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Established under Govt. of Sikkim, Act 9 of 1995, recognized under 2(f) of the UGC Act, 1956

# SMUMedical Journal

Indexed in SIS (USA), ASI (Germany), I2OR & i-Scholar (India), SJIF (Morocco) and Cosmos Foundation (Germany) databases. Impact Factor: 3.835 (SJIF)

ISSN : 2349 – 1604 (Volume – 4, No. 2, July 2017) Article of Interest

## Reflexion of Emotional Disorder Upon the Physical Health

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Manuscript received : 21.05.2017

Manuscript accepted: 19.06.2017

### Abstract

There is little doubt that many chronic diseases originate from persistent mental disturbances like feelings of anger, mental stress, anxiety and depression. Psychosomatic disorder is the illness where emotional factors produce physical symptoms. Irritable Bowel Syndrome, Psychogenic vomiting, Psychogenic vertigo, Functional indigestion, Habitual hyperthermia, Psychosomatic cystitis, Chronic pain syndrome, Sexual dysfunction are the common psychosomatic disorders. In this age of globalization and superfast life style the incidence of psychosomatic disorder is increasing rapidly. Research oriented findings show that emotional problems are playing an important role in

the genesis of any dermatitis. Man's mind and body cannot be separated. Thus physical illness and mental illness are interrelated. So during the process of treatment of any chronic disease, information regarding mental condition of the patient is very important.

**Key words:** Mental illness, Physical illness, Psychosomatic disorder, Emotional disorder, Anxiety, Depression, dermatitis.

### **Introduction**

Some thirty thousand years ago, the cave-man came to show the shape of modern man. Like other animals men did not remain satisfied with eating, sleeping, copulation and such other normal biological activities for a long period. Man ran to unveil the mystery of nature and to explain logically every phenomenon of nature. Through discoveries, inventions and technological advancement men tried to protect themselves from natural calamity and succeeded to a great extent and continued to enjoy themselves with the temporal bounty. Demand and want in man grew unlimited, unrestrained and uneven. There appeared greed, impatience, avarice, abhorrence, envy and restlessness in the mental sphere of human being which gave rise to various type of mental and physical illness. Hahnemann, the founder of homoeopathy, commented in the *introduction* of his book '*Organon of Medicine*', "*In a crude state of nature but few remedial agents were required, as the simple mode of living admitted of but few diseases; with the civilization of mankind in the state, on the contrary, the occasions of diseases and the necessity for medical aid increased in equal proportion*"[1].

### **Importance of collecting information regarding mental state of the patient during case recording**

It is found by keen observation that anxiety, pessimism, depression,

malaise, mental stress etc. can import physical run down of an individual. Construction of brain and function of mind in man are different from those in other animals. Mental aberration of man-family casts influence on the body. This may be the exclusive characteristic of man-family. With this concept, during the process of recording case history it is necessary to collect comprehensive history of the patient suffering from chronic diseases. The history must needs include information about physical constitution of the patient, his moral and intellectual character, his mental condition, his occupation, mode of living and habits, his social and domestic relations, his sexual function etc. Current research aims at establishing the fact that mental disharmony is responsible for many chronic diseases. It is detected in recent times that disturbance in mental balance tells upon proportion of secretion of organic chemicals like hormones and enzymes which ushers in disorder of physical health. That is why during the process of treatment of any chronic disease, information regarding mental condition of the patient deserve prime looking-into.

**Physical illness originated from or modified by emotional disorder:**

There is little doubt that many chronic diseases originate from persistent mental disturbances like feelings of anger, mental stress, anxiety and depression.

Emotional disorder can be grouped on the basis of four main basic states of mood like a) depression [sadness] b) elation [joy, mania], c) anxiety [fear, panic] and d) anger [irritation, rage]

Depression produces significant disturbance in physical health by poor

appetite and weight loss or increased appetite and significant weight gain; insomnia or hypersomnia; aversion in sexual drive ; low energy and fatigue. [2].

Anxiety or panic attack is manifested by dyspnoea, palpitation, chest pain, choking or smothering sensation; dizziness, vertigo or unsteady feelings; tingling in hands and feet; hot and cold flashes; sweating, faintness, trembling or shaking; frequent urination, diarrhea discomfort in the pit of the stomach; lump in the throat; cold and clammy hands, dry mouth; flushing, pallor; high resting pulse and respiration rate etc[3].

**Common Psychosomatic Disorder found in daily practice:**

Psychosomatic disorder is the illness where emotional factors produce physical symptoms.

- 1) *Irritable Bowel Syndrome*: Psychological stress may be one of the significant causes of irritable bowel syndrome. Depression, hysteria, and obsessive-compulsive traits are common psychological disturbances frequently trigger in exacerbation of Irritable Bowel Syndrome[4].
- 2) *Psychogenic vomiting*: Vomiting which is associated with psychic disturbance on a temporary basis or more persistently is termed as Psychogenic vomiting. Anorexia nervosa, an emotional disorder is generally associated with vomiting[5].
- 3) *Psychogenic vertigo*: It is usually a concomitant of agoraphobia (fear of large open spaces, crowds or leaving the safety of home). The patient does not want to go out and remains housebound. Vertigo without nystagmus (involuntary and jerky repetitive movement of the eyeballs) confirms the

- 4) psychogenic vertigo[6].
- 5) *Functional indigestion*: Psychological factor may lead to symptoms of indigestion. Pathological findings are nil[7].
- 6) *Habitual hyperthermia*: The patient may have temperature ranging from 99°F to 100°F regularly or intermittently for years. There is no evidence of organic disease. Symptoms of psychoneurosis like fatigability, insomnia bowel distress, vague aches and headache are detected[8].
- 7) *Psychosomatic cystitis*: A very common problem of middle- aged and older women but the cause is unexplained. The pain is usually vague, aching in nature and in the lower abdomen or vagina. There is daytime frequency without nocturia. It is also called functional bladder syndrome [9].
- 8) *Chronic pain syndrome*: Depressive symptoms and somatoform disorders are generally associated with *chronic pain syndrome*. It is found that the patients with depression show low pain threshold. A chest pain might be caused by stress and no physical disease is found. Patients need frequent reassurance that their pain is not serious and management is therefore primarily supportive[10].
- 9) *Sexual dysfunction*: Anxiety and depression are the common cause of impotency. Psychological factors such as disinterest in the sexual partner, fear of sexual incompetence, worry, mental stress, fatigue may lead to

sexual dysfunction[11].

Other physical diseases might be modified by mental factors such as anxiety and stress, includes hypertension, peptic ulcer, cardiac disorder, asthma, psoriasis, diabetes mellitus etc.

**Emotional disorder and skin disease:**

The skin is the visible reflector of emotion and psychological disorder being just like a sensitive photographic plate on which emotional states such as anger by flushing, embarrassment by blushing and fear by paleness etc. are reflected.

Obermayer [12] on the basis of few clinical clues concludes that emotional problems are playing an important role in the genesis of any dermatitis. For example, pruritus is often utilized as a tension outlet. In atopic dermatitis, feeling of anger or guilt may be released through scratching. Urticaria can be an outlet for suppressed anger about unjust life situations. Rosacea may be a sign of the individual's feeling of inferiority and guilt in relation to handling problems arising at work. In hand dermatitis [dyshidrosis], vesiculation frequently follows anxiety situation within 24-28 hours. Psychiatric investigation of the more common dermatologic condition by Wittkower and Russel also coincides with Obermayer's view. Effective treatment may be obtained only by psychotherapy.

Emotional difficulties early in life lead to 'alopecia areata' of severe form where the scalp, beard and body hairs are involved. Griesmer R.D. [13] in his survey regarding the incidence of emotionally triggered dermatitis on 4,576 patients found that the eruptions of about 34 percent were apparently

precipitated by stress. The eczemas and acne clearly were not only very frequently seen, but also their exacerbation seemed to have occurred after stressful situations in over half the patients; atopic eczema and hand eczema seemed to have been emotionally triggered in three quarters of the cases.

### **Conclusion**

Patient's mental condition gives reading of healthiness, stage of illness and order of convalescence, because mental mirror reflects rays of light of life force. Man's mind and physique cannot be separated in different water-tight compartments. Hence when a person becomes ill, both body and mind are affected. There is no dividing line between mental illness and physical illness. They are nothing but two faces of same coin. Physical illness may play an important part as a causative factor for any mental illness. Similarly it is now clear that emotion may play an important role that causes or aggravates many physical illnesses. In this age of globalization and superfast life style the incidence of psychosomatic disorder is increasing rapidly. Therefore all the true practitioner of healing art irrespective of different branches must need to give attention to the patient as a whole. The physician should consider that the whole patient is ill. Dr. P. Sankaran rightly said that, *what the physicians see is only the local manifestation of the illness which again may be the ultimate result of some cause or combination or series of causes affecting the individuals. The manifestation may be localized, and the pathology may show itself in particular organs or tissues or locations but it is the whole patient who is ill.* [14]

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