



Short Report:
'Gas Syndrome' - A Culture Bound Syndrome.

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Abstract: Culture refers to the shared patterns of feelings, beliefs and behaviour that reflect in the way of living in a society. Culture uniquely influence the role functioning or psychosocial wellbeing of people living in a given society by exerting influence on their mind by their traditional health beliefs. Cultural factors influence understanding, presentation, diagnosis, management, course and outcome of many diseases, especially psychiatric disorders. Culture-bound syndromes seem to be episodic, dramatic and discrete patterns of behavioral reactions specific to a particular community that articulate both personal predicament and public concerns. Every culture provides explanations and causal attributions for somatic symptoms. One of the common complaints of persons coming to medical attention is 'Gas' or similar terminologies like 'vayu' etc. People attribute varied symptoms from abdominal discomfort, chest pain, headache, joint pains, back pain, somatic complaints to 'Gas'. 'Gas' is reported to be the cause for the distress and the primary duty of the treating clinician is to relieve them of the gas. The problem of troubling Gas or vayu has been influencing Indian culture/tradition since ancient days. We do see a significant proportion of patients visiting varied specialists attributing all their problems to Gas. 'Gas Syndrome' is proposed as a culture bound syndrome.

Key Words: Gas; Syndrome; Culture

Introduction:

Culture refers to the shared patterns of feelings, beliefs and behaviour that reflect in the way of living in a society. Cultural factors influence understanding, presentation, diagnosis, management, course and outcome of many diseases, especially psychiatric disorders.

Because of these cultural influences, Yap coined the term "culture-bound syndromes," which seem to be episodic, dramatic and discrete patterns of behavioral reactions specific to a particular community that articulate both personal predicament and public concerns.(1) These are like folk illnesses in which alterations of behavior and experience figure prominently. However, with increasing globalization, it is no more culture and region specific. Most of these syndromes are present across cultures probably with different terminologies and presentations.

Prince & Tcheng-Laroch had emphasized that four facets of culture-bound syndromes must be taken into account while studying them: these are geography (i.e. a disorder may be present in some cultures but not in others for geographical rather than social reasons); designation (some illnesses are considered culture-bound simply because they happen to have local names); epidemiological differences (global prevalence rates, variations in gender ratios and age at onset may be used in assigning culture-bound status); and lastly that symptom differences themselves do not add to the differentiation of diagnosis.(2)

Discussion:

One of the common culture bound syndrome in our society is Dhat syndrome ("semen loss"- related psychological distress), seen in the natives of Indian subcontinent, but it is prevalent in other cultures also. This syndrome involves vague and multiple somatic and psychological complaints such as fatigue, tension, loss of appetite, lack of physical strength, poor concentration, forgetfulness and other vague somatic troubles. These symptoms are usually associated with an anxious and dysphoric mood state.(1) These patients

may also present with or without psychosexual dysfunction. Other examples are Koro, Latah and Amok to name a few.

Every culture provides explanations and causal attributions for somatic symptoms. These explanations, in turn, set up expectations that influence the ways that individuals attend to their bodies and the sort of symptoms they recognize and report to others. The prevalence of explanatory models and prototypes may also influence the prevalence of specific clinical presentations of symptoms and syndromes.(3)

Depending on circumstances, these symptoms can be seen as an index of disease or disorder, an indication of psychopathology, a symbolic condensation of intrapsychic conflict, a culturally coded expression of distress, a medium for expressing social discontent, and a mechanism through which patients attempt to reposition themselves within their local worlds.(4)

One of the common complaints of persons coming to medical attention is 'Gas' or similar terminologies like 'vayu' etc. People attribute varied symptoms from abdominal discomfort, chest pain, headache, joint pains, back pain, somatic complaints to 'Gas'. 'Gas' is reported to be the cause for the distress and the primary duty of the treating clinician is to relieve them of the gas. They consult doctors from all systems of medicine and specialists of all branches. Gas can really be a difficult symptom to handle and many reach psychiatrists.

The problem of troubling Gas or vayu has been influencing Indian culture/tradition since ancient days. Charaka Samhita deals with medical diagnoses and treatment. The Charaka described the human body as being an aggregate volume of cells where growth depends on Karma, Vayu (air or bioenergy) and Svabhava (personal nature).(5)

As Ayurveda has great influence on Indian people and beliefs, it says, there are five Vayu deities, Prana, Apana, Vyana, Udana, and Samana, which control life (and the vital breath), the wind, touch/sensation, digestion, and excretion, which may be one of the reasons for the wide range of symptom attribution to Gas.

Gautam *et al* in his study in north Indian population, reported that the predominant somatic complaint was constipation and feeling of gas in the abdomen.(6) Govind Bang observed certain group of patients who presented with alternations in behaviour and experience characterized by marked somatic symptom configuration attributed their problem to Gas.(7) In a study by Ghosh in 2006, done in specialist clinic, the commonest presenting unexplained somatic symptoms were so-called "gas", "acidity" and "dysentery" expressed in vernacular terms. Many of whom had underlying depression and anxiety. (8)

We do see a significant proportion of patients visiting varied specialists attributing all their problems to Gas. 'Gas Syndrome' is proposed as a culture bound syndrome. The difference in the understanding and beliefs of the illness between the clinician and patient can result in inappropriate assessment or dis-satisfaction. If the practitioners do not understand a patient's traditional health beliefs they may not accept the treatment or become non-compliant with the treatment.

Conclusion:

Psychophysiological and sociophysiological processes contribute to somatic distress. We believe that attribution patterns and explanatory models need to be studied in different cultures regarding gas as a presenting symptom. There is a need for tailoring the management looking into cultural aspects for a clinician.

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