

STORIES OF

# HOPE

*Happy Outcomes from  
Psychiatric Encounters*



*An official publication of the,  
Indian Psychiatric Society - Gujarat State Branch*



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Psychiatric Encounters*



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Indian Psychiatric Society - Gujarat State Branch*

with best compliments from



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FROM THE  
INDIAN PSYCHIATRIC SOCIETY-GUJARAT STATE BRANCH

It is a matter of pleasure and pride for the Indian Psychiatric Society-Gujarat State Branch to be presenting this book related to mental-health awareness, to the society in general.

It is unfortunate how some people with mental illness do not receive the appropriate treatment that can work wonders for them, just because of lack of awareness, fear, stigma, or sometimes a mere hesitation in consulting a psychiatrist- in taking that first step- that will open up the path to healing and recovery.

There are an umpteenth number of instances where-in patients have suffered for a long time before they consulted a psychiatrist, but when they did, their mental health improved, and their life changed, for the better. We congratulate our Editorial Team for bringing out such stories based on real- life experiences of various psychiatrists and patients and compiling those in the form of this collection called 'Stories of Hope,' and we thank all the doctors and patients who shared their stories for this cause.

The Indian Psychiatric Society- Gujarat State Branch strives for the betterment of mental health care and this book is our attempt to reach out to people in need of mental health care and support.

Long live IPS-GSB!

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## FROM THE EDITORIAL TEAM

What exactly happens in a psychiatric consultation intrigues a lot of people who are not related to the field or who do not know anyone who has mental health issues or has consulted a psychiatrist before. We intend to demystify this and present to people a collection of stories based on real-life experiences that give a glimpse into the nuances of psychiatric treatments.

We called this The Project HOPE- 'Happy Outcomes from Psychiatric Encounters,' because these stories illustrate how a consultation unfolds an entire journey towards better mental health and thereby, a more meaningful life. Reading about people with similar difficulties and how they could be helped would give the much needed hope, inspiration and insight to those suffering from mental health related problems.

We take this opportunity to thank everyone who helped us create this book. The content contributors (listed on the next page) formed the back-bone of this project. All the office-bearers of the IPS-GSB supported this endeavor whole-heartedly. Mr. Vivek Sheth gave it a beautiful design and Tripada HealthCare Pvt. Ltd. helped us bring out the print-version of this book.

We sincerely hope that our readers also get infused with the enthusiasm with which we have created this book and together we can make a difference to those in need of mental health care.

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# Am I Going To Die Just Now?



Young man rushing to the emergency department

I had this young male patient working in a Pharmaceutical company come to me with severe anxiety symptoms. Patient had frequently gone to the emergency departments of hospitals even at night time with sudden onset of chest pain, palpitations, sweating and gabhraman. Every single time his reports turned out to be normal. The patient tried to control such behaviour and calm down by himself, but failed to do so. Gradually he isolated himself from social occasions and felt depressed. This is his story in his own words:

*“That day, I had the most terrifying experience of my life. As usual, I was back home after a hectic day at work. My 3 year old daughter was playing with her dolls and my wife was busy cooking in the kitchen.*

*I put my bag down and was about to greet them when suddenly, out of the blue, I started experiencing chest pain, my heart started pounding and my heartbeats became so loud that I could hear them. I felt choked and could barely breathe. My hands and legs got cold and clammy. I felt like it was the end of my life. It was frightening. I shouted to call my wife and we rushed to the emergency department of a nearby hospital.*

*As we were reaching there, I started feeling better. Yet I was stressed if I just had a heart attack. I was investigated thoroughly but all my reports came out to be normal. I was more perplexed. If all my reports were normal, what was all this that was happening to me? How could it be nothing when what I just went through was the worst I had ever experienced?*

*I tried to think that it was just a bad dream...but it happened again after a few days, and again after a few weeks. This was happening anywhere, anytime, without any clue...every time a similar frightening, uncomfortable experience. This started changing my life. I started having difficulty being alone.*

*All I worried about was what if I had a similar attack and who would take care of me if I were alone at that time. What if the next time it's a real heart attack?*

*The thought was killing me from inside. I started going from one hospital to another, one doctor to another hoping that the “problem” would get fixed...but it was of no use.*

*All the doctors would say—“you are absolutely fine, you just stop worrying!!” They couldn’t understand that I was not in control of my worry, I couldn’t just stop it anymore.*

*Then somehow it occurred to me that I should see a psychiatrist. Initially I was apprehensive – will I be declared mad if I see a psychiatrist? But then, I searched for a good psychiatrist nearby and found one. When I reached his clinic, I saw many people there who looked as normal as I did. On a closer look though, I could see worry and sadness on those faces.*

*Seated in the reception area, I was rehearsing what to say when I heard my name being called. The psychiatrist asked me to sit down. He was a calm-faced one, warm in approach. I poured my heart out to him. I told him about all my symptoms and difficulties. He listened to me carefully. For the first time in my life, I saw a doctor who gave me so much time—that too in the difficult Corona situation!*

*After examining me thoroughly and reviewing all my files, he explained to me about my disorder and prescribed some medications. He explained to me that it was Panic disorder and I was not going to die because of it. It was a great relief to know that.*

*Gradually, with medications and therapy, all my symptoms improved and the panic attacks also stopped! I was happy once again. I resumed my daily walk and started Yoga. I also started going to social functions. It has been four months since I started treatment. Till now, I have not re- experienced any of my symptoms. It almost feels like I never had any illness. Thanks to my doctor for changing my life!! ”*

## TAKE HOME MESSAGE

- ★ Anxiety can be crippling in more than one ways. The right understanding and medications can liberate you.

# Battered And Shattered



Tearful and wounded

This story dates back to 2020 when we had once visited a *Nari Samrakshan Center* in North Gujarat. The superintendent of the hospital had called us to examine an unknown woman in her 60's who had been sent there by an NGO with the help of police. They had found her on the road in a very bad condition. We were called because she behaved abnormally.

The NGO staff had managed to gather some history in her case. We came to know that she was ill-treated by her husband and his family. They were rude to her, did not give her food to eat, and abused her mentally, physically and sexually for many years.

Finally, she was thrown out of the house, put in a vehicle, sent to another state and left alone to fend for herself. It seemed that after all this, her mental condition worsened. She stayed on footpaths, wandered from one state to another, collected garbage, could not eat well or look after her health and hygiene.

When we inquired about her abnormal behavior, the staff members told us that she hurled abuses at anyone who tried to talk to her or examine her. She particularly avoided male doctors and staff.

She often tore her clothes and spat around in front of everyone. On attempting to stop her, she fainted and fell down. She constantly muttered something to herself, was suspicious of everyone and threatened to kill them. She did not eat, nor slept at night, and sometimes passed urine in her clothes.

When we examined her, she was in a bad shape. She was not realistically aware of herself or her surroundings. She talked to herself, did not pay attention to what we were asking or telling her. Her thoughts were disorganized and she was fearful and threatening at the same time.

She was clearly carrying the burden of emotional and physical violence within herself. However, something in her eyes and her demeanor conveyed that she was a fighter and had not lost hope despite such extreme trauma.

We started medications to bring her to normalcy, but it was almost impossible to establish any kind of rapport with her. Whenever we visited

her, she had a shoe and a twisted broom ready with her to attack, in case we misbehaved! She was argumentative and abusive, and to establish even a few words of meaningful conversation with her seemed like a far-fetched dream.

We kept a lot of patience. We believed that if we put in good efforts, we will reap good results. The staff at the rehabilitation home worked hard in making sure she received food and medicines and maintained basic hygiene.

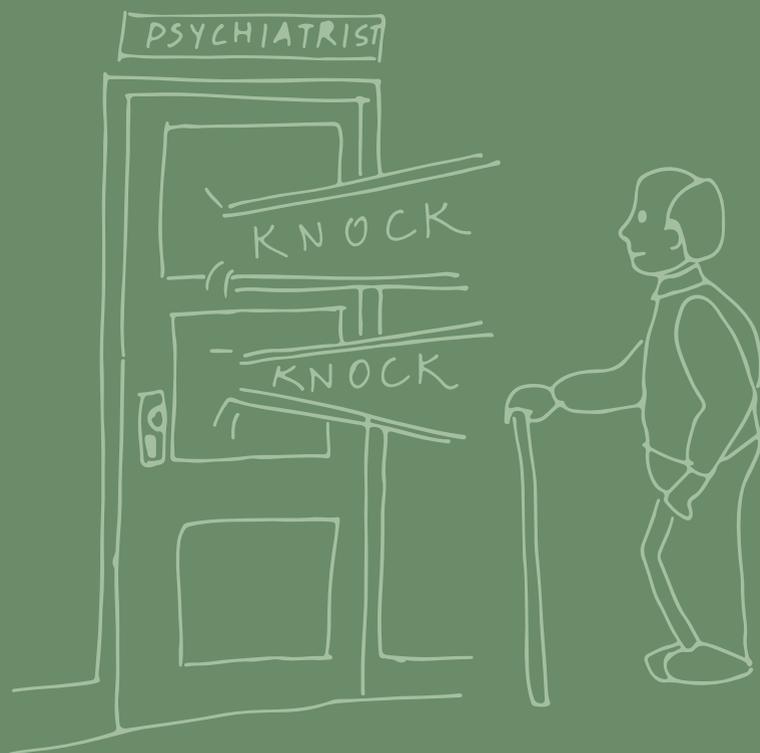
After around 5-6 months of persistent efforts, she finally started doing well. Her *'Hello, Sir!'* at the time of our visits sounded like music to our ears. We would sit with her for 30-40 minutes each time, evaluating her condition and adjusting her medications.

It was a pain listening about the trauma she had to face in her life, but it was a pleasure to see her finally engage in a meaningful conversation and slowly heal thereby.

## TAKE HOME MESSAGE

- ★ Trauma in all forms has severe detrimental effect on one's mental health. It may manifest in different forms in different individuals.
- ★ Some may get depressed, some anxious and hypervigilant, some may become unresponsive, and some just lose contact with reality, as in the above case.
- ★ Treatment of such patients takes time but is definitely possible. It's important for the patient and the doctor alike, not to lose hope.

# Better Late Than Never



Old man knocking at the psychiatrist's door

I see patients in a rural area of Gujarat once a week. On one such visit 9 months back, I had completed a hectic OPD and was just about to leave when an old man knocked at my door. He was teary-eyed and politely requested to have a word.

It was about his 45-year-old, divorced daughter, who stayed with them. Eight years back, she was separated from her husband and two children. The children were not allowed to talk to her. This had immensely traumatised her and she was understandably sad.

But since last 5 years, she had completely isolated herself in a separate room on the first floor of the house. She did not allow anybody to enter. She did not talk with family members, let alone strangers. She cooked for herself. She was suspicious that her parents and brother were after her (imagined) money. She quarrelled with all those who visited their house thinking that they were all involved in a conspiracy against her.

In the past, the family members had consulted a psychiatrist who had prescribed some tablets.

They gave those to her under some or the other pretext. When she found out that those were for mental illness, she was furious and more paranoid than ever. She stopped eating food cooked by others, seldom cooked for herself, and neglected her general health and hygiene. She was in a constant mental pursuit of devising ways to save herself from the imagined conspiracy.

Her father was more worried than ever. How long could one carry on like this? What to do? An illness they did not understand had taken a toll on their lives. He requested a home visit as the patient did not even step out of the room. I agreed.

He was apprehensive of her reaction to the visit. He had told her that I was a doctor friend of her cousin who was the only one she still trusted a little bit. When I first saw her, she was a textbook picture of starvation and poor grooming. As expected, she was extremely paranoid of my visit. I had to go slow in building rapport. I told her I was a doctor and had come to examine if there were any health issues. She did not utter a word. I told her I would visit again.

On the second visit, she spoke a little. She complained of headache and giddiness and requested medicines. She allowed me to measure her pulse and BP. I made a third visit under the pretext of following up on her complaints. This time she confided in me. She complained that her parents did not allow her to work and wanted to take away all her (imagined) money. On gentle probing, she stated that she was in grave danger as they were plotting against her and wished her dead.

She vehemently refused to take medicines. I did not dare to insist. I was afraid of ruining whatever little rapport I had managed to establish. I tried another tricky route instead. I gave her the option of taking a single injection, promising her relief from stressful thoughts.

It was a long-acting injection whose effect lasts for 21 days after which it has to be repeated. It was God's grace that she agreed. The next time, it was less difficult to convince her; and the third time she was almost willing to take it.

Her paranoia diluted, she began talking (very little though) with her family members. After a few more weeks, she ate from the common kitchen. Later she also started talking with visitors and relatives. She did not quarrel with anyone.

Few months later, she shared with me how she felt like a burden to her father. She wanted to earn money. Together we figured out that she could join sewing classes in her village. That way she could keep herself busy, earn money, socialise and re-build her self-esteem.

One fine day, to my surprise (and slight amusement), she asked me if she could take any tablets instead of the injections! Respecting her wish, we have now shifted from long-acting antipsychotic injections to daily self-administered oral medicine.

Some time had passed since all was well when the old man once again knocked at my door. That day too, he was teary-eyed. As he sat across my table, he reflected... *"We were late to start treatment, my daughter had to suffer so much. Perhaps we should have started it earlier."* He was right in a way, but it was not his fault. I put my hand on his and said, *"Well, better late than never!"* hoping to brush off his guilt.

To bring him back to the present moment, I asked him how she was doing now. His face lit up. He showed me the passbook of her bank account where she deposited her savings from the sewing work. The expression of pride on his face was priceless!

### TAKE HOME MESSAGE

- ★ It's very tricky to help patients who become suspicious, isolate themselves, and refuse medications; but it's not impossible if one makes persistent empathetic efforts.
- ★ Early treatment can change final outcomes, but better late than never.

# Cough - The Substituted Cry



The girl who coughed incessantly

I got a call from a senior paediatrician about a 12 year old girl complaining of bouts of cough for the past 6-7 months. He said that there was no medical reason found for her cough- no infection, no allergy, clear throat and clear lungs. He wanted me to examine her and see if I could help.

The girl and her family came to visit me from a distant town. I asked them to narrate their difficulties in detail, from the beginning. They said that it all started 7 months ago when she was down with fever and cough due to which she couldn't prepare for and perform well in her exams. This was a big blow to her, as she was very sincere and particular about school work. She had consistently scored good marks till then.

After this event, she experienced bouts of coughing, lasting 1-2 hours, compelling her to come back home from school. As weeks went by, her coughing got worse. She stopped going to school and tuition class altogether. Since last few weeks, the coughing was almost continuous.

During this time, the parents left no stone unturned in getting her well. Paediatricians, ENT Specialists, Pulmonologists, all had been consulted and all the investigations and treatments that followed were complied with.

However, nothing helped her. A bubbly young girl, full of energy, high on self-esteem, always smiling and often singing joyously, now lost her confidence and became very quiet. I really wanted to help her.

The first two visits were difficult. She coughed continuously. I couldn't evaluate what was going on in her mind. Whatever little she spoke, revolved around the complaint of cough only.

She said- *"Just cure my ailment. Why has such a thing happened to me? I am tired now, do whatever it takes, but just stop this coughing of mine. It makes me cry so much, and also angry, but even when I feel angry, I end up crying only."* With such inputs from her side and with parents' help, I figured out that she experienced significant anxiety. I gave her medicines to relieve her anxiety.

The parents were also burnt-out and irritated with her persistent complaints. This made her more impulsive, angry and tearful. I explained to them that psychological factors could give rise to physical symptoms,

emphasizing the body-mind connection. I suggested to them what to say and what not to say at the time of coughing bouts- so that they give attention to her, but not to her symptoms.

It was important for her to resume school to regain her confidence and self-esteem. I explained the nature of her problem to the school authorities. I requested them to make certain accommodations for her- allowing her 30 minutes by herself during coughing bouts, a chance to participate in annual function despite her absenteeism and permission to sit separately for exams.

These steps- at the level of the patient, parents and school, worked, and she tried to get back to routine, slowly and steadily. All the subsequent consultations were by video call or telephonic talk. The coughing bouts happened off and on, more at school, especially when exams approached. I got distress calls in which I had to gently calm her down. I taught her relaxation techniques.

Gradually, she opened up to me and it became clear that her anxiety was related to exams and school performance. She was scared of being judged. With regular medications and behaviour therapy, the coughing bouts reduced significantly.

It was now 4-5 weeks without any episodes and once again, my phone rang. It was her. And this time, it was not for a coughing bout. It was to tell me that she had done her exams well and also participated confidently in the annual function.

That was a very special moment for me. Our efforts had finally paid off. It was possible because of such committed parents, compassionate school faculty, and a brave young girl who was willing to get better.

## TAKE HOME MESSAGE

- ★ Because a cough was more easy than a cry,  
Because a cough was more acceptable than a cry,  
Because a cough was more significant than a cry,  
Because a cough received more attention than a cry!  
The little girl could cough out, but not cry out!!
- ★ Generally, as a society, we consider physical symptoms more important than emotional. Hence, the unconscious mind may develop physical symptoms to communicate emotional trouble. In such cases, medicines and therapy, both are equally important. The little girl's cough was nothing but a cry for help!

# Dare To Believe



Why do only I have to suffer?

It was a Saturday evening, the evening that I usually get for myself. I was sitting on my couch with a mug of hot coffee when my phone rang. The call was from a dear friend. I picked up thinking we would plan to meet up and have fun. But it was for something else. She talked about referring an intern doctor from our college as she found her very low and “depressed”.

I knew this intern doctor, a brilliant student, enthusiastic, full of life, active in sports, fests, and a very popular face in the college campus. I talked with the intern briefly over the phone and in between her soft sobs, we planned to meet on Monday.

She entered the OPD room hesitantly that day. She looked a bit anxious. Beads of perspiration dotted her forehead. I greeted her and asked her to make herself comfortable. The usual charm on her face was missing.

On my insistence, she started describing her problems in a shaky voice. She disclosed that she lost her beloved father to COVID 19 infection a few months back. Her father meant the world to her. She had never imagined that she would lose him that early in life. Her life had come to a standstill. She didn’t know how to live without him.

Everyone told her she needed to move on but she didn’t know how to. She could not overcome the deep sadness and a hollow feeling which was there all the time. She felt as if she was drowning into a sea of sadness.

Her mother and friends insisted that she should socialize more. She did not feel like it. She frequently burst into tears whenever the fond memories of her father came to her mind.

She was also worried. She expressed: *“How am I going to handle the finances of my dad’s business, mom doesn’t understand all this and my brother is very young. And amongst all this chaos, I also have to appear for NEET PG examination within 5 months. I don’t feel any motivation to study. I will not be able to secure a PG seat. I am a failure as a daughter, as a sister, as a doctor...”* Her eyes became moist and eventually she broke down.

As I listened to her, I could imagine the pain she was going through. I clearly saw that it wasn't normal grief but an episode of depression. I convinced her to start medicines.

Gradually, over the next few weeks, she recovered from most of her symptoms. She included yoga and dance in her routine, started taking care of her mother. She came for follow-ups regularly, but since last 3-4 times we could not meet in person as she was busy preparing for her exams.

Suddenly one day I heard a knock on the OPD door and there she was! She entered the room with sheer joy on her face. She had secured a PG seat (M.D. Anesthesia).

She also brought me something very special as a gesture of gratitude - a small, beautifully made canvas picture. That was her first attempt at canvas painting\*. It had a beautiful and strong message written on it, 'Dare to Believe.'\*

Who else can relate to this line better than her?!

*\*The painting can be viewed on the page 156 of this book.*

## TAKE HOME MESSAGE

- ★ It's okay to pass through a phase of depression, it's okay to ask for help! It's okay to seek professional help and it's okay to get back well. But it's not okay to continue to suffer.
- ★ In the context of deep personal loss, it is important to differentiate between normal grief and depression. The former only needs time and support to heal but the latter may require medications.

# Dawaai Ne To Meri Zindagi Hi Badal Di!



Patient making the psychiatrist proud

I first saw the patient 9 years back when I was in the first year of residency. A young female, physically disabled, presented with severe symptoms of anxiety. She mostly had gaseous distension of stomach leading to frequent panic attacks. Also, whenever she read or heard about a bad event, she feared something similar might happen to her.

She also felt sad, did not feel like pursuing her normal routine and interacted very little with people around her. Her family members complained that she remained irritated all the time. She couldn't sleep well at night. She didn't eat well, but had a peculiar urge of eating raw rice (almost 2 to 3 cups) everyday, for which she couldn't give any explanation but couldn't control it.

These symptoms were there since the last 2 years and she visited the OPD every 2-3 days, due to distress. Treatment was started with medications and relaxation exercise to be practiced every day. Her condition improved, but not completely. On exploring further, it was found that there were some conflicts with parents at home.

I called the parents and interviewed them individually, only to find that they also suffered from psychological symptoms, which were making the conflicts worse. I started counselling and medications for them also and with regular treatment, after sometime, they got better.

As everyone in the family individually felt better, the overall atmosphere also improved. With some waxing and waning, the patient also became psychologically stable.

Although she herself was not financially very sound, she always seemed to have sympathy for the needy. She joined a trust and started helping the physically disabled, homeless people and children. She was quite appreciated, as she herself was physically disabled. This motivated her to work harder. This became the turning point in her life, changing it for the better. She received various awards for her work, with groups of persons with disability. She also travelled out of the state for such work.

It has been 9 years now, she still comes to the OPD, but now once in two months, as compared to once in two-three days before. Her parents have also continued the treatment and now the family is functioning quite well. The patient has now found a new purpose and meaning in her life.

The last time when she came she said – *“Dawai ne to meri zindagi hi badal di!”*

I feel great pride when I see her photograph in the newspaper doing some charitable work or receiving some award. There was a time when I had lost all hope, but now when I look at her, she gives me hope.

With proper treatment, even the most difficult cases can be handled, and it can be life changing for the patient. So I urge to everybody to seek professional help whenever required and get the mental illness treated.

### TAKE HOME MESSAGE

- ★ Sometimes, to get the patient alright, the psychiatrist has to work with the entire family.
- ★ Patients who get better with treatment not only resume routine life, but may also go that extra mile to serve others.
- ★ Some patients inspire the treating psychiatrists and make them proud.

# Defeat Depression



Natural happy self, masked by depression

This story is about a male patient in his early 60's, nearing retirement. He came to me with complaints of feeling very sad about certain problems in his family- in particular, disputes with his married son who had recently opted to stay separately. He could not eat or sleep well, nor focus on any work. He worried constantly and thought that there was no meaning left in his life. The following is his narrative after getting better with treatment:-

*"I had become a victim of depression in 2013. I remained sad all the time and was so hopeless that at least 5-6 times in a day I thought of ending my life. I was somehow managing to fight these thoughts when, by God's grace, I first met my doctor. His name was suggested by one of his patients who also happened to be my friend.*

*The doctor asked me in detail about all the symptoms I was experiencing, about the problems I was facing in life, and my daily routine. It felt like a safe space where-in I could give him a glimpse of my life-situation, in all honesty. He diagnosed my illness and started my treatment. In a matter of 6-8 months, what seemed like a hopeless situation transformed and I felt like I was 90 percent better. I could also, gradually, stop my medications.*

*However, my life circumstances again turned adverse in 2019 and the negative thoughts recurred with extreme intensity. I contacted the doctor again and my treatment was re-started. Currently I am 100 percent alright. The cost of my monthly medicines is also quite pocket-friendly. Hence I am doubly thankful to my doctor.*

*When a person suffers from such an illness, the family does not understand. The reasons being- first, they are not aware that such an illness exists and second, there are no outward or measurable symptoms. (In contrast to say, vomiting or fever or high Blood pressure).*

*They either think that there is nothing wrong, or, at the most, realise that the person is sad. They try to give their own advices and occasionally even show over-sympathetic behaviour. This does not help and makes the person feel more guilty and helpless.*

*At such a time, only a efficient psychiatrist can understand the person completely. Unfortunately, these days, a few people believe that doctors*

*deliberately prescribe habit-forming pills for some ulterior motive. Some others believe that they just give sleeping pills.*

*Given a chance to discuss, family members, friends and even acquaintances ask the person to stay away from 'such medicines'. The same people who couldn't understand the illness suddenly start giving expert advice regarding medicines. Beware of this, as listening to such half-baked advices may prove detrimental to your health.*

*Through this note, I also want to request patients like me not to be scared of the illness and not to lose hope. Find a psychiatrist, talk about your problem whole-heartedly, have faith and follow all advice. The rest just falls in place. With regular treatment, your state of mind gets transformed and you start enjoying life once again, making the most of it.*

*I can guarantee, based on my experience; that any illness can get better if the will to get better is combined with faith in your treating doctor."*

The treatment of this patient went on very smoothly. He never missed an appointment and followed my advice religiously. I taught him certain principles of healthy communication with the help of which, he could resolve the disputes with his son and they started staying together as a joint family once again. He even started helping him in his business.

And, he maintains good mental and social health, with the help of just a single tablet per day!

## TAKE HOME MESSAGE

- ★ Depression is treatable, most of the times, with very simple measures.
- ★ When a person gets better, not only does his own mental health improve, but his productivity and relationships with others also improve.
- ★ Never hesitate in seeking professional help, even if you think the symptoms are a natural consequence of your stressful life situation.

# Dissecting Deeper Layers



Rebellion with parents to go to Canada

This story is about an 18 year old girl brought to me by her aunt as she had put forward a sudden demand to her family- to leave her degree course half-way and go to Canada for further studies. Pathetic education system, unnecessary pressure, too much competition and lack of scope were stated as her reasons to quit college. She believed that Canada had a flexible education system with more opportunity for her to show her talent.

According to the family, this demand was totally out of place and inexplicable. However, they could not reason with her as she wouldn't talk to them. Hence, the aunt, who was close to this girl, was summoned to rescue them from this difficult situation!

She had come to me quite reluctantly and at the very outset she declared- *"Don't even try to convince me to go to college. I want to go to Canada and that's it."* I promised her I won't do that and encouraged her to talk while I listened carefully. She took some time to open up but eventually talked about a lot of things.

It became apparent that she had some features of anxiety and depression since she was in the 8th standard. She had started talking less with friends and family members so much that her general impression became that of a quiet girl who chose to remain aloof. If her parents tried to probe her, she became irritable and answered back and hence they also just let her be.

During this entire period, she had frequent mood-swings, trouble getting sleep, loss of appetite (for which she was particularly concerned and had even consulted a gastroenterologist) and attacks of anxiety with pounding heart-beats and choking sensation.

I noticed that her self-esteem was poor and she had feelings of guilt regarding wasting her father's money. I reasoned with her that all these symptoms were impacting her daily life and convinced her to take medicines.

Within a couple of months, she started feeling much better. This was the time to probe deeper. With a clear mind now, I asked her to reflect on the college situation.

She shared that she felt out of place there. She found it difficult to cope with the competition and could not talk openly to her faculty members. She could not mix freely with her peers and felt left out. Gradually she had lost all her old friends except one or two who understood her situation.

I asked her to consider the possibility that things at college were probably not as bad as she perceived, but it was her symptoms that hampered her social and academic function. I encouraged her to talk to her parents more openly about how she felt.

In a separate meeting, I counselled her parents to provide her quality time, communicate more positively, be non-judgemental and allow her time and space to take her decisions rather than expecting her to always obey them.

As the sessions proceeded, she felt progressively better and lighter. One day, to my pleasant surprise, she came up with the proposal of completing her remaining years of college before going to Canada. I told her- *“Well, I am not asking you to do that!”* and we both shared a hearty laugh!!

Today she happily pursues her third year in college. She openly talks to faculty members and has quite a few new friends too. She seems to me like any other girl her age- smiling, bubbly, crazy about new hair color shades and nail paints, enjoying wedding ceremonies, chatting and having fun with cousins and friends.

What I conclude is that medicines alleviated her symptoms. Right understanding about the illness helped her and her family accept the situation. The therapeutic process of identifying her own faulty thoughts and correcting them helped her in decision-making. Improving communication between them cleared misunderstandings and strengthened their bond.

## TAKE HOME MESSAGE

- ★ Relationships are important for sound mental health; and healthy communication is the key to good relationships.
- ★ When communication is not clear, we rely on assumptions. This creates more distress in an already strained relationship, leading to anxiety and depression.
- ★ It's tricky to understand an adolescent's mind. What seemed like a smart and assertive choice was actually a plan to escape from an anxious situation. It's very important to understand first, and explain later (if at all required). Communication and active listening is the key.

# Doctors, Depression And Dilemma



Dealing with the chaos in her head

I knew Arpita (name changed) since my MBBS days. She was a brilliant student, very cordial and always helpful. She had passed all the subjects with flying colors. As a person, she was so impeccable, one would never imagine anything could go wrong with her.

I got into psychiatry residency and she joined as a medical officer in ICU and all was well (or so I thought). After a few days however, I noticed that she was not the same person I knew.

Something was not ok about her. She refused to try out new cafes, new food, and looked dull. The usual spark in her eyes was missing. Little did I know that she was suffering from depression.

On a casual Sunday evening, I went to her hostel room to meet her. I was shocked to see the mess. Her room had never been this way. It probably reflected the mess in her mind, I thought, but refrained from commenting.

As I sat with her sipping coffee, she was quiet, and tears started rolling down her eyes. For a moment, I didn't know how to react, I got emotional too. She was my friend and not my patient. Quickly, I gathered myself and encouraged her to open up to me.

She revealed that she was going through a crisis. She was burdened with the worry of dealing with her relationship and her career. She had anxiety treating the patients in the ICU and severe guilt if a patient died under her watch even if she knew that she had done everything possible. She was indecisive and doubtful of simple tasks, which were, otherwise her second nature! She felt inadequate, thought that she would never become a good doctor.

While confiding in me, she was also worried about being diagnosed with a condition others probably considered a weakness or a taboo. She felt conscious, vulnerable and helpless.

After consulting senior professors in our department, medicines were started. She was also enrolled for counseling sessions. I was always by her side as a friend.

She started showing improvement with proper professional, familial and

peer support. She now completed her duty on time and was also able to study for her exams.

With ongoing therapy, she eventually recovered from depression, secured a prosperous job, had an elegant wedding with the love of her life, and now happily pursues the life of her dreams. In hindsight, she says that taking treatment at the right time was one of the best decisions she took for herself!

People in general, and even those from medical fraternity, do not consider clinical depression as a serious issue. They just brush it off saying- there's nothing like that! Taking medications for depression is yet another taboo and often frowned upon by peers.

This creates a hindrance when medical professionals need treatment. They only see its magnitude when a close one suffers. Then they realize how depression can wreck their lives in ways beyond imagination.

Doctors are not Gods, they are humans, equally vulnerable to depression. So while doctors preach about mental health, they should take care of their own mental health too. The author Suzanne Collins says- *"It takes ten times as long to put yourself back together as it does to fall apart."*

We believe that strength does not lie in shouldering difficulties and suffering alone; but in getting help when difficulties become unsurmountable. That is what takes real guts.

## TAKE HOME MESSAGE

- ★ Doctors can also suffer from mental health issues. Identifying, acknowledging and seeking help at the right time is crucial for them as well as for their patients.

# Duronto (Restless)



The restless fruit-seller

This is the curious case of a restless fruit seller. He was a middle aged man, who came with his wife complaining of restlessness and a constant urge to move around. He could not sit even for a minute, he just had to pace around.

It was the same scenario at his workplace also. He had to often shut down and return within a few hours of opening, as he couldn't stand still long enough to do business.

As a result, he suffered significant financial constraints. He was quite distressed because of this inner restlessness and, at times, thought that it was better to just end his life. His wife was also quite troubled. She had to manage his work in addition to household chores. This impaired their married life as well.

They consulted their family doctor and Ayurvedic practitioners. But never a psychiatrist. There was too much stigma and fear of society.

Also, they thought, psychiatrists only treat 'crazy' people by giving them 'shocks'. However, as there was no relief after trying everything else, they reluctantly came to us for evaluation.

There were no other symptoms. Only restlessness.

No thoughts prior to the urge to move around, no complaint suggesting restless legs, no childhood history of hyperactivity, no history of having taken medications that could cause such a side-effect.

Few months back, he had a strange experience of hearing some voices even when no-one was around and a fear that people were talking about him. But this had lasted for only a few days and he was completely alright after that. His presentation was unusual and did not clearly fit the criteria of any known disorder.

We admitted him, monitored him for a few days, but there was just plain restlessness and urge to move around without any associated symptoms. He had leg pain due to excessive walking and then disturbed sleep due to leg pain. Nothing else.

We reviewed all the scientific literature for similar case reports and

tried a few medications. After two unsuccessful trials, we gave him a combination of two medicines that worked. After 4-5 days, his restlessness finally subsided. He was so happy to be able to finally sit down peacefully!!

They returned home with big smiles on their faces and a new perspective on Psychiatry. The stigma they had towards mental illness faded away by the time the patient was discharged.

He regularly comes for follow-up visits and continues to take medicines. He goes to work regularly, and his financial condition has also improved. He feels motivated and looks at his life with a new perspective.

## TAKE HOME MESSAGE

- ★ People in society hold negative stereotypes of mental illness. Learned ones, even doctors, lawyers, or politicians, hold a discriminatory vision towards mental illness and Psychiatry. This leads to feelings of hopelessness among those coping with illness and they are reluctant to consult.
- ★ Psychiatric diagnoses are based on the Biopsychosocial model that has come a long way from the “Chair and Couch” sessions often depicted in films. Psychiatry is an emerging branch, and there is much to know yet, but the approach is always scientific, and we are making new strides every day.
- ★ It is important to dispel myths about mental illness and approach psychiatrists as freely as doctors of other specialties.
- ★ To all the people reading this, I would like to say- “Don’t be ashamed to tell your story; it will inspire others.”

# Faith-Healing Or Faith-Hampering?



A faith-healer trying to cure mental illness

She was running recklessly through the hospital hallways, screaming and panting. A couple of male family members were running after her to catch hold of her. She was dressed beautifully but had terror in her eyes. After creating havoc in the entire corridor, she finally slipped and fell on the floor, which was still damp from mopping.

As she got up, her relatives made her sit and held her tightly. She was laughing away when I approached her. As I asked her name to begin the interview, she signalled to me that she would speak only if the family members released their hold. I did the needful.

She sat with her legs crossed and began talking in a chirpy voice as if there was no tomorrow, mentioning everything in the world, including how her brother had granted her wish to travel by plane for the first time by bringing her here from Delhi. She told us about the pictures she had taken with other passengers and airport staff.

On coming here, she had spent the entire day strolling through the city, meeting and conversing with random strangers and visiting all the religious sites, shopping recklessly and buying things for neighbours and children whom she hardly knew, needing as little sleep as 1 hour and listening to songs and singing loudly at night.

She suddenly started crying remembering her children back home and later got angry remembering her relatives who separated her from her children.

While she was saying all this, I had a closer look at her palms. They were all burnt. There were similar marks on her soles. The family had actually brought her to the hospital to consult the Surgery department for the treatment of second-degree burns over her palm and soles that were inflicted by faith-healers. (Considering her abnormal behaviour and talkativeness a result of black-magic, a ritual that is believed to free her of the affliction).

She had screamed with pain for days together before she was brought. She did not co-operate with the surgeons fearing that they would inflict more burns. That is the reason she was running erratically. And that is why she was referred to the Psychiatry department. We all were shocked to learn this.

It took us time and effort to explain to the family members that this was not black magic, but a known, curable mental illness.

As we admitted her, she was delighted because she no longer had to drink various types of water, walk on hot coal while holding some of it in her palms, or be whipped or tied to a cot in order to reverse any black magic cast upon her (The various faith-healing treatments that had been administered to her). All she needed to do was to take a few medications and co-operate with the surgical team while they took care of her burns.

Her condition improved gradually. She slept well at night. She no longer got annoyed over trivial matters. She was not authoritative/demanding. She talked less. To see her gradually return to her original self was no less than a miracle for the relatives. She was discharged after 10 days and later followed-up regularly. Within a couple of months she was living her regular life with her children.

Her relatives also learnt their lesson, the hard way though, that mental illness had varied presentation and was curable with professional help. They began promoting the value of treatment in their community by using her as an example, and they began bringing in more patients for appropriate treatment.

## TAKE HOME MESSAGE

- ★ Faith-healing is a method of treating illness via the exercise of faith. It would be harmless if it was non-injurious and complementary to medical treatment. However, it is often cruel, and prevents patients from receiving timely medical assistance.
- ★ Education about mental disorders and their treatment options along with a reduction of stigma could change the situation.

# Good News!



Doctor receiving good news about the patient

## **TWO YEARS AGO....**

A 28 year old female came with her mother. She was sent back to her maternal home by her in-laws as she was not able to perform household chores and behaved abnormally. Her mother said that without any reason, she was fearful that her neighbours would kill her. She couldn't sleep at night and muttered to herself. She heard voices even when no-one was around.

She was taken to various faith-healers, but nothing had changed. Her condition kept worsening. Her marriage was falling apart. She was in so much distress that she even thought of taking her own life.

She was admitted to a psychiatric set up and we started giving her ECT (Electro-convulsive therapy). After around 25 days of hospitalisation, her hallucinations (hearing of voices) had completely gone, her mood had improved and her suicidal thoughts had vanished. She expressed hope of a bright future.

The patient belonged to a very remote rural area. It required a bus-journey of 8 hours to reach me. Often when patients start feeling better, they stop treatment pre-maturely and the illness relapses.

Fearing this, I explained to the mother over and over again, the need of regular treatment. I could speak in Marathi- their mother tongue. That helped in establishing rapport and she promised to adhere to treatment.

Over a period of time, she became completely alright and was able to manage all the household chores. She went back to her in-laws' place. Her mother heaved a sigh of relief that her marriage was saved.

## **SEVEN MONTHS AGO....**

Mother came alone for follow up. She shared that the patient was pregnant. I adjusted the medicines such that the unborn baby is not harmed.

I advised her to be watchful of any worsening in her symptoms which is common during pregnancy and around delivery. Thereafter came COVID, I got COVID duty, lost follow-up of this patient. I kept wondering if she would be alright.

**ONE FINE MORNING...**

I saw the patient's mother sitting in the waiting area. I was worried to see her alone. But as she entered my room, her smile was infectious. With sweets in her hands, she gave me the 'good news' that her daughter had delivered a healthy baby boy and both of them were doing well.

I felt humbled and relieved; their joy gave me a lot of satisfaction.

**MY REFLECTION...**

Stories like these keep us going strong despite all the stigma associated with our branch, much of it sadly coming from medical practitioners in other specialities themselves. There are myths in the society also because of the cinema depiction of horrific images of mental asylums of the by-gone days and negative portrayals of life altering therapies like Electro Convulsive Therapy (ECT).

**MY HUMBLE SUBMISSION...**

Psychiatry has come a long way from the olden days of keeping patients chained forever in asylums. Before 1950s we did not have any safe medicine for Schizophrenia. The families were burdened, leading many patients to dreary asylums for the remainder of the lives.

The scenario started changing with the approval of the first drug for Schizophrenia in 1950s and has been evolving rapidly since then. Today we have a plethora of medications with diverse properties to choose from.

Though the field of Psychiatry has come a long way, it still has a long way to go. But we are taking the baby steps right.

And such real-life stories are a proof of that.

**TAKE HOME MESSAGE**

- ★ People are at times so confused and insecure about dealing with mental illness that they think of 'disowning' or getting rid of the patient whenever possible. (How only the mother was responsible for taking care of her daughter and her husband or in-laws did not take that responsibility)
- ★ In reality, things become much simpler if the right treatment is sought at the right time. Medicines help and unlike the popular belief, ECT is also quite safe and effective, especially in patients who have suicidal thoughts.
- ★ With the right treatment, this story is full of good news- Patient got better, her suicidal thoughts disappeared with ECTs, her marriage was saved, and she gave birth to a healthy child!

# Hum Saath Saath Hain



Distressed girl receiving support from doctors, teachers and family

## THE EXTENSIVE PLANNING IN MBBS...

My patient is a smart and intelligent young lady whom I have known for 8 years now. When we first met, she had just started doing MBBS. Always an organized person, she liked to plan her daily activities. But recently the planning had become very time-consuming.

When she sat down to study, she wrote down in detail which subject she was going to study, the names of topics in chronological order, number of pages, time duration and so on. The planning became so lengthy that ultimately she didn't have any time left for studies.

She realized it was irrational to plan for so long, but she couldn't study without completing the planning ritual. She was perplexed and anxious. She started getting panic attacks on attempting to study, at home and at college. In some time, the panic attacks started happening in other contexts. They were precipitated by fear of germs/dirt and by unwanted thoughts such as something bad would happen if she didn't follow a specific way to do certain things.

She was also conscious of her body-weight and appearance. She struggled with her relationship with classmates and family members. Eventually she had to take a break from college.

She visited me after two months of her symptoms. It looked like Obsessive Compulsive Disorder (OCD). I started medicines, taught her breathing and relaxation techniques and started biofeedback therapy. Once anxiety was in control, we did behavior therapy.

With all these, she was free of symptoms in 3-4 months. She resumed college, completed her MBBS smoothly, with minor symptoms tackled by adjusting the doses of medicines.

## THE SWITCH DURING INTERNSHIP...

The next hurdle came while doing hands-on clinical work in her internship. The fear of contamination re-bounced. She could not step into the delivery room. She was terrified of carrying blood, urine or other pathological samples. Drawing blood was out of question. She was fearful of routine clinical history and examination of patients.

She was also unable to use common toilets. If she had to, she spent half an hour cleaning herself with sanitizers and tissue papers she always carried. She frequently got into trouble with peers and hospital staff due to delays in work. Performing regular intern duties became a herculean task for her.

We sought the help of department heads where she was posted to be considerate towards her. We re-started rigorous therapy and increased the doses of her medications.

With the higher dose, the OCD symptoms subsided, but a new and unexpected problem occurred. Her mood switched. She became abnormally cheerful and talkative. She behaved in socially inappropriate ways in family gatherings. She purchased an expensive cycle which was unnecessary. She reported excessive sexual thoughts.

These were symptoms of a manic episode (The flip side of depression). This meant that she actually suffered from a Bipolar disorder.

The situation was explained to her parents who were initially confused and worried but later extended full co-operation. After a period of watchful medication change and dose adjustment, she finally became symptom-free after 6 months of relapse.

#### **NOW AWAITING MD EXAM...**

Over the next 2 years, she finished her internship, got an MD seat in another state, fell in love and got married. During her post-graduation, she had two short-lasting episodes of depression which were managed effectively with adjustment in medications. Her Department Head and PG teacher were informed and were supportive about her condition.

Since the past one year, she is alright. She has completed her thesis and is preparing for her MD Exam. She is full of hope for a happy future-bright career on the professional front and planning motherhood on the personal front. She continues to follow-up online once every 2 months.

#### **MY REFLECTIONS...**

*This story is close to my heart due to certain unique aspects:*

##### **FIRST, ACCEPTANCE**

She was rather quick in accepting her condition. Instead of being trapped in the emotion- 'Why has this happened to me?' she focused on 'What can I do now to make things better?' She neither pitied herself nor blamed her fate. She understood and mastered the battle. There were difficult times, but with guidance, she bounced right back!

##### **SECOND, BEING PROACTIVE**

She was well-informed of her diagnosis; her sources being myself, medical texts and the internet. She understood the probable trajectory of this disease, which helped us pick up early signs and prevent a full-blown relapse.

##### **THIRD, BEING PERSISTENT**

She never lost hope. She never gave up treatment. Retaining her faith in me, she persisted till she got better, every single time.

##### **LAST, UNCONDITIONAL FAMILY SUPPORT**

Her parents understood her illness and supported her. They did not hide her symptoms nor did they try to hastily marry her off. Her husband knew about her illness before-hand, but did not hesitate in marrying her. These people did not let her illness become her identity. She drew immense strength from them.

#### **TAKE HOME MESSAGE**

- ★ Getting a mental illness is not a death sentence for one's goals/ambitions. With treatment under professional guidance, one can achieve exactly what one wished for.
- ★ IT IS A MYTH that taking psychiatric drugs for a long time leads to intellectual/emotional deterioration.
- ★ No-one should get overpowered with the fear and stigma associated with mental illness.

# I'm Holding On And That's What Matters!



Patient regularly taking her medicines

Around 4 years back, a psychologist referred this young girl to me for consultation. She was accompanied by her mother. Initially she was reluctant to see me, but eventually her condition improved a lot with medications. This is her story in her own words:-

*“When did it begin?” they asked. I didn’t quite know. All I knew was that I wasn’t the person I once was. And I wasn’t even sure what I was like. They say I woke up early in the morning and slept early at night. Now I sleep during the day and stay awake at night.*

*I was swift when I walked. Now, I lag, and find it hard to catch up with others. I had a robust, athletic body. Since then, I have gained in size. I was brimming with things to do. Now, things fall into a long, monotonous loop. I was ambitious. Now, I have grown hopeless. I was self-assured and motivated. And today, I lack enthusiasm and direction in life.*

*My illness had been a recent discovery when my family realized that I was as good as perpetually shut in my room in London, Ontario, Canada.*

*My sister had discovered the symptoms and had urged my parents to book my flight tickets back to India. It had been a tumultuous second year of my undergraduate studies, an incomplete year with skipped classes, un-submitted assignments and hastily written final exams. I had been in my room, glued to my phone screen, watching East Asian shows for pure escapism in a bid to run away from my stark reality. I had let go of myself and my hygiene, showering only every once in a while.*

*When the guesthouse lady came banging on my door and demanded the rent money I didn’t have, I had to arrange for my parents to speak with her. My studies became an aching hurt at the back of my mind as I compulsively neglected them. Finances for my family had begun to go awry. They found it increasingly difficult to send money for my living expenses.*

*I managed to stretch it out for the rest of the year until it was time to go. And I spent a nostalgic last day walking around campus, listening to music with my earphones as I watched the blooming tulips of springtime. It was as if I knew I would never return. And I never did.*

*Once home, my mother and sister took me to many psychiatrists, one after the other. Unfortunately, there was minimal improvement in my health. I somehow enrolled in a distance education programme in India, beginning my studies again. And then I met my current psychiatrist.*

*It had felt unpleasant, and I had burst into tears after our first meeting, telling my mother that I felt like a guinea pig being experimented on. At this point, my family, despite being empathetic of my condition, had begun to grow impatient and frustrated. We would become furious at each other, never reaching an understanding. On the day of the first meeting with my current psychiatrist, my mother and I cried together, feeling for each other, and she encouraged me to take the prescribed medications. And they made all the difference in the world. I began to see changes in myself. The fog started to clear up. My thought processes improved, and I became more receptive to other ideas. My mood swings subsided, and I became stable.*

*Upon retrospection, I realized that the symptoms had begun to show up since my adolescent school days. I had slowly shifted from books to the screen, seeking an immediately immersive form of escapism. Immature peers and irrational teachers abounded in school and contributed to the symptoms. Indeed, the hopelessness had seeped in then.*

*The tendency to run away from reality grew from there. And they stayed with me as I went to Canada and came back again, eventually getting worse.*

*But correct diagnosis and effective medication did not equate to a straightforward uphill journey. I fell at times. I gave in to bouts of the symptoms affecting my life. But I persevered nonetheless and completed my online education with a Bachelor's degree in English, achieving a silver medal. I also gained experience working a corporate job at a company for a year. I soon enrolled for an on-campus Master's degree, but the COVID-19 situation caused classes to be conducted online for the entirety of the course. I have since then graduated first class with distinction and have applied for a PhD programme.*

*My mother concluded that bouts of my illness surfaced when the frequency of taking medications became erratic. I had grown averse to medicine simply because it took a lot of effort, at least on my part,*

*to take those pills every day. I decided to cure my illness without medication through natural treatments such as yoga and meditation but I ended up in a harmful slump, experiencing the symptoms I had previously experienced all over again.*

*I have struggled to follow a daily schedule, even with medical aid. But regressing into my previous state became pivotal to the realization that I needed medicines in my life. And I have since then gained a renewed belief in them and have ensured that I consume them daily, seeing a drastic transformation in myself that I have never seen before. Is it the end? Perhaps not. I still have a long way to go to see my true self emerge. But I am holding on. And that's what matters."*

#### TAKE HOME MESSAGE

- ★ Some illnesses do require long-term, sometimes even life-long, medications. The choice is between taking the pill daily versus suffering again and again.

# Keep Calm, Don't Panic!



Just breathe...

She called, I was driving.  
She called back, I picked up.  
Before I could talk, she was crying.  
I knew she was on treatment,  
I asked her what was wrong,  
But she would not stop crying;  
Here I started getting scared,  
I was in my first year of residency where  
I was 700 kms away from my closest friend...

Who would be the life of every party,  
would never let one get bored.  
What was she up to, was she alright?  
What was she thinking?  
Where must she be?

I asked her again, please tell me what is it?  
She said she could not breathe,  
I did not understand...  
She said she had a chest pain,  
I was getting close.

She said she was going to die,  
Ah! Impending doom I thought!

I asked her if she was alone,  
She did not answer,  
She said everything has finished,  
I said no it has not, tell me where are u.  
She said she was at home.

Phew I thought, is auntie at home I asked.  
Yes she is, but I don't want to trouble her.  
I said ok. Just take your medicine.  
She said she did not want to.

I was confused, what else could I do?  
I knew how stubborn she was.  
She would suffer but not take the medicine,  
That is the way she was.

Never had I seen her like this,  
not even during the worst times.  
She kept crying, everything is gone, I'm dying!  
I'm having a panic attack she said.  
She was getting better now.

I asked how she wanted me to help her.  
She said u just listen. OK I thought.  
She did not say anything after that,  
I could hear only her incessant cries.  
Within 10 mins she said she felt better,  
and would call me later.

I called my other friend in the same city,  
immediately as soon as she hung up.  
I asked to not tell her I called.  
Because like everybody,  
my dear friend too felt vulnerable.  
She felt oh I cannot be weak.  
Oh! no no no no.

I say can something be done??  
She got well in a month or so,  
we have not talked about that later on.  
I asked her to tell others that treatment  
is available for mental illness,  
She said she would for sure.  
Back to her chirpy self,  
being the solid backbone of every bond!!

## TAKE HOME MESSAGE

- ★ Nothing, not even a panic attack, lasts forever.
- ★ Understanding the anxiety and not giving up can go a long way.
- ★ There are many kinds of therapies and treatment modalities available for anxiety disorders.

# Kem Chho, Dr. Saheb?



Cab driver happens to be an old patient!

Back in 2019, one day, a distraught middle aged man came with his son to consult me. His son was behaving unusually since 2-3 weeks. He talked a lot and got irritated at the drop of a hat. He spent a lot of money in helping others and had stopped going to his job. This was the first time he was behaving in such a strange manner.

When I saw him, he was very irritable and restless. He wasn't attentive to my questions and frequently interrupted me during the interview. At times he was smiling and at times he appeared sad. He did not have any addictions. His mother had a psychiatric illness and was on treatment since many years.

His family members, both were very much disturbed by his behaviour. In fact, his wife was so put off by his behaviour that she had gone away to her parents' house with their child. This had further irked the patient. I could sense that he was suffering from an acute attack of mental illness.

I counselled his father and tried to convince him that he needs treatment. Over a period of the next three to four months, his condition improved and he realized that something was not okay with him in the past few months.

He had seen his mother's psychiatric illness, so he knew the importance of continuing treatment. But then COVID-19 happened; and he did not show up for further consultations.

They consulted me again in 2021 as his health had worsened. He had lost his mother during the COVID pandemic. His father was worried as his daughter in law had again gone away. I restarted the medicines. Gradually, he got better again and this time he adhered to medications. Over the next six months, I was able to taper his medication to a single tablet at night and he was stable.

One day, I was travelling to another city and had booked a cab for going to the railway station. Just as I got in the cab, I was greeted by the words "Kem Chho, Dr. Saheb?"

I was surprised. Being a young doctor, I was not used to being recognized by strangers. I was not that well known after all! But then, I remembered him. He happily shared that he was now working as a cab driver.

I was happy to know this, as his financial condition was precarious.

He also shared that he was now separated from his wife and child, though he could meet the child once a week. Though he appeared a little sad about it, I could sense his acceptance of the situation and the willingness to move on.

Somehow that day I even understood the famous saying that no matter what happens- 'Life goes on!'

### TAKE HOME MESSAGE

- ★ Mental illness can sometimes lead to undesirable social consequences (divorce in this case), but treatment helps in rebuilding self-esteem and functionality.

# Kya Kahenge Log



The gossip around mental illness

It was a bright sunny day in April 2022 when a girl named Sapna (name changed) walked into our OPD along with her parents. Their faces revealed sorrow, misery and tons of worries.

On preliminary inquiry, Sapna was hesitant to talk. But when her parents were requested to wait outside, she began talking. She shared that in a TV serial that she watched, one of the characters died brutally. Thoughts and images of that scene kept coming to her mind repeatedly even if she did not want to think about it. And every time they came, she felt that somehow, through her thoughts she had touched that person. That made her feel dirty and repulsive. She had to wash her hands to feel better. And this happened again and again.

I asked her what did she think would happen if she did not wash her hands. She replied helplessly that if she tried to control, she feared that she would also die like that TV character. She knew it was not true, but she felt compelled to wash her hands. At times, the thoughts were so intense that she had to spend almost 2-3 hours just washing hands. Often she went into the bathroom, washed her hands and legs methodically, came out, only to go back in and repeat the ritual. This went on for hours at a stretch.

I called her parents inside and explained to them that it was Obsessive Compulsive Disorder (OCD) that she was suffering from. I prescribed medications for the same.

They followed up after a week. There was no improvement. Sapna was very sad. She was tired of her thoughts and felt like putting an end to her life. Her father had suffered from a stroke and had difficulty walking since one year. He barely managed to earn his livelihood. Yet, he kept going strong. But that day he broke down. It broke his heart to learn that while they looked forward to her marriage, their young daughter thought of ending her life. He was desperate to help his daughter but felt helpless.

We admitted Sapna to the Psychiatry ward for further treatment. We stepped up her dose and started intensive therapy. After many days of treatment and care, she started showing improvement. She could control her hand-washing behavior and the frequency and intensity of her thoughts also reduced.

During the hospital stay, her parents shared that they were planning to get Sapna married. They were confused about what would they say to the boy's family about her illness. What if they considered her 'mad'? They were burdened with the stigma of being under psychiatric treatment. I suggested to them to first focus on getting her better and then think about the rest when the time came. At the time of discharge, they were at peace and their voices were full of gratitude.

Sapna comes to our department and takes treatment regularly. Their parents still struggle with the conflict- 'to tell or not to tell' the prospective life partner about her illness. They have various questions in their mind- 'What will others say? Whether people will accept her in spite of her illness? Will it be socially embarrassing for them? Despite this anticipated stigma, they chose to stand up for their daughter's mental health and got her treated, no matter what. It was a courageous step in the right direction, and I salute them for that!

### TAKE HOME MESSAGE

- ★ It is unfortunate that people with mental illness have to face a lot of real and anticipated stigma.
- ★ When one is worried about stigma, it helps to keep the focus on treatment and well-being, and deal with the stigma later.

# Migration Blues



A migrant labourer unable to cope

To have a sense of belonging is a basic human need. It's natural therefore that people wish to stay near their community, among their people. The harsh truth in India however is that poverty forces many people to migrate away from their states in search of jobs, to earn money for their families. Some of them cope well with the change, but some just cannot.

This story is about one such migrant labourer in Gujarat. He had come to earn a livelihood, leaving behind his family at a small village in Madhya Pradesh. While his co-workers were fine with the situation, he found it difficult to adjust.

He didn't understand the local language. On top of it, he was introverted. So he couldn't make many friends. He didn't like the food too. He missed his family too much. He remained sad and felt lethargic all the time, so much, that he stopped working.

This led him to think what the whole point of migrating was, if he couldn't work. If he didn't send home money, how would his wife and kids survive? He was feeling helpless and guilt-ridden.

The more he thought of re-starting work, the more anxious he got, with restlessness, palpitations, gabbhraman and dizziness. He felt stuck in this situation. On most days, he couldn't even bring himself to get out of bed till late afternoon.

His supervisor had noted his absenteeism. He compelled him to see a doctor if he was unwell and unable to work. From medicine department, he was referred to me. As he hesitantly walked into the OPD, I noticed his moist eyes. He looked very disturbed.

As I asked him- *'What happened?'* he just couldn't hold back his tears. I let him cry his heart out. He then said to me- *"I am of no use to anyone... I left my near ones alone to fulfil my responsibilities towards them, but I failed miserably in fulfilling them."*

He was in deep emotional pain. I listened to him and validated his emotions. I explained that with medicines he would be able to recover and resume work. He was a simple man. He was ready to do as I suggested. No questions asked.

He took the medicines regularly and after a couple of weeks, his condition improved. His mood was better, energy level was high and he could resume work. He felt confident again, worried less, and by this time, he started enjoying the company of his room-mates as well. He even picked up a little bit of Gujarati.

On the recent follow up- he entered the OPD with an upright posture and a smile on his face. It was a sharp contrast to his teary-eyed, stooped and helpless appearance on his first visit.

He said *“Doctor, thank you so much, I had lost all hope of surviving, but you cured me!”*

### TAKE HOME MESSAGE

- ★ Migration is a stressful event. It poses a risk for depression which then changes the way one views the situation, making it even worse.
- ★ With timely treatment, even though the situation remains the same, the ability to cope with it improves manifold.

# Mom, I Don't Wish To Live Anymore!



The student contemplating suicide

## SCENE 01 : FRANTIC MOTHER DESPERATE FOR CONSULTATION

A frantic mother is desperate for a psychiatric consultation because she receives multiple disturbing calls from her 22-year-old son, who is enrolled in a nursing college, in another city. On the calls, her son says to her, *"Mom, please let go of me, I wish to take all the 60 tablets (prescribed for a month) in one go, I am not capable of doing anything and I have no wish to live anymore."*

When I meet the mother, she elaborates how her son is struggling with daily sadness, lacks focus in his studies, and doesn't wish to live. He calls her daily and expresses a wish to die, although thankfully he hasn't actually taken any drastic step as yet, but who knows what little trigger might tip the scale!

When the mother asks the reason, he has nothing to say. There are no apparent stressors in his current life, and yet he has no will to live. The poor mother is beside herself with grief and helplessness, desperate for a solution. A consultation to meet with the boy along with his mother is arranged.

## SCENE 02 : ON MEETING THE YOUNG BOY

I, along with a colleague of mine, see a boy who is intelligent, articulate, sensitive, insightful, and quite in touch with his feelings and emotions. He is an avid reader with interests ranging from motivation to self-help to philosophy and asks me if I have read any of Mark Manson's books, to which I answer in the affirmative.

He tells me he has been struggling to feel pleasure in anything. He doesn't like to pursue his hobbies of reading, playing chess or following cricket, he feels he has lost all focus. In the past few years, he has joined multiple courses for arts, banking, etc. but left them incomplete, his interest fleeting from one to the next. He has finally joined this BSc nursing course, as suggested by his mother, who is also a nurse, but he struggles to maintain interest and gets repeated thoughts of giving up.

He struggles with academics, he cannot bring himself to study or remember what he has studied and performs poorly. *"Then when I fare badly in exams I feel sad that I am just wasting my mom's money"* - he says. He also struggles with friendships and romantic relationships. He doesn't feel like talking to anyone.

When we dig deeper we realize that he has been suffering since 4 years. When he was in the 12th standard, his father suddenly left them, and is barely in touch since then. He left them facing a lot of financial difficulty and debts. His mother herself struggles with depression and anxiety.

We start medications targeting his depressive symptoms and plan regular counselling sessions.

#### **SCENE 03 : AFTER TREATMENT**

After 1-2 months, his sadness is slowly lifted, his suicidal thoughts are gone, he is able to interact better with friends and rediscover his zeal to study and do justice to the nursing course. In the last one year, there have been ups and downs, with occasional impulsive decisions and painful consequences followed by guilt and sadness; but with a little bit of support, he is able to bounce back quickly. Overall, his quality of life and functioning are better than ever.

His mother tells us with her heart brimming with emotion- *“Ma’am, you all have changed my son’s life! He is doing very well now.”*

Such words fill our hearts with immense joy and make all our efforts worthwhile.

#### **TAKE HOME MESSAGE**

- ★ Caring for a person expressing a wish to die is a daunting task. Such a situation should never be dealt with alone. Personal and professional help must be sought.
- ★ Timely intervention and regular care go a long way in determining one’s mental wellbeing.

# Mood Is Infectious



Daughter advising mother

This is about a lady who had a depressive disorder with symptoms of aggression undiagnosed and untreated since the last 10 years. She improved with treatment so much that she now identifies other patients around her from among friends, neighbours etc. and sends them for treatment.

She says that treatment literally gave her a new life, as otherwise, there was not a single day at home which was not chaotic. The following is her story in her own words:-

*"I was a patient of depression. It was a very difficult time. I came out of it with the help of my psychiatrist and psychologist. My treatment consisted of medicines and counselling sessions. I was afraid of side-effects, but I did not experience any.*

*My depression started 10 years ago, probably due to menopause and chaotic family circumstances. I did not feel good and I cried a lot. I did not like to go out or meet anyone. I felt weak and tired too. While making rotis for example, a work that I had been doing for decades, I often felt suddenly tired, switched off the gas half-way and went off to sleep.*

*I got angry over trivial matters- to an extent that I broke household things. I threw things at people, injuring them. Sometimes I injured myself too. I tried to end my life.*

*Very frequently, I angrily shouted and cried all night, remembering past unpleasant events, feeling so exhausted the next day, that I couldn't cook or do any other work.*

*My family members had to bear the brunt of all my anger outbursts. When I calmed down, I felt very guilty of ruining everybody's peace of mind. Hundreds of times I apologised and promised that it would never happen again. All in vain! Everyone was just fed up and tired.*

*None of us had any idea that this could be due to mental illness. All the chaos happened within the family only. Others outside had no clue about what was going on with me. At the most they felt that I wasn't keeping too well.*

*Amidst all this, one fine day, my daughter suggested (And I can't bless her enough for this!!) we go to a doctor. We spoke to our family doctor who advised us to see a psychiatrist. Treatment was started and things started changing within a couple of months.*

*Today after so many years I can say I truly live a healthy life. People who stay with me are also happy. I take regular treatment, not missing a single appointment. The medicine, along with the support and the confidence my doctor gave me worked wonders, and I got cured.*

*These days, I travel abroad, attend all kinds of social functions, write stories and provide tuition to poor students. I live a happy, active and meaningful life. This happened because I went for treatment with full trust in my doctor and faith in God. It not only helped me, but also salvaged my family from falling apart.*

*Through this experience of mine, I urge others, who are suffering like I once did, to please accept that this is a mental problem, see a doctor and get treated. This is important for you and for those who live with you."*

Her example has left a unique impression on my mind because a suffering of 10 years could reverse within a few months of proper treatment. I just wonder- why did the daughter not suggest this earlier?!!

## TAKE HOME MESSAGE

- ★ Anger/irritability is a symptom of depression which can be misidentified as the person's nature/habit.
- ★ Physical tiredness is also a symptom of depression which can be misinterpreted as laziness or carelessness towards work.
- ★ Depression in one individual can make the entire family suffer.
- ★ Lack of awareness/Stigma prevents early treatment and prolongs suffering.

# Rapport As Remedy



Doctor receiving a pleasant surprise!

In 2003, a young lady army officer posted in Ahmedabad brought her sister residing in Mumbai to me with active symptoms of Schizophrenia- a severe mental illness (She had thoughts- false and fixed- that she was being watched and under attack, that people were discussing about her amongst each other. She also said she could hear voices of people who were actually not present). Her marriage was on the rocks and she was about to lose her permanent bank job.

We admitted her. She was very anxious, suspicious of us, doctors and uncooperative for mental status examination and treatment.

Something in her demeanour made me decide not to forcefully give her injectable medications. Instead, I sat with her, made eye contact and gently, without words, let her know that I was available to listen to her distress, that I won't prejudge her, that I had due respect for her as a person.

And I was patient!

Gradually, she opened up. Maybe she decided that I was her safest option amongst all the strangers. Bit by bit, she voiced her delusions (fixed false beliefs often seen in Schizophrenia) - *"You know doctor, some males at the bank scratch their private parts when they talk with me. I know, it is all under the orders of my husband!!"*

She heard voices of people calling her a prostitute (even when no-one was around) and firmly believed that everyone around was talking ill of her.

Walking on a tight rope, balancing between keeping her fragile trust in me intact, validating her distress without agreeing to her delusions and convincing her tentatively to try some medicines to 'reduce her suffering due to other people's behaviour', answering her many a suspicious questions about the need for the medicines, possible side effects, finally, with fingers crossed behind my back, appropriate medicines were administered to her.

I continued visiting her on my alternate day rounds, never once confronting her about her delusions, never once agreeing to them, but being there for her, noticing as gradually the conviction of her delusions

loosened. I gently steered our conversations to realistic issues, her kids and her job... planting the seed of the idea of salvaging them in her.

We discharged her after about a month with her saying, *"They are bothering me less now but let's see what happens when I go back to the bank."*

I extracted a promise from her to continue the medicines at home in Mumbai and come for follow up after a month.

She didn't.

About 4 years back a tall lady army captain came striding into my OPD carrying the hugest and the most beautiful bouquet of yellow roses and presented it to me! I recognised her immediately. *"Presenting to you, bank manager, Mrs. \_\_\_\_\_,"* she said with a flourish. Indeed, the patient had continued the medicine for all these years, only in half the dose (thankfully!). She had not only retained her job but also secured two promotions, and her marriage had also survived.

*"We are indebted to you for life"*, said the sister.

I was very interested in what had happened to her rigid thoughts and what her level of awareness into her illness was. *"Whenever I stopped the medicine (and she had tried that a couple of times), in a few days I started feeling uncomfortable at work as if people had started looking at me differently... could that mean that those thoughts were only in my head, doctor?"*, she asked sheepishly.

She is still on the same medicine, maintaining well, refusing to go to any other psychiatrist (in Mumbai), and coming for follow up whenever she can.

## TAKE HOME MESSAGE

- ★ Empathy works wonders, even in patients with Schizophrenia!
- ★ In most patients, some aspect of their psyche (mind) is disconnected from reality, but the rest is available for communication. The whole person shouldn't be labelled as uncommunicable!
- ★ All persons with Schizophrenia are not irredeemable.

# Shades Of Depression I



Stress at the work-place (left), Elderly man enjoying life as he recovered (Right)

I see many patients of depression in my clinical practice. It is interesting how each patient has a unique story to tell. Here I would like to present the narratives of patients themselves who benefitted from treatment.

## CASE 01 : DEPRESSION SECONDARY TO STRESS AT THE WORK-PLACE

*“Life is beautiful’- was just a philosophy a few years ago. I understand its true meaning only today.*

*My story begins when I joined my new job in Vadodara where my husband got admission in a super speciality course. I was in my thirties, settled in life in terms of work and family. Being in a 10 to 5 job, taking care of my son, life was good.*

*My new workplace was initially ok. But later, workplace harassment, gas lighting, groupism, favouritism started. I tried to cope with it, but eventually had a complete breakdown. I was frustrated, sad and helpless. Negative emotions took a toll. I lost confidence, started questioning everything around me and wanted to run away.*

*I developed diabetes; was put on insulin as sugars were high-flying. I had cardiac symptoms, ECG changes and minor artery blockades as revealed by angiography. My family also started suffering. I lost hope. I took leave from my job and planned to resign. As a last desperate attempt, I decided to see a psychiatrist, and she turned out to be a God-sent angel for me!*

*I had so many questions before I met her- ‘Am I not strong enough to deal with the situation? Will I be judged?’ etc. But when I met her, everything just fell in place. It was the best decision I took for myself.*

*I was put on medicines and psychotherapy (Rational Emotive Behaviour Therapy) was started. I gradually understood that my demand of fairness in all situations was creating problems. It was not the situation that mattered, but how I interpreted it. The entire journey of treatment for a year was a roller-coaster ride. I felt as if there was a gentle yet firm hand-holding of my thought process. I was guided to think rationally and thereby respond to a situation without losing control.*

*Therapy brought a paradigm shift in my outlook towards life.*

*Interestingly, I didn't resign, but learnt to handle situations. It all became possible because I took that first step to see the doctor. I owe this new life to her. No words can express my heartfelt gratitude towards my psychiatrist."*

#### **CASE 02 : POST-COVID DEPRESSION IN AN ELDERLY MAN**

*"I am a retired old man. In 2021, my wife and I got COVID. We were in home-isolation. We recovered with medication and only had occasional cough/headache.*

*After a few months, I experienced sadness, anxiety, disturbed appetite and sleep, headache, constipation and irrational fears. I preferred to remain alone and didn't participate socially.*

*I consulted a neurophysician, took medicines for a month but stopped due to fear of side-effects. All my symptoms relapsed. It was difficult to concentrate on work, domestic chores and other routine activities.*

*There was no reason to feel helpless or depressed. But I was not in control of my feelings. I lost 10 kg weight. Friends and family members reassured, advised me to distract myself with work, practice yoga and meditation, but nothing helped. I did not know what to do.*

*I finally paid heed to my sister's suggestion to see a psychiatrist. With the doctor, I could openly discuss my problems, general personality, lifestyle and nature of work. I filled up standard questionnaires given by her. She explained to me how my condition was an illness of the mind which could be cured in some time. That gave me some hope.*

*She started medication and gradually stepped up the dose. She asked me to make a daily activity schedule and stick to it. I religiously followed her advice. I started cycling (used to do earlier also), learnt music, solved crossword puzzles and did yoga. I could feel the difference in my mood when I kept my mind active. I realized the importance of nurturing one's mind. Gradually all my symptoms disappeared. It felt like a new life. I felt confident to face any new crisis also.*

*Thanks to the doctor, her approach, and her way of understanding and explaining things to me. She also specifically addressed my fear of side-effects and encouraged me to have a problem-solving approach. I have*

*not experienced any side-effects and my problem stands solved. And all this happened within 6 months.*

*I urge persons suffering from depression or anxiety to approach the psychiatry department for help, without any stigma/hesitation. It definitely changed my life and it may change yours too."*

#### **TAKE HOME MESSAGE**

- ★ Depression can happen due to stressful life events (case 1) and even without any stress (case 2). People can have various concerns – such as fear of being perceived as weak (case 1) and fear of side-effects of medicines. (case 2).
- ★ Treatment is therefore tailor-made. It's important not only to take medicines, but also to discuss these issues with the treating psychiatrist.

# Shades Of Depression II



Depressed medical student (Left), A depressed mother (Right)

Sadness is a normal human emotion which everyone experiences and deals with. But depression is an illness which takes a toll on one's life and has to be treated medically. Here are two more stories of patients, who suffered and got better, in their own words.

## **CASE 01 : DEPRESSION IN A MEDICAL STUDENT**

*"My sad story dates back to childhood. Both of my parents had hectic jobs, and a lot of conflicts. I never got to spend quality time with them. I saw the worst of quarrels happen at home.*

*At school, I was body-shamed. As a child, this affected me a lot. When I was in the 9th std., while returning from my tuition class, on the streets, a gang of 2-3 boys mis-behaved with me. I never forgot that horrible incident though I never talked about it to anyone.*

*One after the other, my grand-parents died. At the end of 12th standard, I lost my mother too. And my father had to get his leg amputated. He was very ill.*

*I fought with all these circumstances. While people around me thought that I was a brave kid, I was breaking from within.*

*I coped by focusing attention to studies and got admission in a medical college. Towards the end of the course however, I started feeling sad, lonely, disinterested and lethargic. I couldn't sleep at night. I got night terrors with screaming episodes. My mood affected my studies and relationships also. I felt hopeless, I thought my pathetic life was never going to change. I felt like putting an end to it.*

*A childhood friend took me to a psychiatrist. After thorough evaluation, she said that I suffered from Clinical Depression. She gave me medicines and started therapy. She explained to me about my illness and what I needed to do to feel better.*

*After a couple of months, I was alright. I was happy and felt in control of my life. I studied well and completed MBBS. Currently I take only one medicine daily. I have regular sessions with my psychiatrist so that I can fare even better.*

*A healthy mind is as important as a healthy body, if not more.*

*Be mindful of this, and if you don't feel okay, do not hesitate to seek help. You will only benefit from it, there is nothing to lose."*

#### **CASE 02 : DEPRESSION IN A NEW MOTHER**

*"This is what I told my psychiatrist when I first met her-*

*'Ma'am my family members don't understand. They think I am doing all this on purpose. But it's not so. Actually, when he is with me, I get these uncontrollable impulses of killing him! I once tried to strangulate him with my own hands, and once I put milk in his nostrils while nursing him. I am terrified with these thoughts. I don't want to hurt my baby and that's why I stay away from him.'*

*It was my second delivery and I was unwell since my baby was 2 months old. I was sad, lonely, confused and overwhelmed. I frequently thought of ending my life. I was terrified to be near my baby as I thought I will lose control and kill him. My mother and mother in-law took care of him.*

*My psychiatrist inquired about the events related to my pregnancy. It was uneventful and I had delivered a full-term healthy baby boy by C-Section.*

*I had good support throughout the period. There was no reason I should be feeling the way I did.*

*I was diagnosed as having 'Post-partum' depression and given medicines. My husband was explained about my condition. After a few weeks I started feeling better. I resumed household chores and took care of my elder son. But I was still scared of going near my younger one. At the same time, I was feeling guilty.*

*My psychiatrist motivated me to go for it. Initially, I always asked a family member to be around while I took care of him, but eventually I did it all by myself. I felt so glad to have finally resumed my role.*

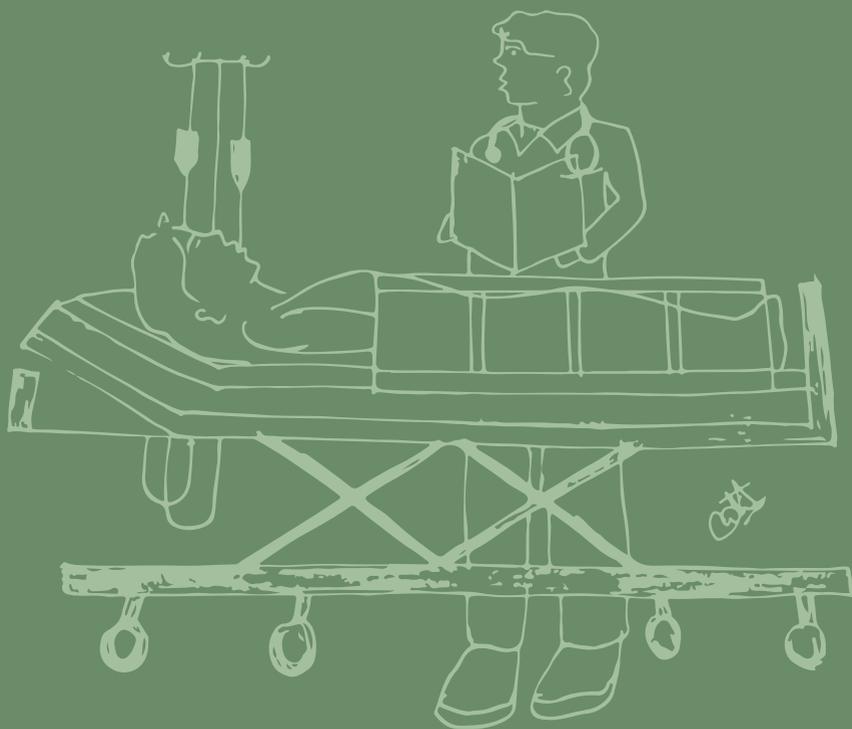
*My family members are still confused about all this. My husband once got so frustrated that he told me- 'You should have told me if you didn't want a second child!!' Even I wonder, why depression struck only after the second delivery and not the first.*

*My doctor tells me it's possible; that it is all a play of hormones and neurotransmitters. I don't understand all that. All I understand is that today when I hold my little one in my arms, I am the happiest person in the world!"*

#### **TAKE HOME MESSAGE**

- ★ Depression is a clinical disease of our brain. It has varied presentation and many types.
- ★ It is treatable with appropriate medicines and psychotherapy.
- ★ As patients recover fully, the medicines can be tapered and stopped, and they are able to lead absolutely normal lives.

# Silent And Still



Drug-assisted interview

Life of a resident doctor in Psychiatry is full of rich experiences that teach psychiatry as well as valuable lessons of life.

One day in OPD, I came across a girl in her twenties brought by her parents as she had not spoken a single word since the last 2 weeks. She had a blank stare and did not react to any of my questions.

Her mother's eyes were moist seeing her dear daughter in this condition. She reported that she kept sitting in the same position the whole day. She had to be fed forcefully. Occasionally she burst into crying spells, but did not state any clear reason.

With her parents' consent, we admitted her in our ward. Her condition was diagnosed as Major depressive disorder with catatonia for which Electroconvulsive therapy (ECT) was the treatment of choice.

Her mother was completely shattered to know this. She exclaimed- "*Why to give shock? What if her mind got completely damaged?*" We listened to her patiently and clarified all her doubts. Eventually she agreed.

After ECT, she started eating and communicating. Her parents were relieved. Their hope was renewed.

They shared with us that she had a troubled marriage and she was recently divorced. She was engaged later to another man but that too had not lasted. We brought this up with the patient, but she did not talk openly about what exactly was bothering her from within.

We conducted drug-assisted interviews. When anxiety and inhibition are very high, patients cannot talk about their feelings even if they want to. During these interviews, medicines that bring down anxiety and inhibition are slowly injected in the vein, under complete supervision and monitoring. This allows the patient to freely talk about their innermost conflicts.

After a couple of sessions, she talked about things she had never shared with anyone – her conflicts, her feelings, how she dealt with those, the outcomes, her struggles, the misunderstandings, her failures and her utter disappointment- related to both, her marriage and engagement, both of which broke with no fault of hers.

The symbolic meaning of her symptoms of silence and stillness now became clear to us. They conveyed that whatever she spoke or did till then (to save her relationships) had all gone in vain.

After she vented out, there was rapid improvement. Still we had a long way to go. She was deeply traumatised and her symptoms kept coming back time and again.

Her parents retained faith in us. During the long course of treatment over 2 years including three admissions, we received full support from them.

When she last visited our OPD, she seemed to be back to her usual self. She helped her mother in domestic chores, resumed her hobbies and happily took care of her little nephew. She appeared full of life and hope.

Finally her wounds were healing. This reflected in the smile on her parents' faces as well.

What was truly memorable while treating her was the trust of her parents at every step of the journey towards cure. I remember what her mother said to me once- that she saw the hands of God in me.

Trust, patience, faith – they are as important as medicines!

## TAKE HOME MESSAGE

- ★ Some aspects of psychiatric illness respond early to treatment and some may take time.
- ★ Patience and support of family members play an important role in the treatment process.

# Terrified Of Trains!



The man who could not board a train

Sometimes, we come across heart-warming experiences during routine work. Once, a man was brought to me by his friend. He didn't utter a word and looked very frightened. A feeling of worry, anxiety and fearfulness was evident on his face. I made him sit and gave him some water. I asked him what had happened. He just said one word- '*Gabhraman*'. I let him relax for some time.

Meanwhile his friend told me that the patient hailed from Banaras. His family stayed there. He was in Gujarat for work since the last 20 years. Even if he wanted, he found it very difficult to travel to Banaras. He just couldn't go.

Whenever he boarded the train, his hear-beats rose and he panicked with the thought of having a 'heart-attack'. He created a scene, screamed, pulled the chain and got down to rush to the nearest hospital only to find that everything was normal. He had attempted to travel several times, only to meet with the same fate, every single time.

Despite past failures, that day, with all his might he tried once again. He boarded the train to attend his nephew's marriage. But as the whistle blew and the train started, he started sweating.

He got so anxious that he jumped off the moving train on to the platform! That's when his friend brought him straight to the hospital.

As his friend narrated this, the patient started crying. He had lost all hope of ever being able to meet his family members. He said that they were very upset with him. They called him 'mad', 'arrogant', 'emotionless', 'self-centered' etc. Some thought he was faking it and a few others just resigned to the notion that he simply didn't want to meet them.

After listening to the complete ordeal, noting down all the points & examining him, it was clear that he suffered from 'Panic Disorder with Agoraphobia.' In this disorder, a person has anxiety attacks when in an open/closed/crowded space from which escape might be difficult. Gradually the person starts avoiding the feared situation and in severe cases, may be afraid of even stepping out of the house alone.

I told him I exactly knew what was happening to him and that it could be cured. He was relieved to know this. After a lot of counseling &

reassurance, I prescribed medicines and requested him to have patience. After 3 months, he was quite well. He started coming for follow-ups alone. Previously, he had to bring someone along to alleviate anxiety.

One fine day he expressed, - *“Next month, my daughter is getting married. I really want to go, will I be able to?”* *“You’ll surely go!”* - I said, and asked him to book a ticket. After all, his condition had significantly improved with treatment.

Scared as he was, he booked the ticket. He carried it in his pocket everywhere he went. In the last twenty days before boarding the train he visited me at least 4 times, saying - *“I am afraid of even looking at the ticket; will I really be able to go?”*

He was excited but nervous. He was hopeful but needed reassurance. He was scared of failing to travel once again, this time it would mean missing his daughter’s marriage!

I explained to him that he had to conquer his anxiety. He was not going to die in the train. If he felt too anxious, he could practice relaxation. If it went out of control, he could take the ‘emergency medicine’ that I gave him.

After 2 months, he suddenly came and happily declared- *“I went to the village. I attended the marriage, blessed my daughter, and met the entire family. It was the most beautiful and memorable incident of my entire life!”*

I wondered why his family members did not trust him/his intentions, why did they not understand his problem and why did no-one help him get better for so many years???!!... Had they shown some empathy, the situation would have been so much better!

But I was glad that eventually, a father’s wish was fulfilled. And hopefully, the happy re-union will rekindle their relationships.

## TAKE HOME MESSAGE

- ★ Trying courageously again and again may be a good way to deal with anxiety. But when it doesn’t work and the experience becomes repetitive and restraining, taking the appropriate medication and therapeutic guidance is the recipe for success.
- ★ When awareness of mental illness is lacking, the patient suffers, and the family misunderstands, for an indefinite amount of time.

# That Million Dollar Smile!



She finally dressed up, stood up, smiled and greeted!

It was a typical morning at our hospital, with patients and their relatives chattering around the waiting area, their eyes longing for their turn. A middle-aged woman and her parents entered our OPD while we were discussing other patients' symptomatology and medications.

She had an extremely thin built and a messy, unkempt appearance. She gave us no attention and kept her eyes glued to the ground. We greeted her and tried to talk to her, but she was silent. We asked her the reason for the consultation, but she did not say anything understandable.

Her parents believed that her condition was the result of some ill omen/evil eye. They were sceptical when we tried to reason that it could be a mental illness but reluctantly agreed to get her admitted for treatment.

On detailed evaluation, it was established that her illness started 7 years ago. It started with fearfulness that some people were following her to harm her. She then developed slowness in usual activities and odd behaviour such as to keep the tap water running for hours and to simply look at it.

She randomly repeated sentences. She did not take bath or wash her face for days together. She did not express any emotion other than getting irritated over trivial things. Her husband tried beating her up to correct her behaviour, only to make matters worse; eventually she was sent to her parents.

We weren't surprised. Nothing new. Sadly, we have often seen that as long as a female is functional and does all the household work, she stays at her in-laws place and is often not even allowed to visit her parents. But as soon as she falls ill, she becomes the sole responsibility of her parents.

Anyway, we chose to focus on the diagnosis and treatment. It looked like Schizophrenia. Her initial symptoms were positive symptoms- fearfulness and abnormal behaviour, and now she had negative symptoms- not talking and not taking care of herself. Negative symptoms are more difficult to treat.

So, in addition to medicines, we gave simple tasks to be done during the day- such as walking in the ward, looking out of the window and noting down what she saw, etc. Initially she was reluctant and got irritated if

we persisted. We still persisted and appreciated whatever little she did.

Gradually, she started taking initiative. She washed her face and occasionally bathed. She stopped repeating words and phrases. During the ward rounds, upon prompting by her parents, she greeted us and gave us a brief report of the activities she had done the previous day.

After 15 days of admission, during our usual round, something extraordinary happened. Something that I would never forget in my life and that made me feel proud to be a psychiatry resident. She was sitting on her bed, smiling, with a small round bindi on her face, properly combed hair, and a neatly draped saree. She stood up on her own and greeted us without any prompting.

It was truly an 'aha' moment for everyone. That smile filled her parents' eyes with tears as their lips melted into an even broader smile. They finally realised it was not ill omen but an illness requiring treatment and thanked us with folded hands.

We discharged her on the day of Holi, a festival of colours for us in the true sense that day, as we could fill their lives with colours of joy and hope!

## TAKE HOME MESSAGE

- ★ Each challenge brings an opportunity for hope, healing, strength, & growth.
- ★ A mental illness can mask a person's true potential but cannot take it away.
- ★ With treatment, it is possible to get the illness out of the way and live a healthy, joyous and purposeful life.

# The Little Fire-Cracker



Two hefty men carrying a small child

Children are little bundles, not always of joy, sometimes of trouble as well! Working in the Child Psychiatry Section of Civil Hospital, Ahmedabad, gives you many an opportunity to meet such distinctive young personalities.

It was mid-morning and I had just counselled a mother regarding the ways she can improve the attention of her son, when I saw a sweet (I daresay) little boy being brought to the CAPS (Child and Adolescent Psychiatry Section) OPD by two hefty men, each on his either side, carrying him along.

The boy was 8 years old, looked a little small for his age, smiling and smirking all the way till he reached the small seat right in front of me. He did not seem to have a care in the world, while the two hefty men looked worried and even slightly frightened being around him.

They looked exhausted even before they started to tell me that the boy, Master X, was a nuisance to all the other boys in their orphanage. He harassed everyone including the caretakers, never letting them breathe a sigh of relief.

He often hit other boys with an iron rod, threatened them and spoke a language so foul that it would put the local goons to shame.

He ordered for different types of food every day and the caretakers dare not deny him, else he would destroy all the things around him. Recently he had broken the LCD television set as well as the dormitory door.

This then resulted in serious physical altercations between the caretakers and Master X, the scars of which were visible on their faces. They were tired of him and were desperately looking for some respite.

When made to sit comfortably and allowed to talk, they said the boy had lost his mother soon after birth & his father was serving a jail sentence since many years.

Talking with the boy was like interviewing a prince, he was authoritative and extremely nonchalant. He pushed chairs around and turned them upside down. He enquired my authority to question him, but was ready

to boast about his power and tyranny and how he liked making everyone dance to his tunes at the orphanage.

He casually said that he liked a few toys lying in the OPD and told that he was going to take them. I made the caretakers aware of the steps in a holistic management approach. They were made to understand the boy's symptoms and were reassured that they were a part of a psychiatric illness which could be treated.

They were taught how to manage their reactions towards the boy through behaviour therapy and reinforcement. Master X was also instructed about the consequences of his actions, though he did make a nasty face when told so. Medications were started to stabilize his mood and curb his violent behaviour.

Over the next few meetings, further training of the boy and caretakers ensued and medications were also stepped up as needed.

Last time they came, the boy was asking the caretakers, instead of throwing his demands around and was also ready for a photo the caretakers wanted to click with me as a proof of the change they had witnessed.

They appeared relieved as if a heavy weight was taken off their shoulders and even afforded a little smile. Progress was small, but sure. And I look forward to meeting Master X again to hear about his vivid tales.

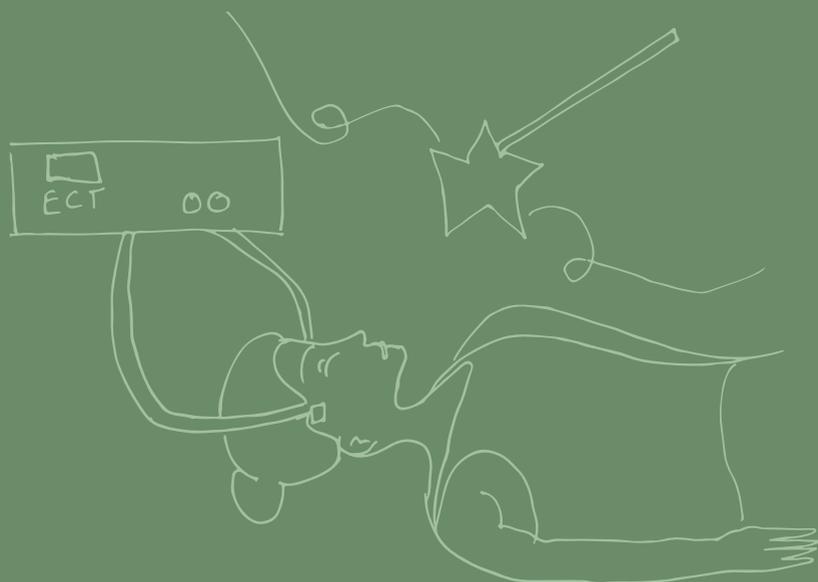
Sometimes we tend to overlook the obvious and let our children be. And on a few occasions, this becomes the cause for a lot of suffering and frustration, not just for us but also for the child.

Children are definitely the future, and the right psychiatric care and management would ensure a better one.

## TAKE HOME MESSAGE

- ★ A child who appears to be nasty, spoilt or arrogant might actually be suffering from a mental illness and can be helped through treatment.

# The Magical Therapy



Patient receiving electroconvulsive therapy

We had a 29 year old newly married (6-7 months) female brought to the casualty by her husband. He complained that she remained angry without reason and was verbally and physically abusive.

She talked a lot, demanded new clothes and ornaments and had grandiose thoughts that she was Goddess herself. She did not sleep at night and was hypersexual.

She also talked about things that offended her husband. She said he was an evil person and she married him only due to parental pressure; while she was still in love with her past lover, (none actually existed) and complained why did he not do anything to stop her marriage.

When we tried to examine her, she began undressing in front of everyone and demanded new clothes and make-up. She beat up one nursing staff and one resident doctor who tried to stop her. We gave an injection to calm her down and shifted her to the ward. There she started hurling abuses at her parents, husband and in-laws. They were distressed and confused beyond words.

The patient was initially given injectable medications for about 4-5 days. She still abused her husband (both verbally and physically) almost daily, blamed her younger sister for her marriage and considered her brother in law to be her long-lost lover. She was restless and roamed around the entire day and sometimes even at night. She held the hands of male doctors and said 'I Love You' to them. Later it was extended to all the men she came across- doctors, nurses and supporting staff.

Her husband was being beaten up almost daily. He was tired, frustrated and embarrassed. Still, he stood by her. The medicines were not working. With the family's consent we started Electroconvulsive therapy (ECT) for her. It is a treatment in which electric current is delivered to the brain for one second, under anaesthesia, in a safe and supervised setting.

It was after the third cycle that some change in her behaviour was noted. Her family members could finally see some glimpses of her original self. She stopped beating her husband and talked politely with him. It looked like she was recovering.

I remembered what her husband had told me a few days back- "*Madam,*

*I haven't been beaten up by anyone in my whole life as much as by her in these 10-15 days. Will she get alright?" All I could say at that time was - "You have been very patient. Please wait just a little more. It may take time, but her condition will improve if we make persistent efforts. Let's not lose courage and hope."*

His patience had finally paid off. The patient started going for walks holding his hand, asked him what he would like to do upon going home, where they would go for a vacation and so on. She thanked him for taking good care of her. Their communication immensely improved. The family members also heaved a sigh of relief.

In the hospital also, the patient had become very popular. Doctors and staff members from other departments were also interested in knowing about her progress. During her daily walk, at times, she stopped by to greet the casualty staff. All those who had seen her during the peak of her illness were pleasantly surprised to see her changed behaviour. They were curious to know what treatment we had given. We would jokingly say- *"We did some magic!"*

She was discharged after a stay of 25 days when her husband told me, - *"You were right, I just had to be patient. She is alright today with all your efforts. No-one takes care of anyone as much as you took care of us. You did a lot for us, if at all there is a chance I can do something in return, please let me know."*

His words make me think that all that we did was scientific, step by step treatment, including ECT which gave us the results. It's sad how people hold fears and misconceptions about ECT. When they witness its results, they realize how it transforms life. Her changed behaviour was actually the magic of ECT.

The couple regularly comes for follow-up. She is alright and they are very happy together. They make sure to meet me before they return. Such expression of warmth and gratitude adds magic into my routine work also!

## TAKE HOME MESSAGE

- ★ Mental illness in a person can take a toll on his/her caregivers.
- ★ ECT is a safe and effective treatment option in difficult cases.

# The Malady Of Tragedy



Trapped into alcohol use

One of my friends, a medico, was suffering from depression since a long time, because of which he eventually started consuming alcohol and smoking cigarettes and became addicted to it. He was hesitant to seek help out of fear of being judged. But one day, he gathered courage, and things changed after that.

Here is a verbatim account of his story;

*“Since childhood, my life has been traumatic. From domestic violence by my dad who used to consume alcohol, to poverty and loneliness; I have seen everything. My father never had a constant job and my mom worked at a farm to support my family. I am blessed to have a mother like her. She is literally beyond God for me. Thanks to the way she brought me up, I was one of the few extra ordinary minds in academics. Everyone had huge expectations of me.*

*In the beginning of my college days, I fell in love. But I was heartbroken as she was in love with someone else.*

*Depressed and lonely, I had no choice but to accept the harsh reality. During that period, I was introduced to alcohol and cigarettes. I tried them out of curiosity but didn't continue as I feared being hooked to them.*

*Then the life changing incident happened. My father who was a chronic alcoholic and a chain smoker had been ill with some gastric issues. It was only after his demise that I found that he had gastric cancer. He often used to drink beyond limits just to ease the pain, I suppose.*

*One day, when he wasn't able to tolerate the pain any further, he had tried to end his life by taking poison. I had to rush to the hospital immediately. He was struggling with his life. I was disappointed and angry. I shouted at him for trying to end his life like a loser and went home to finish some work.*

*By the time I returned, his condition had worsened and he was put on the ventilator. I later found out that my family members had signed a “do not resuscitate” order, without informing me. I was devastated when he succumbed.*

*I never had a good 'father-son' conversation, not even on his death bed. I felt guilty as I never appreciated him for his efforts to be there for me. I started smoking cigarettes and literally drowned myself in alcohol to numb my pain. The next year, I lost my dear grand-father. There were countless such incidents which I choose not to discuss.*

*I lived in my hostel room all alone, avoided meeting friends. I wished to clear the NEET-PG exam, but was stuck, as I couldn't concentrate on my studies. To escape from the reality, I smoked 40 - 50 cigarettes a day and drank alcohol all the time. I felt helpless, hopeless and disgusted with myself even for being alive.*

*But deep within, I didn't want to die, I wanted things to change. I was desperate for getting some help. Finally I talked to my friend, a resident doctor in Psychiatry. She introduced me to her consultant. He talked to me at length and gave some medicines.*

*Though I thought I didn't need them, I took them. After 3-4 months I realized that I was in denial. My mood had improved, I was able to focus on studies. My cigarette consumption reduced to 1-2 per day and I stopped taking alcohol.*

*The way I saw the world changed. I realized that bad days/months/ years or a bad experience/ relationship didn't mean a bad life. If you prioritize your mental health and seek proper help, you can overcome any difficulty. I cleared my NEET-PG examination and currently I am pursuing residency in medicine, my dream branch.*

*Now I feel that despite all the tragedy, I have a good life with amazing friends, a wonderful family and a job I genuinely love. I cannot be more grateful.*

*My brain may have been wired differently — whether it was chemical imbalance or rocky adolescence or just too many emotions zooming around, is debatable. But none of those hold any bearing now, on how I value the world I have made for myself.*

*You can have a wonderful life and still be depressed. The latter doesn't mean you're any less grateful for the former. Never hesitate to seek help."*

I am glad as his friend that the treatment process not only alleviated his symptoms but changed his entire outlook on life. I feel so proud of him!

#### TAKE HOME MESSAGE

- ★ Alcohol, nicotine or any other substance has the power to take control over one's thoughts, motivation, dreams and actions. Getting addicted to them instead of facing/handling the problem is an immature coping mechanism.
- ★ While in a difficult situation and consuming such substances, a person may hesitate in seeking help and/or think that they will help themselves, falling into a trap of endless procrastination. (From tomorrow I will definitely quit!!)
- ★ Medical facilities are available for the treatment of substance dependence.
- ★ No matter what the situation is, one should always remind him/herself – "I have a choice".

# The Midnight Knock At My Door



Needing a friend at midnight

It was 12:30 am when I was quietly studying in my hostel room when there was a sudden knock at my door. I was taken aback and there was a deluge of thoughts in my mind- 'Who would it be? Wasn't it odd? Would it be an emergency?' I somehow managed to clear my mind and opened the door.

I was astonished to see my best friend standing there with huge tears pouring down her cheeks. I took her in and closed the door. She sat on my bed and started wailing. The situation seemed serious. I sat beside her and allowed her to gather herself. When she stopped crying, I gave her some water.

After a few seconds, she spoke... *"I am unable to adjust in this college! I am not like this...!"* And suddenly her eyes rolled upwards and she started breathing heavily. I had an anxiety-curbing medication with me which I quickly gave her. She calmed down in a few minutes. I asked her what was going on. In reply she reminded me of the lunch-time conversation that we had had a few days ago.

We are a bunch of five friends from different departments. All of us finish our work and have lunch together. During lunch we share our new learnings from patients and clinics. My friend was referring to one such conversation where-in I had shared my learning from the case of a young patient.

I had learnt that sometimes when people find it difficult to cope with change in their lives, involving new places, people, situation and circumstances, they may not be directly able to identify and manage their emotions. The stress may then manifest in symptoms such as sleep and appetite disturbance, inability to concentrate on work or studies, crying or getting irritated over trivial matters, etc.

When overwhelmed, they may experience sudden panic with breathing difficulty and a choking sensation, perspiration turning their hands and feet cold, palpitations and gabhraman.

I understood why my friend was here. She said that although everything was fine, she was unable to adjust in the new place. She was experiencing symptoms since last 4-5 months but was confused regarding them.

Our lunch-time conversation had thrown light on the issue and she realized that she needed to talk to me, her friend and a post-graduate student in Psychiatry. I comforted her as much as I could. I asked her to maintain a 'thought diary' to connect with her thoughts and emotions. It was already 2 am by then and I asked her to sleep in my room.

The next morning I accompanied her to consult a senior doctor in our department. While she was narrating her difficulties and symptoms to her, I was thinking how a casual conversation over lunch had brought about insight into my friend's mind about her own mental health issue!

Since the last one month, she has been following up with her as a patient and with me as a friend. She feels much better now and our 'Lunch and Learn' sessions continue to flourish as ever!

### TAKE HOME MESSAGE

- ★ Body and mind are connected in more ways than we can imagine. Physical symptoms can have mental causes.
- ★ Talking about one's difficulties can open up ways to get better. Remaining silent about them and hoping they would disappear doesn't work.

# The Teacher's Day



The teachers' day speech

This is the story of a 48 year old single male teacher. He was sincere and hard-working, always tried to do his best. One fine day, the Principal saw him crying by himself at the porch of the school. He got concerned, asked about his problems, and suggested that he should see a psychiatrist. That's how he came to me.

He told me that he felt sad all the time, without any apparent reason. Though he never missed work, he lacked the usual enthusiasm. He felt so low he did not interact much other colleagues. His family stayed in the same city, but he chose to stay separately and interacted minimally with them. He got negative thoughts such as he was worthless, he was a total failure, things would never improve and that he should rather die.

Occasionally, when he was overwhelmed with thoughts, he got episodes of *gabhraman*, palpitations, sweating and choking sensation. He drank water, and went out for a walk in the open air, to feel better. Such episodes happened more towards the late evening and night. He felt so scared in a closed room that he kept the door of his house open all night.

He had one regret in particular. In all these years, working as a teacher, he had never given a speech on stage. He helped his students write their speeches and motivated them to perform; but he himself never did. The idea of facing a crowd made him very nervous. And he felt ashamed of it.

He had symptoms of both depression and anxiety. I gave him medications, taught him breathing exercises and relaxation techniques. As he came for follow up visits, I explored the significant events in his past life, his relationships with his family members and his worries about his future, to find out and address the root cause of his symptoms.

After two months, his depression faded away. He felt more enthusiastic and re-established rapport with his colleagues. He started chatting with them over lunch-breaks. He still stayed alone, but started meeting his family members on weekends. He celebrated festivals with them. The episodes of anxiety also reduced.

However, he still couldn't sleep with the bedroom door closed. It scared him. We tried to help him with hypnosis and guided visualisation exercise. It worked. After two such sessions, he started sleeping peacefully in his bedroom.

A month later when he came to the OPD, he looked very happy. He said that he had delivered a speech on the occasion of Teacher's day! The discussion had come up over lunch with his colleagues regarding who would volunteer this time. They strongly recommended his name, as he had never done it before. Gathering a lot of courage, he had agreed.

While waiting for his turn, he was too scared he would forget the speech and become a laughing stock. But, when the time came, he stepped up the stage and started speaking. He panicked and paused at some moments, but managed to move on. As he completed the speech, hundreds of students stood up and clapped for him.

As he shared this with me, his eyes were moist, and so were mine. From tears of sorrow to tears of pride, that was truly the teacher's day for him!

### TAKE HOME MESSAGE

- ★ With psychiatric symptoms, one may be able to 'manage' one's life; but with treatment, life becomes better and one can live out one's true potential.
- ★ A psychiatrist will not just write-off a prescription, he/she will understand the person holistically and suggest appropriate therapies to relieve various symptoms.

# The Victory Of Hope



Doctor contemplating various treatment options

This is the story of a 34 year old, single female, residing with her sister and working as an accountant in the municipal corporation. She had an exam coming up for departmental promotion. Despite her brilliant academic record, this time, she experienced a lot of exam stress.

A few days before her exam, she freaked out. She locked herself in a room for 2 days during which she refused to interact with anyone. With great effort she was brought out and made to talk.

She revealed that people working in the department were jealous of her and were plotting to destroy her career. The family members knew her colleagues and did not believe this to be true. They tried to reason with her, but she remained firm. They decided to consult a psychiatrist.

The psychiatrist gave her a medicine (first) to reduce suspicious thoughts. She took it irregularly, and after a year, her symptoms worsened. Her suspicion was stronger than ever. She consulted again and was given a different medicine (second) this time.

With this, instead of getting better, she developed hand-tremors and abnormal movements- of the tongue, jaw and left leg. On yet another consultation, her ongoing medication was stopped and another medicine (third) was started.

Despite this, in a few days, the abnormal movements increased. Now she was unable to chew food and to walk properly by herself.

The family members were perplexed and worried. 'What had happened to her? Was it due to her mental condition? Had she developed some other dangerous illness? Was she experiencing side-effects of medicines? What treatment did she require? Will she get better?' - with all such disturbing queries they approached the emergency department of our hospital.

She was admitted in the Intensive Care Unit under Neurology department. A battery of tests including advanced brain scans was done to look for any underlying neurological cause, but nothing was found. From psychiatric side, we started another medication (fourth) to alleviate the abnormal movements. After a month in the Neurology ICU, the patient was transferred to the Psychiatry department for further care.

She was bed-ridden and had to be fed with a feeding tube. Something was not right. Something was being missed. We stopped all the medicines as they were anyway not working and decided to wait and observe the natural course of her symptoms.

Maintaining anonymity, we put up her clinical history in academic social media platforms from where we received valuable suggestions from colleagues, but none seemed to help. It was a challenging time for us and her care-givers - her father and elder sister. During the morning rounds, her father would say- *“We have full faith in you. We will stay here only till she completely improves.”*

Many a times they cried in front of us expressing their pain at what had become of their brilliant daughter/sister. They expressed gratitude towards us because they saw that we tried hard, listened patiently, and communicated honestly. We had to get her alright somehow.

Although her clinical condition was perplexing, after stopping all the medicines, we noticed a significant decrease in the abnormal movements. That gave us some hope. We started a new medicine (fifth) - that can take care of suspicious thoughts and also address the problem of abnormal movements. We started with a very low dose, crushed and administered via the feeding tube. Initially there was no improvement, but we kept on gradually increasing the dose, monitoring her symptoms very closely.

After another month, she started showing slow but sure improvement. First, she started taking food by mouth. The feeding tube was finally removed. Then she walked on her own. And lo and behold, all the abnormal movements disappeared. From a completely bed-ridden state, she was now back to her original self!

One may think... Why on earth was this medicine not started earlier? Well, because, **one** - her diagnosis was never clear; and **two** - it is a reserved drug, to be used only when nothing else works, as it has the potential to cause certain rare but serious side-effects.

Fortunately, she did not develop any serious side-effect. But she complained of excessive salivation, which could be treated by adding another medicine (sixth). Everything seemed to be finally falling in place, when she developed yet another symptom.

She started stating that all men around her, including the doctors, were eyeing her badly. Her father was embarrassed by such a baseless allegation by her, and apologised. She later clarified that these thoughts came automatically to her, she knew that they were not true, still she couldn't resist them. They were diagnosed as 'obsessions'- another side-effect of the medicine that was finally getting her better.

So, yet another medicine (seventh) was started to treat the intrusive thoughts. And guess what- it worked! Finally, she was completely alright (on three medicines- no. 5, 6 and 7). The effect of the medicine (fifth) was at its peak and all the side-effects that emerged could be taken care of (by sixth and seventh).

She expressed a wish to re-join her duty. That was a great moment not only for her family members, but also for us, the treating doctors and our entire staff. After 2 months of hospital stay, she was discharged with a bright smile that lit her face. Could there be a greater joy than this for a doctor?

### TAKE HOME MESSAGE

- ★ Taking medicines off and on is never a good idea. It invites more side-effects.
- ★ Doctors do seek advice of other experts in the field when facing a challenging situation.
- ★ We do have safe and effective medicines to treat psychiatric conditions. But, at times, there is a battle between effect and side-effect. In such cases, the doctor needs to try out several medications before the right combination strikes. At such times, it's important that patients and doctors work with patience and do not lose hope.

# The Voices Within



Patient wandering in forests and hearing voices

*“She can hear voices in her ears,  
She feels an unknown fear every single moment.  
She dwells in her own different world,  
Oblivious to her own self and everyone else.  
Her own people feel like enemies,  
They might kill her, she somehow feels.  
She keeps fighting her own thoughts,  
The boundary between reality and imagination is so blurred!”*

These few lines written above are an attempt to express the deep distress that a patient experiences. I have an opportunity to serve a tribal region of Gujarat. A lot of people with mental illness approach us for help, and with treatment, they are able to lead normal lives with their families.

I describe here the story of one such patient who left a deep impression on my mind. I have changed the names to respect the confidentiality of the patient.

One morning while I was working in my OPD, a man, Ashokbhai came to meet me to talk about his sister, Chitraben. She had been aimlessly roaming around in forests and nearby villages since many years. Everyone had given up on her, thinking that it was now her destiny.

But Ashokbhai recently heard about some patients in his locality get better with treatment and it got him thinking what if Chitraben also had some mental illness that was treatable. He looked worried and hopeful at the same time.

I asked him to have a seat and give me a detailed account of Chitraben’s condition. He told me that she didn’t stay at home, kept roaming around, wore torn old clothes, did not bathe, kept talking to herself and laughed intermittently while alone, as if talking to somebody.

At times, she suddenly hit someone and refused to come home and stay with family. I asked Ashokbhai to bring her to me for examination, reassuring him that we would do our best to help her.

After about a week, Chitraben came. She looked just like Ashokbhai had described. She had worn old, torn clothes. Her body and clothes emitted a foul smell. It seemed that she must not have bathed since ages. Her hair

was uncombed, with multiple locks entangling each other and making a cap like shape over her head. Her teeth were stained, her nails were black, and there were visible layers of dust on her skin. She had not worn any foot-wear.

I tried talking to her but she wouldn't reply. She was busy talking and laughing to herself, making hand gestures as if talking to someone. Her gaze was not fixed. She kept looking here and there in a random manner.

A clinical diagnosis of Schizophrenia was made and medicines were prescribed. Ashokbhai was eager to know if he could expect any change in his sister's condition. I told him that there was a chance of improvement if he could manage to give her the daily dose of medications. He happily agreed.

After 15 days, she came for follow-up. I almost couldn't identify her. There was so much change. She had taken bath and was wearing clean clothes. Once again, I tried to talk to her. This time she paid attention. She gave me answers, very, very brief though.

Ashokbhai reported that after a week of chasing her on the streets and giving her the medication, she had agreed to stay at home with them. She began having meals with them, took bath on persuading, and paid a little attention to herself.

After another 15 days, Chitraben stopped talking and laughing to herself, maintained personal hygiene quite well and occasionally cooked meals for her family too! However, she still communicated very little and couldn't mix well with other people.

She continues to take medicines from our OPD and we hope to see more improvement in due course of time.

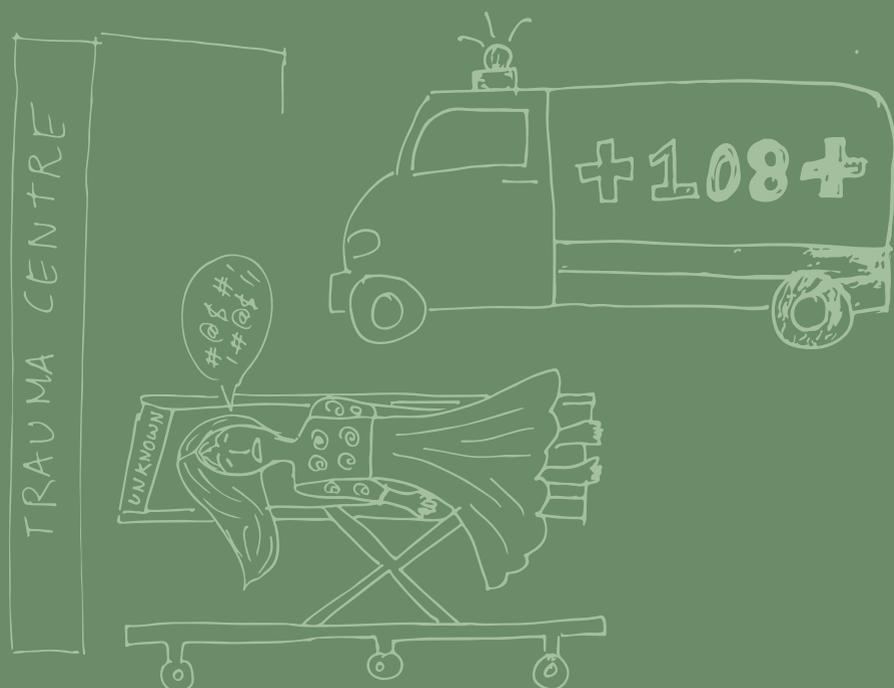
There are a lot of myths regarding mental illness in the society. If a person behaves abnormally- like laughing inappropriately or getting angry over trivial matters or so, he/she is kept tied up at home, sometimes even with iron chains. Patients are taken to religious faith-healers, thinking that the condition is a result of evil-eye or black magic or possession by witch/ghost etc. But they are not taken to the doctor.

Like any other illness, mental illness is also an illness which can be cured by appropriate diagnosis and treatment by a psychiatrist. What people with mental illness need is correct medications along with warm support and acceptance by family members and society. Patients of mental illness are also humans after all!

### TAKE HOME MESSAGE

- ★ What looks like abnormal or unusual behaviour may be the result of mental illness.
- ★ It may be very challenging to treat patients of Schizophrenia because they may not have insight that they are ill.
- ★ The role of care-givers is crucial in such cases.

# The Wandering Unknown



'Unknown' patient arriving at the trauma center

I was doing my emergency duty on a Wednesday, when I got a call from the trauma centre informing me about the arrival of an unknown, unattended female, picked up from road-side by 108 services.

She was in a dishevelled condition, with soiled & torn clothes and unkempt hair. She must have been wandering for weeks or months. She started shouting abuses at me when I went ahead to examine her.

I thought to myself- *"Although we are taught to show empathy under all circumstances, was it really possible to do so in such a situation?"*

I put my thoughts and emotions aside and got into action. I completed the formalities for her admission in our department. Our consultants examined her and started medications.

After 2-3 days, I could see some improvement. She stopped hurling abuses and started talking to me during the rounds. However, she talked only as much as was needed. For e.g, she refused to eat the breakfast served in the wards (plain bread with a packet of milk).

She declared rather authoritatively- *"I cannot eat this food! At home we always eat nice, hot, freshly cooked food."* We then sometimes bought her tea, biscuits and samosas just to see her smile.

With ongoing medicines and better rapport with us, she started communicating more. One day I asked her where she lived. She asked for a piece of pen and paper. To my surprise, she wrote down an address and a phone number. She belonged to Delhi.

I frantically called on that number the whole day, but it was switched off. The next day I found out which police station in Delhi was the nearest to her residence. I called there and shared the relevant details. I requested the inspector to get someone to contact our department for this patient.

Nothing happened over the next two days. I was sad for the patient as I left for Mumbai to attend a conference. Our next plan was to contact some NGO to shift the patient to some shelter home.

Two days later, while I was still at Mumbai, I got a WhatsApp notification. It was the photograph of a letter. It was written by the patient's brother

who had arrived from Delhi to pick her up. I wouldn't lie, I had tears reading it; tears of sheer joy. The tears washed away all my doubts about empathy forever. I was overwhelmed.

He told us that she suffered from Bipolar mood disorder and was missing from home since 2 months. Her family had frantically tried to search her and were on the verge of losing all hope when they were contacted by the Delhi police.

Nobody knew how she had come to Surat and what had happened to her. It was sheer serendipity that had brought her to us and offered us an opportunity to be of service. Believe me, the joy of treating a patient and reuniting her with her family is indescribable. It is probably similar to what a surgeon feels after a life-saving operation or a physician feels after clinching the perfect diagnosis- or may be even more than that.

A question had been bothering me since long:-

*'Why do so many brilliant minds still choose to be a doctor in India despite all odds?'*

I finally found my answer...

It is for these precious little moments of pure bliss that we exist, and shall continue to work hard in adverse circumstances. We live for these magical moments where we act as instruments in the grand cosmic interplay.

P.S. The brother of the patient donated Rs. 2000 to our department which we used to buy essential medicines for some patients who couldn't even afford two square meals a day. Good deeds continue to get passed on!

## TAKE HOME MESSAGE

- ★ People with mental illness can sometimes get lost. The 'wandering unknown' may be actually ill and their family members could be waiting for them.
- ★ Doctors treat patients as persons dealing with an illness, and not just a bunch of symptoms to be cured. Medicine and humanity can never be separated.

# Yet Another Opinion



Telephonic opinion of a 'known' doctor

It was just another evening when my phone rang. It was a call from Delhi, from a guy called Jai (name changed) who had received my contact number from a common friend. It was regarding his cousin brother, Armaan (name changed), a 37 years old unmarried patient who had developed some acute behavioral problems.

Armaan created scenes at social functions, got into quarrels with relatives over long forgotten issues, called them his enemies, stopped working, and recently, he attacked his mother with a knife. He was often seen muttering and making some gestures by himself when alone.

Armaan however never felt he had an illness. He complained that no-one understood him. Hence all the psychiatric consultations and follow-ups were forced and irregular with total refusal of treatment.

On evaluating history via telephonic interview with multiple relatives, it was evident that Armaan suffered from these symptoms since the last 20 years with a continuous and fluctuating course with varying levels of difficulties in social and professional functioning.

Denial, non-awareness, social stigma about mental illness and fear of ruining his reputation had prevented the family from taking timely treatment in the early years. The most probable diagnosis appeared to be Schizophrenia. His condition had gradually deteriorated and the family now wanted no stone left unturned for his treatment. For this, they trusted me, a 'known' doctor, even though I was only a distant acquaintance, also operating from a distance.

I answered their queries, explained the nature of illness, advised them about different available treatment approaches, the medical setups and doctors they could take him to; and educated them about the provision of involuntary admission.

The family seemed to be very determined through-out those 2 months of interactions. Finally, they could convince him to get admitted to a well-known mental health institution.

Armaan's family kept me in the loop while he was admitted there for 10 days. He was interviewed frequently and examined thoroughly by a team of mental health experts.

Luckily, he had been co-operative throughout his stay and had started showing some improvement over several days. He slowly accepted that he had a mental illness that would require medications.

He is currently working and stable on medications. The family expressed gratitude over how empathetic and considerate the psychiatrists were towards them. They had never known that such treatment setups and methodologies were available for psychiatric patients and that improvement was possible. They were so content with the experience that they wouldn't stop thanking me for constant support through the ordeal.

Although I wasn't in direct contact with the patient, this anecdote displays the extent of caregiver burden - mental illness not only disturbs the patient, but the entire family. Likewise, family support was vital for the treatment to be successful.

It also highlights that people need to know not only about mental illness, but also about the treatment options available to them. People's perception of psychiatric institutions is often colored by their diabolical portrayal in media. The story of Armaan also shows it is never too late to overcome stigma and seek treatment as effective management can drastically uplift multiple lives.

## TAKE HOME MESSAGE

- ★ When the family members of a person with mental illness are confused and insecure about taking a certain step, the guidance/approval of a 'known' doctor works like a solid anchor.
- ★ However, if there is no 'known' doctor, it is perfectly fine to trust the treating doctor and ask him/her about all the questions arising in the mind. It's the patient's and family's right to ask questions and the doctor's duty to answer them and he/she shall do it with pleasure.

## THE STORY BEHIND THE STORIES

We invited all the psychiatrists to share a story with us, the one which was close to their hearts. Stories came pouring in, from psychiatrists and their patients, in English and Gujarati, typed and handwritten.

We spent some time reading each story, translated if required, and edited in a way that there was uniformity in the narration of each story, while retaining its individual essence.

We pondered on what image the story brought to our mind, and created an illustration to depict it. We also thought what the stories were trying to tell us, and put it up as the 'Take home message' after each story. Finally, we gave them all a title that carried its essence.

Once this content was ready, it was compiled, formatted, released as soft-copy, and later, designed beautifully, printed and disseminated to reach all of you. We thank Ms. Priya Shah for her creative inputs and Dr. Bharat Panchal for his valuable review and suggestions that helped us in refining this book.

We feel proud of the final output that this process has given us, because, first, it is a noteworthy team-work by the members of the Indian Psychiatric Society - Gujarat State Branch – contribution of stories, editing, creating the illustrations, bringing out a meaningful collection; and reviewing and refining it and second, it was supported enthusiastically and whole-heartedly by the designers, printers and sponsors alike, with the spirit of doing it for a noble cause.

It was truly a heart-warming experience for everyone involved, to create this piece of work, and we really hope, it reaches the society at large, and makes a difference to the lives of those in need of mental health care.

### - THE EDITORIAL TEAM

*\* For any correspondence related to this collection of stories,  
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Canvas Painting by Intern Doctor from the story by the same name

## EPILOGUE

He was a White Pigeon, one of its kind...  
He was a White Pigeon, alone in the crowd.

He was a white pigeon, he loved one of his kind...  
He was a white pigeon, cornered by them all.

He was a white pigeon, he fell for another one...  
He was a white pigeon, told not to love the one.

He was a white pigeon, called names by the grey ones...  
He was a white pigeon, free to be trapped in his own world.

One fine day, the white pigeon found a white hawk.  
The hawk was called doctor shrink.

Together they formed a bond, a bond that lasted until the dawn.  
The hawk helped this pigeon to accept that white is a beautiful colour  
and nothing's wrong!

The hawk met with his family time and again ,it was hard for them to  
accept this white bird, took time ,but finally he was let to fly to another  
land, rejoicing in its freedom, the white pigeon finally took off with  
confidence and joy!

- Dr. Sarandha Srivastava



