



Are the microorganisms in your gut happy? What you should know about Microbiota-Gut-Brain-Axis and Mental Health?



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“It was my own inner turmoil and terror of examinations, which started rather suddenly, when I was in the middle of writing my Matriculation examination, which made me turn to psychiatry for an explanation. Although I passed Matric and PUC exams with good marks and got admission to Mysore Medical College on my own merit, the terror persisted and I abstained from exams sometimes and passed them later with good marks until I reached the final MBBS. It was then that I came across a paperback edition of Freud’s “Introductory Lectures on Psychoanalysis” in the town’s public library just across the medical college. His lucid writing style and the message that the apparently illogical mental turmoil had logical explanation and even hope of a “cure” that made me decide to study Psychiatry.

But having been reduced from the status of small land lords to landless landlords while in medical college and being burdened with

heavy loans by the time I passed the final, I could not go for post-graduation immediately after graduation. There was no residency scheme then. I started practicing in an obscure village. I must have applied sometime during this period (although I don’t remember it) and after three years of private practice which was lucrative and, every minute of experience of which was worth it, I joined the central health services. My parent, patients and friends- all were aghast at my foolishness of opting for a job with a pittance as salary when compared to private practice, but I could not reveal my reasons to them. Three years’ government service was prerequisite for joining a PG course then. I manoeuvred to get myself posted to Hospital for Mental Disease in Shahdara Delhi. With a busy OPD, heavily dependent on drugs and ECT for treatment, I thought, as a senior put it, “Largactil was the only reality in Psychiatry”. I also came in contact with several medical officers, psychiatrists and clinical psychologists, who had graduated from CIP Ranchi. All were emphatic that I should ask for a transfer to the place if I were interested in Psychiatry. Since Ranchi was a faraway small town, and psychiatry was the last choice of other “level headed” medical officers, I got the transfer immediately and thus met my destiny.

CIP Ranchi had everything one who is interested in Psychiatry could wish for— long standing tradition of care, vast library with journals dating back to the 1930s, an occupation therapy department with more than twenty sections, games facilities and a good patients’ library, devoted trained staff who knew each patient by name, and

Down the memory lane

patients who had a lifelong personal relationship with the hospital. Above all, it had several enlightened directors each of whom had his own view of psychiatry and who were excellent teachers. Of course, it had its blemishes, but they were minor, remediable ones.

I soaked in the academic atmosphere although basically my duties were administrative. I was eager to get a postgraduate qualification in psychiatry, the purpose for which I gave up a lucrative private practice and wandered so far away from home. It is in getting the permission to join the post-graduation course that I received the help of large-hearted colleagues and friends and the obstacles of petty-minded power show of the bureaucrats. When I applied for a PG course from Patna University at one stage, (which I had to forego later due to various other reasons) I remember one student of DPM, who was not exactly a close friend, who sat in a 'dharana' in the office of his uncle who was a Dy. DG and refused to move until permission was granted to me. At last, I got the permission to join DPM course in CIP after seven years of service, (while I was eligible for it after five years and other medical officers got it in five years), while continuing to work there provided I undertook to put in extra work to compensate for the time I spent attending the classes.

It was in CIP that I realized Psychiatry was not limited to only Freud's theories nor the patients are worms who respond passively to pin pricks of chemicals we apply externally. If I have to reduce the lesson, I learnt there to one or two sentences it is this- psychiatric patient is a product endowed with a heredity and developmental vulnerabilities, upon whom the life circumstances sometimes impose an unbearable strain and lead to impaired functioning. It is essential to uncover all these factors if he and we, psychiatrists, wish to understand the patient and reduce the suffering. I ask every patient, even those with a longstanding illness, why he has come now, at this moment, not sometime earlier. Even those who deny any life stresses eventually reveal factors which they thought were not important and did not mention earlier. Not knowing the origins of their apparently illogical suffering worries them as much as the symptoms which they find impossible to control. Even if we are not able to remove the symptoms fully, we may be able to reduce their impact and sometimes may have to help them to come to terms with them, and understand that a half full cup is better than a completely empty one.