

PSYCHOSOMATIC MEDICINE AS A HOMOEOPATHIC CONCEPT

ROGER A. SCHMIDT, M.D.

We are dealing here with medical concepts. A medical concept is a notion which is not absolute; it determines the method of application of therapeutic approach. We will consider briefly the so-called modern *scientific* concept and contrast it with the *homoeopathic* and *psychosomatic* concepts.

A patient comes into the doctor's office—what is the standard method of procedure? The physician first asks the patient the reason for his visit, he gets all the facts concerning the present complaint, its location, extension, modalities and concomitants. Then he goes into the history of past illnesses from childhood up to the present time, and even the essential features of the family history. All these data constitute the subjective picture. This being done, the doctor examines the patient methodically from head to foot, step by step, recording all the objective physiological and pathological data. The patient has then to be submitted to a number of physiological and chemical tests. In order to arrive at a diagnosis, which is the ultimate objective of all the above-mentioned procedures, the physician has to analyze all the factors and then label the complaint of the patient according to the standard classification of diseases. Except for purely mental diseases, only material causes of diseases are required and accepted.

This is called the structural concept of disease, i.e., a disorder of organs and cells only. Since Virchow, Claude Bernard and Pasteur, this classification, or nosology, has attained tremendous proportion. The establishment of this modern concept of disease has been mainly achieved by animal experimentation and could rightly be called animal medicine. This materialistic and analytic medicine has relegated to the outskirts of its scope anything which is not palpable, visible or reproducible. The obsession of the physician consists of finding the diseased organ, in determining the pathology, in cultivating the bacteria or causative virus. All these factors are common in man and animal and all, of course, have an essential part in the fight against the disease, in the selection of the therapy and the cure of the patient. There is a deep satisfaction in treating this type of physical disease, like for example, infection when etiological factors can be clearly determined and specific drugs, like penicillin and the sulfonamides, are applied, as the case may require.

Unfortunately, a therapy based solely on this type of pathological diagnosis is not as encouraging as it sounds, either logically or theoretically, since statistics prove that hardly a rough 50% of diagnoses are correct as verified by post-mortems. Also, it forgets and leaves aside several groups of disorders which are now claimed by psychosomatic medicine.

Between the small number of obviously psychotic persons whom a physician sees and the large number of patients who are sick apparently only because of physical disease, there is a vast number of sick people who are not "out of their mind"—and yet, *do not have any definite bodily disease to account for their illness*. It is reliably estimated that about one third of the patients consulting a physician fall into that group. They constitute the so-called purely *functional problems* of medical practice. Then, approximately another third of patients consulting a doctor complain of symptoms dependent mostly upon *emotional* factors, but who have besides, organic disturbances. Finally, another third comprises a group having disorders generally considered wholly within the realm of *physical* diseases which have to do with the vegetative nervous system, such as migraine, asthma, and essential hypertension. In all these types of patients, *psychic* factors have a very prominent part in the etiology of their disease and more so in their management and therapy. We touch here the essential problems of the relationship of *psychological* disturbances to *structural* alterations, and this is the particular field claimed by psychosomatic medicine. In all these cases, which, I repeat, constitute an overwhelming majority of patients, an exact pathologic-etiological diagnosis is difficult to ascertain and impossible to prove scientifically—therefore the treatment is mostly symptomatic and palliative, and by no means scientific. As long as medicine sticks to the concept of material causes and structural diseases only, there can be no satisfactory means of treating and curing these patients.

The medical concept should be extended from the animal plane to the human, from the organs and systems to the soul of the patient. Samuel Hahnemann, a century and a half ago, vehemently protested against the medicine of the dead, the pursuit of the study of the life and the cause of disease on the cadaver. He, logically, wanted for human beings medicines proved on humans. He introduced the notion of *dynamism* as a basic factor in disease and in drugs. He preached the essential need for *individualization* in the treatment of the patient. So much so, that in order to make a successful prescription, the homoeopathic physician, after having gone through the investigation of pathological diagnosis, which is a depersonalization process, has to put it aside and proceed in the selection of the remedy by individualization and synthesis. He has to look into the whole symptom picture and pick out the peculiar, paradoxical, unexplainable signs and symptoms of his patient, in order to find out what makes this particular patient unique, different, in his morbid manifestation. Hahnemann believed that the soul is the very entity of the individual, therefore, symptoms pertinent to the feelings of the patient are of great value and should never be overlooked. He devotes more than twenty paragraphs in his *Organon* to mental diseases and to the interplay between physical and mental symptoms. In paragraph 210, for example, he states:

"The so-called *diseases of the mind and temperament* do not constitute

a class of diseases strictly distinct from others, because the state of the mind is *always modified* in so-called physical diseases. Hence, the state of mind, being one of the most important features of the complex of symptoms, is to be noted, in order to secure a reliable record of all diseases presenting themselves for treatment . . ."

Again, in paragraph 214 he says:

"What I have to say regarding the treatment of mental diseases may be expressed in a few words. "Such diseases are to be treated like all others . . ."

Again, in paragraph 215

"Certain mental and emotional symptoms are peculiar to every bodily disease; these symptoms develop more or less rapidly, assume a state of most conspicuous one-sidedness, and are finally *transferred*, like a local disease, into invisibly fine organs of the mind, where, by their presence, they seem to obscure the bodily (physical) symptoms . . ."

Regarding *individualization*, Hahnemann says:

"The unutterably large number of diseases of body and soul are so different from one another that *each exhibits itself at every occurrence as another, a new disease, such as has never appeared in the world before*: so different, that each patient suffers from his own peculiar nameless disease, which has never occurred except in this case, in this person, and under these circumstances, and which can never appear in the world again in exactly the same way."

As Martin Gumpert puts it:

"This last sentence from section 87 of the *Organon* forms perhaps the most important paragraph in Hahnemann's great work. *It ushers in the era of a new medical outlook* which may be termed "respect for the patient's person." Its permanent validity cannot be better emphasized than by quoting words written in 1931 by Ludolf Krehl, one of the greatest clinical specialists in Germany: "Every case of disease is a new event in the records of nature and has never occurred before."

There are a score of other paragraphs in the *Organon* that could be quoted, dealing with this new synthetic human concept, but anyone can read them for himself and gain a wealth of inspiration and knowledge from this prophetic book.

In the domain of mental diseases, Hahnemann has been the first to stigmatize the inhuman and barbarous treatment inflicted on the insane in his time. He fought for the idea of treating the poor sufferer like other patients.

In brief, Samuel Hahnemann was a century ahead of psychosomatic medicine in regarding the patient as a human being, as an individual entity with mind, soul and body, and in insisting that all the manifestations; the totality of the symptoms of the patient should be considered in order to institute a rational and successful treatment.

Flanders Dunbar, one of the most eminent proponents of psychoso-

matic medicine, defines so well the psychosomatic concept and its application for therapy that I'll quote from an article presented in *Psychosomatic Medicine* in October, 1944, entitled "Criteria for Therapy in Psychosomatic Disorders"—

"The criterion of the patient's health is maintenance by the organism of homeostatic equilibrium within itself and within its environmental field. Hence there is need for a new approach to classification of the subject matter of medicine, based on psychosomatic concepts. The major contributions to these concepts* have come from physiologists on the one side and from medical psychologists on the other. But it has been difficult to establish common points of reference and common terms for these two disciplines. Traditional nosology is inadequate in both psychiatric and somatic phases, and there is little contact between their terminologies. The disease entities now recognized in each of these fields have little relevance either to the organism as a whole or to the organism-environment continuum.

What is needed is a system of classification which will aim not at defining disease entities in the traditional sense, but rather at describing dynamic processes in ill persons. It should begin with the organism environment continuum and its material should relate to the flow of energy in a field of tension. It should lend itself to quantitative measurements, assuming that the appropriate technique can be devised.

There is a habit of speaking of psychosomatic diseases as if some diseases were not psychosomatic. Similarly, some people think upon psychosomatic medicine as a specialty dealing with a limited group of diseases, like dermatology and ophthalmology, while as a matter of fact, psychosomatic medicine is merely an objective approach to the human organism and all its elements, though perhaps more essential in the diagnosis and treatment of some patients than of others. The dichotomy, which, it is often felt, is implied by the terms psyche and soma, does not often exist in the organism itself, but has grown out of the manner in which a scientific method has been applied in medicine. The psychosomatic method is merely a stereoscopic superposition of the images derived from the two principal groups of techniques which medicine has employed: the physiological and the psychological. The perspective so obtained should be valuable in dealing with all human diseases, even with some not yet recognized as disease entities.

In a fourteen year study of serial admissions to a general hospital, problems of diagnosis were particularly emphasized. Attention was called to the need for radical change in diagnostic principles and nosology. After this study was completed the diagnostic principles outlined were tested for practical application in the regimen of therapy. This was done in the same hospital during the last two years, using follow-up examinations of patients included in the published study as well as a new group of serial admissions.

* Note: Evidently Dunbar never heard of S. Hahnemann.

It appeared that rational therapy demands not only accurate psychosomatic diagnosis, but also an evaluation of the stage of progress of the disease. Perhaps the most interesting observation is that there seems to be a parallelism between degree of crystallization of physiological disfunction in somatic damage and degree of crystallization of psychological defects in characterological armor. About one half of the patients studied and carefully diagnosed by means of personality profiles, reached the hospital not only at a time when the somatic tension was so great that little more than palliative aid was possible, but also at a stage when the psychosomatic defenses were so rigid as to preclude rational therapy without creating a dangerous disequilibrium of the organism as a whole. The association of characteristic personality patterns and conflicts with many different syndromes has been demonstrated. The fact remains, however, that even with similar profiles, and focal conflicts, the course of the disease varies widely from patient to patient. So does the response to therapy."

COMMENTS

Some of the psychotherapeutic methods in use today are still barbarous, too often harmful, and smell sometimes of plain black magic. However, no therapeutic method is a cure-all, and psychosomatic medicine is still in its infancy. Let the modern physician be inspired by Samuel Hahnemann, who stated that "the first duty and only mission of the physician is to cure the sick rapidly, gently and permanently."

CONCLUSIONS

(1) The so-called modern scientific theory of separate diseases and their material causes, has evolved from the organic, structural concept and animal experimentation. (2) In contrast to it, Samuel Hahnemann, following the Hippocratic tradition, brought, a century ago, the dynamic synthetic concept of man as a different dimension in life, emphasizing the necessity of individualization in considering the totality of the symptoms—mental, emotional and physical. (3) This dynamic concept is basically the same as the new approach of psychosomatic medicine.

—*Homoeotherapy*, August 1976