MEDDOCS Open Access Publisher

ISSN: 2637-4501

Annals of Gastroenterology and the Digestive System

Open Access | Research Article

Myths Associated with Gastro-Intestinal Diseases in Northeren India

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Received: Apr 20, 2021

Accepted: May 18, 2021

Published Online: May 21, 2021

Journal: Annals of Gastroenterology and the Digestive System

Publisher: MedDocs Publishers LLC

Online edition: http://meddocsonline.org/

Keywords: Gastro-intestinal disease; Dyspepsia; Epigastric Pain; Milk; Curd.

Abstract

Background: Gastro-intestinal disease account for significant proportion of patient load not only on Gastroenterology specialists but also on General physician and surgeons. These patients can have varied manifestations and mimic disease pertaining to many different organs leading to multiple myths associated with them.

Discussion: Gastro-intestinal disease can have different clinical presentation, most common being the dyspepsia and other presentations are alteration in bowel habits, early satiety, gastro-esophageal reflux, distension or fullness of abdomen and epigastric pain. As stomach and intestines are mainly associated with digestion and absorption of food, hence there are many dietary associated myths.

Conclusion: Illiteracy and lack of availability of proper health care facilities is mainly responsible for percolation of these unscientific and unwarranted myths in generations. These myths pose hurdle in proper and effective treatment. Hence, proper counseling of patient and family members, awareness in society with help of mass media campaign and extension of healthcare infrastructure till peripheries is need of hour.

Introduction

The stomach is integral part of the gastrointestinal system, and performs multiple functions like formation of chyme, synthesis of proteins necessary for vitamin absorption, microbial defenses, and propagation of the peristaltic reflex but does not contribute to the absorption of any nutrients. The stomach is in the peritoneal cavity, located in the left upper abdominal quadrant or in the epigastric abdominal region and gastric acid secretion, peristaltic propulsion, and other physiologic functions of the stomach are finely controlled by the integration of the enteric nervous system, parasympathetic nervous system, and the secretion of various neurohormonal molecules [1,2,3].

As a component of the alimentary canal, the stomach's physiological function is structured around creating an environment where the food ingested can be safely acted on by proteolytic enzymes and acidic solutions. There are pathologic consequences that can develop with the failure of the gastric mucosa to isolate the contents from the surrounding peritoneal cavity. The small intestine extends from pylorus to the ileocecal valve its primary function is the absorption of vitamins, nutrients, electrolytes, iron, carbohydrates, proteins and f ats. Most digestion of nutrients happens here. The small intestine also absorbs approximately 8,000 milliliters of wa-

Cite this article: Malhotra P, Malhotra V, Gupta U, Sanwariya Y, Pahuja I, et al. Myths Associated with Gastro-Intestinal Diseases in Northeren India. Ann Gastroenterol Dig Syst. 2021; 4(1): 1041.

ter per day [4] and secretes daily 3000 ml of digestive enzymes.

The large intestine extends from the terminal ileum at the ileocecal valve to the rectum. At the terminal ileum, the large intestine becomes the ascending colon, the transverse colon, and then the descending colon. Following the descending colon is the sigmoid colon and the rectum [5].

The main function of the large intestine is water absorption.Typically, the large intestine absorbs about one and half litersof water per day. It can, however, absorb up to six liters. The large intestine also absorbs potassium, sodium, and chloride. It produces mucous which lubricates the intestinal wall and contains feces together for elimination. In view of multiple role played by gastrointestinal tract, there can be multiple clinical presentations, of which treating doctor should be aware, for effective outcome. Gastro-intestinal disease can have different clinical presentation, most common being the dyspepsia and alteration in bowel habits. The other presentations are early satiety, gastro-esophageal reflux, distension or fullness of abdomen and epigastric pain. There are many myths, that too without any scientific rationale associated with Gastro-intestinal diseases which are maximum poor socio-economic status patients. Hence, onus is on the treating doctors to remove these unscientific myths from mind of patient and relatives, so that there does not occur any delay in the treatment, thereby reducing morbidity and mortality associated with the ailments.

Discussion

There is huge load of patients who come regularly for treatment at Medical Gastroenterology Department, PGIMS, Rohtak. On an average, thirteen thousand patients are seen over one year and this experience about myths of Gastro-intestinal diseases has been obtained over a period of eleven years after personal interaction with more than 1.25 lakhs patients who have been referred from various specialties/ superspecialities at PGIMS, Rohtak, different government and private hospitals from all over haryana and nearby states. Hence, these myths in mind of patients and relatives of Gastro-intestinal disease have been understood from the day of diagnosis to their long term follow up. India being a developing country, has significant percentage of population belonging to illiterate class with poor socio-economic status. Thus due to non availability of proper health care services, they have to depend upon unqualified health professionals i.e. quacks for their common problems. These quacks for monetary gains infuse so many fear and myths about minor diseases, so that patient come regularly after every few days, thus every time charges can be taken on name of consultation or self dispensed medicines.

Myth associated with interpretation of gastro-intestinal symptoms as liver disease

It is common belief in various sections of society that indigestion, dyspepsia, vomiting, gastro esophageal reflux, distension of abdomen and diarrhea are symptoms of liver disease, thus they want to get evaluated for liver disease. The other important myth is that during excessive gas formation in stomach, it migrates to head causing headache and joints causing joint pains. Thus many patients of headache and joint pains persist on to be seen by Gastroenterologist. Some patients develop hysterical reflex, in which they after pressing the arm or legs, burps and explanation for the same is that excessive gas has accumulated in the limbs which on pressing them is being removed from mouth with help of burps. The main reason behind this is wrong beliefs generated in minds of society by quacks whose easy and economical availability is widespread in the society. As significant percentage of population belong to below poverty line, hence they are forced to depend on these quacks as first line treatment. The other common thing which has been noticed over prolonged interaction with patient and family members is that in every home there is some elder who takes the role of doctor despite being having no knowledge of medical profession. These elder play negative role in infusing wrong thoughts and perception in various family members and generations to follow about various diseases including related to Gastro-intestinal tract.

Myth associated with dietary habits regarding gastro-intestinal disease

There is well laid down myth that any patient who has dyspepsia or gastritis cannot digest milk or milk products and it leads to aggravation of symptoms. This is totally reverse of scientific fact that milk and milk products being alkaline neutralizes acid in stomach and leads to resolution of symptoms. Other myth is that curd leads to diarrhea whereas it improves diarrhea because of its probiotic effect. There is wrong belief regarding intake of pulses which is thought to cause formation of gas and distension of abdomen.

Myth associated with investigations of gastro-intestinal diseases

The most common problem with which patient presents in Gastroenterology department is Pain abdomen for which ultra sonogram abdomen is frequently adviced which reveals in many patients findings of simple cysts and haemangiomas in liver & Kidney and Fatty liver. Many patients think this to be reason of their pain abdomen or misinterpret cyst and haemangiomas as malignant, thus forcing treating doctors for unwarranted surgical removal despite findings being confirmed on Triple phase Computed tomographic scan. The same problem occurs with liver abscess patients who have recovered completely clinically but they keep on getting ultrasound abdomen on their own for vague abdominal pain which reveals resolving abscess which can be normally detected for approximately six months. Thus, these patients persist for getting retreated again with antibiotics, thinking that abscess still require medical management.

Conclusion

In developing countries like India, the doctors should not only have good knowledge and expertise of their subject but should be good orator with having art of developing good bonding with patient and relatives, so as to effectively remove wrong myths and beliefs about the illness. This will lead to successful outcome in majority of treated patients. There is urgent need of implementation of strict laws for curbing the menace of quackery which can be eliminated by easy and wide availability of proper health care facilities. The use of alternative medications should be discouraged.

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