

Fundamental Mechanism of Organ Diseases: A New Theory Connecting the Stress Reaction and Type of Disease

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ABSTRACT

Understanding fundamental biological mechanisms at the molecular, cellular, tissue, and organ levels provides the basis for formulating new theories of disease causation. This article presents a new theory of stress intensity and type of disease in the same organ with reference to the four phases of life (i.e., excitation, expansion, contraction, and relaxation). The intensity of the stress is determined by the balance between the intensity of the stimulus and the subjective capacity to cope with it. In acute stress, the intensity of the stress may be provoked by one of the four grades of fear (i.e., anxiety, fear, panic, and horror), which are related to the four phases of life. When a traumatic conflict is unresolved, the stress becomes chronic. In such cases, the response patterns follow four phases of reaction to chronic stress (i.e., alarm, resistance, adaptation, and exhaustion), that may become maladaptive and damaging. Both acute and chronic four-phase reactions are related to the four phases of life; their blockage results in disease. The type of disease in the organ is determined by the blocked phase. The right or left side of the body, meridian, or organ depend on male-female sex involvement, where the right and left sides are related to conflicts in males and females, respectively. The embryological germ layer-derived tissue depends on three possible trauma perceptions: 1) when a sense of threat of survival is felt, the endoderm tissue derivative is involved; 2) if there is a sense of lack of support, the mesoderm tissue derivative is involved; and 3) when there is a sense of separation, the ectoderm derivative tissue is involved. This new theory represents the base for a new disease classification that may assist researchers in identifying novel treatment targets, and developing innovative strategies for the prevention, diagnosis, and treatment of disease.

Keywords

Four grades of fear, Four phases of stress, Psychological conflict, Types of disease.

Introduction

Advances in medical science improve the study and classification of diseases, and for some medical conditions, one or more causes are partially understood. However, the causes of most diseases are currently unknown, and may not be readily apparent or characterized for a high percentage of individuals with different conditions. The main reason for this is that we are not applying the definition of health established by the World Health Organization (WHO). According to this definition, health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). In fact, this definition lies outside the biomedical model that considers the individual as a biological machine, defines health as the absence

of illness or disease, and emphasizes the role of clinical diagnosis and intervention and the purpose of treatment to achieve and maintain the physiological parameters within the normal levels. The spiritual realm is completely ignored and the psychological aspect mostly neglected. A biopsychosocial model of health which considers physiological, psychological, and social factors as interrelated and places special emphasis on the role of stress in the development of disease is warranted. The stress response consists of the physiological, behavioral, and psychological alterations that occur in the face of a challenge to an individual’s health and well-being.

It is widely accepted that subjective well-being varies greatly between individuals; however, well-being is defined as a state of mind in which a person feels able to achieve aspiration in life with a sense of love, happiness, and freedom [1]. This reason is responsible for the unhealthy status of the majority of the population, and the

incidence of chronic disease continues to increase with ineffective measures of prevention. Numerous disorders originate from stress that plays an important part in causing and aggravating diseases, especially in individuals experiencing severe and prolonged stress. Research showed that almost every system in the body can be influenced by chronic stress. Exposure to chronic stress may result in long-term or permanent changes in the emotional, physiological, and behavioral responses that influence susceptibility to disease and its course [2,3].

The currently accepted model that explains the relationship between stress and disease is the general adaptation syndrome model developed by Hans Selye [4]. This model is based on the observation that all living organisms respond to stress in a basic reaction pattern, and this is always the same “nonspecific response of the body to any demand,” irrespective of the agent causing the stress. This pattern is focused on achieving or maintaining homeostasis, which is the stability of physiological systems that maintain life. Therefore, it does not provide an answer to the following questions: Why are the “diseases of adaptation” polymorphic in their manifestations, if they are all due to stress? Why can the same stress influence different organs and different diseases in the same organ?

In a previous article, [5] a new mind–body model was presented describing the correlation between the type of conflict and its site of influence in the physical body. According to this model, the body is divided into seven segments; in each segment, an endocrine gland is related to a specific aspect of life. The organ systems were divided into 12 groups, which are related to the information processing modes. A topographic map connecting the psychological functions and physical body was presented. However, other questions remain unresolved: 1) why there are different diseases in the same organ even though the psychological conflict is the same? 2) why the left or right side of the body is involved? 3) why different kinds of cancer occur in the same organ? In this article, a new theory explaining the reasons for the manifestation of different diseases in the same organ is presented.

Study aims

This article presents a new theory regarding the relationship between reaction to stress and the type of the disease in a specific organ. Moreover, the theory describes the relationship between the right or left side of the organ and body, and the causes of different histological types of cancer in the same organ. It also makes a unique contribution to the literature by offering a new description of the cause of specific diseases in specific organs. This is achieved by investigating the relationship between the four phases of stress and four grades of fear. Blockage of one of these four phases of life offers a potential new therapeutic strategy to reach a healthy status as defined by the WHO.

Psychological conflict, four degrees of reaction to stress, and four phases of life

There is widespread interest among researchers concerning psychological stress. This type of stress has been implicated in

a variety of disease processes, such as coronary disease, cancer, lowered immunological activity against pathogens, reduced quality of life, increased incidence of depression and suicide, higher levels of anxiety, and increased alcohol intake. [6] Stress is generally defined as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” [7]. Normally, stress is a natural reaction to conflict intended to stimulate action, and it plays an essential role in protecting the organism from threatening situations. The degree of stress that can be experienced in each event depends on the importance of the desired object. The grade of impediments to achieve the desired object depends on the intensity and duration of stress and the difficulties or easiness to cope with it. Each difficulty, problem, or obstacle encountered in life is associated with one of the grades of fear: anxiety, fear, panic, and horror. Events associated with anxiety and fear are defined as conflicts, while those associated with panic and horror are defined as traumas.

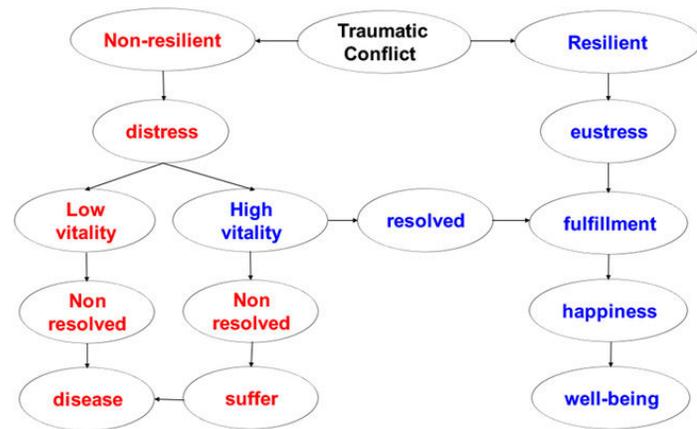
Events causing stress that can be adequately elaborated and expressed results in a positive stress termed eustress. This type of stress leads to intellectual growth, spiritual evolution, and well-being. However, if the event is rejected, it may be converted into conflict or trauma associated with negative stress or distress. Thus, distress manifests when the stressor is greater than the capacity of the defense system to maintain homeostasis, or when the energy of the defense system (vitality) is low. In such cases, the stressor may be perceived as significant and result in distress, even if its intensity is low.

The intensity of the stimulus is perceived subjectively and depends on the strength of the stressor and the capacity to cope with the problem. The proportionality between the intensity of the stressor, the readiness to absorb the stimulus, and the ability to react manifests as four degrees of stress [8]. The capacity to cope with the problem depends on three resources, namely psychological, biological, and energetic:

- The psychological perspective emphasizes the assessment of the emotional and mental situations and their ability to cope with demands that are objectively related to substantial adaptive capacity.
- The biological perspective emphasizes the function of certain physiological systems in the body (e.g., endocrine or immune systems) that are regulated by both psychologically and physically demanding conditions.
- The energetic perspective emphasizes the assessment of the state of vitality that represents an expression of the vital energy available to cope with the stressor for maintaining homeostasis.

One of the properties of living systems is the dynamic pulsation in a four-phase rhythm termed the four phases of life (i.e., excitation, expansion, contraction, and relaxation). This pulsation is also the expression of life force, which is observable in its electrical and mechanical functions. The excitation–contraction coupling of the heart is a typical example of these phases. This phenomenon

presents in all living cells, and can be experienced in the human body during breath, menstrual period, sexual intercourse, pregnancy, and numerous other functions when regular pulsation provides a sense of life and pleasure.



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The same four phases are applied to reaction to stress; in case of acute stress, the phases are the following: threat, organization, contraction, and resolution or shock [9]. Chronic stressors include daily hassle, work overload, financial difficulties, frustration caused by of traffic jams, marital arguments or family problems. The pent-up anger we hold inside in any of these situations, or the guilt and resentment toward others and ourselves, result in general adaptive syndrome which exerts effects on the hypothalamus and specific effects on the corresponding area or organ in the body. For example, work overload affects the thyroid and cervical spine, financial difficulties affect the kidneys, marital arguments affect the right breast, etc. However, instead of discharging this stress, we hold it inside where its effects become cumulative. If the conflict persists over an extended period of time (e.g., caring for a spouse with dementia) or brief focal events that continue to be experienced as overwhelmingly long after they have ended (e.g., experiencing a sexual assault) [10].

The stress provoked by these conflicts becomes chronic and activates behavioral and physiological response patterns, which are beneficial for the survival of the individual and the species. However, these patterns may become maladaptive in cases of chronic stress [11-13], causing physiological dysfunction, and eventually disease. The behavioral and physiological response patterns can be blocked in one of the four phases of chronic stress: alarm, resistance, adaptation, and exhaustion.

Each phase of acute and chronic stress is associated with one grade of fear intensity. The degree of intensity determines the blockage of one of the fourth phases of life.

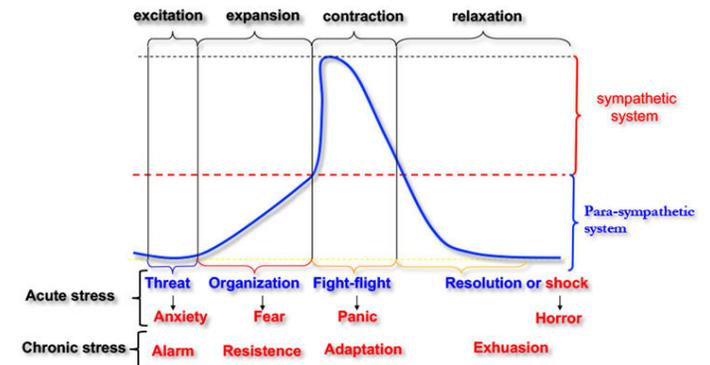


Figure 2 depicts the four phases of acute and chronic stress and their correlation with the four phases of life.

The first grade of stress, when the intensity of the stressor is low, is associated with anxiety that could cause a state of tension, over-vigilance, increased awareness, and disturbed sleep. The second grade of stress, when the degree of the reaction is proportional to the stressor, causes a state of alert and is associated with a sense of fear. The third grade of stress, when the degree of the stimulus exceeds the absorption capacity of the defense system, is associated with a sense of panic that leads to post-traumatic stress disorder. The fourth grade of stress, when the intensity of the stressor exceeds the ability of the defense system to react, induces intense feelings of horror and helplessness; it manifests as a shock with general motor and sensory paralysis, leading to post-traumatic stress disorder. [SEP]

For example, if individuals are chronically anxious regarding their employment status, the thyroid will be blocked in the excitation phase causing hyperthyroidism. If individuals live in a constant fear of losing their job, the thyroid will be blocked in the expansion phase and appears as goiter. If the vital energy of the gland remains sufficient, the disease will be goiter with normal or hyperthyroidism; if the vital energy of the thyroid is low, the disease will appear as goiter with hypothyroidism. If the grade of fear is panic, it will be blocked in the contraction phase and appear as nodules. If the vital energy of the cells in the nodule is good or low, it will appear as hot nodule and cold nodule, respectively. If the trauma was associated with shock reaction or the chronic distress led to exhaustion, and block in relaxation phase in the glands as hyposecretion; and if the vital energy is severely depleted, it manifests as cancer. Infectious diseases are manifestations of blockage in the relaxation phase due to the lack of energy and hypo-functionality of the cells that are attacked by an infectious agent.

Four phases of life and types of diseases

Under normal circumstances, the four-phase response subsides and the body relaxes and returns to its normal status 3 min after a threatening situation is terminated and the real or imagined danger is removed. However, if stress continues and the body is unable to

cope, it is likely that bodily resources become chronically blocked in one of the four phases of life. This will initially manifest as physiological dysfunction of the specific organ and subsequently transform to organic disease. The phase of blockage determines the type of disease that manifests in the specific organ.

There are fixed rules that guide the manifestation of disease according to the four stress phases and blockage of one of the four phases of life. Blockage in the phase of excitation due to repeated threat manifests as hypersensitivity and hyperactivity due to over-vigilance, increased requirement of the functional tissue. All endocrine glands function in the same manner and manifest the same kind of disease according to the blockage of the four phases of life. For example, if the endocrine gland is blocked in the excitation phase, it leads to hyperactivity. For example, it may manifest in the thyroid as hyperthyroidism, in the pancreas as hyperinsulinemia, in the adrenal as hypercholesterolemia, in the respiratory system as irritation and cough, in the digestive system as dysentery when the small intestine is involved and irritable bowel in the colon, allergy in the immune system, arrhythmia in the heart, and epilepsy in the brain.

Blockage of the gland in the expansion phase manifests as hyperplasia or cysts. For example, it may manifest in the thyroid as a goiter, in the thymus as thymoma, in ovaries as hyperplasia etc. In other organs, it may manifest as enlargement of the organ, (e.g., splenomegaly, hepatomegaly, cardiomegaly, polycystic kidneys), and in the brain as hydrocephalus, etc. In the digestive system, respiratory system, uterus, and bladder it appears as thickening of the mucosa with increased mucus.

Blockage in the contraction phase appears as nodules in the endocrine glands and breasts. Contraction in smooth muscle, such as the artery walls, appears as hypertension. In the digestive system, it appears as spasm in the esophagus. In the heart, it appears as

hypertrophic cardiomyopathy, in the brain as Parkinson's disease, and in the skin as scleroderma or skin ulcers if the contraction is more severe (Burger's disease). In the mucosa of the digestive system it appears as ulceration, such as gastric ulcer, Crohn's disease, ulcerative colitis, in the uterus as metrorrhagia, and in the myelin of the nervous system as multiple sclerosis. In the musculoskeletal system, it appears as muscle contraction and joint inflammation, such as rheumatoid arthritis, ankylosing spondylitis, and spinal hernias.

Blockage in the relaxation phase is the manifestation of lack of energy. In the endocrine glands, it appears as hypofunction; if the energy level is very low (e.g., hypothyroidism, hypogonadism, hypocortisolemia), it manifests as cancer. In the muscles, it appears as flaccidity, myasthenia gravis, as well as hiatal, inguinal, abdominal, and umbilical hernias. In the heart, it manifests as dilative cardiomyopathy. In the central nervous system, it appears as depression and Alzheimer's disease. All infectious diseases and cancers are blocked in the relaxation phase. The nervous system collects, transfers, and processes information and directs short-term change in other organ systems. Therefore, the disease of the nervous system depends on the segment involved, and the brain area specifically connected with the organs (Table 1).

Left and right side of the body

Males and females differ in many ways. These differences include both biological phenotypes [14] and psychological traits [15]. Some of these differences are influenced by environmental factors [16,17]. Although there are fundamental differences between the sexes that are rooted in biology, each sex has its own energy. The encounter between the male energy of the spermatozoa and the female energy of the ovum created life independently of sex. These two types of energies continue to be nourished by parents until the age of approximately 21 years [18].

Gland	Conflict	Excitation	Expansion	Contraction	Relaxation
Adrenal	Territorial	Hypercortisolemia, Pheochromocytoma Hyperaldosteronism	Adrenal hyperplasia	Nodules	Hypocortisolemia
Testis Ovaries	Siblings	Male hypertestosteronemia Ovarian hyperstimulation syndrome Hyperestrogenism	Testicular hyperplasia Ovarian follicular cysts Corpus luteum cysts Cystadenomas	Ovarian fibroma adenoma	Hypotestosteronemia Hypoestrogenemia
Pancreas	Fear of physical damage	Hyperinsulinemia	Islet cell hyperplasia increased beta-cell mass Pathologic pancreatic endocrine cell hyperplasia Adenoma of pancreas	Acute pancreatitis	Hypofunction of the pancreas cancer
Thymus	Lack of protection	Thymic hyperactivity Allergy	Thymoma Lymphoid Hyperplasia	Atrophy	Malignant thymomas AIDS
Thyroid	Work and study	Hyperthyroidism	Goiter Thyroid cyst	Thyroid nodule adenoma	Hypothyroidism Cancer
Hypophysis	Projects	Hyperpituitarism	Hyperplasia Enlargement of the pituitary gland	Empty sella syndrome	Hypopituitarism Pituitary carcinoma
Pineal gland	Near fainting	Vitiligo	Hyperplasia	Adenoma	Hypomelatoninemia Small pineal gland (in schizophrenia) Pineocytoma Pineoblastoma

Organ	Conflict	Excitation	Expansion	Contraction	Relaxation
Lungs	Fear of death	Cough	Emphysema	Asthma Nasal polyps	Pneumonia Respiratory failure Cancer
Colon	Criticism	Irritable colon	Megacolon	Ulcerative colitis polyps	Constipation Diverticulosis Cancer
Stomach	Unexpected event	Gastritis	Mucus	Ulcer Polyps	Dyspepsia Cancer
Spleen	Unaccepted expected event	Inflammation	Splenomegaly	Spleen contraction (splenic capsule)	Lymphoma Leukemia
Small intestine	Hesitation Indecision	Enteritis	Mucus overproduction	Crohn's disease	Flaccidity and obstruction Cancer
Heart	Separation from loved one	Arrhythmia	Cardiomegaly	Hypertrophic cardiomyopathy	Dilatative cardiomyopathy
Urinary bladder	Sexual conflict	Aseptic cystitis	Mucus hypersecretion	Hypercontractility	Cystitis cancer
Kidneys	Material conflict	Aseptic nephritis	Cystic kidney	Renal atrophy	Renal failure nephrolithiasis
Pericardium	Fear of love	Aseptic pericarditis	Pericardial thickening	Constrictive pericarditis	Cancer
Lymphatic system	Low self-esteem	Inflammation	Lymphadenopathy	Lymphatic contraction	Lymphoma
Gall bladder	Anger	Cholecystitis	Enlarged gallbladder	Contracted gallbladder	Gallstones Cancer
Liver	Lack of parent's love	Aseptic hepatitis	Steatosis Hepatomegaly	Cirrhosis	Hepatic failure Cancer
Breast	Right: non- sexual conflict with partner Left: mother or children	Nipple hypersensitivity	Cysts	Nodules	Cancer
Uterus	Pregnancy Maternity	Inflammation	Cysts	Myoma Phybroma	Cancer
Esophagus	Event not being digested or rejected	Esophagitis	Mucus hypersecretion	Spasm	Cancer

Table 1: Correlation between the phases of blockage and disease.

The amount of male and female energy may vary and depends on numerous environmental factors; however, it mainly depends on the love received from parents. However, typically, males have more male energy and females have more female energy, resulting in brain differences between the two sexes. These two energies are expressed physically and functionally. Male energy corresponds to the right side of our body and left side of our brain, while female energy corresponds to the left side of our body and right side of our brain. Research found that males tend to use one side of their brain (particularly the left side for verbal reasoning), while females tend to use both cerebral areas for visual, verbal, and emotional responses. Brain differences between sexes, which uniquely affect biochemical processes, may contribute to the susceptibility to specific diseases and influence specific behaviors. The left side of the brain controls the male functions such as assertiveness, logical, analytical, doing, controlling, aggressiveness, striving, projecting, toughness, organizing, rushing, thrusting, facts, systems, and self-interest. In contrast, the right side of the brain controls the female functions, such as intuition, feelings, openness, and unselfishness.

In males coping with stressors, the left side of the brain is generally overstimulated and the right side of the body reacts and feels the stress. In females coping with stressors, the left side of the body or organ feels the effects of the stress and this determines susceptibility to disease.

Therefore, in males, diseases manifest in the right side of the body

or the right side of the organ. In females, diseases manifest on the left side. For example, fear of abandonment by the father or mother may appear as pneumonia in the right and left lung, respectively. In males in conflict with themselves, the disease appears on the right side of his body. For example, a male was unexpectedly fired from his work; the stomach will be the site of manifestation, the right meridian of the stomach will be blocked, and pain in the right knee will appear. In a female, these effects will appear on the left side of the body. For example, females with fear of death will develop disease in the left lung, while males will develop the disease in the right lung.

Psychological reactivity and embryological layers

Male and female energy in individuals determine their magnetic polarity that can be positive (indicated by a “bar” if the individual has excess of male energy), negative (indicated by a “triangle” if the individual has female energy), or balanced (indicated by a “circle” if the male and female energy are balanced). The female negative polarity has a preference for the inner world of thoughts, interests, ideas, and imagination (introversion), and is characterized as receptive, soft, fluid, allowing, nurturing, sensual, empathetic, flexible, emotional, attached, and dependent on touch and love. Owing to attachment and dependency, events such as lack of love are perceived as survival fears. The psychological inner world is felt deeply in the inner germ layer. Therefore, affected tissues are derived from the endoderm, such as the internal linings of the body, including the lining of most of the gastrointestinal tract, lungs,

liver, pancreas, and other glands that open into the gastrointestinal tract, and certain other organs (e.g., the upper urogenital tract and female vagina). Endoderm cells give rise to certain organs, among them the colon, stomach, intestines, lungs, liver, and pancreas.

Positive male polarity is oriented toward the outer world of activities, excitement, people and things (extroversion), and is characterized as focused, goal-oriented, stable, strong, structured, logical, driven, critical. Therefore, individuals around them leave them for excess of criticism. Events related to the outer world are felt in the outer germ layer, ectoderm which forms certain “outer linings” of the body that connect with the external environment and protect from harmful stimuli, such as the skin, neural tissue, adrenal medulla, pituitary gland, connective tissue of the head and face, eyes, and ears [19]. Individuals with balanced polarity can be either taking action with a structured plan in mind or they keep options open to new opportunities, between the negative internal and external positive polarity.

Events connect the outer world and the inner feeling affect tissues. Cells derived from the mesoderm, which lies between the endoderm and the ectoderm, give rise to all other tissues of the body, including the dermis of the skin, adrenal cortex, lymphatic tissue, skeletal, smooth and cardiac muscle, connective tissues (e.g., bone, cartilage), urogenital system, heart, and blood vessels [20]. Most organs have three representative germ layers. The perception modality and trauma interpretation will determine which germ layer derivative tissue in the specific organ will be involved in the disease. When the traumatic conflict is perceived as life threatening, lack of support, or connection disruption, endoderm-derived cells, mesoderm-derived cells, and ectoderm-derived cells are involved, respectively.

For example, a 56-year-old male was unexpectedly fired from work and he could not cope with this event. The stomach was the site of this conflict. If this conflict is not resolved, it will induce chronic stress that consumes stomach energy and result in blockage in the exhaustion phase. If the vitality of the cells in the stomach drops below a certain critical level, the membrane potential is depolarized and the cells may transform to cancerous cells [21].

However, there are different types of cancer in the stomach (e.g., adenocarcinoma, myosarcoma, or lymphoma). If the conflict was experienced as a threat of survival because financial difficulties, tissue derived from the endoderm will be involved to develop adenocarcinoma of the mucosa cells. If the main conflict was lack of support from the spouse and family, cells derived from mesoderm are involved to develop myosarcoma. However, if the main problem after the event is guilt and low self-esteem, lymphoma of the stomach will be the cancer manifestation.

Conclusion

Scientific evidence demonstrates that chronic stress most likely results in long-term or permanent changes that influence the susceptibility to develop the disease and course of disease. However, this effect is described in the literature using the general

adaptation syndrome model, which is vague and cannot be used to explain the specific manifestation in organs or the occurrence of different diseases in the same organ. In a previous article, the correlation between psychological conflict and organs was presented [5] where the kind of stressor determines the organ or the gland involved. The area involved depends on the relation between seven endocrine glands and seven aspects of life. For example, territorial conflicts act on the adrenal gland, social disruption due to physical damage act on the pancreas, and chronic stress related to work acts on the thyroid.

The way in which the conflict acts on specific organ and meridians is described in Chinese medicine. For example, unexpected stress that could not be absorbed affects the stomach, fear of criticism affects the colon, conflicts related to pregnancy or maternity affect the uterus, separation conflict from loved one affects the heart, etc. This article continues the line of previous articles, in which physical diseases were identified as markers of unresolved conflicts that resulted in chronic distress, considering the psychological factor as the cause of disease development, and connect the specific conflict with glands and organs.

In another previous article, [8] the correlation between the four phases of life, four phases of stress, and four grades of fear was presented.

In this article, a new theory regarding the correlation between the perceived intensity of stress, four grades of fear, four phases of life, and four different types of diseases in the same organ is presented. The traumatic conflict is caused by rejection of an event in life, which may be converted to chronic stress if not adequately elaborated or expressed. The unresolved psychological conflict or trauma causes chronic stress that interferes with the electromagnetic activity of the specific organ, leading to physiological dysfunction and susceptibility to disease.

The type of disease that manifests in the involved gland or organ depends on the grade of fear and intensity of stress. In acute stress, the intensity of the stressor provokes one of the four grades of fears: anxiety, fear, panic and horror; each grade is related to one of the four phases of life. When the conflict is not resolved, the stress converts to a chronic status and the specific organ will remain blocked in one of the four phases of life. This effect will determine the type of disease that appears in that organ. The involvement of the left or right side of the body depends on the involvement of male or female aspects in the traumatic conflicts. That may explain why, for example, the is in the right and not the left side of the lung, and the atherosclerotic plaque is found in the right coronary artery rather than the circumflex.

Finally, all types of cancer are expressions of changes in the bioelectrical properties of cells. We connect the shock reaction in acute stress or energy exhaustion in chronic stress to these bioelectrical changes. However, the type of cancer that appears in the organ can involve tissues derived from different germ layers. The perception of the trauma is divided into three different

categories, namely survival, lack of support, or separation. When the traumatic conflict is perceived as conflict of survival, the tissue derived from the endoderm will be affected. When there is a sense of lack of support, tissue from the mesoderm is affected. When the trauma is perceived as detachment and separation, tissue derived from the ectoderm will be affected. These relations represent the base for a new disease classification that may assist researchers in precisely identifying the psychological conflict that needs to be elaborated and resolved (Table 2).

Magnetic polarity	Female negative	Balanced polarity	Male positive
Polarity symbol			
Feeling preference	Inner world	Intermediate	External world
Conflict perception	Survival	Lack of support	Separation
Germ layer involved	Endoderm	Mesoderm	Ectoderm

The purpose of therapy is to renew the rhythm of life pulsation according to the four phases of life, by elaborating the psychological conflict, and resolving the traumatic conflict by completion of the learning process. This is the base for reducing stress and achieving homeostasis. Special emphasis on increasing vitality by introducing lifestyle changes (e.g., sleep, correct personal alimentation, and physical and sexual activities) is essential to achieve the state of well-being, and prevent the development of disease or conversion of acute disease to chronic disease. Additional clinical studies, including randomized clinical trials, are warranted to confirm the correlation between psychological traumatic conflict and disease, and demonstrate the effectiveness of such interventions.

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References

- Butto N. Integration between psychology and spirituality. A new paradigm for the essence and the nature of the psyche. *Int J Psychiatry Research*. 2019; 2: 1-8.
- Cohen S, Kessler RC, Gordon UL. Strategies for measuring stress in studies of psychiatric and physical disorder. In: Cohen S, Kessler RC, Gordon UL. Editors measuring stress. A guide for health and social scientists. New York: Oxford University Press. 1995; 3-26.
- McEwen BS. Protective and damaging effects of stress mediators. *N Engl J Med*. 1998; 338: 171-179.
- Selye H. Stress and the general adaptation syndrome. *Br Med J*. 1950; 1: 1383-1392.
- Butto N. Psychological conflict and physical illness: A new mind-body model. *Int J Psychiatr Res*. 2019; 2: 1-10.
- Giacobbi PR, Tuccitto DE, Frye N. Exercise, affect and university students' appraisals of academic events prior to the final examination period. *Psychol Sport Exerc*. 2007; 8: 261-274.
- Lazarus RS, Folkman S. Stress, appraisal and coping. New York: Springer. 1984.
- Butto N. Four Phases of Life and four Stages of Stress: A New Stress theory and Health Concept. *Int J Psychiatr Res*. 2019; 2: 1-7.
- Li LL, Gu WJ, Dou JT, et al. Incidental adrenal enlargement. An overview from a retrospective study in a Chinese population. *Int J Endocrinol*. 2015; 2015: 192874.
- Baum A, Cohen L, Hall M. Control and intrusive memories as possible determinants of chronic stress. *Psychosom Med*. 1993; 55: 274-286.
- Folkow B. Physiological aspects of the "defense" and "defeat" reactions. *Acta Physiol Scand*. 1997; 161: 34-37.
- Henry JP, Grim CE. Psychosocial mechanisms of primary hypertension. *J Hypertens*. 1990; 8: 783-793.
- McEwen BS. Protective and damaging effects of stress mediators. *N Engl J Med*. 1998; 338: 171-179.
- Levant RF, Hall RJ, Williams CM, et al. Gender Differences in Alexithymia. *Psychol Men Masc*. 2009; 10: 190-203.
- Luders E, Gaser C, Narr KL, et al. Why sex matters. Brain size independent differences in gray matter distributions between men and women. *JNeurosci*. 2009; 29: 14265-14270.
- Addis ME, Mansfield AK, Syzdek MR. Is "masculinity" a problem? Framing the effects of gendered social learning in men. *Psychol Men Masculinity*. 2010; 11: 77-90.
- Woody S, McLean PD, Taylor S, et al. Treatment of major depression in the context of panic disorder. *J Affect Disord*. 1999; 53: 163-174.
- Butto N. Unified Integrative Medicine. A New Holistic Model for Personal Growth and spiritual evolution. Authorhouse. 2014.
- Slack JM. Stem cells in epithelial tissues. *Science*. 2000; 287: 1431-1433.
- Chandross KJ, Mezey E. Plasticity of adult bone marrow stem cells. Mattson MP, and Van Zant, G. eds. (Greenwich CT: JAI Press 2001).
- Yang M, Brackenbury WJ. Membrane potential and cancer progression. *Front Physiol*. 2013; 4: 185.