

17th MID YEAR CONFERENCE OF Indian Psychiatric Society - Assam State Branch



e-Souvenir

THEME: PSYCHIATRY SPECTRUM



Organized by

Department of Psychiatry

Dhubri Medical College and Hospital, Dhubri

Editors

Dr. Shyamanta Das

Dr. Dip Jyoti Deori

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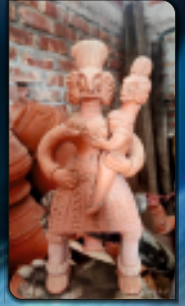
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Suvenir 2024



Welcome Note

From IPS Assam State Branch



Esteemed Delegates, Members of the Indian Psychiatric Society- Assam State Branch and DMCH Family

With great pleasure and intellectual fervor, we extend a warm welcome to each of you, to the 17th Mid Year Conference of IPS-ASB, themed "Psychiatry Spectrum," to be hosted in the picturesque town of Dhubri on Saturday, May 18th, 2024.

Dhubri, steeped in rich history and cultural tapestry, stands as a testament to the diverse heritage of Assam. Nestled along the tranquil banks of the Brahmaputra River, Dhubri offers a serene backdrop for our esteemed gathering, intertwining the essence of the past with the promise of the future.

This conference, a pioneering endeavor in Dhubri district, marks a significant milestone in our journey towards fostering ethical clinical practice. With a keen focus on addressing the pressing issue of substance use among adolescents, we aim to delve into the broad spectrum of psychiatric illnesses and their management, championing advancements in the field.

Furthermore, we are delighted to announce the organization of a Poster Presentation Competition, providing a platform for postgraduate students to showcase their scholarly pursuits in alignment with the rigorous standards set forth by the National Medical Commission. This initiative seeks to not only nurture their academic prowess, but also kindle their passion for excellence.

In our pursuit of academic excellence, we aspire to broaden our horizons by welcoming esteemed academicians from neighbouring states such as West Bengal and Tripura, alongside luminaries from various corners of our state. Their invaluable insights and expertise promise to enrich our discourse and inspire innovative approaches towards mental healthcare.

As we converge in Dhubri for this momentous occasion, let us embark on a journey of collaboration, enlightenment, and scholarly exchange. Together, let us illuminate the path towards holistic mental well-being and redefine the contours of psychiatric practice.

Warm Regards

Dr. Deepanjali Medhi
President – IPS- ASB

Dr. Shyamanta Das
Organizing Chairperson

Dr. Simanta Talukdar
Hony. Gen. Secretary
IPS- ASB

Dr. Dip Jyoti Deori
Organizing Secretary

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Message from

Principal



Souvenir 2024

Souvenir

It's a moment of great pride & privilege for Dhubri Medical College & Hospital as the department of Psychiatry of Dhubri Medical College & Hospital is going to host the Mid year conference of IPS- ASB themed "Psychiatry Spectrum" on 18th May/2024.

This academic extravaganza on the lap of Dhubri Medical College & Hospital will surely uplift the Medical fraternity in updating towards newer concepts, understanding & innovation in the whole Spectrum of Mental Health.

I welcome all the speakers and delegates from all over the country and abroad & wish a grand success of the conference.

With regards

Prof. (Dr.) Anku Moni Saikia
Principal cum Chief Superintendent (I/c)
Dhubri Medical College & Hospital
Dhubri, Assam, PIN - 783325

Message from

Organizing Chairperson



2024

Suvenir

Dear Esteemed Delegates,

It gives me immense pleasure to welcome you all to the 17th Mid Year Conference of the Indian Psychiatric Society, Assam State Branch, to be held at Dhubri Medical College & Hospital on 18th May 2024.

This year, our conference theme is "Psychiatry Spectrum," reflecting the diverse and evolving nature of our field.

We are excited to announce that this year's conference will feature a range of engaging sessions, insightful discussions, and networking opportunities for all attendees. Our distinguished speakers will share their expertise on various topics, providing valuable insights and updates on the latest advancements in psychiatry.

As we gather to exchange knowledge, collaborate, and learn from each other, let us also take this opportunity to celebrate the spirit of psychiatry and the incredible work being done in our field. I am confident that this conference will not only be informative but also serve as a platform for fostering meaningful connections and partnerships.

I would like to extend my gratitude to all the speakers, presenters, organizers, and sponsors for their invaluable contributions to making this conference a reality. Your dedication and support are truly appreciated.

I look forward to welcoming you all to Dhubri and hope that this conference will be a memorable and enriching experience for everyone involved.

Best wishes,



*Dr. Shyamanta Das
Organizing Chairperson
17th Mid Year Conference*

Message from

Organizing Secretary



Dr. Dip Jyoti Deori

Suvenir 2024

Dear Esteemed Delegates,

It is with great honour and a sense of profound responsibility that I step into the role of Organising Secretary for the 17th Mid Year Conference of the Indian Psychiatric Society, Assam State Branch. I am truly honoured to be part of this significant event, entrusted with the task of ensuring its smooth and successful execution.

I am excited about the academic feast that awaits all our delegates, promising enriching discussions and insights. Furthermore, I look forward to the beautiful cultural evening planned as a delightful conclusion to our academic sessions.

*I extend my heartfelt gratitude to our Organising Chairperson, Dr. Shyamanta Das, for entrusting me with this responsibility even before my tenure at this esteemed medical college. I also wish to thank the IPS-ASB for their confidence in me to deliver a memorable academic event.
Long Live the Indian Psychiatric Society!
Long Live IPS-ASB!*

With Warm Regards,

Dr. Dip Jyoti Deori
Organising Secretary
Mid Year Conference
IPS-Assam State Branch



17th MID YEAR CONFERENCE OF Indian Psychiatric Society - Assam State Branch



Theme: Psychiatry Spectrum

Our Esteemed Speakers



Prof. (Dr.) Deepanjali Medhi
MBBS, MD (Psychiatry)
Prof. & HOD
Dept. of Psychiatry, GMCH
President, IPS, ASB



Prof. (Dr.) Suresh Bada Math
Professor Dept. of Psychiatry,
Chief of Tele-Medicine &
Community Psychiatry,
Consultant Forensic Psychiatry and OCD,
In-charge of Legal Aid Clinic,
NIMHANS.



Prof. (Dr.) Ranjan Bhattacharyya
MD, DNB (Psychiatry)
Professor, WBMES
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Dr. Dipayan Sarkar
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Tripura



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Dr. Tribeni Bhuyan
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Dr. Chayanika Choudhury
Assistant Professor
Dept. of Psychiatry, FAAMCH

Batman and the rogues' gallery: an exploratory study of personality disorders

Shyamanta Das¹, Dyutimitra Sarmah²

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Abstract

Background: Personality disorders cause distress or impairment. Multiple villains constitute Batman's rogues gallery. We aim to study personality disorders through the characters of those villains. **Method:** The villains of Batman's rogues gallery at Arkham Asylum were analysed by DC Comics and the American Psychiatric Association's fifth edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM-5). **Results:** Ten villains of Batman's rogues gallery at Arkham Asylum represented the ten personality disorders that are clubbed in three clusters. **Conclusion:** It is a learn with fun.

Keywords: Behaviour, crime, intellect.

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INTRODUCTION

When we talk of personality, it is about one's inner experience as well as behaviour. These have an enduring pattern. Disorder of personality is a deviation from that culture. This deviation is marked and out of proportion to what is expected of the individual. Moreover, it is pervasive and inflexible. Adolescence or early adulthood harbours its onset. Over time, personality disorder remains stable. There is either distress or impairment.[1]

Wealthy Bruce Wayne owns the Wayne Enterprises. He is a philanthropist too. His parents Dr. Thomas and Martha Wayne are murdered. As a child, he witnessed it. A sense of justice led to his vengeance against criminals. A bat-inspired persona is crafted to fight crime (Fig. 1).[2]

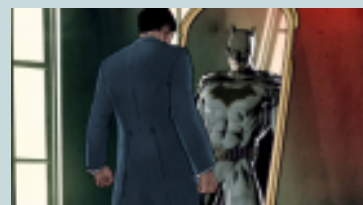


Fig. 1: Bruce Wayne, also known as Batman.[3]

The Gotham City is the field of operation for Batman. He has no superpowers. That is quite unlike other superheroes. Instead, he has intellect, he has prowess, he has skills, he has wealth, and he has will. Batman's rogues gallery constitutes of multiple villains (Fig. 2).[4]

Fig. 2: Rogues gallery of Batman[5]

Aim and objectives

This exploratory study aims to study personality disorders through analysis of the characters of those villains that make up the rogues gallery of Batman.

METHODS

Sample

The villains of Batman's rogues gallery are mostly patients at Arkham Asylum.[6] They constitute of the Joker, Two-Face, Poison Ivy, the Riddler, Harley Quinn, Killer Croc, Mr. Freeze, and the Scarecrow as well as Catwoman and Penguin.





Place of study

The Elizabeth Arkham Asylum for the Criminally Insane,[7] popularly known as Arkham Asylum or simply Arkham in Gotham City (Fig. 3). It is a psychiatric hospital situated in the Gotham City. It housed patients having a criminal history. Batman's rogues gallery symbolises most of the Arkham's high-profile patients.[8]
Fig. 3: Arkham Asylum.[9]

Tools

1. DC Comics. The dark knight: batman[3]
2. The American Psychiatric Association's fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).[1]

RESULTS

Poison Ivy (Fig. 4) is obsessed with plant life. This obsession is fanatical. She has murderous impulses too. These speak of paranoid personality tendencies.[10]

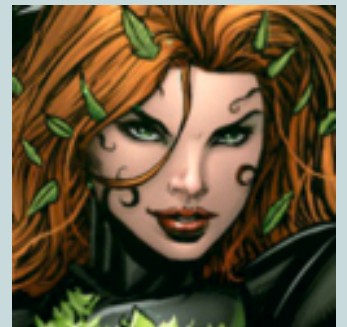


Fig. 4: Poison Ivy: paranoid personality disorder.[3]

Distrust and suspiciousness are the trademarks of paranoid personality disorder that run a pattern wherein the individual interprets others' motives as malevolent.[1]



Victor Fries known as Mr. Freeze (Fig. 5) is like a machine that is emotionless. He has cryogenically frozen his wife and is on the look out to cure her terminal illness. The man is cold-blooded and he has a coldhearted personality. The indifference of Mr. Freeze to most people exhibits his schizoid personality tendencies.[10,11]

Fig. 5: Mr. Freeze: schizoid personality disorder.[3]

The detachment pattern from social relationships characterize schizoid personality disorder. The range of emotions expressed is also restricted.[1]
Riddles, puzzles, and word-games signify who Edward Nygma, the Riddler

(Fig. 6) is. He leaves such clues at the site of crime as a mastermind. Batman needs to solve them and he has one here whose intelligence rivals that of Batman.[6] The Riddler exhibits schizotypal personality disorder.

Fig. 6: The Riddler: schizotypal personality disorder.[3]

An acute pattern of discomfort is seen in schizotypal personality disorder while it comes to close relationships. There are either cognitive or perceptual distortions. Behavioural eccentricities are also part.[1]



The Joker (Fig. 7) is Batman's greatest foe. If he is not psychotic outright, he is at least having antisocial personality disorder. His guiding philosophy is anarchy. Even Batman has a hard time predicting the Joker's patterns of his unstable behaviour.[10] It is said that the Joker kills because he likes it.[12]

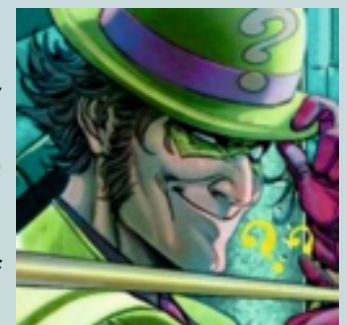


Fig. 7: The Joker: antisocial personality disorder.[3]

A total disregard for the rights of others is what symbolizes antisocial personality. There is additional violation of others' rights.[1]

A woman of many moods, Catwoman (Fig. 8) also has many traumas. The typical impulsivity of

borderline personality disorder characterises her alter-ego Selina Kyle. She also has problem in having stable relationships.[10]

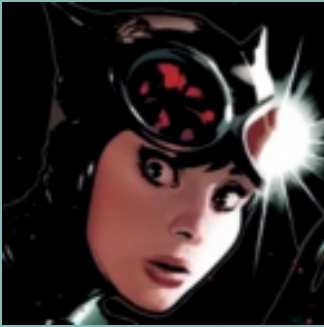


Fig. 8: Catwoman: borderline personality disorder.[3]

A pattern of instability runs in borderline personality disorder. It is mostly in interpersonal relationship. But the instability also acts upon self-image as well as affects. Moreover, impulsivity that is marked is an accompaniment.[1]

An active sense of panache is pursued by Penguin (Fig. 9). This is in order to overcome his short stance. He is horrible in appearance too. To his small self, Penguin tries to seek constant attention. And that exhibits his histrionic personality tendencies.[10]

Fig. 9: Penguin: histrionic personality disorder.[3]

The standout features of that underlines the pattern in histrionic personality disorder are emotionality that is excessive and an attempt to seek attention.[1]

A psychiatrist himself, the Scarecrow (Fig. 10) is learning techniques of fear and phobia. He is highly intellectual and is condescending as well. The trademarks of narcissistic personality disorder are seen in him.[10]



Fig. 10: The Scarecrow: narcissistic personality disorder.[3]

While the narcissistic personality disorder on one hand has grandiosity, she/he also needs admiration. Lack of empathy is also a pattern here.[1]

Waylon Jones is suffering from a disease. Thus, his body is warped into a form that is crocodile-like. As soon as Croc (Fig. 11) had mental breakdown, what he did is sharpen his teeth. With these razor points, he started murdering mostly innocent victims. Not only has he super-strength but he is immune to toxins also.[8]

Fig. 11: Killer Croc: Avoidant personality disorder.[3]

Avoidant personality disorder exhibits a pattern of social inhibition as a result of feeling of inadequacy and there is also hypersensitivity

when one is negatively evaluated.[1]

The full name of Harley Quinn (Fig. 12) is Dr. Harleen Frances Quinzel. She is a henchwoman for the Joker. She is the Joker's sidekick and love interest. Dr. Harleen Frances Quinzel is a former psychologist who worked in the Arkham Asylum of the Gotham City. The Joker was her patient. She was eventually manipulated and fell in his love. That finally led to her becoming his accomplice.[13] Dependent personality tendencies are depicted by Harley Quinn.[14]



Fig. 12: Harley Quinn: Dependent personality disorder.[3]

There is a pattern of excessive need in dependent personality disorder to be taken care of. This results in behaviours that are submissive and clinging.[1]

The indication for obsessive-compulsive personality is seen in Harvey Dent Two-Face's (Fig. 13) preoccupation with coin-flipping.[10]



Fig. 13: Harvey Dent Two-Face: obsessive compulsive personality.[3]

A pattern of preoccupation highlights obsessive-compulsive personality. It involves orderliness, perfectionism, and control.[1]

DISCUSSION

The personality disorders are grouped into three clusters based on descriptive similarities.[1] “Odd or eccentric” cluster A is represented by paranoid, schizoid, and schizotypal personality disorders.

Antisocial, borderline, histrionic, and narcissistic personality disorders form “dramatic, emotional, or erratic” cluster B. “Anxious or fearful” cluster C consists of avoidant, dependent, and obsessive-compulsive personality disorders.

Limitations

Certain characters from the rogues gallery exhibit traits of more than one personality disorder. For example, Mr. Freeze. He does have tendencies of schizoid personality. But when it comes especially to the treatment of his wife, there is exhibition of tendencies from obsessive-compulsive personality.[10] Some do suggest that Mr. Freeze has autism spectrum disorder. This is because of his indifference to most people.[11]

While Penguin has both narcissistic and histrionic personality tendencies,[10] Harley Quinn exhibits dependent and antisocial personality.[14] In addition to obsessive-compulsive personality, Harvey Dent Two-Face also appears as multiple personality or dissociative personality.[10]

Conclusion

Exploration of personality disorders through these comic characters makes learning a fun and also easy to remember the features that characterise the disorders.

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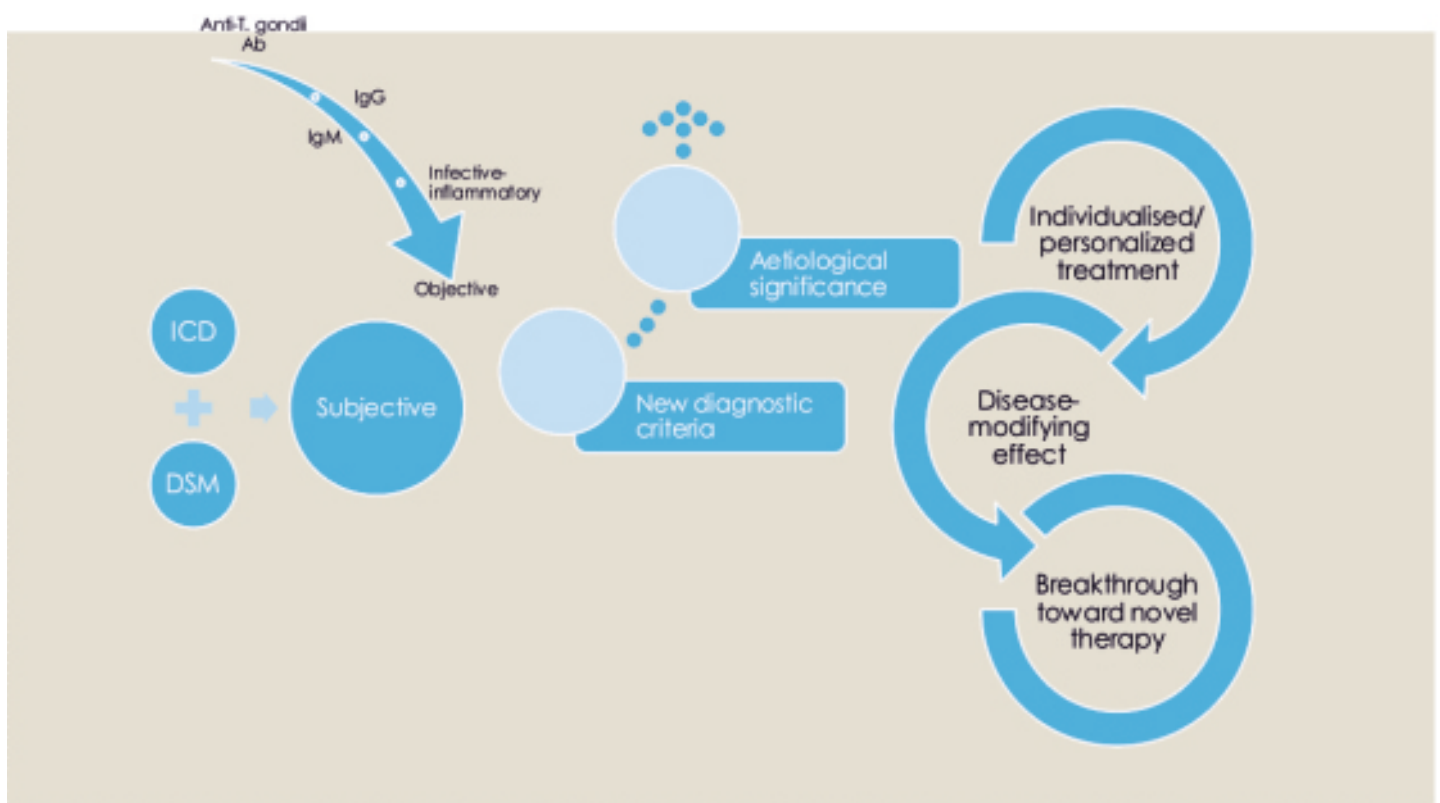
Can Microbiology affect Psychiatry?

Prof. (Dr.) Dina Raja
Dept. of Microbiology
Dhubri Medical College

A link between *Toxoplasma gondii* and psychiatric disorders & Gut microbiota and psychiatric disorders

I have had a great opportunity to work with Dr Shyamanta Das, Associate Professor, Department of Psychiatry, Dhubri Medical College & Hospital with a project of my interest titled 'Investigation of the relationship between *Toxoplasma gondii* and psychotic disorders with implications toward a brain-based diagnostic system and novel treatment approaches' This two year research project Funded by Srimanta Sankaradeva University Of Health Sciences(SSUHS) was started on 01/03/2016 and completed 01/03/2018.

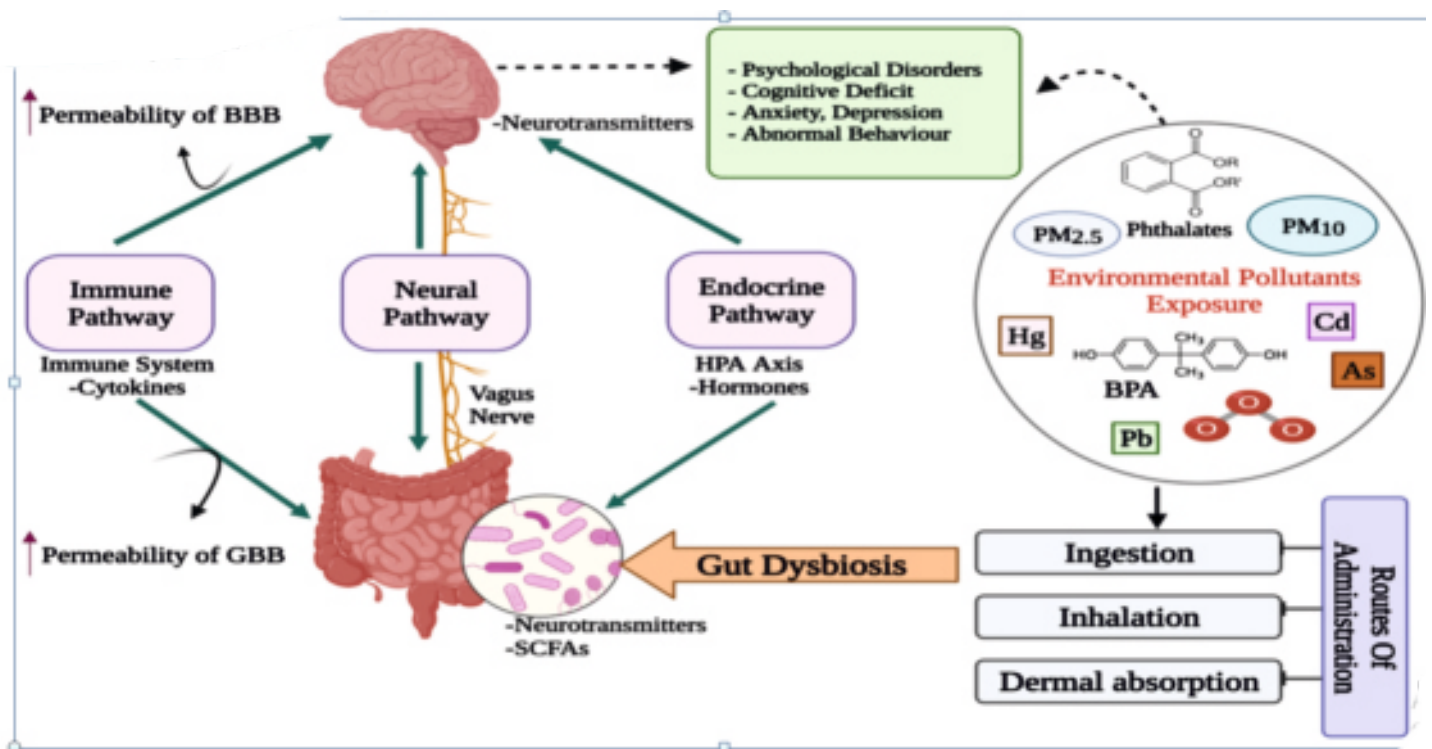
Our Primary questions was: What is the likelihood of an association between exposure to *Toxoplasma gondii* and increased risk of psychotic disorders? What is the seroprevalence of toxoplasmosis in patients with psychotic disorders? What is the prevalence of antibodies to *T. gondii* in patients with psychotic disorders? Our secondary questions: Can it be possible that *T. gondii* is merely one of a number of possible stressors that can affect the developing brain in utero or during childhood development and lead to later psychosis in genetically susceptible individuals? What percentage of individuals with serological evidence of *Toxoplasma* infection manifest the behaviour of the psychotic disorders? Many studies have reported that individuals with schizophrenia, compared to controls, have a higher prevalence of antibodies to *T. gondii*.^{1,2,3} Some individuals with adult toxoplasmosis develop psychotic symptoms similar to those of schizophrenia. Epidemiologically, there are many similarities between toxoplasmosis and schizophrenia. Antipsychotic drugs known to be effective in schizophrenia also inhibit some parasites, including *T. gondii*. *Toxoplasma* has been shown to induce elevated levels of dopamine in experimentally infected animals (elevated dopamine is commonly seen with schizophrenia). Studies have shown that individuals with schizophrenia, compared to controls, have had greater exposure to cats in childhood. A number of questions remain concerning a role for *Toxoplasma* in the aetiology of schizophrenia, including the roles of strain variation, the timing and source of infection, and the role of host genes in determining disease susceptibility. The establishment of a firm association between *Toxoplasma* and the aetiology of schizophrenia and related disorders would represent a major breakthrough in the understanding of these disorders and would lead to novel methods for their treatment and prevention. The elucidation of these factors remains an important goal in the understanding of the overall role of *Toxoplasma* infection in human neuropsychiatric diseases and an important step in the eventual treatment of these disorders.



Our Objectives were 1. Measurement of IgM and IgG antibodies to *T. gondii* in patients with psychotic disorders. 2. Comparison of the seropositivity rate for anti-toxoplasma IgG and IgM antibodies among patients with psychotic disorders with that of first-degree relatives (FDR) as well as healthy volunteers (HV). 3. Comparison of the types of psychotic disorders and seropositivity rate. Our aim was to compare the relationship between *Toxoplasma gondii* and psychotic disorders. A sample of patients with psychotic disorders, first-degree relatives (FDR) and healthy volunteers (HV) were selected and their anti-*T. gondii* IgM and IgG antibodies were measured and compared. Both descriptive (frequency and percentage) and inferential (Fisher's exact test) statistics were carried out using InStat GraphPad. Results: Sample size was 77. Patients with psychotic disorders constituted 33 and the rest were controls (28 FDR and 16 HV). Statistically significant association was observed in IgG status between patients (11 were IgG positive) and controls (5 were IgG positive) ($p=0.0453$). We finally concluded that a small sample size and a few studied variables delimit the findings, the one of its kind study from this part of the globe highlight a pertinent issue that has the potential for further research in order to make a breakthrough in proper management of patients having psychotic disorder.

The second project which will be funded and already approved by SSUHS is titled "Assessing the role of altered gut micro-biota in Psychiatric disorders". I am excited to start this study soon where the Department of Microbiology will be collaborating with the Department of Psychiatry at Dhubri Medical College & Hospital, Dhubri.

The role of the gut microbiome in mental health has been of great interest in the past years, with several breakthroughs happening in the last decade. Its implications in several psychiatric disorders, namely anxiety, depression, autism and schizophrenia, are highlighted.



Evidence supports the observational associations of gut microbiota with a variety of psychiatric disorders, but the causal nature of such associations remains obscure. Aiming to comprehensively investigate their relationship and to identify specific causal microbe taxa for psychiatric diseases the present study is undertaken. Our primary object will be The primary objective is to compare gut microbiota in patients with psychiatric disorders (i.e ADHD, bipolar disorders, major depressive disorders, anxiety disorders and SCZ) with healthy controls. Currently, the exact mechanism of communication between the gut microbiota and the brain has not yet been fully understood and clarified. Generally speaking, gut microbiota exerts effects on the brain not only through the nervous system (gut-brain's neuroanatomical pathway) but also through the endocrine system, immune system, and metabolic system. A bidirectional communication between the gut and the brain is referred to as the gut-brain axis.^{4,5} Interaction of gut microbiota and gut-brain axis is referred to as the gut microbiota-gut-brain axis (hereinafter referred to as the gut microbiota-brain axis).^{6,7} In the gut microbiota-brain axis, because gut microbiota can be used as an independent variable and changed intentionally, more emphases are placed on the role of microbes in gut microbiota-brain axis.⁸

The association of the microbiome and anxiety goes beyond mental health, and a better understanding of the contribution of the microbiome to co-morbid anxiety and mood is important and will identify shared mechanisms and targets for treatment.

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Pediatric Autoimmune Neuropsychiatric Disorders

Bacteria, viruses, parasites, and fungi are known to cause acute infection in humans. On the other hand, evidence of microbes causing chronic diseases either directly or indirectly have long been postulated. However, psychiatric disorders have mostly eluded infectious etiology of various pathologies.

Beta-haemolytic Group A Streptococcus (GAS) is a commonly encountered bacteria in childhood causing infection in throat, tonsils, skin etc. Besides causing suppurative lesions, it has also been implicated with many chronic diseases like Rheumatic fever and Glomerulonephritis. Its role in causing mental disorder in some children has also been recognized which manifests as change of behavior with sudden onset obsessive compulsive disorder (OCD) or tic-disorder symptoms in pre-pubertal children known as Pediatric Autoimmune Neuropsychiatric Disorders Associated (PANDAS).

Pathogenesis:

Though the exact pathway for development of PANDAS is yet to be fully established, it appears to be an autoimmune phenomenon showing molecular mimicry to neuronal cells as it shows similarity with presentations of Sydenham's chorea. Indeed, GAS usually presents with chronic sequela due to its molecular mimicry with self-tissues. However, OCD and or tic-disorders and GAS are very common in childhood and hence diagnosis of PANDAS needs more specific criteria to rule out co-incidental finding.

Clinical presentations:

Suddenly, a child with or just after streptococcal infection develops mood disorder, anxious, become aggressive, show obsessive compulsive behaviors, and uncontrollable abnormal body movements. The mean age of symptom onset for children diagnosed with PANDAS and exhibiting tics is approximately 6.3 years, whereas those presenting with OCD tend to experience symptom onset at around 7.4 years of age. OCD causes thoughts they can't put out of their mind, or an urge to repeat certain actions. They feel something sticking in the throat and repeatedly try to clear. They may show uncontrollable jerky movements, hyperactivity, fidgeting, impulsiveness etc. Psychiatric co-morbidities associated with PANDAS are Attention-deficit/hyperactivity disorder (ADHD), Oppositional Defiant Disorder (ODD) and Depression. They present themselves as fearful individuals and try to hold the parents or caregiver. Child becomes irritable, depressed, crying, or laughing at inappropriate times and may show signs of photophobia, auditory or visual hallucination. Bedwetting or polyuria are common.

The working PANDAS classification criteria require all of the following:

Presence of OCD and/or a tic disorder;

Prepubertal symptom onset;

Acute onset of symptoms with a relapsing/remitting disease course;

A clear temporal association between GAS infection and symptom onset or exacerbation;

Association with other neurological abnormalities (particularly motoric hyperactivity and choreiform movements).

Diagnosis:

Clinical manifestation and history of fever, sore throat, tonsillitis, skin infection suggestive of streptococcal infection. Isolation of bacteria from throat, paranasal sinus or skin or serological evidence (raised Anti streptolysin-O, ADNase -B) or molecular evidence of streptococcal infection confirms the diagnosis. Sinuses should also be examined for evidence of infection. Of course, the absence of evidence for streptococcal infection does not exclude PANDAS or its autoimmune etiology.

Treatments:

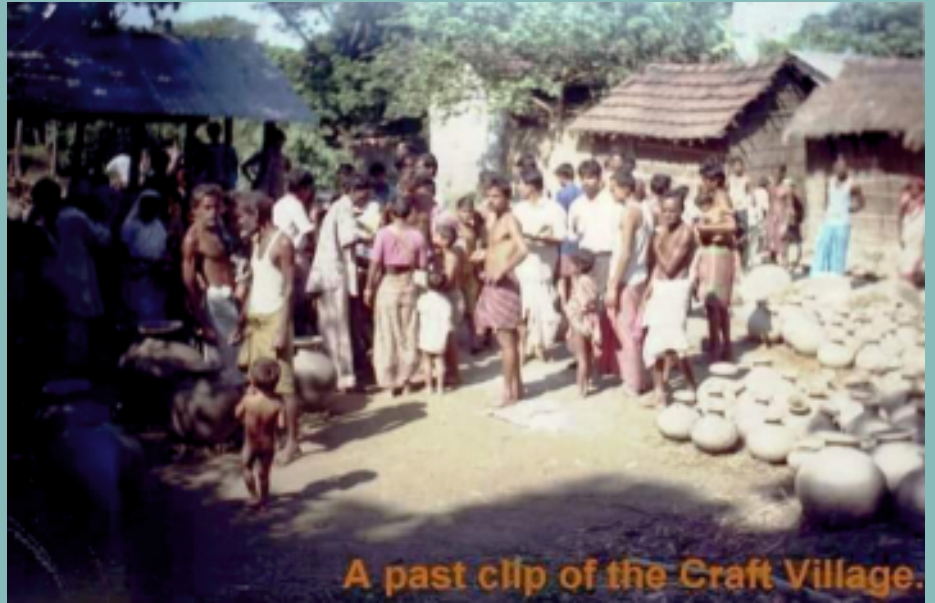
- Early diagnosis and prompt treatment is the key for recovery. Not all doctors have experienced diagnosing PANDAS, hence a strong suspicion is required with serological evidence. psychiatrist or psychologist will probably be the main player of the treatment plan.
- Antibiotics. Underlying streptococcal infection should be adequately treated with proper antibiotics. Normally the child recovers within a week or two.
- Anti-inflammatories. Steroid for several days and non-steroidal anti-inflammatory drugs are helpful for early recovery.
- Cognitive behavioral therapy. Psychiatric treatment and the help of clinical psychologist is must for proper psychology rehabilitation and counselling.
- Antidepressants. Selective serotonin reuptake inhibitors (SSRIs) can help manage OCD. However, adequate cautions to be adopted for its side effect.
- IVIG/Plasmapheresis. Maybe required in severe cases.
- Prognosis and prevention:
- Most children with PANDAS recover completely with treatment.
- Symptoms tend to slowly get better over several months once the strep infection clears.
- PANDAS can recur with a Streptococcal re-infection. The hygiene of children and other family members is helpful in preventing re-infection. Other family members need to be tested and treated for Streptococcal infections as these infections are transmitted rapidly in overcrowding populations.
- Long-term prophylaxis with oral antibiotic is tried with good result. Tonsillectomy in some children give good results.

Dr. Bipanchi Mahanta
Assistant. Professor
Microbiology, Nagaon Medical College

GI tag awarded to Terracotta Craft of Asharikandi, Dhubri

Geographical Indication (GI) registration is allotted for Asharikandi style of terracotta of Dhubri District, Assam, in the month of April 2024.

This registration recognizes the Terracotta and Pottery crafts and craftsmanship of the particular area of land mass and traditional practice of the craft by the craftsmen in and around Paul Para at Madaikhali village under Asharikandi G. P. of Devitola Development Block under Dhubri District of Assam.



This registration is similar to an intellectual property right. In case of GI tag to Asharikandi, this right would be entertained by the community as a whole instead of an individual. It's also like a patent right for the Asharikandi style of terracotta which was applied by the Asharikandi Terracotta Doll Making Samabay Samit Ltd (ATDMSS Ltd), a cooperative society comprised of all the artisans - families of Asharikandi Craft village.

It's worthwhile to mention that the place of landmass (Madaikhali Village) where the craft-village came up and managed to establish worldwide, in village craft tourism, was unknown till the year 1982.

One of the female artisans Sarala Bala Devi begged the President Award on "Hatima Doll" In the year 1982, and from then, the village came to the light.

The village was disconnected from all modes of connectivities and facilities till 1992.

It is to be noted that the place has been promoted slowly and systematically in planned - mission mode by some Organizations headed by some visionaries and missionaries.



Asharikandi Terracotta And Pottery Development Committee (ATAPDC), a Government notified Committee headed by the Deputy Commissioner, Dhubri and North East Craft and Rural Development Organization (NECARD), a charitable NGO of Assam took the lead along with the local poverty-ridden artisans.

The ATAPDC extended a formal recognition and legal approval to NECARDO to take up plans and programs for the development of the craft and welfare of the craft- persons. In the initial stage, all the endeavor was voluntary and charitable.

NECARD's one of the major steps to promote this unfamous village to a village-tourism destination, was by implementing GoI- UNDP Rural Tourism Project at Asharikandi, decades long back.

In the year 2005-06, infrastructures were developed under this project to bring this village under all-modes and all-weather connectivity to show case the craft of the place to the tourists in rural location. The endeavor was mainly to showcase the ancient art, culture, heritage, traditional practices through tourism and to boost rural economy and to end the chain of high-rate interest providing by middle-men ('Dadan' in local language) and to create a direct link between sellers and buyers to make the artisans free from

bondage and enable them to grow and flourish.

The cooperation of the Hon'ble Governor of Assam, His Excellency Lt. Gen. Ajai Singh, the then Tourism Minister, Smt. Ajanta Neog, the Commissioner and Secretary, Tourism, Sri S. C. Panda, IAS and ATDC, GM, Chandra Shekher Bhattacharya, ITDC, NPD, Tourism, and Joint Secretary, Tourism, GoI, Sri Amitabh Kant, IAS, is laudable.

The contribution of the then Deputy Commissioner, the Construction-Committee members, the artisans, the Print and Electronic media persons (Dhubri and Gauripur Press Club) and specially Mahadev Paul, Ramdulal Paul, Dharendra Nath Paul, Balaram Paul, Gokul Paul, Farahat Ali (the Chief Messon) and Engineers (Anas Ahmed, AES) is memorable.

When the cruise 'Ganga Vilas', the ship flagged off by the Indian Prime Minister from Varanasi, reached Asharikandi Terracotta Craft village with a contingent of foreign tourists mainly from Switzerland, UK, Poland, etc., the artisans understood their real worth. Switzerland is the tourist paradise; it's a dream of many people of the world to visit Switzerland once in life-time, but when the Swiss and EU tourists visited the village, both the hosts and guests were overwhelmed. Now this village is a recognized international craft tourism destination.

The GI tag is the another milestone achievement. NABARD, CGMs, DGMs and AGMs, DDOs were in close contact with Necardo for the last few decades.

Ultimately, the policy of Government of India and Assam to promote traditional industries has helped to achieve the final destination. This recognition has brought with it the new responsibility to all concerned to be shouldered to compete with international market from quality, price, and marketing point of view.

Under the initiative of NECARDO, and ATAPDC and cooperation of artisans' co-operatives, SHGs (specially Omkareshwar SHG), modalities has to be formulated to get the real benefit by the artisan community as a whole.

Special thanks goes to the Hon'ble Prime Minister Sri Narendra Modi Ji for recognizing Asharikandi Terracotta Craft Village in 'Maan Ki Baat' in the year 2020 that gave huge publicity and also helped to

sanction a new project at the cost of 3.5 crore rupees for scientifically improved production of Asharikandi terracotta and sustainability thereof, is under implementation by NECTAR, a GoI undertaking. The Pilot Project under the scheme has successfully been implemented but the Main Project is yet to be executed. This Project, if implemented properly, would help in many ways specially in mechanization of production and economic sustainability.

The Hon'ble CM, Assam, Dr. Himanta Biswa Sarma has assured the artisans of all types of support from the State Government to maintain quality environment of the destination, preservation of raw material (Hira Mati), eviction of encroachment and promotion of internal capacity building of



Hon'ble Governor of Assam, His Excellency, Golab Chand Katariya ji and the first lady along with director NECARDO at Asharikandi Terracotta Craft Village



Ganga Vilas Cruise Foreign Tourist Contingent

the village, etc. to promote the Craft Village as a center of excellence.

(The writer is the Founder Director of NECARDO, and the Coordinator of ATAPDC, and the Memeber Secretary to the "GoI- UNDP- Rural Tourism Project at Asharikandi, 2005-06", and the author of "Terracotta and Pottery Incredible Asharikandi", the first brochure published on Asharikandi style of terracotta and pottery by the District Administration, DRDA and NECARDO in the year 2003).[12:26 PM, 5/7/2024]

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কাগজৰ ফুল

-- ডা: হৃষীকেশ শৰ্মা

"Insanity is doing the same thing over and over again and expecting different results"- Albert Einstein

বাতৰি কাকতৰ শেষ পৃষ্ঠাৰ Quote টো পঢ়ি ৰূপকে জোৰ জোৰকৈ হাঁহিলে।

"কি হল, ইমান হাঁহি উঠিছে যে?" পাকঘৰৰ পৰা এক নাৰীকণ্ঠ শুনা গল।

"নাই এনেই অলপ হাহিলোঁ- কিমান আৰু পেচেন্টৰ টেনশ্যন লম " ডাইনিং টেবুলত কাকত খন থৈ ৰূপকে কলে।

ৰূপকৰ ব্ৰেকফাষ্টৰ বাবে হাতত ৰুটী সজীৰ প্লেট খন লৈ তাৰ ঘৈণীয়েক মালতী ডাইনিং ৰুমলৈ সোমাই আহিল। টেবুলত প্লেটখন থৈ মালতীয়ে হাঁহি মাৰি সুধিলে, "কাপোৰযোৰ কেনেকুৱা লাগিছে?"

"ভাল", ৰূপকৰ ভাৱলেশহীন উত্তৰ।

ৰূপকৰ ৰুট উত্তৰত মালতী কিছু হতাশ হল। নলেগলৈ লগা বান্ধৱী জাহ্নৱীৰ বিয়াৰ জোৰণত উপস্থিত থকাৰ বাবে তাই অলপ সাজিকাচি ওলাইছিল।

"কাইলৈ পাৰিলে চুটী লবা। কাইলৈ মুনুৰ স্কুলত পেৰেণ্টচ মিটিং আছে। তুমিতো সদায় এবচেণ্ট থাকা। মই অকলে ফেচ কৰিব লগা হয়।" মালতীয়ে কিছু কঠোৰ সুৰত কলে।

"Will try my best। জাপানীজ এনকেফেলাইটিচ এপিডেমিক হৈ আছে। I am the only medicine specialist in the hospital, সেইকাৰণে চুটী পাম বুলি কনফাৰ্ম কৰ নোৱাৰো।"

এপাৰ্টমেন্টৰ লিফটেৰে তললৈ নামি আহি থাকোতে ৰূপকে মোবাইলত এটা মেচেজ পালে।

"Reaching tomorrow at 1 PM. Next Sunday having a fantastic reunion with batchmates. See u at airport tomorrow ☺."

ৰূপকে মেচেজটো পাই কিছু আচৰিত হল। বহুত কিবাকিবি লিখিব বিচাৰিছিল যদিও শেষত এটা Ok টাইপ কৰি সামৰিলে।

হস্পিতালত পেচেন্ট চাওতে চাওতে প্ৰায় তিনিটা মান বাজি গ'ল। এতিয়াও প্ৰায় দহটা মান পেচেন্ট চাব বাকী আছে। “ঐ লাঞ্চ কৰি আহোঁ বল্”, ৰূপকৰ সহযোগী ডা: ৰাজেশে ৰূপকৰ কোঠাত সোমাই আহি কলে।

“পেচেন্ট খিনি চাই লও নেকি?” ৰূপকে কলে।

“বেছি টাইম নালাগে। ৰোল এটা এটা খাই লও বল” ৰাজেশৰ উত্তৰ।

ৰূপকে চকীৰ পৰা উঠিব ধৰোতে এটা পেচেন্ট তাৰ কোঠাত সোমাই আহি কলে, “চিতি স্কেন ৰিপৰ্ট টো কেতিয়ালৈ আহিব চাব?”

“চ টা মানলৈ আহি যাব লাগে, আপুনি মোক নাপালে ৰিপৰ্ট টো মোৰ নাম্বাৰত হোৱাটচ আপ কৰি দিব।” ৰূপকে নিজৰ মোবাইল নাম্বাৰ টো এটুকুৰা কাগজত লিখি পেচেন্ট জনৰ হাতত দিলে।

“আজি তোকে অলপ বেলেগ বেলেগ লাগিছে”, ৰাজেশে চাহৰ কাপত এটা শোহা মাৰি কলে।

“মানে?” ৰূপকৰ প্ৰশ্ন।

“মানে You look bit euphoric”, energetic. পেচেন্টক তই কেতিয়াও কনটেণ্ট নাম্বাৰ নিদিয়, কিন্তু আজি দিছ, What is so special today? মালতীৰ Birthday নেকি আজি? হোৱাটচ আপ ষ্টেটাচত আজি মালতীৰ আপদেট চালোঁ, ন-কইনাৰ দৰে সাজি কাঁচি ওলাইছে।”

“নাই নাই আজি তাইৰ কোনোবা বান্ধৱীৰ বিয়াৰ জোৰণ। মোৰ এটা বেলেগ কথাতহে মন ভাল লাগি আছে। Next Sunday আমাৰ বেটচৰ ৰিইউনিয়ন পাৰ্টীৰ কথাটো ভাবিহে ভাল লাগি আছে” ৰূপকে উৎসাহেৰে কলে।

“Really? আজিলৈকে তো তোক কেতিয়াও ৰিইউনিয়ন পাৰ্টী এটেণ্ড কৰা নেদেখিলো। What is so special this time?” চিকেন ৰোলত এটা কামোৰ মাৰি ৰাজেশে কটাফ্ৰৰ সুৰত কলে।

“একো নাই।” ৰূপকে যেন কিবা লুকুৱাব বিচাৰিছে।

“হব দে মোক বিশ্বাস কৰিব পাৰ।” ৰাজেশে নিজৰ উৎসুকতা জাহিৰ কৰি কলে।

“আচলতে আজি ৰাতিপুৱাই প্ৰাৰ্থনাৰ মেচেজ এটা পালোঁ। প্ৰায় পাঁচ বছৰ পিছত তাইৰ লগত প্ৰথম যোগাযোগ হৈছে।” ৰূপক আবেগিক হৈ পৰিল।

“Are you serious? তই বাটৰ কচু গাত ঘৰি লব বিচাৰিছ নেকি?” ৰাজেশে খঙত কলে।

“Come on, পাঁচ বছৰ আগৰ এটা misunderstanding ৰ কাৰণে মই মোৰ ইমান ভাল ফ্ৰেইণ্ড এজনীৰ লগত সকলো সম্পৰ্ক শেষ কৰি দিম নেকি?” ৰূপকে প্ৰাৰ্থনাৰ পক্ষত থিয় দি কলে।

“যি মন যাই কৰ, But be careful” ৰাজেশে টিচু পেপাৰেৰে মুখ খন মোহাৰিলে।

“আচলতে মোৰেই ভুল আছিল চাগে, May be I was just a good friend for her, মই চাগে তাইৰ পৰা আৰু বেচি আশা কৰি পেলাইছিলোঁ।” ৰূপকৰ চকু সেমেকি উঠিল।

“Absolutely not, তোৰ একো ভুল নাছিল। You were the topper of the batch. She saw bright future in you. সেইকাৰণে তোৰ লগত ছাঁ টোৰ দৰে লাগি আছিল। যেতিয়াই নিউজিলেণ্ডত well established লৰা এজন পাই গল-----

“হবদে আৰু”, ৰাজেশৰ কথাখিনি শেষ নৌহওঁতেই ৰূপকে কলে।

.....

“চৰী কাইলৈ চুটি নাপালোঁ, নেজ্জট টাইম-----”

ৰূপকৰ কথা শেষ নৌহওঁতেই মালতী চিঞৰি উঠিল, “মুন্সু অকল মোৰ ছোৱালী নহয় তোমাৰো ছোৱালী।”

“মোৰ কথাখিনি শুনাচোন ভালদৰে-আহা ভাত খাওঁ।” ৰূপকে পৰিস্থিতি শাম কটাবলৈ চেষ্টা কৰিলে।

“Zomato ত অৰ্ডাৰ কৰি ল'বা। আজি ভাত বনোৱা নাই।” দুৱাৰখন জোৰকৈ জপাই মালতী বেদৰুমে সোমাই গল।

ৰাতিপুৱা শ্বেভিং কৰি ৰূপকে আলমাৰিৰ পৰা এটা নতুন টি শ্বাৰ্ট আৰু জীনচ পেণ্ট উলিয়াই ললে। এয়াৰপৰ্টলৈ গাড়ী চলাই যাওঁতে সি এক অবুজ শিহৰণ অনুভৱ কৰিলে।

পাৰ্কিঙত গাড়ীখন ৰখাই সি বাহিৰলৈ ওলাই আহি মবাইলত মেচেজ চেক কৰিব ধৰিলে।

“অই গাওঁবুঢ়া কি খবৰ?” ৰঙা পাগুৰি পৰিহিত যুৱকজনৰ মাতত ৰূপকে পিছুলৈ ঘূৰি চালে।

“অই গাওঁবুঢ়া কি খবৰ ?” ৰঙা পাগুৰি পৰিহিত যুৱকজনৰ মাতত ৰূপকে পিছলৈ ঘূৰি চালে ।

“আৰে আৰ্নল্ড !” বহু বছৰৰ বিৰতিত সহপাঠী আৰ্নল্ড ওৰফে ডাঃ গুৰপ্ৰীত সিঙক দেখি ৰূপক উৎফুল্লিত হৈ পৰিল ।

“বাকী লাইফ কেনে চলিছে” আৰ্নল্ডে কলে ।

“হস্পিতাল ঘৰ- ঘৰ হস্পিতাল মাজে মাজে স্বপিং মল । That’s it.”, ৰূপকৰ উত্তৰ ।

“At least you are seeing patients. মইতো স্টেথোস্কোপ ধৰিবও পাহৰি গলোঁ । ফেমিলি বিজনেচত ইচ্ছা নথকা স্বত্তেও সোমাই পৰিব লগীয়া হল । পাপাৰ অসমৰ প্ৰতি বৰ টান, Loss হৈ থকা স্বত্তেও টি গাৰ্ডেন কেইখন নেবেচে । এইবাৰ আৰু এখন কিনিব, মুম্বাইত বহুত কাম,

সেইবাবে লাষ্ট মোমেণ্টত মোকে পঠিয়ালে পেপাৰৱৰ্ক বাবে” – আৰ্নল্ডে নিজৰ অৱস্থা জাহিৰ কৰিলে ।

“তইতৰ ইমান ডাঙৰ গ্ৰুপ- হস্পিতাল বিজনেচত নোসোমাব কিয় ?” ৰূপকৰ প্ৰশ্ন ।

“মোৰতো ইচ্ছা আছেই, কিন্তু পাপা ৰিয়েল ইষ্টেটতহে বেছি ইণ্টাৰেষ্টেড ।” আৰ্নল্ডৰ উত্তৰ ।

“I see.” ৰূপকে কলে ।

“বাৰু তই আমাৰ batch ৰিইউনিয়ন পাৰ্টীৰ কথা গম পাবনে ?” ৰূপকে সুধিলে ।

“Yes, সেইদিনা গ্ৰুপত কোনোবাই মেচেজ দিছিল । ডিটেইলত চোৱা হোৱাই নাই । I am so busy with this new deal.” আৰ্নল্ডৰ উত্তৰ ।

“Yes, সেইদিনা গ্ৰুপত কোনোবাই মেচেজ দিছিল । ডিটেইলত চোৱা হোৱাই নাই । I am so busy with this new deal.” আৰ্নল্ডৰ উত্তৰ ।

“আজি প্ৰাৰ্থনা আহি আছে । মই তাইক ৰিচিভ কৰিব আহিছোঁ । ৰূপকে উৎসাহেৰে কলে ।

“গ্ৰেট, প্ৰাৰ্থনাক বহু বছৰৰ পিছত লগ পাম তেনেহলে । মোৰ আংকল এটা বজাত লেগু কৰিব । নিউজিলেণ্ডৰ পৰা ডাইৰেক্ট ফ্লাইটত আহি আছে ।” আৰ্নল্ডে জনালে ।

“Maybe they are in the same flight.” ৰূপকে এটা হাঁহিমাৰি কলে ।

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আৰ্নল্ডৰ খুড়াক আহি তাৰ গাড়ীত বহিল ।

“ৰূপক এইফালে” কলা পালাজো আৰু বগা লিনেন টপ পৰিহিত ছোৱালী এজনীয়ে হাত জোকাৰি মাত লগালে ।

“ৰেলকাম”, এটা প্ৰফুল্লিত হাঁহি মাৰি ৰূপকে প্ৰাৰ্থনাক সম্ভাষণ জনালে।

“বলা সোনকালে হোটেল যাওঁ। ৰিইউনিয়ন পাৰ্টীৰ প্লান কৰিব লাগে। অৰিন্দম, মালাইত হোটেল আহি পালেই। মোক জাষ্ট মেচেজ কৰিছে।” প্ৰাৰ্থনাই উৎসাহেৰে কলে।

“হাই প্ৰাৰ্থনা। কি খবৰ?” আৰ্নল্ডে সতকাই তাৰ মুখত লাগি থকা স্বভাৱসুলভ হাঁহিটোৰ সৈতে সুধিলে।

“আৰে আৰ্নল্ড, মানুহটো একেবাৰে disappear হৈ গলা যে। গ্ৰুপত কোনোবাই টেগ কৰিলেও ৰিপ্ৰাই নাই।” প্ৰাৰ্থনাই হাঁহি হাঁহি কলে।

“কি কৰিবা। Life has been limited to clients and meetings. বাক ৰিইউনিয়নত ভালদৰে কথা পাতিম। এতিয়া আংকলক লৈ আমাৰ হোটেললৈ যাওঁ।” আৰ্নল্ডে প্ৰাৰ্থনাৰ পৰা বিদায় মাগিলে।

“কোনখন হোটেল?” প্ৰাৰ্থনাই সুধিলে।

“গ্ৰীণ আচাম।” আৰ্নল্ডৰ উত্তৰ।

“Wow. আজিহে গম পালোঁ সেইখন তোমালোকৰ হোটেল বুলি। By the way, I will be your guest for next one week.” প্ৰাৰ্থনাই ধেমালিৰ সুৰত কলে।

“ফেণ্টাষ্টিক। See you there.” আৰ্নল্ড নিজৰ গাড়ীৰ ফালে আগবাঢ়িল।

“বাই”, প্ৰাৰ্থনাই ৰূপকৰ গাড়ীৰ পিনে খোজ ললে।

এনেতে প্ৰাৰ্থনাৰ চকু আৰ্নল্ডৰ গাড়ীখনৰ ওপৰত পৰিল। হঠাৎ তাই নিজৰ গতিপথ সলনি কৰি আৰ্নল্ডৰ গাড়ীখনৰ পিনে আগবাঢ়িল। ৰূপকেও তাইৰ পিচ ললে। আৰ্নল্ডে গাড়ীখন ষ্টাৰ্ট কৰিব ওলাইছিলহে, প্ৰাৰ্থনাক দেখি সি বাহিৰলৈ ওলাই আহিল।

“Is this the latest Rolls Royce Phantom?” প্ৰাৰ্থনাই পৰম আগ্ৰহেৰে সুধিলে।

“য়েচ, পাপাৰ গাড়ীৰ বৰ চখ, মোৰ বাক এইবোৰত সিমান নিচা নাই।” আৰ্নল্ডে হাঁহি হাঁহি কলে।

প্ৰাৰ্থনাই ৰূপকৰ পিনে ঘূৰি অলপ নিম্নস্বৰত কলে, “ৰূপক If you don't mind, মই আৰ্নল্ডৰ লগত হোটেললৈ যাব পাৰিম নেকি?”

আৰ্নল্ড কিছু অপ্ৰস্তুত হল, সি কিবা কোৱাৰ আগতে ৰূপকে তাৰ সমস্ত আবেগ নিয়ন্ত্ৰণ কৰি কলে “It's absolutely okay. See you at reunion party.”

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ডাঙৰ বৰষুণ এজাক হৈ গল । সাংঘাতিক ট্ৰেফিক জাম । ৰূপকে ৰেডিঅত গান শুনি লাহে লাহে গাড়ী চলাই ঘৰমুৱা হৈছে । ঘৰ পাওঁতে হয়তো তিনিঘণ্টা মান লাগি যাব । ট্ৰেফিকত এবাৰ গাড়ীখন সম্পূৰ্ণৰূপে বৈ যাবলগীয়া হল । এনেতে এজন বাৰ তেৰ মান বছৰীয়া লৰাই ৰূপকৰ গাড়ীৰ থিৰীকিত টুকুৰিয়ালে । ৰূপকে গ্লাচ খন নমালে ।

“চাৰ এইটো ফুল লওঁক – মাত্ৰ বিশ টকা, একেবাৰে সতেজ ফুল ।” লৰাজনে এটা গোলাপ ফুল ৰূপকলৈ আগবঢ়ালে ।

“যিহে ট্ৰেফিক, তোৰ সতেজ ফুল মই ঘৰ পোৱালৈকে মৰহিয়েই যাব ।” বিষন্নতাই গ্ৰাস কৰা ক্লান্ত মুখমণ্ডলত জোৰকৈ হাঁহি এটা আনি ৰূপকে কলে ।

“ৰব চাৰ ।” এইবুলি কৈ লৰাজনে তাৰ বেগৰ পৰা আন এটা ফুল উলিয়ালে আৰু ৰূপকৰ পিনে আগবঢ়াই কলে, “এইটো মাত্ৰ দহ টকাত পাব চাৰ । মৰহিও নাযায়, কিন্তু এইটো কাগজৰ ফুল.....”

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Dissociative Disorder Patients in Peripheral Areas



Dr. Habiba Begum
Senior Resident
Dhubri MCH

2024

Suvenir

Dissociative disorder is a very common clinical condition encountered in peripheral areas of Assam. I am working in Dhubri Medical College since last year September month as a senior resident in the department of psychiatry and from the very first day of my posting I am seeing patients with dissociative symptoms.

Patients are often brought to psychiatry department as referral from medicine department. People here often think the symptoms are result of some black magic or influence of some spirit or supernatural power. So at first they used to go to the faith healers wasting lots of money and time as well. Dissociation is found to be more prevalent in females as they are more emotionally driven due to various factors. It may be associated with trauma at times.

Dissociation is conceptualized as a disruption, interruption and or discontinuity of the normal subjective integration of potentially any aspect of experience and cognition including behavior, memory, identity, consciousness, emotion, perception, body representation and motor control. DSM-5 has classified dissociative disorder as dissociative identity disorder, dissociative amnesia, depersonalization/derealization disorder, other specified dissociative disorder and unspecified dissociative disorder. Whereas ICD 10 has classified it as dissociative amnesia, dissociative fugue, dissociative stupor, trance and possession disorder, dissociative motor disorder, dissociative convulsions, anaesthesia and sensory loss, mixed dissociative disorder, other dissociative disorder and dissociative disorder unspecified. While ICD11 has classified dissociative disorders as dissociative neurological symptom disorder, dissociative amnesia, trance disorder, possession trance disorder, dissociative identity disorder, partial dissociative identity disorder, depersonalization-derealization disorder, other specified and unspecified dissociative disorder.

How to manage such cases?

Dissociative symptoms mostly arises from difficulty in handling one's emotion and stress. On long term basis these patients get benefit if they are taught managing stress and emotions, coping styles. Coping can be emotion focused or problem focused. Emotion focused coping leads to a change in a way without changing the objective situation where threat is diminished by changing the meaning of the situation. While problem focused coping is directed at defining the problem generating alternative solutions, weighing alternatives in terms of their costs and benefits, choosing among them and acting. For immediate symptom relief anxiolytic medications along with relaxation methods are useful. Cutting the secondary gain is also very important which may act as maintaining factor for the disease.

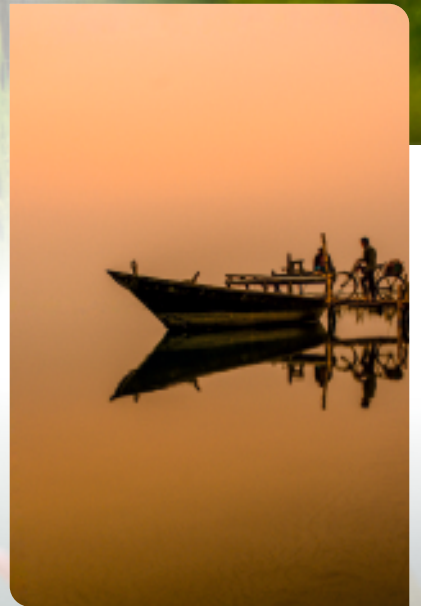
Photography section



Dr. Apurba Rabha

Dr. Kuldeep Thakuria





Photography by
Dr. Kuldeep Thakuria



17th MID YEAR CONFERENCE OF Indian Psychiatric Society-Assam State Branch Final Announcement



PROGRAMME SCHEDULE

8.00 AM - 9.00 AM
11.00 AM - 11.30 AM

BREAK FAST & REGISTRATION
INAUGURATION CEREMONY

VENUE : 4th FLOOR, HOSPITAL BUILDING

SATURDAY, 18th MAY, 2024

TIME	SPEAKER & TOPIC	CHAIRPERSONS
9.00 am to 10.00 am	Prof. (Dr.) Ranjan Bhattacharyya Spectrum of Psychiatric Disorders Misdiagnosis vs Overdiagnosis.	Lt Col (Dr.) Rachit Sharma Prof.(Dr.) Asim Kumar Mallick
10.00 am to 11.00 am	Prof. (Dr.) Deepanjali Medhi Topic : Gut Brain Axis	Prof. (Dr.) Lahari Saikia Dr. Bijoy P. Chaudhuri
11.00 am - 11.30 am : INAUGURATION CEREMONY		
11.30 am to 12.30 pm	Dr. Tribeni Bhuyan Understanding LGBTQ+: How sensitized are we?	Prof. (Dr.) Anku Moni Saikia Prof.(Dr.) Dipesh Bhagabati
12.30 pm to 1.30 pm	Dr. Mustakim Ahmed Medical clearance of Psychiatry Patient	Prof. (Dr.) R. U. Zaman
Lunch Break 1.30 PM-2.15PM		
2.15 pm to 3.15 pm	Dr. Dipayan Sarkar Current trend in Opioid and treatment facilities	Prof.(Dr.) H.R. Phukoon Dr. Zakir Hussain
3.15 pm to 4.15 pm	Dr. Chayanika Choudhury Ethics and Practices in Telepsychiatry	Prof. (Dr.) Gunajit Das Prof.(Dr.) H. K. Goswami
HIGH TEA		
4.15 pm to 5.15 pm	Dr. Jayanta Kurmi Management of Benzodiazepine Dependence	Dr. Munindra Medhi
5.15 pm to 6.15 pm	Prof. (Dr.) Suresh Bada Math Psychiatric Assessment in death penalty cases	Prof. (Dr.) Soumitra Ghosh

12.00 Noon- 1.30 PM

Poster Presentation.

Judges : Prof. (Dr.) Sabita Dihingia, Dr. Utpal Bora, Dr. Uddip Talukdar



Discussion with Prof. (Dr.) Anku Moni Saikia, Principal DMCH, Dhubri
(Organizing Committee and Faculty Member's)





Pre-conference discussion & planing with Prof. (Dr.) Anku Moni Saikia, Principal DMCH, Dhubri
(Organizing Committee and Students Union, DMCH)





Flag off by Prof. (Dr.) Anku Moni Saikia, Principal cum Chief Superintendent and Prof. (Dr.) Gunajit Das, (Superintendent) DMCH with Organizing committee and guests of Conference, Faculty members, MBBS Students, Staffs & volunteers of Dhubri District



