

**13th International Conference on
Pediatric Gastroenterology Hepatology & Nutrition****&
3rd International Conference on
Digestive and Metabolic Diseases**

October 22-23, 2018 Berlin, Germany

Healing After a Gastrectomy: Bridging the Body and Mind after Trauma with Psychosomatic Research**Amy Oestreicher**

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In 2005, A mild stomachache led to a total gastrectomy 48 hours later. In this presentation, I will be serving as my own case study. How does psychological trauma affect the body and how can it inform both medical and mental health professionals? At 17 I was sexually abused for eight months, causing severe stress, invoking the “freeze” response in trauma. Withholding this secret caused severe anxiety and panic attacks. Two weeks after I finally disclosed my secret, I developed a blood clot on the mesenteric artery leading to gangrene of the intestines. My stomach literally burst to the ceiling of the OR, both my lungs collapsed, I required 122 units of blood, and I was in a coma for months. 27 surgeries later, and six full years unable to eat or drink, I was reconstructed with the intestines that remained. How can stress lead to such physical traumas? How can the mind so dramatically affect the physical body? Psychological stress has a profound effect on the body and illness. When stress occurs, the hypothalamus secretes CRH that signals a reaction through a hormone signal pathway. ACTH is then released, but when this chain of events is turned on repeated in times of high stress like PTSD, the organs can never rest, inducing various physical illnesses and tissues damage. There is a large effect that this has on the stomach and intestines, causing various digestive problems. Mental disorders can also be caused when stress quickly activates our system, causing quick alarmed reactions that can lead health damage. As I experienced my abuse and relived it over and over again, the pathway repeated itself relentlessly, and therefore, digestive damage was eventually caused. Stress plays a significant role in affecting the sympathetic nervous system. The sympathetic nervous system affects digestion and cardiovascular function. It is in charge of the “fight or flight” response, it encourages the blood flow to the lungs, and increases heart rate. It also inhibits digestion by constriction all of the intestinal sphincters, and inhibition of peristalsis, which is the involuntary constriction and relaxation of the muscles of the intestine that push contents forward. The sympathetic nervous system is fast and short-term, but when stimulated repeatedly as in post-traumatic stress syndrome, can have a significant effect on the human body. In this way, stress can interact with the digestive system to increase the risk of ulcers and also affect the cardiovascular system. This is evident in individuals affected with PTSD from sexual abuse, as shown, for example, by the study performed by Norman and Means-Christensen (2006) on the relationship between psychological trauma and physical illness in primary care. There are many digestive diseases that can be caused by the body’s chronic stress response. Common digestive problems include heartburn/ Gastroesophageal reflux disease (GERD), inflammatory bowel diseases (IBD), and Irritable Bowel Syndrome (IBS). Symptoms may include bloating, diarrhea, gas, stomach pain, and stomach cramps. Treatment includes a combination of medication and lifestyle changes. Inflammatory bowel disease can cause symptoms such as abdominal cramps, bloody diarrhea, fever, and sometimes weight loss. Crohn’s disease is a chronic inflammatory disease of the digestive tract. Symptoms include abdominal pain and diarrhea, sometimes bloody, and weight loss. Crohn’s treatment consists of lifestyle changes, such as exercise and a healthy diet, as well as over-the-counter antidiuretics and prescription anti-inflammatory medication. Ulcerative colitis (UC) is a type of inflammatory bowel disease that causes sores in the colon. Symptoms include abdominal pain and diarrhea, sometimes bloody. Treatment for UC may be a combination of over-the-counter anti-diarrheic and prescription steroids or amino salicylates.

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