Psychosomatické aspekty v otorinolaryngologii
Figure 1. Psychosomatic Medicine was first published in 1939. The very first issue included an article titled “The Hypothalamus: A Review of the Experimental Data” (2). Above are images reprinted and adapted from 1949 (3), 1955 (4), and 2009 (5).
Search Results for psychosomatic

Journal
JAMA Otolaryngology–Head & Neck Surgery
• The Psychosomatic Aspects of Children With Vocal Nodules
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• Effectiveness for Treatment of Burning Mouth Syndrome
• burning mouth syndrome
• A Psychological Study of Patients Undergoing Cosmetic Surgery
• The "Nervous Nose" in Rhinoplasty: Abstract
• Clinical Challenges in Otolaryngology June 01, 2000
• The Evaluation and Management of Olfactory Disorder Following Upper Respiratory Tract Infection
• Topics: anosmia, upper respiratory infections, hyposmia
• Psychogenic Influences in Otolaryngology
Further Psychosomatic Aspects of Otolaryngology

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ABSTRACT

For years I have observed all kinds and categories of ear, nose, and throat complaints, and in my opinion most of them were real. To detect organic pathology in the field of otolaryngology is a fairly simple task; to prorate accurately the importance of organic and functional disease coexisting in the same patient is more difficult; but to state with assurance that all a patient's complaints are functional in nature is to assume a position based on circumstantial evidence that is easy to believe (and may be correct) but is most impossible to prove. Psychosomatic disorders in the field of otolaryngology run rather true to form. Only in exceptional instances where circumstances causing a psychosomatic disability are unusual do we have embellishments that make a particular patient of unusual interest.
ABSTRACT

In the practice of otolaryngology we deal with diseases and dysfunctions of certain organs of special sense which are intimately associated with the patient's earliest psychic and physical well being. Is it any wonder, therefore, that so many of the illnesses which we see exhibit varying degrees of psychogenic influence in their etiology. To be aware of these psychosomatic factors is essential if we are to diagnose, advise, and treat our patients properly. We must recognize the need of psychiatric consultation and treatment for many of them. But the problem of referral is not always easy. Many patients refuse to go to a psychiatrist. They are afraid it stigmatizes them in the eyes of those who know them. Furthermore, there are not enough psychiatrists to care for all patients with minor psychological problems. Many of these patients simply need guidance in the solution of minor problems which arise
Psychogenic Influences in Otolaryngology

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In the practice of otolaryngology we deal with the aerodynamics and mechanics of certain organs of special sense which are intimately associated with the patient's general psychic and physical well being. If one wonders, therefore, that so many of the illnesses which we see exhibit varying degrees of psychogenic influence in their etiology. To be aware of these psychosomatic factors is essential if we are to diagnose, advise, and treat our patients properly. We must recognize the need of psychiatric consultation and treatment for many of them. But the problem of referral is not always easy. Many patients refuse to go to a psychiatrist. They are afraid to show them in the eyes of those who know them. Furthermore, there are not enough psychiatrists to care for all patients with mental psychological problems. Many of those patients need not guidance in the solution of minor problems which arise as a result of the demands of a competitive society. We can help in solving some of these psychic problems while we attempt to diagnose and treat organic disease. This is essential if we are to prevent relatively minor anatomic deformities from becoming serious symptoms. We should withstand the temptation to interpret the organic symptoms in the absence of organic disease, and to treat them when they are present as purely organic disease.

We are well aware of psychogenic influences in the mechanism of certain organic diseases. Psychological factors can be responsible for a variety of conditions, such as coughing, sneezing, and the secretion of mucus. These factors can influence the function of the respiratory system and cause symptoms. The influence of the psychogenic factors can be so strong that it can override the organic factors, leading to the development of symptoms. The interaction between the psychological and organic factors can be so complex that it requires a multidisciplinary approach to understand and treat the condition.

Functioning of the organism as a whole and prolonged education in the living cell. Man is subject to a variety of experiences which produce certain physiological reactions such as, weeping, laughing, and blushing. Feelings of anger, resentment, and guilt. If sustained over a period of time, may lead to disturbances of physiological function and eventually result in structural change and bodily disease. According to West and English, there is an interaction of biochemical changes and emotional tensions through the autonomic nervous system in its effects on body chemistry and the changed body chemistry in turn results upon the emotional life.

Psychological disturbances begin in infancy. Again, as West and English said in the subject of personality development: "There is a great deal of evidence for psychopathology to begin early in personality growth than for some pathologies to begin early in physical growth. All physical developments are complete at birth; some are not complete until after birth. At present, there is only a relatively small amount of evidence as to the way in which the personality grows and changes in the child, and how it is related to the various systems of the body. The investigator, who is interested in the development of the child and the interpretation of the child's behavior, must be aware of the fact that the development of the child is a complex process. The development of the child involves the interaction of various factors such as heredity, environment, and personal factors. The development of the child is a continuous process that takes place over a long period of time.

Despite the complexity of the development of the child, there are certain general principles that can be applied. The first principle is that the development of the child is a continuous process. The development of the child is a continuous process that takes place over a long period of time. The second principle is that the development of the child is influenced by heredity, environment, and personal factors. The development of the child is influenced by heredity, environment, and personal factors. The third principle is that the development of the child is a complex process.
Takže základní problém současné medicíny je, že rozhovor s pacientem je na vedlejší koleji. Dobrý vztah lékař – pacient, nefunguje. Řešení na to čas, a není o to zájem. Víte, zajímavé je, že když jsem šest let přednášel na FTVS budoucím fyzioterapeutům, tak to byli úžasní studenti – empatičtí, se zájem o pacienta. Současně s tím jsem přednášel na lékařské fakultě a setkal jsem se s naprostým nezájmem o pacienta jako o osobu. Zajímala je víc jejich zkouška z farmakologie, patologie, anatomie, ale psychika pacienta? Ta ne. Takže takto vychováváme budoucí lékaře.

MUDr. Jiří Šavlík, průkopník psychosomatické medicíny v ČR
Pacientka J.Č., ročník 1940

- Anamnéza:
- Rodinná: bezvýznamná
- Chronická medikamentozní léčba: Zoloft 50 mg 1-10-0, Propicyl 50 1/2-0-0, Tralgit 100 večer, Alpha 3D 3 x týdně, Digoxin 0,125 1-0-0, Lanzul 30 mg 1-0-1
- Alergická: Oxacilin, Deoxymykoin.
- Epidemiologická: negat.
- Sociální: 3 měsíce nekouří, předtím 10 cig. denně, žije sama
- Přes půl roku trvající „funkční“ dysfonie, dop. k vyš. v CA.
- MLS sec.Kleinsasser- problém s intubací, ca subglottis s prorůstáním do hlasivek a stěn hrtanu
- Tracheostomia inferior
- Histologie. Materiál byl prokrajován. Částky desmoplastického vaziva s čepy středně diferencovaného mírně rohovějícího dlaždicového karcinomu s angioinvazí. Dále fragmenty dysplastického i nádorového epitelu. M 8071/3
- Inoperabilní, dop. aktinoth., trvalá trst.
Pacientka A.Š., ročník 1968

- Anamnéza:
  - Rodinná: bezvýznamná
  - Osobní: operace APPE, úrazy 0
  - Chronická medikamentozní léčba: 0
  - Alergická: Biseptol
  - Epidemiologická: negat.
  - Sociální: účetní, nekuřáčka

- **Půl roku trvající hltanové parestesie, asi měsíc rezistence na krku**
  k extirpaci a histol. ověření.

- **Histol. meta ca kořene jazyka do krčních uzlin**