



Wellbeing begins in Our MINDS

MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS



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EDITORIAL

A Decade Of MINDs Newsletter Journey

Psychiatry took its shape as a medical speciality even before 1808 when Johann Christian Reil coined the term "Psychiatry". Various psychiatry training programs have evolved, and psychiatry established as a medical speciality. The growing number of trainees and seats in psychiatry reflects the felt need for more mental health professionals in the country.

Despite increasing numbers of postgraduates in the county, the proportionate emphasis on psychiatry training at the undergraduate level is grossly lacking. Inadequate exposure to psychiatry training at the undergraduate level reflected a disparity attitude to psychiatry.

There are several efforts to reboot psychiatry training, the debate of enhancing psychiatry training, increase the duration and even a separate paper on psychiatry in the final MBBS exam. The whole idea is to have a favourable attitude and basic understanding of psychiatry in other parallel specialities of medicine. One of such efforts is to motivate undergraduates to know more about psychiatry by easy access to enjoyable informative material such as a newsletter.

MINDs newsletter specially design in keeping the requirement of undergraduates and encourage them for active participation. Newsletter like Minds helps bridge the gap in several ways; enjoyable crosswords, fun facts, articles by senior peoples in psychiatry can inspire and invoke genuine interest in psychiatry among students.

In 2021, MINDs newsletter completed its ten years, becoming the oldest psychiatry newsletter in the country. This is something remarkable for us, reflecting students' interest and zeal to know more about human behaviours.

The 10th year of MINDs Newsletter was celebrated by holding an online program honoured by the gracious presence of renowned academicians of the country and office bearers of the Indian Psychiatry Society.

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DOWN THE MEMORY LANE

MORSEL OF TIME

Morsel of childhood innocence

Lurked in brooding woods and Stony tracks..
Soaked in flowing creeks and muddy ponds..
Battered in bleeding wounds and haunting taunts..
With eyes searching in vain for home.

Morsel of adolescent autonomy

Bloomed in boarding schools and bunk beds..
United in singing choirs and study hours..
Immersed in bonding friends and endless conversations..
With feet stepping in vain for path.

Morsel of youthful identity

Explored in learning challenges and meeting expectations..
Engrossed in dreaming and modelling careers..
Endured with growing confusions and hovering hopes..
With brains struggling in vain for fame.

Morsel of adulthood intimacy

Lost in loving gestures and fake promises..
Brewing with scary storms and sad demises..
Guided by good virtues and imbibing kindness..
With heart wandering in vain for justice.

Morsel of old age wisdom

Growing with greying strands and denting vigour..
Reflecting life's failures and dozing despairs..
Taking away inner ignorance and illusions..
With soul waiting in vain for integrity.



Dr Sangha Mitra, MD

**Consultant Psychiatrist
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INVITED ARTICLE

Implementing a mental health support system for health workers, trainees, and students.

“... during [...], I went through a dark phase. Family and friends were around me and yet I felt alone. I lost interest in work, could not sleep, [...]. Took me a while to realise that I was in despair. I thought I could handle things myself. But I was sliding into an abyss and didn't even know it. Seeking professional help never occurred to me at all. A good friend and mentor suggested [to seek professional help], which I did, and it helped... **Many of us, especially in healthcare, do not seek help until it is too late. Why? Isn't it sad that, we, in the health profession, know that a stitch in time saves nine and yet mostly we don't act for ourselves and others until late, for health issues...especially mental health”**

[Paraphrased personal communication by a post-graduate trainee to R.A (Author Two)]

Health workers, students, and trainees in the health sector work, learn and train for long hours in unpredictable situations, constantly dealing with mortality/morbidity in an emotionally loaded environment. As expected, mental health issues are common among them. Current pandemic situation has brought to surface many latent mental health challenges among the people. But, seeking psychiatric and psychological help is still a taboo, though this is changing gradually. We present some implementation ideas for promoting mental health in health workers in the health sector, especially front-line workers, students, and trainees.

Health care system has many small teams, each with few people from different backgrounds, who interact regularly. Long hours spent working together gives us opportunities to monitor the mental and physical well-being of our co-workers. Sharing experiences and providing support could go a long way. But, at present, there is mostly an unpleasant hush-hush or gossip around anyone facing mental health issues. This must change. Working and learning environment should be a safe and non-judgmental space for honest conversations. Team members can be trained to be empathetic to co-workers. Those with 'lived experience' can be trained to be part of a mental health peer support system to promote mental well-being at the workplace. This will be a sustainable approach.

We need to establish a non-judgmental and privacy-informed support framework to seek help or refer someone. Ideally, this should be independent and flexible. The team should have motivated multidisciplinary personnel from clinical and administrative sections with judicious powers to help those in need. Some of the trained peer workers with 'lived experience' of mental health issues, should be included to help co-design a good support system as they can improve accessibility and utilization. We should formalize and implement guidelines for timely action when issues are suspected in self or among co-workers. These guidelines may be locally developed, but it is better if they are developed at national or regional level with local adaptation.



We can integrate knowledge about these guidelines and support pathways during orientation programs at the workplace and institutions. We must propagate a culture of seeking help from trained experts only and to avoid self-medication or prescriptions for 'friends' or 'self' without a proper assessment by an expert. We speak about the mental health aspects of working in a highly stressful environment but there is no follow up training or support on how to self-care or help those in need. This knowledge should be spirally integrated in the training and teaching pathways. A robust support system may be in place and yet underutilized. This requires effort from the end-users. We must practice self-reflection and monitoring of oneself and of co-workers. Identifying a troubled student colleague and helping them to seek support should be as important as identifying and eliciting any number of eponymous signs during clinical rotations. These skills are useful in personal life as well. We must contextualize and implement this multifaceted approach. For this to succeed, we must systematically weed out the stigma attached to mental health issues. As a start, we can actively monitor the mental well-being of ourselves and co-workers by looking out for each other. When in doubt about someone's mental health, we can start asking a simple question, "Are you okay?" and support them to seek professional help. We must actively involve ourselves in the design, implementation, and utilization of this support system for promoting mental well-being of self and our co-workers.



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Transcultural Psychiatry

Importance of Breathing in Yoga and its relevance in the COVID situation



Yoga is an ancient Indian spiritual discipline based on an immensely subtle science, which focuses on establishing harmony between mind and body. Breathing is considered to be an essential component of yogic practices. Pranayama is the fourth limb of Ashtanga yoga which mainly deals with breathing. Prana means life force, and ayama means extending or stretching. Thus, the word Pranayama translates to the control of life force. It is also known as the modulation of breath. It involves controlling the rate, depth and way of breathing to achieve specific physiological effects. Most of the Yogic practices require steady and effortless posture and calm breathing. Research studies have shown slow and deep breathing yogic practices have shown to cause decreased oxygen consumption, reduced heart rate, and reduced blood pressure and increased parasympathetic activity or relaxation.[1]

मनो यत्र विलीयेत पवनस्तत्र लीयते।
पवनो लीयते यत्र मनस्तत्र विलीयते॥

Hatha Yoga Pradipika - 4.23

It means, Breathing is lessened when the mind becomes absorbed, and the mind becomes absorbed when breath (Pavana) is controlled and calmed.

Various slow breathing practices are 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 Covid-19 pandemic and the uncertainty around it have brought the need for physical and mental well-being to the forefront. We have had to adjust to an entirely different style of living, working and socializing. With daily routines disrupted, it is natural for anxiety, stress, exhaustion, and other issues to affect us. Yoga practice, especially slow breathing, reduces anxiety and stress and thereby positively impacts immunity. Consequently, there is a spurt in social media, catering to Yoga practice sessions that provide accessible means to achieve physical and mental well-being.

A verse from ancient Yogic text Hatha Yoga pradiipika reminds us about certain aspects of Yoga practice which must be kept in mind during this pandemic situation:

**उत्साहात् साहसाद् धैर्यात् तत्त्वज्ञानाश् च निश्चयात् ।"
जनसङ्गपरित्यागात् षड्भिर् योगः प्रसिद्ध्यति ॥
Hatha Yoga Pradipika - 1.16**

It means enthusiasm, openness, courage, knowledge of the truth, determination, and solitude. When Yoga is practiced with these principles it becomes successful.

So let us keep up our enthusiasm, openness, courage, determination and practice Yoga in solitude or smaller groups with all Covid precautions, under proper guidance and achieve optimal physical and mental health and well-being.

Pranayama is the fourth limb of Ashtanga yoga which mainly deals with breathing. Prana means life force, and ayama means extending or stretching. Thus, the word Pranayama translates to the control of life force. It is also known as the modulation of breath. It involves controlling the rate, depth and way of breathing to achieve specific physiological effects.

1. Jerath R, Edry JW, Barnes VA, Jerath V; Physiology of long pranayamic breathing: Neural respiratory elements may provide a mechanism that explains how slow deep breathing shifts the autonomic nervous system; Med Hypotheses. 2006;67(3):566-71. Epub 2006 Apr 18.



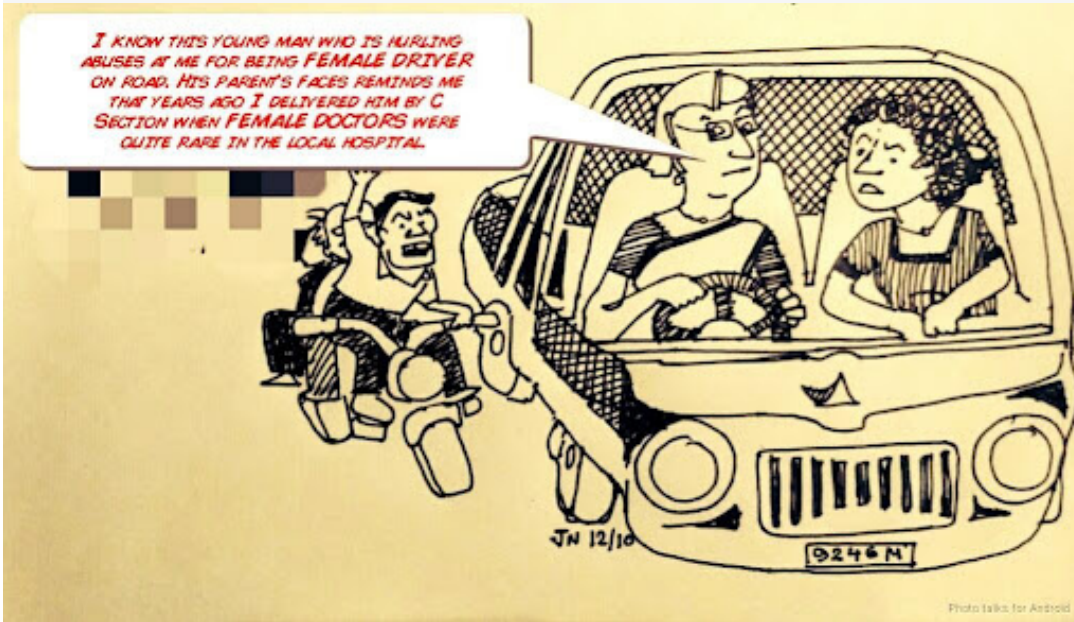
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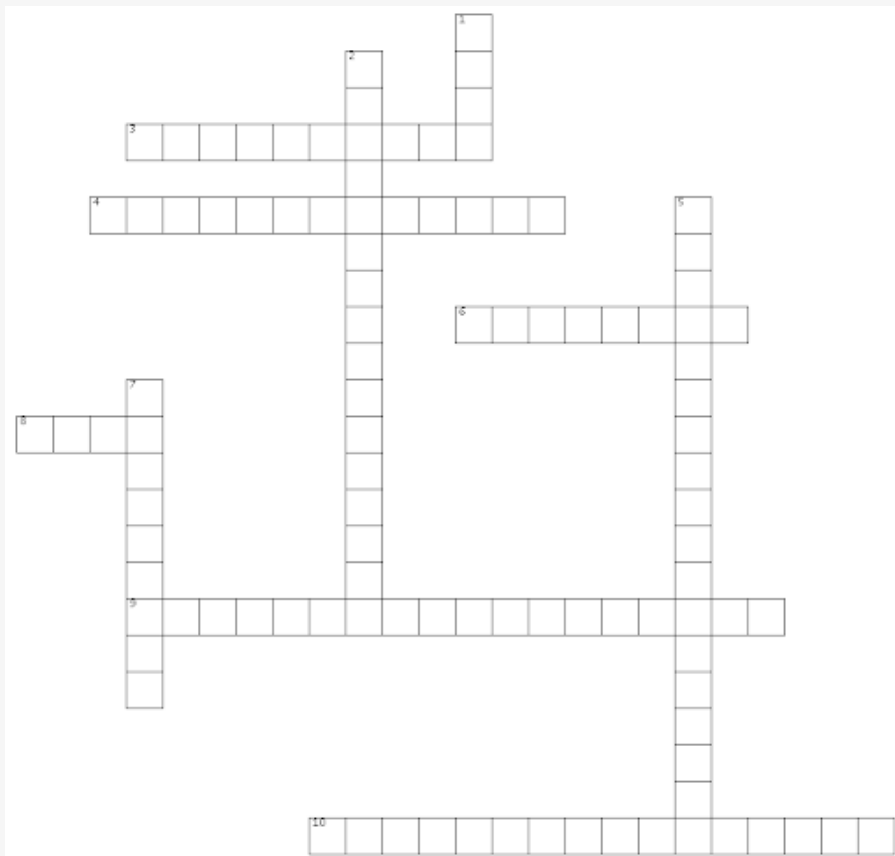


THE UNDERGRADUATE SECTION

Fun Corner...



**Dr Jaydeep Nandi,
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Dr. Ramaswamy Sundararajan,



Across

3. Patient diagnosed with depression is started on a TCA. If his fast sodium channels were inhibited by the drug, what side effect would you see?
4. A patient who is a known case of bipolar disorder presents with nausea, lethargy, irritability, and decreased urine output. He has been taking medication for bipolar disorder for the last 1 year. Identify the drug causing these symptoms.
6. 20 year old college student comes for follow up. She is on bupropion for major depression and says she is doing better in college but still feels very upset sometimes and has poor appetite. If dose has to be increased, what side effect should be taken into consideration?
8. PCP intoxication commonly works on as an antagonist against this receptor causing various symptoms of nystagmus and memory loss
9. 65 year old woman, recently underwent divorce, 3 months ago and has since started having difficulty sleeping. Fearful of the financial responsibilities of living on her own, she has stopped socializing with anyone but her daughter. What disorder is she suffering from?

Down

3. Patient diagnosed with depression is started on a TCA. If his fast sodium channels were inhibited by the drug, what side effect would you see?
4. A patient who is a known case of bipolar disorder presents with nausea, lethargy, irritability, and decreased urine output. He has been taking medication for bipolar disorder for the last 1 year. Identify the drug causing these symptoms.
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REFLECTION
(36" x 30") Oil on Canvas

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ANSWERS TO THE CROSSWORD

Across

- 3. ARRHYTHMIA
- 4. CARBAMEZAPINE
- 6. SEIZURES
- 8. NMDA
- 9. ADJUSTMENT DISORDER
- 10. MEDICATION REVIEW

Down

- 1. GABA
- 2. SCHIZOPHRENIFORM
- 5. TUBEROINFUNDIBULAR
- 7. VALPROATE

