



Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS



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EDITORIAL

“Emotion can be the enemy, if you give into your emotion, you lose yourself. You must be at one with your emotions, because the body always follows the mind.”

- Bruce Lee

Emotions as we know and understand are one of the basic characteristics of life propelling the dynamic nature of existence. Starting from a simple unicellular organism to complex living forms, the level and application of emotions vary according to their cognitive ability. Paul Ekman's facial expression research describes six basic emotions “anger, disgust, fear, sadness, surprise and happiness”. But various psychological theories suggest that human emotions can be innumerable due to the unique ability of communicating their feelings through verbal and body language. Emotions play a vital part in all spheres of life. A person's success or failure is often determined by how well he has mastered the control over his own emotions in different situations. This understanding has led to the concept called “Emotional intelligence” in which an individual can recognize not only his own emotions but also of others and use it successfully to adapt to environments.

In this context, people involved in Health care and medical profession are expected to possess high levels of emotional intelligence when it comes to clinical practice. The daily life of a Health care worker starts with listening to various physical and emotional problems of people. Situations quite often turn emotional when a patient's health deteriorates due to complications, emergencies, and sudden deaths. Handling these difficult situations could be emotionally challenging both to the physician as well as to the family members of the concerned patient. Hence it becomes very vital to communicate and reciprocate our emotions appropriately while handling such practically tough situations. This makes more sense when we can understand and feel the seriousness of cases of violence against doctors and health care workers rising in recent times. Quite often the situation may have turned worse due to improper handling of turbulent emotions. Introspection of these incidents could help us to consider how to rectify this emotional spill over on both sides and adopt preventive measures accordingly. One significant way to bring down the emotional conflict would be to have a proper understanding of the evolving situation, a quick analysis of our own emotional state and of the person in front and adopt an effective communication strategy to reduce the possibility of the situation going out of control.



As far as our patients are concerned, they come to us with huge expectations. But unfortunately, they fail to understand at times that a doctor is also a human being and subject to emotional lability. People tend to be still ignorant about the emotional burnout of health care workers even in a state of pandemic such as Covid 19 which has overburdened the existing manpower and infrastructure. Above all misconceptions about the medical profession continue to be a big hurdle in a good doctor patient relationship.

Stressing the importance of developing a good interpersonal relationship, the recent competency based medical education has introduced the concepts of attitude, ethics, and communication in undergraduate curriculum. It is imperative that the students realize the necessity of developing emotional maturity as they progress in their demanding career. Self-organization, regular physical activities, maintaining a good daily routine, adopting productive coping strategies and relaxation techniques are few simple stress management ideas to achieve an emotionally stable state of mind. An academically sound medical graduate may not be a successful practitioner as long he has a good understanding of his patients. Striking a good balance between sympathy and empathy according to the circumstances will help to establish a good clinical practice.



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DOWN THE MEMORY LANE

Growing up in the 1960's, there was no way I could have avoided the influence of R.D. Laing, who in those days was a cult figure for all the impressionable teenagers. Much later, when I was earnestly training as a resident in psychiatry, Laing and his views began to make me very angry with the hopelessly simplistic spin to it. It was this anger that made me pay him a visit. We had a three-hour conversation and began to understand each other better despite our very different orientations.

It is commonly believed that those who are psychiatrists at heart nearly always have a personal agenda. I have no qualms confessing that I certainly did have one. One of my immediate forbears was an alcoholic who died at the age of 50 in the early 1930's; another displayed severe psychiatric symptoms which incapacitated him for over 15 years before he left this world in 1946. There was no psychiatrist available in those days in the cities they used to reside in and the social stigma of a psychiatric consultation was not an eventuality the family was willing to endure.

I initially trained in paediatrics in Ireland and as lady luck would have it, obtained my Membership in a year. The road for my psychiatric career was open to me. In those days racial discrimination was ubiquitous and it was freely acknowledged that top centres did not short list candidates from certain parts of the globe. Dr.O'Kane insisted that I should apply to the Edinburgh training programme which with stalwarts like Morris Castrais, Bob Kendell, Ian Oswald enjoyed a stellar reputation not just in the United Kingdom but internationally. I was to learn later that David had taken the trouble to personally phone Jim Affleck the Physician Superintendent to request him to give me a chance.

From there began my psychiatric career. By the time I finished my residency, I already had about a dozen papers and a book published. That certainly helped me obtain a position to work towards a doctorate in psychopharmacology and I continued with my work on sodium valproate in bipolar illness which in those days was regarded a quirky proposition; lithium was the only mood stabiliser in practice until my friend Hinderk van Emrich and myself published our findings independently; my paper earned me a higher doctorate.

One of the many fascinations with psychiatry was its holistic outlook and that is what prompted me to train as a barrister. I had by that time moved to work with the legendary Max Hamilton; his influence on me would require a full-fledged book. Moving on to the US, I became fascinated with the role of philosophy in understanding the human mind and completed a doctorate. Always fascinated with analysis, I underwent training as a Jungian analyst in Zuerich and later completed a doctorate in history of science from Cambridge under Roy Porter.

Now in my retirement, I am occasionally asked if I would proffer any advice to those about to embark on a career in psychiatry. My only advice is that in the course of clinical practice, we are faced with new questions every day. One should never lose the motivation to seek answers to all those questions and if in the process we have to cross over to another discipline, that is a sign of creativity and should never be avoided. Interdisciplinary boundaries are only for administrative convenience and not to hamper creativity. And they can repose trust in a veteran of 50 years in the profession with experience in 11 different countries that it is this that makes psychiatry the most rewarding specialty in the medical profession. I am in medicine because human beings are the most interesting creatures in the universe and in psychiatry because that is the most interesting branch of medicine.



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INVITED ARTICLE

COVID-19 & Internet use :

Ms. A has undergone a vocal cord procedure. She was advised to speak minimally after the surgery. She has a thirteen-year-old son who is not going to school due to the ongoing COVID 19 pandemic. He is attending online classes run by school for six hours and after that would watch kids cartoon online. His mother would forbid him to do so but he would run away with the mobile in a separate room. As she was not able to speak and could only clap/make some sound to call him her child was having excess screen time. Although here the problem was increased due to mother's illness, but this has been a common problem encountered in every household amidst COVID 19 pandemic.



After the COVID 19 pandemic has hit the world, there have been unique challenges to communities around the world. To curb the spread of virus, physical distancing and use of certain hygiene measures were imposed. The online medium or virtual interaction came as a boon to mankind. Internet is considered as a medium which is safe, secure, affordable, reliable, and accessible to all in the view of the current pandemic.

As schools were on prolonged lockdown, the only medium of study and communication was through internet. This is not so favorable for children and adolescents as they have to endure significant stress of lack of communication with peers and excess screen time alongside dealing with developmental characteristics. The pandemic has also led to increase in gaming addiction and internet use in them with detrimental impact on psychosocial well-being. In a multi-centric study conducted in several countries it was observed that those who scored highly on gaming addiction, compulsive internet use and social media use had high scores of depressions, loneliness, escapism, poor sleep quality and anxiety related to the pandemic (Fernandes et al., 2020). The research shows that regardless of country of residence, the COVID-19 outbreak has had a significant effect on adolescent internet use and psychosocial well-being.



Besides the effect on adolescent mental health the pandemic has also exposed the inequality among us. The rural and population from remote areas lack the ability to work or study from home due to lack of access and knowledge. For many who do have access, slow speeds and high prices characterize the internet service. Although the internet has emerged as a valuable tool and a necessity amidst COVID 19 crisis, it has also exposed emerging threats and existing disparities which should also be paid attention to. Excessive virtual media use may lead to syndemic of these problems along with COVID-19.

Further Reading:

- Implications of COVID-19 and Lockdown on Internet Addiction Among Adolescents: Data from a Developing Country, K. Siste.
- How Has the COVID-19 Pandemic Impacted Internet Use Behaviors and Facilitated Problematic Internet Use? A Bangladeshi Study, I. Jahan.
- The impact of COVID-19 lockdown on internet use and escapism in adolescents, B. Fernandes.



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Transcultural Psychiatry

Compassion Fatigue or Lack of Boundaries?

It feels like one of those days when things just don't seem right. Despite a full night's sleep, energy levels feel depleted, motivation levels oscillate between low to negligible, and mood swings become recurrent. Have you experienced such symptoms lately, when it feels like a task to get out of the bed, feeling apathetic or irritable throughout the day, and irrespective of the effort put in, you cannot shake off the inescapable dread of seeing patients? These can be understood as stemming from compassion fatigue. Usually, those in the caregiving or healthcare industry are highly susceptible to experiencing this. It can be defined as an emotional stress reaction due to cyclical interactions with individuals who are emotionally demanding and require compassion and empathy of higher levels, i.e., dealing with individuals who are emotionally needy or have highly unrealistic expectations. Compassion fatigue is often confused with burnout, and these terms have been used synonymously. However, they are quite distinct from each other.

The concept of practicing emotional boundaries is crucial for any successful personal or professional relationship. But what happens when we are unable to set appropriate boundaries, thereby disrupting our work-life balance, or develop a possible unobjective stance with certain specifics or superiors? Boundaries, in layman terms, are the necessary cues, needs, and expectations regarding what is okay and not okay for us in a relationship—knowing when to say yes to others and when to assertively decline forms an essential component of healthy communication. Violating our own boundaries due to being in a helping profession can often result in feeling overwhelmed, resentful, avoidant, irritable, or fatigued. Behaviourally, it can take the form of over-extending oneself to help the patient(s), people-pleasing or over-working to elicit admiration from peers, patients or superiors, inability to decline to any request of a patient or superior, having high expectations from others, avoiding vulnerability, accepting mistreatment due to fear of being rejected or ridiculed by a superior or patient, feeling fearful of treating, etc. Our parental upbringing and individual personalities often determine the extent of our flexibility with our boundaries, as both extremes – being porous or too rigid is detrimental to any fruitful interaction. Consequently, possessing poor boundaries can significantly predispose health care workers to experience compassion fatigue in their work, especially in the context of the current pandemic induced uncertainties.

mentioned in multiple Yogic texts such as Nadi shodhana, Surya bhedana, Chandra bhedhana, Ujjayi, Sheetal, Brahmari etc. In each Pranayama, one has to go through four distinct stages of breathing, which together complete one cycle. 1. Puraka (Inhalation); 2. Kumbhaka (Retention); 3. Rechaka (Exhalation); 4. Bahya Kumbhaka (Suspension). These stages are modified and individualized as per the health and lung capacity of the practitioner. Therefore it is advised to learn Pranayama under expert guidance to understand its subtle aspects.



The following steps can be taken to ensure that we don't overextend ourselves in our work and social interactions:

- Learn to verbally communicate your needs or say no assertively, without the fear of rejection or confrontation.
- Engage in hobbies or activities outside of work and maintain a healthy work-life balance.
- Practice effective stress management by developing healthy coping strategies and engaging in a self-care routine to rejuvenate.
- Reach out to a trained and licensed mental health professional or support group.
- Maintain regularity in your sleep-wake cycle and physical exercise.
- Practice any form of meditation, mindfulness, and/or other creative art forms (journaling, painting, doodling, and others).

Reference:

Sweileh, W.M. Research trends and scientific analysis of publications on burnout and compassion fatigue among healthcare providers. *J Occup Med Toxicol* 15, 23 (2020). <https://doi.org/10.1186/s12995-020-00274-z>

Further reading:

1. *Set Boundaries, Find Peace: A guide to reclaiming yourself*, by Nedra Glover Tawwab.
2. *When the Body Says No: The Cost of Hidden Stress*, by Dr. Gabor Mate.



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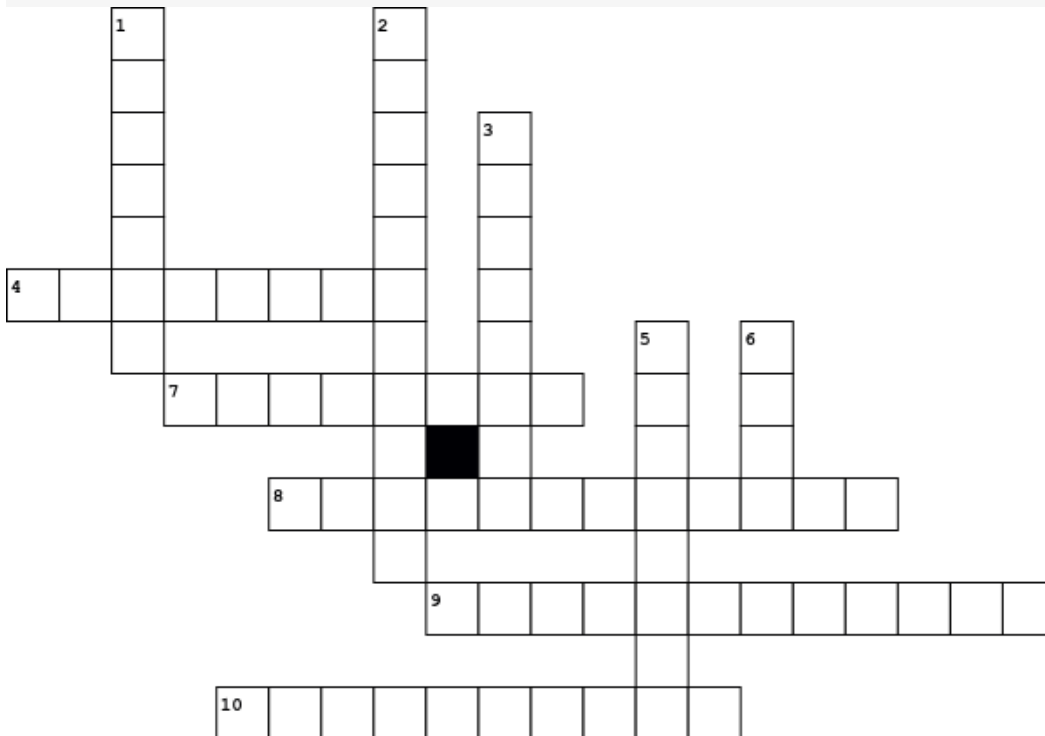


THE UNDERGRADUATE SECTION

Fun Corner...



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Miss Dhvani,
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Across

7. In 1927, Dr Julius Wagner-Jauregg became the first psychiatrist to win a Nobel Prize for his innovative method of treating psychosis and neurological sequelae of a particular disease entity. This stage of the disease had earlier been regarded incurable, but his technique of inducing a fever by introducing malarial parasites into his patients was remarkably effective and won him the Nobel Prize. Which disease, caused by a warmth-hating microbe?
8. Drug research during the second world war saw increasing interest in producing synthetic antihistamines. In 1949, French military surgeon Henri Laborit tested a small amount of X as a preventative for shock and was one of the first physicians to note its antipsychotic properties, noting that it produced a "euphoric quietude" in patients. The invention of the first antipsychotic medication chlorpromazine followed soon after. Identify X.
9. You may know Emil Fischer as the scientist who gave the lock and key enzyme hypothesis. You may know Joseph von Mering as one of the scientists who helped to discover insulin. Together, what sleepy class of drugs did the two invent in 1903?
10. In his 18th century tales, Baron von X claimed to have fought against a 40-foot, 7-inch crocodile, to have danced a Scottish jig in the stomach of a huge fish that had swallowed him and his friends, to have ridden on a cannon ball, to have thrown his silver axe so far that it was stuck in the moon, etc. Which psychiatric condition is named after his propensity for exaggerated and untruthful claims?

Down

1. While the credit for the discovery of the use in treatment of this element for bipolar disorder is given to Australian psychiatrist John Cade, ancient Greeks, and Romans - the ones who coined the terms 'mania' and 'melancholia' - had made the correlation nearly 2000 years prior, noting that baths with salts of the element calmed manic patients, and lifted the spirits of depressed ones. Which element?
2. This powerful antipsychotic was synthesized in the 1950s by Paul Janssen, though his intention was to make a powerful analgesic like morphine. They tinkered with the synthetic opioid meperidine, and after 44 iterations, they synthesized this powerful molecule, named after the two halogen atoms in its structure. Name the drug.
3. "It is incomparably superior to the older sedatives, such as morphine and chloral, and none of the newer ones, in my opinion, approach it in value as a remedy for controlling paroxysms of furious excitement and turbulent maniacal outbreaks." Which drug, described by Draper in 1889, which today you may have used when you had abdominal cramps or motion sickness?
5. This syndrome is now named eponymously after the two clinicians who described it. The first, in 1881, described an illness that consisted of paralysis of eye movements, ataxia, and mental confusion, in 3 patients. He felt that the disease was inflammatory in origin and therefore named it poliomyelitis hemorrhagica superioris. The second, a Russian psychiatrist recorded a disturbance in memory with polyneuropathy, dubbing the syndrome 'psychosis polyneuritica'. Today, we know that this syndrome is caused by the deficiency of a specific vitamin, most seen together with another clinical entity. Name the vitamin.
6. After World War II, the company Hoffman-LaRoche obtained large quantities of hydrazine, a component of German rocket fuel. Using this, they created two molecules to treat tuberculosis - the famous isoniazid, and iproniazid. 5 years later, clinicians reported that depressed tuberculosis patients became less depressed while on iproniazid. Further refinements were made on the drug to create this class of antidepressant, that forces patients to avoid gourmet wines and cheeses while using it. Which class of drug, in its 4-letter abbreviation?



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ANSWERS TO THE CROSSWORD

Across

- 4. Tourette
- 7. Syphilis
- 8. Promethazine
- 9. Barbiturates
- 10. Munchausen

Down

- 1. Lithium
- 2. Haloperidol
- 3. Hyoscine
- 5. Thiamine
- 6. MAOI

