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Body dysmorphic disorder – Ayurvedic Perspective

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ABSTRACT

Body image is a person's perception, thoughts and feelings about one's own body. A significant number of men and women are dissatisfied with a number of aspect of their bodies. This may lead to psychological manifestations, which include conditions such as Body Dysmorphic Disorder (BDD). A diagnosis of BDD is associated with poor quality of life as well as marked functional impairment in the affected individuals. While current cognitive-behavioral approaches have demonstrated limited success in treating BDD, they are far from expectations. DSM V considers the condition as an OCD spectrum disorder. Similar manifestations are explained in conditions such as *Atatwabhinivesha*, explained in the Ayurvedic parlance. Ayurveda is effective in approaching similar conditions with the components of treatment mentioned such as *yuktivyapasraya* and *satvavajaya* techniques. The approach towards the conditions like BDD on the purview of Ayurveda and its scope is being discussed further, in this paper.

Keywords: Body Dysmorphic Disorder, *Atatwabhinivesha*, *Satvavajaya*. *Rasayana*, *Yuktivyapasraya*

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INTRODUCTION

Many of us are not satisfied with our own body features like height, weight, size, shape, complexion etc. On the light of the same, India's cosmetic market is reportedly growing at 15-20% annually, which is as twice as European and US markets¹. This gives us the evidence that Indian community is now running behind beauty, even more than food and shelter. This has to be dealt with seriously in such developing country as ours. Concerns about beauty or external appearances are normal; but when it exceeds the limits, it will become a preoccupation of body image, which may further leads to serious psychological problems. This can hamper the social as well as the occupational functioning of the individual. Body dysmorphic disorder is one such frequently reported condition, very much relevant in the society².

Body image and its alterations

Body image has been explained as the perceptions, attitudes and behaviors related towards one's body, for any reason³. The concept of body image was initially established by an Austrian psychiatrist Paul Ferdinand Schilder in 1935⁴. According to him, body images are the mental images that the individuals have regarding their own bodies, explain the way their bodies are introduced to them. It is the three dimensional mental representation, that each person has of oneself. The concerns about body image are different in the various countries and it is highly influenced by the respective cultural standards. Sometimes these set of standards may bring about some sort of dissatisfaction among both the genders. According to Grogan, body dissatisfaction is a person's negative thoughts about his or her own body⁵. It has been explained in 3 dimensions - perceptual, subjective and behavioral level.

In the perceptual dimension, it is related to the perception of one's physical appearance ie, how we make out ourselves. It involves an estimate of one's height, weight, size, complexion etc. From these perceptions the concerns about appearances usually develops in an individual. It affects both the cognitive and affective area, which is included in the subjective dimension. It concerns certain aspects such as satisfaction, anxiety, worries etc. related with the appearance.⁶

There are some actions or behaviors which start after the effect of these thoughts, which comes under the behavioral dimension. These behaviors include excessive use of heavy make ups, compulsive checking of dressings, asking constantly for reassurances from others, standing long time in front of the mirrors etc.⁷ These behaviors may diverge and differ in both the genders. Among girls, excessive dieting, exercise, excessive use of cosmetics, cosmetics surgery etc. may be seen while in the boys, unhealthy muscle enhancing behaviors, use of steroids etc are commonly being visualized⁸.

When the concerns about the body image exceed its limits, it may lead to a number of neurotic conditions, which includes the body dysmorphic disorder (BDD). BDD is kept under the neurotic spectrum F.44 in International Classification of Diseases- 10. In BDD, patient imagines a defect in his or her own body and becomes preoccupied with the same leading to psychological problems in the due course⁹.

Clinical features

The clinical features can be categorized under 3 dimensions 1) perceptual dimension 2) cognitive and affective dimension and 3) behavioral dimension¹⁰.

In perceptual dimensions, habits like concentrating in facial features like eyes, nose, lips, skin etc or any particular areas of the body like abdomen, breast, genitals, limbs etc or feeling too fat or too skinny or that one of the body features is out of proportion. In the cognitive and affective area, the person thinks negatively, feelings of shame, guilt and loneliness which further leads to depression, suicidal thoughts and anxiety as well.

In behavioral dimensions, isolating oneself to avoid situations that causes anxiety or discomfort, misuse of alcohol or other drugs, self-harm, poor quality of life, Camouflaging with clothes, hair, hat etc, develop routines and habits like staring at mirror, combing hair repeatedly etc. and finally affects day-to-day life activities and hence the quality of life of the individual¹¹.

Contributing factors

If a person faces abuse or bullying in childhood or adolescence, he or she will have a negative image of their body. The persons already with low self esteem, fear of being alone or isolated, perfectionism or competing with others is also affected in a similar manner¹².

The explained causes of body dissatisfaction are parental criticism, parental modeling of dysfunctional eating attitudes and behavior, society which includes adults and peers. Now a day's mass media plays an important role in contributing wrong idea about the body image and it influences the individual's very much¹³.

Major consequences reported are low self esteem, inferiority complex, poor attention and concentration, less interest in studies / poor academic performance, low productivity, unable to find out their own talents and least satisfaction in life¹⁴.

A person with low self esteem has low expectation and less challenging goals, which results in reduced effort and mediocre performance. As per the Abraham Maslow's theory of hierarchy of needs – self esteem is the bridge between lower psychological needs to higher psychological goal, self actualization¹⁵. The adolescents' global self esteem correlated most highly with the physical appearance, followed by scholastic competence, social competence, behavioral conduct, and also the athletic competence¹⁶.

The body image dissatisfaction might lead to high level of school absenteeism due to social anxiety regarding one's appearance as reported by Yanover and Thompson.¹⁷ Occasionally BDD leads to various behavioral syndromes. Eating disorders are the most common one which includes the anorexia nervosa and bulimia nervosa. Psychiatric co-morbidities include a range of substance abuse disorders, anxiety disorders, obsessive compulsive disorder, depression and also the suicidal tendency¹⁸.

BDD - Ayurvedic scenario

In Ayurveda, Acharya Charaka opines that the period of balya in life is upto 30 yrs of age and the main characteristic of this age group is anavasthita chitta or a mind yet to become stable¹⁹. In the persons already with avara or subnormal satva, alterations in the mental functions are the commonest to happen²⁰. Along with the same, thinking in an unusual way and failure to cope with our belongings or the present state leads to altered judgment. One fails to achieve what they are actually longing for, in this case as the result.

All these contributory causes result in the obstruction of the functioning of the mind, by rajas and tamas which further leads to a resultant pathology in the srotus, regarding the functioning of the mind. Similar is the role of Vatha, which is the real stabilizer of mind and its functions, the alteration lead to dysfunction of mind. As a result, the person is unable to perceive the nitya as true one and the anitya as the pseudo one. Similar is the case of hita and ahita and the discrimination. Such a condition is better explained as similar to "Atatvabhinivesa" in Charaka Samhita²¹. Atavabhinivesa means abhinivesa or excessive or obsessive attachment towards the atatva or the unreal and mithya jnana ie. perceiving the unactual knowledge. Here the alterations lead to obsessive rituals, compulsions and the resultant anxiety or depression, among the affected.

At the same time, some of the body dysmorphic features are also observed in conditions like rajayakshma, a syndrome where there is absolute depletion of the dhatus, resulting from the pathology, leading to various diseases.²² Here, the individuals are too anxious, unhappy or prejudiced about their own appearance and accepts them as the wrong one.

Ayurvedic management of BDD

The disease has to be approached in a very systematic manner. In the earlier stages of the disease, a psychological involvement is beneficial, but in the later stages, a psychiatric management is to be incorporated. For the two areas of preventive and curative aspects, both satvavajaya as well as yuktivyapasraya chikitsa can be integrated²³. Treatment principle which is explained for Atavabhinivesa need special mentioning here and seems suitable for the situation.

Yuktivyapasraya chikitsa

Snehapana with selected grithas such as Panchagavya,²⁴ Mahapaisachika²⁵ etc. followed by appropriate sweda is the initial protocol. This is to be followed by either classical Vamana or Virechana, as per the demand from the condition. The drugs are selected as per the assessment of the doshas. This is to be followed by nasya, mainly brimhana type and also sirodhara with medicated takra or tailas such as Ksheerabala²⁶ or Tungadrumadi tailam²⁷. This is to be followed by medhya rasayanas such as Sankapushpi, Jadamansi, Yashtimadhu etc.²⁸ Along with the same, sessions along with the peers and also leading a righteous life following the dharma, are also being advised.²⁹

In the preventive aspect, Ayurvedic scholars are explaining certain codes and conduct that should follow in daily life, which is termed as sadvritta. This has to be followed in a proper manner for positive results both for the healthy and the diseased. A lot of techniques are being explained for following sadvritta. Here every individual needs clear cut knowledge of oneself. It is not ideal to view their own distorted images in unclear water or uneven surfaces, as it will reduce the confidence about the appearance of an individual³⁰.

Ayurveda points to the magnitude of friends and their role in the social scenario. Awareness classes are to be conducted at schools, as a preventive aspect to boost the confidence in children as far as the appearance is concerned. These classes will help to reduce the bullying by friends and develop an empathetic attitude towards others and will boost up their self esteem.

Satvavajaya chikitsa

Along with yuktivyapasraya chikitsa, satvavajaya chikitsa *also* plays a major role in the management of BDD. Here, certain techniques are used for the withdrawal of mind from unwanted thoughts, peculiarly on the negative side. The goal of this treatment in this condition is the understanding of own body image and to develop a healthy body image.

Here, five areas are explained, ie. jnana, vijnana, dhairya, smrti and samadhi, useful for any condition including BDD³¹.

Jnana means the right knowledge about self, the family and cultural standards of the society. In BDD, the jnana is mislaid ie, the correct knowledge about the self is lost or missing. So the perception got altered, which in turn affects the thoughts or the cognition of the individual. So, imparting the jnana in reality is the first line of management. The patient is assisted to get the self awareness in the right direction by providing awareness about their strength, weakness, opportunities and threats and to be taken in a positive manner.

Vijnana is mentioned as the real scientific knowledge. Here, both the parents and patients are given real education about their disease condition and what is to be done. To the parents, certain advices are given regarding the same, ie. to understand the importance of modeling

healthy eating habits during childhood, don't criticize the children in front of others, give positive reinforcements, avoid comparison etc.

Creating a healthy family atmosphere is very much relevant in this regard. After educating them about their disorder, assist them to trace out their cognitive distortions and core beliefs. Techniques such as Cognitive Behavioral Therapy help them to rectify their core beliefs. Selected techniques such as Systematic desensitization, exposure techniques, self confrontational techniques and cognitive imagery are used in CBT as per the demand from the condition, to fulfill the same³²

Dhairya is the stability of mind in any adverse situations. The control of mind is one of the most difficult tasks to attain and in order to develop a stable mind it is important to develop a high self esteem. So all the methods for developing a healthy self esteem, can be adopted here for imparting dhairya. For the same, patients are advised to adopt several methods which include Practicing positive self-talk, acting with confidence, Appreciate who you are etc. Realizing the fact that all body shapes have beauty and value is very much essential and also that everyone in this world is unique.

Smriti is the sum of recollection of the past experiences overall. Here group therapy is being planned for sharing experiences of successful survivors and also narrating the motivational stories of great people. Samadhi is the withdrawal of mind from all external environments and comes into one's own self. For the same, it is quite effective to adopt techniques such as yoga therapy, relaxation techniques, meditation etc. which can be adapted very positively in the management of conditions like BDD.

CONCLUSION

Ayurveda has approached the mind and its affections in a very serious manner and considered the psychiatry as one of the eight specialties, almost 5000 years ago³³. From there, the drastic changes in food, life style, familial relationship, social scenario etc. has resulted in the drastic rise in mind and its affections. Eventhough BDD has not been explained as such in Ayurvedic parlance, a few hints are there and the condition can be effectively approached adopting the basic principles of Ayurvedic Psychiatry.

The condition of Atatwabhinivesha in Charaka samhitha is much more resembling here as per the presentation. A combination of snehapana followed by appropriate Sodhana ie. either Vamana or Virechana ending in appropriate rasyana is the acceptable protocol. Also nasya, sirodhara etc. is ideal as per the situation. The satwavajaya chikitsa with the explained steps and also incorporating the modern psychological methods are highly beneficial in such conditions. The early detection and prevention of the progression is to be highlighted here

and Ayurveda is such a science giving utmost respect to prevention rather than cure. Evidence based studies are still to report from the medical world, in this regard.

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