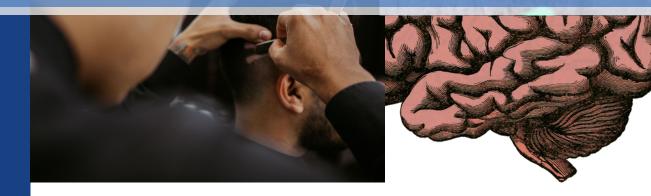


MONTHLY NEWSLETTER ON PSYCHIATRY FOR DOCTORS & MEDICAL STUDENTS



EDITORIAL

- Publishing since 2011
- Articles on psychiatry from over 22 specialities
- Contributions from over 50 authors
- Free e-copy on SMS request

For a free e-copy email us at editormind@gmail.com

Join us on facebook.com/minds.new sletter

BARBERSHOP - Hair raising revelations!

One significant outcome of the COVID lockdown had been and continues to be men's growing beards and outgrown hair. There is no end to their lamenting...no selfies, no video calls and doling out apologies for their new outlandish looks. Why is this sobstory important? The barbers who tame the mane, snipping at it much like a gardener at the hedges have a story of evolution. Strangely enough it finds links to medical sciences as my exploration revealed...

The practice of Western medicine of the 11-12th century was a 'secular profession' of the monk-practitioners at the monasteries. The herb garden therein had different medicinal plants which along with the regular vegetable garden would be able to supply any poultice, purge, or infusion the physician might need to serve the inmates at their infirmary. The monastery housed **barbers** who ensured the tonsured fringe look of the monks. The haircut essentially entailed the subservience to 'God'.

Soon, when the monk-practitioners began to liaise with commoners and offer their services to the outside folk as a paid engagement, the Church prohibited the clergy from spilling blood. The barbers possessed not just the tools but also the skillset for elementary practices like bloodletting and leeching based on the theory of humors. Thus, came into being **Barber-Surgeons**.

AN INITIATIVE SUPPORTED BY THE MINDS UNITED FOR HEALTH SCIENCES AND HUMANITY TRUST

Your suggestions are important to us, kindly send them to us at : editor.mind@gmail.com

During the Renaissance, field barbers accompanied the monks onto battlefields; sometimes were even placed in troops and performed procedures like limb amputation. Other documented evidence to their credit includes surgeries like neck manipulation, tooth extraction, draining of cysts with wicks, lancing of boils, administering enemas and fire cupping.

Even as science evolved and surgery diversified, barbers and surgeons continued to have the same trade guild until the 1700's. The traditional red and white barber's pole hints at the bygone era of bloodletting and bandages. In spite of their dedicated and unique service, there was no formal educational course for them as they were never seen in the capacity of doctors.

In the modern times, **barbershops** are zones that allow for conversations that can be private or inclusive; lame or distinguished. It presents itself as a non-judgmental space with keen listeners and advisors at the helm. The **Confess Project**, a mental health initiative in the United States, for boys and men of color has trained barbers to sharpen their skills at listening to unattended mental health problems in their clients and promoting them to seek professional help. **NHS Birmingham (UK)** came up with a community-based initiative of making available a magazine called 'Barbershop'. This magazine is free in barbershops in Birmingham and focuses on destignatising issues of mental health.

Ever wondered why do procedures like head massage or hair trimming feel so soothing at a barbershop or a salon? Recent research has explored the concept of Autonomous Sensory Meridian Response (ASMR). It is a perceptual phenomenon in which specific stimuli (ASMR "triggers" of different sensory modalities) elicit pleasurable tingling sensations primarily to the head and neck region eventually radiating to other parts of the body and finds links to synaethesia.

Thus, a visit to the barbershop is an event that silently encompasses a rich heritage, an opportunity for male bonhomie and scope for therapy! And depriving a male of it is truly punishing!!!

Dr. Yamini. D

EDITOR

Dr. Yamini Devendran M.D., Consultant Psychiatrist, Bangalore.

ASSISTANT EDITOR

Dr. Ajay Kumar, Assistant Professor, Dept. of Psychiatry, All India Institute of Medical Sciences -[AIIMS], Raipur

STUDENT EDITOR

Dr. Ramaswamy Sundararajan, J.S.S Medical College & Hospital, Mysuru

EDITORIAL ADVISORS

Dr. C Shamasundar Dr. Mohan Issac Dr. Ashok M.V, Dr. Kishor M

Newsletter designed by., Rohin B Shivaprakash, 5th term, BMCF contact : desk.rohbeesh@gmail.com



ANSWER TO THE PICTURE QUIZ ON PAGE 9

- 1. Fahad Fassil
- 2. Bradley Cooper
- 3. Mary Whiton Calkins
- 4. Anna Freud
- 5. Carl Jung

Contribution

cartoon



"Naale Baa" is based off an urban legend of 1990s wherein residents of a few villages in Karnataka began writing Naale Baa/Come tomorrow on their doors to ward of an evil spirit from entering their households. This was apparently a successful measure against the evil spirit!

In this cartoon, the same line fits true for social distancing and home quarantine. A pun which is intended here is to suggest that certain laymen think that 'Naale baa' quote is stronger than 'Go corona' without actually realising how social distancing has helped and not merely writing or saying things!

Dr. Yamini. D



DOWN THE MEMORY LANE

It was a typical day of my internship; it's just that I was posted in psychiatry. Though, much interested in medicine and paediatrics, I deliberately opted for psychiatry posting for the sake of bunking it and to getting some time for myself.

On the first day of psychiatry posting, my co-interns and I, were introduced to a psychiatry case—a disheveled young female staring with a blank look and was apparently unable to speak for the past 15 days. Her neurological examination was grossly normal except for the presence of rigidity. The case was that of 'catatonia'.

"Catatonia?", I tried to recollect; the term sounded familiar to me. What could be a possible cause of the condition making this young lady so miserable all of a sudden?

My curiosity pushed me to follow up on the case; she was given electro-convulsive therapy (ECT), and after the first ECT, the patient started talking and eating. I was amazed to see the dramatic improvement in the patient.

Sadly, after the 5th day of her 2nd ECT, patient developed status epilepticus and died, leaving a painful memory in my mind.

How a normal young woman suddenly developed catatonia and died, leaving her family and children behind. What could go wrong with her? What more could've been done to save her?

Possibly, the case induced an interest in psychiatry, and I joined psychiatry. Years later, I happened to attend a conference on autoimmune encephalitis.

Suddenly, I found what could be the possible answers to my lingering quest; the woman could have suffered from autoimmune encephalitis! The catatonic presentation improved after ECT but she eventually developed status epilepticus. The autoimmune encephalitis diagnosis was perhaps missed!

Well...years later, when I reminisce about that lady, I know that "Catatonia" is still an enigma for psychiatry, representing the varied manifestation of the complex brain. Furthermore, the biological links for many psychiatric conditions are yet to be explored.



Dr Sucharita Mandal, MD **Assistant Professor, Dept of psychiatry** All India Institute of Medical Sciences, Kalyani Email: drsucharitamandal08@gmail.com

INVITED ARTICLE

VITILIGO: BEYOND COLOR CHANGES

We live in a world of multicolour. But when it comes to the human species, we do not enjoy the privilege of the diversity of visible light spectrum. We are controlled by our melanosomes and its functional by product-melanin.

Vitiligo, in common parlance referred to as "leukoderma" is a condition that is characterized by milky white depigmented patches of skin due to the loss of melanocytes; the cells responsible for manufacturing melanin pigment.

In ancient times, patients of vitiligo were subjected to the same level of social ostracism as that meted out to leprosy afflicted/lepers. Vitiligo was, in fact, referred to as Sweta Kustha meaning "White leprosy". The unfortunate construction and maintenance of separate sanatoriums for leprosy is historical proof of how the stigma of such conditions has been allowed to perpetuate over many years.

The psychological burden of vitiligo is tremendous even today. Ever so often, distressed, misinformed and anxious individuals turn up, with expectations of cure and return of their skin colour to the homogenous baseline state. While as physicians we tend to only take "seriously" the complaints based on severity of extent or involvement, or a scoring system; for the patient, there is no such uniform direct extrapolation of response to disease severity.

A seemingly innocuous lesion to us could still mean life-changing for the patient, in the world of skin colour.



Some of the associated conditions include anxiety, depression, schizophrenia, ADD/ADHD and conduct disorder, childhood and adolescent psychiatric illnesses. Suicidal ideation is not uncommon.

In the Rigveda, a person who suffers from Switra (vitiligo) along with the person's progeny were forbidden from marrying. Up until today, many continue to be haunted by marriage/divorce doubts and chances of offspring getting affected by vitiligo.

Upto 92% patients are reported to have experienced low-key stigmatization.

Self-consciousness, fear, embarrassment and bullying are reflective of adolescent years while in later years there is heightened anxiety, social isolation, depression and low self-esteem.

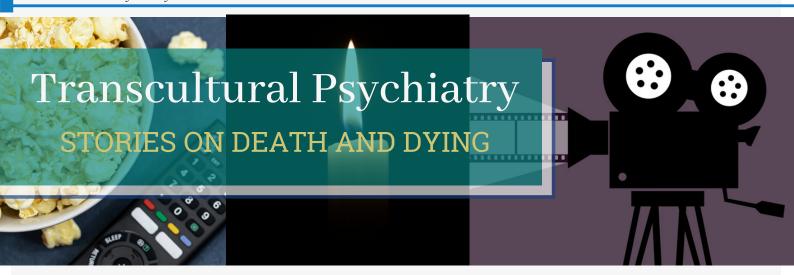
Dermatologists and psychiatrists should encourage bi-directional consultations, form multidisciplinary teams, look beyond physical symptoms and be vigilant to the presence of stressors and low quality of life.Applying appropriate interventions to address psychological impairments in a timely manner helps promote recovery in vitiligo patients and bring back the colour in their lives.

World Vitiligo Day is observed on June 25 each year; while June is considered Vitiligo Awareness month



Dr. Mansak Shishak; MD; DNB (Dermatology) Consultant Dermatologist, ISIC Multispecialty Hospital, Delhi Email id - mansakshishak@gmail.com





Movies deal with human emotions in one way or another. They make us cry, laugh, get terrified and excited. Death and a life beyond it have captivated the interests of many around the world. These movies not only deal with the afterlife but also the complexities of human grief and other emotions. As a psychiatrist, I wonder if that's what makes horror movies so exciting for me. Here are some reviews or thoughts on two of such movies that stood out in a long list of my favorites.

SPOILERS AHEAD

BABADOOK (2014)-

Death of a loved one is terrifying. What if this death is tied to the one event that is supposed to bring joy to any family? What if the birthday of your child is on the same day that your husband died? Amelia lost her husband to a gory accident that happened right in front of her eyes. Her son Samuel, born on the same day her husband died, is an imaginative yet troubled child who thinks his mother needs protection from a monster named Babadook. He has been getting into trouble at school and has not been sleeping well lately, which has added to the burden of single mother Amelia. Meanwhile, for Amelia, Samuel is a constant reminder of her loss as evidenced by the musical instruments and clothes of her husband that she still keeps. As per the strange storybook that Amelia finds in her home, Babadook torments those who become aware of its existence. The more Amelia denies its presence, the more stronger and stranger the occurrences at home become. Over time, it becomes apparent that Amelia's behavior has started to become more erratic and she has started becoming more irate and violent towards Samuel. As time progresses Babadook possesses Amelia, kills the family dog, and threatens to kill Samuel. Samuel demonstrates his love for his mother and this expels the "demon" out of her. As Virgil once wrote, "love conquers all". With this newfound strength of love toward her son, Amelia defeats Babadook in a final battle and banishes him to the depths of her mind/heart/basement. In one of the most satisfying endings of any movie that I've watched, Amelia becomes a more attentive mother, celebrating her son's birthday for the first time, with Babadook still alive and being fed and subdued by her courage and optimism.

So, what was it that possessed Amelia? Was it the unresolved grief translating into hatred and blame toward her own son? Was it this darkness of unending sadness and sense of loneliness that stopped Amelia from seeing her son's love? As the story ends, Babadook has been pushed into the darkest corner of her house, fed and acknowledged but never given the power to overpower. Perhaps Amelia realized that the monsters of the past could be conquered by the powers of the bright present, future and LOVE

2) LIGHTS OUT- Lights Out (2016) deals with how depression and guilt affect generations. How this depression then consumes the life of a mother and her two children, forms the basis of this story. The movie starts with a chilling murder to set the tone. We get a sneak peek into the lives of Sophie and her two children. The elder daughter, Rebecca, estranged and living independently and her younger brother, Martin is still living with Sophie. The difficult childhood of having to live with a mentally ill and emotionally unavailable mother is evident in Rebecca's own relationships as well as the multiple scars on her arm.

Martin has been having trouble in school lately and Rebecca is being called for questioning since their mother is not reachable. He has been sleeping at school for unknown reasons. Rebecca returns to her mother's place to find out what has been going on. There she finds her mother in the same dark place she had always been throughout Rebecca's childhood. Having stopped her antidepressants, she was not caring for herself or her son and had started talking to her 'imaginary' friend "Diana" again. One can see this apparition in the dark, which disappears when light is shone upon it. Rebecca had left the home due to a strained relationship with her mother brought on by the latter's depression and her all-consuming friendship with Diana. Following an encounter with Diana, Rebecca decides to understand the origins of this evil and stumbles upon the story of her mother. Diana was a fellow inmate and friend of Sophie's who supposedly had driven her father to suicide, was known to be sociopathic and was on treatment in the same mental health care centre as Sophie. She had a photosensitive skin condition that made her prefer darkness to light (hence the movie name) and died horrifically while on treatment for the same. The depression in addition to the guilt that she had left Diana alone during her death prompted Sophie to keep Diana close to her. The guilt for abandoning her mother when she needed her most probably prompted Rebecca to do whatever possible to make her mother feel normal again. The highlight of the movie is the second half where Rebecca, her partner and Martin try to save Sophie from the clutches of this dark force. Over time, it is clear that Diana has been eliminating anyone that has been trying to save Sophie by starting her on treatment, including her spouses.

Diana was proving to be too strong in the presence of a broken Sophie who was prevented from taking medications by the former. The only way for Sophie thus, to rid her family of this evil was to kill herself; thereby taking this evil with her. The ending shows how the orphaned children are safe but are left alone in this world.

As the director of this movie, who himself suffered from depression intended, that" Diana" here is the depression that thrived on Sophie's sadness/darkness. By preventing her from taking her antidepressants, she was essentially isolating herself from her loved ones. The movie ends with Sophie killing herself, in other words, taking the darkness/Diana along with her since the only way to save others was by doing so. This begs the question; is suicide the only answer to every problem/mental illness? By sacrificing oneself, was she saving her family or hurting them since now the children have lost both their parents? Of course, as a psychiatrist, I would have enjoyed a less dark end to this movie. Do humans need to fight their own demons? Or do we enjoy the good television that these demons provide? Either way, let us wait and watch for more intelligently made horror flicks that will capture our undivided attention



Dr. Vani Mohan Senior Resident National Institute of Mental Health and Neurosciences Email: vanimohanp19@gmail.com



THE UNDERGRADUATE SECTION

PICTURE QUIZ-GUESS WHO?

a)Identify this famous actor.

b)Also identify the movie in which the actor plays the role of a person suffering from schizophrenia, despite which he was able to break a loved one from a psychiatric facility.



a)Identify this actor who played the protagonist in 'Silver Lining's Playbook".

b)Also Identify the condition his character suffered from, in the movie.



Was the first woman to be both president of both the American Psychological Association and the American Philosophical Association. Received her PhD from Harvard University. Her work primarily revolved around "Right-Associated psychology and social justice for women. Sigmund Freud's studies referenced this famous person's work. Identify her



Had a very famous father in whose steps she followed. Child analysis, ego psychology and defense mechanisms were some of her notable works. She was often considered a doyen of Child psychology. Identify her



Many of his quotes are referenced in popular culture these days. Worked with Sigmund Freud on many collaborations. He is known for his work in collective unconsciousness, analytical psychology and individuation (a lifelong psychological process of defining one's self based on a combination of conscious and unconscious element). Who is he?













Dr.Ramaswamy Sundararajan