



**MINDS NEWSLETTER**

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*Wellbeing begins in Our MINDS*

**Monthly Newsletter on Psychiatry for Doctors and Medical Students**

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From The Desk of Editor.....

**"Nanotechnology in Psychiatry"**

*"Nanomedicine" is the science and technology of diagnosing, treating, and preventing disease and traumatic injury, of relieving pain, and of preserving and improving human health, using nanoscale structured materials, biotechnology, and genetic engineering, and eventually complex machine systems and nanorobots*

*The vision of nanotechnology introduced in 1959 by late Nobel Physicist Richard P Feynman*

*K Eric Drexler published "Engines of Creation", a book to popularize the potential of molecular nanotechnology.*

*There are some difficulties in psychopharmacology like drugs have to pass the blood-brain barrier and then to be internalized by targeted cells. Nanoparticles could increase drugs bioavailability and pharmacokinetics, especially improving safety and efficacy of psychotropic drugs. Liposomes, nanosomes, nanoparticle polymers, nanobubbles are some examples of this targeted drug delivery which will prevent other side-effects of psychotropics. Dendrimers have found applications in transdermal drug delivery systems. Nanotechnology provides technical assistance to in vivo imaging through metabolome analysis of central nervous system. Putting nanosponges into the blood stream and they are soaking up toxic drug molecules to leading to resolution of the toxicity. Therapies that involve the manipulation of individual genes, or the molecular pathways that influence their expression, are increasingly being investigated as an option for treating diseases by using nanorobots that can "walk" and carry out repairs inside cell components. Nanotechnologies and quantum physics could be used to create models of artificial intelligence and mental illnesses*

*A major drawback of nanomedicine is that nanoparticles have no common feature other than their size. Hence, each particle has to be assessed individually. Also, changes in shape and size can lead to varied physical and chemical interactions- a substance that is non-toxic at 100nm can become toxic at 1 nm or vice-versa.*

*Nanotechnology has tremendous potential, but social issues of public acceptance, ethics, regulation, and human safety must be addressed before molecular nanotechnology can be seen as the possibility of providing high quality care*

**Dr. Sunil Kumar G Patil**

Sitting in my consultation room exhausted hoping to have lunch received a call from my son asking "where is the curry, where is my shirt" I told him it's where about and was thinking how a mother's life, whoever we are revolves around children. My son though is 19 is very much attached to me and I treat him like a small child pampering and loving. At times I used to feed him if it is late, will apply oil to his head.

Suddenly My thoughts were disrupted by hearing to a voice" excuse me madam"! I saw a Medical student was waiting to discuss his problems. He said "madam it is very embarrassing to discuss this issue but I need your help. Madam I think I am attracted to my mother I look at her body. I look at her discreetly while dressing. Madam I get provoked if she massages my head and helps me while taking bath. I get sexually stimulated. I respect my mother and I know it is wrong and I have not done anything wrong till today. I am very depressed because of these thoughts because it is increasing day by day and I feel very guilty. Madam at time I think of ending my life. Please help me. He started crying. I told him to relax.

I took a detail history and did all the investigation of physical and psychological. Treatment was initiated and he improved with pharmacotherapy and psychotherapy. During this process as a therapist I became guarded with my son. I started doubting my son. Later I thought all I hear from patients are of multifactorial and it is narration by persons with psychopathology, so why should I imply to our life? .Thinking how certain cases though we say should not be implied yet it has a deep impact and changes us and the impact it has also get impregnated. In spite of us being qualified psychiatrists.

Dr. Kasthuri P, Associate Professor, Dept. of Psychiatry, MVJMC&RH, Hoskote, Bengaluru

## REFRAME – Let Awareness Reframe Assumptions: Myths and Facts Mental Retardation

- ☒ Medicines can cure Mental retardation (MR)
  - ✓ Medicines can only intervene behavioral manifestation of MR and not cure
- ☒ Cognition and Intelligence signify or mean the same
  - ✓ Both are different and can't be used interchangeably
- ☒ IQ means chronological age/mental age (CA/MA\*100)
  - ✓ It is MA/CA\*100
- ☒ Mental Retardation can't live a normal life
  - ✓ Not really, they could live a normal life especially who have near to normal IQ
- ☒ Intelligence determines creativity in individuals
  - ✓ There no significant positive correlation between the two

Dr.Satadeepa Som, Clinical Psychologist. MVJMC & RH, Hoskote, Bengaluru

### SELFITIS

Selfitis is an unofficial new term used to describe the intense desire to keep taking Selfies all the time.

Though Officially Not yet declared a Syndrome per say the ill effects are there for everyone to see. Taking a Selfie is a Simple thing; the problem arises when it becomes a Craze as in difficult conditions viz amidst heights, speed, mountains, and rivers or in any environmental challenging conditions.

India has the highest number of deaths as a result of trying to take selfies in dangerous locations and also the maximum number of facebook users

Some motivating factors for selfies are attention, to increase confidence, to improve mood and social conformity

One needs to address the risk taking behavior of such individuals

Just like the recent example in front of train there have been examples where bunch of picnic students whilst taking a selfie one could see a drowning student in the background and all of them were oblivious about it.

Selfitis needs to be addressed as a risk taking behavior and as an addiction too.

As we know driving is okay but driving in high speeds involves risk; similarly a simple selfie might not be an issue but the risk taking behavior associated with it is a troublesome issue. There might be history of childhood ADHD/Conduct disorder.

Also like in other addictions the preoccupation with it might start affecting the routine and cause impairment in his social/academic/occupational functioning which is nearly equal to addiction and it needs a great attention

Also important here is the underlying addiction to phone/gadgets termed as 'Nomophobia'.

People with low self esteem are more prone for addiction

Many on evaluation might have co-morbid features of anxiety, mood and personality disorders.

Three types of selfitis are seen acute, borderline and chronic

As the trend of selfitis is increasing, more and more research is ongoing and rating scales are being used to measure the problematic behavior like Selfitis Behavioural Scale (SBS)

Not just youngsters even adults suffer from the above condition and those individuals will benefit with cognitive behavior therapy and medications if severe.

However more studies are required to confirm and specific guidelines needs to be formed

## Never neglect any symptom in any patient

Here is an example, male patient aged about 35 years agriculturist came to radiology department to get his head scan as he was having severe headache. He did not have any referral letter for scan so I told him to get reference letter from clinician, later he told he had consulted physician, ophthalmologist and ENT specialist and none of them as advised scan, he and his attenders started requesting for the scan repeatedly.

I went through his case file, and I came to know he had history of headache on and off from past 2-3 years, also was diagnosed have mild depression and was on anti-depressants. Now patient gives history of increase in the severity of headache from past 2-3 weeks, for which he was treated with analgesics and told to continue anti-depressants regularly and refer back to psychiatrist.

Since patient's headache was not relived and he was under the impression that everyone is neglecting his symptoms, and he himself decided to get CT scan head done. After seeing this file even I told him to meet psychiatrist, but he was very particular in getting CT scan brain and made repeated request to go ahead with the test.

At last I consulted our physician and decided to do the CT scan of brain, has his headache was increasing in severity day by day, we did CT scan brain plain study to our surprise, there was a big subdural hematoma with mass effect.

It was really difficult for us to break the news to the patient and his attenders, as even we hesitated to do scan on him initially, once we told report to the patient attenders even they were not accepting the report, started saying that he is a psychiatry patient and they bring him to scan just for his satisfaction.

It was really difficult to convince them to go to higher center for evacuation of subdural hematoma, anyway they were convinced and referred to NIMHAANS, few days post evacuation of the subdural bleed, patient came and thanked our team for believing in his symptom, so to conclude never take any symptom lightly in a psychiatric patient.

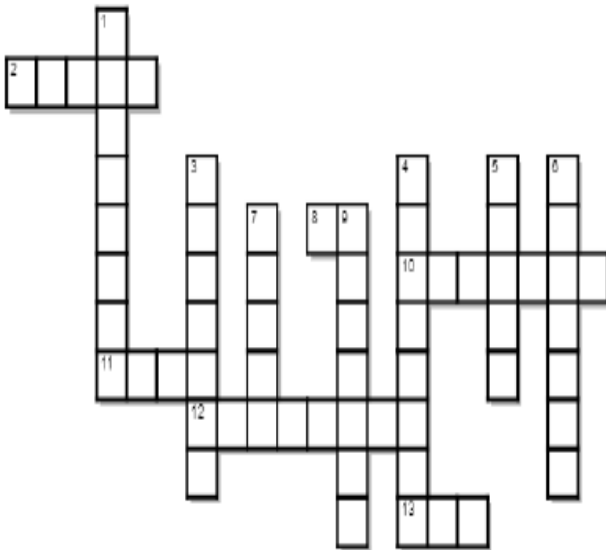
UG n PG

**AN EXCLUSIVE SECTION FOR  
UNDERGRADUATES AND  
POSTGRADUATES**

UG n PG

**MINDS QUIZ**

- Object Permanence Phenomenon.” theory of Cognitive Development was proposed by:
  - Anna Freud
  - Theodore Simon
  - Karl Koffka
  - Jean Piaget
- Psychotherapy should be Client centered/ Tailor mad, this was a notion of
  - Abraham Maslow
  - Laura Pearls
  - Carl Rogers
  - Rollo May
- Child becomes man where environment plays a major role as compared to intrapsychic energies, believed by
  - Mary Ainsworth
  - Erik Erikson
  - Carl Jung
  - Albert Bandura
- Observational learning of learning theories was proposed by
  - Thorndike
  - Pavlov
  - Watson
  - Bandura
- 16 PF personality questionnaire devised and constructed by
  - Raymond Cattle
  - Hans Eysenck
  - Alfred Adler
  - Raymond Cristal



**ACROSS**

**DOWN**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>Father of Psychoanalysis</li> <li>The pleasure principle or animal part of human mind</li> <li>Intrapsychic conflicts result into this</li> <li>The first stage of psychosexual development</li> <li>Freudian energy that determines survival</li> <li>Freudian energy that promotes pleasure and avoids pain</li> </ol> | <ol style="list-style-type: none"> <li>The morality principle of mind</li> <li>The stage of Electra and Oedipus Complex in psychosexual stages of development</li> <li>Death instinct of Freud</li> <li>The force to gratify or fulfill needs</li> <li>Stage of psychosexual development when sexual energy is dormant</li> <li>Life instinct of Freud</li> <li>Ego coping mechanism to reduce intra-psychiatric conflict</li> </ol> |
|---|--|

**Can  
You  
CROSS  
THE  
CROSS  
WORD**

**Ms. Satadeepa Som, Clinical Psychologist, MVJMC & RH, Hoskote, Bengaluru**



QR Code for MINDS website

- DOWN**
- Superego
  - Phallic
  - Thanatos
  - Drive
  - Latency
  - Ethos
  - Defence

- ACROSS**
- Freud
  - ID
  - Anxiety
  - Oral
  - Instinct
  - Sex

**CROSS WORDS**

**Ms. Satadeepa  
Som,  
Psychologist  
MVJMC & RH**

- MINDS QUIZ**
- Jean Piaget
  - Carl Rogers
  - Erik Erikson
  - Bandura
  - Raymond Cattle

**ANSWERS**

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