

## Letter to the Editor

# Psychosomatic Disorders: A Clinical Perspective and Proposed Classification System

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## Dear Editor,

Since the ancient time, “psyche” and “soma” are said to have been interrelated.<sup>1</sup> Heinroth first used the word “psychosomatic” to symbolize “body and mind”.<sup>1</sup> Psychosomatic disorders are those conditions caused mainly due to the imbalances in the hypothalamic-pituitary-adrenal (HPA) axis and the neurological sympathetic system.<sup>1</sup> Incessant stress, depression, and anxiety largely affect the psychophysiology of human body.<sup>2,3</sup> These factors not only affect the psychophysiology but are also major players of immune modulation.<sup>4,5</sup> Immunity, innate and acquired are both affected by genotypical as well as phenotypical characteristics which can cause unforeseeable imbalances.<sup>5,6</sup> However, psychosomatic disorders are regulated and to be more specific, are precipitated and exacerbated by emotional stress.<sup>5,6</sup> Psychosomatic disorders, like many other systemic conditions commonly mirror their signs and symptoms through either the skin or the oral cavity.<sup>2,3,6</sup> The skin and the central nervous system share their embryological origin as well as certain neuropeptides; these neuropeptides are the ones which bring about a neurogenic inflammatory response in many stress-related mucosal disorders.<sup>7</sup>

The clinician first encounters the presenting signs and symptoms and hence, needs to be aware of conditions that have oral and/or systemic manifestations and to our belief must incorporate the study of psychosocial factors in regards to the upsurging issue of psychosomatic disorders.<sup>5,8,9</sup> Numerous classification systems are proposed incorporating various stress-related or psychosomatic disorders like lichen planus, recurrent aphthous ulcers, periodontitis, psoriasis, pemphigus and others.<sup>10-13</sup> In this regard, to simplify/demarcate for the clinician the relation between patient's presenting signs and symptoms along with its underlying local (oral) or systemic psychosomatic disorder, we propose this classification system (Table 1).

To highlight the use of this system, if we consider the common example of gingivitis and periodontitis, both can be caused by numerous known factors like chronic irritation, plaque etc. However, they can also be caused by bruxism which is a stress-related disorder. In these cases, treatment of local as well as the underlying psychological condition is a must. In certain cases, lack of knowledge or misdiagnosis of these psychosomatic disorders can lead to the continuation of the itch scratch cycle leading to multiple referrals, unwarranted diagnostic tests, surgeries and ultimate loss of trust.<sup>8,9,14</sup> It is therefore essential for the clinician to differentiate whether the manifestations are due to local factors or underlying psychosomatic factors and incorporate psychological counseling as part of treatment for these psychosomatic disorders.

## Conflict of Interest Disclosures

The authors have no conflicts of interest.

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**Table 1.** Proposed Classification System for Psychosomatic Disorders

Sr. No	Clinical Manifestations	Psychosomatic Disorder Limited to Oral Cavity	Psychosomatic Disorders Showing Systemic With or Without Oral Cavity Involvement.
1	Ulcerations, blistering and crusting.	i. Recurrent aphthous ulceration- minor and major ii. Recurrent herpes ulceration, herpes labialis iii. Recurrent aphthous stomatitis iv. Acute necrotising ulcerative gingivitis, necrotising ulcerative periodontitis	i. Behcets disease ii. Erythema multiforme iii. Mucous membrane pemphigoid iv. Pemphigus
2	White and/or red lesion	i. Leukoplakia (neurotic habits) ii. Self mutilating of soft tissues: cheek or mucosal biting iii. Gingivitis and periodontitis (self-mutilation and bruxism associated) iv. Geographic tongue	i. Psoriasis ii. Systemic Lupus iii. Lichen planus -
3	Pain	i. Glossodynia ii. Mucosal pain iii. Atypical facial pain iv. Atypical odontalgia or Phantom tooth pain v. Myofascial pain dysfunctional syndrome and bruxism	- - - - -
4	Burning sensation	i. Glossopyrosis ii. Burning mouth syndrome	- -
5	Altered sensation and beliefs (besides burning sensation)	i. Xerostomia ii. Dysgeusia iii. Delusional Halitosis - -	i. Hypochondriasis ii. Cancerophobia iii. Anorexia nervosa iv. Bulimia nervosa v. Body dysmorphic disorder

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Received May 2, 2017, Accepted November 15, 2017, 2017 Published Online January 1, 2018

**Cite this article as:** Desai KM, Kale AD, Shah PU, Rana S. Psychosomatic disorders: a clinical perspective and proposed classification system. *Arch Iran Med.* 2018;21(1):44-45.

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