

Neurology and Psychiatry: Its prospects

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Description

Neurology and psychiatry were thought to be part of a single, unified branch of medicine, which was often designated neuropsychiatry over the past 2000 Years. Charcot, Freud, Jackson, Bleuler, amid many others, supposed in terms of a combined study of the brain and the mind, regardless of special clinical and research interests. Throughout the 20th century, however, a schism occurred as each of these fields went its distinct way. Neurologists concentrated on those brain disorders with reasoning and behavioural irregularities that also presented with somatic signs stroke, numerous sclerosis, Parkinson's, and many more, while psychiatrists concentrated on those disorders of mood and thought related with no or minor, physical signs found in the neurological examination of the motor and sensory systems, schizophrenia, depression, anxiety disorders, etc. For firm disorders, contradictory theories emerged about their aetiology and pathogenesis, at times stimulating negative attitudes among workers in one or the other field, comprising derision and incivility.

Clearly, recent developments in neuroscience make it unsustainable at this time to know exactly where to draw the line between neurological and psychiatric disorders. For example, it is well known that various patients with Parkinson's disease and stroke manifest depression and, in some, dementia. Is there a substantive difference between a toxic psychosis and a metabolic encephalopathy with delirium? We have known of these examples for some years. More latest and dramatic evidence has come basically through functional Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET). Obsessive-compulsive disorder is characterised by recurrent, unwanted, intrusive ideas, images, or impulses that seem silly, weird, nasty, or obsessions and by urges to carry out an act that will lessen the discomfort due to the obsessions. Growing the levels of brain serotonin with discriminating reuptake inhibitors may control the symptoms and signs of this disorder. Evidence of a genetic basis in some patients, structural abnormalities of the brain on magnetic resonance imaging in others, and irregular brain function on functional MRI and PET collectively suggest that schizophrenia is a disorder of the brain.

Nor does all of the neuroscientific indication linking neurology and psychiatry rise from study of patients. Learning to read by braille can increase the brain region responding to fingertip stimulation. Brain imaging research shows that numerous brain areas are larger in adult musicians than in non-musicians. The primary motor cortex and the cerebellum, which are intricate in movement and organization, are bigger in musicians than in people who don't play musical instruments, as is the corpus callosum. Discontinuing the use of braille or the violin can reverse the functional neuroanatomic connections. Because of the massive increase in neurobiological information in recent years, and the ever growing number of disorders once supposed to be psychopathological but now known to be neuropathological, some neurologists might cling to the view that their area has now appeared alone as the ruling queen of the medical sciences. If they do, we do not agree with them. The notion of mental health as much more than the mere absence of brain disease is, we suggest, vital for neurological and psychiatric practice and care.

Conclusion

From our angle of vision, the fundamental alliance between mental health and brain illness (devoid of the confounding terms brain health and mental illness) as the basis of care derives in the first instance from Aristotle's distinction between efficient causes and final causes. (An efficient cause, or mechanism, is that by means of which something happens; a final cause, or teleological cause, is that for the sake of which something happens.) Neurologists and psychiatrists must have an appropriately broad perspective, for theirs is the domain of purposeful behaviour and intentionality that is no less a brain function than sense insight and movement. Clearly, the education of future generations of neurologists and psychiatrists must be grounded in neuroscience, but must equally be engrossed on those dimensions of professional activity that quintessentially define the work of medical doctors from the neck up.