

Thinking Differently: The Case for Symptomatology, Impairments and A Healing Ecology

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ABSTRACT

This article asks the question: is it possible to think differently about how modern medicine is practiced? Is it possible to work with a medical system that is not reductionist in orientation, fragmented, and drug based in its treatment? The author traces his work with trauma to the brain (Figure 1) for the model that was developed), that led him to develop a different approach to medical care. This perspective focuses on Symptomatology, Impairments, and a Healing Ecology. Each of these perspectives is outlined and explored. Finally, the article concludes with a look at the influence of social context in changing a traditional perspective in medicine.

Keywords: Reductionism fragmented; Drug based symptomatology; Impairments; A healing ecology; Brain trauma neuro-psychoanalysis

INTRODUCTION

Is it possible to think differently about modern medicine? This article proposes an alternative to the reductionist, fragmented, drug-based treatment that currently encompasses much of Western Medicine. Over time I have come to recognize that the practice of modern medicine can be much wider in scope dealing with an expanded definition of symptomatology, can look beyond the patient's diagnosis to their impairments and can understand that all treatment needs to take place within a healing ecology that the patient can become submerged in.

What led me to propose this perspective?

One, my background is in neuro-psychoanalysis. What is this all about? Neuro-psychoanalysis is a relatively new discipline working to understand and work with the interface of brain and mind, neuroscience and psychoanalysis[1]. And the connection between these two disciplines/perspectives, is the recognition that the human mind is the subject experience of what is happening in the brain. This means that all our work in medicine, biological and psychological, needs to work with both as if they were one entity. I am proposing that rather than a reductionist, fragmented, drug treatment based medical system, we consider symptomatology, impairments, and a healing ecology. This perspective has grown out of my work in neuro-psychoanalysis with brain injured patients.

Two, my work with traumatic brain injuries and professional athletes (all sports). One evening, eight years, ago, my neighbor, a lawyer who worked with professional athletes and workman's compensation.

Cases, asked me to do an evaluation of a National Hockey Player who had suffered a severe concussion during a professional hockey game (see Chapter One in “The Complex Architecture and Healing of Traumatic Brain Injuries” published by Cambridge Scholars Publishing 2023 for the details of this case). Not long after I began working with this law office, I found a flood of patients in my office with unrecognized and untreated head injuries. I had never considered this perspective before, but I quickly came to understand there are too many patients “out there” suffering with head traumas that has never been recognized or treated.

As I began to review the literature, I found an article that told the story[2]. A concussion is not a single event like a broken arm or a kidney infection. It is the beginning of a neurodegenerative disease process in the brain. In my experience, all blows to the head create some form of this problem! Over time I came to the conclusion that it is more accurate to say: all trauma to the brain leads to some kind of neurodegenerative disease process in the brain. This includes strokes, seizures, infections in the brain, all illness and disease in the brain, Complex-PTSD, and major mental illness (schizophrenia and manic/depression). From here I developed a model that tracks this neurodegenerative disease process in the brain/mind (Figure 1).

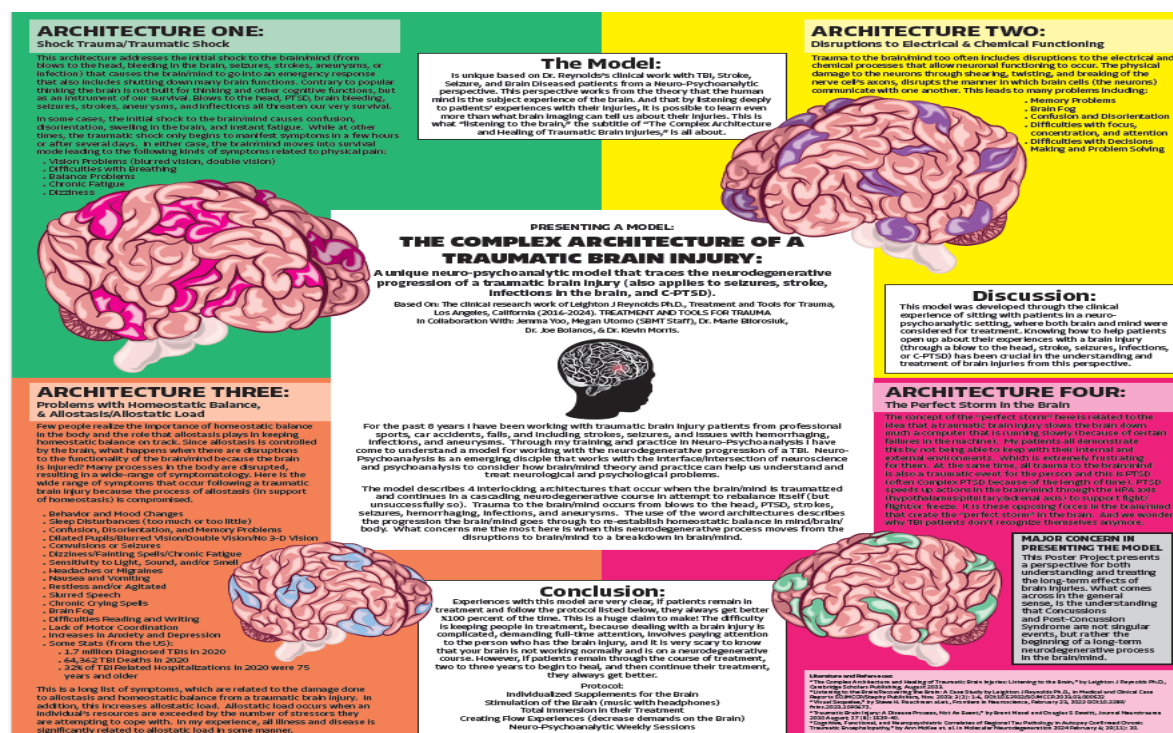


Figure 1: Medical illustration of the Brain Model

What I want to emphasize here is how often I see this problem. The patient has been to see many doctors, who can't find the problem (See my chapters in "The Complex Architecture and Healing of Traumatic Brain Injuries, Chapter 7, 8 and 9). And because trauma to the brain/mind creates a neurodegenerative disease process, the patient's medical condition is always getting worse!! Slowly but surely over time they began to lose functionality. It is this neurodegenerative disease process in the brain/mind that I believe is not being addressed in much of current medical practice.

THE COMPLEX ARCHITECTURE OF TRAUMA TO THE BRAIN/MIND MODEL

(See Figure 1 again)

It is the development and understanding of the significance of this model that led me to understanding medicine from a different perspective. The model addresses the neurodegenerative disease process in the brain as 4 architectures the brain/mind creates in response to being traumatized. These 4 Architectures are:

Architecture One

Traumatic Shock.

Architecture Two

Damage to the Electrical and Chemical Communication Systems in the Brain: the Neurons become torn, twisted, sheared and broken resulting in major disruptions in brain/mind functioning.

Architecture Three

Damage to Homeostatic Balance and the Process of Allostasis, which keeps the balance in the mind/brain/body, resulting in the development of Allostatic Load. More about Allostatic Load below.

Architecture Four

The Development of the "Perfect Storm" in the brain.

The "perfect storm" in the brain/mind occurs because damage to the brain slows down brain functioning, while PTSD (because all trauma to the brain/mind is traumatizing to the individual) speeds up the circulation of stress hormones in the body[3].

As I began working with these patients, I came to the conclusion that the Western Model of reductionist, fragmented, drug based medical treatment was highly inadequate.

Now what?

During the 8 years that I was working in this territory, a different model of medicine began to take shape leading to Symptomatology, Impairments, and the development of a Healing Ecology. What is this all about?

THE DEVELOPMENT OF A DIFFERENT APPROACH TO MEDICINE AND HEALING: THE PERSPECTIVE OF SYMPTOMATOLOGY, IMPAIRMENTS, AND A HEALING ECOLOGY

Symptomatology

In general symptomatology is defined as the complex of any illness or disease process. In my work with brain injured patients I discovered that looking only at the specific disease complex of say kidney infection or heart disease, for example, was simply not enough. Trauma to the brain spells out a much larger context. Note the wide range of symptoms that occur with a concussion and/or post-concussion syndrome:

LOOK AT THE 4 BASKETS OF SYMPTOMS SUGGESTED BY THE CONCUSSION LEGACY FOUNDATION IN BOSTON [4]:

First Signs of a Concussion (what can be observed)

- A loss of consciousness
- Problems with balance
- A glazed look in the eyes
- Amnesia
- A delayed response to questions
- Forgetting instructions and confusion about directions
- Inappropriate crying and/or laughter
- Vomiting
- Splitting headache

Second the Symptoms of a Concussion/post-concussion syndrome (what the person is experiencing short and long-term)

Note here that Concussion symptoms are the brain's way of demonstrating that it is injured and not functioning normally

Physical:

- Headaches/Migraines
- Feeling light-headed/Dizziness
- Difficulty Breathing
- Sensitivity to Light and Sound
- Problems with Vision
- Brain Fog and Confusion
- Chronic Fatigue and Chronic Pain

Cognitive Decline:

- Problems with Memory
- Problems with Attention, Focus and Concentration
- Difficulties with Multitasking
- Difficulties with Completing Mental Tasks

- Difficulties with Comprehending and Processing Information

Social and Emotional:

- Increase in Anxiety and Panic
- An Increase in Depression
- Increase in Anger/Aggression/Irritability
- The Need for Isolation and Withdrawal

Sleep Disturbances:

- Sleeping More
- Sleeping Less
- Sleep Apnea
- Insomnia
- Can't Fall Asleep/Can't Stay Asleep

This is a huge range of symptoms that in my opinion need a wider definition of symptomatology. In my experience all trauma to the brain is pervasive in the brain and therefore affects every aspect of a person's life. Therefore, my definition of symptomatology includes all the problems related to mind/brain/body. The total picture the patient presents.

I also note that the above symptoms are all related to a loss of functionality which is a serious problem for all brain injured patients and leads us to the concept of impairments.

IMPAIRMENTS

So much of what I see in medicine focuses on the patient's symptoms and the proper diagnosis of these symptoms. Western Medicine can be very good at being a "medical detective." But what about the impairments affecting the patient's daily living experiences? If we want our patients to be healthy again then we need to prioritize addressing their impairments. This was a conclusion we worked on at The World Brain Congress in Los Angeles in 2023, sponsored by the Society for Brain Mapping and Therapeutics. And again, impairments are a reflection of the loss of functionality, a major concern with all trauma to the brain.

A HEALING ECOLOGY

My development of this idea is the result of my work with brain injured patients. But I believe this idea has value for other injuries, illnesses and diseases, because all injuries, illnesses and diseases are traumatizing to the individual's life. Over the past 8 years I came to the realization that my patients needed an "organizing agent" for their lives. Their ability to process their world as they had for many years was lost, due to the loss of bits and pieces of their functionality. This is a key issue with brain injuries, the gradual loss of functionality. First as disruptions to normal daily functioning, and over time without treatment, a breakdown in their ability to function in their everyday lives. Again, see the 4 Baskets of Symptoms for how functionality can be so affected in a

downward spiral, because of trauma to the brain. These patients need to have a partner to help them organize and restore their functionality. This is the job of the clinician sometimes 5 times per week.

In my experience there are two major aspects to a healing ecology. One, it is the clinician's task not to remain outside the patient's experience, but to enter their experience with them. This is not so easy, because the clinician must balance helping the patient feel understood in all that they are going through, while at the same time keeping an objective distance. Not an easy task, but in my experience a necessary balance if the treatment is to be successful.

The second major aspect of a healing ecology is establishing a healthy context within which the patient can heal. In my experience this involves a daily schedule created to promote healing in the patient's life.

Here is an example of the healing protocol I set up with my patients:

- Make sure that a thorough medical history has been taken.
- Supplements and nutrients to repair the damage to the mind/brain/body, rather than drugs.
- Stimulation to the brain (I recommend healing music with noise cancelling headphones).
- Total immersion in the healing process with a daily schedule.
- The daily creation of "flow experiences," which reduce demands on the brain/mind/body.
- Neuro-Psychoanalytic sessions to help patients process their injury, illness or disease.

THE CASE OF MR. A

In my work with brain injured patients including TBI, strokes (the second leading cause of death in the world), seizures, infections in the brain, brain illnesses and diseases, and major mental illness I have found it fascinating that paying attention to symptomatology, impairments and developing a healing ecology makes a huge difference. This makes a much greater addition to the healing process than prescribing medication, engaging in brain retraining, and/or including brain stimulation techniques.

Several years ago, a young college student came to my office in the midst of a full-blown, classic, episode of psychosis. He spoke with a word salad (a jumble of nonsensical words) and he brought him a series of repetitive mythological drawings that he had been working on for several weeks. Even years later I suspect it was his month-long hospital experience prior to coming into my office that had deepened his psychosis. His mother had originally brought him to an Emergency Room because he was behaving strangely and the ER sent to a psychiatric facility. My experience with psychosis is that the patient is in a full-blown panic, scared, fearful and paranoid. The world makes no sense to them, and they are consumed with an inner dialogue of crazy messages. In exploring all this with Mr. A he concluded that his hospital experience had made things way worse for him.

I began seeing Mr. A 4-5 times per week, while he was still on a daily dose of Strattera. I have observed many times that anti-psychotic medications can be helpful in these kinds of cases, temporarily. My psychoanalytic training taught me that "knitting" together his mind was the key to recovery. And this takes time. By not rejecting his psychotic experience, nor totally medicating it away, and by being with him in what he was struggling with,

he got better quickly. Within 2 months he was back in university majoring in engineering (no easy course). The idea of “being with a patient in their experience” has a long history in psychoanalysis. I believe being with a patient in their experience, whatever it is, works because it helps the patient organize their experiences, and thereby their sense of self. I do not believe that medication or cognitive-behavioral therapies can accomplish this. They are not organizing interventions.

In my work with brain injured patients, I believe the same approach applies. It’s a toss up in my mind as to who is more disorganized: the psychotic patient or the brain injured patient. But being with a patient in their experience rather than medicating it away or trying to push it away in favor of rational thinking, is a far more useful approach. Albeit more time consuming, demanding and difficult for both clinician and patient.

Within 2 years from the time Mr. A had begun treatment, he had graduated from Engineering School and went on to receive a graduate school scholarship. With my brain injured patients I see the same results. And it always fascinates me that it is the relationship between clinician and patient helping them organize their experiences, that is really what is healing. Therefore, the establishment of a healing ecology with each patient.

CONCLUSION

Finally, I want to share a story that involves the importance of social context in anything we do, especially when we are creating something in our society/culture that wasn’t there before. This is an example of the dilemma all human societies face balancing truth and social order[5]. My truth, what I believe is right and helpful to patients often gets in the way of medical social order.

A Final Example

Several decades ago, while I was working on the psychiatric unit in a general hospital, the following incident occurred. During an evening on the units, one of my patients attempted to leave the unit without being medically cleared to leave. As I was walking down the hall that evening, I heard my name being called by someone in distress. Our charge nurse was standing in the doorway to the unit attempting to block my patient from leaving. She and I were on good terms, and she was asking for my help, immediately. I made the decision not to run down the hall to her rescue, because I believed that would only further agitate my patient and he might just bolt through the closed leading out of the unit and injure her in the process. So, I continued walking down the hallway rather than running and approached my patient calmly. As things turned out, my quiet presence diffused the situation, and the patient and I sat down to process what was going on with me such that he wanted to “bolt” from the unit.

Later he apologized to the unit, and I thought everything was fine. Not really....

The next day I was called on the carpet by the unit director who pointed out that I should have followed the charge nurse’s directions because she was in charge of the unit. I was too stunned to reply, accepted my reprimand, and went back to work. I could have, and should have, spoken with the charge nurse that night about my decision and why. She could have spoken with me before going to the unit director and protested my behavior, but she didn’t. What rings most true for me regarding this incident is the realization that being right, and helpful, did not

necessarily follow the established social order. And I was wrong for not following the established hierarchy on the unit (which was a good psychiatric unit by the way).

And here I am several decades later, still protesting the established order. Modern medicine is reductionist in perspective, fragmented in its approach (“I’m referring you to another specialist.”), and drug based in most of its treatment (television ads tell us that “your doctor can prescribe X”). With most of the patients who come through my practice they have already been through the established system, and it didn’t help them. I am aware that Traditional Western Medicine can and does help people. But in my experience, it is not often enough. Time now not to just “tune up” the system, but time to replace it with something better. I recognize that this is way more work for the clinician and our medical system. But I don’t believe our patients deserve anything less!

TO BE CONTINUED!

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