

Decoding “Ghabrahat”: A Cross-sectional KAP Study of Healthcare Professionals’ Understanding and Management of a Complex South Asian Medical Term



Rahul Garg^{1*}, Anmol Thakre²

Received: 11 February 2025; Accepted: 05 April 2025

ABSTRACT

Background: In South Asian healthcare settings, certain symptoms described in local languages create unique challenges in medical practice. “Ghabrahat” is a commonly used term that lacks standardization in medical terminology and presents difficulties in translation and interpretation. This study aimed to comprehensively assess the knowledge, attitudes, and practices (KAP) regarding “ghabrahat” among healthcare professionals.

Materials and methods: A cross-sectional study was conducted among 107 healthcare professionals, including faculty members and postgraduate trainees, across multiple tertiary care centers. A structured questionnaire was used to evaluate their understanding, perceptions, and clinical approaches regarding “ghabrahat” as a medical term.

Results: Of the 107 participants, 105 (98.1%) had encountered the term during their medical practice. The majority (77.6%) believed that “ghabrahat” requires further medical investigation, and 94.4% considered it treatable/manageable. Significant associations were found with cardiovascular (86%) and psychological (73.8%) systems. Gender differences in perception were noted by 67.2% of participants, while 88.8% believed that comorbidities influence its presentation. Notably, 54.2% of participants reported encountering mortalities directly attributed to “ghabrahat.”

Conclusion: While “ghabrahat” is widely recognized among healthcare professionals, there exists substantial variation in its interpretation, perceived severity, and management approaches. This study highlights the urgent need for standardization in understanding and approaching this commonly reported symptom in South Asian medical practice.

Journal of The Association of Physicians of India (2025); 10.59556/japi.73.1076

INTRODUCTION

In South Asian healthcare settings, particularly where English serves as the primary medium of medical education, certain symptoms described in local languages pose unique challenges in translation and interpretation. “Ghabrahat” is one such term that, despite its frequent usage in clinical practice, lacks a direct equivalent in standard medical terminology. This linguistic complexity creates significant challenges in diagnosis, treatment planning, and effective patient-provider communication.

This medically unexplained symptom (MUS) and its perceived associations with multiple body systems pose difficulty for diagnosis and treatment.^{1,2}

The term “ghabrahat” generally encompasses various symptoms, including anxiety, palpitations, restlessness, and discomfort, making it difficult to attribute to a single system or disease.³⁻⁵ In primary healthcare, patients often present with physical and mental symptoms that are challenging to classify according to standardized classification systems.³ Previous studies have shown that in 21% of primary

healthcare cases, symptoms or complaints are used for diagnosis rather than specific disease entities.²

The complexity of ghabrahat is evident in how it has been used in different studies. For instance, in research conducted in Zimbabwe on depression in developing countries, the author used ghabrahat to describe symptoms of anxiety and depression.⁶ In contrast, another study employed this term specifically for palpitations.⁷

The significance of studying “ghabrahat” lies in its prevalence and impact on healthcare delivery in South Asian contexts. The term’s ambiguity can lead to diagnostic uncertainty, potentially resulting in either overinvestigation or underdiagnosis of serious conditions. Understanding healthcare providers’ perceptions and approaches to this symptom is crucial for improving patient care and developing standardized management protocols.

MATERIALS AND METHODS

Study Design and Setting

A cross-sectional survey was conducted using a structured questionnaire to evaluate

healthcare professionals’ knowledge, attitudes, and practices (KAP) regarding “ghabrahat” as a medical term. The study was designed to capture comprehensive data about the understanding and management of this commonly encountered symptom.

Participants

The study included 107 healthcare professionals, comprising 48 (45%) faculty members and 59 (55%) postgraduate trainees. The gender distribution showed 77 (72%) males and 30 (28%) females, with a mean age of 43.04 ± 12.76 years (Table 1). Participants were recruited from multiple tertiary care centers to ensure diverse perspectives and experiences.

Data Collection Tool

A comprehensive questionnaire was developed addressing the following five key areas:

- Demographics and professional background.
- Knowledge and awareness of “ghabrahat.”
- Clinical perceptions and attitudes.
- Management practices and approaches.
- Opinions on further investigation and research are needed.

Table 1: Demography of the study participants

Characteristic	Value
Total participants	107
Males	77 (72%)
Females	30 (28%)
Faculty	48 (45%)
Postgraduates	59 (55%)
Mean age (years)	43.04 ± 12.76

¹Associate Professor; ²PG Resident, Department of Medicine, FH Medical College, Agra, Uttar Pradesh, India; *Corresponding Author

How to cite this article: Garg R, Thakre A. Decoding “Ghabrahat”: A Cross-sectional KAP Study of Healthcare Professionals’ Understanding and Management of a Complex South Asian Medical Term. *J Assoc Physicians India* 2025;73(8):40–42.

Statistical Analysis

Data were analyzed using MS Excel. Frequencies and percentages were calculated for categorical variables. Results were organized to highlight patterns in understanding and management approaches among healthcare professionals.

RESULTS

Knowledge and Awareness

The study revealed extensive exposure to “ghabrahat” among healthcare professionals, with 105 (98.1%) participants having encountered the term during their medical training or practice (Table 2) with 61% of them encountering it frequently (Fig. 1). This high percentage underscores the term’s prevalence in South Asian healthcare settings. When asked about their understanding of the symptom, participants provided varied interpretations, demonstrating the term’s complex nature, with 9.3% having an excellent understanding of the term, 36.4% having a good understanding, 38.3% having a fair understanding, while 15.9% having a poor understanding of this term. The majority associated “ghabrahat” with multiple body systems, with cardiovascular (86%) and

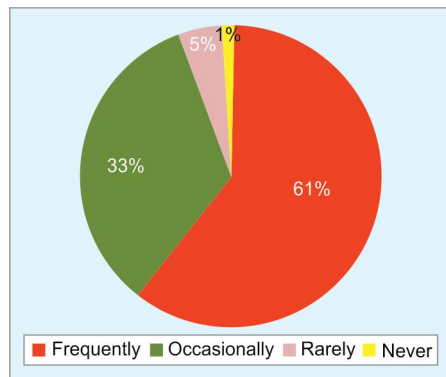


Fig. 1: Frequency of encountering patients with ghabrahat

psychological (73.8%) systems being the most frequently cited (Fig. 2). Other significant associations included drug side effects (31%), endocrine disorders (23.4%), gynecological issues (5.2%), and various other conditions, including respiratory diseases, anemia, and dehydration (3.4%).

Perceptions and Attitudes

The study revealed significant variations in how healthcare professionals perceive “ghabrahat” and its clinical significance (Fig. 3). A substantial majority (77.6%) believed that the condition requires further medical investigation, indicating recognition of its potential clinical importance (Table 2). Gender-based differences in perception were noted by 67.2% of participants, suggesting that patient gender influences how the symptom is interpreted and managed (Table 2). An even larger proportion (88.8%) believed that comorbidities and risk factors significantly affect the presentation and interpretation of “ghabrahat” (Table 2).

A particularly noteworthy finding was that 54.2% of participants reported encountering mortalities directly attributed to “ghabrahat,” highlighting the potential severity of conditions presenting with this symptom (Table 2). This finding contradicts any assumption that “ghabrahat” is always a benign presentation and emphasizes the need for careful evaluation of patients presenting with this symptom.

Clinical Practice and Management

The study revealed diverse approaches to managing patients presenting with “ghabrahat.” An overwhelming majority (94.4%) of participants considered it a treatable or manageable condition (Table 2), with 71.7% specifically believing in the success of medical treatment (Fig. 4). The management strategies employed by healthcare professionals varied considerably, reflecting the complex nature

of the symptom. Different interpretations of “ghabrahat” led to various diagnostic (Fig. 5) and treatment approaches, with participants reporting success with both pharmacological and nonpharmacological interventions (Fig. 4).

When asked about specific symptom interpretations, healthcare providers associated “ghabrahat” with multiple manifestations:

- Anxiety or nervousness (79.3%).
- Palpitations (59.8%).
- Restlessness (53%).
- Breathing difficulty (42.5%).
- Pain or discomfort (28.9%).
- Depression (17.7%).
- Irritability (15.9%).
- Fear of impending disaster (14.5%).

System-wise Association

The multisystem association of “ghabrahat” emerged as a significant finding, with participants linking it to various physiological and psychological conditions. The predominant association with cardiovascular and psychological systems suggests a possible psychosomatic component, requiring a holistic approach to diagnosis and treatment. The diverse system associations reported by participants highlight the challenge in developing standardized treatment protocols.

DISCUSSION

This comprehensive study of healthcare professionals’ KAP regarding “ghabrahat” reveals several important findings that have significant implications for clinical practice. The near-universal recognition of the term (98.1%) among participants confirms its prevalence in South Asian healthcare settings and underscores the importance of understanding its various interpretations and implications.

Table 2: Perception of the participants regarding the term “ghabrahat”

Question number	Question	Yes n (%)	No n (%)
1	Have you encountered the term “ghabrahat” during your medical training or practice?	105 (98.1%)	2 (1.9%)
2	Do you think the perception of “ghabrahat” varies based on the patient’s sex?	72 (67.2%)	35 (32.8%)
3	Do you think the perception of “ghabrahat” varies based on the patient’s comorbidities or risk factors?	95 (88.8%)	12 (11.2%)
4	In your experience, have you encountered any mortalities directly attributed to “ghabrahat”?	58 (54.2%)	49 (45.8%)
5	In your opinion, is “ghabrahat” a condition that requires further medical investigation?	83 (77.6%)	24 (22.4%)
6	Do you believe that “ghabrahat” is a treatable/manageable condition?	101 (94.4%)	6 (5.6%)

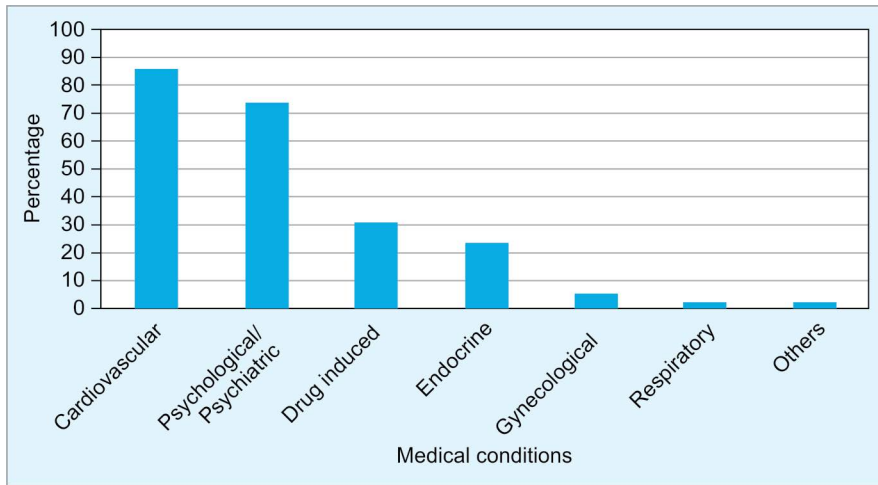


Fig. 2: Medical conditions associated with ghabrahat

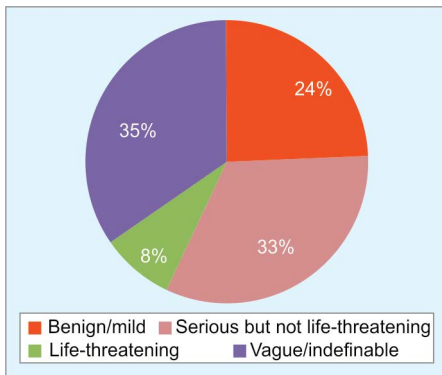


Fig. 3: Perception of ghabrahat as a medical symptom

The study highlights three key challenges in dealing with “ghabrahat” as a medical term. First, the wide variety of symptoms associated with the term makes it difficult to establish standardized diagnostic criteria. Second, the significant variation in healthcare providers’ interpretations and management approaches suggests a need for more structured guidelines. Third, the high percentage of participants reporting mortality cases associated with “ghabrahat” (54.2%) indicates that this symptom should not be dismissed as merely a manifestation of anxiety or mild distress.

The strong association with both cardiovascular and psychological systems (86 and 73.8%, respectively) suggests that “ghabrahat” might represent a complex psychosomatic manifestation requiring a multidisciplinary approach to diagnosis and treatment. This finding aligns with previous research indicating the challenges of classifying such symptoms within conventional medical frameworks.^{3,5-7}

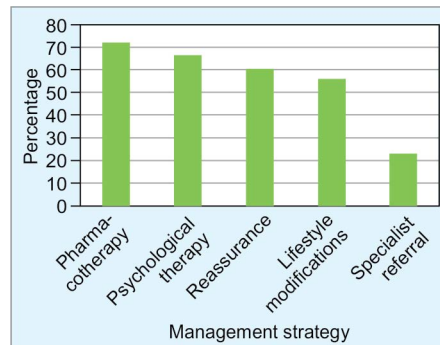


Fig. 4: Management strategies for ghabrahat

The influence of patient demographics and comorbidities on the perception and presentation of “ghabrahat” adds another layer of complexity to its clinical management. The high percentage of participants (88.8%) noting the impact of comorbidities suggests the need for individualized assessment and treatment approaches.

Limitations of the Study

The study’s limitations include its cross-sectional nature, which prevents the assessment of temporal changes in understanding and management approaches. Additionally, the focus on tertiary care centers might not fully represent the perspectives of healthcare providers in primary care settings.

CONCLUSION

This study provides comprehensive insights into healthcare professionals’ understanding

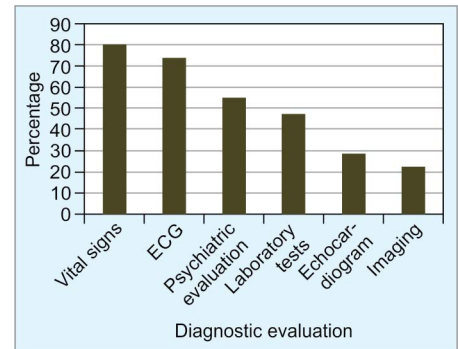


Fig. 5: Diagnostic evaluation of ghabrahat

and management of “ghabrahat” in South Asian medical practice. While the term is widely recognized, there is significant variation in its interpretation and management. These results emphasize the urgent need for standardized guidelines, enhanced medical education regarding culturally specific symptoms, and the development of evidence-based protocols. Further research is warranted to better understand the relationship between “ghabrahat” and serious medical conditions, ultimately improving patient care in South Asian healthcare settings.

ORCID

Rahul Garg <https://orcid.org/0009-0008-5219-806X>

Anmol Thakre <https://orcid.org/0009-0005-4370-0773>

REFERENCES

1. Woivalin T, Krantz G, Mantyranta T, et al. Medically unexplained symptoms: perceptions of physicians in primary health care. *Fam Pract* 2004;21:199–203.
2. Ringsberg KC, Krantz G. Coping with patients with medically unexplained symptoms work-related strategies of physicians in primary health care. *J Health Psychol* 2006;11:107–116.
3. Irfan SS, Ahmed Z, Farooq MZ, et al. Evaluation of “Ghabrahat” as a medical term: a survey of healthcare professionals. *J Pak Med Assoc* 2016;66(1):122–124.
4. Sidana A, Sharma RP, Chavan BS, et al. Psychiatric profile of patients attending general emergency room services—a prospective study. *J Mental Health Human Behav* 2009;14:80–83.
5. Khan MS, Jafari FH, Faruqi AM, et al. High prevalence of lack of knowledge of symptoms of acute myocardial infarction in Pakistan and its contribution to delayed presentation to the hospital. *BMC Public Health* 2007;7:284.
6. Patel V, Abbas M, Broadhead J, et al. Depression in developing countries: lessons from Zimbabwe. *BMJ* 2001;322:482–484.
7. Shakoor A, Shafqat F, Mehmud TeH, et al. Frequency of depression and somatic symptoms in patients on interferon alpha/ribavirin for chronic hepatitis C. *J Ayub Med Coll Abbottabad* 2010;22:6–9.