

Articoli/Articles

MEDICINE AND PSYCHIATRY IN WESTERN CULTURE:
AMONG ANCIENT GREEK MYTHS AND MODERN
PREJUDICES

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SUMMARY

While many ancient cultures contributed to our current knowledge about medicine and psychiatry origins, Ancient Greeks were among the best observers of feelings and moods patients could express toward medicine and toward what today referred as “psychopathology”. Myths and religious references were used to explain what elsewhere impossible to understand or easily communicated. Most of ancient myths focus on ambiguous feelings patients could have towards drugs, especially psychotropic ones. Interestingly, such prejudices are common yet today.

Recalling ancient findings and descriptions made using myths, should represent a valuable knowledge for modern physicians, especially for psychiatrists, and their patients, with the aim of better understanding each other and therefore achieving a better clinical outcome.

The paper explores many human aspects and feelings toward doctors and their cures, referring to ancient myths, focusing on the perception of mental illness.

Introduction

The origin of Western culture extensively relates to the one of the Ancient Greeks and most of current aspects of human behavior and

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social organization still rely on these bases. This observation, having relevant implications for the whole medical practice, and therefore for psychiatry too, is usually hardly recalled, even among well educated people as physicians are expected to be. As consequence, many aspects of human fears, pain, convictions, expectations and prejudices against medicine (especially the ones against psychiatry and its practitioners), illness and death, today seem quite disregarded. Nevertheless such human aspects, already been extensively investigated since many centuries ago among different cultures, often apply to mythology, leading to understandings still topical for our contemporaries. The honorable, yet too often disregarded, Confucius's (551-479 BCE) quote "study the past if you would divine the future" perfectly applies to the above stated, also reminding that concepts and observations by different ages and cultures may be equally good even among different ones having heterogeneous origins and chronological settings. From a medical and clinical psychiatric perspective, Ancient Greek culture and myths represent a valuable prototype for a greater comprehension of our modern practice, with the aim of a better clinical compliance, treatment adherence and outcome.

Stigmatization, myths and prejudices against mental illness

Prejudice and discrimination against mental illness were been reported since ancient age, while both somatic and non-somatic illness were been traditionally considered as a sort of punishment for a guilty patient. The Ancient Greek word "aítia", also links with the beginning of the word "aetiology" and other medical-related words too. Prejudices against mental illness have further developed by Middle Age to 17th-century, when the French physician Perdulcis (1545-1611) first introduced psychiatric nosology describing clinical pictures as "demonopatia mania" and "daemonic possession" provoked by the blending of "evil spirit" with "Hippocratic humors"¹. An example of such approach to mental illness is the one

provided by hysteria whose somatic anaesthesias were considered due to a daemonic interventions till late 17th-century, before being looked at as an illness, yet seen today in a detrimental way since identified as simulation². Today, magical interpretations, myths and prejudices against mental illness are not uncommon, often leading to clinical worsening of the patient's conditions with a loss of self-esteem, fear, social retirement, acting outs and else. High failure rates in early recognizing depression were been reported among general practitioners, possibly due to a prevalent somatic presentation onset. Indeed, somatic symptoms are "easier" and quicker to be diagnosed and to be "accepted" and this is probably why many patients (usually "unconsciously") exhibit such manifestations instead of non-somatic, "masked", ones. A "masked depression", defined as the one with almost exclusive somatic presentations is often reported among specific populations or social conditions as an expression of the "pathoplastic" effect of culture³. As consequence, a delayed adequate treatment could often provoke a further impairment and lead to a poorer outcome. Stigma and prejudice against mental illness, though far away from a satisfactory overcome, were been progressively addressed by media and different organizations. Just to mention one, the National Alliance on Mental Illness (NAMI) counts more than 185.000 members in USA involved in spreading a better knowledge of the clinical and social phenomenon. NAMI also cooperates with the American Psychiatric Association (APA) in pursuing the goal of introducing acts overcoming social and working discriminative laws for mental ill. Similar objectives are the ones the World Health Organization (WHO) is pursuing along with many others societies and organizations among different countries. United Kingdom introduced the "Changing Minds Stigma Campaign" in 1997 by the "Royal College of Psychiatrists" with the aim of spreading knowledge about the phenomenon among general population, while the World Psychiatric Association (WPA) mainly

focuses on reducing stigma against schizophrenia. The above-mentioned organizations and societies, as many others, also focus on reducing stigma against psychotropic drugs as they usually represent the core therapy to treat psychiatric conditions. In fact, most of discrimination and fear against psychiatric drugs is also due to relevant potential side effects related to first generation treatments. For example, typical antipsychotics, yet an effective and valuable class of drugs, have been repeatedly reported to potentially induce extrapyramidal syndromes (EPS), tardive dyskinesia (TD) and other side effects⁴ while newly introduced, safer yet effective atypical antipsychotics, are still not as “popular” among media or known by patients⁵, especially in Europe and Australia compared to USA. Further complicating the perception patients and general population could have toward psychiatric disorders, the fact that in most of the cases psychiatric conditions could manifest with heterogeneous clinical pictures during the life span⁶. Sleep disturbances, motor retardation or agitation, cognition impairments, as many other symptoms, could precede a “full-threshold” disorder or represent a residual one, possibly due to a partial remission and/or an abrupt interruption of pharmacotherapy, leading to a poorer quality of life and further increasing social and interpersonal problems⁷.

Mythology, medicine or both?

Elephants and pigs were long been observed to enjoy the effects of alcohol obtained by eating fallen mangoes or apples that are fermenting. It seems like our ancestors observed and copied the behavior of such animals and then, being human, developed methods to ensure a continuous alcohol supply. One assumes that the survival value of such learning was then, as now is, the desire for temporary escape from the human condition. Natural psychotropic substances, obtained from plants including tobacco, cannabis, opium, coffee and others provided the needed escape, constituting the so-called “the

pre-alcoholic era”. Both recreational and therapeutic use of natural sources was pursued at the same time. Also looking to their close environment, human beings did not pay a distinction between substances aimed to treat illness or alleviate pain. Indeed both purposes were been originally considered as indivisible needs and, only by the following ages, as separated ones. Moreover, somatic and psychic illnesses were been initially seen as part of the same, being therefore treated using the same substances too. Psychic and somatic symptoms were been considered as separated phenomena only by the following ages, before being finally progressively considered again as different manifestations affecting the “same body” in course of the “same disease”. Rather than looking for remedies within environmental sources, the human need of searching for a cure for pain, illness and death as been tried to be addressed looking to the supernatural and magic. Unsurprisingly, the word “remedy” derives from Latin verb “mederi” which resembles the Latin origin of the word “medicine” too. In fact, the main goal of medicine is to provide a cure for pain and illness, independently on the explored source. Ancient Greek medicine was a complex practice perceived as something between myth and reality, as an expression of a magical-divinatory, hieratic and empirical technical practice. Therefore, ancient medicine looks tightly linked with ancient mythology. An example of such overlap is the one provided by the myth of Asclepius, considered, quoting Pindar (522 BC-443 BC), as “the god of medicine” by Ancient Greeks⁸. According to the myth, Asclepius, son of the god Apollo and the nymph Coronis, was born extracted by the dead body of his mother, an unfaithful wife executed by the goddess Artemis, twin sister of Apollo. This was been considered as the first Caesarean birth delivered by a dead mother. Asclepius was therefore been raised by Chiron, a centaur - again an overlap between myth and medical knowledge- considered as the master of medical practice and herbal medicaments management. Soon the pupil surpassed his master

becoming the “god of medicine”. Homer (ca. 8th-century BC) also reports Asclepius as the first to distinguish between medicine and surgery: he gave the recovery power to his son Podalirius and the ability of treating wounds to Machaon; interestingly, yet no separation between psychic and somatic conditions was been performed⁹. Most of ancient myths were been routinely used for everyday life events. Over than 200 Asclepius’s worship temples built within the Hellades represent the first known hospitals. The patients were been allowed to rest and to sleep close to the arcades where the prophetic dreams took place, probably induced by the unaware assumption of drugs. During such dreams, they believed to feel the presence of Asclepius providing them therapeutic tips and recovery. Indeed, the wizard-doctors, dressed up as gods, were the ones giving poisons to the patients at night. Temples were long been considered the preferred setting for magical and medical rituals and animals represented a frequent presence during such ceremonies. The mythological character of Coronis, the mother of the god of medicine, also relates to the therapeutic ritual performed at the sacred temple of Athena. The name Coronis derives from the Ancient Greek word “corònos” meaning “crows”, been considered as related to an ancient diagnostic and therapeutic ritual performed to divine the future. During this practice it was possible to attend both to the reincarnation of the heroes in ravens or snakes by the intervention of the goddess Athena, also known as the “mistletoe user”. Harvesting mistletoes growing over oaks branches, retained the symbolic meaning of castrating the host tree because the juice from mistletoe berries, seen as the “oak sperm” (mistletoe was called “viscum album” by Latin maybe due to its sperm-like features) was considered charged of regenerative powers and therapeutic properties¹⁰. The word “mistletoe” is related with the Latin name of the god of medicine, Asclepius too, meaning “what is hanging from the edible oak”, “esculent”, that is to say “good to be eaten” as mistletoe also means. It is curious to note as

among different civilizations and different ages, the same substances were been used with similar purposes while today most of these significances are almost forgotten. For example, the Celts considered the mistletoe sacred too, using it in many religious rituals. This plant was also widely used as a remedy during the Middle Age and the Renaissance, while by the second half of the 19th to the first decades of the 20-century, it has been prescribed for its antihypertensive properties. Today it has just a symbolic value during Christmas and New Year Eve. Mistletoe is just one among many different herbs and trees used in ancient medical practice; the barks of willow tree surrounded the temple of Athena containing salicylate, an antipyretic and anti-inflammatory drug still widely prescribed by modern physicians (today known to be able to interact with reactive pro-inflammatory C-protein). Independently on the myth used to explain medical illness and its management, an overlap between legend, religion and medicine have long been widespread among Ancient Greeks until Hippocrates (460 BC -377 BC) first distinguished such entities. Hippocrates introduced a modern-like model of depression. He applied the concepts of his essential “theory of four humors and temperaments” to melancholia - “mélaina” means “black” while “cholé” is “bile”-, described as a consequence of imbalance of the four essential fluids influencing both physical and psychic manifestations (a swell known, bile, phlegm, black bile, blood). As for psychic disorders, the fluid theory was equally valid for somatic manifestations too. According to Hippocratic theory, imbalance in fluids proportion is considered responsible for a peculiar temperament, possibly leading to severe depression, while the healthy subject – the “good humor” man -, is the one having the four humors in the appropriate proportion. Depression and other psychiatric conditions were therefore organic disorders. Modern doctors know that in course of pancreatic cancer most of the patients could experience severe “melancholic” depression, almost indistinguishable from the

primary one; ancient doctors already noted that clinical phenomenon and this is probably why the pancreas was considered the inner site of black bile. Using the above-mentioned theory, Hippocrates was also the first describing possible seasonal course of “mood” or “humor” disorders¹¹. Most of the Hippocratical observations represented innovative progresses in medical field. Yet, they were generally disregarded or “misunderstood” during the following ages, when myth (now became religion) newly influenced the medical and scientific approach.

Poisons and remedies

“Doctors are men who prescribe medicines of which they know little, to cure diseases of which they know less, in human beings of whom they know nothing.” (Voltaire, 1694-1778). Most clinicians know from their everyday practice that a great number of patients show mistrust towards suggested drugs, especially for treatments prescribed them for the first time and/or by physicians unmet before. This is probably due to a lack of knowledge about, and seems to be particularly true in modern psychiatry, which bases most of its therapeutic interventions on the pharmacologic approach. Patients could perceive drugs aiming to treat their “inner psychic pain” as something “mysterious” and/or “unnatural”. While today somatic pain and diseases are almost everywhere accepted, this is not yet true for psychiatric conditions, possibly predominantly manifesting with somatic manifestations¹². Again, looking backward to Ancient Greek mythology, it is easy to find lot of explanations about this kind of mentality, prejudice and worries against the “doctor and his drugs”, which in most of the cases are still far away from being completely overcome yet today. The etymology of the word “pharmacology” has different meanings. The Ancient Greek word “phàr-makon” is for “poison”, “drug”, but also for “lucky charm”. In fact, the “drug”, as a “poison”, is a substance that could be able to lead

the patient to death or, as an “amulet”, it could “magically” recover. The ambivalence of feelings the patients could experience toward the doctors and their cures was already been described by many Ancient Greek myths. A famous Greek myth is the one of the Zeus oracle Trophonios, situated in a cavern in the Lebadeia village in the region of Boiotia. According to the myth, Trophonios was also a sort “wizard-doctor” able to change the given temperament of a subject into an opposite-polarity new one. Patients, most likely catatonic depressed ones, were conducted at his presence with the aim of a recovery from severe illness. Curiously, the Novartis® name for the tricyclic antidepressant molecule imipramine is “Tofranil”, referring to a hoped immediate improvement in the mood state for depressed patients. Most of Ancient Greek myths were also been adopted by later civilizations. Ancient Roman coins represented Janus Bifrons as a frightening ugly character with two bearded faces looking to opposite directions (double-head character already appeared on Greek coins of Amphipolis and Thessalonica). The “double-face” profile of the character and the two opposite possible outcomes of the “therapy”, perfectly resemble the concept of ambivalence toward the medicine and its practitioner. One of the most curious aspects of Ancient Greek mythology is that in most of the cases the same myth, based on a relatively simple structure, is used to “explain” different (often complex) concepts, not elsewhere understood. This perfectly applies to the complicated concepts and life events experienced by the patient, as pain, illness and death. Again, referring to the myth of Asclepius, it includes elements closely associated with the magical and irrational aspects of the medical practice and its remedies. The recovery expectation coexists with the worry the same therapeutic intervention should also be harmful. Ancient Greeks believed Asclepius received by Athena two vials of blood she obtained by the body of Gorgon Medusa. This blood is a perfect example of the concept of “phàrmakon”. In fact, if it obtained by the left side of the

Gorgon Medusa's body, it is a deadly poison, while if taken by the right side, and managed by Asclepius in person, it has the property to bring back life in a dead body. Another interesting concept is that the same drug could be a poison or a remedy depending on who administers it. The role played by the "iatròs" or "iatèr" or "doctor-healer", is also described by Homer as "equal to the gods" one and as an "extraordinary heroic" one. This kind of symbolizations undoubtedly influenced following cultures too. For example, in the Christian iconography, the physician is sometimes identified with the saviour, as portrayed in early 17th-century oil painting "Christ the Physician" (Werner Van Den Valckert, 1583-1627), representing Christ performing the urine test¹³.

Emotions and beliefs patients have toward medicine and doctors

Emotions, beliefs, attitudes and behaviours already described by Greek mythology refer to feelings, moods and expectations that could often be reported today by psychiatric patients. Regression, distress, fear, expectations and hopes resulting from pain and sufferance, may all affect and alter the perception the patients have about their illnesses, their doctors, and their medical treatments. Often their identities, and therefore, their clinical condition, reveal magical-irrational aspects that the psychiatrist needs to consider. These aspects become more evident as more obscure is the nature and/or the cause of the illness to the patient (and to the doctor too). The patient could feel his condition as more threatening and stressful depending on the communication style used by the doctor. Finally, the psychological setting the psychiatrist works in, is different from the one of other physicians, as therapeutic instruments may vary. The therapeutic effects, as well the side effects of psychiatric drugs are the results of a large number of heterogeneous factors; they could also be related to the patient's features such as age, sex, physical conditions, culture and personality. Another important observation,

the fact that psychiatric medications are often perceived as different from general medical ones. Curiously, the same substances could be used for different purposes: for example the metoclopramide molecule was first introduced as an antipsychotic medication and it is now prevalently used as a prokinetic drug (dopamine receptors, as many others, are present both in the Central Nervous System [CNS] and the Peripheral Nervous System [PNS]). Indeed the patient could have different feelings toward the same therapy depending on the aim it is provided and depending on the specialty of the prescribing doctor. The individual personality traits of the psychiatrist, its training, experience and culture could strongly influence the “doctor-patient relationship”, possibly affecting the therapeutic compliance and outcome. The main concerns of physicians focus on the need of overcoming recurrent attitudes of distrust towards prescribed drugs, especially psychiatric ones. In order to do this possible, psychiatrists should try to make the pill more desirable for the patient. The painting of saints Cosmas and Damian by Burgos (ca.1495) at the Wellcome Institute in London represents the two characters as caregivers providing pills. There are two kinds of pills: the red and bitter and the golden and sweet ones; the latter ones are a result of a gilding process - again a “magical” representation of the medical practice. Today it is still a common saying “take the bitter pill” or “take the gild pill”, meaning that the way the drug it is introduced to the patient could have a significant impact on the patient feelings toward it and that an accurate preventive explanation on possible (side) effects by the doctor could further increase the compliance¹⁴.

Placebo, nocebo effects and polypharmacy

Patients often show high expectations about recovery, rapidly followed by bitter disappointment and sometime by “interpretative” reactions: “[...] I fell ill as the doctor gave me the wrong medicine...” or “[...] I had the magnetic resonance test, something went wrong in my brain”.

Most of these expectations play a significant role on the compliance and the outcome. The concept of “placebo” refers to the efficacy of an inert biological substance (usually, “a sugar pill” or any dummy medication) with any therapeutic activity, the patient takes unaware of its true composition, supposing to swallow a regular drug¹⁵. Interestingly, the placebo effect was already been “described” since ancient times. Homer suggested that the same drug could be more effective depending on the caregiver. If the patient considers the therapist to be an authoritative person or gifted by specific abilities, the outcome may improve. Homer reports that the wounded hero could achieve a better outcome if he is treated by Helen of Troy in person⁹. The “first reported placebo effect” was therefore probably documented by the Ancient Greeks. While the placebo concept is quite popular among modern medical practitioners, the “nocebo” one is not that so. This latter concept refers to the “quality inherent in the patient, not the remedy”¹⁶. As the patient could have “good expectations” toward the pill, he could also have “bad” ones. These clinical observations were also been investigated by neuroimaging studies. Studies on placebo effect implementing Positron Emission Tomography (PET) techniques and pain stimulation reported an activation of endogenous opioid-mediated transmission at anterior cingulate cortex, orbitofrontal cortex and insular lobe, amygdala, nucleus accumbens, periaqueductal grey matter and an activation of dopaminergic transmission at ventral basal ganglia and nucleus accumbens. Dopaminergic activity and opioid transmission at nucleus accumbens were also been reported to be directly related to the placebo response rate. Neuroimaging studies on nocebo effects focused on the activation of dopaminergic endorphinergic transmissions¹⁷. Beside placebo and nocebo effects, another important concept is the one of “polypharmacy”. As stated by Hollister,

the combinations of psychopharms are used far more often than experimental evidence or common sense dictates. Often awkward combinations of

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drugs arise because no one has taken time to evaluate the changing goals of treatment for a patient, but has simply added new drugs to old treatment with psychotherapeutic drugs requires thought, not reflexes¹⁸.

Often “unconscious” elements may also heavily bear on the treatment relationship and outcome. For instance, a patient giving into this dependence shouldn’t discontinue medications, possibly developing symptoms cluster inducing polypharmacy¹⁸. Alternatively, a patient having this dependence may express his anger against the clinician convinced that whatever the doctor prescribes, it will never be sufficient; again, this should further induce polypharmacy. Stating the above-mentioned considerations, the clinicians should have a curious, attentive and open-minded approach to medications, treatments and the “concept of illness”. As wizard-doctors were supposed to do, modern physicians could heal but also damage or even kill the patient. Ambivalent feelings patients could manifest toward the doctor may also lead them thinking that the more the effective, the more the drug could be dangerous (or even life threatening) due to possible side effects.

Ancient psychopharmacology

Among different ages and cultures, various substances were been proposed as remedies. Just to mention few, alcohol, opium, rauwolfia serpentine (dried by roots containing reserpine, an alkaloid with antipsychotic and antihypertensive properties) and others, represented popular remedies for centuries.

The Hippocratic humoral theory influenced most of its contemporary and posterity for centuries. For example, “black bile” impairments were still “diagnosed” during Middle Age and treated with hellebore, or melampodium (literally, “with black roots”) which probably represents one of the first known “ex adjuvantibus” therapies.

In fact, hellebor induced massive evil-smelling black loose stools (considered by ancients as black bile) responsible for melancholia.

The patient's relatives could admire the extraordinary effects of the cure, but most of the treated subjects were not that happy: patients receiving hellebor often became emaciated and the most unlucky ones died for massive "melena" (tarry stool) due to sudden gastric hemorrhages and intestinal bleeding. The toxic herb hellebor was anyway continued till late Middle Age, with the name of "*Christmas rose*". Many legends about the hellebor spread through different places during the Middle Age. Among them, the most popular is probably the one about the shepherd Melampus whose lambs grazed in luxuriant laxative meadows. By observing their feeding, he decided to experiment the herb in human beings; this was been considered among the first reported "animal to human" medical "experimentation". According to the legend, he had a great success, recovering from madness the daughters of Proetus, king of Argos (they were convinced to have reincarnated in heifers). Melampus suddenly became famous among aristocrats as rich people worried for their constipation. He received a courtesy title of "purgative doctor", obtaining the wedding ring of princess of Argos and part of the reign. Actually small doses of hellebor have laxative properties but high doses could be toxic: it is a polyvalent drug that ancient doctors knew to carefully manage (they already observed the "dose-dependent" effect of the "pharmakon"). The Ancient Greek word "hellebor" origins from the two words "ellòs" ("fawn") and "bibroskein" ("eaten"), so it means "plant eaten by fawns". In facts, Fawns were been known to possibly die for excessive assumption of hellebore. The definition of the hellebor is therefore equivalent to the expression "mortal feeding", thus, even hellebor could represent an example of "pharmakon". While an excessive amount of black bile was the cause of melancholia, the yellow one was supposed to be responsible for pathologic mood elevation ("mania"). Aristoteles (384 BC – 322 BC) considered melancholia and mania as "dysfunctions of the body structure"¹⁹. Anyway, the first author linking together the two essential, opposite polarity, moods

was Aretaeus the Cappadocian (AD 81-138): “[...] I think that melancholia is the beginning and part of mania”²⁰. Further investigations on mood disorders were performed during following ages by Galenus (AD 129 ca-200 or 216) considering melancholia due to brain alterations induced by black bile intoxication²¹. Interestingly, Ancient Greeks already observed that many psychic conditions were (also) due to environmental and dietary factors and others. Indeed such valuable observations further stimulated “pharmacological” therapies even during following ages when psychic and somatic conditions were still seen as distinct phenomena. Indeed, the CYP3A-inducing enzymatic effect of hypericum²² was obviously unknown during the Middle Age and for a long time after, however the plant of hypericum was been extensively used with the name of “Saint John’s worth” to treat gout, intestinal bleeding and liver diseases but also, as a “psychopharm”, to “ward off evil spirits” considered responsible for depression²³. Remarkably, recent studies demonstrated hypericum to have potential antidepressant properties provided by one of its active component, the hypericin²³. Hypericum extracts inhibit norepinephrine, dopamine and serotonin reuptake, increasing the concentration and the number of the pre- and post-synaptic serotonergic receptors and strengthening the GABAergic transmission by directly stimulating the GABA (*Gamma-Amino Butyric Acid*) receptors²³. Also, numerous solanaceae family plants, such as atropa belladonna, stramonium (or thorn apple), hyoscyamus (henbane), and mandrago officinalis (mandrake), were invested with therapeutic and magic properties such as sleep-inducing, analgesic, antihistaminic and hallucinogenic ones, related to their anti-cholinergic action exerted both on CNS and PNS. Mandrake, with its dreadful anthropomorphic roots (there was a “male” and a “female” plant), was considered as a magic element and was therefore traded for its supposed aphrodisiacal effects. According to the legend, the mandrake grew “in the shade of the gallows” and “where the tears of people sentenced to death

had fallen” or “in places frequented by witches and demons”. The legend also reports that if uprooted, plant uttered a deadly cry able to make people turn “insane” or dead. To avoid that, a black dog held on leash was employed during the extraction process with magical formula been pronounced on this circumstance which could take place only during specific astral conditions. While Ancient Greeks generally considered psychic and somatic conditions as different manifestations, possibly part of the same illness, following centuries physicians often neglected these observations, mainly due to new religious influences. Yet today it is sometime generically reported by media (in the worst scenario by few doctors too) and others that “psychopharms may hurt”, and “psycho”-pharms could be reported to be completely different from “pharms”. This worrying phenomenon could also happen in the case the “pharm” and “psychopharm” exactly share the same molecule. While most of polyvalent actions by the same active principle were already been reported by Ancient Greeks physicians (usually exerted on “different manifestations of the same illness”), the modern “psycho”- prefix still represents a hard to die cultural limit in modern psychiatry. It is curious to observe how psychopharmacology got its prefix just centuries later it was de facto introduced. Huge scientific progress was been observed since Ancient Greeks age even if sometime patients and doctors still have difficulty in forgetting the “psycho” prefix or in overcoming some limitations of the doctor-patient relationship. Indeed, we need more and we should carefully “study the past to divine the future”.

Conclusions

Ancient Greek mythology and other ancient cultures, independently on ages or regions, often represent a valuable knowledge to a better understanding of modern medicine.

Medicine, as the science aimed to treat pain and illness, always represented a core aspect of human societies. While among most

of ancient civilizations no difference occurred between medicine, mythology and religion, a core separation seems now almost achieved. On the other hand, psychic and somatic conditions could sometime be yet “too separated”.

Surprisingly, most of current feelings patients could experience toward doctors (and vice versa) and toward their prescriptions, were been already investigated and described by ancient myths. This is probably due to the “essential nature” of human needs.

Even if today a scientific approach to medicine, psychiatry and drug therapy is the leading one, ancient medicine and related myths represent a useful tool to enhance compliance and the clinical outcome and should therefore known by a higher number of medical practitioners, especially by psychiatrists.

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