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Every physician faces daily technical, ethical and intellectual challenges, linked to both diseases treated as sick to attend, the availability or lack of means of diagnosis, treatment and consultations, and the general situation of the institution where it is exercising. But nothing is more disconcerting to the general practitioner and the patient who have unexplained symptoms (Rubinstein, 2013). Symptoms in question do not relate to those presented when still not manifest the pathophysiology of a clinical entity; unexplained symptoms are those that disorient, which do not adhere to the expected evolution, multiply, not consistent with the story that the patient makes his discomfort, manifest protean, rare, ultimately unnatural from the practice to which the general practitioner is accustomed (Agreda & Yanguas, 2001). These symptoms are related to a particular group of patients, known generically as psychosomatic patients, who are often mentioned disparagingly as "diffcult patients"; these patients may generate different feelings in the doctor: frustration, anxiety, boredom, anger, and diffculty in carrying f

indicators that show the presence of a specifc disease entity, which has an etiology, one pathophysiology, clinic, prognosis and treatment given. These indicators arise both from objective evidence of disease (signs) and the subjective perception of the patient about his illness (symptoms). For psychoanalytic theory (Freud, 1900), neurotic symptoms are caused unconscious formations between two conficting desires. Neurotic symptoms are moved symbols and condensate through partnerships, and can only be understood by the free association of analytic treatment. The origin of the neurotic symptom is the return of the repressed. Lacan (1964) described the neurotic symptoms linguistic equivalence: it replaced the condensation and displacement described by Freud by the concepts of metaphor and metonymy. The metaphor (word that condenses and moves to another fguratively), and metonymy (which means one thing with another name that serves as a sign) language form chains through partnerships can lead to decipher the symptom, a incomprehensible metaphor at the start of treatment and understandable to end. In the neurotic symptom, the patient asks about your symptoms. If the patient begins his personal analysis, their questions will take to produce linguistic chains, related to its history and its myths, with favorable results for treatment.

But the psychosomatic patient does not ask himself about his suffering: it falls within the body itself, in isolation from any

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