

## CONSERVATIVE TREATMENT OF NASAL NEUROSIS

George H. Drumheller, Everett, Washington, U.S.A.

The nose has an important role in the total process of keeping the organism alive and in full health. Its presence at full functioning capacity has great importance in maintaining the mental health of the individual.

A person's awareness of the quality of his environment depends on the nose to an often unrealized degree. It may give many subtle alertings or early warnings to minute changes which may affect physical well-being or psychic comfort, even during sleep.

Any changes which influence the comfort and reassurance produced by normal respiration, even though they be small, tend toward the production of subconscious fear and anxiety reactions when changes which are usually those of anoxia are of sufficient degree and sudden in onset.

The nose is the most projecting feature of the face and may be a subconscious phallic symbol in women as well as in men. The desirability of a particular nasal contour has changed from time to time throughout the ages. In the past century much effort has been spent reducing the nasal profile from convex to concave. Following World War II some Japanese women sought increased projection of the bony pyramid in the hope of making themselves more "western" in appearance. Recently, we even find persons of western origin who wish more aquiline profiles with the desire of being considered of the "in" group.

Many persons think that by altering their nose they can improve their self image and enhance their public image which they imagine is preventing them from achieving their wished for "success" in life. If their emotional problems persist after corrective nasal surgery has been performed and it does not result in achieving their objective, they not uncommonly develop a nasal neurosis which can be severe.

"Psychorespiration" may be a term used to describe the manner in which the psyche behaves in relation to the various details of function as influenced by structure in the respiratory tract. The psyche may be influenced by sensations from the mucosa which may change with laminar or turbulent airflow, or be blocked out by occluding crusts. Olfactory sensations may help not only in survival (occasionally), but also in the enjoyment of pleasant surroundings, social and sexual relationships, and in the ingestion and digestion of food. The nose is used for respiration during quiet breathing; the mouth for emergency respiration on demand, the determinant factor being the need of the cells of the organism for increased oxygen.

Respiration behaves normally in terms of the work required to maintain normal alveolar ventilation and cellular metabolism. If hypoxia is present it will pro-

duce headache, irritability, restlessness, fatigue, weakness, mental depression and somatopsychic neuroses. The cooperation of the brain in processing the available information through neurosensory mechanisms is interfered with. With a normal cardiorespiratory system the work of breathing is at a minimum, and permits the organism to overcome fatigue and other effects of physical activity.

If anatomical abnormalities prevent adequate conductance, hypoxia will be produced if the work of breathing is not increased enough to overcome the increased resistance. Some individuals will not respond with an increase in respiratory work, but will continue to breathe with a lowered  $O_2$ , increased  $CO_2$ , a respiratory and metabolic acidosis, and a decrease in alkali reserves. Somatopsychic symptoms arise from this response. In children obstruction of the upper respiratory tract by hypertrophied tonsils and adenoids was reported by Jacqueline Noonan to produce hypoxia, hypercarbia, pulmonary hypertension and edema and reversible corpulmonale. This finding has been confirmed by several pediatric groups. It has been suggested that such respiratory obstruction in childhood may result in the Pickwickian syndrome during puberty and early adult life.

Some persons cannot abide having anyone touch their noses while awake; others refuse to have it covered, as in mask making. They will get into a claustrophobic panic and throw the plaster and utensils recklessly about the room until the nose again feels free.

Some patients focus their attention unduly on a mark, hump, an "unattractive" nasal tip, or some similar small blemish. Others have found themselves sexually impotent until after alteration of their nasal profile, when they become sexually active.

Nasal neuroses may arise from any one of six broad causal groupings. These are 1. financial, 2. religious, 3. sexual, 4. marital, 5. occupational, and 6. military obligations. There are as many combinations of such difficulties as it is possible to imagine.

We have, for instance, the example of a wealthy banker who is afraid of losing his money. Of course, most of us know what it means not to have enough money and to worry about this.

Religious problems may revolve around the fact that one member of the family is protestant and the other one catholic, or some other combination which results in mental incompatibility.

We may find instances in which one member of the marriage is sexually promiscuous which causes emotional difficulty for the other. Or dyspareunia may be a source of difficulty. In a patient who complained of severe frontal headaches with the self diagnosis of sinus disease, this was relieved by incision and drainage of a Bartholin abscess which relieved both the painful intercourse and the headache.

Marital problems may depend on too many children, or not enough children; with in-laws interfering with the basic family structure, and causing inadequate adjustment to the marriage partner. If a person is frustrated by having more capability than he can use and is unable to change the situation, or if he is given too much responsibility and is unable to cope with the new found responsibility, he may develop a nasal neurosis. This may also affect persons who take on too many jobs which they are not able to keep up with.



Military obligations are difficult for some young men and women to adjust to. Resultant nasal neuroses are frequent when it is impossible to change or alter their obligation.

Treatment of such a neurosis is primarily one of understanding the basic problem clearly and giving adequate advice and instruction. This may help toward rationalization, or better, by discussion if the patient has proper respect for his physician. Some cases, however, are deep seated, relate to previous experiences and cannot be alleviated without psychopsychiatric help.

### SUMMARY

A properly functioning nose is essential to the mental health of the individual. Nasal alarm reactions may occur suddenly. The nasal form will precipitate neuroses when it does not conform to those standards which the possessor believes to be most desirable. Somatopsychic neuroses may result from hypoxia as a result of reduced neural stimulation in breathing due to crusts or low velocity air currents. Nasal neurosis may arise in the normal course of the pursuit of health and happiness. Treatment is one of understanding of the basic problem and doing something about it.

### RÉSUMÉ

Un nez qui fonctionne convenablement est essentiel à la santé mentale de l'individu. Les réactions nasales d'alarme peuvent survenir soudainement. La forme nasale précipite des névroses quand elle n'est pas en conformité avec ces standards que le possesseur croit être les plus désirables. Les névroses somatopsychique peuvent résulter d'hypoxie, à cause de stimulation nasale réduite pendant la respiration, par des croûtes ou par des courants d'air de basse vitesse. Les névroses nasales peuvent surgir au cours normal de la poursuite de la santé et du bonheur. Le traitement est donc de comprendre le problème de base et de s'en occuper.

1515 Pacific Avenue Everett,  
Washington, U.S.A.