



## MINDS NEWSLETTER

- Published from 2011
- Articles on Psychiatry from over 22 specialities!!
- Contribution from More than 50 Authors!!
- Seven Sections in every Issue
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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 Editor

**Greetings to everyone from the editorial team of MINDS.**

We are back with yet another issue. This issue covers an article on how one can be a peer reviewer and the advantages of being one and an article on the benefits of yoga in patients with psychiatric disorders. Apart from these, we have the regular sections on 'down the memory lane', quiz and a crossword.

Hope all of you enjoy reading the latest issue of the MINDS newsletter, find it useful and send us your opinion and suggestions to improve it further.

**Dr. Bindu Annigeri**

### Guest Column: Down The Memory Lane... The Prejudice

The college reopened and the fresher's with their parents attended the inaugural and welcome meet at the college. The new postgraduate students reported to the opd at the hospital. We, at the department (the faculty and postgraduate students) gathered in the seminar hall and had a formal introduction of each of them to us. The second and third year postgraduates had a case presentation in the afternoon.

I told the final year pg to please take the all the new pgs to the ward to work up the manic patients who were admitted the same day. They went to the closed ward and in the afternoon we gathered for the presentation. One of the new PGs was absent, as also on the following day. The Assistant Professor in our department, after two days, came to my chamber and said "madam, one of the new pgs is absent since the day she joined. She seems to be disinterested in Psychiatry and also I find her to be not up to the mark"

Suddenly, my thoughts trailed back to my first day of joining as a postgraduate at NIMHANS. It was such a coincidence that, after our introduction into department at NIMHANS, our Assistant Professor had asked my senior PG to work up the newly admitted manic case. He asked three of us posted in his unit to accompany her and observe her taking history. The patient in the male closed ward of NIMHANS were so many; some were wandering, 2-3 were nude, few were shouting, a few were crying, some were quiet and withdrawn, some aggressive and the rest were happily singing songs.

## **DOWN THE MEMORY LANE CONTD....**

The morning introduction and the laborious history taking by the final year PG, made me very tired. The sight of all our patients in the closed ward really scared me and honestly decided that I would not return. I went home in the afternoon without attending the class.

After going home I told my father that I would discontinue psychiatry and join some other course. My father suggested that I relax, take some time and then decide later. The following day, I took leave from the hospital and then thought about how hard I had studied and taken the entrance exam and after the interview I had been selected. So it made no sense to backout without understanding the subject. I resumed my post graduation and was trying to adjust and understand the subject and at times remaining absent, most of the time not studying and not interested. Then, after two and half months, I started developing interest in the subject, started to understand the subject. I joined the hostel and from then on, spent most of my time in the ward and library.

At the end of 3 months in the first unit, the students were reshuffled to the 2<sup>nd</sup> unit. There was a farewell at the end of the posting, which I did not attend. In the second unit, I worked very hard and started improving my skills and studied hard. On the last day in the second unit there was a farewell party and it was customary to receive a feedback from the faculty.

The then senior resident said “I want to apologise to you”. I said “why sir”?

What did you do?! You were little rude and shrewd towards me but I learnt many things from you”.

He said that he was told by my previous Assistant Professor that I was not hard working and always ran away from the responsibilities and ward work, and that I had proved otherwise. He apologised for his harsh behaviour. Then I told him that neither he nor the assistant professor was not at fault, but as psychiatrists forgot to understand how a new pg from a new place, entering a new course trying to learn a new language, with loads to study may take some time to adjust. So I feel that they should withhold their prejudice till the pgs adjust. I decided that, if ever I become a teacher I shall give time and space to my pgs to settle down. So this promise to myself made me to smile when my Assistant Professor reputed against my new PG..

**Dr. Kasthuri,  
Professor, Department of Psychiatry,  
MVJ Medical College, Bangalore**

## **INVITED ARTICLES**

### **PEER REVIEW**

During the course of our academic career, we have either been asked to peer review articles or have submitted articles that are peer reviewed. What then constitutes a peer review? The term peer review is used to describe a system whereby a paper is scrutinized by peers who are experts in their field, give a feedback thereby shaping the final product. The quality of the paper and the standard of the journal depends to a large extent on the tireless work of a large network of reviewers.

It is, however, a time consuming and in majority cases an unpaid job. Why then should one take up responsibility with seemingly no rewards? The rewards are manifold in lieu of the time spent. Not only is it a great service to the journal concerned but to the academic society at large. A reviewer is one who acts as a filter between good and bad quality research. Critically appraising an article with balanced feedback to the author ensures that the author improves even if the paper is rejected. During the process of review, the reviewer also gets access to yet unpublished literature and gets a fairly good idea of what editors look for while accepting or rejecting articles. This helps them in their own research. Reviewing papers is usually not taught and most reviewers learn it on the job. Some journals mentor the reviewers, helping them hone their skills.

The role of a peer reviewer is manifold ranging from assessing the clinical relevance of the article submitted, the soundness of methodology, suitability for the journal for which it is submitted, the language used and issues involving plagiarism to name a few. So a reviewer acts as a guide for both the author and the editor. A reviewer who does a thorough, yet time-bound review is the joy of any editor. Most journals provide a checklist and a grading method to record the comments of the reviewers. However, it is always preferable to give elaborate comments explaining the reason for the critique. This smoothens the further processing of the article.

Confidentiality, conflict of interest and time frame by which the review needs to be done should be some of the preliminary factors that a reviewer should keep in mind before accepting an article for review. Finally, how does one go about being a reviewer for a journal? Usually, people are invited to be peer reviewers depending on their area of expertise and the work already done by them. One could also write to the editor of the concerned journal stating the desire to be a reviewer or could be recommended for the same by one's peers. Whether a clinician or an academician, peer review gives the opportunity to enhance one's own skills and serve the society at the same time. It is an opportunity not to be missed.

**Dr. Pingali Srilakshmi**  
**MBBS, MD (Psychiatry)**  
**Associate Professor, Gandhi Medical College, Secunderabad**

## **YOGA AND MENTAL HEALTH**

Psychiatric disorders are common with significant disability. Stigma associated with mental illness delays the seeking of treatment. Requirement of long term medications and side effects associated with it makes compliance an issue. In such a scenario, Complementary and Alternative Medicine (CAM) would be an option, as means of treatment. The National Institutes of Health Center for Complementary and Alternative Medicine defines mind-body interventions as “a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms”.

Yoga is a mind-body intervention and one of the CAM therapies. The word “yoga” comes from a Sanskrit root “yuj” which means union, or yoke, to join. Yoga is a form of mind-body fitness that involves a combination of muscular activity and an internally directed mindful focus on awareness of the self, the breath, and energy. Yoga is relatively safe and well tolerated with very few side effects when practiced correctly. Studies have been conducted across most of the major psychiatric illnesses on efficacy of yoga as a monotherapy and add on therapy. Evidence suggests that yoga can be used as a monotherapy and as a first line therapy in cases of mild to moderate depressive episodes. Along with improvement in clinical features it has been found to bring about a decrease in serum cortisol levels and increase in BDNF levels in subjects with depression. With respect to anxiety disorders yoga continues to be an adjuvant modality of treatment. Research in yoga for OCD is in the initial stages with Kundalini yoga having demonstrated some efficacy.

Yoga has been compared with exercise, other attentional control methods and pharmacotherapy in patients with schizophrenia and has been found that yoga group showed improvement in monotherapy as well as an adjuvant in the treatment of psychiatric disorders. Improvement was seen with respect to negative symptoms, quality of life, social cognition, facial emotional recognition deficits and an increase in the blood oxytocin levels. However available evidence is weak with respect to positive symptoms. Yoga can be used as an adjunctive therapy with standard treatment for schizophrenia.

Yoga may be used as an add-on treatment along with medications as a part of a multimodal intervention in patients with ADHD and/or autism. Pragmatic trials of inclusion of yoga as a part of the school curriculum have shown feasibility for practice and efficacy of yoga therapy. With respect to Autistic disorders yoga therapy has been found more useful on the ASD related behavioural symptoms than the core symptoms per se. The current evidence for yoga therapy in deaddiction medicine suggests that yoga can be employed as a CAM therapy in cases of tobacco, alcohol and opioid dependence along with routine medical intervention and psychosocial interventions. It has an effect both during the acute phase as well as the maintenance phase of substance use disorders. Yoga therapy has also been found to have modest improvement on the cognitive deficits in patients with mild cognitive impairment and some preliminary research has shown an increase in hippocampal volume in the elderly who regularly practiced yoga for at least 6 months. Significant improvement in elderly population was noted in other illness related parameters like sleep quality, quality of life etc.

To conclude, yoga was practiced in ancient times for overall general well-being and is a culturally approved practice. The current research evidence suggests that yoga can be used as an add-on therapy for most of the psychiatric disorders except for depression for which it can be prescribed as a monotherapy. It not only improves the symptoms, but also brings about holistic changes in an individual. Yoga is relatively safe and well tolerated with very few side effects when practiced correctly.

**Dr. Najla Eiman, Postdoctoral fellow in Neuropsychiatry, NIMHANS, Bangalore**

## Undergraduate section

### POST MBBS - SHOULD EVERYONE STRIVE FOR PG?

The phase of life right after a doctor's compulsory rotating internship can be considered as the most defining period in their life. It is instrumental in deciding how he, now an established servant of the society contributes both to himself and to the community for the rest of his life. Therefore, this period demands directed action on the part of the student resulting from thoughtful planning done days and months prior. The scenario in India for post-graduate medical aspirants is dismal, the number of post-graduation seats available being less than half of the undergraduate seats including that for super-specialization. Coupled with this is the added bonus of caste-based categorization of students, an age-long practice which is continually strengthening its demands in the country with the passing years. With the newly reformed fee-structure of medical colleges country-wide, it is safe to say that medicine now solely belongs to those either considered backward-class on paper or to the astronomically rich, with the exception of a few remarkably meritorious students. The stressful competition that this situation gives rise to, literally dictates the terms of aspirants' careers, forcing many to take up any stream after their first successful attempt irrespective of their inclination towards it, should they get one while leaving the rest in despair.

So, the question is, should one be even considering a post- graduation degree right after MBBS? The answer to this question is entirely subjective and any opinion expressed on my part is merely a modest attempt to delve into the myriad of options available to explore and to try to briefly analyse what they have to offer. Our lives are primarily driven by our goals and desires. For people who have conquered the herculean task of clearing their MBBS course, I can safely exclude discussion about the basic desires in life for food, sleep, comfort & shelter and place more importance on the higher ambitions to be their primary drives. Why I mention this is, preset goals in life are of paramount importance when it comes to making an academic career decision and it just can't be stressed upon enough.

A successful goal is one which is well-aligned with your heart's desire, your unique skill-set and the path to which is clearly visible to you. If you have enjoyed your MBBS years academically, felt challenged under the pressure and have been successful in effectively communicating with patients while empathizing with them, then at the least you can be certain that you are on the right track and can definitely consider doing a post-graduation in the medical field to lead a happy and successful life.

If however, the five and a half years have raised red flags for you throughout and you never really succeeded in putting your heart to it and somehow managed to just pull through, well, it's best not to add to the despair by continuing in the same field since there are various other non-medical options available which are equally enthralling and fulfilling as a doctor's job. Hospital administration is a lucrative arena and the demand for doctors with MBA degree is on the rise amongst private hospitals and pharmaceutical companies. A similar career option is Masters in Health Administration (MHA) which helps medical students to acquire the skills required in managing multi- speciality hospitals, clinics, insurance companies etc. Clinical research has massive scope and one can pursue a PhD degree in AIIMS, PGI, NIMHANS, TIFR or can apply for research opportunities offered by ICMR, CIMAP, CCMB or even join the WHO to engage in pioneering work. MBBS graduates can also sway towards technological field and take up M.Tech course in Biomedical Engineering and Biological Sciences or Masters in Medical Science and Technology (MMST) which essentially allow them to delve into the world of bioinformatics, healthcare imaging and development of machines and instruments directed at providing better health care. Civil Service is another highly prestigious, honourable and lucrative

field that demands complete dedication on the part of the student to get through and at the same time rewards with life-long returns. Thus, it can be safely stated that doing post-graduation in medical field is not the only end-game available for MBBS graduates. There is an entire world of opportunities waiting to be explored by those who wish to venture away from the conventional path in medicine.

Now, for those who wish to continue their career in medicine, doing post-graduation is not the only option. UPSC conducts Combined Medical Services Examination every year for recruitment into government institutions like Railways, Municipal Corporations as Medical Officers. This offers a permanent job as a part of the administrative workforce of government hospitals and has a considerable amount of esteem, repute and honour associated with it. Those who wish to give themselves a break from the academics and simply wish to practice medicine can apply for a practitioner's job in PHCs, can work in private hospitals or even set up their own private clinic. Working in PHCs for a specified number of years has the added advantage of giving you a 15% edge over and above others for when you appear for NEET-PG exam. Working in private hospitals sometimes proves to be extremely lucrative for fresh MBBS graduates but the downside is managing studies alongside work if you plan on appearing for PG entrance in the near future. If post-graduation is your aim, then delay in preparing for it is not advisable since with the passing years, your ability to concentrate on a subject matter for long, to easily grasp new concepts and to retain the same keeps decreasing alongside rise in responsibilities in life.

As I had mentioned earlier, competition for post-graduation in the medical field is high in the country, therefore one can also explore possibilities outside the country and research into the merits and demerits of the same. Every year almost a third of MBBS graduates passing out apply for residencies abroad, options notably varying amongst USA, UK, Australia, Canada, New Zealand and a few others. USMLE is what you need to ace in order to land a residency in USA. USMLE consists of Step 1 (mcq test), Step 2CK (mcq test), Step 2CS (clinical exam) and Step 3(mcq test + clinical exam). It usually takes about two years to complete all the steps and to land a residency through the National Residency Matching Program using your USMLE scores. Even though the competition is less compared to NEET-PG, USMLE is one of the toughest exams in the world but once you ace it, your life is as good as gold. UK Medical colleges accept your PLAB scores apart from a proof of your proficiency in English which requires you to take the IELTS. PLAB 1 is a written exam whereas PLAB 2 is a clinical exam each of which can be taken a maximum of four times to meet the requirements, following which one should apply for a medical college within a period of two years.

The pioneering advancements made in medical science, use of state of the art technology, high research funding and astronomically high pay scale are some of the reasons which should inspire you to embrace the challenging road to post-graduation abroad. Lastly, coming to the most important one, post-graduation in India albeit is a daunting task to accomplish but it is not impossible. One can achieve a decent rank with proper guidance and with sincerity, dedication, consistency, proper time management & smart work on ones part. It is important to realise where your heart lies as well as to be realistic during the counseling process. Discussions with parents, other family members & seniors and research about prospective colleges and scope of the specializations sought, prior to counseling should help make an informed decision.

In conclusion, the medical profession is an elite profession and any path taken post-MBBS is sure to contribute to an illustrious career. This critical decision although influenced by a multitude of factors should ultimately be governed by one's own passion.

**Dr. Pramit Mukherjee, Junior Resident, Dept. of Psychiatry, AIMS, Bellur.**

**AN EXCLUSIVE SECTION FOR  
UNDERGRADUATES AND  
POSTGRADUATES**

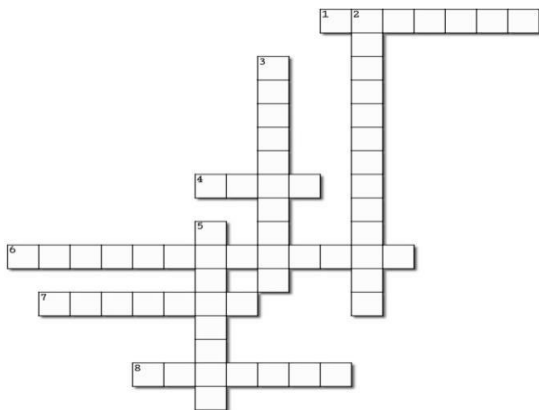
UG n PG

UG n PG

**MINDS QUIZ**

1. Which is not a cognitive distortion?  
a) Over generalization    b) Thought block    c) Catastrophic thinking    d) Arbitrary inference
2. All are features of autistic disorders except  
a) Stereotypic movements    b) Impaired social interaction    c) Visual impairment    d) Delay in speech development
3. Rivastigmine and donepezil are used for  
a) Depression    b) Dissociation    c) Delusions    d) Dementia
4. Defense mechanism not seen in OCD  
a) Reaction formation    b) Projection    c) Isolation    d) Undoing

Can you cross the crosswords!!!



**ACROSS:**

- 1 Most common mode of suicide in India
- 4 +ve/-ve symptom schizophrenia concept
- 6 No recognition of familiar faces
- 7 Formication commonly seen with
- 8 Theory of psychosocial development

**DOWN:**

- 2 First Neurotransmitter discovered
- 3 Drug of choice for NMS
- 5 Amotivational syndrome associated with

**Courtesy: Hrishikesh Solunke, Junior Resident, J.S.S Medical College, Mysore**

**ANSWERS**

**MINDS QUIZ**

1. b
2. c
3. d
4. b

**CROSS WORDS**

**ACROSS**

1. Hanging
4. Crow
6. Prosopagnosia

**DOWN**

2. Acetylcholine
3. Dantrolene
5. Cannabis

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