aaina

a mental health advocacy newsletter

Vol. 2 No. 1 March 2002

Editorial

We are, as anticipated, in a double bind. The psychiatrists are telling us that we are "anti-psychiatry", and angry users are telling us that we are having "too many" psychiatrists writing for us. To the psychiatrists we say, "You never ask the users what they want". And to the users, we say, "Do mobilize, form networks and speak up as loudly as you can, so that the doctors can hear us". Self help in mental health is about disclosing experiences with dignity and confidence.

We don't have a "policy" about who should or who should not write for us, not an explicit one. But we do want to encourage different people and different professionals within the mental health system to address critical *issues* and problem areas. We are especially interested in presenting interrogative views from lower down in the professional hierarchy in mental health- psychiatric nurses, social workers, qualified or lay counselors, and clinical psychologists. We are also interested in the views of the marginalized professionals, women psychiatrists, dalit psychiatrists, gay professionals…

These months we have heard of women being gang raped and then burnt. We have heard of families being electrocuted by first flooding the house. We have heard of gas cylinders being emptied into the houses where a fire was then lit. We have imagined a region where henceforth nights will be filled with the terrified screams of women and children.

We have seen a social worker in a mental hospital, who told us to shun the women's attempt to touch us, to connect to us, because the risk of infection was high. We have been hurt by these events, to a point of both guilt and grief.

Self help is about overcoming and personal transformation. It is about caring for oneself and being able to make one's own choices in a very difficult world and with respect to an oppressive service system. This issue of *aaina* gives a glimpse of the possibility of self-determination in mental health.

self help in mental health

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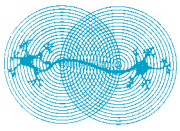

bapu
Trust for Research on Mind and Discourse

reflections

Yoga and wellness

Sujata Venkatraman

It was seven thirty in the evening. Students had just finished practicing a hatha yoga session for an hour and a half and were grouped around the teacher. One young man, looking very calm and composed, stood outside the inner circle, waiting to speak to the teacher. I asked him how he felt. He replied, "Wonderful! Finally after two years I am in control of my knees. After my accident it has been a painful recovery process but with Yoga, its getting there." He then added, "You know, with Yoga, I am also more in control of myself – I am not as anxious as I used to be".

The Yoga therapy class was located in a suburb near uptown Houston. Today all across the Western and the Eastern world, Yoga classes, therapy sessions and special meditation group sittings are held all over, in hospitals, in corporate offices, in schools and colleges, in gyms, athletic centers and other institutions. The art, science and philosophy of Yoga has been bringing physical and mental wellness to its practitioners for the last four thousand years. The complete body of Yoga encompasses various paths for the evolution of consciousness. Some of these paths are the physical disciplines of Hatha Yoga and Pranayama, faith and worship methodologies of Bhakti Yoga, the discipline of work, Karma Yoga, the Yoga of wisdom, Dnyana Yoga and the complete eight-fold integral path of Yoga described by Patanjali, Raja Yoga.

Twenty five hundred years ago, in his now-classical treatise, *Yoga darsana*, Patanjali writes: *yogah chitttavritthi nirodhah*. Yoga is the cessation of movements in the consciousness. B.K.S Iyengar describes yoga as the art of studying the behaviour of consciousness. The yogi/yogini observes his/her mind, understands the behaviour of the mind and then seeks to achieve a calm consciousness by quietening its movements. Patanjali describes an eight-fold path to achieve this mastery over consciousness in his yoga sutras. He writes that adherence to this eight-fold path,

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aaina

a mental health advocacy newsletter

aaina is a mental health advocacy newsletter. Advocacy demands critical, creative and transformative engagement with the state, policy makers, professionals, law, family and society at large. *aaina* will thematically cover issues in community and mental health, NGOs in mental health, self-help and healing, non-medical alternatives in mental health, rights, ethics, policy and needs of special groups. *aaina* provides a forum for user expression of their experiences with mental health services and debates issues concerning rights of persons with psychiatric disabilities. We look forward to meaningful dialogue with individuals and groups alert about these issues.

Those interested in receiving copies of *aaina* may contact us at wamhc@vsnl.net. Write to us with all your suggestions, criticism and viewpoints on the issues covered.

This issue of '*aaina*' was edited by **Bhargavi Davar**.

Astanga or Raja Yoga, allows one to maintain mental equanimity in all circumstances and develops their physical, mental and emotional well being. This eight fold path consists of *Yama* (control of the body, speech and mind), *Niyama* (proper conduct and discipline), *Yoga asana* (the physical discipline of postures which removes physical suffering by keeping the body disease-free and healthy in all circumstances), *Pranayama* (the science of breath control to achieve concentration), *Pratyahara* (withdrawal of the senses so as not to be disturbed by the physical world), *Dharana* (concentration on an external or an internal object), *Dhyana* (total meditation with the object realizing it first partially and then grasping it in its entirety) and finally *Samadhi* (oneness with the object). Of these the first five are considered to prepare the mind for the last three.

Swami Rama in an experiment conducted for Menninger Foundation demonstrated his abilities to alter his EEG pattern. The EEGs recorded on several other Yogis now confirm their mastery over their internal organs. Studies have indicated that this is possible because of their awareness of the biofeedback processes inside the body. Constant practice of Yoga allows us to develop enormous sense of wellness and lets us be responsible for all aspects of our personality. Various studies in India, Germany, United States and other parts of the world have been performed to examine the application and benefits of Yoga practice in everyday lives. These studies address their therapeutic value for chronic conditions such as asthma, arthritis, pain, heart ailments, diabetes, disorders related to women, obesity and many other physical conditions. Furthermore, studies now firmly establish Yogic techniques for stress relief. Ailments related to mental conditions are also being addressed in controlled experiments using Yoga therapy.

It is clear from the above discussions that Yoga is a controlled program that attempts to address attitudes and disposition of the human being. Asanas not only help develop poise, strength and flexibility, they also address issues related to biofeedback processes related to the brain, endocrine system, immunity system and others.

Hypothalamus and its relation with other brain centers through neurochemical reactions have known to be associated with several mental conditions. Several techniques of *Pranayama*, *Yoganidrasana* (yogi/yogini in sleep), *trataka*, *gomukhasana* (cow face), *sarvangasana* (headstand), and *sirsasana* (headstand) are some *asanas* that help balance these various systems. *Pranayama, Sirsasana, sarvangasana, shavasana* (corpse pose) are some poses that are known to help in epilepsy. In an article, Yoga and Women's problems, Dr Kamakshi Kabir and Rahila Jaipal write that when patients with psychiatric problems are given yoga therapy along with medication, they respond quicker and more effectively. Treatment for depression using drug therapy is still a hit or miss strategy since this could be related to neuroendocrine abnormalities, low serotonin levels at the synapse or dopamine-related abnormality. They show sleep irregularities in their EEG. Simple asanas like *yoganidrasana, shavasana* and *pranayama* can induce a state of rest and relaxation. Several experiments conducted on Zen meditators indicate that their EEG patterns show alpha waves which corresponds to a decrease in the activity of the brain. The advanced Zen meditators showed presence of theta waves, which is related to a further decrease in the cortical activity of the brain. Higher consciousness seems to be therefore related to a decrease in the activity of the brain. Meditation, pranayama and Yoga practice could therefore provide alternative treatment to depression.

Dr. Uma Krishnamurthy, consultant psychiatrist at Vivekananda Kendra and Lakeside Hospital, Bangalore writes "Yoga, the science of holistic living" that pilot studies have proven the advantages of Yoga practice in obsessive-compulsive neuroses and phobic neuroses. She also writes "efficacy of [yoga] has been satisfactorily demonstrated in anxiety neuroses and depressive neuroses". In the same book, Dr. R. Nagarathna writes about the effect of pranayama and shavasana practice on 18 people for 8 weeks. During the first four weeks, they practiced for 1.5 hours daily and for the next four weeks they practiced for 1 hour everyday. A psychiatrist examined them both before and after their Yoga training. They showed a significant reduction in their anxiety levels and their sympathetic nervous system had also calmed down. She also notes the efficacy of *mantra* techniques in patients with obsessive thoughts and behaviour.

Dr Sarada Subrahmanyam notes that excess or deficiency of certain brain amines may lead to psychiatric tendencies and Yoga helps to maintain the chemical balance. In an experiment conducted with psychiatric patients selected from Dr. Boaz Rehabilitation School, Institute of Mental Health, Madras and psychosomatic patients and normal subjects from Kaivalyadhama Yogic

Health Center, Madras, many people were initiated into Yoga. 10 people with aggressive behaviour, 10 who were mentally challenged and another 10 with epilepsy were made to successfully practice yoga and meditation for a period of one year. The study found a fall in the level of cortisol in the aggressive patients. The mentally challenged patients showed a rise in their amine levels, which correlated with psychological development. There was also a reduction in the frequency of seizures amongst those with epilepsy.

A lot of interest has been generated in using Yoga therapy for improving the IQ of mentally challenged children. Experiments conducted by Vivekananda Kendra YOCTAS show significant statistical improvement in the I.Q scores of those who underwent yoga therapy for a duration of one year as compared to those who did not. Yoga therapy was most beneficial to children in the mild and moderate retardation.

In pilot studies conducted by Vivekananda Kendra Yoga Research Foundation, Bangalore between 1986-1988, students in the age group 8-18 were taught integrated approach to Yoga for two and a half hours everyday. Parametric measurements of their long and short-term memories, audio, visual and audiovisual, all indicated an increase. The pilot study was expanded into systematic research by testing on two groups of students for ten days. One group was taught yoga asanas, pranayama, meditation and kriyas for 8 hours each day. The authors of the study do not indicate the activities of the control group. The results of the study indicates that the Yoga group scored better in visual verbal, visual spatial, visual and audio visual faculties than their control group counterparts after the ten day camp. While the loss of motivation in the control group is not explained in the study, the authors believe that increased awareness, increased focus and decreased anxiety levels due to Yoga might explain their better scores.

The use of Yoga therapy for treating psychiatric disorders like schizophrenia has been the subject of some research studies recently. Increased awareness and focus might help the patient recognize the state or condition they are in. My brother, Dr. Jayaraman was a regular Yoga practitioner before he was diagnosed with schizophrenia. His remarkable comeback and his ability to not only manage his condition but to pursue active academic research in physics is a testament to his Yogic practice. His increased focus and awareness allowed him to be "in control of his reality" and by combining Yoga with drug therapy, he has been able to prove that the practice of Yoga allows one to perceive and recognize their consciousness, states of existence and mental wellness.

Yoga practice allows one to claim responsibility for their wellness. Constant yoga practice not only removes states of disorder but also induces a state of happiness, which is now being understood scientifically as the neurochemical, endocrinal and limbic state of balance within us.

Resources

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Sujata, a geophysicist, discovered schizophrenia through her mother and brother when eleven years old. In the following period she was witness to vacillations of 'medical treatments' and the need to 'let creativity exist and not vegativity'. What started as incomprehension later developed into empathy and oneness as she learned about interaction and integration. Sujata can be contacted at- svenkatraman@gxt.com

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Healing Rhythms

Zubin Balsara

Most of us associate drumming and rhythms with Ganapati festival, pop songs, longhaired funny western musicians, or sober tabla players. However, *rhythm is everything that manifests in a pattern.* Everything that exists in time has a rhythm and a pattern. Our heart is the mother drum, the breath constantly following a beat, each neuron in our brain fires in a rhythmic pattern, our muscles have a rhythm of their own.

We can measure the rhythm of our heart by electrocardiograms (EKG); electroencephalograms (EEG) show the rhythm of the brain, and electromyograms (EMG) show the rhythm of the muscle. We all have a circadian rhythm, which determines our lifestyle- when we eat and when we sleep.

You will also notice the rhythm of people- notice how each person feels, behaves and responds in a different rhythm. Some people have a very fast rhythm for feeling and responding, others take time to respond due to a different rhythm. In order to have a fulfilling relationship, the "life rhythms" have to be co-ordinated.

Rrhythm is not an external element, it is everywhere, it is in you. Rhythm has the power to *organize, bring into order and bring structure.* Because of this power, *rhythm can create and maintain the creation.*

The easiest way to access this power is through the simple and beautiful DRUM! Rhythms played on a drum can "*organize, bring into order and structure"* any system which has become *chaotic* thereby restoring it from dis-ease to a state of ease.

The healing power of the drum was a mystery to me until I met Ms. Heather MacTavish (Executive Director) of New Rhythms Foundation, San Francisco.

New Rhythms Foundation is an organization devoted to bringing the healing power of drumming to senior citizens and various populations dealing with cognitive challenges like Parkinson's, Alzheimer's, Schizophrenia, Dementia etc. New Rhythms Foundation invited me for a 4-month project where I saw the healing power of music and rhythm.

Heather's personal journey is a testimony to the healing power of music and rhythm. Heather was diagnosed with Parkinson's disease. She couldn't sleep because of the drugs that she was on and also because of the constant dialogues going on within her mind about her life and her death. She found solace in dancing. She would dance every night. Sometimes she danced through the night. She had always loved to dance but in the past, she had only permitted herself to dance when she went to a party. The dancing led Heather to drum teachers, Mika Scot and Barbara Borden. Drumming helped her co-ordinate her motor movements, overcome paralytic spasms, and heal her sufficiently. The drumming led to sharing the joy and benefits of drumming with others, thanks to help from a friend who asked her to facilitate Drum Circles for senior citizens. Today, New Rhythms Foundation has offered the same comfort and healing of the drums to well over 500 individuals dealing with cognitive ailments.

From Heather, I learnt more about the drum as a self-help tool for personal healing. Drumming helps individuals to:

- Relax
- Release accumulated stress
- Expend excess energy
- Express emotions
- Become playful and childlike
- Explore creativity

At times, individuals dealing with emotional disturbances find it difficult to practice "passive" meditation techniques like *vipassana*, visualization, meditation etc. In such a scenario, drumming can be used as a form of meditation. Recent biofeedback studies show that drumming, along with our own heartbeats for brief periods, can alter brain wave patterns and "meditate us", dramatically reducing stress.

A recent study by Barry Quinn, Ph.D., a clinical psychologist specializing in neurobiofeedback therapy (NBT) for stress management, indicates that drumming works on even the highest-stress clients. Dr. Quinn operates a neurobiofeedback clinic called the MindSpa Place in Colorado Springs, CO, and for nearly nine years has been working with how a variety of techniques affect the brain waves. One of Dr. Quinn's patients, a Viet Nam

veteran who has long suffered from high stress, hyper vigilance and chronic sleep problems, regularly produced almost no Alpha in his brain wave patterns. (Alpha is a mental relaxation state missing in nearly 40% of the population.) During a single, 30-minute session of slow, gentle drumming using a one-sided hand drum and a beater, this patient nearly doubled his Alpha brain waves. No other technique used (including a sound and light machine) in a series of 15 stress reduction sessions had been able to produce any Alpha in this client. Until drumming, in fact, no technique used in the nine years of Dr. Quinn's research had been able to bring a significant return of this relaxation brain wave in any client.

In my experience of drumming, I have come across many individuals dealing with depression and other states of negative emotions. After a session of drumming, most of them feel more free and at ease. During one of my sessions at a de-addiction centre, I came across one client who was depressed and refused to participate in any group-work, counselling or other therapies. He walked in to the music therapy session, and I handed him an African drum called "*Djembe*". He took it and played like a thorough professional drummer for one hour. After the session, his physiology had changed. He had a broad grin on his face. He was playful, communicative and transformed. When I asked him if he was a professional drummer, he replied, "No sir, I do not even know the name of this drum and I have never played any musical instrument in my life." Since then, he is a regular at our music therapy programs. His battle with depression has been replaced with his love for drumming.

For experiencing the power of drumming, you can buy one frame drum (*Dafli*) and one drumstick with a soft head (*mallet*). Hold the drum in your left hand and hit the beater on the drum with your right hand. The beats should be soft, constant and at the rate of the heart beat (72 beats per minute). Doing this for 15 minutes is sufficient to become relaxed, centred and light. Drumming works well as a group methodology with almost all populations.

Drumming bypasses the mind and touches the soul. Once you are connected to the soul, everything is possible.

The author is President of World Centre for Creative Learning Foundation, Pune, India, an organisation certified to facilitate Drum Circles as a form of therapy. Zubin may be contacted at- earthpeople@vsnl.net

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Drug Tracks

Following the WTC tragedy on September 11, some anti depressant and tranquillizer manufacturers dramatically increased spending on TV ads, writes Jim Rosack in *Psychiatric News* (Vol 37 (5) p. 9). The data was compiled by Nielsen Media Research, an independent media research company, known for its television ratings in the US. Some interesting facts:

- GlaxoSmithKline, Paxil makers, spent $16.5 million on TV ads in October alone, nearly twice as much as they did during the same month in 2000.
- Pfizer spent $5.6 million promoting Zoloft (Sertraline) used in PTSD, in October alone. They had no advertising during the same month in 2000.
- Eli Lilly, makers of Prozac, to bolster a sagging market share, spent just over $2 million on TV ads during October 2001.
- The tranquillizer maker GD Searle and Co (Zolpidem) spent just under $5 million on TV ads during October 2001, five times more than that spent in the same month a year earlier.

According to NDCHealth, an independent health research firm, total sales of the 3 brand name SSRIs amounted to $499.6 million, an increase of 19 per cent over a year earlier. If generic fluoxetine is added, the figure increases to just over $650 million.

Source: Link from jama.ama-assn.org, brought to our notice by Support Coalition Internl. network mail

At the fag end... A visit to Yerawada mental hospital

Lalita Joshi

Gloominess, heaviness in the atmosphere. There are trees – old and young, small and big – on this huge campus, but somehow it seemed colourless, grey, the heart burdened with strange sadness-

Those were the feelings generated, when I recently visited Yerawada Mental Hospital along with my colleagues at the Center for Advocacy in Mental Health.

My recent "field visit" to the Hospital brought back memories. I tried to recollect the image of "mental hospital" that existed in our minds. I remembered how till six months ago, before I joined CAMH, I tended to take it so lightly. When someone behaved "crazily" or not in accordance with what we thought was right we'd say "You must be out of your mind, we'll leave you at Yerawada". It was said in jest and no one took it seriously. But, when one consciously "thinks" about it in the context of mental illness, the same sentence makes a world of difference. It highlights the social stigma attached to the word "mental". To our minds, the words "out of your mind" meant "mental", which had a fixed identity to it as the word "MAD", and the word "leave" meant to "dump", "not to take back". The distinction that we are the society of normal people and you are not a part of us, you are an alien, is so pronounced.

After entering the patients wards, I felt more and more as if this stigma has a kind of smell of it's own. It was there, all over in the atmosphere. Male wards were at least, I would say, bearable.

But the major jolt was to come later, in the form of the female ward. The first shock was, women were in such large numbers, like a flock of sheep. The crammed rooms, worn out, untidy clothes, and extremely unhygienic conditions in the chronic ward presented a heart rending scene. The patients looked very pathetic and forlorn. What I could not take were the eyes, the sadness, pain, a looming lost look with no sign of hope.

Meanwhile we were paraded through new wards where construction was in progress- recreational hall, occupational therapy centre, kitchen, ECT room and so on. We were asked to scrutinise the outer environment, infrastructural facilities and the Superintendent literally challenged us to point out any lacunae. Yes, the facilities, what we saw of it, were okay, compared to what we know of the typical condition of the State run hospitals in our country. It was not as miserable as what we read in the state government and Mahajan Committee reports. One would give the management their due credit for their efforts on this front. At the same time, we cannot ignore the fact that, the Superintendent had no reason to feel so great about providing hygienic conditions and basic infrastructural facilities, as these are basic human rights and hence mandatory.

As claimed by the superintendent, the government tries to provide the best of infrastructural facilities (food, shelter) and "treatment" (mainly medicine, ECT and occupational therapy, like knitting, stitching in case of women) to patients. But ironically these "up to the mark" facilities don't reflect in the patients' faces and physical condition. The element of human touch is grossly lacking and this could be the obvious reason. Adequate human resources, specifically in terms of working closely with patients, such as social workers and clinical psychologists are scarce. The dire need for alternative treatment / therapies could be sensed at each step.

The interaction with female patients made me sadder. Almost all of them were abandoned / dumped by families or the police and court got them admitted after they hit the rock bottom. Most of them were forced to face violent situations in their lives and had painful and atrocious accounts to tell. In many cases one could see (although without an in-depth study, one cannot claim and prove) that the mental distress, ill health had it's roots not in a person's biology or psychology, but in society, in our social environment.

The female patients were literally grabbing us, as they all wanted to speak out, share – express their feelings, lives and touch. The other common strong urge was to be back with their families or return back to society. That's the only dream they cherished. The social worker and the Superintendent told us, that in majority

of cases families were not ready to take them back. Hence, the process of recovery comes to a halt or patient is not able to sustain herself without support and the situation arises where they have had to readmit the patient.

Here they are disconnected from the rest of the society, in the midst of women who share the same urge of getting out of this rut. I was trying to imagine what kind of life they are forced to live. Day in and day out you are in this dark hole, with not even a minor change in the situation. In this hopeless situation, I suppose they have many states, where they are and can be fine like you and me. But it's really difficult for anyone, even a so-called "sane" person to survive and sustain the "normal / orderly" state of mind for a long time. The harsh reality is that you are an outcaste, not connected with the society, of which you so much want to be part of. The scenario literally left me numb.

By the time visit came to an end, it was becoming difficult to take it anymore, the picture was so gloomy, sad and disturbing. It brought with it an indescribable feeling of inadequacy for not being able to help in small ways at that point when you see so much need for connecting. This visit to the female ward drained me and I wanted to get away from the place as early as possible. The impact in 2 and ½ hrs was so heavy.

How do the patients spend day after day? And when one stays here for year after year, how could anyone get better and not loose the sense of reality? How will anyone walk the journey back to his / her home? These questions kept haunting me, tearing at my senses.

It also brought the realisation that the onus is as much as on us - the society, as on the government system. We must try to re-integrate them, not marginalize them as outcastes and go on with our lives as if nothing has happened! In an institute such as the mental hospital, people come at the very last stage. As a society there are many initiatives of support and care that we could take for preventing someone to reach that last point.

Otherwise it seems as if it is the fag end. But, no, with the support of society and care, we can turn back and surely find new roads…

Lalita Joshi, a sociologist, works at the Center for Advocacy in Mental Health, a research center of Bapu Trust, and can be contacted at wamhc@vsnl.net

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Useful Links

Bhargavi Davar

Cochrane International is an agency whose main objective is to compile evidence based reviews on various health and mental health subjects. They run a library newsletter called *The Cochrane Library* from which materials can be accessed on various topics. The database is useful even in the Indian context, as a lot of basic research is reviewed. For example, I looked up their Review on "ECT for schizophrenia", with the concern that ECT is very often used in this case in the Indian context. P Tharyan and their team of reviewers compiled the abstract for their first issue this year. The objective of the database was to determine whether ECT results in clinically meaningful benefit with regard to overall improvement in those with schizophrenia. The reviewers had searched databases through the 1980s and the 1990s, choosing randomized controlled trials that compared ECT with placebo, 'sham ECT', non-pharmacological interventions and antipsychotics for schizophrenia and related disorders. The reviewers concluded that while there was some evidence to support the use of ECT in schizophrenia for *short term relief of symptoms*, the evidence was *not* strong enough to justify using ECT as an adjunct to antipsychotic medication for those who showed a limited response to medication. The reviewers conclude, "Infact, in spite of more than five decades of widespread clinical use, the administration of ECT to those with schizophrenia lacks a strong research base". I inferred that in India, ECT is probably being used more with the aim of reaching short term gains within clinical practice. Long term rehabilitation needs and intervention alternatives are not considered. The full report may be read from*:* *www.cochrane.org*

Towards a New Model of Mental Health Care

guest column

Roberto Mazzarella

We live in a bipolar universe: Sun and Moon, yin and yang, up and down, right and wrong, good and bad, masculine and feminine, left and right. Thus one of the objectives of living on this planet is to learn how to make choices. Our first rule is: Every individual has free will choice.

Every individual is responsible for his/her own choices. If you give away your choice to another individual or group entity, it is still your choice.

Energy moves in cycles. We send out energy through thoughts, feelings, and actions. Then we experience the effect when the energy returns. Giving away your free will choice to another who has decided to "play God" does not exempt you from the personal return of your energy.

Each returning cycle of energy has a lesson for us. All experience, physical, mental and emotional, has a meaning. Illness has a meaning. We cannot eradicate the symptoms, which are wake-up calls demanding a change of life style, attitude and belief, and expect to escape our lessons. They will keep coming back until we confront them and handle them.

There is a very severe crisis in the field of medicine, and mental health because these Principles- Every individual has free will choice; Whatever you put out comes back to you; Illness has a meaning- are ignored. Two basic criteria should be used for adjudicating any idea, concept or practical application in the field of physical, mental, and emotional health:

A. Does It Work?

1. Does it produce the desired result?
2. Is the result predictable?
3. Does the client understand her/himself better for using it ?
4. Does it increase the client's sense of well-being?
5. Does it increase the client's sense of responsibility for their own life?
6. Are the effects only temporary, leading to addiction?
7. Does the "cure" produce unwanted side effects?

B. Does It Do Any Harm?

1. Does it hurt the patient/client in any way physically, mentally or emotionally?
2. Does it diminish the sense of responsibility for the body, emotions, mind or life?
3. Does it diminish their quality of life?
4. Does it remove something of their life essence?
5. Does it remove their sense of humanity, compassion, and feeling for other parts of life?
6. Is the 'cure' worse than the original disorder?
7. Are we trying to cover a problem and eliminate a symptom rather than finding the cause?

Presently two major modalities: drugs/surgery and psychotherapy/counseling are used to treat the mentally distressed.

The use of drugs/surgery is founded on the mechanistic theory that human beings are physical bodies that are composed of chemicals and that memory is stored in the brain. If the memories are bad, just cut them out, i.e., eradicate unwanted behavior with as much force as deemed necessary.

Psychotherapy is founded upon centuries old superstitions and fears of the unknown/unfamiliar. It uses the word "psyche" yet denies the existence of the spirit. Creative therapies produce positive results and no negative side effects, because they do not deny the individual's sense of responsibility for self.

Both major therapy modalities aim to change, modify, or adjust the individual's behavior, i.e., their response and reaction to their own thoughts, emotions, and life around them to fit into an ever increasingly threatening social order where people are viewed as mere cogs in a machine that profits a few at the expense of the many. Fitting in is "normal." Not fitting in is "abnormal". Even genius, which 70 years ago was considered something wonderful, has been classified as abnormal, following the dictum: Label it! Then you can treat it!

The escalating number of suicides, mass murders, wild killing sprees (Colorado), bombings, 9/11, and Mrs. Yates, should lead us to closely examine the psychological

treatment backgrounds of the perpetrators of these incidents. The sheer preponderance of cases in which the perpetrator was on psychotrophic drugs should convince you to say, "No!" to the efficacy of using drugs/ surgery to modify, adjust or eradicate certain symptomatic behaviors. All modalities that utilize outside force are doomed to repeat their failures, because they do harm to the client. The more outside force is exerted, the greater the harm. Doctors and all those involved in the practice of assisting others would do well to review the Hippocratic oath: "To do no harm."

Mrs. Yates, a Houston woman, drowned her five young children in the bathtub, while suffering from post partum depression or PPD. Let us examine PPD briefly.

The baby she carried for so long was no longer inside her giving her a sense of satisfaction, fullness and joy. Her baby was outside her body, no longer part of her. In a delusionary moment someone outside her, even her own baby, could be considered a stranger. A sense of emptiness existed where there was fullness before. That emptiness spells depression.

A newborn baby requires constant attention. The baby's feeding patterns awakened her mother at odd hours of the night, which upset the circadian rhythms. That in itself is enough to create insomnia and hormonal/immune system imbalance. She not only had to care for the newborn baby, she also had to care for four other little children. She was vastly overworked, under rested and overwhelmed by the extra drain on her energies. She had felt the strain with her previous baby and was diagnosed with PPD, treated with drugs and released. A mother can easily become sorely distressed if her baby is not doing all right, and become desperate.

Drugs have long lasting effects that do not surface immediately, as they are stored in the interstitial spaces of the body and can come to the surface at any time. Drugs suppress symptoms for a while, but do not remove the cause, which still exists like a time bomb ticking. Many drugs nullify the individual's sense of differentiation and responsibility, thus lifting the lid on Pandora's box where the negative personalities are stored under lock and key. With prolonged stress the normal human responses cave in under the onslaught of the negative personalities, who take over, push aside the innate sense of humanity, and direct the person to commit mayhem.

Two women were talking, one woman to another. "My first baby took my hair. My second baby took my teeth. My third baby took my hearing. And the fourth baby took my figure." Babies in the womb take whatever they need to build their bodies. Few mothers get adequate minerals, unless they eat organically grown food, or take supplements, because the soils all over the world have been depleted of minerals for many years. A mother's physical, mental and emotional health can deteriorate quite drastically after birthing several children, especially if they come very close to one another, as in Mrs. Yates' case.

Hippocrates stated, "Let thy food be thy medicine and thy medicine be thy food." People do not have drug deficiencies. People have mineral deficiencies, vitamin deficiencies, i.e., nutrient deficiencies. There is no nutrition in drugs. The synthetic chemicals used to manufacture drugs come from petrochemical products, which have a different DNA structure than human beings. Thus, they are a poison to the human body. The body has numerous self-correcting systems, which if given a chance will keep the body whole, and healthy. If these systems are interfered with, or suppressed with drugs or surgery, the body's ability to heal itself is vastly diminished.

I learned recently that a former student died from an overdose. She had been under psychiatric care on a steady diet of psychotrophic drugs for too many years. While doing yoga regularly, her depression diminished, but she fell off and went back to drugs. This reminded me of another young, very talented girl who also overdosed on medications after being hooked for over 6 years.

A friend of mine, who refers to himself as a "recovering psychiatrist", told me that the only reason anyone ever got better was because he *listened* to them. He left his practice because of the excessive pressure to use more drugs. He did not want to become a "drug pusher!"

The medical paradigm of treating mental distress has failed because it is based, not on the good of the patients, but on the greed of the pharmaceutical companies who also control the curriculum of the medical schools and manipulate the laws of the land to secure their monopoly. The modality of handling the individual through psychotherapy is far less damaging, but the aim is the same, to modify and adjust behavior to a chaotic world which becomes ever more threatening.

For a suitable solution we need to look to the ancient science of yoga, which does not fractionate the individual. We are composite beings. We have not only a physical body, or sheath, but also an energy body/sheath. This body/

sheath surrounds the physical body and interpenetrates and influences the physical body. Outside the energy body is the mental and emotional body. This is the body/sheath where the problems begin through excessive likes and dislikes, fixed ideas and attitudes, and belief systems. Outside the mental and emotional body is the wisdom or intellectual body. Outside all the other bodies/sheaths and interpenetrating them is the bliss body. This is where all the healing comes from. All healing is spiritual in nature, which is why ignoring the spiritual nature of humans has led to such disastrous results.

Yoga works because it addresses the spiritual being and empowers the being to take responsibility for their own body/mind. Yoga balances and strengthens the glands and immune system. When the glands are balanced, the individual feels good and functions without excessive stress. There is no outside force or substance that can balance the endocrine glands because they are spiritually based. A mechanistic science can never approach the delicate balance that the body, which is part of the identity of a spiritual being, can produce.

Therefore, I tell all my students: "Whatever you do for yourself is always going to be far more effective and long lasting than anything someone else does for you, or to you."

Roberto is author of 'Your Amazing Mind','How to speak with power', and 'How To Handle Life's Challenges'. He has been practicing raja, karma, bhakti and jnana yoga for over 40 years. Roberto may be contacted at rmazzarella@sbcglobal.net

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Drug Warning

Drug maker Novartis AG alerted doctors to the possibility of a potentially fatal heart problem in patients treated with the company's drug Clozaril (generic – clozapine). In a letter to the physicians, Switzerland based Novartis said post-marketing data from four countries revealed 82 reports of an inflammation of the heart lining known as *myocarditis* in patients treated with Clozaril. This was reported especially during, but not limited to, the first month of therapy. Of 30 reports of myocarditis, 17 have proved fatal, among more than 2,05,000 US patients treated with the drug. Canada, Britain, Australia also have reported similar fatalities with the use of the drug. Data from other countries are not available. Seizures and a drop in white blood cells have also been reported with use of the drug. Novartis will now work with FDA to include a "black box" warning on the drug.

News from Reuters shared by Anil Vartak, Ekalavya, Pune.

For a full report see www.reutershealth.com/atoz/html/Clozapine.htm

Also see www.citizen.org/eletter/articles/clozapine%20myocarditis.htm

Picture by- Marion Jhunja

Electroconvulsive Therapy- To Shock or Not to Shock?

Dr. Chittaranjan Andrade

Electroconvulsive therapy (ECT) is a special treatment sometimes applied to severely depressed or psychotic patients. Psychiatrists defend the treatment staunchly. The general public and the mass media view it with misgivings - after all, isn't electricity passed through the brain? Doesn't the patient's body convulse as a result of the shock? Therefore, shouldn't ECT be consigned to a metaphorical rubbish heap along with blood letting, application of leeches and other barbaric medical practices of yesteryear? This article hence seeks to reappraise ECT and to present its modern practice.

A patient advised ECT undergoes a full physical examination and tests such as ECG and X-Rays. Fitness to receive ECT is thus confirmed. ECT is usually administered in the morning after an overnight fast. The patient lies down in the ECT room and an anaesthetic drug (e.g. thiopentone sodium) is injected. This induces sleep and curtails the anxiety that the procedure may otherwise occasion. Next, a muscle relaxant (e.g. succinylcholine) is injected, paralyzing the voluntary muscles of the body. Sometimes, other drugs are also given to increase the safety of the procedure.

During ECT, using a special device, a small current is passed through electrodes on the head. The current lasts for a very short duration, usually about 0.5-2.0 secs. The magnitude of the current is small, usually about 0.5-0.8 amps, and the total electrical charge that the patient receives is around 0.1-0.3 coulombs. Much of this electrical charge does not actually reach the brain but instead traverses scalp tissues. Only a very tiny electrical stimulus is applied. This should reassure those who believe that enormous bolts of electricity strike the brain during ECT!

The current applied activates the brain, producing a brief barrage of brain electrical activity that can be detected using electroencephalography (EEG). The activated brain - *and not the electrical stimulus* - induces the characteristic muscular contractions. This convulsion is mild and merely lasts a few seconds because of the effect of the muscle relaxant.

The muscle relaxant that minimizes the muscular contractions also paralyzes the respiratory muscles. The patient is artificially ventilated with pure oxygen for the few minutes that it takes for spontaneous breathing to resume. The entire process is painless and the patient usually feels comfortable on awaking 15-45 mins later, when the anaesthesia wears off.

Patients usually require about 4-10 ECTs administered twice or thrice a week. More frequent ECT can be harmful while less frequent ECT may be less effective.

The single most important indication for ECT today is a biological form of depression known as endogenous depression. ECT is also useful in schizophrenia and mania, two other psychotic states. ECT is not used in neurotic, psychosexual, psychosomatic, organic and other psychiatric disorders. Recent research however suggests that ECT may be effective in a few other conditions, including Parkinson's disease.

Why has ECT survived the advent of drug therapy in psychiatry? Well, ECT produces recovery faster than drugs; it is more effective than drugs at times, and is often effective in drug-resistant cases. Hence, ECT reduces suffering, hospital stay, hospital costs etc; it can also be life saving as in stuporous, suicidal or violent patients.

The beneficial effects of ECT wear off over time; so, after the ECT course the patient is usually prescribed appropriate antidepressant or antipsychotic drugs to maintain the ECT-induced improvement across the succeeding months or years.

How does ECT act? Here,With a tentative view is very expressed. Nerve cells in the brain communicate with each other through chemicals called neurotransmitters. ECT and the drugs used in psychiatry modify the actions of these neurotransmitters and thereby, it is suggested, benefit the patient.

Despite the rather alarming nature of ECT, the treatment is painless and quite safe. Mortality rates are about 1 in 25,000 - lower than those with drug therapy. This is not to say that ECT is totally harmless.

Many patients experience transient confusion, aches and pains. However, the most important side effect of ECT is the occurrence of forgetfulness.

Forgetfulness with ECT is usually mild, short lasting and confined to events during the ECT course - a time that the patient would anyway be happy to forget about, for who wishes to retain memories of the period when mental illness was acute? Occasional patients however experience more severe memory loss, such as the forgetting of events in their personal lives. The memory loss is due to chemical changes in the brain and not due to brain damage. Extensive investigation using a plethora of biological techniques have all documented that *ECT does NOT produce brain damage.*

In order to improve the effectiveness of ECT and reduce the adverse effects, a number of technical improvements have been developed. With the administration of unilateral ECT, only half the brain is stimulated by the electric current; this reduces the memory problems induced by ECT, but may also reduce the benefit occasioned by the treatment!

Brief-pulse waveforms and constant current devices have been developed to more precisely measure and administer an appropriate dose of current. These devices render obsolete the conventional sine wave, constant voltage devices. The advantage of using brief-pulse devices is that these devices deliver a smaller stimulus to the brain. This is important because larger electrical stimuli have been found to induce greater improvement, but also result in greater cognitive impairment. Methods are being examined to evaluate the ECT seizure on-line using computerized EEG assessments. Refinements in the theory and practice of ECT have made the treatment safer and more effective. It is likely that the treatment will survive indefinitely, unless a new form of treatment, transcranial magentic stimulation (TMS), becomes established. TMS is the induction of electric currents currents in the brain using magnetic stimulation techniques. TMS is technologically in its infancy, however, and as yet ECT is not under threat.

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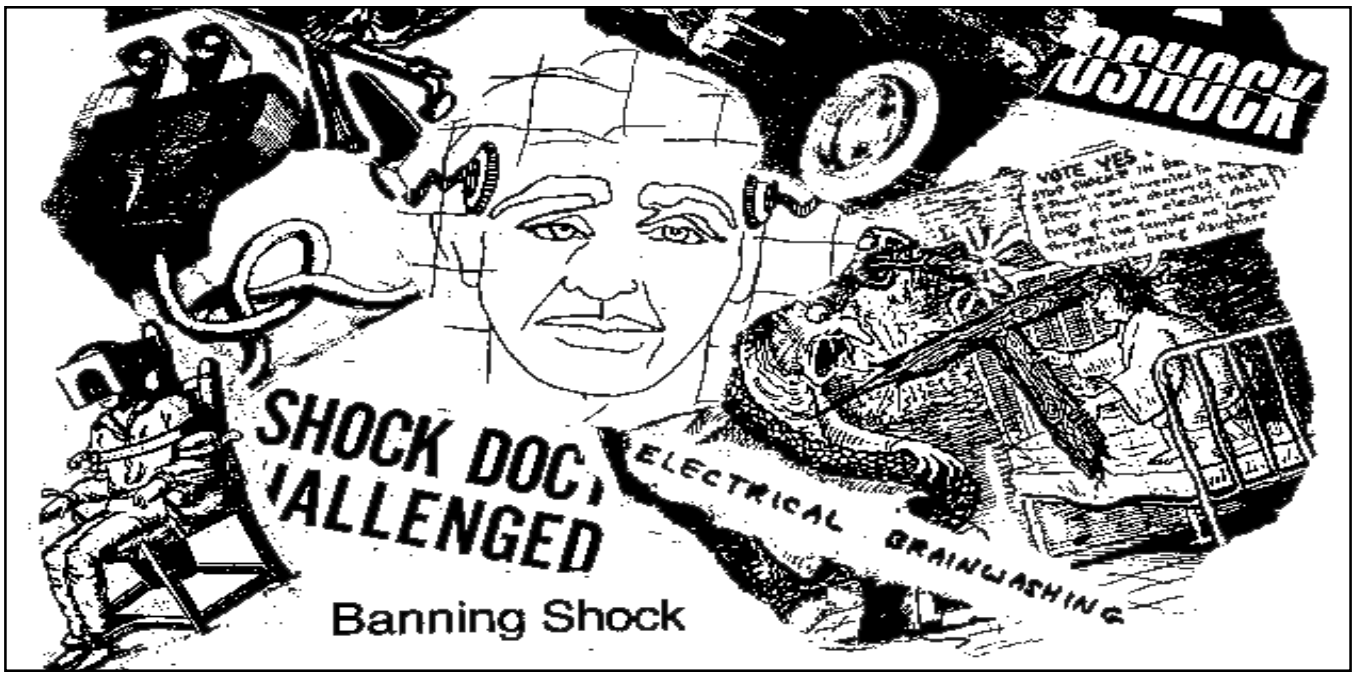

Collage by- Deepra Dandekar

Seven Reasons for the persistence of ECT in Psychiatry

Leonard Roy Frank

Leonard Roy Frank, who is something of a legend in the movement to win human rights within the US mental health system, writes of "Seven reasons for the persistence of ECT in psychiatry". Here, we are presenting excerpts from his forthcoming article, "Electroshock: A crime against the spirit", scheduled for publication in the next issue of *Ethical Human Sciences and Services: An International Journal of Critical Inquiry,* edited by David Cohen. For more details, write to cohenda@fiu.edu

"1. *ECT is a money-maker*. Psychiatrists specializing in ECT earn $300,000-500,000 a year compared with other psychiatrists whose mean annual income is $150,000. An in-hospital ECT series costs anywhere from $50,000-$75,000. A 1988-89 APA survey estimated that 100,000 Americans undergo ECT annually. Based on this figure, I estimate that electroshock in this country alone is a $5 billion-a-year industry.

"2. *ECT supports the biological model*. ECT reinforces the psychiatric belief system, the linchpin of which is the biological model of mental illness. This model centers on the brain and reduces most serious personal problems down to genetic, physical, hormonal, and/or biochemical defects which call for biological treatment of one kind or another. The biological approach covers a spectrum of physical treatments, at one end of which are psychiatric drugs, at the other end is psychosurgery (which is still being used, although infrequently), with electroshock falling somewhere between the two. The brain as psychiatry's focus of attention and treatment is not a new idea. The tragic irony is that the psychiatric profession makes unsubstantiated claims that mental illness is caused by a brain disease (or is, in fact, a brain disease) while hotly denying that electroshock causes brain damage, the evidence for which is overwhelming.

"3. *Informed consent about ECT does not exist.* While outright force is no longer commonly used in the administration of ECT, genuine informed consent today is never obtained because ECT candidates can be coerced into "accepting" the procedure (in a locked psychiatric facility, it is often "an offer that can't be refused") and because electroshock specialists refuse to accurately inform ECT candidates and their families of the procedure's nature and effects.

"4. *ECT serves as backup for "treatment-resistant" psychiatric drug users*. Many, if not most, of those being electroshocked today are suffering from the ill effects of a trial run or long-term use of antidepressant, anti-anxiety, neuroleptic, and/or stimulant drugs. When such effects become obvious, the patient, the patient's family, or the treating psychiatrist may refuse to continue the drug-treatment program. This helps explain why ECT is so necessary in modern psychiatric practice: it is the treatment of *next* resort. It is psychiatry's way of burying mistakes without killing the patients—at least not too often. Growing use and failure of psychiatric-drug treatment has forced psychiatry to rely more and more on ECT as a way of dealing with difficult, complaining patients, who are usually hurting more from the drugs than from their original problems".

These are directly relevant in our Indian context. Three other reasons detailed by L Frank are that psychiatrists account to no one; The government supports the use of ECT (for example, through the insurance policy); And finally, the professionals and the media actively or passively support the use of ECT.

ECT- A Shocking Practice?

Dr Soumitra Pathare

In the accompanying article Professor Andrade provides a scientific defence for the use of ECT in the treatment of mentally ill patients. I would agree with Dr Andrade that ECT is a useful therapeutic modality for a small minority of patients. But the key issue in India is not the science of ECT but the clinical practice of ECT. It is in everyday clinical practice that ECT is frequently misused and overused.

First, there is the issue of informed consent. In most countries around the world, ECT is legally permitted only if the patient gives a valid informed consent. In India this is rarely the case. In the large majority of instances, ECT treatment is given without the patients' consent. Doctors frequently obtain consent from the relatives while the patient remains completely unaware that s/he is being administered ECT treatment. Another common method is where the patient is told s/he will be given a "small injection to put you to sleep" and once anaesthetised, the patient is given an ECT.

Even in instances where a patient or their relative agrees to ECT treatment, there are doubts whether this consent could be considered valid. For consent to be considered valid it must be obtained after the person consenting is given information in a form and language understood by the person regarding (a) the purpose, method, likely duration and expected benefit of the proposed treatment (b) alternative modes of treatment including those that are less intrusive and (c) possible pain or discomfort, risks and side-effects of the proposed treatment. Usually, doctors present ECT as the *only* way of improving the patient's condition. Other less intrusive options are rarely offered. Under such circumstances can one consider such consent to be really valid informed consent?

World over, ECT use is restricted to two major situations: (i) persons suffering from Depressive Illness at imminent risk of suicide and (ii) persons with Depressive illness who develop Catatonia putting their health and safety at serious risk. ECT is NOT the first line treatment for Endogenous Depression of all varieties. Furthermore, its usage in Schizophrenia and Mania is extremely rare in most countries. Most textbooks of psychiatry recommend ECT as the last line treatments one could try out (as a desperate measure!!) if all other treatments for schizophrenia fail.

In India however, it is not at all uncommon to see ECT being offered as a first line treatment for all sorts of mental health problems. Again the problem is the practice of ECT, not the science.

Another myth is that ECT treatment speeds up recovery - as per Dr Andrade, 4-10 treatments are necessary, and not more than two or three a week. It would then take somewhere between 2-5 weeks to complete the entire treatment and presumably see beneficial effects. Anti-depressant medications take approximately 3-6 weeks for their action. Where then is the difference in the speed of recovery between the two modalities?

An acceptable suggestion from Dr Andrade is to encourage the use of brief pulse waveform machines and constant current ECT devices. These devices do render obsolete the conventional sine wave, constant voltage devices. Since this is scientifically correct, why is it that so many Indian psychiatrists are still using obsolete devices. Is it because these machines are very cheap and cost less than one-third of the newer brief pulse waveform machines?

There are many other issues about the practice of ECT e.g., the total number of ECT treatments given (in some instances more than a 100 life time exposures) and the obvious risks of it, the financial aspects of ECT usage vis-a-vis the usage of other therapeutic modalities such as counselling and psychotherapy.

The most important issue is the regulation of ECT. If psychiatrists are keen on preserving ECT as a treatment modality in mental health practice, they will have to come to terms with accepting tighter regulation. There are numerous good models of regulation of ECT. United Kingdom has a reasonably balanced model. I am sure there are other equally useful regulatory models. Any model would be better than the current Indian situation of totally unregulated practice which leaves many with the suspicion of abuse, misuse and overuse of ECT.

Dr Soumitra Pathare, a practising psychiatrist in Pune, may be contacted at - pathare@pn3.vsnl.net.in

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Hold 'Abhay' at Bay- A back bench view

Deepra Dandekar

"Abhay" starts off with an interview between two identical twins, one allegedly "schizophrenic" and the other "normal". The latter, accompanied by his fiancée, is ostensibly on a visit to the mental hospital for a family reunion, to which Abhay disagreed (putting things mildly). This is followed by a violent display of "madness" by Abhay, quelled by sound thrashings by the attendant hospital staff.

Abhay is portrayed as being subject to hallucinations and delusions brought about by drug abuse. Otherwise, he is shown as half-witted, cunning, cruel, and homicidal, with a strong subtext of persecution and a "mother" problem (We just can't seem to let go of Freud). Abhay is endowed with enormous strength and a startling muscle tone for someone who is supposed to be institutionalized since his childhood. If only every "inmate" had his strength and stamina in the real time Indian hospitals. Abhay ofcourse is shown to make trouble for his brother by rejecting the fiancée outright as an apparition of his tormentor, the dead stepmother, and begins to stalk her with calm nonchalance, meaning to murder her at the first given opportunity. In the meanwhile, he murders a few other people, including his friends seemingly without a qualm. The method of murdering used by him is meant to display his manic originality and creativity.

Eerie lighting and ghostly music follow the scenes shot within the mental hospitals. It is a place where the potential of unrestrained violence is shown to hang in the air forming a sinister gloom. A fantastic world appears to exist within the institution in contrast to the world outside.

Abhay's behaviour shows nothing in common with a person who suffers institutionalization and medication and an attempt to "understand" mental illness in the film is completely absent. Efforts are however made by the "saner" brother to "explain" Abhay's behaviour in the light of a long drawn flash back about the tortures inflicted on him by a cruel, promiscuous, violent but beautiful and voluptuous stepmother who "ruined" the father (Oh, Freud, Freud!). The overall characterization of "Abhay" is that which screams DANGER from 20 miles away, revealing a side to mental illness that is grossly biased and insensitive.

The rest of the film is devoted to displaying psychedelic and animation packed sequences of various hallucinations, which are induced through LSD consumption. These "trips" are a mixture of the most vivid video animation, unfolding in picturesque and at horrifying speed. These sequences are uninhibited and seem suspiciously to fall within the ambiguous area of "art" in the film.

It is time that the mass media were to perceive or at least try to understand mental illness in a sympathetic light towards which "Abhay" is most definitely not a constructive move. In fact, a movie such as Abhay undermines the crying need for developing community mental awareness in society today.

A Beautiful Mind- A Distorted Movie?

"Have pharmaceutical companies learned that product placement in high grossing movies is an excellent way to influence public opinion?"

- Barry Duncan, Ph D, Psychologist, Author of 'The Heroic Client'

Claiming that the film "A Beautiful Mind" distorts the life of John Nash, a coalition of 100 mental health advocacy groups in the US issued a public statement on March 6, 2002, asking Universal for an apology and retraction. Using sources where Nash claims that his "recovery" was aided by a *refusal* of psychiatric drugs, the groups have questioned Universal's portrayal of Nash being on "newer medication" at the time of his Nobel Prize. SCI reports Nash, *and* his biographer, as saying that this statement is fictitious. Nash was drug free. The support network, Support Coalition International, says that Universal, along with Imagine and Dreamworks, distorted Nash's Life, so as not to overlty disrespect psychiatric drugs. SCI writes, "This film is helping millions admire the resilience of psychiatric survivors. But this film also seriously misleads the public. The fact is, many people, like Nash, recover without taking psychiatric drugs. By caving in to pressure, the film has become an advertisement for the psychiatric drug industry."

Full report and discussion can be obtained from www.mindfreedom.org

A Review

Vidya Sirur

The Role of Diet in Mental Health

(A Review of an article by Julia Ross)

Many of us who have been users of psychiatric drugs have often wondered whether psychiatric treatment is the only answer to our problems. Is "mental illness" really a life sentence from one's genes and can only be controlled and not cured? A wide range of side effects often accompanies drug treatments. Most of us, given a choice, would like to avoid this potentially harmful antidote for mental troubles. In the course of my search for alternatives, I chanced upon an article titled "Role Of Diet in Mental Health" by Julia Ross. It came across as a very interesting and convincing study of amino-acid therapy.

The author maintains that depression, tension, irritability, anxiety and cravings are all symptoms of a brain that is deficient in its essential calming, stimulating and mood enhancing chemicals. This deficiency can be attributed to many common problems. We may have inherited deficiencies, or in other words, inherited genes that undersupply some of these vital mood chemicals. Prolonged stress also "uses up" our natural sedatives, stimulants and pain relievers. The emergency stores of precious brain chemicals get used up if we continually need to use them to calm ourselves over and over again. We tend to rectify this by eating foods that have drug-like effects in it. The author explains how drug-like foods such as refined sugars and flours, and regular use of alcohol or drugs (including some medicines), can inhibit the production of any of our brain's natural pleasure.

The author claims that amino-acid therapy revolutionized treatment methods in mental health. She claims that food cravings can be stopped almost instantly with just one amino acid supplement. Similarly, restoring depleted brain chemistry isn't difficult. Biochemists have isolated key amino acids and specific deficient ones can easily be added. These 'free form' amino acids are instantly bio-available, unlike protein powders from soy or milk, which can be hard to absorb. These findings are supported by hundreds of research studies at Harvard, MIT and elsewhere.

The author attempts to explain how various symptoms can be done away with using specific amino acid supplement. The important amino acids are:

- L-glutamine – a natural food substance available in protein foods. It serves many critical purposes- stabilizing our mental functioning, keeping us calm yet alert, and promoting good digestion. It helps to stop carbohydrate cravings as well.
- L-tyrosine – a nutritional powerhouse which produces thyroid hormones and adrenaline, as well as the neurotransmitter norepinephrine.
- GABA (gamma amino butyric acid) – our natural Valium. Acts like a sponge, soaking up excess adrenaline and other by-products of stress, drains tension and stiffness right out of knotted muscles and can even smooth out seizure activity in the brain, can give relief to heroin addicts going through withdrawal.
- L-tryptophan – our natural Prozac. Increases Serotonin levels and provides additional Serotonin, relieves depression, food-cravings and normalizes sleep.

As I flipped through this and other articles, there were unanswered questions: Is this therapy totally free from side effects? Inspite of claims of 90% success rate, how is it that there is an ever increasing number of depressives? Is it that very few people are aware of these, or is it that there are few takers? Inspite of our skepticism, we need to explore these new avenues of treatment. Perhaps, one day one of these might offer a panacea we so desperately need and look for.

Sources:
www.dietcure.com
www.alternativementalhealth.com

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students' column

Need for counselling: Myth or reality among today's youth

Gita Kale and Preeti Sharma

Classes, lectures, exams, grades and so on. These are some of the problems that are known to cause stress. There are many other problems that the youth face and counselling is put forward as one of the solutions. But what really are these problems? How receptive is the youth to counselling?

Every generation feels that it is facing more problems compared to the earlier generation. The most complex problem today's generation is facing is lack of vocational guidance. What to do with one's life? How to be successful? These are the questions that are recurring in their minds. Increasing career choices further confuse the youth. Boys feel pressurized in choosing a career of their parent's choice.

Another problem that the youth face is that of adverse peer influence. This is more important in the light of weakening family ties and the increasingly important role played by friends in decision-making. Girls face similar yet different problems. All their decisions are influenced by their gender, right from which course to join, whom to be friends with, to marriage. Even today, heterosexual friendships are viewed with a colored lens. In some cases girls are forced into unwanted relationships, and there have been cases of violent, even fatal, attacks against them. Girls also experience a lot of anxiety regarding marriage, as they feel that there is limited scope for self selection and also that marriage can put an end and/or restrict their career.

In recent times counselling has come up as the most promising solution for these problems. But are we ready to accept it? Counselling has a stigma attached to it. For personal problems boys and girls prefer to solve them by talking to parents and friends rather than going to a counsellor. It is interesting that many students are not aware of the services available in their campus, leave alone seeking help. Even if the students approach these counselling centers, the outcome is doubtful because of the state in which they function. A psychology professor of a renowned college who is also the secretary of the counselling center there, said that "Autism can be explained as selfishness, which is one of the main problems of the college youth". He also said that their center "cures" youth of their problems. If this is the approach then it is hardly surprising that young people shy away from counselling centers.

On the other hand, there are teachers in various colleges who provide informal counselling to various students who come to them. Since there is no formal setup, the students feel comfortable in talking about personal as well as career problems. These teachers feel that if they are labeled as counsellors then students will stop coming to them.

Why are students so insecure of the term "counselling"? The reasons for this could be fear of parents knowing about the problem, what would the counsellor think about the person, or may be the counsellor is not sincere enough. Counselling as term in itself creates an unequal relationship between the counsellor and the "seeker". Therefore there is a need to present counselling in a more acceptable form, wherein more people are aware of it and are able to access it.

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Writ Petition (Civil) No. 334 of 2001 in the Supreme Court of India In: Death of 25 chained inmates in Asylum Fire in Tamil Nadu

Excerpts from the Order dated 5.2.2002 issued by Hon. Shri MH Shah, Shri BN Agrawal and Arijit Pasayat

"On the basis of submission note of the Registrar (Judicial) to a news item published ... about a gruesome tragedy in which more than 25 mentally challenged patients housed in a mental asylum at Ervadi in Ramanathapuram district were charred to death, ... this Court took suomotoaction.

"Dr Abhishek Manu Singhvi, learned senior counsel was appointed as Amicus Curiae to assist the Court and

*suomoto*action.

notice was also issued to the Union of India.

"Thereafter, by order dated 15.10.2001 this Court called for the report of the State of Tamil Nadu on the subject and also sought information ... from the State Governments and Union and Union Government on an affidavit of competent authority.

"... learned Amicus Curiae submitted that the Mental Health Act, 1987 is not at all implemented by the concerned authorities and there is failure on the part of Central/ State Governments…. Mr. Soli Sorabjee, learned AG appearing on behalf of the Union Government submitted that the 1987 Act is for the benefit of mentally ill persons and is required to be implemented right earnestly. … In our view, it appears that there is slackness on the part of the concerned authorities to implement the laws enacted by the Parliament. This is one such instance."

Noting that the provisions of the MHA are not implemented, the Order issued the following directions:

"(i) Every State and Union Territory must undertake a district-wise survey of all registered / unregistered bodies, by whatever name called, purporting to offer psychiatric mental health care. All such bodies should be granted or refused license depending upon whether minimum prescribed standards are fulfilled or not. In case license is rejected, it shall be the responsibility of the SHO of the concerned police station to ensure that the body stops functioning and patients are shifted to Government Mental Hospitals. The process of survey and licensing must be completed within 2 months and the Chief Secretary of each State must file a comprehensive compliance report within 3 months from date of this order. The compliance report must further state that no mentally challenged person is chained in any part of the State.

"(ii) The Chief Secretary or Additional Chief Secretary designated by him shall be the nodal agency to co-ordinate all activities involved in the implementation of the MHA, the Persons with Disabilities Act, 1995, and the National Trust Act of 1999. …

"(iii) The cabinet Secretary, Union of India shall file an affidavit in this Court within one month from the date of this order, indicating (a) the contribution that has been made and that proposed to be made under Section 21 of the 1999 Act which would constitute corpus of the National Trust (b) Policy of the Central Government towards setting up at least one Central Government run mental hospital in each State and Union Territory… (c) National Policy, if any, framed u/s 8(2)(b) of the 1995 Act.

"(iv) In respect of States / Union Territories that do not have even one full fledged State Government run mental hospital, the Chief Secretary … must file an Affidavit within one month from date of this order indicating steps being taken to establish such full-fledged hospital.

"(v) Both the Central and State Governments shall undertake a comprehensive awareness campaign with a special rural focus to educate people as to provisions of law relating to mental health, rights of mentally challenged persons, the fact that chaining of mentally challenged persons is illegal and that mental patients should be sent to doctors and not to religious places such as temples or dargahs.

"(vi) Every State shall file an affidavit stating clearly a) whether the SMHA under Section 3 of the MHA exists in the State and if so, when it was set up b) If it does not exist, the reasons thereof and when such an authority is expected to be established… c) The dates of meetings of those Authorities, which already exist from the date of inception… d) A statement that the State shall ensure that meetings of the Authority take place in future atleast once in every four months or at more frequent intervals… e) The number of prosecutions, penalties or other punitive/ coercive measures taken, if any, by each State under the MHA

"At this stage, we have again heard learned counsel for the parties and learned AG submitted that as a first step the aforesaid directions as suggested by the Amicus Curiae be issued and information as sought for be called for.

"We direct accordingly…"

Please note our change of address:

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Twinkle, twinkle little star...

Twinkle, twinkle little star...

With everything burning around me
Sadness delivering anger in everyone I see
All I wish is for Time to go backwards...
And make me a child again, just for tonight.
Make me a five-year-old who would not,
Could not, atleast during my five year times,
Hate, kill, burn... And would be happy with living,
And maybe a few rhymes.

And in the middle of my fantasy I wonder,
Wonder where and when we killed that child.
Buried him and innocence in the mud called Age,
Age, which brought stupidities and made us wild.

I wonder what the child of the dead man used to dream,
Maybe, of time full of laughs and of life,
I wonder if the dream was different from the other child's dream,
Who grew up to kill, driven by a non-existent strife.

Which God did which child pray to?
And did that God ever hear him pray?
And if He did, what does He have to say?
About the games that, on his name, the adults play.

God has to be a He, a man like me,
I believe women are more sensitive and sensible than this,
God has to be grown up, an adult like me,
Burning, yet denying any responsibility of his.

I stand at my window and look outside,
The city is burning, but the children are playing,
Laughing, loving, living,
I am still beautiful, Life seems to be saying.

And then a thought strikes me,
And I shudder at it,
What if someday a child asks me
What my religion is, before saying Hello!

Benny John alias Siddharth Bandhu alias Aslam Hussein alias Puneet Pal Singh
Source: Ahmedabad Times of India, Tuesday, 26th March, 2002

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