Review Article ISSN 2835-6276

American Journal of Medical and Clinical Research & Reviews

From Past to Present Overview of Patient Care Modes

Alina MAPN da Silva,[1] Luiz Carlos de Paiva Nogueira da Silva,[1] Anita L R Saldanha,[1] Ana Paula Pantoja Margeotto,[1] André Luis Valera Gasparoto,[2] and Tania Leme da Rocha Martinez[1,*]

[1]Nephrology Department, BP - A Beneficência Portuguesa de São Paulo, São Paulo, Brazil

[2]Intensive Care Unit, BP - A Beneficência Portuguesa de São Paulo, São Paulo, Brazil

[*]***Correspondence:*** *Tania Leme da Rocha Martinez*

Received:*20 April 2025;****Accepted:****28 April 2025;****Published:****05 May 2025***

Citation: Silva AMAPN, Silva LCPN, Saldanha ALR, Margeotto APP, Gasparoto ALV, Martinez TLR. From Past to Present Overview of Patient Care Modes. AJMCRR. 2025; 4(5): 1-9.

Abstract

The article outlines a historical overview of the integration between psychiatry and medicine, highlighting the evolution of the understanding of psychosomatic diseases. Initially, diseases were seen from a spiritual perspective, later moving on to a humoral, anatomical and cellular focus. With the advancement of the natural sciences, psychiatry was marginalized for dealing with symptoms with no clear anatomical correspondence. Psychosomatic medicine emerges as a bridge between body and mind, evidencing the influence of emotional factors on physical illnesses. Psychosomatic medicine, based on authors such as Freud, Groddeck, and Dunbar, proposes a holistic approach, studying how unconscious conflicts can manifest themselves physiologically. An example of this are diseases such as ulcers, asthma and hypertension, where the emotional component can play a central role. The distinction between neurosis, hysteria and psychosomatic illness is complex, and is often didactic rather than absolute. Repressed emotions can cause functional and even structural changes. The article also addresses concepts such as the "psychosomatic profile", the symbolic language of organs and the role of cultural and genetic factors. It concludes by highlighting that psychosomatic medicine goes beyond technical knowledge - it requires a change in attitude, greater empathy and understanding of the patient in his or her biopsychosocial totality. It is considered essential for a truly humanized and scientific medical practice.

Keywords: Clinical care; History; Modes; Patient care; Psychology.

Introduction

Historical perspective

For many centuries the disease was considered to be caused by an evil spirit and its therapy consisted of exorcism (expelling the demon from the body).

Medicine, when it was incorporated into the Natural Sciences, seemed inclined to forget its origin, be-

cause, basing itself on laboratory experimentation, it jealously defended the scientific side, recently acquired, against the old mystical concepts, such as those of Psychology, becoming more intolerant and exclusivist.

Without minimizing the successes of the laboratory period, which represents the most brilliant phase of medicine; however, progress requires, in all fields, continuous reorientations and the introduction of new principles - it is reprogression.

Ancient medicine was governed by the humoral principle (fluids of the body were carriers of evil). With the advent of autopsy, the importance of the organs (heart, kidneys, etc.) was highlighted and, above all, with the appearance of the microscope, the disease was even more limited to the cell (Virchow's concept) (1).

The weight of the figure of Virchow on the etiological conception is already a classic example of the historical paradoxism already mentioned. The greater contribution of the past became a greater obstacle to further evolution.

The humoral theory, discredited by Virchow, had to wait, for its rehabilitation, for the resurgence of modern Endocrinology, in the sector of biochemical experimentation, notably the enzymatic one.

Alongside this historical evolution, Psychiatry remained in a very isolated territory and in little contact with the rest of medicine. The symptomatology of the mentally ill differed from that of the organic patients; psychiatry had to deal with illusions, hallucinations, etc. Inflammation could be described in physical terms (heat, redness, pain, tumor, and microscopic changes). The hope of finding cellular morphological alterations or infections in mental illnesses was circumscribed to the general paralysis produced by syphilis, which we can say, fortunately, because with this it helped the progress of depth psychology.

Life is therefore stronger than theories. There were a large number of mental illnesses (functional psychoses) in which experimental laboratory studies did not reveal any functional disturbance.

Doctors, unable to understand and manage the symptoms of neurotics and psychotics, due to their exaggeratedly organic training, began to view these patients with displeasure and then accused them of simulators, against them, because they could not use laboratory tests in them, and had to defend experimental science...

Neurotics and psychotics were seen as a nuisance; they were cruel to their doctor because they showed no morphological or biochemical alteration. Sometimes the somatic symptoms do not correspond to the anatomical distribution of the nerves... (which evidenced the primacy of the mind over the body!) Eight decades ago, Hamman already published (2):

"When I was a student, the Psychiatry course consisted of lectures on madness and the presentation of patients with evident disorders of conduct and thought. I was not interested in the subject and the patients caused me pity and distressed me. I was quite relieved when the course ended and never imagined that I would find an opportunity to apply what I had heard or seen. I have completely determined to have nothing more to do with Psychiatry and unfortunately I have stubbornly clung to this determination. To tell the truth, I still cling to it, in

view of what I considered then to be related to Psychiatry. I said that this determination was unfortunate because it prevented me from understanding what the true domain of psychiatry was, and thus prevented me from seeing it, for many years, before I could see the fruitful application of psychiatry to the daily problems of the clinic."

The same is still true today with a good part of doctors; some of them have no notion of the unconscious, thinking that when it is said that such a disease is psychogenic, they correlate it with simulation, perfectly curable by their own willpower!

Not only does the doctor change his point of view on diseases, but they also change their characteristics. There is a relationship between lifestyles and styles of getting sick; given the symptoms of a hysteric of Charcot's time: they were quite different from those of today's hysterics. There is an intimate relationship between neurosis and cultural anthropology.

Psychiatry can greatly help Internal medicine or other specialties and this can be done mainly through Psychosomatic medicine.

What is Psychosomatic medicine: many people say that there is no Psychosomatic medicine. We can cite as an example the cardiologist who needs to know all the pathology (liver, kidneys, etc.) to know the functioning of the heart; he plays the role of a clinician, however, knowing the electrocardiogram techniques is already a specialized function. The specialist in Psychosomatic medicine must have general knowledge, but more especially the intimate correlation of the psyche with organic structures.

The first concrete ideas regarding the patient as an organic whole come from Freud, who began his medical career as a physiologist and neurologist, in his study of hysteria (3). Shortly afterwards Groddeck, in Badem (4), Ferenzi (5) and later Flanders Dunbar (6) in New York, became especially interested in the effects of psychological factors in the diagnosis of different pathological syndromes, but well known to the clinical physician.

Definition: the term Psychosomatic medicine is not very fortunate, because it can lead to the separation of mind from body, but this does not happen if we consider psychic phenomena as subjective aspects of certain organic (cerebral) processes. Psychosomatic medicine is the detailed study of the intimate correlation between the psyche and organic or functional manifestations, including individual reactions to certain diseases as well as the personal implications and social conduct motivated by the disease. In other words, it is the study of bodily disorders in which the application of the psychological approach provides information of high etiological value. Psychosomatic medicine not only studies causality, but also the psychic conditionality of diseases. Osler (7) defines it as follows:

"Psychosomatic medicine is the part of Medicine that is concerned with valuing both the psychic and the physical mechanisms that intervene in the illness of every patient and highlighting the influence that these two factors mutually exert on oneself and on the individual as a person".

Concept of "psychosomatic disease": all illnesses can be seen in this definition, however in "psychosomatic illnesses" the emotional factors are more evident than the others, for example: asthma, ulcus, colitis, etc. is to establish a relationship be-

tween apparently unconnected acts.

Criterion for distinguishing between neurosis and psychosomatic illness: the difference between neurosis, organoneurosis and psychosomatic illness is not clear and its rigid criterion cannot be established.

Freud (3) introduced the term conversion hysteria to call those conditions in which symptoms developed as a response to chronic emotional conflicts, for example: paralysis of the muscles controlled by will and sensation-perception. Repressed emotions, due to psychic conflicts (i.e., excluded from consciousness and therefore unable to discharge adequately) provoke a chronic tension which is the cause of hysterical symptoms, but this symptom, from the physiological point of view, is of a similar nature to any voluntary enervation; the impulse that motivates him is unconscious. Hysterical contractures would be a leap from the psychic to the somatic and do not differ from any common motor enervation (laughter, crying, etc.).

Hysterical conversion is a symbolic expression of emotionally charged psychological content in order to relieve emotional tension.

Psychosomatic disease: this manifestation is predominantly expressed by the vegetative system (sympathetic or parasympathetic) or by hormones.

As can be seen, the distinction between these diseases is flawed, whose separation is not clear and continues to be used for didactic purposes. Organoneurosis is a neurosis located in an organ; it would also be a conversion hysteria. In practice, the mixed existence of diseases is verified: psychosomatics, organoneurosis, hysteria and neurosis itself.

Hypertension or ulcus can have a symbolic meaning equal to that of conversion hysteria, because the viscera are controlled by the vegetative nervous system; if this control is excessive, we will have an organoneurosis.

We owe this concept of functional disorder of an organ to clinicians and not to psychiatrists. The anatomical structure of an organ can change in psychosomatic illness, but, being reversible, it is considered to be of lesser danger.

Psychosomatic illness is not only the attempt to express an emotion, but a physiological response of the viscera to constant emotional states, such as, for example, hyperchlorhydria is not an expression of hunger relief, but an adaptive propagation of the stomach to the ingestion of food, or arterial hypertension, after anger, is not a discharge, but a preparation of the organism for defense or flight, in short, an emergency. The civilized person constantly lives in a state of emergency, that is, of tension, to defend himself and not succumb.

The only similarity between psychosomatic illness and neurosis is that both are responses to emotions, but they are different in their physiology and psychodynamics. We have the example of the work of Elmadjian (8), in which noradrenaline and adrenaline are produced in greater quantities according to irritation or greater anxiety, but do not lead to hypertension, except when their production is excessive or constant, as happens in pheochromocytoma crises or essential hypertension.

Psychogenesis of organic alterations: hyperactivity of the heart can cause hypertrophy of the heart

muscle or hysterical paralysis can lead to muscle and joint hypertrophy, since a long-term functional disorder can lead to definitive anatomical changes; for example, neuroendocrine hypertension can lead to permanent hypertension or its malignant form. We should not separate the organic from the functional etiology as well as the functional from the psychic, because it would be arbitrary and would not sound good.

Psychological disturbance → functional impairment → functional disease → structural alteration. Example: liver failure whose cephalin and thymol tests can be negative or positive according to the onset of anxiety (9).

It is dangerous to say "you don't have organic disease", as for example in neuralgia; the existence of a substance that seems to be the producer of pain was discovered: Pain production substance - (similar to bradykinin), although the primary origin of pain is psychogenic.

In practice, organic diseases should be excluded by current laboratory methods, as an adjunct to treatment and prognosis. We have the example of rheumatoid arthritis with positive or negative latex, whose prognosis becomes better when laboratory tests are negative.

Specificity of symptoms: it was with the advent of Freud's discovery, Psychoanalysis, that it was possible to better understand the mind-organ correlation and the specificity of symptoms. Its appearance can be considered as one of the first signs of reaction against the morphological and laboratory development of medicine.

However, it was only after the Second World War that Psychosomatic medicine increased; studies by Flanders Dunbar, Franz Alexander and followed by Harold Wolff, George Engel, Sidney Margolin, Arthur Mirsky (psychoanalysts and endocrinologists), with studies at the Tavistock Clinic (London) headed by Melanie Klein and later in Canada and the United States with the groups of Saskatchevan (Osmond) and Worcester Foundation (Pincus).

Psychosomatic medicine employs the methods of psychological medicine in affections hitherto considered as purely organic.

To do such studies it is necessary to have a lot of training in Psychopathology. We have to, in addition to taking the clinical history; complete physical examination; laboratory tests and being able to talk to the patient as a friend and the more we can divert the conversation from symptoms to personal matters, the sooner we will get into possession of the real problem that disturbs the patient. We can cite the example of Lima (10) - a patient with schistosomiasis, with hepatosplenic involvement and dyspepsia; group psychoanalysis made dyspeptic symptoms that were of psychic origin disappear, despite the liver damage.

We still see the absurdity of naming a patient with the bed number and not his name. The patient is a human being and has a personality that makes him react in this or that way.

Biotypology was fashionable. Berardinelli (11) in Brazil, overly valued the constitutional type, relating it to certain diseases, for example, brevilineus would be more prone to suffer from the digestive system and the longilineal from pulmonary diseases. Krestschmer's biotypological classification into

pycnic, leptossomic, and athletic was well accepted by psychiatrists, as well as the personality profile, studied by Dunbar (6), who applied psychodynamic diagnosis methods; among them, the "profile of the coronary patient" was the one that interested him the most. He described certain statistical correlations between illness and personality type. The patient who has suffered a heart attack is, in general, a fighter, controlled, persistent, a lover of success and achievements, with a good principle of reality, but with a desire to prevaricate, which he does furtively and with great anxiety.

The profile of the injured person (predisposed to fractures and accidents) characterized by the impulsive, adventurous individual, without method and order at work, aggressive to the authorities and who does not think about the future; in short, an individual with a sense of self-destruction. One of the main criticisms of these profiles lies in the lifestyle habit of each one, for example, coronary patients generally have a sedentary life and, as they prosper a lot in business, living under tension and responsibility, they end up eating too much in relation to caloric needs, as they do not have great muscle activity. In addition to the habit of life, there is what is called the language of the organs, which is extremely important in psychosomatic pathology. The "personality of the ulcer patient" (gastroduodenal ulcer patient) is that of a dynamic individual, entrepreneur, fighter, lover of responsibility, leader; however, in the deeper study of psychodynamics they are dependent and would like to have a "life of shade and fresh water", in contrast to what it represents in real life; there are certain characteristics such as the "infarcted profile", but the injured organ has a different meaning for each of them. For example, the stomach for the ulcerous person is related to a conflicting situation of childhood, "someone who cannot accept and digest", usually to the mother, for having been severe, domineering and sometimes unfair and unaffectionate. The correlation of meaning is between the desire for help, love, and the activity of the stomach. The external circumstances, the contact with a superior (representative of the mother), leads the ulcerous person to feel the desire to be protected, and, at the same time, to be independent so as not to suffer frustrations again, which leads to irritability and subsequent hyperchlorhydria, favoring the formation of ulcus.

As noted, there is no mysterious and vague correlation between personality and illness, but rather a very clear relationship between certain emotional constellations.

Alexander (12), based on Cannon's experiences, understood that each emotional state was accompanied by a vegetative response, such as fear would give facial pallor (vasoconstriction) and anger, redness (vasodilation). If these reactions were constant or chronic, there would be a stimulation of the sympathetic-adrenal system, which would lead to a hypertensive state or hyperthyroidism, etc. We will give an example to see how the organism is not so simple in its functioning: anger produces hyperchlorhydria and fear hypochlorhydria (this is the case of Tom, narrated by Wolf & Wolff, whose gastrostomy allowed him to easily see and measure the hydrochloric acid of the stomach according to emotions (13); however, in a black woman, fear provoked by an external situation produced hyperchlorhydria. During psychoanalysis, it was discovered that she was homosexual and with strong aggressiveness towards men, which is why she unconsciously represented a penis and her stomach, externalized in the abdomen, a vagina; the extraction of gastric juice would represent a sexual assault for

her, hence her hostility and subsequent increase in hydrochloric acid in contrast to the classic experiences that fear would lead to hyperchlorhydria. It is seen, therefore, how the symbolization of an organ is more important than the standard reaction of a system; it is the so-called functional Margolin illusion (14).

The nature of the symptoms may not always provoke a specific stimulus, it would depend on the most vulnerable organ, called by organicists constitutional meiopragia or locus minoris resistentiae and for psychoanalysts, "symbolism of an organ". An organ would express an unconscious content. We have as an example certain types of obesity whose repressed sexual hyperactivity has been displaced to bulimia; fat would be a "protective mantle" not to prevaricate, it would be the internalization of a good object (the mother) serving to protect oneself.

The psychological factors would be specific according to the ideational content, just as in the conversion of the hysterical neurosis. It is what the modern psychoanalytic school, headed by Melanie Klein, calls internalized good or bad objects and emphasizes inherited aggressiveness. The disease would then be a reactivation of the death instinct, that is, a self-destruction.

We cannot fail to emphasize the importance of the genetic factor. Emotional conflicts are often externalized according to genetic character; the same conflict can trigger several types of disease, such as obesity, in which there is a constitutional predisposition, there is a cultural environment factor, there is the habit of overfeeding as well as the locus minoris resistentiae, the adipose tissue, which would symbolize unconscious conflicts.

Conclusion

Psychosomatic medicine is a point for the intimate understanding between mind and body. To specialize in this matter, one must be, first of all, a psychiatrist (psychoanalyst), endocrinologist and internist. The success or purpose of Psychosomatic medicine is to research and clarify the interrelation of psychological and pathophysiological processes with the aim of better understanding and medicating the human being (15,16). Currently, Psychosomatic medicine is necessary, based on this purpose, for the education of doctors, surgeons or clinicians, especially so that they have a broader view of medicine, which contributes to a truly scientific progress. Psychosomatic medicine is more than an expansion of knowledge, it is a change of attitude. "Psychosomatic medicine still fills a need - not a least of all, a humanizing one" (17).

Acknowledgments

In memoriam: Luiz Miller de Paiva.

Conflict of interest

None.

References

1. Aschoff L. Tratado de Anatomía Patológica [Treatise on Pathological Anatomy]. v.1. Madrid: Labor S.A. 1958; p.8. https://bibcatalogo.uca.es/cgi-bin/koha/opac-detail.pl?biblionumber=749852
2. Weiss E, English OS. Medicina Psicossomática. Aplicação Clínica da Psicopatologia aos Problemas da Clínica Geral [Psychosomatic Medicine. Clinical Application of Psychopathology to General Practice Problems]. Rio de Janeiro: Editora Guanabara 1946).
3. Freud S. Obras completas [Complete Works]. v.1. Madrid: Editorial Nueva 1948; 205-779.

https://psicologiaen.wordpress.com/wp-content/uploads/2016/06/volumen-1.pdf
4. Groddeck G. Au fond de l'homme, cela. Paris: Éditions Gallimard, coleção Bibliothèque des Idées 1963. https://www.gallimard.fr/catalogue/au-fond-de-l-homme-cela/9782070229567
5. Ferenczi S. Disease or patho-neurosis. In: Rickman J, ed. Further Contributions to the Theory and Technique of Psychoanalysis. London: Hogarth Press 1926. https://doi.org/10.4324/9780429475245
6. Dunbar F. Diagnóstico y Tratamiento Psicossomáticos [Psychosomatic Diagnosis and Treatment]. Barcelona: Editorial Publicaciones Médicas (José Janés, Editor) 1950; 421p. https://trobes.uv.es/discovery/fulldisplay?context=L&docid=alma991001437719706258&vid=34CVA_UV:VU1
7. Osler W. Fundamento e prática de la Medicina [Fundamentals and practice of medicine]. In: Dunbar F. Diagnóstico y Tratamiento Psicossomáticos [Psychosomatic diagnosis and treatment]. Barcelona: Editorial Publicaciones Médicas (José Janés, Editor) 1950.
8. Elmadjian F. Excretion and metabolism of epinephrine and norepineprine in various emotional states. Proceedings of the Fifth Pan American Congress of Endocrinology, Lima, Peru: Editorial Sesator 1963; 341-370. https://scholar.google.com/scholar?&q=Elmadjian%2C%20F.%2C%201963%2C%20Excretion%20and%20metabolism%20of%20epinephrine%20and%20norepinephrine%20in%20various%20emotional%20states%2C%20in%20Proceedings%20of%20the%20Fifth%20Pan%20American%20Congress%20of%20Endocrinology%2C%20pp.%20341-369.
9. Miller de Paiva L. Disturbance of behavior in endocrinology. Arq Bras Endocrinol Metabol. 1962; 11(2):89-133. https://pubmed.ncbi.nlm.nih.gov/13941133/, https://www.aem-sbem.com/wp-content/uploads/2022/08/VOLUME-11-AGOSTO-1962-NUMERO-2_523874159.pdf
10. Lima OR. Aspectos psicógenos da sintomatologia somática: estudo em psicoterapia de grupo de um caso de esquistossomose [Psychogenic aspects of somatic symptomatology: a study in group psychotherapy of a case of schistosomiasis]. Rev Assoc Paul Med, 1961; 59:195-198.
11. Berardinelli W. Biotypologia: Constituição, Temperamento, Caracter [Biotypology: constitution, temperament, carácter]. Rio de Janeiro: Francisco Alves Editora 1936; 549 p.
12. Alexander F. Medicina Psicosomatica [Psychosomatic Medicine]. Havana, Cuba: Editora Cultural S.A. 1954. https://lojasebocultural.com.br/produto/medicina-psicosomatica/?utm_source=chatgpt.com
13. Wolf S, Wolff HG. Situaciones vitales, emociones y función gástrica: un resumen [Life situations, emotions, and gastric function: a summary]. In: Weider A, et al. Contribuciones a la Psicología Médica [Contributions to Medical Psychology]. Buenos Aires: Editorial Eudeba 1962; 321-437. https://catalogo.umsa.edu.ar/cgi-bin/koha/opac-detail.pl?biblionumber=28383
14. Margolin SG. The behavior of the stomach during psychoanalysis; a contribution to a method of verifying psychoanalytic data. Psychoanal Q. 1951; 20(3):349-373. https://pubmed.ncbi.nlm.nih.gov/14875801/
15. Deter HC, Kruse J, Zipfel S. History, aims and present structure of psychosomatic medicine in Germany. Biopsychosoc Med. 2018; 12:1. doi: 10.1186/s13030-017-0120-x

16. Baessler F, Ciprianidis A, Wagner FL, et al. Impact of an educational workshop on psychiatrists' attitude towards psychosomatic medicine. BMC Psychiatry. 2020; 20(1):6. doi: 10.1186/s12888-019-2424-9
17. Binger C. The Doctor's Job twenty years later. Psychosom Med. 1964; 26:381-386. https://pubmed.ncbi.nlm.nih.gov/14199660/