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Organisasi : ICPM, ACPM, IDI, PAPDI, PKPI





PERTEMUAN ILMIAH NASIONAL KE-17 (PIN XVII) PAPDI



INTEGRATIVE TREATMENT IN FUNCTIONAL DYSPEPSIA

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OUTLINE



FUNCTIONAL DYSPEPSIA

STRESS AND DYSPEPSIA

INTEGRATIVE MEDICINE

EVIDENCE BASE OF INTEGRATIVE MEDICINE

FUNCTIONAL DYSPEPSIA

One of common disorders in the gastrointestinal tract that catches significant attention.

Global prevalence of this disorders varies from 11.0 to 29.2%.

There is no clear pathophysiology of functional dyspepsia,

So many factors are considered to **play a role in FD**, either as a single factor or in combination.

Without organic lesion in Endoscopic finding

Epidemiology

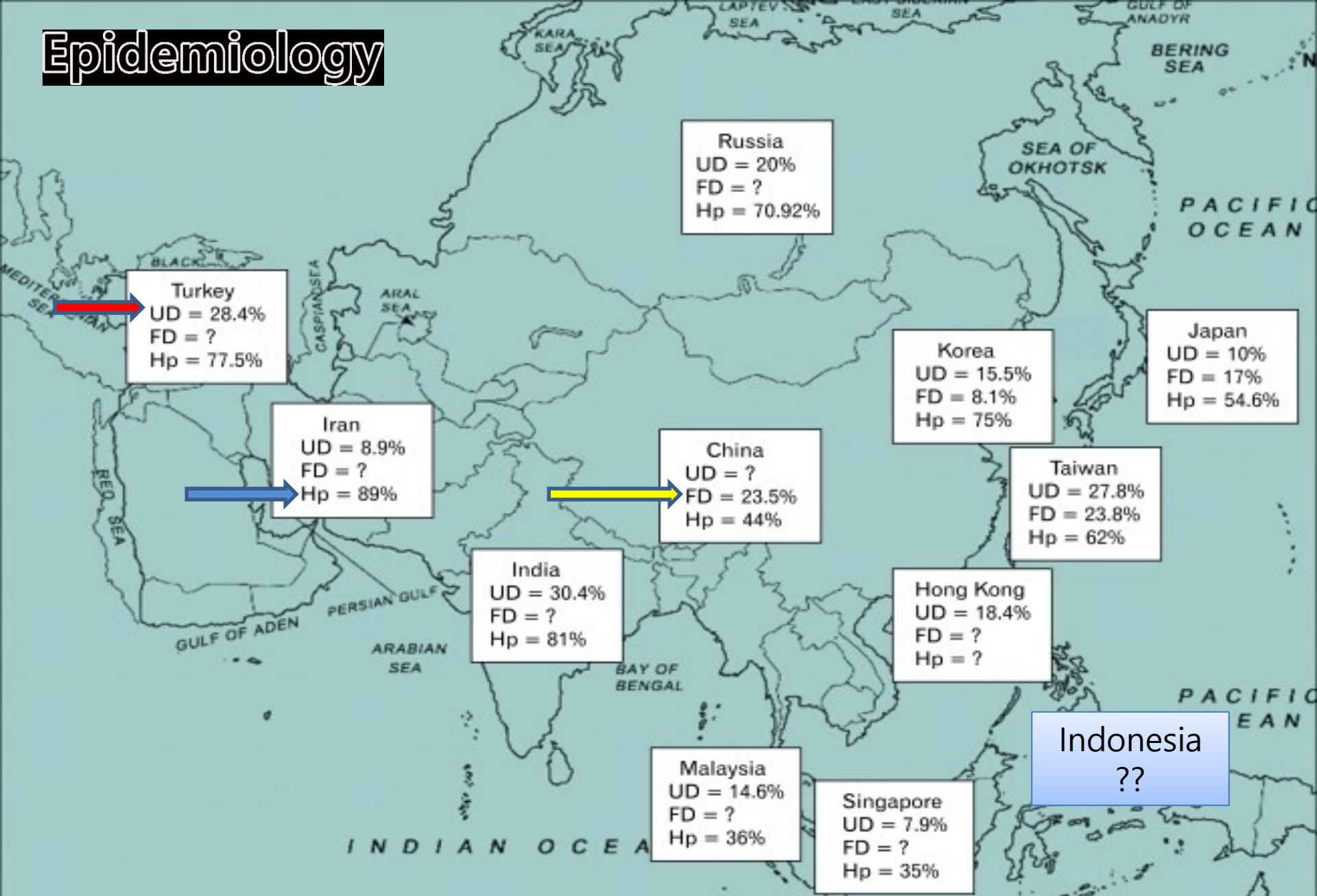


Figure 1. Prevalence uninvestigated dyspepsia, Functional Dyspepsia and H Pylori infection in ASIA



Indonesia

- Prevalence of functional dyspepsia increase in primary health care per year and influence by stress.
- 1,9 % in 2003 and 5% in 2010

Padang

- There is 13,455 new case of dyspepsia syndrome
- 11.882 old case.

HC Andalas

- A primary health care with higher dyspepsia syndrome patient 3091 case a year.

HEROES Dip (2011)

- From 854 dyspepsia patient, 76,4% was functional dyspepsia and (23,6%) organic dyspepsia.

Stress and Dyspepsia Syndrome

- Andalas Primary HC (2015)

Found that from 97 patient with dyspepsia syndrome in Puskesmas Andalas there is 77,3 % patient with psychological stress and 22,7% none

- RSUP Dr. M. Djamil Padang

Found that (2014) From 197 patient with dyspepsia syndrome, 111 patient was FD (56,35%), more than 45 years old (37,1%), women vs man (54,3% vs 45,7%) and 68,6% was the worker

(2016) from 107 patient with dyspepsia syndrome in range of age 45-55 years old, there is
18,7 % have a mild stress,
17,8% middle and
24,3% have a severe stress
(DASS 42).

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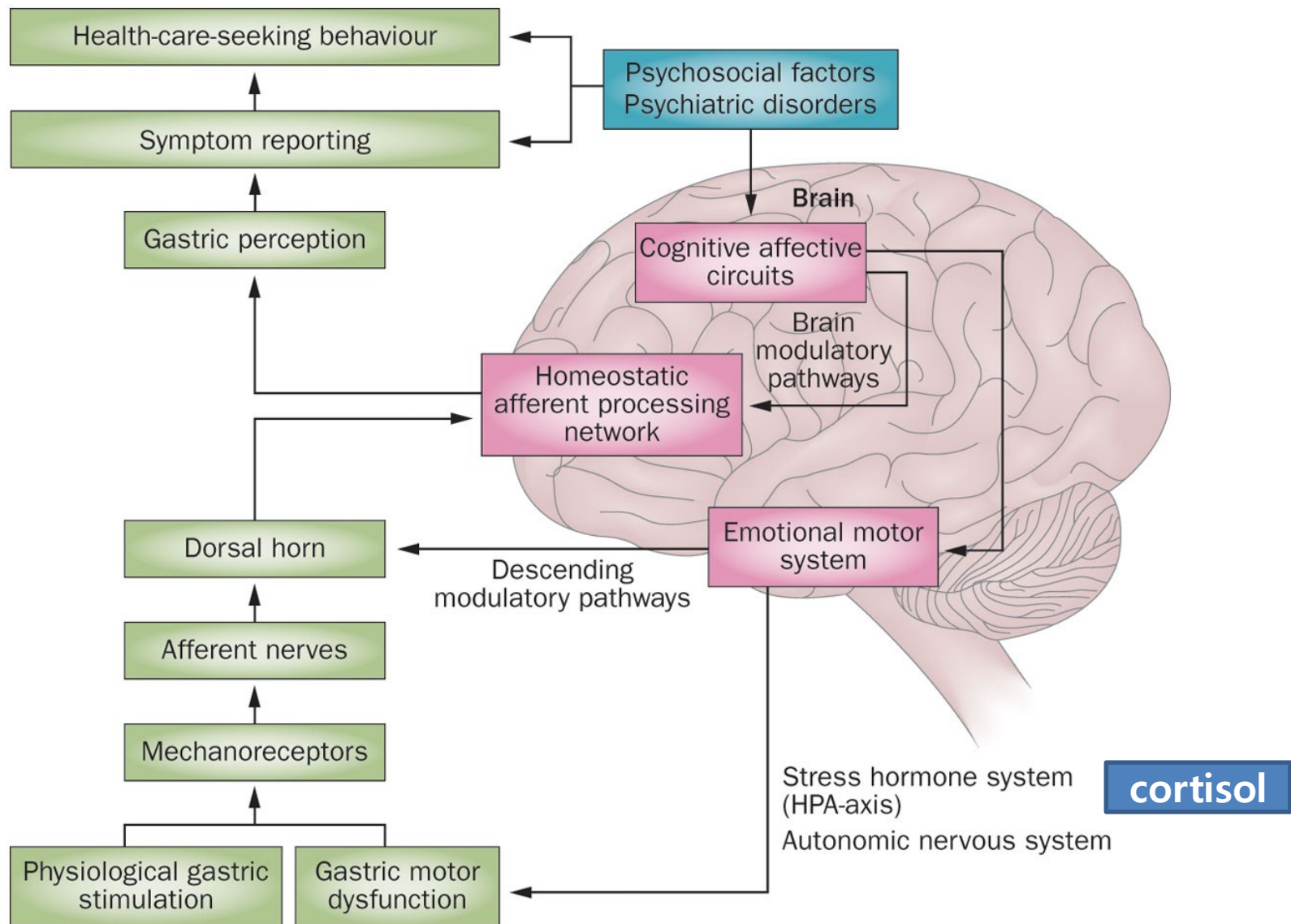


Figure 2. Schematic diagram illustrating the pathways through which psychosocial factors and psychiatric comorbidity might exert their role in functional dyspepsia

Pathophysiology of Functional Dyspepsia

- Motility disorders

 - Visceral hypersensitivity

 - Psychological factors

 - Vegetative autonomic imbalance

 - Impulse conduction disorders via neurotransmitters

 - Hormonal disorders (cortisol)

 - Changes in the immune system

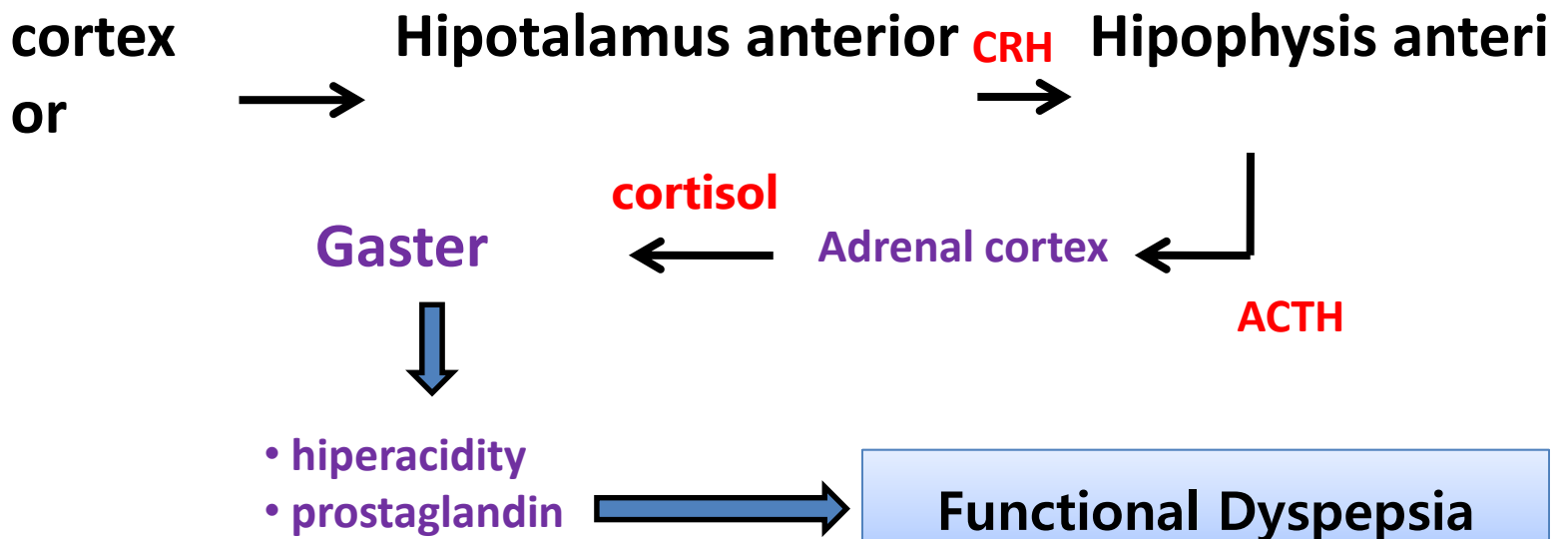
- The degree of stomach acidity

Brain Gut Axis

Psycho- Neuro- Immuno- Endokrinology

1. Neurogen pathway;
cortex – hyphotalamus anterior – Nv vagus - gastric

2. Neurohormonal pathway



Research of FD in RS.Dr. M Djamil Padang

2010

- In FD patient, depression have a relation with Hpylory infection and have difference microscopic gastric

2011

- Plasma morning cortisol level is higher in dyspepsia with depression

2013

- Depression in FD influence dietary habbit.

2015

- Proportion FD in RS.DR.M Djamil higher in 46-55 yo, women, higher education and marriage person

2016

- gastric acidity is directly proportional with degree of symptom in FD.
- subjects with intermediate – severe dyspepsia level have wide area of hyperemic lesion.

2017

- There is significant relation between anxiety and degree of FD, but Nor with depression.
- morning cortisol level in psychological stress group was higher beyond normal limit. Inter-Leukin-6 expression, as the evidence of inflammatory activity, seemed higher in non-stress group than the group with psychological stress (8.25% vs. 7.25%)
- there is a high correlation between depression and quality of life, while there is a low correlation between depression and adherence of drug.

2018

- Analyzing Determinant Factors for Pathophysiology of Functional Dyspepsia Based on Plasma Cortisol Levels, IL-6 and IL-8 Expressions and H. pylori Activity

OUTLINE



FUNCTIONAL DYSPEPSIA

STRESS AND DYSPEPSIA SYNDROME

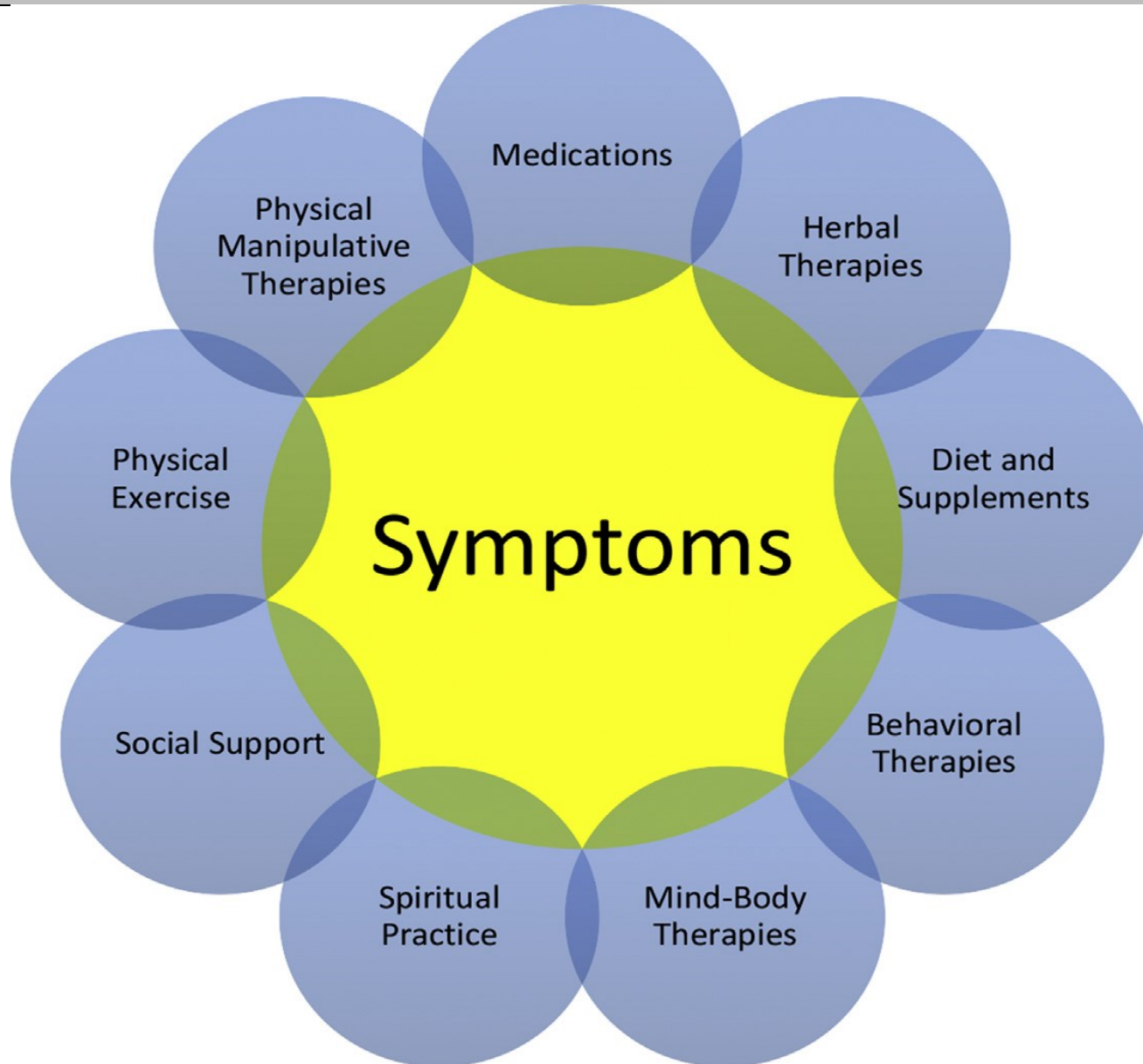
INTEGRATIVE MEDICINE

EVIDENCE BASE OF INTEGRATIVE MEDICINE



Integrative Medicine
combines
conventional western medicine
with complementary
and alternative therapies

Therapeutic Approach



CLINICAL PROTOCOL

1. Framing the conversation

Table 1 Sample questions for patients

Inquiry into Meaning	Relating Meaning with Current Circumstances	Building a Therapeutic Plan
<ul style="list-style-type: none">- What brings you joy?- What gives your life meaning?What is most important to you in your life?- What is your life purpose ?- What are your goals in life?What makes you happiest?	<ul style="list-style-type: none">- How have your current symptoms affected your practice?- How has your perspective changed since the your symptoms?- How do your symptoms relate to these aspects of your life?	<ul style="list-style-type: none">- What can we do to help you practice your joy more often/more easily?- What are your barriers to meeting your goals, and how can we overcome them?

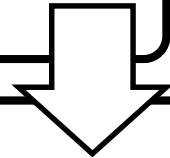
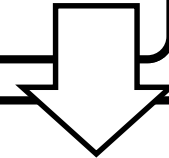
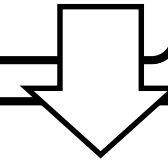
Active Listening

Attending

*Reflection of content -
Paraphrasing*

Reflection of feelings

Summarising



2. Symptom Identification and Normalization

Table 2. Symptom checklists for patient validation

Mind-Mood Symptoms	Body Symptoms	Spirit/Meaning/Purpose
<ul style="list-style-type: none"> - Depression - Sadness - Worry - Panic - Anxiety - Stress - Fear 	<ul style="list-style-type: none"> - Headaches, sleep disturbance (insomnia or hypersomnia), changes in energy level - Joint pains, muscle aches - Appetite changes (too much or too little), bowel changes (diarrhea or constipation), digestive issues (dyspepsia, abdominal pain, bloating) - Pelvic pain, dysuria, polyuria - Pruritis, hives - Palpitations, shortness of breath 	<ul style="list-style-type: none"> - Hopeless - Isolation - Lack of safety - Loss of purpose

3. Engaging the spirit

Explores the magnitude of the effects of symptoms on a patient's life

Both physical and psychological conditions

Give a simple statement that can state the doctor understands how the patient feels

"It must be so difficult for you to have all of these symptoms. How has this affected your life?"

SCIENTIFIC OVERVIEW OF TREATMENT APPROACHES

Drug / Psychotropic

Spiritual

Herbal dan suplemen

Nutrisi

Mind-Body Therapies

Leisure Activity

Psychotropic



Depend on Diagnosis and dominant symptom

Antidepressant

- Tricyclic / Tetra cyclic
- *Selektif Serotonin Reuptake Inhibitor (SSRI)*
- SSRE (selective serotonin reuptake enhancer),
- SNRI (Serotonin Nor Epinephrine Reuptake Inhibitor),
- RIMA (Reversible Inhibitory Monoamine Oksidase type A),
- NaSSA (Nor-adrenalin and serotonin Selective Anti Depressan).
- Atypical

Anti Anxiety

- Benzodiazepine
- Non Benzodiazepine

Supplement/ Vitamin/ Mineral

Omega -3 fatty acid

- alters neurotransmitter receptor concentrations
- anti-inflammatory effects,
- has a positive impact on neuronal plasticity

S Adenosylmethionine

- its antidepressant effect potential
- as an augmenter for treatment-resistant depression
- has been tolerated significantly better than tricyclic antidepressants but
- does result in occasional complaints of gastrointestinal symptoms, headaches, fatigue,
- and anxiety

Relaxation Response and Mood

Mindfulness-based stress reduction

Progressive muscle relaxation

Hypnosis

Biofeedback

Manipulative Physical Therapies and Energy Medicine

Massage

Osteopathic manipulative treatment
(soft tissue stretching etc)

Reiki, trained healers pass healing energy to a patient through direct physical contact or intention from a distance

Procedural Therapies

Acupuncture

Bright light therapies

Leisure activities (dance, music therapy)

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INTEGRATIVE MEDICINE

RESEARCH EVIDENCE OF INTEGRATIVE MEDICINE

REVIEW

Open Access

Effects of Kampo on functional gastrointestinal disorders

Conclusions

This article reviewed the effects of Kampo medicines on FGIDs, focusing on FD and IBS. Four RCTs suggested the usefulness of rikkunshito for FD. Two RCTs suggested the usefulness of keishikashakuyakuto for IBS. These Kampo medicines act on both the brain and the gastrointestinal tract to alleviate subjective symptoms. Case series suggest that several other Kampo medicines are also effective for FGIDs. However, further studies are necessary to evaluate their efficacy.

Increases BDNF

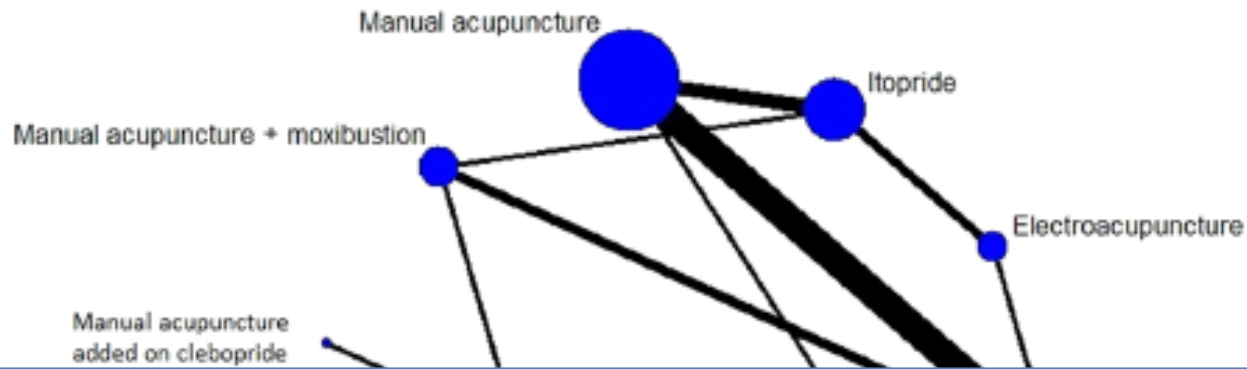
BDNF, brain-derived neurotrophic factor; CRH, corticotropin-releasing hormone; GI, gastrointestinal; HPA, hypothalamic-pituitary-adrenocortical; SNS, sympathetic nervous system.

Table 2. Randomized Clinical Trials of Single Herbs Used in the Treatment of Functional Dyspepsia

Author	Name of Herbal Product	Type of Study	Subjects	Treatment Duration	Result	Ref
Ritter et al. 1993.	<i>Chelidonium majus</i>	Placebo-controlled double-blind trial	in patients with functional epigastric complaints	6 wk	Improvement in symptoms: in plant group 60% and in the placebo group 27.6%.	(14)
Raveendra et al. 2012.	<i>Glycyrrhiza glabra</i> L.	Placebo-controlled double-blind trial	50 patients with functional dyspepsia received either placebo or GutGard.	30 d	More effective for all FD symptoms except early satiety than the placebo.	(15)
Salom et al. 2010.	<i>Nigella arvensis</i>	RCT (study of Nigella arvensis)	88 patients with non-organic dyspepsia	4 wk	This herb is effective in the treatment of functional dyspepsia.	(16)
Dabos et al. 2010.	<i>Pistacia lentiscus</i> Desf.	Placebo-controlled double-blind trial	148 patients with functional dyspepsia	3 wk	Improvement in symptoms: in the plant group 77% and in the placebo group 40%	(19)
Hu et al. 2011.	<i>Zingiber officinale</i> Roscoe	Placebo-controlled double-blind trial	Eleven patients with functional dyspepsia	6 wk	Gastric emptying was more rapid after ginger than placebo, no impact on gastrointestinal symptoms or gut peptides	(20)

They should increase gastric temperature necessary for gastric digestion, remove waste from stomach, relieve pain and bloating, increase gastric motility, be astringent, strengthen brain and cardio-vascular functions, and have sedative effects.

Citations identified through electronic databases search (n=192)
Cochrane Database of Systematic Reviews (CDSR) (n= 9)



CONCLUSION

1. Combination of manual acupuncture and debopride has the highest probability of being the most effective therapy for alleviating FD symptoms.
2. Patient who are intolerant or unresponsive to prokinetics , manual acupuncture or moxibustion may be used as alternative and related therapies



Figure 4. Network of comparison on patient reported global functional dyspepsia symptoms. Width of the lines represents the proportion of the number of trials for each comparison to the number of trials. Size of the nodes represents the proportion of the number of randomized patients (sample sizes).

Key: CR, systematic review

Figure 1. Flowchart of literature selection on systematic reviews on acupuncture and related therapies for functional dyspepsia.

Four Reasons for the Benefits of IM

Not only treat complaints, but more comprehensive

Encourage a holistic approach

Leads to the treatment of chronic problems

Higher personal attention

CONCLUSION

Functional dyspepsia requires serious, holistic and comprehensive treatment, in accordance with the concept of Integrative Medicine

Integrative Medicine could be a new approach for Functional Disease such as Functional Dyspepsia

Integrative Medicine could be release symptom, increasing quality of life, and assist treatment with the main therapy that has been used before and meet the concept of Bio-psycho-sosio-cultural and religy

First Announcement



THE 6TH SCIENTIFIC MEETING ON PSYCHOSOMATIC MEDICINE 2020

TEMU ILMIAH PSIKOSOMATIK (TIPS)

HOLISTIC APPROACH in PSYCHOSOMATIC and PALLIATIVE CARE

Friday - Saturday

April 10th - 11th 2020
Grand Dafam Rohan Hotel
Yogyakarta

**Poster
Session**

Perhimpunan Kedokteran Psikosomatik Indonesia
Bekerjasama dengan
Perhimpunan Dokter Spesialis Penyakit Dalam
Indonesia Cabang Yogyakarta

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www.psykosomatik.org

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bekerja sama dengan
PAPDI Cabang Sumatera Barat

Oktober 2020



THANK YOU