic connotes more than a kind of illness; it is a comprehensive approach to the totality of an integral process of transaction among many systems—psychic, somatic, social and cultural. In majority of the psycho-somatics a specific physical response or a functional response occurs. Why a specific response develops in these individuals? A psychologically meaningful stimuli are significantly, partly, and temporarily related to the initiation and exacerbation of a specific physical response or disorder. As a result of long continued stimuli, an exaggerated physiological expression of anxiety, malfunction or even eventual structural changes may take place in the organ or viscus through which it is expressed. The physiological responses are secondary to vascular disturbance, smooth muscle dysfunction and hyper or hyposecretion of the gland innervated largely by the sympathetic and parasympathetic divisions of the autonomic nervous system, but these manifestations are much coloured by the patient's personality. It has been established from various studies and researches that tension arising from a long standing emotional conflict can induce changes in the bodily functions which when repeated over a period of time, can in turn lead to actual tissue damage. The individuals who are prone to such disorders are relatively constant emotional elements. They are susceptible to least emotional conflict and are oversensitive to external impressions, especially psychic. These individuals fall into 3 groups (1).

- a. Those who suffer from various physical symptoms but who do not have a bodily disease that may be severe as a cause for the symptoms.
- b. In another group a physical disease exists, but the original causative factor were of an emotional nature.
- c. Here the patient does not have actual organic disease, but certain of his symptoms arise not from his disease, but from the affective factors, perhaps from anxiety arising from some situation in relation to other factors.

A complex variety of intervening factors are responsible for the development of the psycho-somatic disorders. These intervening factors of various kinds often precede the first appearance of these illnesses as well as the exacerbation of symptoms that occur during the course of the illness. These are mainly psychosocio-cultural factors. However, we should not forget that hereditary factors are also apparently involved in several of the psycho-physiological disorders e.g. Hypertension, Hyperthyroidism, Bronchial asthma, Migraine etc. The following are the common psychosocio-cultural factors which predispose these illnesses.

1. Death of a spouse
2. Divorce
3. Marital separation from mates
4. Death of a close family member
5. Major personal injury
6. Occupational problems and employer-employee conflict
7. Retirement from work
8. Major changes in behaviour or health of a family member
9. Business problems
10. Financial problems
11. Death of a close friend
12. Troubles with in-laws
13. Major changes in responsibility at work
14. Parent-spouse conflict
15. Major changes in living conditions
16. Major changes in working hours
17. Change in residence
18. Changing to a new school or college

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19. Marital reconciliation from mates
20. Marriage
21. Sexual difficulties
22. Pregnancy
23. Change of a job
24. Son or daughter leaving home
25. Detention in jail and other institutions
26. Changes in sleeping habits
27. Major changes in social activities
28. Minor violation of law

It is found that accumulation of more life events mentioned above in an individual in a single year increases the incidence of psycho-physiological disorders (2). The individual who faces the general stress optimistically rather than pessimistically is less prone to develop a psycho-somatic disorder.

The following are the common psycho-physiological problems which are seen in our country:

1. Acne
2. Allergic reactions
3. Angina
4. Angio-neurotic oedema
5. Arrhythmia
6. Bronchial asthma
7. Chronic pain syndromes
8. Coronary heart disease
9. Diabetes mellitus
10. Dysmenorrhoea
11. Hypertension
12. Headache
13. Herpes
14. Hypoglycaemia
15. Irritable bowel
16. Migraine
17. Mucus colitis
18. Neuro-dermatitis
19. Nausea and vomiting
20. Obesity
21. Psoriasis
22. Rheumatoid arthritis
23. Sacro-iliac pain
24. Tachycardia
25. Ulcerative colitis
26. Urticaria
27. Warts

These disorders are common in females and in elderly, and the prevalence is high in cultures and subcultures (3). However, some complaints are more in some age groups e.g. headache, nervous stomach,

pain syndrome etc. are more in older groups, bronchial asthma is more in children and adolescents, diabetes mellitus, irritable bowel, ulcerative colitis etc. are more common in younger age group. In general, psycho-somatic disorders are increasing in frequency in younger age groups (4).

Now a days psycho-physiological problems have become one of the most important psychiatric problems in which the modern medicine often fails because the experts in this system are interested only in recognising and treating the physical illness. Patients narrate pages and pages of symptoms but the expert declares that he has no disease because his physico-chemical data are within the normal limits. The authors of this paper on many occasions have come across patients who come to consult in the OPD after a long term treatment from experts. Why these patients come unrelieved after this expert management? The answer is simple. The modern medicine lacks a wholistic approach in the treatment, and considers the body and mind as separate entities. But the fact is that there is an inter-relationship between the mind and body. Since man exists as a single unit, it would be impossible to have any type of psychological reaction without physiological component, and each physiological reaction is accompanied by some type of psychological component, conscious or unconscious. A simple example would be the anticipation of food brings on the secretion of HCL in the stomach. This inter-relationship between the mind and the body exists not only in health but also in disease conditions. But the modern physician knowingly attempts to divorce the mind and body in the living organism, and considers all physical illnesses as some biological dysfunctions.

Only Homoeopathy has a psycho-somatic approach in all disease conditions, whether of mind or body. The *whole person medicine* is not simply a lip-service one in our system. We consider that mind and body are inextricable aspects, and scarcely can we have a morbid affection of the body in which some feelings or functions of the mind are not concurrently engaged directly or indirectly - as cause of effect. *Dr. Samuel Hahnemann* has stressed all these points in a beautiful manner in his classical works especially the *Organon of Medicine*. He says that "*there are other conditions whose mental aspect is primarily deranged and these disturbances finding the body slightly yielding to the altered physiological conditions, maintain them in a disturbed condition and continue the psycho-pathological state*" (5). The modern psycho-somatic theory also agrees with this. According to this, all patients with

physical illness accompanied by a conspicuous psychological component, have a long standing problem.

The treatment of psycho-somatic illness will not be beneficial unless we approach them in a wholistic manner. Treating such cases depending only on physical symptoms is useless. The physician who treats such diseases without realisation that the disease is merely the reaction of the human mind and body, to the presence of a disturbing factor or factors in the internal or external environment of the mind and body is slowly becoming out dated (6). The physician should bear in mind that prior to the physical change, there must be something emotional or psychic and due importance must be given to it during treatment. However, the physician has to look out for early signs of serious illness in his patients and if so special attention may be given to it. In our Materia Medica, lots of drugs have been mentioned for complaints arising from psychic/emotional problems. Nat. mur, Pulsatilla, Ignatia, Nat.sulph, Ars.alb., Sulph., Calc. carb., etc. are some of them. Though the psycho-social factors are different in their nature, all of them cause some kind of grief/worry, mental tension or strain in the patient. These worries or emotional stress may be temporary or long lasting. But it has been proved in many cases that persons who suffer these stress silently often fall prey to the psycho-physiological disorders. This is well explained in a few words by Henry Mandly - 'The sorrow which has no vent in tears may make the other organs weep' (7). In Homoeopathic literature we have three important drugs for the complaints from silent grief--Nat.mur., Pulsatilla, Ignatia (7), and this paper shows how far these drugs are useful in psycho-somatic illness when compared to the other drugs.

Aims and Objectives

The main aim of this paper is to show the medical field that Homoeopathic way of treatment has definite advantage over modern medicine in the treatment of psycho-somatic problems. Another important aim is to find out how far Nat. mur, Pulsatilla and Ignatia are efficacious in the management of psycho-somatic disorders irrespective of their different diagnostic names. Lastly, attempt has also been made to study various aspects of these disorders such as epidemiology including age group, sex ratio, socio-cultural aspects, aetiological factors, basis of prescription etc.

Material and methods

To fulfil these aims and objectives, 50 cases of

Psycho-somatic disorders were treated in the O.P.D. during the year 1991 to 1993. These patients came to the OPD after a long term allopathic treatment and most of them did not know that their complaints were psychic in origin. These cases were recorded in the case sheet in detail. In all cases, relevant and available investigations were done as far as possible and in majority the results were negative or within normal limits. Diagnosis of these cases was done mainly on the basis of clinical history and symptoms and signs, but in a few cases a clinico-pathological basis was used (Table VI). It has been noted that among these 50 cases majority were having chronic pain syndromes, headache, hypertension and bronchial asthma (Table V). The sex ratio, age group, socio-cultural status, duration of illness, clinical presentation, basis of diagnosis, aetiological factors and pathological findings are tabulated below,

TABLE - I
Sex Ratio

Total	Male	Female
50	14	36

TABLE - II
Age Groups

Groups	Max. 65 years		
	T	M	F
Min. 16 years			
Up to 10 years	0	0	0
11 years to 20 years	14	4	10
21 years to 30 years	7	0	7
31 years to 40 years	12	3	9
41 years to 50 years	7	4	3
51 years to 60 years	8	1	7
61 years and above	2	2	0

TABLE-III
Socio-Cultural Status

	T	M	F
Low socio-cultural	17	3	14
Middle socio-cultural	30	9	21
High socio-cultural	3	2	1

TABLE-IV
Duration Of Illness

Groups	Max. 33 years		
	T	M	F
Min. 1 month			
Under 1 year	7	4	3
1 year to 5 years	23	6	17

6 years to 10 years	9	1	8
11 years to 15 years	6	1	5
16 years to 20 years	4	2	2
21 years and above	1	0	1

TABLE-V
Clinical Presentation

Types	T	M	F
Allergic reactions	4	0	4
Bronchial asthma	11	1	10
Chronic pain syndromes	17	1	16
Diabetes mellitus	4	2	2
Dysmenorrhoea	2	0	2
Headache	12	2	10
Hypertension	16	4	12
Irritable bowel	4	4	0
Migraine	3	1	2
Nausea	1	0	1
Psoriasis	3	3	0
Rheumatoid arthritis	3	1	2
Tachycardia	3	1	2

TABLE - VI
Basis of Diagnosis

	T	M	F
Clinical history/ symptoms	28	8	20
Pathological findings	0	0	0
Clinico-pathological	22	6	16

TABLE-VII
Aetiological Factors

	T	M	F
Heredity	25	9	16
Psycho-social factors	40	10	30
Broken husband-wife relations	5	1	4
Business problems	6	5	1
Changes in health of family members	8	2	6
Changes in job	2	1	1
Change to a new school/ college	3	2	1
Changes in residence	1	1	0
Death of spouse	10	0	10
Death of children, father, mother, brother, sister etc.	9	1	8
Death of a close friend	3	1	2
Failure in examinations	3	1	2
Financial problems	20	7	13
Having no issues	3	0	3
Troubles with in-laws	2	0	2
Major changes in living conditions	4	1	3
Major personal injury	1	1	0
Marriage	2	0	2

TABLE-VIII
Pathological Findings *

	T	M	F
Lymphocytes increased (Min. 44%, Max. 46%)	2	0	2
Eosinophils increased (Min. 7 %, Max. 21%)	23	6	17
E.S.R. increased (Min. 28 mm/hr., Max. 72 mm/hr.)	12	0	12
Urine sugar present	2	0	2
Urine deposits present	2	1	1
Blood sugar increased (R) (Min. 135mg%, Max. 279mg%)	4	2	2
R.A. factor positive	2	0	2

* Only positive results are given in the table.

All the cases were treated with simillimum selected after strict individualisation. No means of psychotherapy was used during the study. A quite number of patients were treated with drugs selected according to the physical generals, mental generals, keynote and characteristics, modalities, constitutional factors etc. But it was very interesting to note that in many patients drugs such as Nat.mur, Pulsatilla and Ignatia were found indicated. The Table XI shows the drugs which were used and found effective. In a few cases more than one drug was used as a complementary or as an intercurrent /miasmatic remedies (Table XII). There was no limitation to the potencies of the drug used. Potencies ranging from 30 to 1M were used according to necessity (Table XI). The drugs used in different potencies were given in minimum dose as far as possible. The subsequent doses were given only in the event of recurrence or aggravation of the signs and symptoms. During treatment these patients were advised to keep away from mental tension, night watching, alcohol, tobacco, coffee, tea and other things.

These patients were advised to come for consultation once in 15 days, and were kept under active treatment for the period ranging from 2 to 6 months. Assessment for the improvement was done both on symptomatic basis and on pathological basis. After 2 to 6 months of active treatment these patients were followed up further for a period of 6 months. Majority of these patients are still under follow-up but a few of them stopped treatment after 2 to 3 months.

TABLE-IX
Basis of Prescription

	No. of cases					
	prescribed in			found effective in		
	T	M	F	T	M	F
Aetiological	26	5	21	26	5	21
Mental generals	4	2	2	4	2	2
Physical generals	12	5	7	12	5	7
Modalities	2	0	2	2	0	2
Constitutional	4	0	4	4	0	4
Repertorial totality	0	0	0	0	0	0
Key notes & characteristics	2	2	0	2	2	0

TABLE-X
Duration of Treatment

2 months to 6 months	

TABLE -XI
Drugs Used

Name of the drug	Potency	No. of Cases					
		Prescribed			Found effective		
		T	M	F	T	M	F
Aloes	30	2	2	0	2	2	0
Arsenicum album	30,200	2	1	1	2	1	1
Calcarea carbonicum	200, 1M	5	-	5	5	-	5
Ignatia	200	5	0	5	5	0	5
Lycopodium	30,200,1M4	3	1	4	3	1	1
Natrum muriaticum	30,200,1M18	5	13	16	4	12	
Natrum sulphuricum	30	2	0	2	2	0	2
Nux vomica	30	1	0	1	1	0	1
Pulsatilla	200,1M	8	2	6	8	2	6
Rhus tox.	1M	2	0	2	2	0	2
Sulphur	30, 1M	5	3	2	4	3	1

TABLE-XII
Drugs Used as Complementary, Follows Well

Drugs used	Drug to which
Natrum muriaticum	Pulsatilla
Sepia	Pulsatilla
Pulsatilla	Natrum muriaticum
Rhus tox	Calcarea carbonicum
Sulphur	Aloes

Results

The results obtained in the study conducted on these 50 cases of psycho-physiological disorders are quite impressive and inspirational, because all cases improved but at different rate, and no means of psycho-

therapy was employed during the treatment. In general, out of 50 cases, 29 showed marked improvement, 18 showed moderate improvement and 3 cases had mild improvement (Table XIII). A diagnosis-wise improvement rate and improvement as regards the pathological findings are given in Tables XIV and XV respectively. From this study it is evident that Natrum muriaticum, Pulsatilla, Ignatia, Calcarea carbonicum, Sulphur and Lycopodium are the most frequently administered drugs and the most frequent basis for the prescription are aetiological factors and physical generals (Table IX). The drugs which were prescribed on these basis proved more beneficial. In the follow-up study it is found that out of 50 cases, 19 had no recurrence, 22 had recurrence but in a very low intensity and 1 case had recurrence with same intensity. 8 cases did not report afterwards (Table XVI).

TABLE -XIII
Improvement Indices *

	T	M	F
Marked improvement	29	8	21
Moderate improvement	18	5	13
Mild improvement	3	1	2
Not improved	0	0	0
Worse	0	0	0

TABLE-XIV
Diagnosis-Wise Improvement Rate

Clinical types	Total cases	Marked improvement	Moderate Improve - ment	Mild Improve - ment
Allergic reactions	4	2	2	0
Bronchial asthma	11	5	6	0
Chronic pain syndromes	17	9	7	1
Diabetes mellitus	3	1	0	2
Dysmenorrhoea	2	0	2	0
Headache	12	11	1	0
Hypertension	16	9	6	1
Irritable bowel	4	2	2	0
Migraine	3	2	1	0
Nausea	1	1	0	0
Psoriasis	3	0	3	0
Rheumatoid arthritis	3	1	2	0
Tachycardia	3	2	1	0

Criteria of Improvement Indices

1. Marked improvement:
Complete disappearance of subjective, objective and pathological symptoms followed by no recurrence for the next 6 months.
2. Moderate improvement:
Disappearance of subjective and objective symptoms with persistence of pathological signs.

3. Mild improvement:
Partial relief in the subjective, objective and pathological symptoms.

TABLE-XV
Pathological Assessment

	Total cases	Came within normal limits	Mitigated
Eosinophils increased	23	0	5
E.S.R. increased	12	0	7
Urine sugar ++	2	2	0
Blood sugar (R)	4	2	2

TABLE-XVI
Follow-Up

	T	M	F
No recurrence	22	5	17
Recurrence with less intensity	19	4	15
Recurrence with same intensity	1	0	1
No follow-up (i.e. Not reported)	8	5	3

Discussion

As mentioned in the introduction, psycho-somatic disorders are the physical or functional expressions of some psychic and emotional problems due to various reasons. In many persons the effect produced is temporary and after a period they become normal and resume normal social activities. But in some persons these stress produce deleterious consequences on physical health, because body and mind are one in their life functions and reactions. So treatment of such cases need much skill and experience. Since Homoeopathy has a ' *wholistic approach*' in all types of illnesses and we have a quite number of remedies which can be prescribed according to the causation, it is considered to be a superior system for the treatment of psycho-somatic disorders, even by great Allopaths. This paper is a concrete proof of this. The 50 cases selected for the study consisted of 14 males and 36 females, which agrees with what mentioned in the introduction that females are more prone to these disorders than males. This paper also proves that the psycho-somatic disorders are common in younger age groups. These patients usually have multiple bodily complaints rather than a single one. The usual presentations are chronic pain syndromes and headache. The study of 50 cases show that psycho-social factors especially the financial problems, death of spouse or children and change in the health of the family members play a major role in the initiation and exacerbation of their complaints.

Natrum muriaticum, Pulsatilla and Ignatia are the three important drugs for the management of psycho-somatic illnesses because they have been found effective in all cases to which they were prescribed. The prescriptions based on aetiology and physical generals were found most effective. The improvement rate obtained in this study is much inspirative because 47 cases showed moderate to marked degree of improvement and the rest improved mildly. This improvement rate shows how far our medicines useful in the treatment of the psycho-somatic disorders. Since no means of psychotherapy was used during any phase of treatment it is once again clear that whatever improvement was obtained in these cases was due to the drugs only.

In clinical research, follow-up is very important. Without follow-up we cannot say that the results obtained are genuine. The follow-up of these 50 cases showed that 19 cases have had no recurrence but 22 cases had recurrence but in very low intensity. The psycho-somatics are sensitive individuals and this sensitivity to various subtle external impressions especially psychic may be the reason for the recurrence of the complaints in the 22 cases. But with further follow-up and treatment with similimum and also by avoiding such external impressions, a complete relief is possible.

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