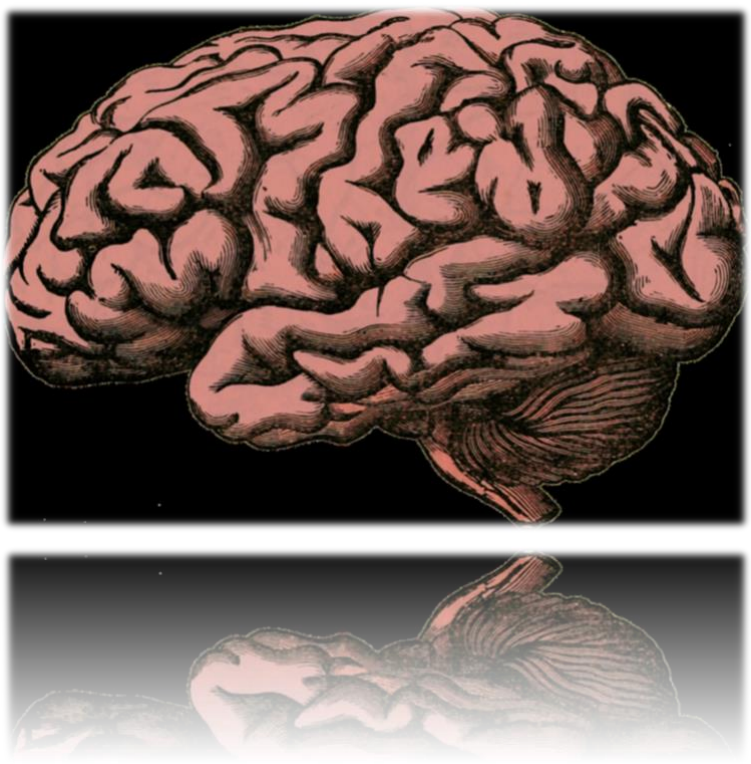
Volume 12 Issue 1 January, 2022

MINDS

Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS

THE DIGITAL NEWSPAPER



CONTENT

MINDS Newsletter is the monthly newsletter that started in July 2011. It is the oldest and the only psychiatry e-newsletter for doctors and medical students available in-country.

MINDS provided a common platform to senior teachers, young faculty, postgraduates and undergraduates.

MINDS showcase a wide spectrum of items not only from medical specialities but from people creative fields also.

Students are invited to contributes their thoughts creations like crosswords, book review, movie review, poems, paintings and photography.

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Picture Caption: by Dr. Ajay Kumar

From the desk of Editor

Hope or Panic: The Choice is ours

---------- Dr. Manoj Prithviraj, MD
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Wishing you a very happy new year 2022, dear readers!! Every year the new year begins with this lovely message from our family members, friends, and colleagues. Vibes of goodwill and prosperity is spread in the form of joyous celebrations across the globe. People try to show the disappointments, failures and suffering of the past and begin the new year with efforts to steer one's own life towards a path of a better future. It is very curious to think about the mysterious energy that keeps us moving forward despite several forces trying to halt us. I guess the axle which drives our "life" is nothing but a similar four-letter word called "HOPE". This ray of hope has become essential in recent times, where the world is battling a severe health crisis in the form of a covid pandemic. The virus continues to challenge us with the emergence of new variants unleashing panic and dismay among the public. A sense of fear and uncertainty has again started gripping with the rapid surge of omicron strain, reminding us of the dreaded scenes of the last two waves where people were just dying in ambulances and streets due to overwhelmed health care systems. No one could easily forget the pain and untold sufferings of previous lockdowns. The pandemic has shaken people's mental health in an unprecedented way, and before we can retrieve ourselves, we are once again looming at a daunting scenario. History tells us humanity has sustained adversities and challenges to emerge strongly in every problematic situation. Natural disasters, infectious diseases, geopolitical catastrophes, and environmental changes have tested the roots of human survival across centuries. But what holds us strong is the perseverance to fight, adapt, learn, and look forward, aiming for a bright future. The decision to fall or rise, grow weaker or more vital, stay or perish could be a dilemma in many challenging situations during this pandemic. Still, ultimately, each of us has a choice to make, 'Hope' or 'Panic'. As a famous quote says, "When the going gets tough, the tough get going", we can overcome this intimidating crisis at the earliest possible. It is time we start believing more in ourselves, leaving our differences behind, stay together and work harder holding on to the string of optimism as strong as possible. Hopefully, the coming days will bring us closer as better individuals in all senses and prepare us to strive harder for a promising way of life.

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Down The Memory Lane

The Saint Psychatrist…

----------Prof. Rakesh K Chadda
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My memory goes back to 1974, when I was yet to join medicine. I had heard that there is a doctor at the Government Medical College, Rohtak, who often supports many patients financially. I joined MBBS at the same College in August 1976. Then, I came to know that it was Dr Vidya Sagar who used to financially support patients from his salary. Department of Psychiatry at the Medical College, Rohtak comprised of a distinct building on a road opposite the College's OPD and emergency block. This 75 bedded Department with 5 faculty members was probably one of the biggest Psychiatry Departments of the country in late 1970s. This was the legacy of Dr Vidya Sagar, well known for his family and group therapy sessions at Mental Hospital, Amritsar in 1950s.

In 1950s and 60s, Dr Vidya Sagar was Medical Superintendent, Mental Hospital, Amritsar. There was not much space available in the hospital at that time for all the patients. Dr Vidya Sagar got hold of tents left by the British army and arranged accommodation for the patients and the families. This was the time no antipsychotics or antidepressants were available. Often, the patients would stay for weeks and months with family members. The hospital had a capacity of 1150 beds (700 males and 450 females) and an additional 150 patients with family members would be staying outside the hospital in tents. Those days, this was the only mental hospital north of Agra in India. Dr Vidya Sagar would hold regular group therapy sessions with the patients and the families. He would often take quotes from Bhagwat Gita and discuss their application in mental illness and patient care. Most patients would improve and go back to their homes with the families having learnt how to take care of their ward. This was a unique example of therapeutic community in India at the formal beginning of Psychiatry services for ordinary people. Later in 1966, Dr Vidya Sagar shifted to the Medical College, Rohtak as Professor of Psychiatry. Dr Vidya Sagar retired in 1969, continued to work till his death (24th Nov 1978) as Professor Emeritus at the College.

Dr Vidya Sagar passed away in 1978, while he was at Jammu, while on a family visit. I remember joining a prayer procession of nearly 3 kilometers held in his memory starting from the Medical College to a temple he had been attached to. Dr Vidya Sagar had also served as President, Indian Psychiatric Society in 1972-73. While at Amritsar and Rohtak, Dr Vidya Sagar used to work tirelessly starting at 8 in morning and continuing till 11 PM. It is difficult to believe, how he could do like it. But his devotion to the patients and the profession was unmatched.

I can also recall an incident of mid 1930s, narrated by Dr PN Chutani, Director, PGIMER, Chandigarh (1969-1978) in a column in The Tribune sometime in 1983. Dr Vidya Sagar was a house physician at the King Edward Medical College, Lahore and Dr Chutani was a first year MBBS student. As a first-year student, Chutani with one of his friends with white coats went to see the Medicine ward in the hospital and encountered Dr Vidya Sagar. He sent them back telling them that they were not expected to be in Medicine ward at this stage and should wait for their clinical postings.

During 1983-1987, while working at PGIMER, Chandigarh as junior and senior resident, I rarely came across a patient in psychiatry opd or ward, who or his family members had not consulted Dr Vidya Sagar. During my psychiatry clinical posting sometime in September 1979, in one of the clinical classes, I vividly remember a patient crying loudly and remembering him in front of a photograph of Dr Vidya Sagar, displayed on the wall in psychiatry outpatient. Dr. Erna Hoch a psychiatrist of Swiss origin and Advisor to the Ministry of Health & Family Welfare, Government of India, on her visit to mental hospital, Amritsar in November,1964 was so impressed by the devotion of Dr Vidya Sagar that she had commented, "You have here at Amritsar a sea of nector (Amrit) of human kindness, and Dr. Vidya Sagar, a sea of wisdom. May they never dry up". I remember having a brief talk about Dr Vidya Sagar with Dr Raghu Gaind, a senior psychiatrist of Indian origin from the UK during ANCIPS 2003 at Hyderabad. Dr Gaind was about to take a lecture on Contributions of Indian psychiatry and showed me a slide with Dr Vidya Sagar's photograph with a comment that he was a **"Saint",** much more than a doctor or a teacher. The comment was very appropriate, considering the way Dr Vidya Sagar spent his lifetime serving the patients with great humanity.

Dr Vidya Sagar's legacy continues at two places he worked in form of Dr Vidya Sagar Institute of Mental Health at Amritsar and Dr Vidya Sagar Department of Psychiatry at the Post Graduate Institute of Medical Sciences, Rohtak. At Delhi, his family built Vidya Sagar Institute of Mental Health and Neurosciences (VIMHANS), which is functioning for more than 3 decades. Indian Council of Medical Research has an award Instituted in his memory. All India Institute of Medical Sciences, New Delhi has a gold medal instituted in his name for MD Psychiatry course. I always have a regret of not having met him physically during my initial days at the Medical College, Rohtak.

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Invited Articles

Mastering Bereavement: An Art for Medicos to learn

----Mr Sohan Paikray ,II[ND] YR MBBS Student, (2020 Batch), AIIMS, Raipur (Chhattisgarh)

Be it the flame of the valiant flame embracing the wooden crematory bed which shimmers in the beholder's eyes or the petals of white lilies showering onto the gravestone, myriad of bowed heads and tears rolling down the cheeks. This array of arrangements is made to welcome the most unwelcome guest on this land, which is inevitable and invincible, probably the most emotional but unfortunately the last episode of the drama staged on the script of human life – Death. An ordinary human mourns over the loss of his/her near and dear ones generally once in a decade or so and at the same time is also excused by the society for quite a time to recollect himself/herself and head ahead in life. Sadly, the grief of death has a unique romance with many professionals who serve in. specific fields of medical sciences cause the frequency of dating such suffering is high. To add to that, everyone around them expects them to take a gigantic leap and cross the seven stages of grief as fast as they can only to be shattered again. This has worsened in the present times especially looking back at the havoc caused by the pandemic, which has been following this human race as a shadow for the last two years. The dreadful sight of bodies wrapped in white sheets being loaded and unloaded from vans in numbers that the fingers of yours shall fail to count! Those bodies are unknown to you, and still, this imagination is capable enough to knock out impart unbiased medical services. There are several ways doctors get relief from this whirlpool of pain and grief, and some open up by speaking it out to their colleagues; some write it down, some shed tears with the patient's dear ones, some revisit their good memories of practice. your mental peace for days to follow, then just lament at the nightmares that the health care professionals must be witnessing who with the best of their abilities rendered service to all those beings that now lay dull and motionless. It requires a solid psychic core and control over the emotions to handle grief's most difficult human emotion. Realizing the gravity of the situation, the training of the medicos to handle the suffering of one's patient loss is a subject of concern that needs to be addressed.

Surveys and studies from the western world suggest that this has been one of the most common and traumatizing etiologies of disturbed mental health of healthcare professionals and trainees. Yet, unfortunately, it has also been the issue that has been in the spotlight for the least amount of time. Interviews of a panel of oncologists justify the grave situation. They reported feelings of failure, self-doubt, sadness, and powerlessness as part of their grief experience. Many talked about feelings of guilt, loss of sleep, and crying. Many don't express their grief and confine it to themselves because they consider it unprofessional to break down before their patients. When a doctor loses a patient, it creates a hurricane of emotions and a million thoughts in the mind that also refrain him/her from delivering their best in the subsequent consultations. Slowly, the sense of inattentiveness, impatience, irritability, emotional exhaustion, and burnout starts percolating into their character, and obviously, these are not acceptable norms in this noble profession of medicine. Therefore, many of them either avoid such patients or a few, unfortunately, stop practicing altogether.

Are we clueless about the solution? No, not! In this battle, the pseudo-guilt or the self-blame game has to be challenged and defeated. The best doctors can do to try, but at the end of the day, they are humans too, and some things are beyond the might of this race of homo sapiens. This harsh truth needs to be digested by both societies and doctors. It's important to highlight that empathize with the patients and their dear ones; that's medical ethics but remember not to identify yourself with them; that's the fine line. When you cross this, you also lose your ability to

There is a need to spread awareness about this among the young medicos by imparting them lessons on handling end of life care and dealing with the grief of death that ensues. In simpler words, they need to be assured that sometimes it is okay to be not to be okay. They need to give

Most importantly, everyone who has managed to escape it has allowed themselves to revive by accepting and opening rather than burying their thoughts somewhere in their subconsciousness.

themselves one more chance every time because who knows, with this chance, they might be giving back lives to a million out there crying out of pain and despair. As the eminent American paediatric surgeon Siegel B admonishes,

"Please, fellow physicians, don't cry in empty rooms, on stairwells, or in locker rooms—cry in public and let the patients and staff heal you and see you are human too."

Transcultural Psychiatry

Psycho-ophthalmology: a belittled area

----------Dr Ifsa Sami,
MS-Ophthalmology, Assi. Professor,
Rama Medical College, Kanpur

The practice of ophthalmology and psychiatry meet over several aspects of patient diagnosis, management, and therapy. The ophthalmologist may recognize signs and symptoms of the psychiatric disorder, including conversion disorders. On the other hand, some signs like eye movement abnormalities may be associated with specific psychiatric disorders (e.g. schizophrenia) and could potentially aid in diagnosis by the psychiatrist. Many patients with various eye diseases may have psychological reactions to blindness and eye surgery, which may need to be identified and managed. Also, several eye diseases have unknown causes in which psychological factors are implicated in causation.

Some of the possible psychiatric consequences of ophthalmic diseases are Mental state in blind patients, Black patch psychosis, Phobias in the operation theatre, Steroid-induced psychosis, Charles Bonnet Syndrome (visual loss and visual hallucinations).

Mental state in blind patients:

The link between low vision and deterioration in mental health has recently been brought to the spotlight. Research over the past few years has highlighted that people suffering from vision loss are twice as likely to suffer from depression due to increasing dependency on people around them. Psychological distress and heightened anxiety are the most common reactions to vision loss.

Similarly, often loss of vision occurs as a side effect of psychiatric medication. Once a visually impaired and mentally ill patient gets dependent on psychiatric medication, it can worsen their eyesight further, resulting in further deterioration of mental health, thus forming a vicious cycle, especially without a support network, for them to make the necessary lifestyle changes.

Black patch psychosis:

Although rare, some patients have both eyes patched after trauma, intraocular surgery, or other causes. Psychiatric features include restlessness, hyperactivity, anxiety, irritability, disorientation in time and space. Less frequently, mania, delusions, auditory and visual hallucinations may occur. Patients who have impaired other senses like hearing problems etc. are more prone to develop this condition. Black patch psychosis is a faulty adaptation to psychic stress of visual deprivation and loss of perceptual and conceptual clues.

Phobias in the operation theatre:

Passing through various stages of eye operations can cause a lot of distress, anxiety, and fear among patients. Reasons for fear and anxiety can be diverse. As far as local anaesthesia is concerned, the knowledge of needle pricks around the eyes is quite frightening for some people, while some people with a low threshold for pain may be troubled by the prick of needles. The most ordinary fear of general anaesthesia is 'not waking up. Another common cause of apprehension during surgery is the fear of becoming blind by some complication. However, patients who had uneventful and smooth surgeries in one eye earlier are calm generally when being operated upon the second eye.

Steroid-induced psychosis:

Usage of systemic steroids in some patients can induce mental state changes termed Steroid-induced psychosis. Females and younger patients are more prone to develop this type of psychosis. Features include changes in mood such as depressive or manic disorder. It is usually acute onset, and symptoms generally present in the first few days of therapy. Phenothiazines and cessation of systemic steroid therapy is the mainstay treatment with resolution of symptoms within six weeks.

Charles Bonnet Syndrome (vision loss and visual hallucinations):

A significant number of patients with severe (bilateral) visual loss experience visual hallucinations. This is termed Charles Bonnet Syndrome. It is believed that these hallucinations are generated in the visual cortex when normal incoming sensory impulses are absent. Hallucinations often follow visual loss by days or weeks and can last for a few seconds or minutes or be continuous. They often occur in the evening and night when lighting is poor, and patients are inactive or alone. Usually, patterns, letters, people, animals, objects or landscapes are seen. There is an accompanying sound. The hallucinations are generally well tolerated and only require reassurance about their benign nature, and isolation may benefit. They occur under a variety of circumstances. They are common in patients with dementia or emotional stress. They may occur transiently with postoperative delirium, including after cataract surgery. Many drugs can cause them, and so can alcohol withdrawal. Visual hallucinations also occur in psychiatric disorders, usually accompanied by auditory hallucinations and other signs of mental illness. Most studies showed a significant relationship between psychiatry and ophthalmology, such as eye symptoms in mentally ill subjects, mental problems accompanying eye diseases, and significant adverse side effects of psychotropics on the eye. Psychiatrists should recognize signs and symptoms of eye disorders in people with mental issues, and ophthalmologists should be skilled enough to recognize symptoms of psychiatric disorders in their patients. Early recognition of symptoms in these two fields of medicine can help start an adequate complex therapy and increase the quality of life of psychiatric and ophthalmological patients.

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Your suggestions are important to us, kindly send them to us at : editor.mind@gmail.com

Under Graduate (Poem)

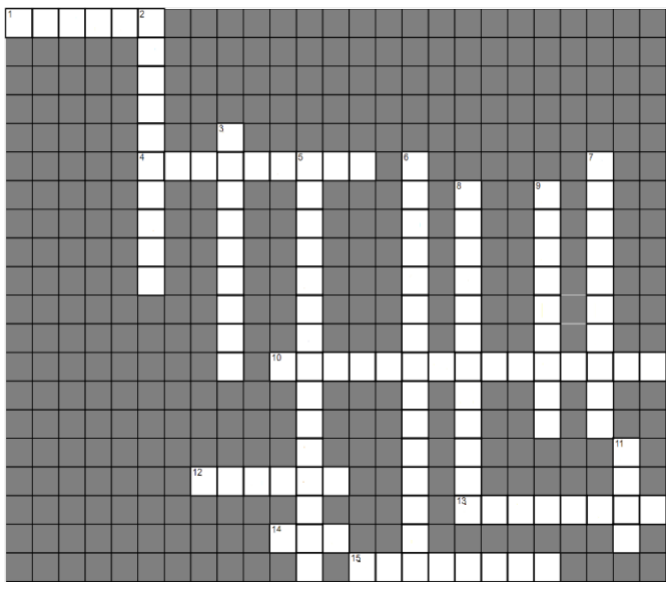
Comfort -A psychiatrist's dilemma

Is there some comfort in hearing voices
that others can't hear?
Some comfort in that twisted posture
of catatonia?
Is there some comfort in searching for ways
to let go of your life from your body?
Is there some comfort in the storms
of euphoria and rage
that mania fires up in one's mind?
Any comfort in checking a hundred times
the things that you know are quite fine?
Does insanity come with a comforting touch to the soul,
when reality is painfully baffling?
I wish I knew the answer,
when I touch the addled minds...
I wish I could vouch to them that there's comfort in sanity.

Dr Chandrima Naskar,
Senior Resident, Psychiatry
PGIMER, Chandigarh

Under Graduate (Crossword)

Can you cross the crosswords!!



Across

1. Seen in catatonia; Patient allows extremities to be placed in any position without resistance despite instruction not to do so
4. De Clerambault syndrome is also known as
10. Reaction caused by tyramine in this food content when MAO inhibitors are given
12. Emergent side effect of stimulants characterized by the involuntary, spasmodic, stereotyped movement of small groups of muscles
13. Subjective feeling of motor restlessness manifested by a compelling need to be in constant movement
14. Side effect of SSRIs effect this sexual phenomenon in men
15. Extrapyramidal side effect of potent antipsychotics consisting of slow, sustained contractions leading to relatively sustained postural deviations

Down

2. Psychological phenomenon responsible for seeing shape/ face in clouds
3. Patient claim that he/she hears voices from Landon when he/she is in Bangalore
5. Culture bound syndrome where a person has a fit of rage & runs about indiscriminately injuring people that come his way
6. Feature of schizophrenia where patient considers two things identical because they share a common property
7. Drug class of choice to treat catatonia
8. Classical symptom of catatonia
9. Hyperpyrexia occurs in this type of catatonia
11. Serious haematological adverse effect of clozapine

ANSWERS

Across

1. Mitmachen
4. Erotomania
10. Cheese
12. Tic
13. Akathesia
14. Erection
15. Dystonia

Down

2. Pareidolia
3. Extracampine
5. Amok
6. Von damarus law
7. Benzodiazepines
8. Stupor
9. Malignant
11. Agranulocytosis

----------Student Editor: Miss Dhwani Ravi,