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Research Article

Organon Of Medicine and Psychosomatic Medicine: A Review

Dr Anita Choudhary, M.D.(Hom)

Professor, Department of Organon of Medicine, CVM Homoeopathic Medical College and Hospital,
Gujarat, India

Corresponding Author: * Dr Anita Choudhary, M.D.(Hom)

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Abstract

Psychosomatic medicine explores the complex interactions between psychological processes and physical health, emphasising the influence of emotions, stress, behavioural patterns, and social factors on bodily functions and disease manifestations. Samuel Hahnemann's Organon of Medicine presents a holistic approach to understanding illness, highlighting the importance of the patient's mental, emotional, and physical symptoms in individualised case-taking. Several concepts described in the Organon, including the relationship between mind and body, the importance of individualisation, the role of emotional disturbances, and the assessment of the totality of symptoms, can be discussed in relation to contemporary psychosomatic medicine [2,3]. However, these philosophical similarities should not be interpreted as evidence that homoeopathic remedies are effective treatments for psychosomatic disorders. This review examines the historical and conceptual relationship between the Organon of Medicine and psychosomatic medicine, focusing on mind–body interactions, emotional factors in disease, clinical assessment, individualisation, and contemporary scientific perspectives.

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1. INTRODUCTION

The relationship between mind and body has long been a central subject of medical philosophy. Psychological experiences such as stress, anxiety, grief, and emotional conflict can influence physiological processes, while physical illness may significantly affect emotional well-being and mental health [1]. Psychosomatic medicine is an interdisciplinary field that investigates how psychological, biological, behavioural, and social factors interact in the development, expression, and management of illness [1,4]. It recognises that mental and physical health are closely interconnected and that a comprehensive clinical assessment should consider both dimensions. Samuel Hahnemann, the founder of homoeopathy, emphasised the importance of understanding the patient as a whole in the *Organon of Medicine* [2]. His approach to case-taking includes the patient's mental state, emotional characteristics, physical symptoms, disease history, and individual response to illness. Although the *Organon* predates modern psychosomatic medicine, certain aspects of its holistic approach can be compared with contemporary concepts of individualised and patient-centred care [2,3]. This review explores these conceptual relationships while distinguishing historical homoeopathic philosophy from scientifically established knowledge about mind-body interactions.

2 Historical Background of the Organon of Medicine

Samuel Hahnemann published the first edition of the *Organon of the Rational Art of Healing* in 1810, later revised and published as the *Organon of Medicine* [2]. The work describes the philosophical and practical principles of homoeopathy, including:

- The Law of Similars.
- Individualisation of the patient.
- Systematic case-taking.
- The totality of symptoms.
- Drug proving.
- Selection of the medicinal substance.
- Assessment of therapeutic response [2].

Hahnemann emphasised that the physician should understand the patient's individual manifestations of illness rather than focus exclusively on the disease name [2]. His attention to mental and emotional symptoms provides a historical point of comparison with modern approaches to psychological assessment in clinical medicine. However, the theoretical framework of homoeopathy differs from contemporary biomedical explanations of disease and therapeutic action.

3. Concept of Psychosomatic Medicine: Psychosomatic medicine examines the relationship between psychological processes and physical health. It recognizes that biological, psychological, and social factors interact in the development and progression of many health conditions [1,4]. The biopsychosocial model, developed by George Engel, provides a framework for understanding illness through the integration of biological, psychological, and social dimensions [4].

Major components: These factors may influence symptom perception, disease behavior, treatment adherence, and quality of life.

1. Biological factors

- Genetic predisposition.
- Neuroendocrine activity.
- Immune system function.
- Autonomic nervous system responses.
- Physical illness and inflammation.

2. Psychological factors

- Stress.
- Anxiety.
- Depression.
- Emotional regulation.
- Coping mechanisms.
- Personality and behavioural patterns.

3. Social factors

- Family relationships.
- Occupational stress.
- Social support.
- Socioeconomic conditions.
- Cultural influences [1,4].

4. Mind-Body Relationship in the Organon of Medicine

- The *Organon of Medicine* emphasises that the patient's mental and physical manifestations should be considered together when understanding the individual disease picture [2].
- Hahnemann's approach highlights the importance of observing changes in mood, temperament, emotional reactions, sleep, appetite, and bodily functions during illness [2].
- This emphasis can be compared conceptually with modern psychosomatic medicine, which recognises that psychological experiences may influence physical symptoms through physiological and behavioural pathways [1,4].
- Nevertheless, the two frameworks are not identical. Contemporary psychosomatic medicine is supported by research in neuroscience, psychophysiology, behavioural medicine, and clinical psychology, whereas the *Organon* is grounded in the historical philosophy of homoeopathy.

- 5. Emotional Disturbances and Disease:** Emotional experiences such as grief, fear, anger, and prolonged stress can influence physiological functioning and may contribute to the onset or exacerbation of certain symptoms [1,5]. The relationship between emotional disturbances and physical illness is an important area of investigation in psychosomatic medicine.
- **Grief and Emotional Stress:** Grief may affect sleep, appetite, concentration, energy levels, and physical well-being. Prolonged or complicated grief can be associated with significant psychological distress and functional impairment [5]. Hahnemann emphasized the importance of identifying emotional experiences and their temporal

relationship to the development of illness during case-taking [2]. This approach can be compared with modern clinical assessments that explore psychosocial stressors and their potential contribution to symptoms.

- **Anxiety and Physical Symptoms:** Anxiety can produce physical manifestations through autonomic nervous system activation and other physiological mechanisms [1,6]. Common manifestations include:
 - Palpitations.
 - Sweating.
 - Trembling.
 - Muscle tension.
 - Gastrointestinal discomfort.
 - Breathlessness.
 - Sleep disturbances [6].

6. Comparison of approaches

Feature	Organon of Medicine	Psychosomatic medicine
Primary focus	Individual symptom totality	Biological, psychological, and social factors
Mental symptoms	Important in case-taking and remedy selection	Assessed through clinical and psychological evaluation
Physical symptoms	Considered within the individual disease picture	Evaluated through clinical examination and investigations
Emotional factors	Recorded as characteristic symptoms	Investigated as potential influences on health
Treatment framework	Homoeopathic principles	Evidence-based multidisciplinary care
Outcome assessment	Classical assessment of symptom changes	Validated clinical outcomes and functional measures

Although both approaches emphasise the individual patient's experience, their explanatory models and methods of treatment differ substantially [2,4,7].

7. Totality of Symptoms and Holistic Assessment

The concept of the totality of symptoms is fundamental to the Organon of Medicine. It refers to the comprehensive collection of characteristic manifestations that describe the patient's illness [2]. In psychosomatic medicine, a comprehensive assessment also considers the patient's physical condition, psychological state, social environment, functional limitations, and coping strategies [1,4]. Both approaches encourage attention to the broader clinical context rather than treating every symptom as an isolated event. However, the homoeopathic concept of symptom totality should not be equated with the scientifically developed biopsychosocial model. The totality may include:

- Mental and emotional symptoms.
- Physical general symptoms.
- Localised symptoms.
- Modalities.
- Concomitant symptoms.
- Causative factors.
- Disease history [2,3].

8. The Role of Stress in Psychosomatic Disorders

Stress is a physiological and psychological response to perceived demands or challenges. The stress response involves interactions among the nervous, endocrine, immune, and behavioural systems [1,8]. Chronic or severe stress may contribute to sleep disturbances, changes in pain perception, gastrointestinal symptoms, and worsening of certain medical conditions [1,8]. The Organon emphasizes documenting

- The Organon encourages the physician to document mental and physical manifestations together, although contemporary medicine uses validated diagnostic criteria and evidence-based assessment methods to evaluate anxiety-related disorders [2,6].
- **Anger and Irritability:** Anger and irritability may be associated with increased physiological arousal, changes in cardiovascular activity, and alterations in interpersonal behaviour [1]. In classical homoeopathic case-taking, characteristic emotional responses are recorded as part of the patient's symptom totality [2]. In psychosomatic assessment, clinicians examine the frequency, intensity, context, and functional consequences of these emotional experiences.

emotional disturbances and their relationship to the patient's symptoms [2]. Modern psychosomatic medicine extends this observation through physiological research and structured clinical assessment.

Stress-related physiological pathways

- Activation of the hypothalamic–pituitary–adrenal axis.
- Increased sympathetic nervous system activity.
- Changes in sleep and circadian rhythms.
- Alterations in health-related behaviors.
- Modulation of pain perception and emotional regulation [1,8].

9. Psychosomatic Manifestations in Clinical Practice

Psychological factors may influence the experience and course of several physical conditions. However, the presence of emotional distress does not establish that a physical symptom is psychological in origin.

- **Gastrointestinal Disorders:** Stress and emotional disturbances may influence gastrointestinal motility, visceral sensitivity, and symptom perception. These interactions are particularly relevant to disorders of gut–brain interaction, including irritable bowel syndrome [9].
- **Cardiovascular Symptoms:** Anxiety and stress can contribute to palpitations, changes in heart rate, and heightened awareness of bodily sensations. Nevertheless, cardiovascular symptoms require appropriate medical evaluation to exclude potentially serious causes [1,6].
- **Dermatological Conditions:** Psychological stress may aggravate certain skin conditions, including psoriasis and atopic dermatitis, through interactions involving immune, neuroendocrine, and behavioral pathways [10].
- **Chronic Pain:** Psychological and social factors can influence pain perception, disability, coping, and treatment

outcomes. Contemporary pain medicine therefore considers biological, psychological, and social contributors to chronic pain [11].

- These examples illustrate the relevance of mind–body interactions without implying that all such conditions are primarily psychological.

10. Mental Symptoms in Homoeopathic Case-Taking

The Organon of Medicine emphasizes careful observation of the patient's mental and emotional state as part of individualized case-taking [2]. In modern clinical practice, mental symptoms should be assessed using appropriate diagnostic frameworks and validated instruments when necessary [6,12]. Important: Emotional symptoms should not be used to infer a psychological cause for unexplained physical symptoms without an appropriate medical assessment. A structured mental health history may include:

- Mood and emotional state.
- Anxiety and fears.
- Sleep patterns.
- Concentration and memory.
- Stressful life events.
- Behavioral changes.
- Social functioning.
- Previous psychiatric history.
- Risk of self-harm or suicide when clinically indicated.

11. Psychosomatic Medicine and the Concept of Individualised Treatment

Modern psychosomatic medicine uses a range of evidence-based interventions, depending on the patient's diagnosis and needs. These may include psychological therapies, stress-management interventions, pharmacological treatment, rehabilitation, and coordinated multidisciplinary care [1,6]. The Organon advocates individualized homoeopathic treatment based on symptom similarity [2]. However, the philosophical emphasis on individualization does not establish the clinical efficacy of homoeopathic remedies. Systematic reviews have not established reliable, reproducible evidence that homoeopathic remedies are effective beyond placebo for specific medical conditions [13]. Therefore, homoeopathy should not replace established treatments for psychiatric or physical disorders.

12. Clinical Approach: Integrating Mind–Body Assessment

A clinically responsible approach to patients presenting with psychological and physical symptoms should include the following steps

- **Step 1: Comprehensive History:** Obtain a detailed history of physical symptoms, psychological distress, relevant medical conditions, medications, and psychosocial circumstances.
- **Step 2: Physical Examination and Investigations:** Perform appropriate examination and investigations to identify or exclude underlying medical causes.

- **Step 3: Psychological Assessment:** Evaluate mood, anxiety, stress, sleep, coping mechanisms, and functional impairment.
- **Step 4: Identify Relevant Psychosocial Factors:** Explore whether stress, emotional experiences, or behavioral patterns may be influencing symptom severity or disease management.
- **Step 5: Establish a Clinical Diagnosis:** Use established diagnostic criteria and evidence-based clinical judgment.
- **Step 6: Develop an Individualized Management Plan:** Select appropriate treatment according to the diagnosis, severity, patient preferences, and available evidence.
- **Step 7: Monitor Outcomes:** Assess symptom severity, functioning, quality of life, treatment adherence, and adverse effects over time [1,6,7].

13. Limitations

Several limitations should be considered when examining the relationship between the Organon of Medicine and psychosomatic medicine:

- The Organon was developed within a historical medical framework that differs from contemporary biomedical science.
- Similarities in holistic assessment do not establish equivalence between the two systems.
- Emotional factors may be overemphasized if underlying physical disease is not adequately investigated.
- The classical hierarchy of homoeopathic symptoms lacks robust empirical validation as a method of predicting treatment outcomes.
- The therapeutic efficacy of homoeopathic remedies remains unestablished for specific psychosomatic disorders [2,4,13].

14. Future Perspectives

Such investigations may improve understanding of the historical development of holistic medical thinking and its relationship to modern clinical practice. Future research may explore:

- Historical comparisons between Hahnemann's approach to case-taking and modern patient-centred medicine.
- The role of psychosocial assessment in individualised clinical care.
- Standardised methods for documenting mental and physical symptoms.
- The relationship between emotional stress and symptom severity in chronic diseases.
- Clinical outcomes of evidence-based psychosomatic interventions.
- Educational approaches integrating the history of medical philosophy with contemporary biopsychosocial medicine.

CONCLUSION

The Organon of Medicine and psychosomatic medicine share a broad interest in understanding the patient beyond isolated physical symptoms. Hahnemann emphasized individualization, careful observation, and the integration of mental and physical

manifestations in case-taking [2]. Contemporary psychosomatic medicine similarly recognizes that biological, psychological, behavioral, and social factors interact in health and disease [1,4]. Nevertheless, the two approaches differ in their theoretical foundations, diagnostic methods, and therapeutic evidence. While the Organon remains historically significant in homoeopathic philosophy, modern psychosomatic medicine relies on scientific investigation and evidence-based clinical practice. A comprehensive understanding of mind–body interactions require accurate diagnosis, appropriate psychological assessment, and individualized treatment grounded in reliable clinical evidence.

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About the Author

Dr. Anita Choudhary, M.D. (Hom) is a Professor in the Department of Organon of Medicine at CVM Homoeopathic Medical College and Hospital, New Vallabh Vidyanagar, Anand, Gujarat, India. She is engaged in teaching, academic activities, and research in the field of homoeopathic medicine, with particular expertise in the principles and philosophy of the Organon of Medicine.