

Psychiatry and Neurology

Carlos Roberto *

Department of Psychology, La Sierra University, California, USA

DESCRIPTION

Psychiatry is that the medicine dedicated to the diagnosis, prevention, and treatment of mental disorders. These include various maladaptation's associated with mood, behavior, cognition, and perceptions. See glossary of psychiatry.

Neurology is that the branch of drugs concerned with the study and treatment of disorders of the system nervosum. The system a nervosum may be a complex, sophisticated system that regulates and coordinates body activities. Its two major divisions: Central nervous system: the brain and medulla spinalis.

DIFFERENCE BETWEEN PSYCHITARY AND NEUROLOGY

For quite 2000 years within the West, neurology and psychiatry were thought to be a part of one, unified branch of drugs, which was often designated neuropsychiatry. Charcot, Freud, Jackson, Bleuler, among many others, thought in terms of a unified study of the brain and therefore the mind, regardless of special clinical and research interests. During the 20th century, however, a schism emerged as each of those fields went its separate way. Neurologists focused on those brain disorders with cognitive and behavioral abnormalities that also presented with somatic signs-stroke,

Parkinson's, then forth-while psychiatrists focused on those disorders of mood and thought related to no, or minor, physical signs found within the neurological examination of the motor and sensory systems—schizophrenia, depression, anxiety disorders, and so on. Surely disorders, conflicting theories emerged about their aetiology and pathogenesis, sometimes engendering negative attitudes among workers in one or the opposite field, including derision and incivility. In academic medical centers, separate departments were formed in neurology and psychiatry that had little interest together in research, teaching, or patient care. Those specialists who supported a more holistic view of those disciplines were fully retreat by midcentury.

Clearly, recent advances in neuroscience make it untenable at this point to understand precisely where to draw the road

between neurological and psychiatric disorders. for instance , it's documented that a lot of patients with paralysis agitans and stroke manifest depression and, in some, dementia. Is there a substantive difference between a toxic psychosis (psychiatry) and a metabolic encephalopathy with delirium (neurology) we've known of those examples for several years? Never and dramatic evidence has come largely through functional resonance imaging and positron emission tomography. Obsessive-compulsive disorder is characterized by recurrent, unwanted, intrusive ideas, images, or impulses that appear silly, weird, nasty, or horrible (obsessions) and by urges to hold out an act (compulsions) which will lessen the discomfort thanks to the obsessions. Increasing the amount of brain serotonin with selective reuptake inhibitors may control the symptoms and signs of this disorder. Evidence of a genetic basis in some patients, structural abnormalities of the brain on resonance imaging in others, and abnormal brain function on functional resonance imaging and positron emission tomography collectively suggest that schizophrenia may be a disorder of the brain.

Nor does all of the neuroscientific evidence linking neurology and psychiatry arise from study of patients. Learning to read by braille can enlarge the brain region responding to fingertip stimulation. Brain imaging research shows that several brain areas are larger in adult musicians than in non-musicians. the first motor area and therefore the cerebellum, which are involved in movement and coordination, are bigger in musicians than in people that don't play musical instruments, as is that the nerve pathway . Discontinuing the utilization of braille or the violin can reverse the functional neuroanatomic connections.

Because of the vast increase in neurobiological knowledge in recent years, and therefore the ever increasing number of disorders (including those mentioned above) once thought to be psychopathological yet now known to be neuropathological, some neurologists might hold close the view that their specialty has now emerged alone because the reigning queen of the medical sciences. If they are doing, we don't accept as true with them. The concept of psychological state the maximum amount quite the mere absence of brain disorder is, we propose, indispensable for neurological and psychiatric practice and care. From our angle of vision, the elemental alliance between

Correspondence to: Carlos Roberto, Department of Psychology, La Sierra University, California, USA, E-mail: annar@yahoo.com.br

Received date: March 22, 2021; **Accepted date:** April 08, 2021; **Published date:** April 15, 2021

Citation: Roberto C (2021) Psychiatry and Neurology. J Foren Psy. 6:e169.

Copyright: ©2021 Roberto C. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

psychological state and brain illness (devoid of the confounding terms brain health and mental illness) because the basis of care derives within the first instance from Aristotle's distinction between efficient causes and final causes. (An efficient cause, or mechanism, is that by means of which something happens; a final cause, or teleological cause, is that for the sake of which something happens.) Neurologists and psychiatrists must have a suitably broad perspective, for theirs is that the domain of

purposeful behavior and intentionality (final causes) that's no less a brain/mind function than sense perception and movement. Clearly, the education of future generations of neurologists and psychiatrists must be grounded in neuroscience, but must equally be focused on those dimensions of professional activity that quintessentially define the work of medical doctors from the neck up.