

MINDS NEWSLETTER

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Dr Naresh Nebhinani
MD, DNB

Assistant Professor
AIIMS Jodhpur (Raj)

Assistant Editor

Dr Siddharth Sarkar
MD, DNB

Assistant Professor
AIIMS, Delhi

Coordinator

Swapnil Tripathi
Final year, MBBS
AIIMS, Jodhpur (Raj)

E-mail

editormind@gmail.com

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Wellbeing begins in our MINDS

Monthly Newsletter on Psychiatry for Doctors & Medical Students

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From The Desk of the Editor: Let's celebrate International Yoga Day (21st June)

Yoga & mental health

“*Sthiram sukham aasanam*”, meaning ‘that position which is comfortable and steady’ is a concise definition of yogasana in the Yoga Sutra of Patanjali. The art of yoga is thousands of years old. However, the science of yoga and its application to mental health issues is relatively recent. Scientific literature is showing beneficial effects of yoga in mental health disorders such as depression, anxiety, posttraumatic stress disorder, substance abuse, suicidality, schizophrenia, autism, ADHD, dementia etc. This all point to the promise of yoga as an effective therapeutic option in psychiatry, provide the needed impetus to moving the field ahead for future multicentric, controlled studies on larger sample and wider application of yogic interventions for prevention and treatment of mental disorders.

We appreciate all the readers for sparing their valuable time in reading newsletter and proving timely inputs. We also thank all the contributors for benefitting all. We welcome Dr. Gopal Das and Dr. Suravi Patra for joining MINDS family as Editor and Assistant Editor from July 2016.

Naresh Nebhinani

Guest Column: Down The Memory Lane

Dr. T.S. Sathyanarayana Rao, Professor,
Dept. of Psychiatry, JSS Medical College Hospital, Mysore.
Editor, Indian Journal of Psychiatry. Email: tssrao19@gmail.com, raotss@yahoo.com

Mental health for all: Together we can!!!

According to the WHO, more than 450 million people worldwide suffer from mental illnesses and these conditions account for 14% of the global burden of disease. In other words, the prevalence of mental illnesses is very high. This translates to a lot of suffering. For instance, more than 8,00,000 deaths occur due to suicide every year and majority of them occur in developing countries like ours. Even these figures do not tell the complete story of burden of mental illness on the society. Consider the costs of destructive public health and safety implications, such as family disintegration, loss of employment, failure in school, domestic violence, child abuse, mental illnesses leading to poor physical health, substance abuse etc.

Contrast the magnitude of this burden to the fact that about 85% people suffering from mental health have no access to effective treatment. The financial resources needed to mitigate this situation are very modest. So why are we still struggling?

Amongst the many barriers to accessing mental health care, such as the low priority given to mental health by policy makers, the current organization of mental health services which includes lack of integration within primary care, inadequate human resources for mental health; lack of awareness is one of the most important and easily remediable factors. This lack of awareness about the availability, safety and efficacy of psychiatric treatment is rampant not only amongst the lay public but also among the medical professionals.

In India, the low priority given to undergraduate training in psychiatry is of concern. There are very few hours allotted to psychiatry teaching and that too is not taken seriously, chiefly because psychiatry does not find a place in university examinations. If psychiatry gets its due in the MBBS curriculum, the treatment gap may be reduced substantially. Improving undergraduate training is a long term objective. Meanwhile, it is of great importance for the medical fraternity to join hands and clear some myths related to treatment of psychiatric illnesses.

Firstly, the treatment outcomes of mental illnesses compare favorably with treatment outcomes of most non-communicable diseases. Secondly, contrary to popular belief, most psychotropics are safe. In fact, most psychotropics have a larger therapeutic index than many commonly used medications like anti-diabetics, anti-hypertensives etc. Another commonly held view is that psychotropics are habit forming. While it is true that some mental illnesses require long-term treatment, but barring benzodiazepines, psychotropics are just as habit forming as anti-hypertensives. The body needs some of them for proper functioning under certain conditions.

As medical professionals, we could contribute a large deal by identifying mental health problems in our clinical practice and in our interactions with friends, family and society and educating them that treatment of mental illnesses is available, safe, effective and not habit forming. This small endeavor will go a long way in achieving MENTAL HEALTH FOR ALL.

Dr. Nikhil Jain, MD

Assistant Professor

Department of Psychiatry, PGIMS, Rohtak, Haryana

Email: nikhil.jain.psych@gmail.com

Role of Yoga in Depression: Trainer's perspective

In today's fast paced lives, many have become the victim of this illness called – depression. Simply put depression is a state of severe despondency and dejection triggered by changes in the brain chemistry which results in a persistent state of hopelessness, pessimism, guilt, weakness and worst of all worthlessness.

Depression commonly affects our thoughts, our emotions, our behaviors and our overall physical health. The pressing question is what is the cure? How can depression be removed from the grass root level?

Yoga's integrated approach for curing depression has received much (belated) attention in the past decade. The practice of *asanas* helps in counteracting anxiety-driven depression because it reduces stress hormones like cortisol and adrenaline, inducing what's known as the relaxation response. Furthermore it provides stability to the body, and with its continued practice your mind calms down. Chanting of *mantras* creates vibrations which help in harmonizing the brain chemicals. In addition to it, the practice of *Shatkriyas* (the yogic cleansing techniques) purifies the body from within by eliminating the various bodily toxins and induces positive energy. *Pranayama* expands vital energy (*prana*) and improves the lung capacity and brings about awareness which essential in curing depression.

Counseling based on yogic philosophy points out the reasons for sorrow namely- *Avidya* (Ignorance), *Asmita* (Ego), *Raag* (Attachment), *Dwesh* (Malice), *Abhinivesh* (Clinging to life) so that the depressed individual may successfully come out of it. Now- a- days more number of depressed people are increasingly attending yoga classes in yoga institutes and a positive effect in them is seen within a few days of practice. There are many studies that suggest the efficacy of yoga-based approaches for the treatment of depression, bipolar and anxiety disorders. Let's spread more awareness and create knowledge base for wider application of yogic techniques in treatment mental disorder and building positive mental health.

Dr. Ambika Chandani, PhD Medical Sociology, Director

Ms. Pragya Lakhani, C.S., Administrator

Indira Yog Sansthan, Jodhpur

Email: ambika.chandani@gmail.com

REFRAME -Let Awareness Reframe Assumption:

Myths & Facts about "Bipolar disorder"

- ☒ It is impossible to help someone with bipolar disorder
- ✓ Bipolar disorder can be managed effectively with medications, psychotherapy, and support. Most patients get remission with proper treatment
- ☒ People with bipolar disorder cannot work
- ✓ With proper treatment majority of people with bipolar successfully work
- ☒ If you have bipolar disorder, you are crazy all the time
- ✓ Bipolar disorder is characterized by episodes of mania (high) and depression (low) and in majority of patients these episodes are separated with the period of normalcy (euthymic phase)
- ☒ Suicide is not common in people with bipolar disorder
- ✓ Risk of suicide is high in depression as well as mania (i.e. both the phases of bipolar disorder). Hence all the patients with bipolar should be evaluated for suicidal ideation and self-harm behaviors

Compiled by Swapnil Tripathi, final year, MBBS student, AIIMS, Jodhpur, Rajasthan

UG n PG

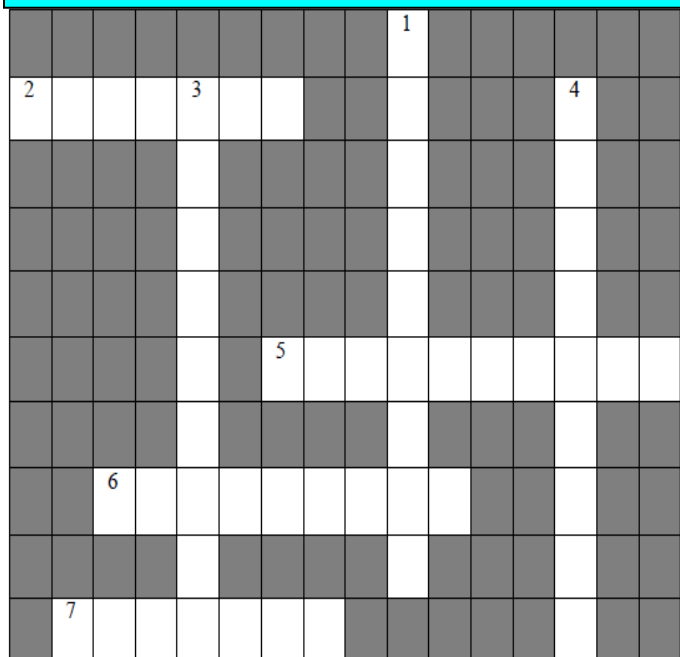
AN EXCLUSIVE SECTION FOR UNDERGRADUATES AND POSTGRADUATES

UG n PG

MINDS Quiz

1. Which of these is not a SSRI?
a) Duloxetine b) Escitalopram c) Paroxetine d) Sertraline
2. Cognitive model of depression is given by
a) Ellis b) Beck c) Freud d) Godfrey
3. Most common substance abuse in India is
a) Tobacco b) Cannabis c) Alcohol d) Opium
4. Autonomic features are prominently seen in
a) Seizures associated with alcohol b) Psychosis associated with alcohol
c) Delirium Tremors d) Wernicke's neuropathy
5. De Clerambault syndrome has also been referred to as 'delusion of.....
a) Love b) Infidelity c) Reference d) Persecution

Source: Glimpses of Psychiatry for Doctors & Medical Students (free E book at www.mindsnewsletter.com)



Crosswords

Across

2. Binge eating and vomiting
5. First drug approved for restless leg syndrome.
6. Persistent low grade sadness for more than 2 years
7. Impairment of movement despite normal motor and sensory functions.

Down

1. Restlessness caused by antipsychotics
3. Patients see object smaller and farther then they are
4. New word constructed or ordinary word used in special way

Compiled by Swapnil Tripathi, final year, MBBS student, AIIMS, Jodhpur, Rajasthan

ANSWERS

MINDS QUIZ

1. A
2. B
3. A
4. C
5. A

CROSS WORDS

Across

2. Bulimia
5. Risperidone
6. Dysphasia
7. Apraxia

Down

1. Akathisia
3. Micropsia
4. Neologism

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