

Implications of stress on G-I Tract - A case study on mind-body connection.

Mrs.Ancy Mathew MSc,

Counseling Psychologist, S&H Department, P.E.S.Institute of Technology, Bangalore, India.

Abstract: Chronic non specific vomiting is a problem that frustrated the doctors as well as the client. Dr.Sarno M.D. (New York University's Rusk Institute of Rehabilitation) argued in his four books and several journal publications that "we believe that a mind-body approach is more effective and involves less risk and less expensive than other approaches in appropriately diagnosed cases."

Objective: To determine if a mind-body treatment program addressing a presumed psychological ideology of nonspecific cyclic vomiting syndrome merits further research.

Design: A Case study.

Setting: The PESIT Center for Counseling and Guidance, Bangalore.

Interventions: A structured work book, Psycho-social education, diet therapy and individual counseling and integrative mind-body therapy.

In this study the author examined the diagnostic results of all investigations to rule out any pathological cause for the persistent non specific cyclic vomiting and there by the individuals incapability to function fully as a person. Also examined and measured the results of treatment programmes derived for a psychosomatic (mind-body) approach to diagnosing and treating chronic non specific cyclic vomiting. The new paradigm is that a significant portion of nonspecific vomiting is psychosomatic, in the sense that its etiology is both psychological and physiological with the original cause being described at this time in psychological terms. This study does not however identify which aspects of the program were instrumental in producing the results. This would require more sophisticated multiple clinical trials.

Key words - case study, counseling, psychosomatic, mind-body therapy, non specific vomiting.

1. Introduction:

The mind-body connection entails that the mind can play a role in positively or negatively influencing an individual's body as well as physical health. The body responses are not just caused by body response alone; there is interplay between the mind and the body. However, recurring stress can manifest in some physical illnesses. The power of the stream of energy between mind and body is very high. Our body contains Neuropeptides and each time we think a thought, different chemicals go through the body. These chemicals are either boosting our immune system or weaken our immune system. Its all-thinking responsible for these responses of the body.

Chronic non specific vomiting is a problem that frustrated the doctors as well as the clients. Dr.Sarno M.D. (New York University's Rusk Institute of Rehabilitation) argued in his four books and several journal publications that "we believe that a mind-body approach is more effective and involves less risk and less expensive than other approaches in appropriately diagnosed cases."

The mind can influence body in many ways. Some people can actually make themselves sick just by dwelling on something. Worry, sadness, hatred are three things that can weigh on a person's mind so much that it can cause a physical illness like cancer (Article Source: <http://EzineArticles.com/4498329>, By Herb Leibacher)

The mind could manifest somatic symptoms during psychological distress (Alexander 1956; Salk 1962; Solomon and Moss 1964; Wolf and Goddell 1968; Selye 1976; Engel 1977 ;)

By the 1980s, the study of psychosomatic medicine had revealed new sets of observations that cognitive processes, neurobiology, and the immune system were functionally integrated ((Ader, 1981; Rogers, Dubey, & Reich, 1979, Sklar & Anisman, 1979; Solomon and Amkraut, 1981, Stein et al., 1976).

By the 1990s, PNI research had discovered the anatomical link between the central nervous system and the immune system, and provided evidence that immune reactions could be learned and that they influenced behavior.

The Institute of Neotic Sciences (IONS) had collaborated on and assembled dozens of studies on spontaneous remission, placebo affects, and multiple personalities, a collection that identified some of the most compelling evidence of a mind-body healing connection. George Solomon – Correlations between stress, personality, emotions, and outlook on autoimmune disease progression. Norman Cousins – The "will to live" as placebo-induced recovery and "laughter therapy," both demonstrating emotions influence on healing.

Jamie Penne baker – Correlation between journaling, a stress-reducing form of emotional expression, and immune system activity.

Candice Pert – The body's ability to produce its own "mood-altering" drugs, called neuropeptides, in response to pain, stress.

Physical symptoms are the outward expression of the mind's secrets, and that revealing those secrets can heal, whether the revelation takes place in the confession box or on the analyst's couch (Harrington, 2008)

I. Objective:

To determine if a mind –body treatment program me addressing a presumed psychological ideology of nonspecific cyclic vomiting syndrome merits further research.

II. Presenting problem

As if (name changed) a 19 year old, thin, exhausted, second semester Engineering student came voluntarily for counseling on a morning. He experienced high levels of anxiety and stress which he coped with by vomiting whatever he consumes.

III. Essential case information

Asif belongs to a lower middle class family and is the only son of his parents. Father works for a private company and earns Rs.6500 a month, mother a home maker. Staying in a small rented house. He was in good relationship with parents. As per him as well as per the medical records shown to me he had visited few reputed hospitals and had met more than three gastroenterologists and was on medication since past one year. In spite of all medications, the vomiting was persisting and was making life difficult. He was fed up of the whole situation and wanted to put an end to this misery. Didn't have any hope in life. Investigation reports including MRI revealed no pathology. Even his family had been resorted into spiritual superstitions like casting the evil out by making him drink something-the spiritual way. This chronic non specific vomiting problem had frustrated the doctors as well as the family members.Asif had no other strategies in place to cope up with his negative thoughts and feelings

Further empathetic listening revealed that Parents were into chit fund business and lost it sometime back. Debtors kept coming home almost every day. Many used to come demanding their money especially at night. Verbal abuses were common and frequent. They were able to settle very little amount of interest a month to hardly one chit member. This was a common phenomenon. The family felt very stressed out day by day and he felt sick vomiting whatever he consumed or even if not consumed, He also felt very tired, felt pulsation on the abdomen, butterflies in the stomach and disturbed sleep. Used to feel scared when alone. Felt something very serious was happening in his body. Thoughts of hopelessness and helplessness kept increasing leading to the thoughts of ending life.

Previous academic scores were excellent: SSLC 91%, PUC 92% B.E 1 semester 8 CGPA.

IV. Session content

Initial rapport was established. I shared an unconditional positive regard and projected a deep empathetic understanding. Then the completion of the counseling and guidance diary revealed the following experiences.

Feeling of hopelessness/ helplessness

Change in sleep, appetite and energy level

Scared when alone

Thoughts of suicide

Weight/body image concerns.

Serious illness, past or present/ on any medication

Listed the concerns according to his priority as:

Most important is ___4 (Thoughts of suicide)

Next important is ___6 (Serious illness, past or present/ on any medication)

Next important is ___2 (Change in sleep, appetite and energy level)

Next important is ___1 (Feeling of hopelessness/ helplessness)

Next important is ___3 (Scared when alone)

Next important is ___5 (weight/body image concerns)

I examined Asif's environment, behaviors, immediate needs and coping strategies and the following issues were identified:

High levels of anxiety and stress
Non specific vomiting episodes
Poor financial situation
Lack of personal support system
Low stress coping strategies

V. Plan

I then worked with As if to outline a plan which involved the following strategies.

Help him understand in recognizing emotions and understanding why he had them. Also facilitate to sort out the negative feelings and find their causes. Teach him how to reframe positive talks and utilize his strengths. Goals were set in clear measurable terms that allowed for periodic evaluation of progress.

Pranayama (Relaxation exercise) taught to be practiced daily

Diet therapy

Help to build a network of support (financial as well as social)

Cognitive restructuring: Helped him to identify irrational thought process and replaced it with a more functional belief system (examine the Evidence and Thinking in shades of grey), Ellis as cited in Dryden and Golden 1986.

Psycho-social education: The connectivity of Mind and body.

He regained energy, now no vomiting absolutely. Helping few fellow students in their academics.

VI. Conclusion

In this study the author examined the diagnostic results of all investigations to rule out any pathological cause for the persistent non specific cyclic vomiting and there by the individuals incapability to function fully as a person. Also examined and measured the results of treatment programmes derived for a psychosomatic (mind-body) approach to diagnosing and treating chronic non specific cyclic vomiting. The new paradigm is that a significant portion of nonspecific vomiting is psychosomatic, in the sense that its etiology is both psychological and physiological with the original cause being described at this time in psychological terms. This study does not however identify which aspects of the program me were instrumental in producing the results. This would require more sophisticated multiple clinical trials.

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