

Somatic and Psychological Balance

(Based on a lecture held to the Deutsche Myasthenie Gesellschaft DMG on 25.03.1995 in Leipzig)

GENERIC HEALING PROCESS: LESS LONG, LESS OFTEN, LESS SEVERE

It has been my clinical experience that most dynamical disorders – whether primarily of a mental (anxiety, depression, fear, obsessive-compulsive disorder, panic, psychosis ...) or physiological (asthma, exzema, hay fever, itching, pain ...) nature – tend to remiss according to the following generic scheme:

Firstly, the *episodes of illness shorten* while the intervals of remission between episodes and the severity of illness during episodes persist.

Secondly, the *intervals of remission between episodes lengthen* while the severity of illness during episodes persists.

Thirdly, the *severity of illness during episodes decreases*.

Initially, the suffering associated with the given illness is as intense as ever: However, over time,

- (1) the *length of suffering decreases* and
- (2) the *remission time between (ever shorter) episodes of suffering increases*, i.e. suffering becomes shorter and less frequent. Only at the very end approaching full remission does the patient notice that
- (3) the very extent/intensity/severity of illness diminishes.

A typical course of remission can be schematically illustrated by letting the length of disorder be represented by a number of X's, the length of time between episodes by dashes, and the severity of disorder by the size of the font printing the X's: less long, less often, less severe.

- (1) shorter: XXXXXX-XXXXX-XXXX-XXXX-XXX- etc.
- (2) less often: XXX-XXX--XXX---XXX----XXX-----XXX----- etc.
- (3) weaker: XXX-----xxx----- etc.

Of course, there are mixed forms of remission by which the above three steps may overlap, entangle, or reverse order, for example, whereby the severity of illness diminishes from the very start only to be followed by, say, less frequent and then shorter episodes.

A fitting metaphor for the course of a chronic or episodic illness is that of the unruly guest:

Even though he is paying you an unwelcome visit, be patient and polite with him and be attentive to what he has to say. Try to figure out what it is about you that motivates him to show up so often and to stay so long, so that you can convince him to pay you ever shorter and less frequent visits in the future. Whether or not you might be able to also convince

Symptom Rhythm Diagram

him to improve his behaviour from visit to visit will have to remain an open question.

While suffering, the patient usually loses sight of how long this symptom has been persisting or how long it has been since they had last been so sick, especially if the symptom level is moderate to severe. In addition, symptoms rarely appear in an obvious, cyclic way but, rather, in some kind of mixed up combination of the above-mentioned three forms.

There usually are, however, long-term correlations between symptom outbursts which have a deterministic nature, not unlike outbreaks of the weather. For this reason, I have recognized a way to document and recognize the long-term development of remission to health adopted from what physicists call a time-lag diagram. Such diagrams are useful for recognizing patterns, so-called *attractors*, in deterministically chaotic systems. Most people are familiar with those beautiful computer generated pictures of so-called *fractals* which happen to be nothing more than *attractors* with another name.

These diagrams can be used in combination with complicated mathematical algorithms for analyzing and reconstructing the dynamical state space of systems behaving chaotically in a deterministic, that is, causal way (Schmid Gary Bruno 1991; Schmid G.B. 1994; Schmid Gary Bruno 1996a, b, c, 1997a, b, 1998a, b, 2007, 2009, 2010), (Dünki R. M. Schmid 1996; Dünki Rudolf M. Schmid 1998; Dünki *et al.* 1996; Dünki Rudolf M. *et al.* 2000; Schmid Gary Bruno 1991; Schmid G.B. Dünki 1994; Schmid G. B. Dünki 1996; Schmid Gary Bruno Koukkou 1997; Schmid Gary Bruno *et al.* 1991; Stassen *et al.* 1990).

In the following, I offer several documents for patients to use to help discover deterministic patterns in symptom outbursts and, of course, to monitor the long-term success of therapy.

Literature

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Symptom Rhythm Diagram

Documents

Ongoing Symptom List

Calendar Day Month of _____	Notes to Symptom Intensity: 0= no symptoms 1-3= noticeable symptoms 4-6= tolerable symptoms 7-8= intolerable 9-10= unbearable	Intensity: Numbering from 0 to end of study
01.		0 _____
02.		1 _____
03.		2 _____
04.		3 _____
05.		4 _____
06.		5 _____
07.		6 _____
08.		7 _____
09.		8 _____
10.		9 _____
11.		10 _____
12.		11 _____
13.		12 _____
14.		13 _____
15.		14 _____
16.		15 _____
17.		16 _____
18.		17 _____
19.		18 _____
20.		19 _____
21.		20 _____
22.		21 _____
23.		22 _____
24.		23 _____
25.		24 _____
26.		25 _____
27.		26 _____
28.		27 _____
29.		28 _____
30.		29 _____
31.		30 _____
01. next month		31 _____
02. next month etc.		32 etc.

Instructions: Please make at least 3 copies for yourself to follow your symptoms for at least 3 months.

Symptom Rhythm Diagram
Pain, itching, craving...

Symptom Rhythm Diagram®:

Extreme (9-10)					
Intolerable (7-8)					
Tolerable (4-6)					
Mild (1-3)					
No Symptoms (0)					
Today ↑ Yesterday ⇒	No Symptoms (0)	Mild (1-3)	Tolerable (4-6)	Intolerable (7-8)	Extreme (9-10)

Instructions: Write each consecutive number from 1 to “end of study” of your observation: “today compared to yesterday” in the appropriate box.

Symptom Rhythm Diagram

Sleep

Symptom Rhythm Diagram®:

Sleepless (0-2 hours)					
Intolerable (2-4 hours)					
Tolerable (4-6 hours)					
Moderate (6-8 hours)					
Good Sleep (8+ hours)					
Today ↑ Yesterday ⇒	Good Sleep (8+ hours)	Moderate (6-8 hours)	Tolerable (4-6 hours)	Intolerable (2-4 hours)	Sleepless (0-2 hours)

Instructions: Write each consecutive number from 1 to “end of study” of your observation: “today compared to yesterday” in the appropriate box.