

Clinical medicine and psychodynamic psychotherapy: Evaluation of the patient before intervention

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Abstract

Clinical medicine has been defined as "the study and practice of medicine by direct examination of the patient." This approach to medicine is appropriate whenever the patient's problem or disease is caused by repressed material contained in the patient's unconscious. According to psychoanalysis, body-psychotherapy and clinical holistic medicine most mental and physical illnesses are caused by informational disturbances in the bodies tissues likely to be a direct consequence of repressed emotions, feeling and thoughts from traumas earlier in life. This is the most logical explanation why the rehabilitation of the sense of coherence seems to induce healing of both physical and mental diseases. If it is unconscious material that causes the patient's disorders the patient will not be helped by a precise anamnesis and an accurate diagnosis; the only thing that can cure is the unconscious material being integrating in the patient's consciousness. If a chronic patient with a long history in biomedicine has not been helped, in spite of many biomedical doctors using their best efforts on this, the likely cause of the patient's illness or disease is in the unconscious.

In this case there is no reason to spend much time on anamnesis and diagnosis of the patient; the right thing to do is to start the exploration of the patient's inner, unconscious life together with the patient right away. This strategy leads to the most cost-efficient use of time, and often to the healing of the patients experienced health-problems in only 20 sessions.

Many disorders can be treated effectively and without adverse effects/side effects with clinical medicine (NNT=1-3 and NNH>1000), which should be compared to NNT=5-20 and NNH=1-4 for most drugs.

Keywords: Clinical medicine, sexology, psychodynamic psychotherapy, CAM, physiotherapy, body-psychotherapy, mind-body-medicine, clinical holistic medicine, holistic health, human development, research, quality assurance, NNT, NNH.

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Introduction

The concept of “clinical medicine” has two meanings; the one is the well-known and science of practical medicine and another is much more traditional, well expressed by “BioMedExperts.Com” (1): “Clinical medicine: The study and practice of medicine by direct examination of the patient.”

Before physicians had drugs – from around 1900 and all the way back to the old Greek physicians in the line of Hippocrates (2) medical treatment was about examination the patient and shedding light, consciousness and understanding on the human problems. In this process of common exploration of the patient, where the patient little by little understood what was wrong and what needed to be corrected in life, the patient was healed (or died). The disease process could be of one of two types, disease caused by external causes (epidemics were well known even in Hippocrates time (2), and by internal causes. The internal causes were seen as caused by either divine influence or of lack of self-knowledge at that time. Devine influence was harder to deal with, but the exploration into self and the unconscious seem to be an integrated part of the practice that later was labeled “character medicine”.

Character medicine was about balancing the four symbolic elements of water, fire, earth and air, in the person’s character. The Greek medical system was holistic, and could best be translated into something like “energy healing” or “consciousness-based medicine”. The tools for the combined examination-treatment was talking and touching; therapeutic touch in the form of massage and acupressure seems to be the normal treatment of a long series of problems likely to be caused by “inter courses”.

Freud and psychoanalysis

First with Sigmund Freud (1856-1939) and the psychoanalysts of the 20th century the concept of “the unconscious” was developed. The unconscious was always feelings/emotions and thoughts linked to personal history and especially painful and overwhelming moments called traumas or “gestalts”. Freud, Reich, Jung, Lowen Rosen, Anand (3-9) and other psychoanalysts and body-psychotherapists

focused on sexual traumas as these traumas seemed to hold on to the most intense feelings that needed to be integrated by the patient, in order to heal physical and mental illnesses. The successful healing of a long number of mental illnesses including schizophrenia (10) led to the conviction that all mental illness were caused by unconscious material – traumas with repressed sexuality. Wilhelm Reich (1897-1957), another therapist like the many from the contemporary schools of body-psychotherapy came to believe that even cancer and coronary heart disease were caused by repressed emotions and sexuality, and still today we have physicians like Dean Ornish who cure heart patients by learning his patients intimacy, and thus “opening their hearts physically, emotionally, and spiritually” (11,12). In New York psychoanalysts seemingly has good results with treating cancer patient in much the same way (13,14), and in Germany complementary therapists are going the same way with their patients (15). The understanding of holistic healing has recently been clearer after the work and development of “salutogenesis” by Aaron Antonovsky (1923-1994) (16,17).

Exploring the unconscious with the patient

To cure a patient from a problem caused by traumatic content in the patient’s subconscious is in principle easy: Just explore the unconscious together with the patient, help him or her to confront the difficult emotions and feeling, and integrate all that happened in the consciousness. This is the strategy of psychoanalysis, where free associations have been the major tool. This has also been the strategy in Reichian bodywork and body-psychotherapy. It was also, as mentioned above the core of the therapy of the old, holistic physicians working with conversation and touch therapy to develop the patient’s self-insight and character.

Interestingly, the process of healing in “clinical medicine” – exploring the patient together with the patient in the intent to cure – are almost opposite the process of today’s biomedicine, where anamnesis, testing and examination leads to diagnosis, and first after that the establishment of the right drug, surgery

or other (mechanical or chemical) intervention for treatment. In biomedicine the accuracy of the anamnesis and diagnosis is essential to competent treatment. In clinical medicine, the anamnesis and diagnosis, is only of importance if the physician is in doubt of the cause of the disease. If the cause is external – bacteria as in syphilis for example – it has little meaning to work on the patient's unconscious, but as soon as the cause is established as internal, based in the patient's subconscious, there is no more need for anamnesis and diagnosis. All energy must now be focused on the process of healing, by shedding light into the patient's unconscious.

If the patient is a chronic patient, who already has been to a number of well-trained biomedical physicians there is no reason to suspect that the reason is external, because that would have been discovered already. In this situation, the treatment should start right away by taking the patient onto the journey of exploring the patient's inner life.

The efficacy of clinical medicine

Clinical medicine has been documented highly effective in physiotherapy (18-23), psychodynamic psychotherapy (24-26), sexology (27-30), and CAM, i.e. clinical holistic medicine (31-38). Number Needed to Treat has normally been about $NNT=2$, and Number Needed to treat to Harm has been shown to be $NNH>1000$ or more (39,40). Heart diseases and cancer has been rather successfully treated ($NNT=3-7$), and even some cases of schizophrenia seem to respond well ($NNT=3$) (10). In comparison to this most drugs has a $NNT=5-20$ (41) and a $NNH=2-4$ (compare i.e. the statistics for the antipsychotic drugs (42)).

In spite of the large success for therapists using clinical medicine to help their patients with physical, mental, existential, sexual health problems and dysfunctions, there has been little interest in research and development of this kind of medicine by universities and government institutions. The pharmaceutical industry has no natural interest in this kind of medicine, and the large industrial lobby might be one of the reasons for the almost complete lack of interest in this field until recently. We strongly suggest that medical research institutions and

universities start taking clinical medicine seriously. With the non-drug medical tools of psychotherapy, sexology and CAM many of the health problems that torment today's citizen could be alleviated. In states with nationalized medicine it is time to consider the more efficient and less harmful clinical medicine in our opinion.

A practical solution for research and quality assurance

Instead of using much time on anamnesis and diagnosing we recommend the patient should fill out a short questionnaire like QOL5 (43) or QOL 10 (44) to measure:

- Self-rated physical health
- Self-rated mental health
- Self-rated sexual functioning
- Self-rated self-esteem
- Self-rated I-strength
- Self-rated relation to partner
- Self-rated relation to friends
- Self-rated social ability
- Self-rated working/studying ability

To establish that one or more of these dimensions are low is sufficient to justify the immediate onset of the treatment with an appropriate clinical medical tool (45), a sexological tool (46), or a psychoanalytical tool (47,48) for healing mental disorders or personality disturbances.

If the therapist measure the patient before and after the treatment, and again after one year – i.e. following the square curve paradigm – it is easy to see if a patient was helped and make the statistics over the efficacy of the clinical work in relation to the different health problems (compare how we did it for Research Clinic for Holistic Medicine and Sexology (32-39)). The one-year follow up is important to document that the results are stable through time (38).

Conclusions

In general clinical holistic medicine helps chronic patients cure physical, mental, existential and sexual

illnesses and dysfunctions that primarily are caused by repressed thoughts and emotions in the patient's unconscious. Often the patient has tried to be helped by biomedical drugs without success. If a patient has a chronic condition that has not been cured with biomedicine there is no reason to spend time once again making a thorough anamnesis and give an accurate diagnoses; a rough categorization into the categories of feeling physically ill, mentally ill, sexually dysfunction etc. by a short questionnaire is sufficient for documenting the patient's progress.

In general the anamnesis and diagnosis has little therapeutic value in clinical holistic medicine, as all patients in principle are treated the same way, to rehabilitate their existence, improve their sense of coherence, and improve health, quality of life, and ability in general – the sexual, social, working, studying ability etc. We recommend that all patients fill out a short questionnaire on self-assessed physical and mental health, quality of life, and ability, like the QOL5 (43) or QOL 10 (44). The patients and the physicians and time, money and other resources should be used wisely and focused on healing that happens when the physician and the patient together explore the patient's inner life to re-integrate repressed feelings. Using too much time on taking the patient's life-story and on giving the patient specific, biomedical diagnoses, that are only useful when you are treating with drugs is wasting time and money in clinical holistic medicine and holistic sexology and might therefore be considered a principal error.

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