



**A SURVEY - INFLUENCE OF PSYCHIC FACTORS IN GASTRO
INTESTINAL UPSET**

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ABSTRACT

In Ayurvedic classics the basic approach to the concept of health is essentially psychosomatic in nature. *Manasikbhava* (Psychic factors) plays an important role in etiopathogenesis and symptomatology of psychic and psychosomatic disease conditions. Psychic factors – *Kama* (desire), *Krodha* (anger), *Shoka* (grief), *Bhaya* (fear), *Irshya* (envy) etc. within physiological limit can be defined as *Manasikbhava* whereas crossing the physiological limit these are termed as *Manasikvikara* or Psychic disorders. Patients with different Gastro Intestinal symptoms evaluated by psychological factors (*Manasikbhava*) described in *Charak Samhita Vimanshan* and Modern Parameter like Brief psychiatry Rating Scale, Hamilton Anxiety Rating Scale and Hamilton Depression Rating Scale. Significant number of patients definitely has complaint of symptoms related to stress such as 77.33% patients with increase negative emotions like *Shoka* and *Chinta*. 100% patients were somatic concern and have somatic GIT symptoms. 96.67% were having anxious mood, tension and insomnia whereas 93.33% have depressed mood. These patients may need counselling or psychological therapy rather than dietary advice and medicine which merely mask the symptoms.

Keywords: Gastro Intestinal Upset, Psychic factors, Stress

INTRODUCTION: In Clinical practice wide variety of Gastro intestinal upset is one of the most common condition encountered having intestinal motility disorder, gaseous distension, dyspepsia, hyperacidity, nausea, vomiting, Flatulence, presence of mucus in stool, incomplete evacuation that place a substantial burden on patients and society. These symptoms are chronic, some time sever and often respond poorly to treatment with traditional approaches resulting in reduced quality of life. Life is the complex union of *Sattva*, *Atma*, and *Sharira*. Thus, mind, body and soul influence each other.¹ *Acharya*

Charaka has greatly emphasized the need of healthy mind for maintenance of good physical health. Description like *Achara Rasayana* and *Sadvritta* (Code of Conduct to live healthy life²) are available in literature to illustrate the psychosomatic approach for prevention and treatment of a disease. There are some examples of psychosomatic disorders in Ayurvedic texts.

1) People with worry, tension, anxiety, fear, grief etc. have different Gastro intestinal disease.

*Pathyam cha Annam Na Jeeryate....*³

Dusti of Mana or Agni leads to Indigestion⁴

- 2) It is recognized that in the case of lust (*Kama*) and anger (*Krodha*) pulse – a somatic factor is rapid⁵
- 3) *Shoka, Bhaya* etc. cause *Vata Prakopa*⁶ *Vayu* is the cause of enlivenment (*Utsah*) and excitement (*Harsha*). When the *Vayu* becomes abnormal in the body it dejects the mind⁷
- 4) Derangement of *Vata* in *Pakvashaya* (intestine) especially of *Apana Vayu* leading to symptoms of pain in abdomen, altered bowel habits (Constipation or diarrhea), gaseous distension. Vitiation of *Saman Vayu* leads to *Mandagni* and *Kledaka Kapha Dusti* which cause unformed stool with mucus, Loss of appetite, nausea and vomiting.⁸

MATERIALS AND METHODS: In the study the survey of 30 patients having clinically gastro intestinal symptoms was conducted to find out psychological disturbances in these patients from OPD and IPD of *Kyachikitsa* Dept., I.P.G.T. & R.A. Hospital, Jamnagar irrespective of their age, sex, religion, etc. Special research proforma had been prepared and detail history taking and examinations of patients was done. Influence of psychological factors interfering in the disease was assessed on standard 22 *Manasikbhava* (Ayurvedic parameters) and their methods of examinations by scoring objectively⁹. Mental health of the patient was evaluated on the basis of Brief Psychiatry Rating Scale¹⁰ along with Hamilton Anxiety Rating Scale and Hamilton Depression Rating Scale.¹¹

OBSERVATION: Out of 30 patients , maximum patients (53.33%) belongs to the age group between 30 & 40 years, 63.33% male followed by female (30.67%), 83.33 patients Hindu followed by 16.67% Muslim, 30% house wife followed by 26.67% laborer & 16.67% servicemen, 80% mar-

ried,33.33% primary educated 23.33% graduates, 43.33% from lower middle class,36.67% middle class, 63.33% had history of *Vishamashana*, 30% *Viruddhashana*. *Mandagni* was observed in maximum number of patients (56.67%), followed by *Vishamagni* (30%). Addiction was found for Panmasala (30%), Alcohol (23.33%), tobacco & smoking (13.33% each).Maximum patients had disturbed sleep (70%) and *Alpa Nidra* (63.33%). Irregular dreams (70%) followed by fearful dreams (26.67%). Maximum number of patients (26.67%) were of *Vata -Pitta Prakriti*, 66.67% were having *Rajasa Prakriti*. Whereas 40.0% were unsatisfied towards job, 56.67% belonged to joint family and 66.67% were having unsatisfactory relation with family members. Maximum patients were having family history for anxiety (66.67%) and tension (60.0%). Maximum patients were having financial problem (63.33%) and unsatisfied social relation (56.67%).

Maximum patients (73.33%) were having pain in abdomen, diarrhoea or constipation, gas & flatulence and 66.67% had presence of mucus in stool, dyspepsia (50.0%) followed by heartburn found in 43.33% patients.

Manasika Bhava: Maximum patients were having history of increased negative emotions like 73.33% each were having *Shoka* (sorrowness) and *Chinta* (worry), 60.0% *Dvesha* (revenge), 56.67% *Bhaya* (fear), 53.33% each had *Krodha* (anger) and *Vishada* (depressed mood). While on other hand decrease in positive emotions was observed like 70.0% had decreased *Shradhha* (good attitude & interest), 66.67% each *Harsha* (cheerfulness), *Priti* (happy & pleased), *Dhairy* (no fear or sorrow at any cause), and *Avasthana* (always confident & stable in perception) and 60.0%

patients had decreased *Virya* (starts & works very quickly).

Brief Psychiatry Rating Scale: Maximum patients had somatic concern (100%) followed by Anxiety (93.33%), Tension (90.0%), and Depressed mood was found in 86.67% patients.

Hamilton Anxiety Rating Scale: Maximum patients (100%) were having gastro-intestinal symptoms followed by (96.67%) anxious mood, tension, insomnia and 90.0% patients had depressed mood.

Hamilton Depression Rating Scale: Maximum (100%) patients were having somatic symptoms of GIT, insomnia and anxiety somatic, while 93.33% had depressed mood and 90.0% patients had less work interest and activities.

DISCUSSION: In present study maximum numbers of patients (53.33%) were traced between 30 & 40 years. At this age individual are more prone to develop emotional, personal and social stress which might cause Gastrointestinal upset. Maximum patients were male (63.33%) followed by female (36.67%). May be due to in India more men seek treatment for disease than woman. Maximum patients were house wife (30%) followed by labourer (26.67%) and servicemen (16.67%). It may be because of excessive family responsibilities and up to some extent being lonely at home and a thought of being not attended. Though labour worker and servicemen were also prone to disease due to stress, excessive hard work and improper health care might have contributed. The married persons (80%) might have problems with family or life partner leading to stressful life. Majority of patients be-

longed to lower middle class (43.33%) followed by middle class (36.67%). The patients had addiction of alcohol, tobacco, smoking and Panmasala perhaps to relieve tension. But it whips up the sympathetic nervous system unnecessarily when taken in large quantities on a regular basis. It spoil whole digestive system. Stress is a known factor disturbing the sleep. In this study more patients reported disturbed sleep followed by *Alpa Nidra*. Though maximum patients had occupation but majority of them were unsatisfied towards their job. Similarly, maximum patients belonged to joint family and amongst them 66.67% had unsatisfactory relation with family members. Maximum patients had family history of anxiety (66.67%) and tension (60%). Maximum patients had financial problem and unsatisfied social relation. This indicates the stressors triggering the Gastro intestinal upset.

It is true that a significant number of patients do have complaint of related to stress such as fatigue, depression, anxiety, inability to sleep and marital and emotional problems. It is not clear whether stress alone causes Gastrointestinal upset but it is doubtless that it can exacerbate it. Individual seem to respond to stress rather differently. Some people immediately go off their food when they face stress while other tends to eat more as a form of emotional compensation. Stress can inhibit digestion with resultant constipation or it can trigger attack of hyperacidity or diarrhoea. So it is true that any kind of psychological stress intensify the normal contraction of the intestine.

Social situation and Stress factor wise distribution of 30 patients

Social situation and Stress factor	Total Patients	%
Housing	18	60.0

	Unsatisfied	12	40.0
Social relation	Satisfied	13	43.33
	Unsatisfied	17	56.67
Financial problem	Yes	19	63.33
	No	11	36.67

Symptoms related to Gastrointestinal Upset of 30 patients

Symptoms	Total Patients	%
Abdominal pain	22	73.33
Constipation /Diarrhea/Both	22	73.33
Presence of mucus in stool	20	66.67
Gas & Flatulence	22	73.33
Sense of incomplete evacuation	12	40.0
Dyspepsia	15	50.0
Heartburn	13	43.33
Nausea/ Vomiting	5	16.67

Manasikbhava reported in 30 patients of GI Upset

Manasikbhava	Total Patients	%
Increase Negative emotions	<i>Bhaya</i>	17
	<i>Shoka</i>	22
	<i>Krodha</i>	16
	<i>Chinta</i>	22
	<i>Raga</i>	5
	<i>Dvesha</i>	18
	<i>Vishada</i>	16
	<i>Moha</i>	10
	<i>Manasa</i>	12
Decrease Positive emotions	<i>Harsha</i>	20
	<i>Priti</i>	20
	<i>Virya</i>	18
	<i>Shraddha</i>	21
	<i>Dhairyा</i>	20
	<i>Dhriti</i>	5
	<i>Medha</i>	12
	<i>Avasthana</i>	20
	<i>Upadhi</i>	12

Brief Psychiatry Rating Scale reported in 30 patients

Symptoms	Total Patients	%
Somatic concern	30	100
Anxiety	28	93.33
Emotional withdrawal	20	66.67
Conceptual disorganization	5	16.67

Guilt feeling	9	30.0
Tension	27	90.0
Depressed mood	26	86.67
Hostility	10	33.33
Suspiciousness	1	3.33
Motor retardation	2	6.67
Uncooperativeness	4	13.33

Hamilton Anxiety Rating Scale reported in 30 patients of GI Upset

Symptoms	Total Patients	%
Anxious mood	29	96.67
Tension	29	96.67
Fear	18	60.0
Insomnia	29	96.67
Intellectual (cognitive)	16	53.33
Depressed mood	27	90.0
Somatic (Muscular)	18	60.0
Somatic (Sensory)	9	30.0
Cardiovascular Symptoms	7	23.33
Gastrointestinal Symptoms	3	10.0
Respiratory Symptoms	30	100.0
Genito Urinary symptoms	2	6.67
Autonomic Symptoms	21	70.0
Behavior at interview	10	33.33

Hamilton Depression Rating Scale reported in 30 patients of GI Upset

Symptoms	Total Patients	%
Depressed mood	28	93.33
Feeling of guilt	2	6.67
Suicide	2	6.67
Insomnia	30	100.0
Work interest and activities	27	90.0
Retardation	7	23.33
Agitation	3	10.0
Anxiety psychic	24	80.0
Anxiety somatic	30	100.0
Somatic symptoms GIT	30	100.0
Somatic symptoms general	15	50.0
Genital symptoms	2	6.67
Hypochondriasis	15	50.0
Loss of weight	1	3.33
Insight	5	16.67

CONCLUSION: On the basis of this study, it can be concluded that the gastro-intestinal upset has strong psycho-somatic base as *Manasikbhava* like *Shoka*, *Chinta*, *Bhaya* etc. are observed to be playing a vital role in the etiopathogenesis and exacerbation of the disease. Hence the type of drug/therapy should be recommended in such a way so that it can pacify these disturbed *Manasikbhava* acting as stressor to correct the deranged psychosomatic set up, resulting in regulating the bowel motility.

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