

PSYCHOSOMATICS AS A SCIENCE

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Abstract

This article discusses the history of psychosomatics, the activities of scientists who have contributed to the development of this area of medicine.

Keywords: science, psychosomatics, psychoemotion, disease, biorhythm, somatic level, pathology, conflict, stress.

Introduction

Psychosomatics is a branch of medicine (at the intersection of physiology and psychology) that studies the mechanisms of the influence of psycho-emotional experiences on the state of the human body. The etymology of the word in general terms reveals its meaning: the ancient Greek "ψυχή" - "soul" and "σῶμα" - "body", symbolically reflecting the presence of a connection between the emotional and physical state.

Psychosomatics studies how the psychological state of a person affects his physical health. Stress, anxiety, psycho-emotional overstrain provoke the development of cascade reactions within the body, which, with a protracted course, can cause pathological changes in the body.

The history of the development of psychosomatics begins with Hippocrates [1]. Hippocrates laid the foundation for the theory of temperaments and called on the medical community of those times not to eliminate the symptoms of the disease, but to treat a person as a whole, not forgetting that the body and spirit are one. detection of a person's inclination to specific pathologies and prevention of the development of diseases.

However, despite the fact that psychosomatics has its roots in the depths of centuries, medicine for a long period of time remained mostly somatocentric – oriented in one direction, not fully assessing the influence of mental causes on the normal state of health and diseases of a person. During the Middle Ages, the Muslim physician Abu Zayd al-Balkhi developed a theory of the interaction of biological and psychological factors in the development of disease. [2]

The term "psychosomatic" was introduced in 1818 by the German physician Johann-Christian Heinroth. [2]. Among the causes of the manifestation of some diseases, in addition to biological causes, the professor singled out the etiological factor in the form of a psychosocial component, which has a decisive role in the development of the disease. Quotations from scientific works on psychosomatics, including an excerpt from the "Textbook of Mental Life Disorders" of 1818, formed the basis for the future development of psychosomatics as a medical science, and also made it possible for the first time to assume that in order to provide a patient with comprehensive care, it is not enough to consider the disease only at the somatic level.

In 1822, the German psychiatrist Carl Jacobi introduced the concept of "somatopsychic," meaning the opposite and at the same time the complement to the "psychosomatic." However, it was not until a century later that the term became generally accepted in medical practice, largely thanks to





psychoanalytic psychologists; in this era, psychosomatic therapy was sometimes called "applied psychoanalysis in medicine." [1].

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In particular, Sigmund Freud, together with Joseph Breuer, suggested that repressed emotions and mental trauma can manifest themselves in the form of somatic symptoms through a defense mechanism called "conversion." Freud pointed out that this requires the so-called "somatic readiness" – a physical factor that is important for the "choice of organ" in which the disease will manifest itself. In Russia, scientists of the school of I. P. Pavlov worked in this direction, in connection with the development of the method of experimental neurosis [1].

In 1943, F. Alexander, the founder of psychosomatic medicine, was the first to suggest the influence of emotional experiences on the state of human health and put forward a hypothesis that some pathological processes are based on a conflict between the physiological, psychological and social [3]. Later, Alexander derived a definition of "psychosomatosis" and developed a classification of psychosomatic diseases ("classical seven"), the cause of the development of which internal emotional conflicts become:

- hypertension;
- bronchial asthma;
- ulcerative colitis;
- diabetes mellitus;
- ulcerative lesions of the gastrointestinal tract;
- arthritis;
- Neurodermatitis.

From that moment on, the development of psychosomatics as a science underwent constant changes. In addition to the classic seven, attempts have been made to include mental disorders that occur against the background of addiction or depression treatment, premenstrual syndrome, involutional hysteria, eating disorders, etc. in the list of psychosomatic diseases.

Today, psychosomatics continues to develop, the task of this direction is to provide a comprehensive, combined approach to the patient in the treatment process. Healthcare professionals pay attention to preventive measures, which now include not only regular (annual) physical examinations, but also psychological tests and examinations.

In medical practice, psychosomatic factors of the development of diseases are common, they become not only the causes of the development of diseases, but also affect the speed of the recovery process.

Psychosomatics is slowly being introduced into medical practice, helping to more accurately identify the cause of the development of a particular symptom and ensure the complexity of the patient's treatment.

Being at the intersection of medicine and psychology, psychosomatics includes three approaches to the combined treatment of the patient:

- medical approach diagnosis and treatment of the underlying pathology, direct assistance to the body on the way to recovery of organs and systems;
- psychological approach the study of the psycho-emotional state, the determination of the presence of destructive patterns of behavior, the study of the level of anxiety and tension, the study of the features of emotional response and the impact of mental trauma on the well-being of a person;





The social approach is the study of the influence of social and cultural conditions on health and mental well-being.

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Conditions of work and rest are considered as possible sources of negative factors affecting a person and can aggravate the course of chronic diseases. Today, such an emotion as anxiety and the consequences for the body when being in a state of chronic psycho-emotional overstrain come to the fore in the development of psychosomatics.

The connection of psychosomatics with other sciences suggests a synergistic approach to solving human problems, both somatic and mental, for the treatment of psychosomatic diseases and prevention. Psychosomatic diseases are a category of diseases caused by mental reactions that affect the appearance and formation of cascading physiological and then pathophysiological processes in the human body [4].

The cause of psychosomatic diseases is emotional overload and stress. The close relationship between the psychological state and physical health manifests itself in the form of diseases provoked by a violation of the internal state of rest and a decrease in the adaptive potential to environmental changes.

Stress is the most studied psychosomatic factor in the development of diseases [4]. Depending on the type, time, and severity of the stimulus applied, stress can have a damaging effect on the body, ranging from changes in homeostasis to life-threatening consequences and death.

Treatment of psychosomatic diseases begins only after the patient has received medical care – after examination, treatment, physiotherapy procedures and the start of preventive measures. This fundamental concept of psychosomatics is based on the fact that the psychosomatic approach in no way replaces the medical approach, but complements and ensures the complexity of treatment. Today, a person who faces an increased level of stress and information load on a daily basis can develop mental hygiene skills that will be aimed at maintaining and strengthening mental health.

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