

Gayrran as psychosomatic disease

Introduction

Garryan is syndrome prevalent in subcontinent in which patient complain of frequent urethral discharge without or very little sexual stimulation with concomitant feelings of sickness and malaise.

Patients of garyyan are found nervous and chronically stressed. In medical science garyyan is not considered as diagnostic entity despite high distress level patient suffers. Physicians regard patient complaints as non genuine secondary to flawed belief system. In this article attempt is made to integrate various features of garyyan on basis of current knowledge of sexual medicine.

METHOD

An electronic search at various medical database was made using key words dhant, garryan, anxiety depression, allergy, inflammation was made. Concomitantly literature of Hakmat was studied to understand concept of dhant and garryan. Scale named SBSN for measuring neurotic predisposition was developed. This scale has various domains of anxiety depression and etc. It was used on garyyan patients to assess level of neurosis.

RESULTS:

Researches abundantly manifested relation of dhant with mix anxiety depression. Strong correlation between garyyan and neurosis was found.

DISCUSSION:

Close relationship between garyyan and high level of neurosis indicates there are many parallels between gayrran and typical psychosomatic disease. Chronic stress can bring about dysregulation in immune system via HPA axis induce Th2 cytokines which can make host susceptible to allergies and infection and subsequent inflammation. Changes occur in urogenital environment due to infections and excretion of miscellaneous waste product can cause allergies in system. Secretions from urethra is most important symptom of garyyan. Allergies like rhinitis, conjunctivitis, asthma etc involve secretion of exudates get aggravated due to psychosocial stress. Due to shift of Th1/Th2 cytokines balance toward Th2 stress tend to exacerbate allergies. Th2 play important role in ongoing inflammation. Treatment of stress with SSRI has salutary effect on garyyan as well. Tricyclic suppress inflammatory cytokines and indirectly have effect on stress. Urogenital system including prostate are linked to nervous system via autonomic nervous system and HPA system. Changes in ANS can cause changes in glandular secretions disruption in peptide of prostate. In light of these information hyper secretion from prostate and urethral glands can be possible outcome. Depressive anxious symptom in garyyan patient can account for malise and low mood of this patient. In order to describe pathophysiology lab analysis of gayran fluid and identification of inflammatory and allergy markers is required.

CONCLUSION:

If pathophysiology of garyyan is properly established only then appropriate treatment can be given.