

IS NOT ALL MEDICINE PSYCHOSOMATIC

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When one sets out to discuss Psychosomatics one must regard the term from two different angles, pathological and therapeutic, the former being a much more recent development than the latter.

Indeed, therapeutic psychosomatics dates from the earliest times. In primitive medicine disease or illness was regarded almost universally as a result of offending the gods. Therefore, in order to be cured, the sick person had to undergo some lustral rite, which usually involved amongst other measures, prayer to the offended deity and a resolution not to offend again.

This idea that sickness is often a sequel to evil doing has continued right through the ages, even to the present time, and not only amongst primitive people. One not infrequently hears a sick person exclaim "What have I done to deserve this !"

That idea, of course, suggests a psychosomatic pathology, in that it postulates that the evil thinking which must always precede the sinful action, is the reason for the bodily illness of which the patient is complaining. But that is not quite what the ordinary doctor understands as psychosomatic pathology today.

I have pointed out that even in primitive medicine one could trace a psychosomatic pathology ; but as scientific medicine gradually developed the inner being of the patient was gradually lost sight of and a natural-scientific pathology took the field. This went on and on until Hahnemann enunciated his homœopathic principles and brought some of the more enlightened physicians back to the idea of psychosomatic medicine—but only a few, unfortunately. We have remained a small minority ever since.

One wonders whether the resurgence of the psychosomatic idea, apart from the psychoanalytical approach, may not be a stimulus to more doctors to study Homœopathy.

If only we could meet these doctors and point out to them

that from our point of view it is not necessary that the psyche of the patient should have been more or less distorted in order for the treatment to be psychosomatic.

Homœotherapeutics can use the psychological indications of a mentally perfectly normal individual for the treatment of what is usually regarded as a purely somatic illness.

The thesis that repressed, distorted or wrong, though not necessarily sinful thinking, is at the root of many bodily ills has, of course, been very greatly developed by modern psychiatrists, particularly Freud, who elaborated the system of psychoanalysis for the curing of somatic as well as mental and emotional illnesses.

This interdependence between the psychic life of the patient and his bodily reactions resulting either in health or disease naturally appeals to the true homœopathic physician, who always endeavours to treat the whole man, that is the psychosomatic being, and not merely to suppress the symptoms of which the patient particularly complains, as is so often done in modern medicine.

One has not infrequently been asked by a patient at the first consultation "Are you treating me psychologically?" The explanation is given that although one is not using psychotherapy, the psychic life of the patient, that is his mental and emotional reactions to his environment as a whole, are very helpful in choosing the remedy, which will not merely suppress the symptoms of which he is complaining, but will really effect a cure and not merely a palliation.

Some of our critics assert that it is this method of the homœopath's approach to his patient, by establishing a rapport between them, that accounts for our successes, which do not depend upon the remedies employed. Such an assertion, however, will not stand up to a serious analysis. I definitely assert this, as although no matter what method of therapy is used, one cannot get away from the doctor-patient relationship, which must, if satisfactory, help in the improvement of the case, though it is by no means the only element in the success achieved. That relationship remains the same, whether one chooses the right

remedy straight away, or may have to re-consider the case at a second consultation and give a different remedy.

Not only must one treat the whole patient, it is just as important that the physician should be a "whole" doctor. That is to say that a physician (or surgeon) in order to be able to do the best for his patient should not be merely a specialist in the ordinary acceptance of the term, i.e., restricting his knowledge and attitude to his patient to the particular organ of whose malfunction the patient complains. The medical attendant in his intense interest in the malfunctioning or diseased organ should never forget the patient as a human being. No organ can be adversely affected in isolation: there is always a psychic disturbance of the patient as well as possibly, a dysfunction of some other part of the patient's body. In other words, the medical attendant's whole duty towards his patient is not merely to suppress by drugs or operation the symptoms of which the patient complains, but to treat the patient as a whole through his symptoms. That is quite a different problem and is what the homœopath sets out to do.

The present-day elevation of psychomatic medicine into a speciality is a very mixed blessing. It is undoubtedly, of value to the patient who is suffering not only from the symptom which takes him to the doctor, but from some disturbed psychological symptom, either conscious or suppressed. But because in the official school of medicine a disturbed psyche is postulated as a necessity in psychosomatic medicine, the patient suffering from what is generally regarded as a purely somatic illness is deprived of the "wholeness" of treatment that is so essential for a true cure. He has to be satisfied with a treatment by an antibiotic with its accompanying hazards, if the case be one of microbic infection, and even at times when there is no evidence of such infection. Or maybe, an operation is performed for a gastric or duodenal ulcer, or perhaps the removal of a tumour. All of these conditions may at times be successfully treated by homœotherapeutics, based on the totality of the patient's symptoms.

The true homœopath in these "somatic" cases as well as in pneumonias, the infectious illnesses of childhood, even in acci-

dents, never loses sight of the whole patient in choosing his remedy.

For example, in treating fevers, he takes into account amongst other factors the presence or absence of thirst, the kind of thirst if present, the restlessness or quietude of the patient, both physical and mental, his emotional reaction to his illness, etc., etc. All these psychic factors influence the homœopathic physician in the choice of his remedy.

Even in the case of burns and other accidents, much more reliance is placed on internal medication based on the psychological reactions of the patient, as well as the local manifestations of the injury, than on local applications.

If we accept the conclusion that a properly integrated medicine must perforce be psychosomatic therapeutically, it means that the present education of the medical student must be radically changed to bring it into line with this underlying principle. Amongst other changes it would involve the wide participation in this education of general practitioners, who by reason of their work, are more likely to take a broader view of the patients' curative requirements, than the specialist, who by reason of his speciality, unfortunately has a very restricted attitude to the patient. I do not suggest that the specialist should have no place in the medical schools, but that he should not have that overprominent, even monopolistic position that he now enjoys. One is almost tempted to suggest that his place is more in the post-graduate than in the under-graduate school.

And from its very nature homœotherapeutics should take a very prominent, though not an exclusive place in the under-graduate medical schools.

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