

Brief Report

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Brief Report

Neurological and Psychiatric Illness amongst Beggars: A Critical Appraisal of Indian Scienario

Running Title: Neurological and Psychiatric Diseases among Beggars and its Social Perspective

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Abstract: Poverty has long been associated intricately with neurological disorders. Majority of the previous studies designed to describe the effects of poverty on neurological ailments have mostly linked the association of hypoxic ischemic encephalopathy and nutritional deficiency disorders with poverty. Authors herein try to delve deeper into this issue. The association of begging with neuropsychiatric disorders is robust. The burden of probable autosomal dominant neurological ailments is very common among beggars; followed by neurological disorders with social stigma like abnormal movements, facial dysmorphism and gait unsteadiness. Dearth of support from family members in autosomal dominant neurological disorders (as family members are likely to be suffering from similar neurodegenerative disorder) and poor perception about neurological diseases, misconceptions, myths and low educational attainment at large in the society can be implicated as the often overlooked but important factors underneath this association of begging and neurological disorders.

Keywords: beggar; neurological and psychiatric disease; social perspective; India

Manuscript

Begging in an attempt to achieve the basic needs of living (like food, clothes and shelter) has often been looked down upon with outmost disgrace and considered as an extreme reflection of poverty [1]. Poverty, low education attainment and unemployment are closely intertwined with begging in a complex causal-corollary relationship [1–3]. Although begging apparently seems to stem from an economically crippling state [1,4,5], a careful scrutiny might suggest a deeper undertone to it. Authors' observations suggest physical infirmity among the beggars is fairly common. This raises the questions as to what factors usually lead to these physical infirmities (such that are left with no choice but to beg) and why often beggars don't get the required support from their close family members.

Authors' observations and perspectives in this context are quite distinct from the previous notions. It is the neurological disorders that are the leading cause of physical Infirmitiy in association with begging. Delved deeper, authors raise the following crucial points in this article (i) the relevance of writing on this issue in this era of artificial intelligence; (ii) the need for social awareness and perception of neurological disorders in association with begging; (iii) in what ways do the neurological issues influence begging; (iv) the importance of seeking opinion from doctors community other than neurologists in this regard; (v) the essence and broader stance while erasing

the social stigma associated with begging and shedding light on the social perspective of some of the neurological disorders intriguingly associated with begging; (vi) and the way forward.

The authors have herein presented an opinion article based on unstructured observations of street beggars by different consultant neurologists and psychiatrists and consultant physicians (authors) to assess the approximate burden of gross neurological issues in close association with begging. The authors also provide a social perspective and societal outlook to the beggars in the era of artificial intelligence which claims to provide solutions of neural diseases through "chips". The authors also ponder upon any particular pattern of neurological disorders among beggars which renders them rather helpless. The authors intend to delineate any broader perspective intimately linked to the pattern of neurological disorders among beggars and assess the burden of social stigma in association with begging and neurological disorders. The authors also hope for future attention from health-care policy makers for concrete steps in mitigating the sufferings of beggars arising out of this crucial link.

The discussion in this article consciously excludes beggars of religious places (as they are likely to be having a different psychosocial aspect), beggars with small children, transgender, beggars who have been possibly forced (by some scrupulous people controlling begging as a business) and vagabonds. Begging associated with religious beliefs and activities were excluded due to different motive other than basic unmet needs [5]. Childhood causes of begging were consciously excluded as that needs separate discussion.

Congenital anomaly and trauma: Authors' observations indicate that a fairly substantial proportion of street beggars suffer from some form of gross neurological or psychiatric disorders. Congenital anomalies, blindness, dumb or deafness in isolation or together are the main issues identified among the varied spectrum of neurological ailments in this regard [2]. People with traumatic loss of limb/s and eye/s were also not rare.

Neurological diseases with genetic associations: In the opinion of the authors, the burden of probable autosomal dominant neurological disorders among beggars is enormous. Authors noticed phenotypes suggestive of Huntington's disease (choreiform movements), dominant or recessive ataxias [spinocerebellar ataxia (SCA) and autosomal recessive cerebellar ataxia (ARCA)] (with dysarthria and gait unsteadiness), dystrophica myotonia, Neurofibromatosis and dystonia in substantial number of beggars.

Authors want to express their deep concern in this context because of following issues.

1) Low educational attainment and low cognitive abilities occur in close association with neurological ailments [3].

2) Burden of autosomal dominant neurological disorders implicitly harms to the society beyond the common societal perception about neurological disorders. People suffering from autosomal dominant neurological disorders usually are left without any familial support since the first degree family members are invariably affected by the same disease spectrum. This renders the family crippled both socially and economically [3].

3) Social stigma of abnormal movements, unsteadiness of gait and facial disfigurement due to NF and other similar diseases is a harsh reality. Although shameful for a so-called "educated society", it may also be seen as an opportunity to augment of awareness among them [3,6].

Acquired diseases and their genetic mimickers: Authors are really overwhelmed to observe that probable Hansen's disease [7,8], hereditary motor and sensory neuropathy (HMSN), Charcot-Marie-Tooth (CMT) and tremors and exophthalmos associated with thyroid abnormalities are not uncommon in street beggars. Spastic paraparesis or quadripareisis with low intellectual disabilities are frequently observed in people engaging in begging are probable consequences of hypoxic ischemic encephalopathy (HIE) sequelae or hereditary spastic paraparesis (HSP) [9] phenotype. Monoparesis, para-/quadri-paresis as sequelae of previous neurological disease were also not rare.

To summarize, genetic linkage, low educational background, lack of economic support, poor perception about neurological disorders and consequently poverty playing altogether [3,4].

Psychiatric issues: It is imperative to mention psychiatric disorders underneath begging [10]. People suffering from schizophrenia and or schizoaffective disorders are usually quite reluctant to

beg. In authors' observation, if food is offered to them, most of the time they wouldn't accept it unless they actually starving. However, they would beg money to smoke or for similar addictions; they are also observed to be very casual in their money handling. Intellectual disabilities (ID) are also subjected to social stigmatization and often wrongly clustered with mental illness [11]. Though some form of behavioral abnormalities may present in persons with ID, [3,11] it is rather unethical to put the burden of mental ailments on them without knowing the facts. Begging for poly-substance abuse has also been noticed among adolescent beggars in substantial number of cases.

To conclude, merely offering coins to beggars or criticizing begging is neither going to help eradicate this deeply ingrained issue from the society nor going to alleviate miseries of beggars. All unsteadiness of gait must not be equated to consequences of alcoholism. All ID shouldn't be addressed as "mental problems". All abnormal movements and facial dysmorphisms/disfigurements must not be stigmatized. Underlying factors behind begging should be pondered upon more profoundly. Robust governmental policies with proper rehabilitation coupled with medical help and "empathic society" instead of an "ever-criticizing society" with poor perception can go a long way in mitigating the sufferings of beggars and have the potential to erase the disgrace to some extent.

Disclosure: (Prof) Dr Souvik Dubey, Dr Shambaditya Das, Dr Ritwik Ghosh, Dr Mahua Jana Dubey, (Prof) Dr Alak Pandit, have no disclosures to make.

Authorship Agreement: I, Dr Souvik Dubey take full responsibility for the data, the analyses and interpretation, and the conduct of the research. I have full access to all the data and have the right to publish any and all data, separate and apart from the guidance of any sponsor. All authors have approved the manuscript, agreed to the conditions noted on the Authorship agreement form, and have given permission of any "personal communication" cited in the article and have agreed with its submission to in Annals of Medical Science and Research.

Data availability: Data not provided in the article because of space limitations may be shared (anonymized) at the request of any qualified investigator for the purposes of replicating procedures and results.

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Author contribution form: The initial concept and design of the study was generated by SD1. Literature search was done by SD1, SD2, RG and MJD. SD1 wrote the first draft and carried out the subsequent revision. The draft was critically reviewed by SD1, MJD and AP from its initial stage. Expert opinion from by SD1, SD2, RG, MJD and AP improved the quality of the final manuscript substantially. All the authors agreed upon the final form of the manuscript before submission.

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