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A Mapping Field of Schizophrenia: A Study of Bangladesh

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ABSTRACT

Schizophrenia is a serious mental illness in health condition associated with unusual expressions or perceptions of reality. It can lead to significant social or occupational dysfunction.It can feature auditory hallucinations, or hearing things that are not there. Less commonly, the persons may experience visual hallucinations, in which they see things that they do not exist.Schizophrenia is a mental illness characterized by continuous or relapsing episodes of psycho-social clinical aspect. Major symptoms include hallucinations there often hearing voices, delusions, having beliefs not shared by others, and disorganized thinking. This paper tries to invent symptoms which include social withdrawal, decreased emotional expression, and lack of motivation. How and why do the Schizophrenia people lead their all styles of life? It is a kind of emotional motivation where there links up the social factors. There are many social clinical hospitals in Bangladesh. They can it how to drive it from the family of Bangladesh. From the government institutions to the private caregivers' institution is treated it for the people of Bangladesh. This paper tries to explore how to get rid from this type of social psychological problems in Bangladesh.

KYWORDS: Definition, Causes, Results, Symptoms and Treatment

1. INTRODUCTION

Schizophrenia is a mental illness characterized by continuous or relapsing episodes of psychosis.[i] Major symptoms include hallucinations, there often hearing voices, delusions, having beliefs not shared by others, and disorganized thinking.[ii] A many symptoms include social withdrawal, decreased emotional expression, and lack of motivation. Symptoms typically come on gradually, begin in young adulthood, and in many cases never resolve. There is no objective diagnostic test; diagnosis is based on observed behavior, a history that includes the person's reported experiences, and reports of others familiar with the person.[iii]To be diagnosed with schizophrenia, symptoms and functional impairment need to be present for six months, (DSM-5), or one month, (ICD-11). Many people with schizophrenia have other mental, emotional and depression and motivational disorders that often include an anxiety disorder such as panic disorder, an obsessive–compulsive disorder, or a substance use disorder.About 0.3% to 0.7% of people are affected by schizophrenia during their lifetime.[iv] In 2017, there is an estimated 1.1 million new cases and in 2019 a total of 20 million cases globally. Males are more often affected and on average have an earlier onset. The causes of schizophrenia include genetic, lack of friendship, want of will, want of getting desired power, lack of family's unawareness, social clinical limitations and environmental factors. Genetic factors include a variety of common and rare genetic variants. Possible environmental factors include being raised in a city, cannabis use during adolescence, infections, the ages of a person's mother or father, and poor nutrition during pregnancy.About half of those diagnosed with schizophrenia will have a significant improvement over the long term with no further relapses, and a small proportion of these will recover completely.[v] The other half will have a lifelong impairment, and severe cases may be repeatedly admitted to hospital. Social problems such as long-term unemployment, poverty, homelessness, exploitation, and victimization are common consequences of schizophrenia. Compared to the general population, people with schizophrenia have a higher suicide rate (about 5% overall) and more physical health problems, leading to an average decreased life expectancy of 20 years. In 2015, an estimated 17,000 deaths were caused by schizophrenia.[vi]

1.1 Research Questions:

How do the Schizophrenia people lead their all styles of life in Bangladesh? Why are they being died for unavoidable death? What causes to Schizophrenia? What are the symptoms for Schizophrenia? This paper tries to identify and to invent a social clinical helping where may stay all kinds of caregiversshouting and treating about their social life and values.

1.2 Aims and Objects:

Schizophrenia is a complex disease that affects 1% of the population.[vii] This disease has a considerable impact not only on patients' health and well-being but also on their surrounding environment. The costs of the disease's management remain large for individuals and society. While literature on the economic impact of schizophrenia is abundant, few studies have focused on its humanistic burden. This does not only concern patients, but also caregivers, relatives, neighbors and others in a patient's daily life. This burden appears through several dimensions, including treatment side effects and the impact on caregivers and features of the patient's environment. The aim and objects of this research is to consider and describe of schizophrenia.

1.3 Rationale of the Study

All individual human expect to lead and live their life with peacefully in every walk of life caravan. The prime emotional and mental situation is the best prerequisite peaceful loving life in a way of mental disorders that creates impairing with their ability such as personal, impersonal, passive moment and introduced life spontaneous. This is why the injured or infected people mayn’t function in the accepted and willed causalities which may cover their abilities. The researcher thinks that the well treatment, well services and well treatment are so many gaps. These caregivers and clinical psychological management is not well up in the pertinent discussion of Bangladesh. Bangladesh is now backward for the best treatment for Schizophrenia. Because of a great crisis, there is a survey report has been showed that about one million and fourlacs people in Bangladesh who are suffering from a great mental disorders. The sixty four lacs and fifty four thousands humans, who are greatly suffering from a great depressive disorder and a great impairment, and one seventeen millions and forty six thousands humans, who are in neuroglia vigorousness, and in disorder. Most of them are the patients found in general practice,

out patients' services and off-time patience services at hospitals and primary health care centers. [7]

1.4 Literature Review

Through the initial search of databases, the author has been identified 107 articles on mental disorders in Bangladesh. After the review of titles and the abstracts the author has excluded many articles as they are deemed not relevant to the review. Out of the remaining few articles, 3 failed to meet the screening criteria and full text of the remaining many articles are further reviewed and checked for eligibility which has resulted in further exclusion of another few articles, 5 of which were due to qualitative in nature and some does not fulfill the required methodological criteria. Finally, many studies meet the inclusion criteria for the review. Most common mental disorders in the selected articles are major anxiety, depression and overall psychiatric disorders.[viii]Altogether 13 articles reported prevalence; six reported service delivery; six on management and another seven, on depression as comorbid condition. Only 5 of the 13 prevalence studies have been published in international journals provided adequate details of methods. Among the articles reported prevalence, 9 studies are community based studies. Diagnosis in all the 5 studies is either made by a psychiatrist or a trained worker using validated instruments, and is considered as good quality. Only 2 studies discussed the generalizability of their findings along with the study limitations. The author does not find any prospective study presenting the natural course of the disorder or any rigorously controlled study of any intervention.

1.5 Research Methodology

In this Research paper, we used Qualitative and Quantitative methodology under the social science survey pattern. And the secondary sources as literature books and articles are used in this research paper. The author worked field survey himself and some pictures are taken from the Internet such as Google Scholar, Internet Archive and Researchgate. The researcher thinks that this process leads to a qualitative manner and etiquette through the mixed methodology.

1.6Acknowledgement

All praise to the Supreme creator, Allah who has created me as a male. This is caused that I try to invent the novel path for the field of research museum. Secondly I am indebted to my pious mother late SofelaKhatunwho had to foster in keeping to her womb and she had taught me to discover the new and new source which might create a peaceful world. The pious father late AbulHossainBiswaswho had also fostered me as possible as, he had supported and had been educated me and my elder brother who is a famous agriculturist Md. Sirazul Islam takes care of me. Thirdly all are to be stored if I don't acknowledge my sweet wife Dr. Halima Khatunwho always helps to hit upon a new plan for discovering and in particularly, has inspired to attend to the academic research studies. Fourthly, in this way, there are scholarly scholars who guide me and they are Professor Dr. ASM AtiqurRahman and Professor Dr. and Director TahminaAkhter, Institute of Social Welfare & Research, University of Dhaka, Assistant Professor Rtd Dr. HaridashGhosh, GHMC, Dhaka how to draft and to study a research paper and there is especially Assistant Professor Md. Kohinoor Hossain but he helps me to redesign this paper tremendously. I am very indebted to Ex-Information Minister of Bangladesh Government and President of Bangladesh Somajtantric Dal, Jsd,HasanulHaqueInu. Sometimes my two sons help me to advance my research paper writing with giving me a passion who areBiswasAhad Abdullah Hasanand BiswasAhad Abdullah Hussain.I thankto the National Institute of Mental Health (NIMH), Dhaka, Bangladesh for their insightful comments.

1.7The Study Limitation

This field is large because all medical institutions in Bangladesh will not be covered where there is a vast gap of medication for Schizophrenia. In 2017, the Global Burden of Disease Study estimated there were 1.1 million new cases, and in 2019 WHOreported a total of 20 million cases globally. Schizophrenia affects around 0.3–0.7% of people at some point in their life. It occurs 1.4 times more frequently in males than females and typically appears earlier in men the peak ages of onset are 25 years for males and 27 years for females.Onset in childhood, before the age of 13 can sometimes occur. A later onset can occur between the ages of 40 and 60, known as late

onset, and also after 60 known as very late onset. Worldwide, schizophrenia is the most common psychotic disorder.The frequency of schizophrenia varies across the world, within countries, and at the local and neighborhood level. This variation has been estimated to be fivefold. It causes approximately one percent of worldwide disability adjusted life years and resulted in 17,000 deaths in 2015. But Bangladesh has not a good management for the treatment and management for the mental illness. This paper tries to explore and to realize about the psychosocial conditions of the people living and fighting with Schizophrenic family in Bangladesh. The study limitations have been taken out during the every stair of remaking to this current study paper. The author attempts to renew based on the interpretation of the epidemiological observation for the phenomenological qualitative research methodology where he may imagine he has a very short knowledge about this paper making methodology absolutely. In this field, there has been worked as a few where none can find out a latest findings and data sources. There is a large numberpeople of Bangladesh who have been died, there is no research study where any researcher may find out the best sources why the people of Bangladesh suffer from Schizophrenia and been died of it.

Sorry to say, the Bangladeshi physicians are not eager to do well for the societal development but they think how to earn money. In that case, Bangladeshi clinical social work and caregiving institutions sit on how to earn money with name of nursing for mental diseases. Some nongovernment organizations in Bangladesh try how to cure and free from the Schizophrenia where the researchers can get few data. This paper will attempt to study about Schizophrenia by paper based sources.

2. DISCUSSION

Schizophrenia is a mental health condition associated with unusual expressions or perceptions of reality. It can lead to significant social or occupational dysfunction.It can feature auditory hallucinations, or hearing things that are not there. Less commonly, the person may experience visual hallucinations, in which they see things that do not exist.There may be bizarre or paranoid delusions, and disorganized speech and thinking.Schizophrenia is normally diagnosed in early adulthood. The United States Centers for Disease Control and Prevention,

estimate that schizophrenia affects between 0.6 and 1 percent of the global population.The earliest attempts to treat schizophrenia were psychosurgical, involving either the removal of brain tissue from different regions or the severing of pathways. These were notably frontal lobotomies and cingulotomies which were carried out from the 1930s. In the 1930s a number of shock therapies were introduced which induced seizures (convulsions) or comas. Insulin shock therapy involved the injecting of large doses of insulin in order to induce comas, which in turn produced hypoglycemia and convulsions. The use of electricity to induce seizures was developed, and in use as electroconvulsive therapy by 1938. Stereotactic surgeries were developed in the 1940s. Treatment was revolutionized in the mid-1950s with the development and introduction of the first typical antipsychotic, chlorpromazine. In the 1970s the first atypical antipsychotic clozapine, was introduced followed by the introduction of others.[ix] The author thinks that this disease is a great problem in Bangladesh where the social welfares' and social workers are not keen to nurse this type of patient. This is a clinical sociological motivation where the psychiatrics have to be more dutifulness and awareness how to cure them who are suffering from it. In our country, Bangladesh has not developed to cure fully them by giving passion and love that will be heart-loving motivation. The physicians of Bangladesh are mad for money but not interest in heartfulness to treat them who are in it.

3. SCHIZOPHRENIA

The history of schizophrenia is complex and does not lend itself easily to a linear narrative.[x] Accounts of a schizophrenia-like syndrome are rare in records before the 19th century. The earliest cases detailed were reported in 1797, and 1809. Dementia praecox, meaning premature dementia was used by German psychiatrist Heinrich Schüle in 1886, and then in 1891 by Arnold Pick in a case report of hebephrenia. In 1893 Emil Kraepelinis used the term in making a distinction, known as the Kraepelinian dichotomy, between the two psychoses – dementia praecox, and manic depression (now called bipolar disorder).Kraepelinhas believed that dementia praecox is probably caused by a systemic disease that is affected many organs and nerves, affecting the brain after puberty in a final decisive cascade.Schizophrenia has great human and economic costs. It results in a decreased life expectancy of 20 years.This is primarily

because of its association with obesity, poor diet, a sedentary lifestyle, and smoking, with an increased rate of suicide playing a lesser role.

Side effects of antipsychotics may also increase the risk.These differences in life expectancy increased between the 1970s and 1990s. An Australian study puts the rate of early death at 25 years, and views the main cause to be related to heart disease. Primary polydipsia, or excessive fluid intake, is relatively common in people with chronic schizophrenia.This may lead to hyponatremia which can be life-threatening. Antipsychotics can lead to a dry mouth, but there are several other factors that may contribute to the disorder. It is suggested to lead to a reduction in life expectancy by 13 per cent.A study has suggested that real barriers to improving the mortality rate in schizophrenia are poverty, overlooking the symptoms of other illnesses, stress, stigma, and medication side effects, and that these need to be changed.Schizophrenia is a major cause of disability, with active psychosis ranked as the third-most-disabling condition after tetraplegia and dementia, and ahead of paraplegia and blindness. Approximately 75% of people with schizophrenia have ongoing disability with relapsesand 16.7 million people globally are deemed to have moderate or severe disability from the condition.Some people do recover completely and others function well in society.Most people with schizophrenia live independently with community support.About 85% are unemployed. In people with a first episode of psychosis in schizophrenia a good long-term outcome occurs in 31%, an intermediate outcome in 42% and a poor outcome in 31%. Males are affected more often than females, and have a worse outcome.Outcomes for schizophrenia appear better in the developing than the developed world.These conclusions have been questioned.Social problems, such as long-term unemployment, poverty, homelessness, exploitation, stigmatization and victimization are

common consequences, and lead to social exclusion. There is a higher than average suicide rate associated with schizophrenia estimated at around 5% to 6%, most often occurring in the period following onset or first hospital admission.Several times more (20 to 40%) attempt suicide at least once.There are a variety of risk factors, including male gender, depression, a high IQ,heavy smoking,and substance abuse.Repeated relapse is linked to

an increased risk of suicidal behavior.The use of clozapine can reduce the risk of suicide and aggression.Schizophrenia and smoking have shown a strong association in studies worldwide.Use of cigarettes is especially high in those diagnosed with schizophrenia, with estimates ranging from 80 to 90% being regular smokers, as compared to 20% of the general population.Those who smoke tend to smoke heavily, and additionally smoke cigarettes with high nicotine content.Some propose that this is in an effort to improve symptoms.Among people with schizophrenia use of cannabis is also common. It is thought to be an early form of dementia, a degenerative disease. When it becomes evident that the disorder is not degenerative it is renamed schizophrenia by EugenBleuler in 1908.[xi]The term schizophrenia is used to be associated with split personality by the general population but that usage goes into decline when split personality becomes known as a separate disorder, first as multiple identity disorder, and later as dissociative identity disorder. In 2002 in Japan the name is changed to integration disorder, and in 2012 in South Korea, the name is changed to attunement disorder to reduce the stigma, both with good results.A molecule of chlorpromazine, the first antipsychotic developed in the 1950s.In the early 20th century, the psychiatrist Kurt Schneider is listed the psychotic symptoms of schizophrenia into two groups of hallucinations, and delusions. The hallucinations are listed as specific to auditory, and the delusional included thought disorders. These are seen as the symptoms of first-rank importance and are termed first-rank symptoms. Whilst these are also sometimes seen to be relevant to the psychosis in manic-depression, they are highly suggestive of schizophrenia and typically referred to as first-rank symptoms of schizophrenia. The most common first-rank symptom is found to belong to thought disorders. In 2013 the first-rank symptoms are excluded from the DSM-5 criteria.Schizophrenia is a severe psychiatric disorder. The disease usually starts in adolescence or early adult life and often becomes chronic and disabling. Theoverall direct and indirect costs of the disorder are huge.[12]The burden on the patient's family is heavy and both the patient and his or her relatives are often exposed to the stigma associated withthe illness, sometimes over generations. Thus schizophrenia is a major publichealth problem.[13]First-rank symptoms are seen to be of limited use in detecting schizophrenia but may be of help in differential diagnosis.In the early 1970s in the US, the diagnostic model used for schizophrenia is

broad and clinically-based using DSM II. It hasbeen noted that schizophrenia is diagnosed far more in the US than in Europe which has been using the ICD-9 criteria. The US model is criticized for failing to demarcate clearly those people with a mental illness, and those without. In 1980 DSM III is published and showed a shift in focus from the clinically-based bio-psychosocial model to a reason-based medical model. DSM IV is showed an increased focus to an evidence-based medical model. DSM-5 is published in 2013 and introduced changes to DSM IV.

3.1 Definition

Schizophrenia is a mental illness which is serious mental disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs daily functioning, and can be disabling.The word schizophrenia translates roughly as "splitting of the mind" and is Modern Latin from the Greek roots schizein (σχίζειν, "to split") and phrēn, (φρεν, "mind"). Its use is intended to describe the separation of function between personality, thinking, memory, and perception.[xii] It is also a serious mental illness where it distorts the path in a person think, acts, feels, sighs, expresses emotion, attribute of reality, and interrelates to others. The Schizophrenic people are the most chronic and disabling of the major illness. They have often crisis functioning not only in Bangladeshi society but also global society, at Work, at School, at College, at Madrasha, at Technical institution, at University, at Communication, at Marriage, at Politics, at Administration and at making relationships with others. It may give up its suffrage, frightened and withdrawn. It's a lifelong disease which may be cured but generally may be controlled with proper medication such as medicine and natural way. It affects men, women and third genders equally. It happens at popular rates in all kinds of social groups in the world. Its symptoms are like hallucinations and delusions. It gradually originates between sixteen ages to thirty ages where males tend to gain experiences symptoms at a few primitive than females and third genders. Masi et al (2006) say: "Most of the time, people do not get Schizophrenia after age 45." Nicolson et al(2000) say: "It rarely occurs in children, but awareness of childhood-onset.

Schizophrenia is increasing."Symptoms typically come on gradually, begin in young

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adulthood, and in many cases never resolve.There is no objective diagnostic test; diagnosis is based on observed behavior, ahistory that includes the person's reported experiences, and reports of others familiar with the person. To be diagnosed with schizophrenia, symptoms and functional impairment need to be present for six months, (DSM-5), or one month, (ICD-11). Many people with schizophrenia have other mental disorders that often includes an anxietydisorder such as panic disorder, an obsessive–compulsive disorder, or a substance use disorder.The mainstay of treatment is an antipsychotic medication, along with counseling, job training, and social rehabilitation.Up to a third of people do not respond to initial antipsychotics, in which case the antipsychotic clozapine may be used. In situations where there is a risk of harm to self or others, a short involuntary hospitalization may be necessary. Long-term hospitalization may be needed for a small number of people with severe schizophrenia. In countries where supportive services are limited or unavailable, long-term hospital stays are more typical.In the young people who advance the disease, this stage of the major illness is regarded as the “prodromal” period of time.Recent research reveals that schizophrenia may be a result of misaligned neuronaldevelopment in the fetal brain which develops into full-blown illness inlate adolescence or early adulthood. [13]Schizophrenia is an extremely complex mental disorder: in fact it is probably many illnesses masquerading as one. Symptoms are believedto be caused by a biochemical imbalance in the brain. [14]There are billions of nerve cells in the brain. Each nerve cell has branches that transmit and receive messages from other nerve cells.The nerve endings release chemicals, called neurotransmitters, whichcarry the messages from the end of one nerve branch to the cellbody of another. In the brain afflicted with schizophrenia, somethinggoes wrong in this communication system. [15]It has two sides. One is bad side but other side is good. They are: (a)A brain disease; a biological illness, (b)Identified by internationally agreed upon and fairly, (c)specific symptoms, (d) Characterized by disorganization of thought/perception, (e) Characterized by apathy, lack of interest, lack of attention, (f) social withdrawal (g)A disorder that often strikes people in their prime(age 15-25 years) and (h) Recovery depends on treatment.Schizophrenia is not: (a) Rare – no one is immune, (b) A split personality and (c) The result of any action or personal failure by the individual. [16]Genetics is thatSchizophrenia

sometimes runs in families. However, it is important to know that just because someone in a family has schizophrenia, it does not mean that other members of the family will have it as well. Environment is that manyenvironmental factors may be involved, such as living in poverty, stressful surroundings, and exposure to viruses or nutritional problems before birth. Disruptions in brain structures, brain function, and brain chemistry**.** These disruptions could be the result of genetic or environmental factors and, in turn, may cause schizophrenia.

3.2 Classification

In the past, there were different subtypes of schizophrenia, including: Paranoid schizophrenia, disorganized, or hebephrenic schizophrenia, catatonic schizophrenia, childhood schizophrenia and schizoaffective disorder. community studies, prevalence in developing countries, pockets of high and low prevalence, epidemiologic catchment area study, family and twin studies, season of birth, prevalence in different socioeconomic groups, other risk factors, epidemiological studies in primary health care facilities, epidemiological studies in psychiatric facilities, epidemiological studies in other facilities or among special, population groups, Prisoners, the homeless, epidemiological research and the etiology of schizophrenia, implications of neuroanatomical and neurophysiological research and studies of high-risk groups. The author may divide Schizophrenia into two sections. They are:(a) Genetic issues or Classic Issues and (b) Modernizational issues.In 2013 the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-V) changed the method of classification to bring all these categories under a single heading: schizophrenia.According to the American Psychiatric Association, the decision to eliminate these various subtypes was based on the conclusion they had "limited diagnostic stability, low reliability, and poor validity." It was concluded that they did not help to provide better treatment or to predict how patients would respond to treatment.Two other important changes were made to the diagnostic criteria in 2013.One was the removal of the requirement for a person to experience bizarre delusions and to hear two or more voices talking during an auditory hallucination to receive a positive diagnosis.The second was that, to receive a diagnosis, a person must have at least one of the following symptoms:(a) hallucinations, (b) delusions, (c) disorganized speech,

3.3Duration of it and Treatment:

Currently, schizophrenia is diagnosed by the presence of symptoms or their precursors for a period of six months. Two or more symptoms, such as hallucinations, delusions, disorganized speech, and grossly disorganized or catatonic behavior, must be significant and last for at least one month.The mainstay of treatment is an antipsychotic medication, along with counseling, job training, and social rehabilitation. Up to a third of people do not respond to initial antipsychotics, in which case the antipsychotic clozapine may be used. In situations where there is a risk of harm to self or others, a short involuntary hospitalization may be necessary. Long-term hospitalization may be needed for a small number of people with severe schizophrenia. In countries where supportive services are limited or unavailable, long-term hospital stays are more typical.[17]There are two ways to cure from Schizophrenia such as Medication and Natural way. The researcher thinks the treatment for it which is the best if the schizophrenic patients have to hear music but he or she or they must be free from it.It is narrated that al-Kindi used music to help patients who were going to die; to say their last will before death. [18] Music can fully cure from schizophrenia. Although he used to play the lute in his youth, later on he did not recommend playing musical instruments and argued that this activity is for youth· [19]Those who have come to partake intimately of burning love should listen to the voice of music until they drown the blazing fire with their tears, and capture a moment of tranquility within the state of bewilderment (*shuridelik*). [20]

4. CAUSES

The causes of schizophrenia have been the subject of much debate, with various factors proposed and discounted or modified.The language of schizophrenia research under the medical model is scientific. Such studies suggest that genetics, prenatal development, early environment, neurobiology, and psychological and social processes are important contributory factors.Psychiatric research into the development of the disorder is often based on a neurodevelopmental model (proponents of which see schizophrenia as a syndrome).[21] However, schizophrenia is diagnosed on the basis of symptom profiles. Neural correlates do not provide sufficiently useful criteria.[22]The one thing that researchers can agree on is that schizophrenia is

a complicated and variable condition.

It is best thought of as a syndrome, a cluster of symptoms that may or may not have related cases, rather than a single disease.It is possible for schizophrenia to develop at any age, but it mostly happens to people within the ages of 16–30 (generally males aged 16–25 years and females 25–30 years); about 75 percent of people living with the illness developed it in these age-ranges. Childhood schizophrenia that develops before the age of 13 is quite rare.There is on average a somewhat earlier onset for men than women, with the possible influence of the female sex hormone estrogen being one hypothesis and socio-cultural influences another.Genetic, environmental, and vulnerability factors are involved in the development of schizophrenia.The interactions of these risk factors are complex, as numerous and diverse insults from conception to adulthood can be involved. A genetic predisposition on its own, without interacting environmental factors, will not give rise to the development of schizophrenia.Schizophrenia is described as a neurodevelopmental disorder that lacks a precise boundary in its definition. There are many good numbers of causing of it. Its causes are fully unknown. The main causes are given bellow which may be positive and negative. Both of them have been discussed.

4.1Genetic

Estimates of the heritability of schizophrenia are between 70% and 80%, which implies that 70% to 80% of the individual differences in risk to schizophrenia is associated with genetics. These estimates vary because of the difficulty in separating genetic and environmental influences, and their accuracy has been queried.The greatest risk factor for developing schizophrenia is having a first-degree relative with the disease (risk is 6.5%); more than 40% of identical twins of those with schizophrenia are also affected. If one parent is affected the risk is about 13% and if both are affected the risk is nearly 50%.However, DSM-5 points out that most people with schizophrenia have no family history of psychosis.Results of candidate gene studies of schizophrenia have generally failed to find consistent associations,and the genetic loci identified by genome-wide association studies as associated with schizophrenia explain only a small fraction of the variation in the disease.Many genes are known to be involved in schizophrenia, each with small effect and unknown transmission and expression.The summation

of these effect sizes into a polygenic risk score can explain at least 7% of the variability in liability for schizophrenia.Around 5% of cases of schizophrenia are understood to be at least partially attributable to rare copy-number variations (CNVs); these structural variations are associated with known genomic disorders involving deletions at 22q11.2 (DiGeorge syndrome), duplications at 16p11.2*16p11.2 duplication* (most frequently found) and deletions at 15q11.2.Some of these CNVs increase the risk of developing schizophrenia by as much as 20-fold, and are frequently comorbid with autism and intellectual disabilities.The genes CRHR1 and CRHBP have been shown to be associated with a severity of suicidal behavior. These genes code for stress response proteins needed in the control of theHPA axis, and their interaction can affect this axis. Response to stress can cause lasting changes in the function of the HPA axis possibly disrupting the negative feedback mechanism, homeostasis, and the regulation of emotion leading to altered behaviors.The question of how schizophrenia could be primarily genetically influenced, given that people with schizophrenia have lower fertility rates, is a paradox. It is expected that genetic variants that increase the risk of schizophrenia would be selected against due to their negative effects on reproductive fitness.

A number of potential explanations have been proposed, including that alleles associated with schizophrenia risk confers a fitness advantage in unaffected individuals.While some evidence has not supported this idea, others propose that a large number of alleles each contributing a small amount can persist.

4.2Environment

Further information prenatal nutrition andPrenatal stress . Environmental factors, each associated with a slight risk of developing schizophrenia in later life includeoxygen deprivation, infection, prenatal maternal stress, and malnutrition in the mother during fetal development. A risk is also associated with maternal obesity, in increasing oxidative stress, and dysregulating the dopamine and serotonin pathways.Both maternal stress and infection have been demonstrated to alter fetal neurodevelopment through an increase of pro-inflammatory cytokines.There is a slighter risk associated with being born in the winter or spring possibly due to vitamin D deficiencyor a prenatalviral infection.Other infections during pregnancy or around the time of

birth that have been linked to an increased risk include infections by *Toxoplasma gondii* and *Chlamydia*.The increased risk is about five to eight percent.Viral infections of the brain during childhood are also linked to a risk of schizophrenia during adulthood.Adverse childhood experiences, severe forms of which are classed aschildhood trauma, range from being bullied or abused, to the death of a parent.Many adverse childhood experiences can cause toxic stress and increase the risk of psychosis.Schizophrenia was the last diagnosis to benefit from the link made between ACEs and adult mental health outcomes.Living in anurban environment during childhood or as an adult has consistently been found to increase the risk of schizophrenia by a factor of two, even after taking into account drug use, ethnic group, and size of social group.A possible link between the urban environment and pollution has been suggested to be the cause of the elevated risk of schizophrenia.Other risk factors of importance include social isolation, immigration related to social adversity and racial discrimination, family dysfunction, unemployment, and poor housing condition.

4.3Substance use

About half of those with schizophrenia use recreational drugs, including cannabis, nicotine, and alcohol excessively, Use of stimulants such as amphetamine and cocaine can lead to a temporary stimulant psychosis, which presents very similarly to schizophrenia. Rarely, alcohol use can also result in a similar alcohol-related psychosis.Drugs may also be used as coping mechanisms by people who have schizophrenia, to deal with depression, anxiety, boredom, and loneliness.The use of cannabis and tobacco are not associated with the development of cognitive deficits, and sometimes a reverse relationship is found where their use improves these symptoms. However, substance abuse is associated with an increased risk of suicide, and a poor response to treatment.Cannabis-use may be a contributory factor in the development of schizophrenia, potentially increasing the risk of the disease in those who are already at risk.The increased risk may require the presence of certain genes within an individual. Its use is associated with doubling the rate.The use of more potent strains of cannabis having a high level of its active ingredient tetrahydrocannabinol(THC), increases the risk further. One of these strains is well known as skunk.

4.4Mechanisms

The mechanisms of schizophrenia are unknown, and a number of models have been put forward to explain the link between altered brain function and schizophrenia. One of the most common is the dopamine model, which attributes psychosis to the mind's faulty interpretation of the misfiring of dopaminergic neurons.This has been directly related to the symptoms of delusions and hallucinations.Abnormal dopamine signaling has been implicated in schizophrenia based on the usefulness of medications that affect the dopamine receptor and the observation that dopamine levels are increased during acute psychosis.A decrease in D_1 receptors in the dorsolateral prefrontal cortex may also be responsible for deficits in working memory, Another hypothesis is theglutamate model that links alterations betweenglutamatergic neurotransmission and neural oscillationsthat affect connections between the thalamus and the cortex.Studies have shown that a reduced expression of a glutamate receptor – NMDA receptor, and glutamate blocking drugs such as phencyclidine and ketamine can mimic the symptoms and cognitive problems associated with schizophrenia.Post-mortem studies consistently find that a subset of these neurons fail to expressGAD67, in addition to abnormalities inbrain morphometry. The subsets of interneurons that are abnormal in schizophrenia are responsible for the synchronizing of neural ensembles needed during working memory tasks. These give theneural oscillations produced as gamma wavesthat have a frequency of between 30 and 80 hertz. Both working memory tasks and gamma waves are impaired in schizophrenia, which may reflect abnormal interneuron functionality.There are often impairments in cognition, social skills, and motor skills before the onset of schizophrenia, which suggests aneurodevelopmental model. Such frameworks have hypothesized links between these biological abnormalities and symptoms. Furthermore, problems before birth such as maternal infection, maternal malnutrition and complications during pregnancy all increase risk for schizophrenia. Schizophrenia usually emerges 18-25, an age period that overlaps with certain stages of neurodevelopment that are implicated in schizophrenia. Deficits in executive functions, such as planning, inhibition, and working memory, is pervasive in schizophrenia. Although these functions are dissociable, their dysfunction in schizophrenia may reflect an underlying deficit in the ability to represent goal

related information in working memory, and to utilize this to direct cognition and behavior.These impairments have been linked to a number of neuroimaging and neuropath-logical abnormalities. For example, functional neuroimaging studies report evidence of reduced neural processing efficiency, whereby the dorsolateral prefrontal cortex is activated to a greater degree to achieve a certain level of performance relative to controls on working memory tasks. These abnormalities may be linked to the consistent post-mortem finding of reduced neutrophil, evidenced by increased pyramidal cell density and reduced dendritic spine density. These cellular and functional abnormalities may also be reflected in structural neuroimaging studies that find reduced grey matter volume in association with deficits in working memory tasks.Positive symptoms have been linked to reduced cortical thickness in the superior temporal gyrus.Severity of negative symptoms has been linked to reduced thickness in the left medial orbitofrontal cortex.Anhedonia, traditionally defined as a reduced capacity to experience pleasure, is frequently reported in schizophrenia. However, a large body of evidence suggests thathedonic responses are intact in schizophrenia, and that what is reported to be anhedonia is a reflection of dysfunction in other processes related to reward.

Overall, a failure of reward prediction is thought to lead to impairment in the generation of cognition and behavior required to obtain rewards, despite normal hedonic responses.It has been hypothesized that in some people, development of schizophrenia is related to intestinal tract dysfunction such as seen with non-celiac gluten sensitivity or abnormalities in the gut microbiota.A subgroup of persons with schizophrenia present an immune response to gluten differently from that found in people with celiac, with elevated levels of certain serum biomarkers of gluten sensitivity such as anti-gliadinIgG or anti-gliadin IgA antibodies.Another theory links abnormalbrain lateralization to the development of being left-handedwhich is significantly more common in those with schizophrenia. This abnormal development of hemispheric asymmetry is noted in schizophrenia. Studies have concluded that the link is a true and verifiable effect that may reflect a genetic link between lateralization and schizophrenia.Bayesian models of brain functioning have been utilized to link abnormalities in cellular functioning to symptoms.Both hallucinations and delusions have been suggested to

reflect improper encoding ofprior expectations, thereby causing expectation to excessively influence sensory perception and the formation of beliefs. In approved models of circuits that mediate predictive coding, reduced NMDA receptor activation, could in theory result in the positive symptoms of delusions and hallucinations.Studies have found that people born during the months of late winter and early spring have a slight risk of developing schizophrenia, a phenomenon known as the seasonality effect. Possible factors implicated include vitamin D deficiency, and prenatal infection.

4.5 Symptom

There are many symptoms in the disease of Schizophrenia. There are discussed in bellow:

4.5.1"Positive" symptoms

Theyare referred to as positive because the symptoms are *additional* behaviors not generally seen in healthy people. For some people, these symptoms come and go. For others, the symptoms become stable over time. These symptoms can be severe— but at other times—unnoticeable. Positive symptoms include:

4.5.2Hallucinations

When a person sees, hears, smells, tastes, or feels things that are not real. Hearing voices is common for people with schizophrenia. People who hear voices may hear them for a long time before family or friends notice a problem.

4.5.3Delusions

When a person believes things, they are not true. For example, a person may believe that people on the radio and television are talking directly to him or her. Sometimes people who have delusions may believe that they are in danger or that others are trying to hurt them.

4.5.4Thought disorders

When a person has ways of thinking that are odd or illogical. People with thought disorders may have trouble organizing their thoughts. Sometimes a person will stop talking in the middle of a thought or make up words that have no meaning.

4.5.5Movement disorders

When a person exhibits abnormal body movements, it may find out a latest point of view. A

person may repeat certain motions over and over—this is called *stereotypies*.

At the other extreme, a person may stop moving or talking for a while, which is a rare condition called *catatonia*.

4.5.1.1"Negative" symptoms

Theyrefer to social withdrawal, difficulty showing emotions, or difficulty functioning normally. People with negative symptoms may need help with everyday tasks. Negative symptoms include: (a) Talking in a dull voice,(b) Showing no facial expression, such as a smile or frown,(c) Having trouble experiencing happiness, (d) Having trouble planning and sticking with an activity, such as grocery shopping and (e)Talking very little to other people, even when it is important These symptoms are harder to recognize as part of schizophrenia and can be mistaken for depression or other conditions.

4.5.1.2Cognitive symptoms

They are not easy to see, but they can make it hard for people to have a job or take care of themselves. The level of cognitive function is one of the best predictors of a person's ability to improve how they function overall. Often, these symptoms are detected only when specific tests are performed.

Cognitive symptoms include: (a)Difficulty processing information to make decisions, (b)Problems using information immediately after learning it, and (c)Trouble paying attention.

4.5.1.3 Common Symptom

Beside above mentioned, there are many general symptoms who suffer from Schizophrenia. The Schizophrenic patients behave various styles of emotional behaviors. They get oath speaking, rebuking, decrease of memorization, special consideration, be often synonymous, anger, intensive, looking at him or her crying, touching to him or her crying, fugitive, going to bed in sleeping at shouting, always expressing own disease, to do wrong at speaking, not speaking, afraid of death, despondent, to think for suicide, to feel headache, to feel dizzy, to feel sadness upon other's sorrow, saddening, to hope in zero, anxious, incest, to feel angry and afraid for something, recreation for mad, to favor in quarrelling, very joyfulness, dancing, singing, anxiety,condolence, sigh, un-memorizing, impossible imagination, to become fear to be mad,

envious, to break sleeping, astonished, sensitive and slow and steady and so on.

5. RESULTS

The author tries to identify many articles which have been met their pre-defined eligibility criteria. The reported prevalence of mental disorders varies from 6.5 to 31.0% among adults and from 13.4 to 22.9% among children. Some awareness regarding mental health disorders exists at community level. There is a negative attitude towards treatment of those affected and treatment is not a priority in health care delivery. Mental health services are concentrated around tertiary care hospitals in big cities and absent in primary care. In Bangladesh has not Schizophrenia Society where from the Schizophrenic patients would be cured free from it. Here is some caregivers institutions where there is not sufficient instrument to medicate it clinical psychosocial treatment for them who are suffering from Schizophrenia. Most of the physicians of Bangladesh do not eager to advent to this field. Bangladesh government doesn't provide the research remuneration and post-promotion from the post where they work. In this regard, if the government would take a good step to venture developing for the Schizophrenia, every physician must be eager to study and to research about Schizophrenia. There are two types of medication parts in Bangladesh. One is Government. It is not forceful to get rid of it.

They are not at good skill and they are not will-full to drive it from the society of Bangladesh. The other is private institutions who are sitting down on for earning money. They have not developed keen-full mind to cure this type of patients. So, Bangladesh government should take good steps to advance the Schizophrenic problems if Government provides study remuneration and research assistance for their lifelong sustainable treatment and promotion, there will be showed a sun-sparkling development for the Schizophrenia disease. Stately and privately should remake the Schizophrenia Society.

6. CONCLUSION

Schizophrenia is suggested to be a brain disorder rather than a mental illness. It is labeled as a mental illness because the symptoms align as such and the causes of the disorder are not completely known and understood.Psychiatrists R. D. Laing, SilvanoArieti, Theodore Lidz and others have argued that the symptoms of what is called mental illness are comprehensible

reactions to impossible demands that society and particularly family life places on some sensitive individuals. Laing, Arieti and Lidz were notable in valuing the content of psychotic experience as worthy of interpretation, rather than considering it simply as a secondary and essentially meaningless marker of underlying psychological or neurological distress. Laing described eleven case studies of people diagnosed with schizophrenia and argued that the content of their actions and statements was meaningful and logical in the context of their family and life situations.This paper recommends for future studiers, scholars, researchers, readers and critics who will get an inspiration for the study of Schizophrenia. Bangladesh will get good skill physicians for this field. With passage of time, Bangladesh may remake the best clinical psychological society where Schizophrenic patients will get a sociological and caregiver treatment. Natural treatment and medication treatment might develop where Bangladesh may enlist her name of world Schizophrenic Society.

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