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General overview of psychosomatic disorders

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Abstract

Generally the term psychophysiological disorder applies to the physical conditions in which events are closely related to bodily symptoms. They can be treated as the products after the biopsychosocial processes. From a psychophysiological standpoint a large number of physical problems have been studied including disorders of cardiovascular, respiratory, gastrointestinal, musculoskeletal and genitourinary systems and as well as the skin. The clinical and informal observations suggest the importance of psychophysiological factors in many of these disorders. Psychiatric morbidity is very common in patients with medical conditions, with a prevalence ranging from 20 to 67 percent depending on the illness. In the field of psychiatry, psychosomatic medicine has been an important area of study and is based on two basic assumptions i.e. there is a unity of body and mind and when considering disease states psychological factors must be taken into account. The concept of psychosomatic medicine has influenced the field of behavioural medicine which approaches to the prevention, diagnosis, and treatment of disease. Psychosomatic concepts influenced the complimentary emergence and alternative medicine, which mainly depends on examining the psychological factors in the health maintenance and in the field of holistic medicine, treating not just his or her illness but the whole patient. Psychosomatic concepts have a great contribution to medical care.

Keywords: Psychiatry, psychosomatic disorders, homoeopathy.

Introduction

The term *psychosomatic* is derived from the Greek word *psyche*(soul) and *soma* (body). Sigmund Freud demonstrated the importance of the emotions and was the principal theoretician to explain about psyche and soma together. He mainly discussed about the mental disturbances and somatic disorders. Psychiatric morbidity has serious ill effects on patients and is a risk factor for their conditions. It is known that depression is both a risk factor and a poor indicator in coronary artery disease. Psychiatric illness worsens cardiac morbidity and mortality. Depressive and anxiety disorders compound the disability. In the context in neurodegenerative diseases such as Alzheimer's or Parkinson's, depression, psychosis, and behavioral disturbances are main predictors of functional decline, institutionalization. Delirium is associated with worst outcomes after surgery, even after controlling for severity of medical illness. Hospitalized patients with delirium are significantly less likely to improve in function compared with patients without delirium. Depression and other mental disorders drastically lower the quality of life and the ability of patients to stick to their treatment. The patient will not be able to hold or tolerate the anxiety of illness and this causes emotional distress which impairs the patient's ability to work on specific areas of life which are important. Walter Cannon (1871-1945) is the first person who directed and structured the relation between stress and disease. He signified that autonomic nervous system primarily sympathetic system make the organism ready for the "flight or fight" response specified by hypertension and increased cardiac output. There can be a significant two fold increase in the hazard ratio of *breast cancer* when they experience the divorce or the death of a husband and even the death of a close relative or friend increased the risk. The scrutiny included some information on reproductive factors, anthropometrics, and lifestyle. It is to be noted that the writers investigated the effect of cumulative exposure of life events.

Gastrointestinal system: Stress induces physiological responses in several gastrointestinal tracts. Stress in esophagus increases resting tone of the esophageal sphincter and increases contradiction amplitude in the distal esophagus.

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These type of responses results in the symptoms that are consistent with globus or esophageal spasm syndrome. In stomach acute stress decreases the antral motor activity, producing functional nausea and vomiting in the small intestine, and also migrating motor function is reduced whereas coming to large intestine, increased mayo electrical and motility activity is observed. These effects in the small intestine and large intestine are responsible for irritable bowel syndromes. (IBS). High rates of psychiatric comorbidity have been demonstrated in patients with contraction abnormalities and functional esophageal syndromes. Globus, dysphagia, chest pain and regurgitation are common symptoms of functional esophageal syndromes. These types of symptoms occur in conjunction with contraction of smooth muscle abnormalities. Not everyone with functional esophageal symptoms show contraction abnormalities. In a study of psychiatric comorbidity in functional esophageal spasm anxiety disorders have been ranked the highest.

Peptic ulcer disease: The early studies of peptic ulcer diseases suggested a significant role of psychological factors in the production of ulcer vulnerability and this effect has been believed to be mediated through the gastric acid acceleration associated with psychological stress. Stressful life events reduce immune responses that results in a higher vulnerability to infection with H. Pylori. Ulcerative Colitis results from psychological disorder of Dependent personalities. Crohn's Disease caused by Preexisting panic disorder.

Cardiovascular Disorders: Psychological risk factors for the development and expression of coronary disease are type A behavior, hostility, anger, depression, anxiety and acute mental stress.

Respiratory Disorders: The patients suffering with Asthma caused by certain personality traits include sensitivity to rejection, emotional liability, intense fear and lack off persistence in difficult situations.

Metabolic Disorders: On the onset of diabetes heredity and family history play a major role, however sudden onset is mostly associated with emotional stress that disturbs the homeostatic balance in persons those results in the disorder. Provoking feelings of frustration, loneliness and dejection are significant psychological factors. Diabetic patients must maintain dietary control over the diabetes. Often these diabetic patients tend to overreact or overdrink self destructively, when they are depressed and dejected and cause their diabetes to get out of control.

Skin Disorders: Presence of psychiatric symptoms like disordered thinking, behavior or perception and stress include various types of dermatological disorders in which skin is the target of perception.

Atopic Dermatitis: Anxiety or depression aggravates the atopic dermatitis by eliciting scratching behavior, and depressive symptoms appear to amplify the itch perception. Psoriasis: is associated with personality disorders including passive-aggressive, obsessive-compulsive personality disorders and schizoid, avoidant personality.

Hyperhidrosis: Prolonged emotional stress leads to hyperhidrosis which further causes secondary skin changes such as rashes, blisters, and infections.

Urticaria: Stress leads to the production of neuropeptides such as vasoactive intestinal peptide and substance P, which forms the source to vasodilation and assist the development of urticarial wheals.

Musculo Skeletal Disorders: Low back pain: Signs and symptoms vary from patient to patient mostly consists of restricted movement, excruciating pain, weakness or numbness and paresthasias, which are accompanied by anxiety, fear, or even panic. Often patients with low back pain report that the pain had begun at a time of psychological trauma or stress, but about 50 percent develop pain gradually over a period of time (in months). most of the patients' reacted emotionally to the pain with extreme anxiety and depression.

Nervous Disorders: Headaches-most headaches are not generally associated with a organicdisease but probably can occur due to emotional stress. Headache is a prominent symptom and can occur so frequently in many psychiatric disorders that includes anxiety and depression.

Migraine (Vascular) and Cluster headaches: Many persons with migraine are perfectionists, overly controlled and mostly unable to suppress sugar.

Tension (muscle contraction) headaches: Stress is generally associated with longer time of contraction of neck and head muscles, which generally construct the blood vessels and result in ischemia. Often an aching pain, sometimes feeling like a tightening band, often begins sub occipital and spread over the head ^[1,2].

Chronic Fatigue Syndrome: Is an example of diagnostic dilemma, a clinical condition in which the patient comprises of extreme tiredness that accompanies with lower concentration, irritability and muscle pain. Chronic fatigue syndrome associated with anxiety, depression, anger and some emotional reactions.

Eating Disorders: People with eating disorders often feel depressed much of time, have low self-esteem and poor social skills and mostly tend to be obsessive and perfectionistic. In young females, most negative life events in the past year involving disruption of family or social relationships have been found ^[3].

Alcohol Dependence: Many people addicted to alcohol to reduce their anxiety and tension, this become the cause of so many somatic disorders ^[4].

Somatoform Disorders: The psychiatric disorders, which shows symptoms of somatic disorders but there will be no provable organic findings are called somatoform disorders ^[5].

Homoeopathy in Psychosomatic Disorders: Hahnemann explained about mental diseases of psychosomatic origin and their treatment 1n 225 to 228 aphorisms. There are arise as a result of prolonged emotional disturbances like

continued anxiety, worry, vexation, frequent occurrence of greatest fear and fright etc. such mental disorders if left untreated may develop fully into corporeal diseases. They can be treated by means of psychological remedies like confidence building, sensible advice, friendly exhortation. This can be always supported by good diet and regimen. Here the fundamental cause is always psora. Hence anti-psoric radical treatment should be given for permanent relief [6].

Conclusion

Along with Homeopathic treatment, a large number of physicians working with patients having psychosomatic disorders, try to encourage the patient in a way to change their behavior that helps in the process of healing this requires a change in life style and be more of a specific behavioral change.

Conflict of Interest:

Not available

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