

UNDERSTANDING PSYCHOSOMATIC DISORDERS THROUGH THE LENS OF AYURVEDA

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ABSTRACT:

Psychosomatic disorders are the conditions which involves both mind and body. For some people psychological illnesses can manifest as bodily illnesses. Similarly, some physical diseases are thought to be worsened by mental factors such as stress and anxiety. It is termed psychosomatic because the initial cause of such a disease, centers around the psyche and the manifestations are obviously somatic. Psychosomatic diseases may manifest in almost any part of the body. Though they are usually found in systems not under control of voluntary systems. Research suggests that specific personality traits and specific conflicts may create particular psychosomatic illnesses, for instance, a peptic ulcer disease is initiated in the form of psychic stress that ultimately results in the formation of a gastric or duodenal ulcer, which is very much a somatic presentation. Psychosomatic diseases resulting from stress includes Hypertension, bronchial asthma, pelvic pain, gastrointestinal disorders, tension headaches, migraine, impotence, dermatitis and frigidity etc. Ayurveda has a significant role to play to combat these disorders.

Keywords: Bronchial Asthma, Frigidity, Peptic ulcer, Psychosomatic disorders, Psycho-physiological disease etc.

INTRODUCTION:

Psychosomatic disorder is also called Psychophysiologic disorder, a condition in which psychological stress adversely affects physiological (somatic) functioning of the human body. A psychosomatic disease results from continued stressful state, in other words psychosomatic disorders is used when perceived stressors-mental events increase the susceptibility of the body to the disease¹. Here inappropriate launching of the involuntary nervous system and the glands of internal secretion causes dysfunction or structural damage in bodily organs through brain. A classical stress response consists of increased production of neurohumours, hormones, especially the cortisol and catecholamines leading to a series of resultant physiological and metabolic changes. When such a response overrides a limit, it starts producing irreversible changes in the body and thus precipitates a psychosomatic disease.

PSYCHOPHYSIOLOGICAL SEQUELAE OF ACUTE AND CHRONIC EMOTIONAL ACTIVATION:

Psychosomatic symptom emerges as a physiological concomitant of an emotional state. In a state of rage, for example, the angry person's blood pressure is likely to be elevated and his pulse, cardiac output and respiration is likely to be amplified. When the annoyance passes away, the discriminating physiologic processes usually subside. If the person has a persistent inhibited aggression (chronic rage), however, which he is unable to express overtly, the emotional state remains unchanged, though unexpressed in the overt behavior, and the physiological symptoms associated with the angry state persist. With time, such a person becomes aware of the physiological dysfunction. Very often he develops concern over the resulting physical signs and symptoms.

HISTORICAL AND PSYCHOANALYTIC PERSPECTIVES OF PSYCHOSOMATIC DISORDERS:

In the late 19th century, many physicians from Europe and in US believed that, gynecological problems produced by hysteria and other forms of mental illnesses. As a result, gynecologists performed surgery to treat hysteria and insanity including removal of healthy ovaries. Widespread availability of gynecological surgery in United States also led women to request such surgery to relieve Psychosomatic symptoms. In this history of psychosomatic illness, Shorter notes that some Americans are "addicted to surgery" was due to practitioners convincing the public that vague physical symptoms were due to reflex phenomena from peripheral organs. Sigmund Freud (1900) said, somatic involvement occurs in conversion hysteria which is psychogenic in origin e.g. paralysis of an extremity².

In the 19th century, hysterical fits were the most common form of motor hysteria. There were two primary forms: Catalepsy and uncontrolled motor activity such as thrashing about. The psychiatrist Pierre Briquet described over 400 women with hysterical conversion disorders whom he had evaluated at the Pitie Hospital in Paris from 1849 to 1859. Many had multiple unexplained somatic complaints; the diagnosis of Briquet's syndrome ultimately developed into the current diagnosis of somatization disorder. Hysterical paralysis, often due to stressful life events, was apparently quite common through the 19th and early 20th centuries. Louis Verhaeghe, a spa physician in Belgium wrote in 1850. How often do we see patients with paralyzed arms, legs and side of the face or even a more limited area such as one or two fingers, problems attributable to an unequal distribution of nervous fluids. It is individuals of a pronounced nervous temperament subject to hysterical fits, somnambulism, persons subject to shameful habits, or who abuse the pleasures of love who are most likely to experience this paralysis.

Alexander postulated that, in a passive dependent person without someone to satisfy his or her dependence, stress is created. That particular stress may stimulate and keep alert the parasympathetic nervous system, which means that too much gastric acid is secreted and gastric hyper motility results, all of which may lead to a peptic ulcer. Another dependent person with a different genetic set may, in repressing conflict and simulate parasympathetic over functioning through pathways leading to colitis or asthma. Still other dependent, in seeking to move beyond dependency, incorporate the stress; such a move entails overstimulation of the sympathetic system, and the resulting chronic alertness produces migraine, hypertension or arthritis. Karen Horney emphasized the influence of culture in the development of psychosomatic illness. They thought that culture influences the mother who, in turn affects the child in her relationship with the child – e.g. nursing³.

CLINICAL MANIFESTATIONS AND PSYCHOPHYSIOLOGICAL ASPECTS OF PSYCHOSOMATIC DISORDERS:

Psychosomatic disorders may affect almost any part of the body, though they are usually found in systems not under voluntary control. The research literature suggests that psychological difficulties are common among patients with pain. Left undetected and untreated, these difficulties may impede a patient's progress in treatment and lead to long-lasting symptomatology.

Hypothyroidism, pulmonary disease, renal disease and liver disease may present with symptoms resembling those of heart failure, e.g. shortness of breath, oedema, fatigue. Psychiatric diseases must be included in the differential diagnosis of heart failure. Fatigue and low energy may be presenting complain in depression and generalized anxiety disorder and shortness of breath may be the presentation of Somatoform and panic disorders⁴.

Research by psychiatrist Franz Alexander and his colleagues at the Chicago Institute of Psychoanalysis in the 1950s and 1960s suggested that specific personality traits and specific conflicts may create particular psychosomatic illnesses, but it is generally believed that the form a disorder takes it due to individual vulnerabilities. Emotional stress is assumed to aggravate existing illnesses, and there is some evidence that it may precipitate illnesses not usually considered to be psychosomatic (e.g., cancer, diabetes) in individuals predisposed to them.

Psychosomatic disorders resulting from stress may include hypertension, respiratory ailments, gastrointestinal disturbances, migraine and tension headaches, pelvic pain, impotence, frigidity, dermatitis, and ulcers. "Is there tension in hypertension" – is a question that has been asked repeatedly. Essential hypertension was one of the seven classic psychosomatic diseases for which psychoanalytical investigations were proposed in the 1950s. Although these psychodynamic theories have been largely discredited⁵.

MANAGEMENT AND MULTIDIMENSIONAL APPROACH OF PSYCHOSOMATIC DISORDERS:

The treatment of Psychosomatic Disorders involves medical help for the physical problems and at the same time attention to the psychological factors producing stress⁶. Many patients suffering from psychosomatic diseases respond to a combination of drug therapy, psychoanalysis and behavioral therapy. In less severe cases, patients' can learn to manage stress without drugs. Zbignier Lipowski (1970) said, a total approach to psychosomatic disorders is necessary. External (ecological, infections, cultural, environmental), internal (emotional), genetic, somatic and constitutional factors as well as past and present history are important and should be studied by investigators working in the various field in which they are trained⁷.

AYURVEDIC UNDERSTANDING OF PSYCHOSOMATIC DISORDERS:

Ayurveda describes three categories of etiological factors viz. 1. Asatmyendriyartha Samyoga, 2. Prajnaparadha, 3. Parinama. A critical examination of the nature of these three categories of aetiological factors would indicate that, this is an excellent classification of stress factors which are responsible for stress and psychosomatic diseases. Among these, the concept these asatmyendriyartha samyoga is so much related to the evolution of the psychosomatic problems. Asatmyendriyartha samyoga is the abnormal conjugation of all types of material attachment that leads to imbalance of mana and abnormal functioning of reasoning and improper action of body and mind as a whole. Thus, there is imbalance of raja and tama doshas. If the manas dosas are imbalanced beyond a limit, they start influencing the vatadi sharir doshas thus precipitating Psychosomatic diseases.⁸ The mana, the subjects of mana (chinta, sankalpa etc.), buddhi and adhyatma of Atma are dravya and guna. The manas and Atma are adhyatma dravya and it is responsible for subha and ashubha pravritti⁹. So, Acharya Charaka says Mana can act for Cognitive function, Affective function and Conative function¹⁰.

A healthy psychological status is an important part of human life. A person's individual life, family life and in a greater sense social life everything depends upon psychological stability¹¹. Maharshi Atreya has said, attachment to auspiciousness and dis-attachment to the inauspiciousness is the basic of Adhyatmik dravya¹². Acharya Charaka says, atiyoga, ayoga and mitthyayoga, deterioration of mind as well as indriya also occurs. Five gyanendriyas are the alterations of Panchamahabhuta. So, if this mahabhutas are altered and then vikara of indriyas also follows. As, all the indriyas are under the control of mind, so psychological disorders also follows¹³.

Apparently, those who are physically stable may not be mentally stable as well. We usually call these people someone as mentally ill. But they are not Unmada. But also, that does not mean that they are mentally fit. There are so many reasons by which mental stability is lost and people suffer from psychosomatic disorder. Ayurveda has detailed this matter meticulously by describing hina and atiyoga.

AYURVEDIC MANAGEMENT OF PSYCHOSOMATIC DISORDERS:

- **Prevention:** The psychosomatic disease is a preventable problem. Necessary environmental correction and personality training by practice of Yoga and similar other measures may prevent the psychosomatic disease to a large extent. Environmental preservation both in its physical and psychosocial dimension is essential for prevention of psychosomatic disease in a given society: similarly, personality training and transformation by practice of Yoga. Medhya Rasayana therapy¹⁴, Moral and spiritual teachings and other psychosomatic health promoting practices viz. Swasthavritta and Sadvritta are essential for preventing such problems in an individual.
- **Treatment:** As it is a group of disorders, treatment will be focused on the specific kind of problem. If a patient is suffering from irritable bowel syndrome our main focus will be on preservation and promotion of agni. Also, panchakarma plays a significant role here. After the agni is maintained, we can use rasayanas and other medhya drugs, sirodhara etc. Likewise various other diseases will be tackled according to the specific purvarupa and rupa. Treatment of various psychosomatic disorders with Ayurveda is an established one. Needless to say, that, general population still today is not fully aware of the fact that ayurveda has something positive to do with these kinds of problems. Ayurveda is the pioneer which established the role of mind in the development of various somatic problems. But despite of so many obstacles, ayurveda will prove its role in combating psychosomatic disorders in the days to come.

DISCUSSION:

Psychosomatic disorders represent a functional interaction between psychological stress and physiological dysregulation, primarily mediated through neuroendocrine pathways such as the hypothalamic-pituitary-adrenal (HPA) axis and autonomic nervous system, leading to conditions like hypertension, asthma, and functional gastrointestinal disorders¹⁵. Chronic stress increases cortisol and catecholamine secretion, which alters immune response, inflammation and visceral sensitivity, forming the basis of psychoneuroimmunology¹⁶. In modern psychiatry, these conditions are classified under somatic symptom and related disorders, where psychological distress significantly amplifies physical symptoms.

In Ayurveda, psychosomatic disorders correlate with vitiation of Manasika doshas (Rajas and Tamas) influencing Tridosha imbalance (Vata, Pitta and Kapha), leading to systemic dysfunction. According to Acharya Charaka, etiological factors such as Asatmya Indriyarthasamyoga, Prajnaparadha and Parinama are considered fundamental stressors causing disease. The progression from mental disturbance to bodily pathology is explained through Manovaha Srotas involvement, Agni impairment and Ojas depletion, reflecting mind-body interaction.

The concept of stress-induced disease in Ayurveda aligns with modern psychosomatic theory, where unresolved emotional conflicts and maladaptive coping perpetuate physiological imbalance. Clinical manifestations such as IBS, hypertension and migraine correspond with both Vata - Pitta aggravation and autonomic dysregulation.

Management in modern medicine includes cognitive behavioral therapy, pharmacotherapy and stress reduction techniques targeting neurochemical balance. Ayurveda emphasizes Yoga, Medhya Rasayana, Sadvritta, Swasthavritta, Panchakarma and counseling-based approaches for restoring mental equilibrium and doshic balance. Thus, both systems converge on the principle that mind and body are inseparable in disease causation and treatment, supporting an integrated psychosomatic healthcare model.

CONCLUSION:

A healthy psychological status is an important part of human life. Psychosomatic disorders clearly demonstrate the intimate interconnection between mind and body in health and disease. Both modern science and Ayurveda agree that chronic psychological stress disrupts neuroendocrine balance and leads to systemic dysfunction. Ayurveda explains this process through the vitiation of Manasika doshas (Rajas and Tamas) and imbalance of Tridosha, Agni and Ojas, while modern medicine attributes it to HPA axis dysregulation and autonomic disturbances.

Effective management therefore requires an integrated approach combining medical treatment with psychological, behavioral and lifestyle interventions. Ayurveda contributes valuable preventive and therapeutic strategies such as Yoga, Medhya Rasayana, Sadvritta and Panchakarma which help restore mental equilibrium and physiological harmony. Hence, psychosomatic disorders are best understood and managed through a holistic mind - body framework.

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