Mind over Matter? The Art of Holistic Medicine

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Mind over Matter?

'There is no treatment for your disease,' we so often tell patients. Might this be a lie? Do complementary therapies offer some hope? Should we make more use of the power of the mind in treating patients? This article will explore whether our mind really can control our bodies.

Modern medicine certainly has no difficulty in blaming th psyche for illnesses which it cannot treat, such as the chronic fatigue syndrome, irritable bowel syndrome, psychogenic seizures, fibromyalgia, and miscellaneous unexplained pains and grumbles. Unfortunately, both doctors and patients tend to view body and mind as separate entities. Patients get very upset when they think they are being told that their illness is 'all in the mind'. Doctors often fail to use psychological tools as an adjunct to drugs and surgery in the treatment of organic disease.

Yet the links between body and mind are beyond dispute. It is well known that some patients with psychological problems 'somatize', expressing their emotions through physical symptoms which turn out to have no organic cause. Psychological stress also contributes to organic disease: 'type A' personalities are more likely to suffer from ischaemic heart disease, and stress increases the risk of getting a peptic ulcer. Conversely, physical illness can affect the mind: malnourished children are delayed in their cognitive development compared to well-fed ones,[1] and people with chronic disease are more prone to depression.

Psychosomatic interactions are often seen just as a problem, but they can also be turned to our advantage. A study of 62 women with breast cancer at a similar stage found that those who responded with a fighting spirit had a 45 per cent chance of surviving without recurrence at 15 years, compared to a 17 per cent chance for those who gave up hope.[2] It has even been found that patients' mindsets determines their speed of recovery from a heart operation![3]

Orthodox psychiatry is starting to provide evidence that cognitive behavioural therapy helps in the treatment of psychosomatic illness. This involves acknowledging the reality of the patients' problems, identifying the factors that perpetuate their illnesses, and making management plans to target the most important of these factors. In chronic fatigue syndrome, graded activity programmes help patients to return to as normal a life as possible.[4]

Psychotherapy need not be the sole preserve of psychiatrists. Any good doctor can and should explore the feelings of his patients. This idea was popularized by Michael Balint, and is perpetuated by the Balint Society, which organizes groups to discuss enigmatic patients. Balint quotes the case of a young woman, Miss S, who came for a repeat prescription of antacids. The GP noticed that she looked anxious, and invited her to discuss her problems. After several consultations, it emerged that she had a complicated series of family difficulties; she became better able to cope with these by sharing them with her GP, and after about three months was cured of her 'indigestion'. Had this been picked up earlier, she could have been spared three years of pills.[5]

Hypnotherapy is another very valuable and under-used resource. For some unknown reason, in the semi-conscious hypnotic state, the mind pays much closer attention to what it is told than when it is fully awake! There is good evidence that hypnotherapy can help illnesses which have a strong psychological component, such as migraine. The best randomized controlled trial of hypnotherapy for migraine [6] found it to be much more effective than drugs - for every three patients given hypnotherapy instead of Stemetil and ergotamine, one more will achieve complete remission from migraine. Preventing migraine in this way is obviously much cheaper than treating acute attacks with Sumatriptan (£8 per tablet).Surprisingly, hypnotherapy may also affect illnesses which appear to be entirely physical. A series of patients with severe bilateral warts were hypnotized and told that the warts on one hand would disappear. After three months, hardly any of the patients had warts on the treated hand, although they still had plenty on the untreated side.[7]

Many other complementary therapies are even less acceptable to doctors - for instance homoeopathy, radionics and shiatsu massage. These treatments are discredited because their explanatory theories seem to contradict modern science. How can a potion have any effect when it is so dilute that it contains not a single molecule of the original substance? And how can you talk about 'energy fields' surrounding peoples' bodies? Yet it seems that sometimes such treatments are effective, although not necessarily for the reasons claimed. They certainly involve a strong psychotherapeutic element. Homoeopaths take a detailed history, including emotional and mental factors, and provide a unifying explanation for the symptoms. Masseurs seem to send their patients into an almost hypnotic trance during the treatment, soothing them with their voices and their hands.

Some patients seem more at home with such explanations than with more rational orthodox views. Sadly, our society sees a visit to the psychiatrist as a social stigma - the first sign of madness! Alternative practitioners often give physical explanations for psychosomatic illness, and have time to make more comprehensive and less intimidating psychological assessments. The 'diagnosis' may be couched in more patient-friendly language. 'Past life' therapists go even further and explain psychological problems in terms of a previous life which the patient had lived, embracing the doctrine of reincarnation. Objectively, this may be untrue; but it seems that some patients find it easier to accept such an explanation than to re-explore their actual past experiences and psychological discomforts.

Is it ethically acceptable to feed such 'lies' to patients? This begs the question - what is truth? What is subjectively judged to be true by one person may be judged to be false by another. A more useful approach may be to ask which treatments patients find helpful. It may be scientific nonsense to say that a patient's 'energy fields' are distorted, or that he or she was an oppressed monk in a past life; but such explanations may make more sense to certain patients than telling them that they have an immune dysfunction or severe depression. It may also encourage them to take more control of their condition rather than giving up hope.

Orthodox medicine needs to re-learn how to use the placebo response to good effect. Although everyone now accepts the need for randomized placebo-controlled trials to evaluate new treatments, hardly anyone uses placebos outside the context of clinical research. Our forefathers had no such qualms. In the days before antibiotics, the great Regius professor of medicine at Oxford, Sir William Osler, was called to see a young boy with severe whooping-cough and bronchitis. He judged that the boy was likely to die, but he came dressed in his academic robes, thus inevitably making quite an impression on the boy.

Furthermore, this Father-Christmas-like figure fed the boy a peach, which he had cut into pieces and sweetened with sugar, saying that this was a most special fruit which would do him good. Osler returned to see the boy every day for six weeks, wearing the same attire and repeating a similar ritual. To his surprise and delight, the boy made a full recovery.[8]

In our statistic-tyrannized age, it is worth reading the wisdom of Osler:

While we doctors often overlook or are ignorant of our own faith-cures, we are just a wee bit too sensitive about those performed outside our ranks… Faith in the gods or in the saints cures one, faith in little pills another, hypnotic suggestion a third, faith in a plain common doctor a fourth. In all ages the prayer of faith has healed the sick, and the mental attitude of the suppliant seems to be of more consequence than the powers to which the prayer is addressed.[9]

One could argue that by saying there is no hope, we are actually doing harm. We may be administering a 'nocebo', the opposite of a placebo. For example, in one experiment, asthmatics were exposed to harmless nebulized saline and told they were inhaling irritants or allergens. 48 per cent experienced substantially increased airway resistance, whereas controls were unaffected.[10] The nocebo effect may also be responsible for voodoo deaths, where in certain cultures a person believes so strongly that a fatal spell has been cast upon them, that they keel over and die.[11]

Although we must remain vigilant against unhelpful and profiteering quacks, we must learn to use human psychology to our full advantage, particularly in conditions for which we currently have no effective physical treatment. Is it ethically acceptable to tell patients that there is no hope? This could turn out to be as untrue as the 'myths' pedalled by complementary therapists, against whom we are so prejudiced. The day may come when doctors will be accused of negligence for failing to use a placebo.

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