

Research Article

The Need for Psycho-Spiritual History in Clinical Medicine

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Abstract:

In diseases of the body where the pathogenesis is presumed to be a disorder of structure and/or function of one or more of its components, the psychological aspect of the patient is side-lined and the spiritual aspect is out of consideration. In the presence of negative thoughts, the way a patient responds to a given treatment can be below expectations. Such negative thoughts can be recognized by probing into the patient's mental attitude. Similar is the adverse effect when the patient feels a lack of genuine love and understanding in one's social circle. Not recognising the presence of negativity in a patient's psycho-spiritual history can lead to inappropriate or ineffective treatment. Inclusion of psycho-spiritual history in clinical medicine leads to opening up of a hidden aspect of the patient's problem, which when tackled has significant therapeutic potential.

Keywords: Pathological process, components of patient care, negativity and lack of love, response to treatment, opening up of hidden problem.

Introduction:

In conventional modern medicine, while dealing with a new patient, it has been the practice to elicit details of the patient followed by details of the illness. The presenting symptoms in chronological order give an idea about the pathological process involved, which is further understood through a detailed history of present illness, the past history, the occupational, personal and family histories.

It is usual practice to proceed with understanding of the mental state in neurological and psychiatric illnesses. In diseases of the body where the pathogenesis is presumed to be a disorder of structure and/or function of one or more of its components, the psychological aspect of the patient is usually side-lined. More so, the spiritual aspect is out of consideration in conventional modern medicine.

There is a famous quote of Hippocrates [1]: 'It is more important to know what sort of person has a disease than to know what sort of disease a person has'. Here 'what sort of person' is about the psycho-spiritual aspect of the patient.

There are three components to patient care – the body component (structure-based), the mind-body component (thought-based) and the mind-body-spirit component (feeling-based). Conventional history taking is largely confined to the body component. Recently, understanding of the mind-body component has become mainstream [2], with emphasis on meditation, moderate exercise and stress management.

The role of the mind-body-spirit component in patient care is becoming increasingly recognized. The role of compassionate care of the patient in positively influencing the disease process from a distance (non-local) as well as from within the patient, has been observed [3]. Conversely, the presence of mind-body

and the mind-body-spirit components in patient care indicate that human pathophysiology can result from absence of healthy mind and spirit in a patient.

In the presence of negative thoughts, the way a patient responds to a given treatment can be below expectations. Such negative thoughts can be recognized by probing into the patient's mental attitude. Similar is the adverse effect when the patient feels a lack of genuine love and understanding in one's social circle. Identifying these through a psycho-spiritual history helps to provide measures for restoring healthy mind and spirit in such patients, in addition to conventional treatment.

The average patient may not be forthcoming with the psycho-spiritual aspects of history, considering them to be too personal. Spending quality time with the patient with care and understanding, may encourage the patient to come out with these details. Two simple questions may help identify them – 1) Apart from the present disease, are you positive with other things in your life? 2) Do you feel adequately cared for by your relatives or friends?

Not recognising the presence of negativity in a patient's psycho-spiritual history can lead to inappropriate or ineffective treatment that may otherwise work well in a patient who has a positive attitude and has genuinely supportive people in one's life, a fact highlighted by the famous quote of Hippocrates.

Conclusion:

While positivity and compassionate care of the patient are acknowledged to have a bearing on the disease outcome, conventional history-taking remains confined to aspects of body medicine. Inclusion of psycho-spiritual history in clinical medicine starting from the formative years of the medical

student, leads to opening up of a hidden aspect of the patient's problem, which when tackled has significant therapeutic potential.

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