

Mind-body Connection of Illness

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ABSTRACT

Introduction: With increasing awareness, we all are concerned about health. With the new emerging knowledge about “mind-body” as one unit along with our beliefs and our emotions, now it is time to think about ‘illness’ differently. Mind and body should be viewed as integrated system. There is rise in illnesses with industrialization, but “stress” has emerged as a new factor. The incubation period is, many times, from months to years before one is ill. Knowledge about emotions through “molecules of emotions,” our limbic system, hypothalamus, and the prefrontal cortex, which are gifts of evolution, have given us new insights.

Discussion: Part of mind’s effects on our health is direct and conscious. The mind does not act only through our conscious choices however. The body responds to the mind’s messages, both conscious and subconscious. We have been taught to see illness as “happening,” something that happens to us. We never think of any possibility about “individual’s psychological control” over the course of illness. We are not aware of any cause-and-effect relationship between the illness and what’s happening in our lives. Illness is not purely a physical problem but rather a problem of the whole person. It includes mind and emotions, and not just the physical body. Susceptibility to illness is determined by mental states such as stress, anger, helplessness, and hopelessness. **Conclusion:** We need to understand illness as related to our “mind-body” unit and just not our physical body. Our body is not a mindless machine the body and mind are one. Getting well again is our intention. More than becoming doctors as trained biomechanics, we need to be the “healers.” Mind is energy and body is the matter should be our new thinking. Thoughts are mind’s energy. This energy influences the physical brain which controls body’s physiology.

Key words: Emotions, illness, mind-body, stress

INTRODUCTION

We all are concerned about health. The thing is “we all participate in our health or illness” and this happens all the times with all of us. Because of “technological medicine,” there is neglect of “mind-body” link. We

have failed to note the influence of grief, despair, or discouragement on the “onset-and-outcome” of illness. The healing effects of faith, belief, confidence, and peace of mind were then neglected. Awareness of mind’s powers was lost as medicine progressed.

DISCUSSION

How We Participate in Health or Illness?

It’s through our minds, consciously or unconsciously. Indirectly our emotions, our feelings, our beliefs, and our attitudes toward life matter most. Virtually all illness has a definite psychosomatic component.

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Recent technological innovations have confirmed the molecular basis of the emotions. It is the emotions that link mind and body, writes Pert^[1]

Exercise and our diet have direct effect on our health which is a proven thing. "Will to live:" Simonton and Simonton^[2] have written about this. From frequent answers, they had from patients like, "I can't die until my son graduates from college," or "they need me too much at work," or "I won't die until I've solved the problem with my daughter." There are positive stance and attitude toward life in these statements. They exerted some influence over the course of their illness. Perfect meaning of that is "will to live."

We have been taught to see illness as "happening," something that happens to us. We never think of any possibility about *"individual's psychological control"* over the course of illness. We are not aware of any cause-and-effect relationship between the illness and what's happening in our lives. Illness is not purely a physical problem but rather a problem of the whole person. It includes mind and emotions, and not just the physical body. Susceptibility to illness is determined by mental states such as stress, anger, helplessness, and hopelessness. When there is deep sense of "hopelessness" comes the emotional reaction of "giving up." This "giving up," in turn, triggers a cycle of physiological responses which result in suppressing body's natural defenses; making one susceptible to producing abnormal cells. It's "surveillance system" which protects us from these abnormal cells from getting illnesses and cancers. And in those having raised stress hormones which lower the immune response get the illnesses, cancer in most cases.

When we have two patients with same illness (e.g., cancer), same disease - state, same prognosis, and same treatment, why one recovers and other one dies? Let's see these interesting cases of Mr. X and Mr. Y, both having lung cancer with spread to brain.... With that diagnosis Mr. X takes care of financial affairs, resigns from job, soon experienced severe pain, and lack of energy. There is no response to radiation and medications and was dead within 3 months. His parents and many of his close relatives had died of cancer, and he had warned his wife when they were first married that he would die of cancer, too.

Mr. Y, after getting diagnosed reviewed "priorities of life," arranged his schedule giving more time to do things that were enjoyable to him. He actively participated in therapy, responded favorably to radiation therapy, and became virtually symptom free, remained active all the time. Mr. Y considerably

outlived Mr. X by more than a year, outlived medical prognosis. Quality of life was far better in case of Mr. Y who enjoyed life with family and friends (Simonton).

One more interesting case: Klopfer,^[3] year 1950, a researcher, involved in testing of a drug Krebiozen as cure for cancer, being tested by American Medical Association and the F.D.A. One of his patient, Mr. Wright had lymphosarcoma involving lymph nodes... was having desperate physical condition requiring oxygen by mask. He reads about Krebiozen, a molecule for trials in clinics for 1st time....he did not qualify for trial as life expectancy expected was at least three and preferably 8 months.....Wright begged hard....Dr. Klopfer decided to give one inj. on Friday assuming he would be dead Monday....Dr. Klopfer was surprised.... the one gasping for air, febrile, completely bedridden was chatting happily with nurses, walking around the ward...

There was no change in others seen ...but Wright... tumor masses melted in few days....so next injections were given 3 times in a week....in 10 days was discharged from "deathbed".....he took off in his own planeflew 12,000 feet without oxygen or support.

Conflicting reports in media about the drug were published....being logical and scientific began to lose faith in his last hope.....in 2 months relapsed and was gloomy.....when readmitted fresh water and nothing more was given under label of "fresh and doubly potent medicine".... More dramatic recovery than first.... remained symptom free for 2 months....drug was declared worthless in press....Wright was admitted in extremes....with last hope vanished.. ...he succumbed in <2 days. This is a good example of "hope," "belief system," and "will to live."

Part of mind's effects on our health is direct and conscious. The mind does not act only through our conscious choices however. The body responds to the mind's messages, both conscious and subconscious. In general, these messages can be "live" or "die" messages, writes Siegel.^[4] Every cell, every tissue, and organ in our body are controlled by the hormones secreted by endocrine glands under control of "master gland" the pituitary gland. There are complex interactions among chemicals circulating in our blood stream. Hypothalamus, which regulates most of the body's unconscious maintenance processes, controls pituitary through chemical secretions and nerve impulses. Our breathing, blood pressure, heart beat, body temperature, and many activities are controlled subconsciously. Intellectual and emotional processes occurring elsewhere in the brain affect the body.

Hypothalamus is connected with thymus and spleen, having direct influence on hormones. It follows that whenever there is upset in brain's control of the immune system will foster illness like malignancy. Immunity is what keeps our genes ahead of survival threats. Immunity is centered on the self.

"Chronic stress syndrome" was described for the 1st time by Selye,^[5] he states, when tension and anxiety of modern life keep the stress response "on" continually, the hormones lower our resistance to disease, even withering away the lymph nodes. There is over secretion of these stress hormones when one is having those "passive emotions" such as grief, feelings of failure, suppression of anger..... Illness can set in, even malignancy. One more important thing, whatever lifestyle illnesses are likely to appear have invisible incubation period which is commonly very long, years, or decades, but sometimes short incubation period is seen. In one case, Mr. Raju (name changed) from a middle class family, his father had cancer of pancreas, which was diagnosed late, died in months. Mr. Raju could not accept this, gets emotionally disturbed. Unfortunately, his wife was removed from her job and same time the couple came to know she was carrying. The only bread-earner of the family who was a non-smoker, vegetarian of age just 32 years..... One day c/o headache, worsening in few days was diagnosed to have malignant brain tumor and died in next 3 months. Because of "cluster" of problems, he developed the mindset of hopelessness and helplessness, landed with malignant disease.

Sandy's story as quoted by Siegel:^[4] Sandy a teenager got trained as singer and actress, but whenever she came off stage flushed with excitement, her mother would say, "it was good. Keep practicing maybe next time you will do better." Sandy had a voluptuous lovely figure but her mother always told you're too fat. Sandy's self-confidence was very low by late teens and she was no more singing and acting, and in her mind she was conditioned to be a "doormat." Sandy got married, had three kids and again her mother refused to take care of kids. With stressed life Sandy was getting sick, her husband started staying out all night, beating her when drunk. She asked for divorce, he put the whole family in the car, took them to the edge of a cliff and threatened, she then promised not to talk about leaving. On an unconscious level Sandy decided to be sick, she developed phlebitis, was in bed all the time, having no relationship with her husband. One day he was killed in auto accident, her phlebitis cleared up within days. She again took subordinate role

in her second marriage and developed breast cancer. This time she decided about her own life as a priority and got well thereafter.

Children with cancer had had twice as many recent crises as other children matched to be similar except for their disease: Study published by Albert Einstein College of Medicine in the Bronx. Another study showed that 31 of 33 children with leukemia had experienced a traumatic loss or more within 2 years before their diagnosis. Psychologists are now learning that infants are far more perceptive than heretofore imagined. Parental conflict or disapproval perceived even in the womb (in unborn life) can lead to cancer in early childhood.

Can there be "benefits of illness?" Yes, says Dr. Simonton. He writes about five major areas in which patients frequently get benefits from their illnesses: (1) Receiving permission to get out of dealing with a troublesome problem or situation. (2) Getting attention, care, nurturing from people around them. (3) Having an opportunity to regroup their psychological energy to deal with a problem or to gain a new perspective. (4) Gaining an incentive for personal growth or for modifying undesirable habits. (5) Not having to meet their own or others' high expectations.

Is there something called as "personality programming!" The answer is yes. It's observed that laboratory rats, when prematurely separated from mothers, become more susceptible to cancer. Rats frequently petted in infancy are less susceptible to cancer. Dr. Bernie writes at one place that 80% of his patients were unwanted or treated indifferently as children. Messages like, "we always wanted a boy instead of a girl," or "your father was drunk - we didn't want more children," or "I wish I'd had an abortion instead of you," lead to lifelong feeling of unworthiness. This is "personality programming." In these cases, illness is something the patient deserves. Not only that treatment becomes difficult, but unfortunately, undeserved. In their mind, the disease can be their way of finally satisfying their parents' wish, or God's.

Positive and Negative Conditioning

A case written by Bernie:^[4] Edith, a frail woman weighing 85 pounds, has survived a heart attack, a bleeding duodenal ulcer, the death of her husband, and a breast cancer invading her chest wall. She lived more than half a dozen years after surgery. Reason? She remembers her mothers words, "you're scrawny, but whatever happens, you will always get over it."

This is a case of “positive conditioning.” Another case Dr. Bernie describes: New Yorker named “Jan.” Actress since her early teens was constantly warned by her mother to protect her breasts, since they were all important for her appearance. She was told, she should not sleep on stomach, and when she danced she should be careful no one bumped them. Naturally, when Jan gets breast cancer, could not consider surgery. Instead, she tried every alternate therapy. She lived mainly for approval of others. She died of her disease. A case of “negative conditioning.”

What’s the result of “personality programming?” One starts to target the organs. Concept of “target organs” is very well explained by Dr. Bernie; he writes: Psychological shaping in the formative years plays a large part in determining who will develop a serious illness. It’s effects are even more specific to the extent, what disease will occur, and when and where it will appear.

Alexander,^[6] the father of psychosomatic medicine, wrote these precious words, “there is much evidence that, just as certain pathological microorganisms have a specific affinity for certain organs, so also certain emotional conflicts possess specificities and accordingly tend to afflict certain internal organs.”

Then what about “oncogenes?” Dr. Bernie says, if oncogenes are the sole cause, persons susceptible to cancer should develop many primary tumors at one time, in various parts of the body. Instead, they develop cancer in only one area that is psychologically significant to them – the target organ. He further writes about a psychotic patient who became mentally well when he became physically ill and, as soon as illness was over, became psychotic again. Another one, a man who insisted he was pregnant and grew an enormous tumor of urethra and prostate (the closest male equivalents of the womb), so that he looked pregnant.

Thomas and Duszynski^[7] of John Hopkins University Medical School (1946) have the most valuable work. She took personality profiles of 1337 medical students, then surveyed their mental and physical health every year for decades after graduation. Her goal was to find psychological antecedents of heart disease, high blood pressure, mental illness, and a suicide. Initially, she thought that cancer would have no “psychological” component but for this sake of comparison added it. “Striking and unexpected” results: Almost all

the cancer patients had throughout their lives been restricted in expressing emotion, especially aggressive emotions related to their own needs. The traits of those who developed cancer were almost identical to those of the students who latter committed suicide. She also found that, using only the drawings, they made as one of the tests, she could predict what parts of their bodies would develop cancer.

CONCLUSION

We need to understand illness as related to our “mind-body” unit, and just not our physical body. Our body is not a mindless machine, the body and mind are one. Getting well again is our intention. More than becoming doctors as trained biomechanics, we need to be the “HEALERS.” Mind is energy and body is the matter, should be our new thinking. Thoughts are mind’s energy. This energy influences the physical brain which controls body’s physiology.

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