



Monthly Newsletter on Psychiatry for Doctors & Medical Students
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GUEST EDITORIAL

IMPACT OF COVID 19 ON MENTAL HEALTH

Since March this year we are witnessing an ever-evolving change in the world scenario due to COVID 19 Pandemic. Irrespective of the economic background, culture, religious or racial differences it has affected everybody. What is required now is bold and correct decision making by each person to fight the pandemic. But it is very often flawed by the "fully charged" Amygdala, may be due to the wrong input from the Frontal Cortex.

All along we have been talking about the stigma for Mental illness and the measures to stop it. Now we are aware about the stigma for COVID 19. Healthy people who had some exposure are not allowed to enter their own house by the neighbors. Health care workers are not welcome by other members in the house when they come after their duty. As I pen this, 111 doctors (includes all systems of Medicine) sacrificed their lives treating COVID 19 patients. To the list is to be added nurses and other health care workers who had same fate serving the nation. Health care workers are under tremendous stress. Thankless gesture by the society can weaken their morale and can lead to collapse of the health care system.

Stress level of people in quarantine is enormous. Fear of the disease will affect their HPA axis which may aggravate preexisting physical and psychiatric illness. It is essential to ensure that regular medicines are not missed. Once the person is labelled with the diagnoses, the problems mount up. It is important to ensure adequate psychological support at this level. The market is now flooded with indigenous products claiming it beneficial to boost the immune status and thereby treating the illness, overshadowing the vast topic "Psychoneuroimmunology". Varied presentations of the illness affecting different systems of the body is becoming known day by day.

(Cont'd on Page 2)

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AN INITIATIVE SUPPORTED BY THE MINDS UNITED FOR HEALTH SCIENCES AND HUMANITY TRUST

Out of 23 patients with Psychiatric symptoms, 10 had Psychoses, 6 had Cognitive problems and 7 Mood problems including Depression and Mania. (Neurological and Neuropsychiatric complications of COVID-19 in 153 patients: a UK wide surveillance study- The Lancet Psychiatry –June 25, 2020)
Delirium can occur due to

1. Direct CNS invasion
2. Induction of CNS inflammatory mediators
3. Secondary effect of other organ system failure
4. Effect of sedative strategies
5. Prolonged mechanical ventilation time
6. Immobilization
7. Social isolation and quarantine without family.

Possible drug interactions while using psychotropic drugs in a COVID 19 patient requires attention. Haloperidol, Quetiapine, Ziprasidone can cause QTc prolongation similar to Hydroxychloroquine, azithromycin and can have a synergistic effect. Lopinavir/Ritonavir are Cytochrome P 450 inhibitors and so the level of Haloperidol, Risperidone, Ziprasidone and Quetiapine may be raised.

Fluoxetine, Paroxetine, Fluvoxamine, Bupropion are CYP inhibitors like Lopinavir/Ritonavir. NSAID may increase Lithium level leading to toxicity

Valproate level is decreased with Lopinavir/Ritonavir. Lamotrigine level is decreased with Ritonavir. Concurrent use of CYP inhibitors may increase the level of Tacrolimus or Cyclosporine in a transplant patient as it is metabolized through CYP system.

Generally, the duty of the doctor is over with the signing of the death certificate in the unfortunate event of his patient's death. In the case of the death of a COVID patient it is important to eradicate the misconceptions people have about the risk of contracting the illness from the dead body. The virus can replicate only in a living cell. The Ministry of Health and Family welfare has given strict guidelines how to prepare the body after COVID death. With that protocol, the risk is zero. Imagine the mental agony of the relatives in the many instances of refusal of a decent burial by the local people.

As our understanding of the illness goes up, let us hope we will be able to give better care to the COVID patient.

**Dr. Kurvilla Thomas,
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HAPPY CHAIR

It was a regular outpatient day. Apart from appointments, I usually get walk-ins. I usually start my op by 10 am in the morning and it goes on till 5 pm on a busy day. I remember this one particular day as it changed my perception. The regular op room has a couple of chairs across me and one chair next to me. I usually don't tell my patients where to sit. But Indian patient custom dictates that the patient takes the seat next to the doctor. When the patient and bystanders enter the room, they usually nudge the patient to take the seat next to us and I am sure you would have had this experience.

First patient was an elderly female with complaints of low mood and all symptoms suggestive of depression. She cried for a few minutes and then took control of herself and felt proud that she didn't lose it all in front of me and thanked me for listening to her and took her prescription for antidepressant and walked away. The next patient walked in and took the same chair, this time it was a young man in his 20s and had trouble with what he called "everything and everyone around him" and started crying in the middle and after a while he also took his prescription and walked away.



Such outpouring sessions continued for the next five of my patients who visited me on that particular day one after the other. I didn't think much about it at that time as it was about finishing my OPD and not to make others wait. What I usually do at the end of the day, after I finish seeing my patients is, I reflect and recollect the day whether I have made the correct treatment decisions for all of them. When I reflected on that particular day what I could remember was all of them crying. Yes, just crying episodes.

Suddenly one heavy thought came up on me about how tough life is and how many people suffer everyday with depression and other psychiatric disorders. How much people are stressed in their day to day lives and how much is the suffering out there. It actually made me sad and I thought, the overall mood of my room had the same feeling as me. Suddenly my receptionist knocked and came in to inform me about next day's appointments. Before she was about to leave, she turned to me and said "Madam, the last patient said she felt good after she poured out everything to you and she told me to tell you thanks ". She smiled and she left me to it .

At that moment, I had a realization that even though there were outpouring sessions of cries that day, at the end of all, they do feel better and I have made a difference in their lives. Eventually they will get on track with further treatment. So, they all left happy and that's what was important.

It's not just me, many times when we practice, though we all feel we have no sense of attachment to what we do and we don't carry any such emotions back home, let's be honest here, we do feel something inside us when we go home depending on how our day was. We as psychiatrists definitely make a difference in our patients' lives. Let's pat on our shoulders every day when we leave our work and because that itself will make a difference inside us.

Guess what, I have named the chair next to me as "Happy Chair" and you can now guess why.

Dr . Subhashini.M,
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PHUBBING

If you are wondering what this word is, then this version of “you” needs to be updated.

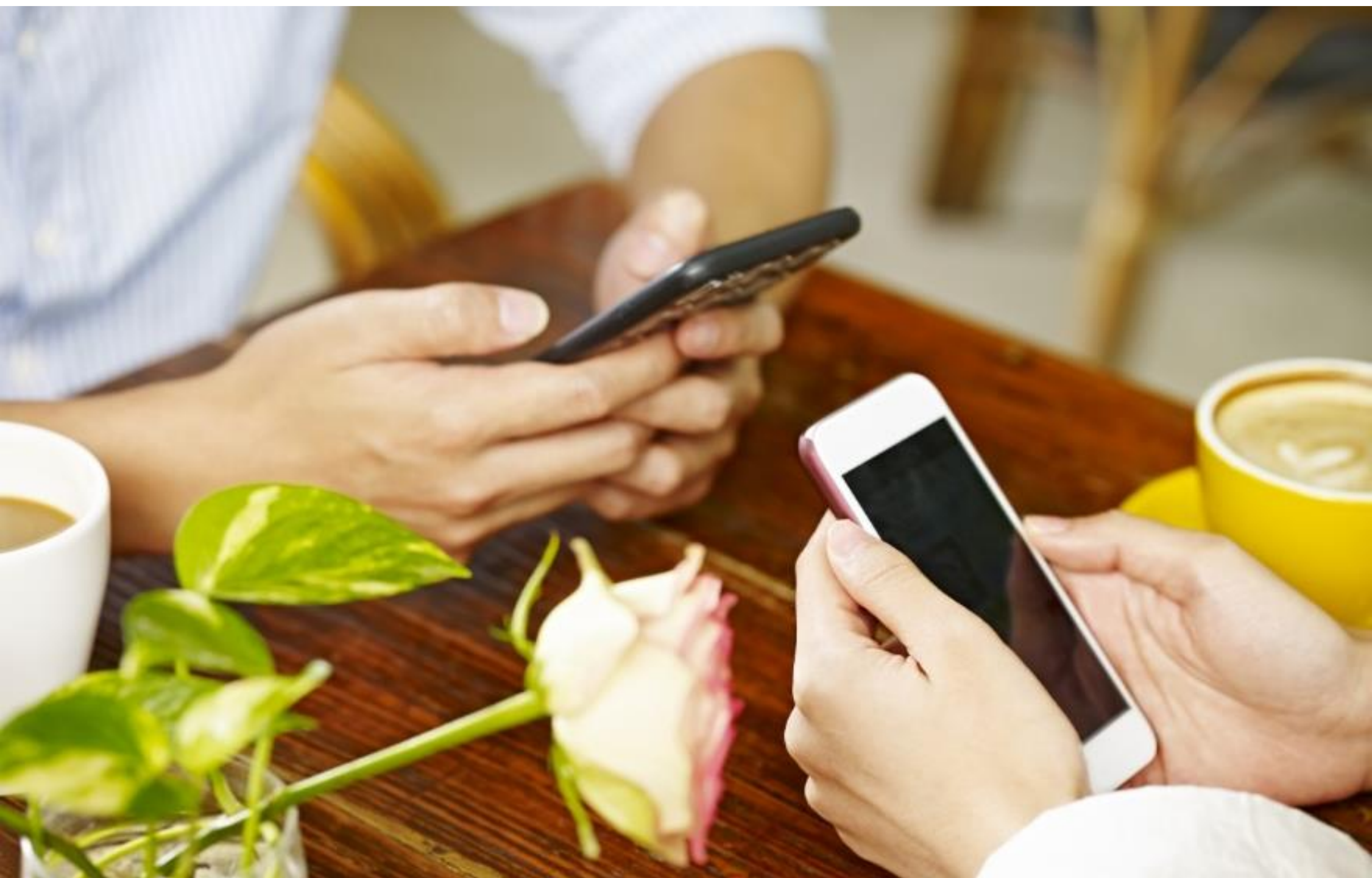
Jokes apart, the new millennium along with its advancements, has brought in new complications and new problems. One of the main issues posing as a threat in this era of social media is communication between two individuals.

Phubbing is a combination of two words- phone + snubbing. It is the act of checking one’s phone while engaging in a conversation with a person. Perhaps you will now be recollecting your experience of being in a similar situation.

Yes, it is common these days and it is slowly becoming a habit. So why should we be worried about it ?

The cause of worry: man, in the words of Aristotle, has always been a social animal, and any change in that, is unnatural. The social media cannot replace the fun and emotional exchange that one experiences while interacting face-to-face.

FOMO (fear of missing out) makes one keep checking his/her Facebook, Twitter, Instagram, etc. However, what tends to be forgotten is emotional disturbance that it causes in the other person engaging in a conversation with you. It has been noticed that the act of phubbing has caused significant amount of marital distress amongst couples. The feeling of neglect and not being heard, often leads to quarrels and results in a strain on the relationship.



INVITED ARTICLE

The sense of belongingness is greatly disturbed. The “victim of phubbing” may feel that he/she is not important and does not get a feeling of belonging to the conversation. This leads to a low self-esteem and the person starts doubting his/her meaningful existence. Eventually it leads to this individual phubbing on someone else and the cycle continues. One must remember that the term phubbing refers to one person giving importance to phone rather than the conversation. It does not refer to point that one uses the phone excessively, like while travelling or in a situation where dialogue isn't necessary.

Now, what are the signs of a phubber?

- Having a constant urge to check the phone during a conversation, and doing so.
- Seems to prefer interacting with electronic device rather than with person in front of them

Are you a phubber? If so, what can be done to stop this behavior:

1. You need to realize and understand the issue,
2. You need to take voluntary efforts to engage in conversations with eye to eye contact,
3. Allocate fixed hours to the family and remember to put your phone away during that time.

If you know of a person who is into this habit, gently speak to him/her about it and discuss how it disturbs you. Remember to keep your phone away in front of them as a reminder that you are ready to help. Do not encourage your conversation to revolve around the phone or anything that requires the help of a phone.

Brushing up on our social skills and relearning all that we have forgotten will lead to many more pleasurable conversations in the future.

“Social media is an amazing tool, but it's really the face-to-face interaction that makes a long-term impact.”

~Felicia Day

**Dr Vasanth Renganathan,
Consultant Psychiatrist,
Chennai**

ANSWERS TO THE CROSSWORD APPEARING ON PAGE 8

ACROSS

2. LSD
4. ICD11
5. Delirium tremens
8. Fagerstorm
10. Bradycardia
11. Flunitrazepam
12. Magnan

DOWN

1. Diclemente
3. Disulfiram
6. Varenicline
7. Naloxone
9. Benzodiazepines



TRANSCULTURAL PSYCHIATRY

HINDUISM AND MENTAL HEALTH

Hinduism is one of the oldest, diverse and most complex religions in the world. The term 'Hinduism' was invented by British rulers to distinguish people who neither belonged to Christianity nor Islam. These people followed a spectrum of beliefs and practices mentioned in a large body of scriptures known as Vedas. The Hindu Philosophy advocates the existence of one supreme force, called 'Atman' or 'Brahman'. By this, Hindus believe that God exists in every living creature in this world. The dichotomy of mind-body in the western world is not seen in Hinduism. Instead it propagates that mind and body are interconnected, and it is important to harness both for a good health.

Hinduism promotes living a healthy and content life as a way to attain 'moksha'. It sets forth several rituals, traditions, and regulations which the practitioners are at liberty to choose from. Hindus believe that the law of karma, planetary movements, dietary practices, the rebirth of an individual and so many other factors to have a great influence on people's life and health.

Soul and reincarnation - The soul or Atman is described as eternal- full of knowledge and full of bliss (sat-chit-ananda). One continues to be reborn and take various different bodies in this world till the soul has the desire to remain in the material realm.

Law of Karma - It states that every action is preceded by a reaction, which not only depends on the original action but also the intention behind the action. By action, it refers to the actions of both body and mind. Hence, mental health is considered as a result of good or bad karma depending on our actions in this or previous birth. Therefore, mental illness is perceived to be a result of bad karma, and is considered as a way for the soul to be refined.

Vedic Astrology - Hindus believe that the planetary movements have an impact on people's lives, be it physical or mental health, as well the state in which a person is in. Many a times people are seen to be visiting spiritual healers for mental illnesses. The healers tend to the spiritual needs of the clients and suggest some remedies. Some of the indigenous researches suggested a positive result from visiting a healer or temples in mentally ill individuals. It is said that the unconditional support they get from that environment is the key to the positive changes in them.

Dietary practices - Vedas recommended a vegetarian diet for its followers for various reasons. It is believed that when an animal is killed, its consciousness will be willed with anger and fear which continues to be present in the flesh even after death. This negative energy from the dead animal, when consumed, affects our consciousness. Food is considered rather as medicine, than for the satisfaction of tongue and belly. Scriptures of Ayurveda, an indigenous medicine practice explains the effect of certain food on our mental and physical state. For example, it is restricted during festivities and any holy procedure in Hindus to consume onion and garlic, because they give rise to negative thoughts.



TRANSCULTURAL PSYCHIATRY

HINDUISM AND MENTAL HEALTH

Consumption of drumstick is believed to have a positive effect on a person's libido in some of the Hindu sub-communities. People observe regular fasting as a way to cleanse the body and mind in order to attain self-discipline and to gain emotional balance.

Pain and Death - In Hinduism, human body is considered as a vessel that soul is relying upon to attain moksha. Hence, keeping the body healthy takes a huge importance and any intentional tampering with it is considered to be a sin (unpardonable offense). For example, suicide is not condoned in this faith. Whereas if an individual is suffering from a disease, the pain caused is considered as the result of bad karma. It is not seen as punishment, but often an opportunity to progress spiritually.

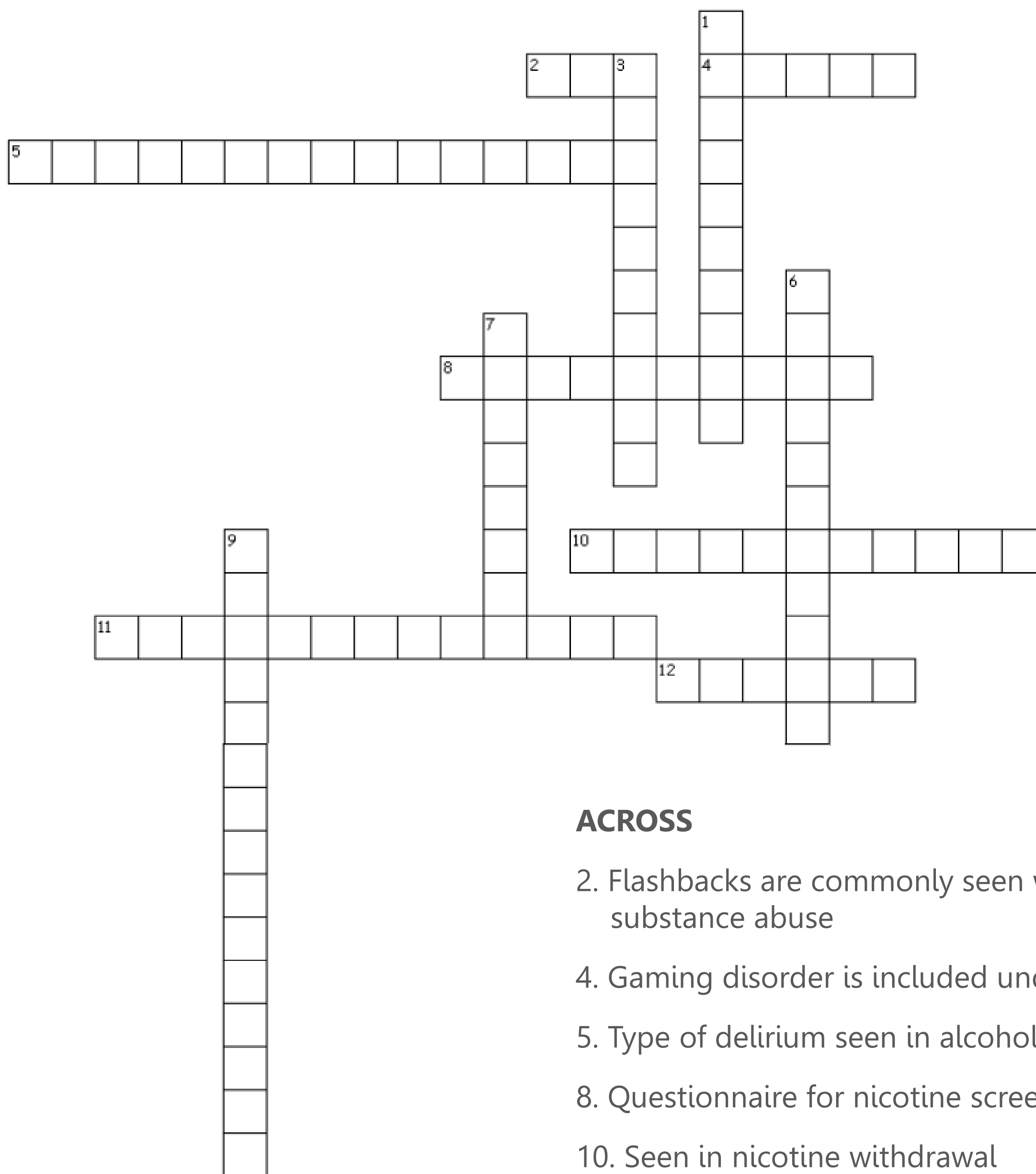
Mental illness - Hindus believe that all illnesses, both physical and mental, have a bio-psycho-spiritual element in them. Beliefs such as evil eye, black magic, spirit possession or a bad karma is considered to be major reasons for mental illness in Indian society. Because of this very reason, many of the clients prefer to visit a spiritual healer first than go to a health practitioner. Mental illness is widely considered as a stigma, a weakness of mind rather than a real illness.

Contribution of Hinduism to the field of mental health - the very fact that practices such as yoga, meditation, and Ayurveda proves the importance given to mental health in Indian Society, specifically of Hindu origin. These techniques have shown a significant change in the individual's mental health, with a regular practice. Yoga helps in improving physical and mental wellbeing as well reduces tension. The ultimate goal of yoga is to attain self-control of body, physical senses and to tame the unending inner desires. Yoga has been used in treating variety of mental health concerns such as anxiety, addiction, depressive disorders, schizophrenia, and psychogenic headache. Meditation, which is originated in the eastern spiritual traditions is adopted throughout the world as a spiritual practice beyond religion and also as a mind-body therapeutic intervention. Transcendental meditation, autogenic training, breathing exercises, vipassana all these were inspired by the eastern meditation practices.

Hinduism, is more of a path put forth to self-realization rather than a religion. Its essence is in the practices, rituals, beliefs that promote health as one of the best ways to attain the final goal. It gives choice to its followers, it is diverse in its structure, and provides a strong sense of direction for its practitioners to improve, and maintain their lives.

**Dr. Anupama Hegde,
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THE UNDERGRADUATE SECTION



ACROSS

- Flashbacks are commonly seen with this type of substance abuse
- Gaming disorder is included under this class of ICD
- Type of delirium seen in alcohol withdrawal
- Questionnaire for nicotine screening
- Seen in nicotine withdrawal
- Known in the streets as date rape drug
- Syndrome caused by cocaine leading to psychosis

DOWN

- Name of the stages of motivation to come out of substance abuse
- Used to create aversion for alcohol
- To manage craving for nicotine
- Drug of choice for opioid intoxication
- Class of drug used in alcohol withdrawal commonly

SOLVE THE CROSSWORD

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ANSWERS TO THE CROSSWORD
ARE ON PAGE 5

Your suggestions are important to us, kindly send them to: editormind@gmail.com

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