

How the Medical community help the world economy

Treating psychosomatic diseases can help the world economy. It is a good opportunity for the medical profession to contribute.

An emotionally healthy population can definitely be more creative and productive. As much as 50 percent of the population visiting doctors has a psychosomatic disease.

Psychosomatic disease is a stress-related body symptom. Stress is experienced by all, young and old alike. It is 'how' it is managed that decides 'the health' of the person. Management of Stress in medical parlance is called the 'coping mechanism'.

For a body symptom like blood pressure, diabetes, asthma, a patient is willing to accept and even let it be known to friends, relatives, party guests etc. But to declare or to share with others that the "headache", or a skin symptom is because of an inadequate coping mechanism, is somehow not acceptable. The person feels shy to share the psychological inadequacies, because of the immense social stigma. People will look down on the person or consider him a wacko (not a balanced person). But the reality remains: 50 percent of patients have a psychosomatic disease and there is so much denial, so much so that a 'naive' doctor will inadvertently collude (agree with the thinking of the patient, because of the doctor's difficulty in accepting his/her own inner psychological hangups, which he/she has not acknowledged and accepted). The denial of the patient is not confronted and the doctor does not probe the psychological reasons for the patient's psychosomatic disease.

The therapist 'must' be sensitized to accept the possibility of the emotional dimension of each and every patient which may have some relation to the body symptom.

Aristotle (384-322 BC) believed the body and the mind were not two separate entities, but complementary and inseparable.

The treating doctor, while taking the medical history, should with justification, record the patient's social history. Thereafter, if the patient's symptom raises the possibility of emotional reasons contributing to the condition, a proper history of the patient's emotional world is a 'must'.

Eliciting this part of the history requires special skills. To start with, if the patient is not an adult, from the age of 14 to 25, one must ask details about the patient's parenting, if parents have been strict, the education, siblings, friends, relationships with parents, interests, performance in studies etc.

If it is a child, below the age of 14 yrs, then is the child obedient, compliant, stubborn. Is he getting along well with the parents? Are there siblings, is the relationship harmonious with them or is there violence and envy between them?

Next, it is important to consider if the parents are of angry temperament, whether they beat the child and details about that. Whether in the child, this results in passing of urine (nocturnal enuresis) in bed in sleep. Details of the frequency of the parent's violent and angry outbursts. The relationship of the parents with each other -- getting along well? Quarrelling with each other?

All that has to be enquired into.

If the patient is around 25 to 30 years of age, then in the case of a girl, are there are anxieties about marriage, an existing relationship, any break in relationship, parents' attitude towards the relationship etc. must be discussed.

In case of a boy, besides a similar history, as in the case of a girl of the same age, one must go further and ask about his career, financial responsibilities, whether accommodation and loans are causing anxiety.

For the married, marital conflict, separation, divorce, mother-in-law's harassment etc. should be part of the history-taking.

In short, a 'holistic' approach with each patient is a 'must'.

This kind of history taking by the doctor is going to consume a lot of time. The doctor should be motivated, keen, convinced about the role of the psyche in causing symptoms.

The entire medical fraternity has a responsibility. Treating the patient's psychological issues will not only help treat the physical symptoms, but will release the patient's energies which have been trapped in handling psychological issues and thus going waste.

Similarly those who are smoking, drinking, overeating, leading a frugal life or overspending, performing poorly in studies or at the workplace, are likely to benefit from the counseling by the doctor, according to their innate 'inner spark'. This requires repeated visits to the doctor and the patient should actively seek counselling.

A psychosomatic patient is not psychic -- he is a normal person with inadequate coping mechanisms. The doctor should make the patient comfortable. The patient, if has a strict conscience or an attitude of a perfectionist, then the doctor can help patient relax and accept minor frustrations.

'Failure' in this competitive world has no place. Actually keeping a provision of failure or accepting it as part of life and feeling helpless about it could go a long way to the comfort of the patient.

Tolerance of the failure of the colleagues, associates, family members, must also be practised and efforts to be as accommodative as possible. At the same time being irresponsible or lazy is a behavior, which is a matter of concern.

Counseling will help making the patient release his energies, to increase his/her creativity and productivity.

The body symptom will respond better to the medication of the doctor. The authorities concerned must train all doctors in treating and understanding a psychosomatic patient. Life is a struggle but one can make efforts to make the most of it.

This in turn will along the way help the world economy.

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