

*Celebrating 60 years*

*Alumni Meet 2013*



**DEPARTMENT OF PSYCHIATRY**  
*National Institute of Mental Health and Neuro Sciences*  
*(NIMHANS) Bangalore, India*



# The very First Batch of all Disciplines





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# *In the Souvenir*

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*Messages*

*At the Helm*

*Journey so Far*

*Blast from the Past*

*Back to the Future*

*Johari Window*

*Department Today*

*Through the Hubble*

*We were Here*

*Acknowledgements*



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# *Messages*

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## *Message from the Patron*



I congratulate the Department of Psychiatry, NIMHANS, for its resplendent journey over the past 60 years. I have been an observer, and a part of this luminous journey, for the last 30 years. The department was started in the current premises as the first and only well designed mental hospital of the country in 1936 and is celebrating its Platinum Jubilee now. Various milestones of the Department of Psychiatry, NIMHANS have been the forerunner of many of the mental health policies, practice and training initiatives in the country.

The open system of patient care, delivery of care near to the patients by the community based care, addressing the family than stigmatizing the patient, providing care for special groups like children, elderly, women and homeless mentally ill have reiterated the humane philosophy of the department. Multidisciplinary practice and liaison in patient care, training and research make it egalitarian. The comprehensive practice of mental health care of patient is evident in the location of the Rehabilitation Centre and NIMHANS Centre for Well-Being within the department.

Students and trainees are provided training, skills and support in an exemplary manner. The sense of belonging the department has been providing to its trainees is remarkable. The Alumni Association Meet is a 'home – coming' for every trainee over the past 60 years. During this meet, doyens from 50s to date, spread across the globe, will share the platform with the current trainees. The irrefutable pride 'I am an alumnus of the Department of Psychiatry, NIMHANS', in every one of them makes the beacon of the department shine bright.

I wish the Alumni Association Meet of the Department of Psychiatry all success.

A handwritten signature in black ink, appearing to read 'Dr. P. Satishchandra', with a horizontal line underneath.

**Dr. P. Satishchandra**  
Director & Vice- Chancellor  
NIMHANS, Bangalore



## *Message from the Chair*



Sixty years in the life of an Institution is a bittersweet milestone. It has now reached a mature middle age, and has acquired a hazy past, but is well established enough to contemplate an infinite future. Addressing the future and the past is now simultaneously possible. The remembrance of things past, and their celebration, at this point, is thus a rite of passage. The Department of Psychiatry, which formally began in the mid-1950's, owes its origins to a historical process that began more than a century and a half ago.

It was sometime in the late 1830's that a separate ward for the mentally ill was opened in the Hospital for Peons, Paupers and Soldiers in the Cantonment of Bangalore, to provide services for the soldiers of the East India Company, and the native population of Bangalore. This gradually expanded, took over a disused Jail, a new building was built and finally in the 1930's a new campus was built to house the mentally ill in salubrious surroundings away from the din and bustle of the city. The open atmosphere, lack of restraint and the excellent help provided by the staff soon became well known, and many visitors would be shown around this campus, as a model of what an independent Indian Kingdom could achieve, without any Imperial involvement. It is now 75 years that this campus has been in use. The buildings themselves are in marked contrast to most Asylums in India. The hospitals in Ranchi, and in Bangalore were designed and constructed in the 20<sup>th</sup> century, and built according to the 'most-modern' designs of least restraint, allowing a therapeutic environment to emerge. The ones at Ranchi were guided by principles of racial segregation (which seemed anachronistic), while the one in Bangalore was genuinely modern, according to Prof E Mapother, during a visit to India in 1937. Diwan Mirza Ismail, and Dr F Noronha took care to lay out extensive gardens, with the help of Gustav Hermann Krumbiegel, the German botanist and the horticultural adviser to the Maharaja of Mysore. As Sir Ismail Mirza noted, he was happy that the general population of Bangalore viewed the grounds as picnic spot rather than a dreary asylum!

The need to train specialists had become apparent by the mid-twentieth century, but it was only after Independence that this could be transformed into reality. Influenced

perhaps by Mapother's views, the Government of India decided that post-graduate training would begin here and the All India Institute of Mental Health was thus established, with the Department of Psychiatry as one of the founder departments. Prof Willi Mayer-Gross visited here in 1951-52, when he helped plan the teaching and prepare the material, and then again in 1956-59. The initial faculty in addition to Dr MV Govindaswamy and DLN Murti Rao, thus included Willi Mayer-Gross, J Hoenig, DM Lieberman, as also Dr Gopalswamy, SK Ramachandra Rao and others. This eclectic mix offered training in Psychiatry, Neurology, Neurophysiology, Psychology, Indian Philosophy, Biochemistry and occasionally even English literature.

The department has now grown, and more than 900 psychiatrists have passed through its portals. The Diploma in Psychological Medicine, which was initiated in 1954, was somewhat congruent with the DPM training at the Institute of Psychiatry, and was supplemented by an MD (Psychiatry) in 1966. The Department itself was revamped on a number of occasions, notably in 1974, when the AIIMH was transformed into the NIMHANS, and again more recently when the Department of Child Psychiatry was designated as a separate service. We now have 32 faculty in Psychiatry, and 4 in Child Psychiatry, and almost a hundred resident doctors.

The values that made this campus acquire such a glorious reputation were a commitment to patient care, an open-ness to diverse ideas, an inquisitiveness to delve deeper into the mysteries of mental illness using whatever science, technology, psychology, philosophy and even religion had to offer, and also make all this possible in a cosmopolitan atmosphere. To that extent, if walls could talk, they would have a lot to say about all the discussions and vehement arguments of various fads and fancies in Psychiatry over the past century!

We meet today, at one corner of the erstwhile gardens, for a little while, feeling nostalgic, imprisoned by our memories by the way things used to be, and could have been. The future is still receding from our understanding, and the fundamental questions about mental illness still remain unanswered. The basic values that exemplified this campus thus need to be reaffirmed and strengthened. And the torch that was lit sixty years ago needs to be passed on for many more generations.

*Dr. Sanjeev Jain*  
Professor & Head  
Department of Psychiatry





## *From the Organizing Secretaries*



Santosh Loganathan, Pratima Murthy, Senthil Reddi

Many years ago, a NIMHANS alumnus remarked that although one moves out of NIMHANS, the umbilical cord is always intact. This remark comes back in memory periodically and has acquired an even greater significance on the occasion of the NIMHANS Psychiatry alumni meet. On this occasion, the etymological meaning of alumni, as belonging to a place that nourishes, makes even greater sense.

It is an honor and a privilege to be associated with the organization of this particular event which is a special celebration of 75 years of the building where the Department of Psychiatry stands and 60 years of the Department.

During the earlier golden jubilee celebrations of NIMHANS, we had an alumni meet of the Department of Psychiatry. It was indeed a memorable occasion. Some of our oldest alumni were present and made it an event to cherish. Some of our friends, including a few very senior alumni who were with us on that occasion have passed on. On this occasion, we fondly remember all our alumni, old and young, who are no longer in our midst.

We have nearly 950 alumni from our department all over the world and we wish all of them could have made it for this event. Several efforts have been made to contact every one of them. We are grateful to all those who have helped us in reaching the message

of the alumni conference far and wide, particularly through the internet. Many alumni who have been unable to come have expressed their regret and their presence at the event in spirit.

It seemed daunting at the start to take on this responsibility, but it has been an absolute pleasure working with an awesome team that has made things so easy.

Our director Dr. P Satish Chandra has been extremely supportive of this event from the start. Shoba's support, Sanjeev's leadership, Shekhar's innovative 'programming', Janardhan and his gang of boys' attention to the details of registration, Prabha's active communication, Srikala and her young brigade's enthusiastic planning of the souvenir, Satish Girimaji's and Jagdish's careful planning of gourmet delights, Vivek's creativity, John's masterful handling of the venue, Mathew's meticulous management of finances and the very gracious support of our senior alumnus Dr. Kalyanasundaram has made the lead-up to the event a really smooth ride. Every one of our current faculty has been involved in one or other committee. Our young colleagues, Deepak Jayarajan and Ram Kumar have handled the online activities wonderfully well, as have many of our senior residents on various committees. Our office and other staff, including Sudha, Geeta, Lakshman, Neelaveni and Prasad have been a great help as have our office attenders Subbaiah and Munilakshamma.

We have intentionally kept the event light, interactive, personal – an ideal homecoming for our alumni to unwind and rewind to 'those good old days'.

**WELCOME BACK !!**

Pratima Murthy, Santosh Loganathan, Senthil Reddi



## *From the Souvenir Committee*

Planning, designing and preparing this souvenir has been a challenging but delightful experience! We have been afflicted with it long enough, bitten by the deadline bug!! The initial period was propelled by the excitement of meeting batch mates, juniors, oldies and goldies over the web and photos. Soon we realized the magnanimity of the task at hand. It took some brainstorming sessions to decide what should go into the souvenir, since the historical aspects of the department had been covered very elegantly and thoroughly in the golden jubilee souvenir. History was not to be repeated!! We wanted the souvenir to be a 'memorable read', hence, we asked our alumni to pen down recollections from their times at NIMHANS.

It was fun going through the write-ups, and seeing ourselves and others in old photographs. 5-7pm had become 'Intense souvenir time' for several days in the last month, of course, not to forget, the endless battles with Macs and Windows thereafter. Making of the souvenir was an experience filled with pleasure, laughs and hard work... but more than anything else it was like travelling through times that our alma mater has lived. We frequently found ourselves wishing we were there through all the times that our alumni have remembered in their writings.



**Dr Srikala Bharath** with her team,  
Standing L-R: Dr Nishanth, Dr Karthik, Dr Vijay,  
Dr Geetha, Dr Smitha, Dr Eesha, Dr Sivakumar

This souvenir is a journey that starts with 'Messages', brings to you words from those 'At the Helm', describes the department's 'Journey so far', explodes with a 'Blast from the Past'... then takes you 'Back to the future'... .. gives you a view of others on the department through 'Johari Window'... and finally we present to you the 'Department Today'. Beyond that, our young faculty has dared to dream and predict how we would be in 2050 'Through the Hubble'..

We hope that this journey is as enlightening and enriching for you, as it has been for us. For the department and all those who are and who will be associated with it, the journey shall never end, for the purpose is not to reach a destination but to continue finding roads not yet travelled.

Finally, the 'thank you's!' Our heartfelt thanks and gratitude go to all our alumni, past and present, spread across the country and globe who contributed (in time and out of time!) to this souvenir. Our Director, Dr. P Satish Chandra cannot be thanked enough, for his constant encouragement and support. Our comrades from other departments, Dr. A.B. Taly, Dr. B. Indra Devi, Dr. Reddamma, Dr. Parthasarthy and Dr. Ahalya Raghuram, have generously shared with us their relationship with our department and made us richer and prouder of ourselves. Nothing that we bring to you in this souvenir would have been possible without the love and motivation from the entire present faculty, senior residents and students in the department today. We would especially like to thank Dr. Pratima Murthy, our Organizing secretary, for her enthusiasm and involvement in the making of the souvenir.

So, alumni of NIMHANS, we present to you this souvenir, to enjoy and to cherish, and to be a reminder of what we have been, what we are and to inspire us to dream big for the endless future.

***Dr. Srikala Bharath***  
Chair, Souvenir Committee







# *AT THE HELM*





# A MUST HAVE EXPERIENCE



One of the high lights of my career in Psychiatry has been my being the head of department for two years. The Department of Psychiatry at NIMHANS is a vibrant group of very committed and talented professionals who took some handling! Once we as a group started having regular faculty and staff meetings my understanding of them was so much better and I found that as a cohesive group most issues could be sorted out.

Some events need mention and one of them is the absence of a batch of post graduates who were unable to join the course and this happened before I took over. This void in the residency programme had understandably a big effect on the department. The staff, and the residents in particular, had a hard time but what was commendable was the way everyone rose to the occasion.

The other event was the golden jubilee celebrations that occurred in my time as head. Like this year's meeting that too was full of planning and joy of meeting friends and students.

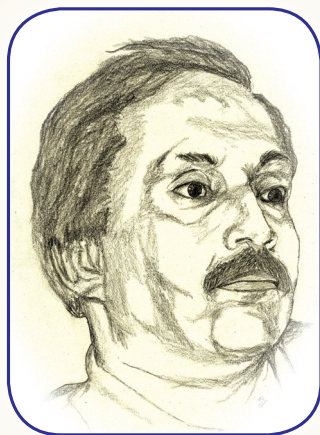
I also feel happy that I subsequently got the opportunity of heading another department and that is the Department of Child and Adolescent Psychiatry which came into being about two years ago.

The HODship, and a rotating one is not an easy task to undertake but the exposure and challenges that it gives one is a 'must have experience' in a professional's life. I am really glad that NIMHANS has this rotating headship as it gives a large number of the faculty the chance to take on this role.

**Dr. Shoba Srinath**  
**HOD (2004-06)**



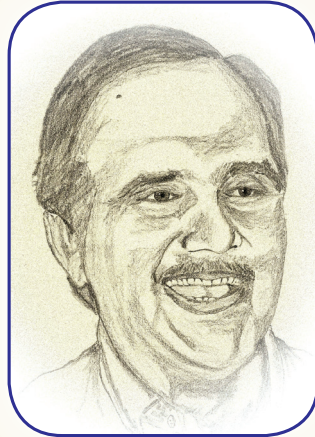
# FROM MY HEART



The department of Psychiatry at NIMHANS has been a best working place. The work culture has been nurtured not only by the heads but also the rest of the staff. However, the role of the previous heads has to be appreciated for, they chose the right staff to run the department. These heads also helped formation of right working groups that has led to development of novel and specialized services for the patients. The leadership also helped focused research of a continuing nature. In this background, heading this department may not seem challenging but overwhelming. I have found this role very gratifying. Of course, I needed to fortify some of my attributes to perform this role. Earlier heads provided me a good model for shaping myself to such a role of the department's head. My successor too was of profound help in my tenure, as I had to perform role of medical superintendent too. Some even remarked that my role as head was substantially replaced by the successor. The colleagues, both senior and junior, were very supportive. The PGs too were cooperative. The administration interfered very little. To summarize, it was a great joy and satisfying experience to perform the role of HOD psychiatry at NIMHANS. This statement is truly from my heart and not just because I will never have to repeat this role.

*Dr. B N Gangadhar*  
*HOD (2007-08)*

# HEADSHIP DAYS



My term as the Head of Department [HOD] of Psychiatry was from 2009 to 2011. I had the unique privilege of serving as HOD with three Directors/Vice Chancellors and two Registrars! That itself is something, and I could get a good feel of administration by the Institute leaders from close quarters. The initial period was with many uncertainties, with which there was a strange comfort, as we were so used to that.

Some memorable and significant events during this period, for the department were the NIMHANS Royal College of Psychiatrists Joint International conference, the Karnataka IPS branch Annual conference KANCIPS, a score of Workshops on Chronic Pain, pedagogy and many other topics, being In charge of the Department of Psychiatric and Neurological Rehabilitation [both Neuro & Psychiatric sides], letting go of the Child Psychiatry unit, and see it form as an independent Department of Child and Adolescent Psychiatry, MoUs with the Royal College of Psychiatrists, UK and University of British Columbia, Vancouver, Canada, and having two eminent professionals as Visiting Professors to the department, Professor Dinesh Bhugra and Professor Mohan Isaac.

Answering parliamentary questions and RTIs were the most demanding [pressure of time to answer in a few minutes] and amusing tasks. The meetings with central and state ministry officials and visits to Nirman bhavan and Vikas Soudha were like adventures. It is reassuring to know that the state's and nation's leaders and policy makers care for mental health. Educating policy makers about mental health was really tough. Fighting for what the department needed and what was good for mental health became a hobby.

Racing against time for unexpected, unscheduled meetings and deadlines was fun. Literally, lived two years of uncertainty and demands from all quarters – visits, visitors, meetings, committees, media queries and interviews, inaugurations and valedictions, selections, welcomes, farewells, and many more. Early on I had realized to be prepared for anything, anytime, anywhere, and that helped. Even free time came unexpectedly – meetings were cancelled, visitors did not turn up and so on.

It gave me an opportunity to know my staff, faculty, colleagues and more importantly residents. Meeting residents, junior as well as senior, individually and in groups, was a delight, holding faculty meetings a joy, and dealing with their problems an education.

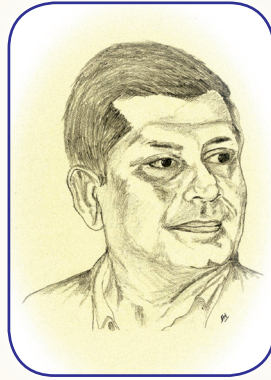
During the last trimester, I managed to move into the ground floor HOD room, once occupied by the first Directors and early Medical Superintendents. Must admit I got more support than I deserved or expected from each and every one, including the higher authorities! I had anticipated that this tenure may slacken my academic work, but it did not, nor did it prevent me from organizing two weddings of my children, in a span of six months!

I thank everyone for letting me do this thankless job without developing a stress related disorder!

*Dr. S K Chaturvedi*  
*HOD (2009-11)*



# TWO YEARS AS HEAD OF DEPARTMENT



Having been on the faculty since 1986, I have had the privilege of being the Head of the Department since 2011. The faculty strength is now thirty-two, some of whom have been colleagues right from one's student days, and others whom one has had the pleasure of knowing as students and associates. Many have travelled a long way to other shores, to come back; and some have come here to begin a career of exhausting toil, but I hope, gratification. Keeping eyes on the road, while ones hands are on the wheel, is all that is required of the head of the department. The engine of the Department has a life of its own. The faculty's interests gird the whole universe of psychiatry, from the cell to society, with the brain and its behavior as its major tool of enquiry. In these two years, we have added a few faculty members, and more are on the way. The number of students has been increased. The entrance examinations have been revamped and more changes are expected. The training of residents is, we hope, getting better all the time. The research portfolio is getting bigger, and though the future may seem uncertain, we can hope that at the end, the work being done will make it clearer.

At a personal level, I have benefited enormously from being here for three of the six decades of the Departments' existence. Attending reviews of Fanon, Eccles, Popper, Kuhn while being taught issues as disparate as the intricacies of membrane biology and its role in psychiatric disease, and 20<sup>th</sup> century humanism and its tension with both psycho-analysis and behaviorism, with colleagues and teachers made a heady mix. These discussions have not lost their fervor, and we could still go on for hours (and often do) exploring these. Ensnared in this privileged atmosphere, exposed to a fascinating view of human experience, in the company of committed colleagues, it could hardly be better than this.

This, as friends outside the glass-bowl of NIMHANS point out, is not always a good thing. Vehement and passionate opinions are supposed to be the stuff of student days. And one can be accused of having a romantic ideal of a 'student existence' as a career. But in a field where there are no definite answers, being a chronic student is pragmatic, and satisfying! As a faculty, and teacher, however, what has been most gratifying is that idealism, defended with vehemence and passion, is quite in evidence, despite the cynicism of the world outside. And that is quite enough!

*Dr. Sanjeev Jain*  
*HOD (2011 onwards)*







Oil Sketch of the Department of Psychiatry



# *Journey so Far*





2004

- Golden Jubilee Year celebrations
- International Symposium on Addiction
- Psychosocial relief and rehabilitation in tsunami affected areas

2005

- International Congress on Psychiatry: Challenges to the Global Community
- Workshop on Life Skills Education for Adolescents



2006

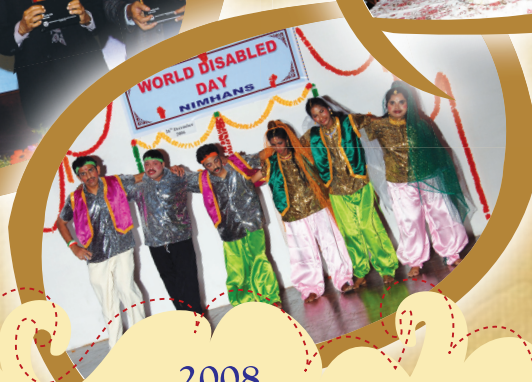
- Yoga Therapy Services
- MRI analysis facility (Fogarty-ICOHRTA Grant)
- Perinatal Psychiatry Services
- Manual for "Caregiver Training in Dementia in South India" - Fogarty International Project
- AADHARA services for mentally challenged
- National Consultative Meeting for the NMHP



2007

One-year Psychiatry training program for medical officers as part of NMHP

- Metabolic clinic
- Indo-US symposium on research in Autism
- International Symposium on OCD
- Workshop on Substance Abuse and Mental Health Issues: Workplace intervention in Prisons
- NIMHANS-FOGARTY International Indo-US Training Program
- Washington University School of Medicine: Symposium on Research Ethics



2008

- Opening of the new Psychiatry Open General and Short-stay Wards
- Psychiatric Rehabilitation Services shifted to the new Neuro-Psychiatry Rehabilitation Block
- Post-Doctoral Fellowship in Child and Adolescent Psychiatry
- MoU – Department of Psychiatry with Center for Addiction and Mental Health, CAMH, Canada; The royal College of Psychiatrists, UK and the University of British Columbia, Canada.
- Advanced Center for Yoga - Mental Health and Neurosciences
- Fogarty/ICHORTA Training Programme in Behavioural Disorders
- Monthly workshops on Chronic Pain in collaboration with the International Association for Study of Pain



2009

KANCIPS: Recent Advances in Psychosocial Interventions  
Increase in frequency of De-addiction OPD services  
ECT TMS CME



2010

- Joint Conference of NIMHANS and the RCP – NIMRCPSYCON
- World Association for Psychosocial Rehabilitation Conference
- MoU between NIMHANS and JNCASR (Jawaharlal Nehru Center for Advanced Scientific research) and IISc
- Department of Child and Adolescent Psychiatry
- Mobile phones replace the once erstwhile pager
- De-addiction services renamed Center for Addiction Medicine SERVICE (Services for Enhanced Recovery with Intensive and Continuous Engagement) program
- Dedicated Mother-Baby Unit
- Dedicated Geriatric ward



## 2011

- Molecular Genetics Lab and Cognitive Neurobiology Lab begin in the Neurobiology Research Center (NRC)
- Free Legal Aid Services
- Emergency Psychiatry and Acute Care Services begin, with a designated senior resident
- NIMHANS Center for Well-Being : A multidisciplinary outreach service
- Sikkim earthquake relief work



## 2012

- DM in Child and Adolescent Psychiatry
- Post-doctoral Fellowships started in schizophrenia, OCD, Addiction Medicine, Emergency Psychiatry, Geriatric Psychiatry, Community Psychiatry and Consultation-Liaison Psychiatry.
- Initiation of construction of a proposed 20-bed inpatient facility for women registered under the Center for Addiction Medicine.
- Multi-modal Brain Image Analysis Lab starts at the NRC
- Separate beds earmarked for adolescent patients in the male and female open general wards
- Recognition of NIMHANS as an Institute of National Importance

# Blast from the Past!





*1950s*



*Tenzing and Hillary conquering Mt. Everest in 1953*



## CHERISHED MEMORIES OF MY YEARS IN AIIMH



**Sarada Menon (1957)**

This describes bits and pieces of memories of my days in NIMHANS (AIIMH) 55 years ago. In my batch of twelve students, three were ladies (the other two are no more). There was one lady in the first batch and she moved over to Newfoundland soon after her course. There were few Psychiatrists in those days and no lady Psychiatrist. Much against the wish of my father, Professors and Colleagues, I joined the training programme as I was very much interested – first in Psychology, and then in Psychiatry. I was a student between 1957 – 1959. I relate a few experiences involving persons and work. If they are ‘muddled’ up, forgive me, for I am in the ‘muddling’ stage of my life. A nice sunny morning, Wednesday – clinical conference day – the Director to preside. All was solemn in the hall. The Director arrived. The 2<sup>nd</sup> year student (DPM) was presenting his case. He started with a little mix up of

the personal details, then corrected himself mumbling and stuttering, and it took some time to retrieve himself from his derailment. The chair was restless, shifting position, sweating, frowning at the Deputy Director, till he could hold no longer and walked out of the room in a fury with a warning to everybody to prepare for the performance or else face – what? Every one was glum; there was a semblance of a meeting and we all dispersed for coffee. One week later, what do the stars foretell? Another 2<sup>nd</sup> year student was to do the ritual. He changed the schedule and presented the patient first. With his (patient’s) spontaneous talk – humor - and with personal criticisms of most of us, including the Director, he kept us engaged, laughing and exchanging glances, regarding the Director’s stance. He, like all of us, was enjoying himself. The meeting continued, no arguments about the diagnoses, and all ended well.

Lesson - What is so bad about feeling good? The patient was in a good mood and his mood was infectious; sprinkle some hypomanics in a crowd and all will go well. Monday morning – case conference to be chaired by the Deputy Director Dr. D.L.N. Murthy Rao. I was a little late and apologized with an explanation that I was giving ECT. Promptly came the query, “what time did you come?”, ‘Seven O Clock Sir’ – I said. “From tomorrow come at 6.30 A.M” was his rejoinder. He spent a whole week of 2-hour lectures on case taking and would dictate notes to be recorded by the student at every review of each case. The thoroughness with which this was done still influences my habit of review recording, and I was not able to tolerate any student who lacked this practice.

His out patient clinic would start at about 2 p.m. and there were days when it would go on until late in the evening. On one occasion it was 8 p.m., and there was no suggestion of closing down or relieving the student. He walked home (next door), and I was quite nervous about going home alone. In those days there was no habitation between the Institute and my residence; it was very lonely and dark. Somehow I managed the challenge and reached home safe. The next morning he came up to me and said, "I am sorry, I kept you so late. I should have sent an attendant to see you home". I smiled thankfully. This was the reason why I had no patience later with the junior doctors who complained of being detained when there was excess work.

After I passed, I was posted to the Mental Hospital in Chennai and 2 years later, I took over as Superintendent of the hospital. I wrote to him and mentioned my anxiety about this posting and he replied to me with both congratulations and re-assurance. Later the same year, I had the occasion to visit Bangalore and spent some time at the Institute. Dr. Murthy Rao was the Director. He took me round and standing near the wall of the hospital pointed out to the land opposite and described his plan to expand the academic and administrative set up that was to be built there. There was so much attachment to the specialty that he was filled with pride while talking about the future of the Institute. One week later he passed away

The Director was a great person, very learned, well known, influential, an inspiring teacher who was committed to the cause and worked towards the goal with zeal. He was very strict and we all looked upon him with awe. I feel proud that he offered me a job at ALIMH when I passed out, an assignment I could not accept at that time. Dr. D.L.N. Murthy Rao, Deputy Director, soft spoken, gentle but stern, a wonderful teacher whose methods still remain alive with us. One could not help but accept Psychiatry into the system with Dr. D.L.N. Murthy Rao on the faculty.

It was wonderful to have Neurology and Neurosurgery subjects introduced and we enjoyed. The lecture demonstrations and clinicals conducted by Dr. Leiberman and Dr. K. S. Mani, and Radiology by Dr. Madhavan Nair and not leaving out our gesture-afflicted neurosurgeon, Dr. R. M. Varma, whose hands were well behaved in the theatre. The administration was well pillared by Mr. Panicker, who's kept all our panwallas happy, with excellent support from Mr. Vasudevamurthy, who held the system together. There were many other teachers who taught us and helped us through the difficult course and I am grateful to all of them. 'Social Work' had not developed sufficiently then, but we had interested and committed members of this category, who worked with all the qualities required by this profession. A strong team of Psychologists set the pace for establishing the faculty on firm footing.

One day, soon after joining the course, the Director called me and said, pointing to a lady sitting in his office, "Please take this lady and counsel her". Counsel? What was counseling? Some attempts by our parents, elders, teachers to engineer our minds to

function, as they wanted to? 'Advice' by religious leaders? Comforting talk and coaxing persuasion by friends? I did not know what counseling was. Anyway I took her to one of the interview rooms and faced a situation never before experienced. She would sit dumb, and without any movement, no response to any kind of stimuli. I tried my best but could not progress and admitted so to the Director. In retrospect, it must have been a Depressive stupor, and there were no antidepressants around then!

It is now great to see all the advancements made – expansion of services, increase in specialties and research, buildings, staff support groups. Would I like to be there now? Old is Gold. I cherish my memories and wish all those in harness now, the best of everything.

**Sarada Menon**



*It was with forethought and sincere efforts that Dr M V Govindaswamy started the All India Institute of Mental Health. This was a premier institute for entire Asia. It had attracted students from China, Malaysia, Burma (Myanmar), Indonesia, Thailand and Ceylon (Sri Lanka), in addition to students from all over India. There were also WHO consultants.*

*- V Venkataramaiah (1959)*



1960s

LATEST SPECIAL

# London Herald

4AM EDITION

MONDAY 21st JULY 1969

## FIRST MAN ON THE MOON

### 'One small step for man, one giant leap for mankind'

By Our Press Team in Houston and London

Early this morning, Neil Armstrong became the first man to walk on the surface of the Moon.

Reached by hundreds of millions of television screens around the globe, the commander of Apollo 11 was greeted from the battle of the lunar module, Eagle, and stepped onto the Moon in a 28-hour flying journey. "One small step for man, one giant leap for mankind."

Arrived by 10.55 AM today, British time, the Apollo 11 crew—Neil Armstrong, Michael Collins, and Buzz Aldrin—were greeted by a cheering crowd of 100,000 people.

"This is the first time that man has ever set foot on another planet," said Armstrong, who was the first to step onto the Moon's surface. "I can see Earth and the Moon from here. It's a beautiful sight."

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Neil Armstrong on the Moon - One small step for man, one giant leap for mankind.

### Triumph for Apollo Crew



The three men on board the Apollo 11 lunar module have returned to Earth after a 28-hour journey. They were greeted by a cheering crowd of 100,000 people.

The Apollo 11 mission was a triumph for the United States and for the world. It was the first time that man has ever set foot on another planet.

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### OTHER NEWS

**Space Shuttle Program**  
The first of the Shuttle program is scheduled for launch in 1970. It will be a major step forward in space exploration.

**World's Oldest Man**  
The world's oldest man, 101, has died. He was a pioneer in his field and a respected leader.

**British Ship Sunk**  
A British ship was sunk in the Atlantic Ocean. The crew was rescued and the ship was raised.

**The NEW Persipans are here!**  
**PETTIT'S**  
A collection of advertisements for various products, including Persipans and Pettit's.

**Advertisement for a product, possibly a book or a service.**



## A STUDENT'S PERCEPTION



**A K Agarwal (1963)**

Exactly fifty years earlier a young north Indian medical graduate reached Bangalore to join the DPM course at the All India Institute of Mental Health, in January 1963. This was his first visit to the south and the impact is still remembered. I got down at the Bangalore city railway station in the early morning and hired a rickshaw to reach a hotel on Grant road. It must have rained the previous night as the road was wet; there were huge trees on both side of road and I could see flowers peeping out of most the houses I crossed. There was smell of incense around. Bangalore at that time was really the garden city, not a concrete jungle as it has become now.

After checking in to the hotel, I reached the AIIMH at around 10.30 AM. I was told that the Institute was closed as the director has passed away and I must come the next day. I had no idea as to who was the director but the news was necessarily depressing. It was an unexpected introduction to the institute. But in times to come the death of Dr. D. L. N. Murthy Rao would be the single most important factor that influenced our stay at the

institute for next two years. His death took away the tallest psychiatrist of those times and we were fed with the stories of his brilliance as well as his charisma. The department of psychiatry was depleted and the teaching programs of psychiatry more or less came to stand still.



**View from the Hosur Road - Circa 1940s**

Many of you can not visualize the area as it existed at that time. I think

a short description may not be out of place. There were no construction beyond 13<sup>th</sup> cross Wilson Garden and the Lakkasandra extension was under construction. The institute was only within the hospital and the new building of the institute was under construction. Jayanagar colony was in its initial phase with a very sparse population. Prof R. M. Verma used to live there and each day he would walk to the institute and bring one stone from Jayanagar as he used to play with them on the way (story?). The whole area on both sides of the Hosur Road was littered with big boulders. At a distance one could see Mico Factory. After dairy circle there was total wilderness except the milk dairy. We used to walk up to that point in the evening to enjoy the fresh breeze. Traffic on the Hosur road was very thin. Just across the mental hospital on the road was a coffee shop in a hut which was the favorite haunt for most of us as the cafeteria in the institute had not started.

Ours was one of the smallest batches with only five students. They included Drs R. C. Jindal, Ravi Kapur, T. O. Abraham and Dr H.M. Badshah. Unfortunately two of us have been snatched by fate (Ravi Kapur and H. M. Badshah). The institute was very small with few people, and most of the students and faculty knew each other. The department of psychiatry was totally depleted. There were attempts to fulfill the gap by inviting guest faculty in the shape of Dr E. M. Hoch, G. Morris Carstairs and many others but the void could not be filled. Dr. K. R. Masani was appointed Director, and left shortly. Few new appointments were made and Dr. G. C. Munjal and Dr Ansari were appointed as faculty. One person who shaped the destiny of Psychiatry and the institute was Dr. N. C. Surya who was later elevated to the chair of Director. Dr. S. S. Jayram was not really employed by the institute but for most of us he was the mentor.

Dr. Masani was a very likable person full of energy and with a very positive outlook towards life. One evening my wife and I were having dinner in Jewel Box (a swanky restaurant at that time) and Dr. Masani was also having dinner there with his friends. As soon as he saw us he came over to our table and asked us what the occasion was. We told him that it was a birth day bash. He wished us and went back to his table. Few minutes later he again returned to our table and asked us how we were going back and that if we did not have transport he would drop us. How many directors will be so sensitive about a student?



**Pavilions in Pre Independence Era**

Second major change that happened was the joining of Dr. N. C. Surya. His opening lecture is still fresh in my mind. He told us that he is a machine that would help us if treated properly otherwise it can give us shock. He said that in post graduation, the students must study on their own and learn from books and journals. He would think on the topic of the day, raise some questions, answer few, but the answer to the rest would be found out by us. I have been in psychiatry for nearly fifty years and I had the privilege of listening to the greats in psychiatry and I would still place him among the greatest. He was a perfectionist. His lectures would be very carefully prepared and it was difficult to find a misappropriate word in his presentation.

This was a period of change and consolidation. Psychiatric training was in its infancy, but the atmosphere in the institute was one of expectation and anticipation. All of us had come to the institute with great commitment for Psychiatry. We used to have all teaching programs regularly and most of us prepared well for seminars and case conferences. Another incident I wish to recall - There was a student who used to take leave whenever it was the date of his case conference. Once he did this act twice, Dr. Surya announced that the next case conference will be held on the date he comes to the institute, typical of Dr. Surya.

**A K Agarwal**



Children's Pavilion & Psychiatry OPD in earlier times



## SOME ANCIENT DIALOGUES



**P N Gopalakrishnan (1965)**

Projected recollections will always have some self centered grandeur. So also the write up which follows. The events described in this write up happened in the campus of NIMHANS nearly half a century ago. The persons involved are the GURUS and SISHYAS there. The morning was pleasantly cold in Bangalore. 'KRISHNA', the Indian Airlines carrier flew me down there from Kochi and I merged with the NIMHANS family. It was 30th of December, 1964. During the next 26 months I found there my Mentors, Gurus and friends who influenced me in my life. There I learned that "TOLERANCE IS THE GREATEST VIRTUE and HUMILITY COMES NEXT". Here, I am trying to recollect some events that took place there in those days. Added are some quotations. Act-1 Scene-1: 1st January, 1965, Office of Mr. K. S. Panickar, Registrar

**Gopal:** Sir, only Dr. Sivathanu Pillai and I have joined so far. Could you please tell us our schedule of work.

**KSP:** Both of you go round and see places for some time. Regular classes will begin only after a few weeks.

(I and Dr.Pillai went round Bangalore, Chennai, Tirupathi and many other places. Later we went around the Globe seeing many cultures and places in different continents. Even today we continue our tours. The "regular classes" are yet to begin!)

### **Act-2 Scene-1: 11th February, 1965**

(Gopal sits alone in the NIMHANS conference hall. Enter his colleague, an elegant woman (EW), with refined grace and dignified propriety. She occupies a chair next to him)

EW: Hi, Gopal, most of the time you are seen moving around alone. Why is it so?

Gopal: I am from a remote village in Kerala and am not familiar with city life, that's why. (Munnar, a westernised town aka Baby London is that village)

EW: How do you spend your weekends there?

Gopal: I work in our agricultural farm.

EW: Do you like to go for a movie with me this weekend?

Gopal: Oooh, I have seen a few, I would like to see some more. Certainly I will join you.

### Act-2 Scene-2: 25th May, 1965

(After several cups of coffee from Narayana Rao's canteen in NIMHANS and few weekend movies hosted by her, EW was sitting in Ward IV. Enter Gopal with a young lady)

Gopal: Hi, EW, meet my wife from Chennai, a medical student in Stanley.

EW: (angry, furious and shouting) YOU NEVER TOLD THAT YOU ARE MARRIED\*\*\*

Gopal: You never gave me an opportunity to tell that. Always it is you who talked and you allowed me only to answer your questions.

(EW became a very good family friend)

### Act-3 Scene-1: August, 1965

(Gopal, the student secretary enters the chamber of the Director, Prof. N. C. Surya)

NCS: What Gopal, What do you want? (tobacco fumes spread from his mouth and pipe)

Gopal: Sir, We have a problem.....

NCS: (fumes and shouts) Stop. Did you say 'We'? Are you a maharaja or what!? Use first person "I". Do YOU have a problem?

Gopal: No, Sir.

NCS: Then don't take some one else's imaginary problems on to your head. Get back to your work.

(This approach was found useful for me later as a medical labor union leader administrator in government service)

### Act-4 Scene-1: February, 1967

(Final DPM Neurology Viva. External examiner enters with the 3 page answer paper of Gopal dangling from his hand and muttering “6 questions, 3pages, 6 answers, in 3 pages” He did not ask Gopal any questions. Viva begins.)

Internal Examiner (Int Ex): What is the function of the hand ?

Gopal: (fumbles)

Int Ex: The hand is prehensile. It grips, grasps, picks up even small needles with precision and lifts heavy weights as well. Now tell me why infants eats whatever they pick up.

Gopal: (cooks up an answer) It indicates that they are hungry and want to be fed

Int Ex: (disappointed) The prehensile function makes the infant pick up the thing, the grasp reflex helps to hold it strongly, it is put to the lips to identify it (a primitive reflex), the sucking reflex takes it inside the mouth and then the infant swallows it. It does not indicate the hunger of the infant. You don't know the fundamentals, do you?.

(Viva over.)

### Act-4 Scene-2: Registrar's office in NIMHANS, 6 PM, the day of Viva

Gopal: Sir, sir, sir.....

KSP: No reason to stammer, Gopal. You have passed with high marks in Neurology.

I was trained by the friendly, parentally task masters of NIMHANS viz. Professors N. C. Surya, R. M. Varma, K. S. Mani, H. N. Murthy and many others. There were more Gurus in NIMHANS in those days, than Sishyas. My working hours in Psychiatry used begin at 7 am and end only by the time Prof. Surya left for home. In Neurology, it was from 7 am to the time Prof. K. S. Mani left the place, sometimes 2 am the next day.

### ***NIMHANS IS A NOSTALGIA THAT HAUNTS ME***

I, along with Dr. M. S. Pillai, am waiting for the “regular classes” to begin in NIMHANS.



## QUOTATIONS

“There is no spoon feeding in this Institute. We will tell you our unique professional experiences to you. You have to read journals and books and inform us the latest developments around the world in the subject .Then we learn it together.”

*Prof. N. C. SURYA*

“You give a milligram or hundred to the patient. It does not matter. What matters is your conscious interpersonal interaction with the patient.”

*Prof. N. C. SURYA*

“Look here Gopal, I don't own anything in this world today. All I can offer you is a cup of water”

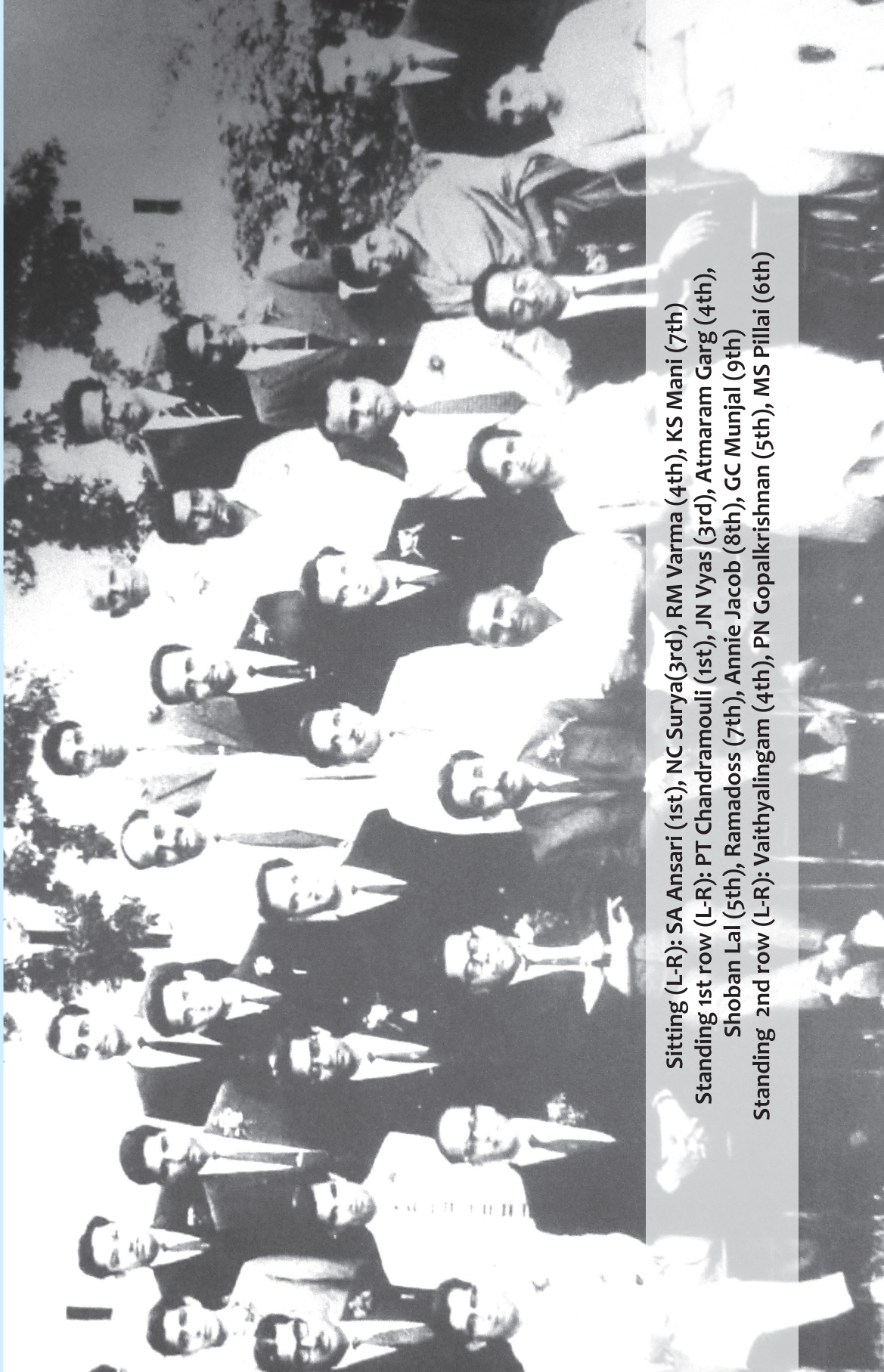
*Prof. N. C. SURYA, In Aurobindo Asramam, Pondicherry*

“I go to Pondicherry every two years to meet that venerable scholar in Psychiatry, Prof. N. C. SURYA.”

*Prof. Henry Walton, HOD Psychiatry, University of Edinburgh, 1976*

**P N Gopalakrishnan**

## THE BATCH OF 1965



Sitting (L-R): SA Ansari (1st), NC Surya(3rd), RM Varma (4th), KS Mani (7th)  
Standing 1st row (L-R): PT Chandramouli (1st), JN Vyas (3rd), Atmaram Garg (4th),  
Shoban Lal (5th), Ramadoss (7th), Annie Jacob (8th), GC Munjal (9th)  
Standing 2nd row (L-R): Vaithyalingam (4th), PN Gopalkrishnan (5th), MS Pillai (6th)



# FIVE DECADES WITH NIMHANS

## P.S. Gopinath



Memories seldom fade and the memories of those days are still green. It is going to be fifty long years soon since I entered NIMHANS (then AIIMH) in 1964 March, as a Post Graduate student of the DPM course (there was no Residency then) on a princely sum of Rs. 200/- as stipend. There are quite a few individuals who influenced me. Some are more significant than others, though others are no way less significant.

Professor Surya comes to my mind often. He influenced a generation of Psychiatrists, though his stay at AIIMH was not very long. To this day I remember his discourses on Freud, Jung, Adler and Pavlov. There wasn't much of Biological Psychiatry taught those days. He was quite conservative in using drugs and physical methods of treatment. It is difficult to type him into any slot...probably Existential?! Years later, I renewed my contact with him when I went to JIPMER, Pondicherry. He was staying at Aurobindo Ashram. He was more informed, more intimate then. I even lured him into teaching UGs at JIPMER. However his lectures were more PG than UG!

Dr. K.S.Mani was more of a friend to many of us, though he was a teacher par excellence. Fortunately for us, there was no D.M. course then, and we had his teaching and training in Neurology exclusively for us. I came more into contact with him in his research on South Indian Paraplegia, taking history and examining the clients during those student days- far away from 'the brain' for which I had come to AIIMH! Many decades later I met him in Ranchi, where for a short time I was Director of what is now called RINPAS. He had come on a lecture assignment to CIP. I had told Dr. Haque

Nizami, now Director CIP, to let my presence be a surprise, and surprised he was to find me there. That was in November 1994, the last time I met him.

Not many know (which included Dr. GNNR), that I too had a tryst with Sakalwara! Every week a Rural Mental Health clinic was held there. Dr. H.N Murthy, who later became professor and Head of Clinical Psychology was the staff member whom I accompanied. He mooted the idea of an epidemiological survey, instead of just sitting at the centre. That idea became the topic of my dissertation. Also that was the end of my tryst with Sakalwara and epidemiology. Through Dr. H.N. Murthy I learnt a lot about Rorschach and TAT in informal classes in the staff room.

There was also an Urban Health centre in the centre of town and a weekly Mental Health clinic was conducted there. Dr. Vinoda Murthy, who later became Professor and Head of Clinical Psychology was the faculty whom I accompanied every week. I worked closely with Dr. Vinoda Murthy and Dr. Satyavathi in later years when I came back as faculty, organizing joint teaching programmes.

In 1964, when I joined, the Institute building was just being commissioned. The Library and the Department of Psychology which were still in the hospital building 1st floor got shifted across the road later. The Pavilions I, II, III between them had almost 1000 patients. Pavilion IV was then Neuro Centre. The Neurosurgery operation theatre was inside Pavilion I (!). The Neuro OPD was in the Institute building, Tuesdays- Neurosurgery & Thursdays- Neurology OPD, which used to run into the night. Psychiatry also started its own OPD in the Institute building then. I am proud to say that I saw the first case and the 500th case.

Since I had given a lot of modified ECTs at Davis Institute of Psychiatry, Ranchi, I was emboldened to continue the same at AIIMH. With the help of some DPM trainees who had such exposure, I tried the MECT, with the permission of the hospital MS. That was the 60s. I remember in later years, ECT sessions were cancelled because the Anesthesiologist was busy in Neurosurgical operations! The years were both bitter and sweet for many reasons, mostly personal and some course related.

When I joined as faculty in 1973, Dr. R. M. Verma, Director, greeted me with the remark- "Oh! The return of the Prodigal." During my faculty years I became close to Dr. R. L. Kapur, who was a year senior during PG and also Dr.SMC. The teaching programmes, the seminars on PG training in Psychiatry, the joint case conferences, mental health week during the silver jubilee year of NIMHANS in 1974 were other highlights. It was also fun making MCQs sitting in the Library for the entrance test for DPM/MD and post DPM, MD. With SMC it was writing annual reports and five year plans. We travelled together several times to Trivandrum to teach mental health to judges and also to Delhi for meetings and seminars.



My tryst with sub-specialities started in 1975 with Child Psychiatry, when the department took over CGC from the Department of Psychology- it lasted for 2 years. So was family psychiatry, which also lasted 2 years. It was rehabilitation that stuck to me like 'fevicol'! It was fun as well as a hard task to re-organize and restructure the unit. The initial months were spent in bringing together warring groups to work together. Thanks to the Director GNNR, the unit became a department and I had a hand in naming it DPNR eventually. Later when I came back to NIMHANS, after a 3 year stint as Professor and Head at JIPMER, Pondicherry, I got to start the Deaddiction services in Pavilion II. Some of the individuals who started the services with me are still in it.

During the faculty years, I was fortunate to be associated with some bright trainees in the Department of Psychiatry, Psychiatric Social Work, Clinical Psychology and even Neurology.

Some of them have become Heads of Institutions, some HODs and quite a few went to the UK and USA. I still have contact with some.

Well, that is my journey- some frustrating times, most of them quite rewarding. There are many more instances and many more individuals to write about that make for a book- this is just a couple of pages about my 5 decades at NIMHANS.

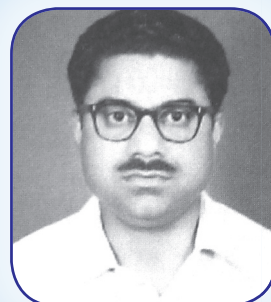
**P.S. Gopinath**

There were not many departments. there was only one Professor of Psychiatry (Dr N C Surya), one of Psychology (Dr Ramachandra Rao), one in Neurology (Dr K S Mani), one in Neurosurgery (Dr Manthanda Varua)... one in Biochemistry (Dr Sridharama Rao) and Dr Hosur Narayanamurthy.

*Muthurangam V (1964)*

As P.G. students we used to listen to, read, write, discuss and even dream PSYCHIATRY in sleep. Exposure to Indian Psychology kindled an interest in one to pursue Vedanta. Passed with distinction First Rank and was awarded Dr DLN Murti Rao Memorial Gold Medal.

*- Lt Col Gopalakrishnan N (1969)*



*1970s*





# Memories

As a raw young Senior House Officer and then a post graduate, I recall being awed by great inspiring teachers like Dr R. M. Varma, the acerbic wit of Dr. K. S. Mani and

Dr. H. S. Narayanan. They set gold standards for clinical assessments, humanity and kindness that became yardsticks, internalized for one's own practice across the world and the courage to be creative with scant resources. The buck stopped with them - a sense of accountability that never left one. I was petrified at my first death conference in the Neurocentre, when every investigation had to be justified. I remember we wore out shoe leather walking the vast campus between wards and lectures as telephones were few and mobile phones not invented yet, but secretly delighted for the chance to observe the seasons changing in flowering



trees, fluttering butterflies and bird life. I remember discovering talent and potential in unexpected places - using whatever was culturally relevant and locally available, teachers and ward staff, dumping western prescriptions of psychotherapeutic rituals, realizing, when organizing child psychiatric services with limited resources, that one did not have to bemoan the absence of trained staff.



*Illana Cariapa (1971)*



# Snapshot



I spent quite a long time at NIMHANS, over 31 years, from 1<sup>st</sup> January 1974 to 31<sup>st</sup> March 2005 (including a period of about two and half years, on leave from NIMHANS, working with the World Health Organization, based in Geneva) – beginning as Junior Resident and rising up to the coveted position of “Professor and Head of the Department”. My children ran around, played and grew up in the then quite, serene, lush green and huge Diary Circle campus. They are ever grateful for their memorable childhood years in NIMHANS campus. Now, many years after I quit NIMHANS and far away from NIMHANS, I realize that my personal identity is very strongly linked to the great institution that is NIMHANS, of which I am immensely proud. More than 2 dozens of your contemporaries and students hold full professorial positions in leading and prestigious institutions in India and overseas, and a large number of others make invaluable contributions to mental health care all over the world. This is indeed a rewarding thought, when I look back at NIMHANS.

31 long years at the same institution has left a lot of cherished memories which can take care of my whole retirement and perhaps a volume. The most cherished memories, of course, are of my earlier days, setting up the first community mental health centre in India, in the then remote village of Sakalwara and trying to develop the prototype of a future “national mental health programme”, under the supervision of the late Professor Kapur. The uninterested, critical, bored or bemused expressions of the post graduate students who had to mandatorily spend a month in community psychiatry with me and some of their cynical or humorous comments are still very fresh in my mind. That many of them are now leading lights of the community based approach to mental health care, in India and abroad, is a different matter.

*Mohan Isaac (1974)*



**Prof RL Kapur (standing 2nd from left ) with his batchmates in 1963**

Child and Adolescent Psychiatry was and is the highlight of my time in NIMHANS

*Shoba Srinath (1977)*





# *I am Grateful*



Service at NIMHANS was a “turning-point” in my life, professionally and personally. It was as though I was destined for this experience. As a Medical student in the mid Fifties, I had attended lectures and demonstrations at NIMHANS. I collected an application form for a PG-seat in July 1968, but did not apply as the remuneration was only Rs.250 per month. Only in January 1976 did I enter the informal, congenial, and supportive atmosphere of NIMHANS as a faculty and began my ‘post-doctoral’ learning career with successive batches of dedicated PGs who were gifted with a quality of unconditional adjustment to the idiosyncrasies of faculty members and bringing out the best in them. So, I am happy for this opportunity to offer a snap-shot of my journey and formally express my gratitude.

The PGs’ interest to know the ‘scientific-ness’ of psychotherapy launched my interest into the realm of philosophy of science and the subsequent proof in the affirmative.

That interest eventually led me to understand and communicate ‘science’ in a broader framework as briefly described in my article ‘Science of mind’ [Mens Sana Monographs 2012, Jan, 10 (1), 109-21]. Their interest to make sense of the paradigms of ‘western-’ and ‘Indian-’ psychotherapies led me into the labyrinths of Indian philosophy and to the rich harvest of concepts that modern mental health can usefully study and incorporate, few of which have been described in my article ‘Wellbeing in Indian Psychology’ (in-print in the online journal of World Association of Cultural Psychiatry).

A more important gain was a kind of personality, ‘maturity’ which I cannot describe more adequately than by saying: “I realized that the core qualities of life-skills (or coping-skills) are not different from any other ‘skills,’ marital-skills, parenting-skills, managerial-skills, or even therapeutic-skills.”

*C. Shamasundar (1976)*



**Dr Shivaprakash addressing a children’s day function in the old  
Child Psychiatry ward**

Dr. H.S. Narayan who initiated  
the MR Clinic







## *Growing up at and growing with NIMHANS*

The sketch accompanying this article was made by me as I was getting ready to leave the portals of NIMHANS in 1984 over a quarter century ago to pursue my career in the west. This memory is fresh in my mind as I reminisce each time I visit my alma mater with deep affection as well as admiration.



***MS Keshavan (1976)***

I have the unique opportunity of having my residency being served in three countries, India, UK and USA, not to forget research training in Vienna. The training I received at NIMHANS was unsurpassed in its clinical richness. Looking back, many of my later research contributions in imaging, neurobiology and treatment of psychoses had their origins in that period when the faculty and fellow residents had the opportunity to debate, and freedom to debate, be it in the class room, bedside or at dinner in the hostel. There were fewer research facilities; ideas, however, were in plenty.

The growth of NIMHANS over the years has simply been amazing, not only in the facilities, buildings, state of the art clinical, research and teaching facilities, making it the envy of

any major neuropsychiatric institution in the world. However, it is the people that matter the most. Fortunately, I have maintained some lasting collaborations with a number of dear friends from then, who are senior professors now, and many younger clinicians and scientists I have been lucky to get to know. Being a visiting faculty, I have been able to come back regularly, at least once a year, to meet with these colleagues. This has shown me repeatedly that the academic vigor and intellectual curiosity that was the signature of NIMHANS trainees and teachers then is not only there as the unique NIMHANS signature, but has gotten better and better over the years. Each time I suggest an idea, it is so gratifying to see that the idea is implemented by the time I visit again!

NIMHANS is clearly poised to be on the world stage with its plethora of talented leaders, staff, faculty and students. I am grateful to have been at and seen NIMHANS for the most exciting 25 of its 75 years.

**MS Keshavan**

## *Down the Memory Lane-----*

Well.. I was at NIMHANS, way back, between 1978 to 1980 to be precise. It was best of times to be at NIMHANS in my opinion, as Prof. G. M. Carstairs, VC of University of Edinburgh (and also my examiner) and Prof. R. L. Kapur were our direct teachers and, in addition, we had the opportunity to interact with the legendary Prof. Surya and Prof. R. M. Verma, which was indeed a privilege. It was the time when a unique joint conference of Psychiatrists, Neurologists, Neurosurgeons, Psychologists and Nurses, was held. Some of us also had a great time going to Nagarahole for a trek and staying in a haunted house too..... My contemporaries spread all over the globe have excelled both in academics and other fields of their interest.....



**Madhav Rao (1978)**



No words to express. That was  
The Platinum Time of my Life

**Megh Raj Jhanwar (1971)**

## *A Tale of Two Teachers and a Reception*

It was a Friday and with much trepidation, I walked into the office of Prof RL Kapur to report for work as a newly selected post graduate student. He had a long chat with me, getting to know me as a person and then told me “Have a nice weekend... discover Bangalore and meet me in the wards at 9am sharp on Monday”. True to his words he was there before us. What unfolded over the course of my tenure with him was a revelation of how a teacher should be. Dr Kapur had just returned from Edinburgh after completing his path breaking study, ‘The Great Universe of Kota’. He was young, dynamic and brimming with ideas. He always encouraged a healthy discussion even from the most junior of trainees like me! I still vividly recall the first case discussion in the unit. A young lady with dissociative disorder was presented and in my own enthusiasm I countered each and every point that Dr Kapur raised. He handled all of them with poise even though it came from a newbie. A few days later, he called me to his office and gave me a feedback that I value even now, drawing a distinction between a debate and a dialogue. He encouraged us to be critical and yet at the same time to be reflective. A multi-disciplinary ethos at work ensured that patient care was not constricted by narrow, rigid frameworks. Often he would invite the team home and we would spend hours listening to him sing. He had a lovely mellifluous voice which would reach its zenith especially when he rendered the songs of Pankaj Udhas! Our relationship grew in strength over the years and his sudden demise left a significant void within me. After completing my training I continued to work in the unit for over two decades. This provided me with a unique opportunity of working closely with patients whom I had seen in my student years. I was in close touch with each of the sixty patients who formed the cohort of my thesis; I have attended their weddings, the naming ceremony of their children and on occasions, their demise too. Such close contact has also made me aware of issues that confront the patients beyond diagnosis and their travails and tribulations. I would consider this as the most important part of my learning at NIMHANS.

We had a strong tradition of training in Neurology (those days!). And the person who shaped our forays into the discipline was Prof KS Mani. He was an outstanding clinician and a tough task master. We were expected to take very detailed history, focusing on how the illness evolved and its impact on patient’s activities of daily living. Much of the diagnosis unfolded even before the actual neurological evaluation through that meticulous narrative. He laid emphasis on quality of care and led by example. Though very exacting in his approach, he was open to perceptions different from his. Once he admitted a patient who had weakness of right limbs which he firmly believed was organic and I meekly suggested that it could be otherwise. He turned to me and said “I will believe you if you make him walk in 24 hours” and strode off. I spent long hours with



the patient and the next day when Dr Mani came for rounds, the patient dramatically walked up to him! He gave me a big hug whose warmth still lingers on...

It was in NIMHANS too that I first met Ahalya. At that time I was working in Pavilion III which was being run on the lines of the therapeutic community approach, by Dr Elizabeth Schoneberg who was a WHO visiting consultant. The day would start with a group meeting with all the patients, followed by a detailed discussion among the staff. We were involved in the everyday lives of the patients in the ward; right from early in the morning to supervising the diet distribution. It was during our tenure in this pavilion that our wedding took place at Chennai. As it was close to her exams, we had not planned for a reception in Bangalore. The first day after our return, when we entered the wards, to our surprise we noted that it was gaily decorated. It was an impromptu reception organized by patients themselves! It was a deeply moving occasion enhanced by their affection and warmth. Perhaps it must be the only wedding reception ever held within the premises of the wards of NIMHANS!

After spending over three decades within the precincts of my alma mater, I thought it was time to move on and get a feel of working in other settings. The task to evolve and initiate a post graduate residency program in the Emirates, for the first time in the region, was a stimulating assignment. Having set it in motion, I returned home to work in a medical college in a general hospital setting and to also test the waters in private practice.

Over the years I have realized that change from within and outside, is crucial to revitalize the learning process. You suddenly understand something you have understood all your life, but in a new way! To a large extent, psychiatry is about finding oneself and the quest has been kept alive primarily due to the exposure that I have had in the formative years of training at this august institution.

*R Raguram*

It was August 1979 when three brash Delhites: Srinivasan, Asaf and I wrote the entrance examination for Psychiatry in The Hombegowda Boys' School for a lark. That was the day when I bought three tickets for a charity show of a Kung-Fu movie from a persuasive Shalini Shetty. Needless to say we gave the movie a miss and checked out the watering holes of Bangalore instead.

Come September, we joined DPM and were pleasantly surprised by the liberal progressive atmosphere of NIMHANS. The trees in the quadrangle were in full bloom. The Pavilions were very 'different' from our medical college hospital in Delhi. The back-wards were just that. The casualty was a pretentious name for a shed! The work was serious and at the same time fun.



K. Sreenivasan  
(Kechu)

Life flowed gently but there was an unmistakable undercurrent of the cut and thrust of academics not just in the wards or classrooms but also in the hostels and eateries. So many stalwarts, such big names, innumerable command performances... It was at once stimulating and humbling for a junior resident.

The times spent with patients – acute or long stay, was often quality time for me, though I can't vouch that it was the same for them. I recall how our tolerant seniors and patients taught us listening skills, patience and understanding. Some deliciously acerbic teachers also made us aware of our limitations.

Behind the oddities of a caterpillar breeding Mrs. M, the explosive Tuluisms of Udipi Narsi and the silent shenanigans of half-way home Appu – there was a world of mystery and enquiry that was there to be imbibed.

That was the time of the first (and sadly perhaps the last) joint conference of all the specialties of NIMHANS. It was also the time of Centbutindole – the EPS producing non-antipsychotic, and the safe but probably ineffective antidepressant called Nitroxazepine. Forgotten now... RIP.

One of course remembers the camaraderie with and improbable deeds of the likes of Shivvy, Groovy, Mohan George, K C Joseph, and many many more whose names it would be improper for me to mention lest it embarrass them!!

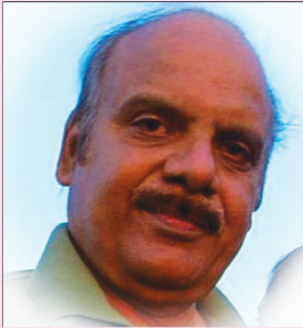
I remember those days with fondness but nostalgia apart, I believe that NIMHANS has influenced me and my world view very substantially; I am grateful for that.



PSVN Sharma

Was full of excitement, learning and engagement. Prof Dr R R Verma's Director's lectures, & Dr. Mahi's guidance, Dr Reddy & Dr. D S Narain's clinical lectures, Dr. Murthy's psychological lectures, Prof Dr. Mahal & Dr. Ansari's psychiatric experience. I still remember all of my teachers and colleagues with whom we have interacted for two years.

- Pramod Bharadwaj (1970)



Joined in 1972 for MD at the All India Institute of Mental Health. Despite the turbulence and tribulations the integration of Mental Hospital and Institute happened and NIMHANS came into being during our final year making us belong to the first batch of MD from NIMHANS in 1975. I remember NIMHANS, above all, for the making of the teacher in me, which I have recollected on the first alumni souvenir. Coming to NIMHANS campus has always been an experience of reliving some treasured moments.

Kumar Krishna A (1972)



It was the time of amalgamation of central AIIMH with State Mental Hospital.

How can I forget the days I sat for hunger strike, breast feeding my 3 months old daughter Priya?

As soon as we got the arrears, all of us ran to State Bank of Mysore to get foreign currency to buy Keeler's ophthalmoscope.

Saranya Devanathan (1973)



*1980s*





I arrived at NIMHANS almost 30 years ago with a lot of excitement and a sense of pride at becoming a trainee member of this prestigious institute in South Asia. However, soon after my arrival, my excitement fizzled away as I found the first few days of training at NIMHANS daunting. In those days, the state medical schools didn't prepare graduates for presentations in front of large audiences, or for "heated debates" on whether something was a delusion or an overvalued idea. As intimidating as it seemed in the first few days, to my surprise and amazement, I adapted rather quickly to this new, challenging and stimulating environment, and in fact began to enjoy the new culture.

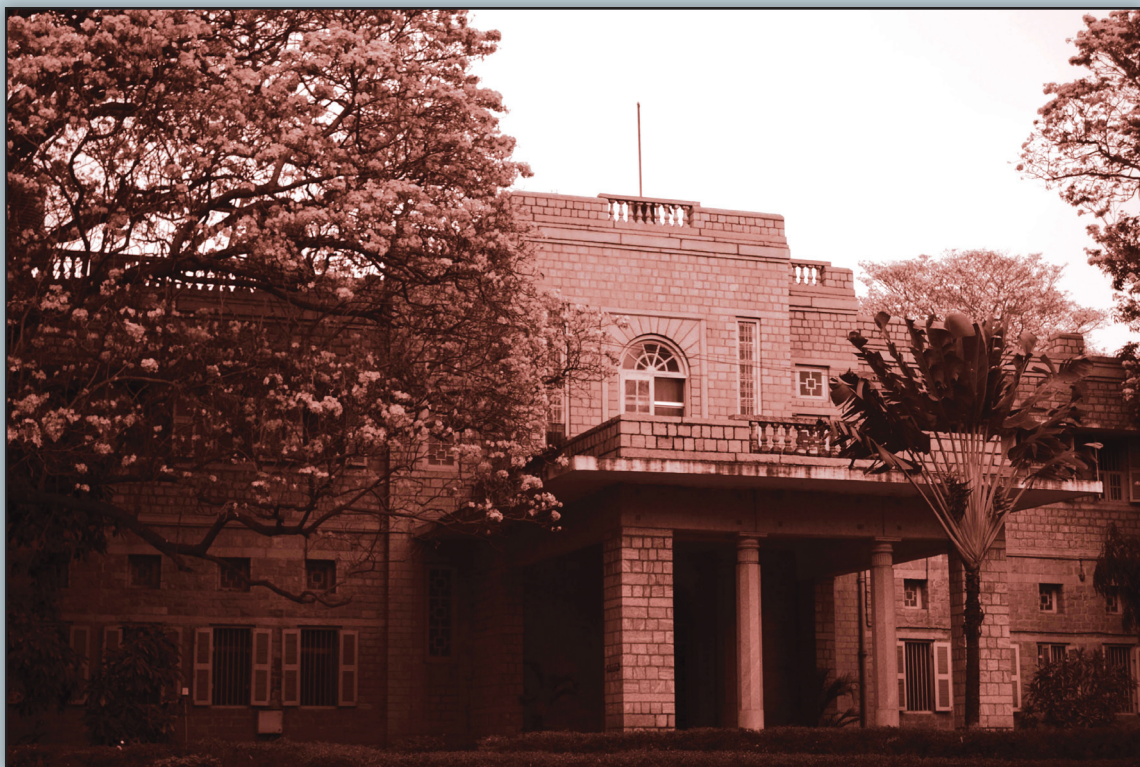
The overall package of training at NIMHANS is unparalleled. The endless debates, freedom of expression, nurturing

of intellectual curiosity, building resilience and fostering confidence were all part of the unique culture at NIMHANS that I cherished the most. On the fun and social front, watching Dr. Pradhan explain to patients side effects of medications in his broken kannada, late night strolls to Lakkasandra for paper dosas, the movies at the "Drive in theatre", and the evening walks to Lal Bagh to admire all the beauty, are all on the top of my list of fond memories.

I am looking forward to seeing all colleagues, teachers and friends at the Alumni meet and reminiscing.

**- Lakshmi Yatham (1982)**









# BELLARY DISTRICT MENTAL HEALTH PROGRAMME

The leadership of the department of Psychiatry in the national movement of Community Mental Health is an activity. Of the many initiatives, the development of the Bellary DMHP has a special place in the history of mental health care in the country. During the period of 1975-1982, there were a number of pilot efforts to integrate mental health with general health care in the country. The National Mental Health Programme was formulated in 1982. However, the challenge was to develop a 'scalable' model of integration of mental health care with general health care. NIMHANS was training doctors and health workers at Sakalawara since April, 1982. In 1984, Dr.G.N.N.Reddy, Dr.S.M.Channabasavanna and the community mental health team took an evaluation of the persons trained at NIMHANS from the four districts of Bellary, Raichur, Gulbarga and Bidar. The findings led to the need for a District model. The DMHP was developed as a tri-partite effort of the Department of Health, Govt. of Karnataka (personnel and transport), the Zilla Parishad, Bellary (local level involvement and medicines) and NIMHANS (technical support). Priority mental conditions were identified, limited number of psychiatric drugs made available, simple records developed and annual review meetings held at Bellary during the 6 years of the project. A number of lessons of Bellary DMHP were fed into the NMHP. As of 2012, more than 120 districts are covered by the DMHP and during the 12<sup>th</sup> plan all of the over 600 districts are expected to be covered.

## **NIMHANS reaches National audience on disability issues**

In the winter of 1982-1983, at the India International Trade Fair, there was an exhibition focussing on the persons with disabilities. NIMHANS, under the leadership of Dr.G.N.Narayana Reddy, Director, along with the special support of Sri. Shankaranandji, Hon.Minister of Health and Family Welfare (who granted a sum of Rs.80,000/ for the activity) decided to have a stall and a team from NIMHANS at the exhibition. The focus was on mental handicap. There were exhibits of photos and cartoons in English and Hindi, on various aspects of mental handicap. A multidisciplinary team of 5 persons- Dr. R.Srinivasa Murthy, Ms.Lalitha, Dr.Sanjeev Jain, Ms.Kalpana and Mr.Mohinder Singh stayed in Delhi for two weeks to interact with the visitors. The participation in the exhibition not only brought the message of care of mental handicap to a national audience, it also exposed the multifarious activities of NIMHANS to the national visitors. The most memorable part of the activity was the visit to the NIMHANS stall of Smt. Indira Gandhi, Prime Minister of India.

## **Young Mental Health Professionals Workshop**

One of the important activities of the Department during the last 50 years, is the reaching out to young and promising mental health professionals from different parts of India. The first of these was organised in January 1994 at the



Administrative Training Institute , Mysore. The funding for this initiative came from Dr. Norman Sartorius. The external resource persons were Dr. N. Sartorius, Dr. N. N. Wig, and Dr. S. Rajkumar. A number of staff members of Department were the local resource persons. During the two days of the workshop a number of activities like the presentation by the participants, feedback on effective presentation, sharing of career paths was covered. More than the academic activities, there was rich interaction of the participants, coming from different parts of India and the faculty members. It is interesting to see many of the participants occupying leading positions and giving leadership in a number of mental health initiatives of the country. The second workshop was held a year later at NIMHANS, Bangalore. The activity has been revived this year (Dec 21-22, 2012). This is an important contribution of the Department of Psychiatry.

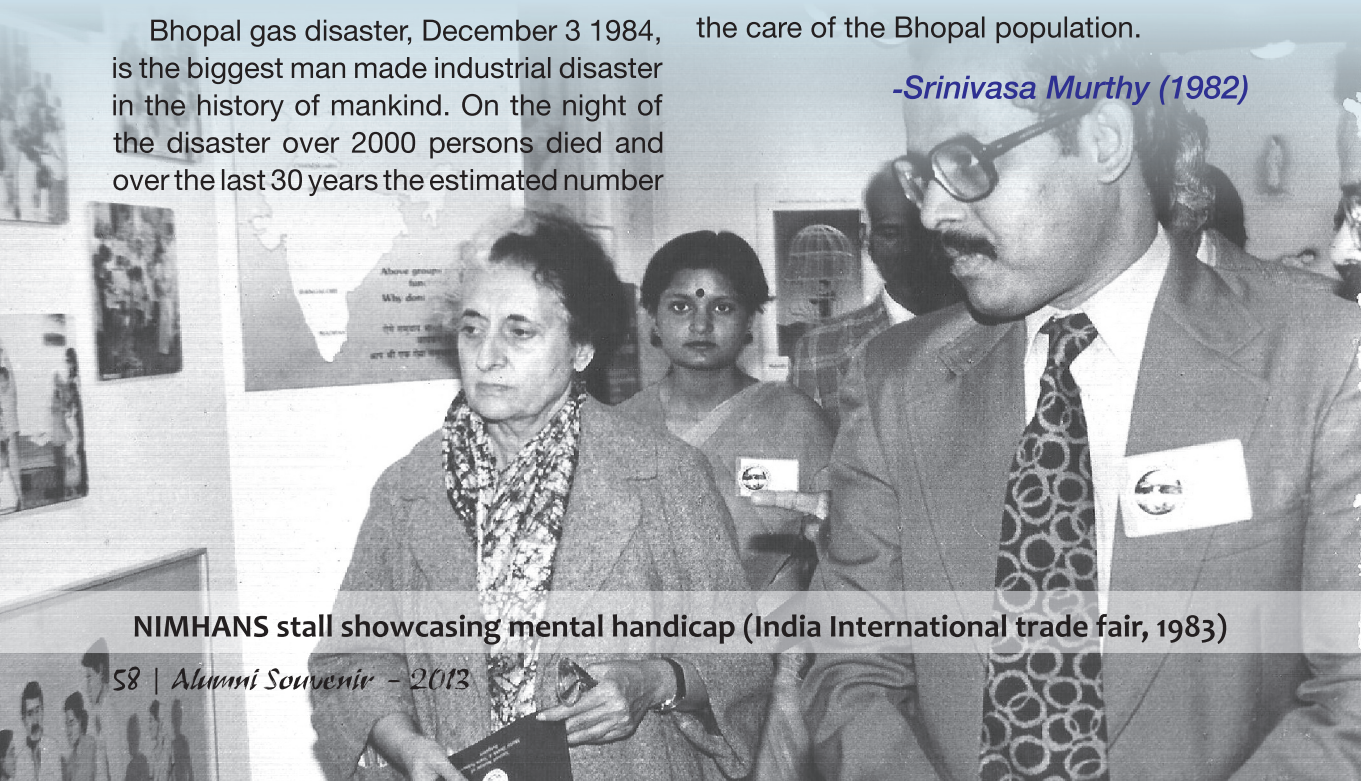
### **Bhopal Disaster and mental health care**

Bhopal gas disaster, December 3 1984, is the biggest man made industrial disaster in the history of mankind. On the night of the disaster over 2000 persons died and over the last 30 years the estimated number

dead due to the disaster is estimated to be about 25000. Soon after the disaster, there was need for understanding the high health seeking behaviour of the population of Bhopal. There were no national level experiences of providing mental health care to survivors of disasters. The initial assessment of the magnitude and nature of mental health needs was made by Prof. B. B. Sethi and Dr. R. Srinivasa Murthy in Feb 1985. At that point of time there were no trained psychiatrists to care for the thousands with post-disaster psychiatric problems. At this juncture, building on the experience of training of the medical officers at NIMHANS, a training programme for the general medical officers was conducted by Dr. R. Srinivasa Murthy and Dr. Mohan K. Issac. The training was based on the actual interviews of the affected population, preparation of a special manual of mental health for Bhopal population and an interactive training programme of one week. This was a valuable contribution to the care of the Bhopal population.

*-Srinivasa Murthy (1982)*

**NIMHANS stall showcasing mental handicap (India International trade fair, 1983)**





Thank you organizers for an opportunity to reminisce as an alumnus with ongoing personal / Institutional links with NIMHANS - not to mention the geographical proximity! I have been with St.John's Medical College for the last 18 years. Our Institution has been sending its students to NIMHANS for various training requirements while also receiving post-graduates from there (as well as department of clinical psychology) for providing exposure to general hospital psychiatry. Some of the faculty from St.John's have served or continue to be on various committees (Ethics, PhD behavioral sciences) at NIMHANS. NIMHANS also collaborates with the St.John's Research Institute on a few studies; there are also recent links, based on mutual interest in history of services. The two sets of faculty share extra-mural associations such as Richmond Fellowship Society, India etc. They have often examined students at course-ending examinations in each other's departments.

Given my involvement with services for children, I have personally benefited from my ongoing links with the Child Mental Health Faculty and have enjoyed and learnt from their growth into a department with various new training programmes. Memories of my brief association with the Molecular Genetics Lab as a visiting Fellow in the late nineties continue to inspire. A number of personal friendships endure despite years of pre-occupation with the daily grind.

New faculty and students add to the charm and excitement of this place. Some of the younger faculty have had stints elsewhere before joining NIMHANS. Faculty are more in touch with local and regional activities than before. This is heartening indeed. Psychiatry at NIMHANS has changed over the years - new buildings / roads / gates / departments / new courses, including a return of interest into core psychiatric syndromes (that was surprisingly less obvious during my training days). On the other hand, it has not changed over the years – massive OPD attendances with walk-ins and the vibrant learning atmosphere!

Being in the vicinity and having shared pursuits has meant that I have had the opportunity to draw on its strengths more often. The department continues to inspire me and makes me proud for having been its student. I believe that it continues to be the finest place to train in psychiatry in India. I eagerly anticipate newer ways of networking, given its recently acquired autonomous status, which might serve to create newer opportunities for its alumni to pursue joint ventures.



*Ashok MV, alumnus 1986-1989  
and Senior Resident (1989-1993)*

**Ashok MV**



Heated yet good natured arguments during seminars, coffee in Narayana Rao's canteen & the beautiful old ladies hostel garden.

*Prabha S Chandra (1984)*

Fortunate to have teachers like SMC, PSG, HSN, NJR, RR, Shoba Srinath, BNG and Satish Girimaji.

Can't forget mountaineering done along with Chittu, Murali, Albert Michael etc..

*Vardhan Rao KK (1984)*



The Mecca of Mental Health for me, it gave me all the knowledge I ever wanted, the attitude, approach & sensibility, the processing skills. Unforgettable wonderful memories of all the teachers, the batch & the hostel.

*Raman Khosla (1985)*

Wonderful. I turned out to be a new personality leaving away my anxious nature. Became a good human being with a lot of hope, enthusiasm etc. Unforgettable TEACHERS, with lots of love & affection.

*Karur BV (1984)*



Learning Kannada and then learning the language of psychiatry and making mistakes (some hilarious) in both. The camaraderie, joint study, a sense of competition, post seminar corridor discussions...

The residents strike, setting up tents outside the walls, fasting a whole day...

*Arun Kishore (1985)*

Work while you work, play while you play!

*Bapu Ravindranath (1987)*



Three Messes 1) Kerala Mess 2) North Indian Mess and 3) Vegetarian Mess in Men's Hostel. Resident Family quarters just opened.

*Narsimha Rao IVL (1981)*



Started performing Kannada skits in functions.

Despite failing in DPM, managed to do MD at NIMHANS itself

Participated in strike to implement 4<sup>th</sup> pay commission salaries for residents

*Swaminath Gopal Rao (1981)*







Address

@ http://www



*1990s*



The faculty – each one with unique appealing characteristics, left a lasting impression on me, for life. They went beyond imparting knowledge and skill - took up roles as mentors, friends and confidantes, encouraging me to explore not just the unfamiliar landscape of clinical psychiatry but also other aspects of my personality – adventure and comradeship through unit trips, epicurean awareness through weekend forays at upbeat eating places & watering-holes, testing physical limits with rock-climbing and rappelling, discovering the artist in me through music, dance and painting at Ashwini hall.

The ethos of striving to perform at one's best always, irrespective of the challenges: workloads being huge, clinical "cases" that are intractable, clinical and academic demands not matching the resource and ... and dispiriting 'politics' .

Staff Hostel & Kabini parties; coffee breaks with 'Kesari bath', during rounds, at NRC; hilarious situations at work and play; the impassioned debates during case-conference – I have not seen a room full of doctors as energized and animated as in the lecture hall in the Dept of Psychiatry. I wish I could have bottled some of it for use in my current departmental meetings.

And of course the integrated multi-disciplinary approach to problems of the psyche faced by our patients

*Umesh Babu (1993)*

## ನಿಮ್ಮಾನ್ ಮತ್ತೂ ನಾನು

೧೯೯೫ ರ ಪ್ರಾರಂಭ. ಅದೇತಾನೆ ಮೈಸೂರಿನಲ್ಲಿ ಇಂಟರ್‌ನಾಷನಲ್ ಮುಗಿಸಿ, ಅಮೇರಿಕಾಗೆ ಹೋಗಲು ಪರೀಕ್ಷೆ ಕಟ್ಟಲು ಹಣವಿಲ್ಲವೆಂದು ಹಿಂಜರಿಯುತ್ತಾ, ಸಾವಿರಾರು ಪ್ರತಿಸ್ಪರ್ಧಿಗಳಿರುವಾಗ ನನಗೆಲ್ಲಿ ಪಿ.ಜಿ. ಸೀಟು ಸಿಗುತ್ತದೆಂದು ಭವಿಷ್ಯದ ಬಗ್ಗೆ ಚಿಂತಿಸುತ್ತಿದ್ದ ನನಗೆ ನಿಮ್ಮಾನ್‌ನ ಸೈಕಿಯಾಟ್ರಿಯ ಪ್ರವೇಶ ಪರೀಕ್ಷೆ ಬರೆಯುವಂತೆ ಮರುಳು ಮಾಡಿದ್ದು ನನ್ನ ಇಬ್ಬರು ಸ್ನೇಹಿತರು. ನನಗಿಂತ ಒಂದು ವರ್ಷ ಮೊದಲೇ ನಿಮ್ಮಾನ್‌ನಲ್ಲಿ ಪಿ.ಜಿ.ಗೆ ಸೇರಿಕೊಂಡ ಸ್ನೇಹಿತನೊಬ್ಬ ಅಂತಾ ಇದ್ದಿದ್ದು ಇನ್ನೂ ನೆನಪಿದೆ: ಆತ, ನನಗೆ ನಿಮ್ಮಾನ್‌ನಲ್ಲಿ ಅಡ್ಮಿಷನ್ ಆಗಲೇ ಬೇಕು... ಪಿ.ಜಿ ಸೀಟಿನ ಮುಖಾಂತರವಾಗಿದ್ದರೆ ಪೇಷೆಂಟಾಗಿ ಅಡ್ಮಿಟ್ಟಾಗಬೇಕಾಗತ್ತೆ! ಅನ್ನುತ್ತಿದ್ದ; ನನ್ನದೇ ಬ್ಯಾಚಿನ ಇನ್ನೊಬ್ಬ, ನಿಮ್ಮಾನ್‌ನಲ್ಲಿ ಮನೋವೈದ್ಯನಾಗಬೇಕೆಂದು ಇಷ್ಟು ಚಿಕ್ಕವನಾಗಿದ್ದಾಗಿದ್ದರೂ ಅಂದುಕೊಂಡಿದ್ದೆ... ಯಾರೂ ಜೊತೆಗೆ ಬರ್ತಾ ಇಲ್ಲ, ಜಗ್ಗಾ, ನೀನಾದ್ರೂ ಬಾರೋ ಅಂತ ಮೈಸೂರಿನಿಂದ ಜಗ್ಗಿಕೊಂಡು ಕರೆತಂದ. ತಾನೊಂದು ಬಗ್ಗೆದರೆ ಮಾನವ... ವಿಧಿ ಹೇಗಿದೆ ನೋಡಿ, ಆ ನನ್ನ ಸ್ನೇಹಿತ ಕ್ವಾಲಿಫಿಯೇ ಆಗಲಿಲ್ಲ, ನಾನು ಆ ಪ್ರವೇಶ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಅತ್ಯಂತ ಹೆಚ್ಚಿನ ಅಂಕ ಪಡೆದು ಎಮ್.ಡಿ ಗೆ ಸೇರಿಕೊಂಡೆ. *Psychiatry*ಯ ಸ್ಟೆಲ್ಲಿಂಗೇ ಗೊತ್ತಿಲ್ಲದ (ಸರಿಯಾಗಿನೋಡಿ, ಈಗ್ಲೂ ಗೊತ್ತಿಲ್ಲ!) ನಾನು ಅದರಲ್ಲೇ ಪಿ.ಜಿ. ಗೆ ಸೇರಿದೆ.

ಸೇರಿದ ಹೊಸತರಲ್ಲಿ ನಿಮ್ಮಾನ್‌ನ ಹಿರಿಯ ವಿದ್ಯಾರ್ಥಿಗಳಿಂದ ಹಿಡಿದು ಎಚ್ ಓ ಡಿ ವರೆಗೂ ಎಲ್ಲರೂ ಕೇಳಿದ್ದು ಒಂದೇ ಪ್ರಶ್ನೆ, ಯಾಕಾಗಿ ಸೈಕಿಯಾಟ್ರಿ ತೆಗೆದುಕೊಂಡೆ? ಅಂತ. ನನ್ನ ಪ್ರಕಾರ ಸಾಮಾನ್ಯವಾಗಿ ಮೂರು ರೀತಿಯವರು ಸೈಕಿಯಾಟ್ರಿಕೋರ್ಸ್ ಮಾಡುತ್ತಾರೆ: (೧) ತಮಗೇ ಸ್ವಲ್ಪ ಮಟ್ಟದ ಮಾನಸಿಕ ತೊಂದರೆ ಇರುವವರು, (೨) ತಮ್ಮ ಹತ್ತಿರದ ಸಂಬಂಧಿಕರಲ್ಲಿ ಮಾನಸಿಕ ತೊಂದರೆ ಇರುವವರು ಹಾಗೂ, (೩) ಎಲ್ಲಿಯೂ ಸಲ್ಲದವರು - ಬೇರೆಯಾವುದೇ ಪಿ.ಜಿ. ಸೀಟು ಸಿಗದೆ ನಿರ್ವಾಹವಿಲ್ಲದೇ ಸೈಕಿಯಾಟ್ರಿ ಮಾಡೋಣ ಅಂತ ಬಂದವರು. ಈ ಮೂರು ವರ್ಗದವರೂ ಒಂದು ಲೆಕ್ಕದಲ್ಲಿ ಕಿರೀಕು ಪಾರ್ಟಿಗಳೇ... ನಾನು ಹಾಗಾಗಲಿಲ್ಲ. ಸ್ಟ್ರೈಪೆಂಡ್ ಚೆನ್ನಾಗಿದೆ, ಇಲ್ಲಿ ಓದಿದರೆ ಹೊರದೇಶಕ್ಕೆ ಹೋಗಬಹುದಂತೆ ಅಂತ ಸೇರಿಕೊಂಡವನು. ಹಾಗಾಗಿ ಸೈಕಿಯಾಟ್ರಿ ತೆಗೆದುಕೊಂಡ ಬಗೆಗೆ ನನಗೇನೂ ನಾಚಿಕೆ ಇರಲಿಲ್ಲ. ಸೀನಿಯರ್‌ಗಳು ಕೇಳಿದಾಗ ಸ್ಟ್ರೈಪೆಂಡ್ ಇತ್ಯಾದಿ ಕಾರಣ ಹೇಳುತ್ತಿದ್ದೆ. ಆದರೂ ಅದನ್ನೆಲ್ಲಾ ಕಂಸಲ್ಟೆಂಟ್‌ಗಳಿಗೆ ಹೇಳಲು ಸಾಧ್ಯವೇ? ನನ್ನಗುರಿ ಪಾಸಿಟಿವ್ ಮೆಂಟಲ್ ಹೆಲ್ತ್ ಅಂತೇನೋ ಹೇಳುತ್ತಿದ್ದ ಜ್ಞಾಪಕ. ಅವರಷ್ಟೇದೊಡ್ಡ ಪ್ರಾಧ್ಯಾಪಕರಾಗಿರಲಿ, ನನ್ನ ಮನಸ್ಸನ್ನು ಓದುವ ಶಕ್ತಿ ಅವರಿಗಿಲ್ಲವೆಂದು ಗೊತ್ತಿದ್ದುದರಿಂದ ಸತ್ಯದ ತಲೆ ಮೇಲೆ ಸುತ್ತಿಗೆಯಿಂದ ಹೊಡೆದಷ್ಟು ಧಾಷ್ಟ್ಯದಿಂದ ರೀಲು ಬಿಡುತ್ತಿದ್ದೆ. ಈಗ ಅದೇ ಪ್ರಶ್ನೆಗೆ ನನ್ನ ವಿದ್ಯಾರ್ಥಿಗಳು ರೀಲು ಬಿಡುತ್ತಾರೆಂದು ಚೆನ್ನಾಗೊತ್ತಿದ್ದರೂ ಆ ಪ್ರಶ್ನೆ ಕೇಳುತ್ತೇನೆ!

ನಾನು ನೋಡಿದ ಸರ್ಕಾರಿ ಆಸ್ಪತ್ರೆಗಳಿಗೂ ನಿಮ್ಮಾನ್‌ಗೂ ರೋಗಿಗಳ ಜೊತೆ ಮಾತಾಡುವುದರಿಂದ ಹಿಡಿದು ಅವರ ಆರೈಕೆ ಮಾಡುವುದರಲ್ಲಿ ಇದ್ದ ವ್ಯತ್ಯಾಸ ಎಷ್ಟರ ಮಟ್ಟಿಗಿತ್ತೆಂದರೆ ನಾನು ವೈದ್ಯನಾಗಿದ್ದು ರೋಗಿಗಳನ್ನು ಈ ರೀತಿ ನೋಡುವುದಕ್ಕಾಗಿಯೇ ಎಂದು ಬಲವಾಗಿ ಅನಿಸಿತು. ಹಾಗಾಗಿ, ಸೇರಿದ ಸ್ವಲ್ಪ ತಿಂಗಳುಗಳಲ್ಲೇ ಬೇರೆಕಡೆ ಹಾಟ್ ಸಬ್ಜೆಕ್ಟ್‌ಗಳಲ್ಲಿ ಸೀಟು ಸಿಗುವ ಅವಕಾಶ ಬಂದರೂ ನಾನು ಅವುಗಳನ್ನು ಧಿಕ್ಕರಿಸಿ ನಿಮ್ಮಾನ್‌ನಲ್ಲೇ ಉಳಿದೆ. ಸ್ನೇಹಿತರು, ಏನಯ್ಯಾ, ನಿಮ್ಮಾನ್‌ನಿಂದ ನಿನಗೆ ಡಿಸ್ಟಾಜೇರ್ ಇಲ್ಲವ್ವ? ಅಂತ ಕೇಳಲಾರಂಭಿಸಿದರು.

ಮೈಸೂರಿನ ನಮ್ಮ ಕಾಲೇಜಿನಲ್ಲಿ ಮೀಡಿಯಂ ಆಫ್ ಇನ್ಸ್ಟ್ರಕ್ಷನ್ ಇಂಗ್ಲಿಷೇ ಆದರೂ, ನಮ್ಮ ಶಿಕ್ಷಕರ ಇಂಗ್ಲಿಷೇ ಬೇರೆ ಥರದ್ದಾಗಿತ್ತು. ನೋಡಪ್ಪಾ, ಲೊಯರ್ ಲೋಬ್‌ಕಾನ್ಸುಲಿಡೇಷನ್ ಇದ್ದ ಹಾಗಿದೆ. ಅಂಪಿಕ್ಯಾಕ್ಸ್ ಹಾಕು ತಿಳಿಯೊಳಯ್ಯಾ, ಫಸ್ತು ಇನ್ಸೆಕ್ಟನ್ಯಾ, ಆಮೇಲೆ ಪಾಲ್ಟೀಷನ್ಯಾ, ಆಮೇಲೆ ಪರ್ಕಷನ್ಯಾ ಎಲ್ಲಾ ಆದ್ಯೇಲೆ ಆಸ್ಕಲ್ಟೇಷನ್ಯಾ... ಇದೆಲ್ಲಾ ಬಿಟ್ಟು ಫಸ್ಟಿಗೇ ಸೈತ್‌ಯೂಸ್ ಮಾಡ್ತಿದ್ದಲ್ಲಯ್ಯಾ, ಯೂಸೆಸ್ ಮಂಕ್ಯನ್ಯಾಗೇ ಅನ್ನೋ ಇಂಗ್ಲಿಷು ನಮ್ಮ ಗುರುಗಳದ್ದು. ಹಾಗಾಗಿ ನನಗೆ ಬರುತ್ತಿದ್ದ ಸ್ಟೋಕನ್ ಇಂಗ್ಲಿಷು ಅಷ್ಟೇನೇ. ನಿಮ್ಮಾನ್‌ನಲ್ಲಿದ್ದ ವಾತಾವರಣನೇ ಬೇರೆ! ಇಲ್ಲಿ ಡಾಕ್ಟರ್‌ಗಳಿರಲಿ, ಸಿಸ್ತುಗಳೂ ಕೊನೆಗೆ ಪೇಷೆಂಟ್‌ಗಳೂ ಇಂಗ್ಲಿಷು ಮಾತಾಡಿದ್ದು ಕೇಳಿ ಮೊದಲದಂಗಾದೆ. ನಂತ್ರ ನೋಡಿದ್ದೆ ಎಮ್.ಆರ್ ಪೇಷೆಂಟ್ ಗಳೂ ಇಂಗ್ಲಿಷಿನಲ್ಲಿ ಅರಳು ಹುರಿದ ಹಾಗೆ ಮಾತಾಡ್ತಿದ್ದು! ನನಗಂತೂ ಬಾಯಿ ಬಿಡಲಿಕ್ಕೇಟಿನ್ನನ್ನು... ಇನ್ನೂ ನೆನಪಿದೆ, ನನ್ನ ಮೊದಲ ಯೂನಿಟ್ ಫೀಡ್‌ಬ್ಯಾಕ್‌ನಲ್ಲಿ ನನಗೆ ನನ್ನ ಕನ್ಸಲ್ಟೆಂಟ್ ಹೇಳಿದ ಮಾತು - *"Your English is haywire. Why don't*



you join a spoken English course?" ಅಂತೂ ಹೇಗೋ ಇಂಗ್ಲೀಷು ಸಲೀಸಾಗಿ ಮಾತಾಡೋದು ಕಲಿತೆ. ನಂತರ ಗೊತ್ತಾಯ್ತು ಬೇರೆಯವರ ಇಂಗ್ಲೀಷು ಬಂದವಾಳ... ಬಹಳಷ್ಟು ಜನ ಮಾತಾಡುತ್ತಿದ್ದಿದ್ದು ಬಟ್ಲರ್ ಇಂಗ್ಲೀಷು!

ಮುಂದೆ ಜ್ಯೂನಿಯರ್ ರೆಸಿಡೆನ್ಸಿ ಸಮಯದಲ್ಲಿ ಹೇಳಿಕೊಳ್ಳುವಷ್ಟು ವಿಶೇಷ ಬುದ್ಧಿ, ಜಾಣ್ಮೆ, ಪ್ರತಿಭೆ ಇಲ್ಲದ ನಾನು ಗುಂಪಿನೊಳಗೆ ಗೋವಿಂದನಾಗಿ ಬದುಕಿದೆ... ಯಾರಪ್ಪಾ, ಇವನು, ಜಗದೀಶ ಅಂದ್ರೆ? ಮೂರನೇ ವರ್ಷದ ಎಂಡಿ ಅಂತೆ, ಅವನ್ಯಾರಂತನೇ ಗೊತ್ತಿಲ್ಲಲ್ಲಪ್ಪಾ? ಅಂತ ಕೆಲ ಕಂಸಲ್ಟಂಟ್‌ಗಳು ಅಂದಿದ್ದು ಇನ್ನೂ ನೆನಪಿದೆ. ನನ್ನ ರೋಗಿಗಳನ್ನು, ಅವರ ಮನೆಯವರನ್ನು ಮಾತಾಡಿಸುವುದರಲ್ಲಿ, ಅವರ ಜೊತೆ ಕೂತು ಅವರ ಸೈಕೋಪೆಥಾಲಜಿಯನ್ನು ತಿಳಿದುಕೊಳ್ಳುವುದರಲ್ಲಿ, ಅವರ ಕಷ್ಟ ಕಾರ್ಪಣ್ಯಗಳನ್ನು ಅರಿತು ಕೊಳ್ಳುವುದರಲ್ಲಿ ನನಗೆಷ್ಟು ಸಂತೃಪ್ತಿ ಇತ್ತೆಂದರೆ, ಇವೆಲ್ಲಾ ಕಾಮೆಂಟ್‌ಗಳೂ ಅದರ ಮುಂದೆ ಗೌಣವಾಗಿದ್ದವು. ಫ್ರಾಯ್ಡನ ಹೆಸರಿನ ಸ್ಟೆಲ್ಲಿಂಗಿಂದ ಹಿಡಿದು ಅವನ ಸಿದ್ಧಾಂತ ಗಳೆಲ್ಲವೂ ನನಗೆ ಕಬ್ಬಿಣದ ಕಡಲೆಯಾಗಿದ್ದವು. ಆದರೆ ಶುದ್ಧ ಪುಳಿಚಾರು ಬ್ರಾಹ್ಮಣನಾದ ನನಗೆ ಸೈಕಿಯಾಟ್ರಿಯ ಮೀನಿನ ಊಟವೇಕೋ ಬಹಳ ಇಷ್ಟವಾಯಿತು ಗೊತ್ತಾಗ್ತಿಲ್ಲಾ?— ಫಿಷ್‌ಸ್ ಸೈಕೋಪೆಥಾಲಜಿ ವಿಷಯ ಹೇಳುತ್ತಿದ್ದೇನೆ! ಜ್ಯೂನಿಯರ್ ರೆಸಿಡೆನ್ಸಿಯ ಆ ಮೂರು ವರ್ಷಗಳು ಹೇಗೋ ಕಳೆದು ಹೋದವು. ರಿಸರ್ಚ್‌ಗೋಸ್ಕರವೇ ನಿಮ್ಮಾನ್ಸ್ ಸೇರಿದ್ದ ನನ್ನ ಕೆಲ ಸಹಪಾಠಿಗಳ ಸಂಗಡ ನಾನೂ ಕಷ್ಟಪಟ್ಟು ಅರೆಮನಸ್ಸಿನ ಥೀಸೀಸು ಮುಗಿಸಿದ್ದಾಯಿತು. ನಾನು ಹುಟ್ಟು ಅಜ್ಞಾತವಾದಿ(ಅಗ್ನೋಸ್ಟಿಕ್). ಆದರೂ ಪುಣ್ಯ-ಪಾಪಗಳಲ್ಲಿ ನಂಬಿಕೆ ನನಗೆ ಬರುವಂತಹ ಘಟನೆಯೊಂದು ನಡೆಯಿತು: ನಾನೂ ಎಂ.ಡಿ. ಪಾಸಾದೆ! ನಮ್ಮ ಪ್ರೊಫೆಸರ್ ಡಾ.ಚತುರ್ವೇದಿ ಎಚ್ಚರಿಸುತ್ತಿದ್ದರು... ಅಯ್ಯಾ, ಶಿಸ್ತಿನಿಂದ ಸಿ.ಟಿ.ಪಿ ಓದಿಕೊಳ್ಳಿ... ಇಲ್ಲದಿದ್ದರೆ ಏನಾಗತ್ತೆಗೊತ್ತಾ? ಅದನ್ನು ಓದದೇ ಪಾಸಾಗಿ ಬಿಡುತ್ತೀರಿ!... ನಾನೂ ಸಿ.ಟಿ.ಪಿ ಓದದೇ ಪಾಸಾದೆ ಅಂದರೆ ನಮ್ಮಜ್ಜ ಮಾಡಿದ ಪುಣ್ಯದಲ್ಲಿ ನಂಬಿಕೆ ಬರದೇ ಇರುತ್ತದೇನು?

ಪಾಸಾದ ನಂತರ ಒಂದು ವರ್ಷ ಸೀನಿಯರ್ ರೆಸಿಡೆನ್ಸಿ ಮಾಡಿದೆ. ಹೆಚ್ಚು-ಕಡಿಮೆ ದಿನ ಪೂರ್ತಿ ಆಸ್ಪತ್ರೆಯಲ್ಲೇ ದುಡಿಯುತ್ತಿದ್ದೆ. ಕ್ಲಿನಿಕಲ್ ಕೆಲಸದಲ್ಲಿ ನನಗಿದ್ದ ಆಸಕ್ತಿ ರಿಸರ್ಚ್‌ನಲ್ಲಿರಲಿಲ್ಲ. ನನ್ನ ಆರೈಕೆಯಲ್ಲಿದ್ದ ಸುಮಾರು ೪೦-೫೦ ಒಳರೋಗಿಗಳ ಜಾತಕ ಪೂರ್ತಿ ನನ್ನ ಅಂಗೈಯಲ್ಲಿತ್ತು ಅವರ ಚಿಕಿತ್ಸೆಯಲ್ಲಿ ನಾನೆಷ್ಟು ಆಸ್ಥೆ ತೋರಿಸುತ್ತಿದ್ದೆನೆಂದರೆ ಚಿಕಿತ್ಸೆಯ ವಿಚಾರದಲ್ಲಿ ಜ್ಯೂನಿಯರ್ ರೆಸಿಡೆಂಟ್‌ಗಳಿಗಿದ್ದ ಪ್ರಶ್ನೆಗಳಿಗೆಲ್ಲಾ ನನ್ನ ಮಟ್ಟದಲ್ಲೇ ಉತ್ತರ ಸಿಗುತ್ತಿದ್ದು ಕಂಸಲ್ಟಂಟ್‌ಗಳಿಗೆ ಜ್ಯೂನಿಯರ್ ರೆಸಿಡೆಂಟ್‌ಗಳ ಸಂಪರ್ಕವೇ ಕಡಿಮೆಯಾಗಿ ಹೋಗಿತ್ತು. ಕ್ಲಿನಿಕಲ್ ಕೆಲಸ ಬಿಟ್ಟರೆ ಬೇರೇನೂ ಮಾಡುತ್ತಿರಲಿಲ್ಲ ಅಂದೆನಲ್ಲಾ, ಅದಕ್ಕೆ ಹೊರತಾಗಿ ಒಂದು ವಿಚಾರವಿತ್ತು. ಜೀವನದಲ್ಲೇ ಮೊದಲ ಬಾರಿಗೆ ಆಟೋಟದಲ್ಲಿ ಪ್ರಶಸ್ತಿಯೊಂದನ್ನು ಗೆದ್ದ ಹೆಗ್ಗಳಿಕೆ ಆ ವರ್ಷ ನನ್ನದಾಯಿತು. ಹೇಗೆ? ಓದಿ: ಚಿಕ್ಕಂದಿನಲ್ಲಿ ತೀರ್ಥಹಳ್ಳಿಯಲ್ಲಿ ತುಂಗೇಯ ಹರಿವು ಕಡಿಮೆ ಇರುವಂಥ ಕಡೆಯಲ್ಲಿ ಬಿದ್ದಿದ್ದು ಅದು ಹೇಗೋ ಒಡ್ಡೊಡ್ಡಾಗಿ ಈಜಲು ಕಲಿತಿದ್ದೆ...ನಂತರ ೧೫ ವರ್ಷ ಈಜಿನ ಹೆಸರೇ ಎತ್ತಿರಲಿಲ್ಲ. ಆ ವರ್ಷ ನಿಮ್ಮಾನ್ಸ್‌ನಲ್ಲಿ ಬೇರೆಬೇರೆ ಸ್ಪರ್ಧೆಗಳನ್ನು ನಡೆಸಿದ್ದರು. ಈಜಿನರೀಲೇ ಸ್ಪರ್ಧೆಯಲ್ಲಿ ನಮ್ಮ ತಂಡ ಪ್ರತಿಷ್ಠಿತ ಮೂರನೇ ಸ್ಥಾನ ಪಡೆಯಿತು! ಅದಕ್ಕೆ ಮುಖ್ಯವಾಗಿ ಎರಡು ಕಾರಣಗಳಿದ್ದವು ರಾಷ್ಟ್ರೀಯ ಮಟ್ಟದಲ್ಲಿ ಕರ್ನಾಟಕವನ್ನು ಪ್ರತಿನಿಧಿಸಿದ್ದ ಈಜು ಪಟುವೊಬ್ಬ ನಮ್ಮ ತಂಡದಲ್ಲಿದ್ದ. ಅದಕ್ಕಿಂತಾ ಮುಖ್ಯ ಕಾರಣವೆಂದರೆ, ಆ ಸ್ಪರ್ಧೆಯಲ್ಲಿ ಇದ್ದಿದ್ದೇ ಮೂರು ತಂಡಗಳು!!!

ನಂತರದ ಎರಡೂವರೆ ವರ್ಷ ನಾನು ಮಣಿಪಾಲದ ಕೆ.ಎಂ.ಸಿಯಲ್ಲಿ ಕೆಲಸ ಮಾಡಿದೆ. ಮೊದಲೇ ಹೇಳಿದ್ದೇನಲ್ಲಾ, ಹೊರದೇಶಕ್ಕೆ ಹೋಗುವುದು ನಾನು ನಿಮ್ಮಾನ್ಸ್ ಸೇರುವುದರ ಮೂಲಕಾರಣಗಳಲ್ಲಿ ಒಂದು ಅಂತ... ಹೊರದೇಶಕ್ಕೆ ಹೋಗುವ ಉತ್ಸುಕ ಆಕಾಂಕ್ಷೆಯ ಹಿಂದಿದ್ದ ನನ್ನಯೋಚನಾಲಹರಿ ಹೀಗಿತ್ತು: ನಾನು ವೈದ್ಯನಾಗಿದ್ದೇ ನೋವಿನಲ್ಲಿರುವವರಿಗೆ ಸಹಾಯಮಾಡಲಿಕ್ಕೆ...ಹಣ ಗಳಿಸುವುದಕ್ಕಾಗಲ್ಲ...ಭಾರತದಲ್ಲಿದ್ದು ಖಾಸಗೀ ವೈದ್ಯನಾಗಿ ಕೆಲಸಮಾಡುವುದರಿಂದ ನನ್ನಗುರಿ ನಾನು ಸಾಧಿಸುವುದು ಕಷ್ಟ... ನಿಮ್ಮಾನ್ಸ್‌ನಂತಹ ಉತ್ತಮ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ನನ್ನಂಥ ಸಾಮಾನ್ಯರಿಗೆಲ್ಲಿ ಸ್ಥಾನ? ರಿಸರ್ಚ್ ಮಾಡಿ, ಪ್ರಶಸ್ತಿ ಪಡೆದು ಹೇರಳ ಹೆಸರು ಮಾಡಿದ ಘಟಾನುಘಟಿಗಳಿಗೆ ಇಲ್ಲಿ ಸ್ಥಾನ ಸಿಗೋದು ಕಷ್ಟ! ಹಾಗಾಗಿ, ಹೊರದೇಶಕ್ಕೆ ಹೋಗಿ ಒಂದೈದಾರು ವರ್ಷ ದುಡಿದು ಹಣ ಗಳಿಸಿ ನಂತರ ಭಾರತಕ್ಕೆ ಬಂದು ಸೇವೆಯಲ್ಲಿ ತೊಡಗಬಹುದು. ಹಾಗಾಗಿ, ಇಂಗ್ಲೆಂಡು, ಆಸ್ಟ್ರೇಲಿಯಾಗಳಿಗೆ ಹೋಗಲು ಸತತ ಪ್ರಯತ್ನ ಮಾಡುತ್ತಿದ್ದೆ. ನನ್ನ ಸ್ನೇಹಿತರಲ್ಲಾ ಒಬ್ಬೊಬ್ಬರಾಗಿ ಹಾರಿಹೋಗಲಾರಂಭಿಸಿದರು. ಆಸ್ಟ್ರೇಲಿಯಾದಿಂದ ಫೋನಿನಲ್ಲಿ ಇಂಟರ್ವ್ಯೂ ಮಾಡಿ ನನ್ನನ್ನು ಕೆಲಸಕ್ಕೆ ತೆಗೆದುಕೊಳ್ಳಲಾಯಿತು... ಅದೇ ಸಂದರ್ಭದಲ್ಲಿ ನನಗೆ ನಿಮ್ಮಾನ್ಸ್‌ನಲ್ಲೂ ಇನ್ವಿರ್ವ್ಯೂಗೆ ಕರೆ ಬರಬೇಕಾಗಿತ್ತಾ? ನಾನು ಆಸ್ಟ್ರೇಲಿಯಾಗೆ ವಿಮಾನ ಹತ್ತಬೇಕಾಗಿದ್ದ ಹಿಂದಿನ ದಿನ ನನ್ನ ಎಲ್ಲಾ ನಿರೀಕ್ಷೆಗಳಿಗೂ ಮೀರಿ, ನನಗೆ ನಿಮ್ಮಾನ್ಸ್‌ನ ಉದ್ಯೋಗದ ಕರೆ ಬಂದಿತು... ನಾನು ಕಕ್ಕಾಬಿಕ್ಕಿಯಾದೆ! ಕೆಲಸಕ್ಕೆ ಅರ್ಜಿಯೇನೋ ಸಲ್ಲಿಸಿದ್ದೆ, ಆದರೆ ಕೆಲಸ ನಿಜವಾಗಿಯೂ ಸಿಕ್ಕಿದಾಗ ನಾನು ಈ ಸ್ಥಾನದ ಜವಾಬ್ದಾರಿ ನಿಭಾಯಿಸಬಲ್ಲೆನೇ? ಎಷ್ಟೆಷ್ಟು ಸಾಧಿಸಿದವರ ಮಧ್ಯದಲ್ಲಿ ನಾನೊಬ್ಬ ಕಪ್ಪುಚುಕ್ಕೆಯಾಗಿ ಉಳಿಯುತ್ತೇನೇನೋ ಎಂಬ ಆತಂಕ ನನನ್ನು ಕಾಡಲಾರಂಭಿಸಿತು. ಆದರೂ,

ಜೀವನದಲ್ಲಿ ನಾನೇನು ಮಾಡಬೇಕೆಂದು ಬಯಸಿದ್ದೆನೋ ಅದನ್ನು ಮಾಡುವ ಸುವರ್ಣಾವಕಾಶ ನನಗೆ ಸಿಕ್ಕಿತ್ತು. ಯಾವುದೋ ಭಂಡಧ್ಯೆಯಿಂದಲ್ಲಿ ೨೦೦೨ರಲ್ಲಿ ಕೆಲಸಕ್ಕೆ ಸೇರಿಕೊಂಡೆ.

ನಾನು ಸೇರಿಕೊಂಡ ಕೆಲ ವರ್ಷಗಳಲ್ಲೇ ನನ್ನ ಹತ್ತಾರುಜನ ಸಹೋದ್ಯೋಗಿಗಳು ನಿಮ್ಮಾನ್ಸ್ ಬಿಟ್ಟು ಹೊರದೇಶಕ್ಕೆ ಹೋದರೂ ನಾನಿಲ್ಲೇ ಉಳಿದುಕೊಂಡೆ. ಈ ವರ್ಷಗಳಲ್ಲಿ ನಾನು ಈ ಸಂಸ್ಥೆಗೋಸ್ಕರ ನನ್ನ ಕೈಲಾಗಿದ್ದನ್ನು ಮಾಡಿದ್ದೇನೆ. ಹಿರಿಯರ ಯಾವತ್ತು ಬೆಂಬಲ, ಹುರಿದುಂಬಿಕೆಗಳ ಸಹಾಯದಿಂದ ತಕ್ಕ ಮಟ್ಟಿನ ಹೆಸರನ್ನೂ ಗಳಿಸಿದ್ದೇನೆ. ಸಹಮನಸ್ಕರ ಸಹಾಯದಿಂದ ಕಳೆದ ೮ ವರ್ಷಗಳಿಂದ ಸತತವಾಗಿ ತೀರ್ಥಹಳ್ಳಿ, ತುರುವೇಕೆರೆಯಂತಹ ಹಳ್ಳಿಗಾಡಿನಲ್ಲಿ ಸ್ವಿಜೋಪ್ತನಿಯಾ ರೋಗಿಗಳಿಗೆ ಅಲ್ಲಲ್ಲೇ ಚಿಕಿತ್ಸೆ ಕೊಟ್ಟು, ಅವರ ಹತ್ತಿರದವರ, ಸಮಾಜದ ಪ್ರತಿಕ್ರಿಯೆಗಳನ್ನು ತೀರಾ ಸಮೀಪದಿಂದ ಗಮನಿಸಿದ್ದೇನೆ. ಇ.ಸಿ.ಟಿ, ಟಿ.ಎಮ್.ಎಸ್, ಯೋಗ ಇತ್ಯಾದಿ ಚಿಕಿತ್ಸೆಗಳನ್ನು ಮಾನಸಿಕ ಅಸ್ವಸ್ಥರಿಗೆ ಇನ್ನೂ ಹೆಚ್ಚಿನ ರೀತಿಯಲ್ಲಿ ಸಹಾಯವಾಗುವಂತೆ ಹೇಗೆ ಬಳಸಬಹುದು ಎಂಬ ಸಂಶೋಧನೆಯಲ್ಲಿ ತೊಡಗಿ ಅಲ್ಲಸ್ಥರ ಸಾಧಿಸಿದ್ದೇನೆ. ಮಾನಸಿಕ ಅಸ್ವಸ್ಥರ ಸಮಾಜದಲ್ಲಿ ಆದಷ್ಟು ಮಟ್ಟಿಗೆ ಎಲ್ಲರಂತೆ ಬದುಕಲು ಸಹಾಯ ಮಾಡುವ ಗುರಿಯಿಟ್ಟುಕೊಂಡು ಇತ್ತೀಚಿನ ವರ್ಷಗಳಲ್ಲಿ ಮಾನಸಿಕ ಪುನರ್ವಸತಿ ಕಾರ್ಯದಲ್ಲಿ (ಸೈಕಿಯಾಟ್ರಿಕ್ ರಿಹ್ಯಾಬಿಲಿಟೇಷನ್) ನನ್ನನ್ನು ನಾನು ತೊಡಗಿಸಿಕೊಂಡಿದ್ದೇನೆ. ಒಟ್ಟಿನಲ್ಲಿ ಮೂರಕ್ಕೂ ಇಳಿಯದೇ ಆರಕ್ಕೂ ಏರದೇ ಉಳಿದಿದ್ದೇನೆ.

ನಿಮ್ಮಾನ್ಸ್ ಜೀವನ ನನಗೆ ಸಾಕಷ್ಟು ಕಲಿಸಿದೆ... ರೋಗಿಗಳ ಹಾಗೂ, ಅವರ ಬಂಧುಗಳ ಜೀವನವನ್ನು ತೀರ ಹತ್ತಿರದಿಂದ ಗಮನಿಸಿ ನಾನು ಕಲಿತ ಜೀವನ ಪಾಠಕ್ಕೆ ಬೆಲೆ ಕಟ್ಟಲು ಸಾಧ್ಯವೇ ಇಲ್ಲ. ಹಿರಿಯರಿಂದ, ಸಹೋದ್ಯೋಗಿಗಳಿಂದ ಕಲಿತಿದ್ದೂ ಆಪಾರ: ನಿಮ್ಮಾನ್ಸ್‌ನ ಲಾಂಛನದಲ್ಲಿರುವ ಹಂಸದಂತೆ ಹಾಲು, ನೀರು ಬೆರೆದ ದ್ರವದಿಂದ ಹಾಲನ್ನು ಮಾತ್ರ ಕುಡಿದು ನೀರನ್ನು ತ್ಯಜಿಸುವ ಕಲೆಯನ್ನು ಕರತಲಾಮಲಕ ಮಾಡಿಕೊಂಡಿದ್ದೇನೆ. ಒಟ್ಟಾರೆ ಹೇಳಬಲ್ಲೆ, ನಿಮ್ಮಾನ್ಸ್‌ಗೆ ನಾನು ಕೊಟ್ಟಿರುವುದಕ್ಕಿಂತ ಹೆಚ್ಚು ನಿಮ್ಮಾನ್ಸ್ ನನಗೆ ಕೊಟ್ಟಿದೆ. ಯಾಕೆ ಈ ಮಾತನ್ನು ಹೇಳುತ್ತೇನೆ? ಆಸ್ಪತ್ರೆಯಾದಲ್ಲಿ ವಾಸಿಸುತ್ತಿರುವ ನನ್ನ ವಿದ್ಯಾರ್ಥಿಯೊಬ್ಬ ಇತ್ತೀಚೆಗೆ ನನ್ನನ್ನು ಕೇಳಿದ, ಸಾರ್, ಜೀವನ ಹೇಗಿದೆ? ಅವನಿಗೆ ನಾನು ಕೊಟ್ಟ ಉತ್ತರವೇ ಈ ಪ್ರಶ್ನೆಗೂ ಉತ್ತರ. ನೋಡಪ್ಪಾ, ನನಗೆ ಯಾರಾದರೂ ನಿನಗೆ ಬೇಕಾಗಿದ್ದೆಲ್ಲವನ್ನೂ ಕೊಡುತ್ತೇನೆ, ನಿನಗೆ ಖುಷಿಯಿಂದ ಹಾಗೆ ಇರು ಅಂತ ಹೇಳಿದರೆ ನಾನೇನು ಮಾಡುತ್ತೇನೋ ಅದನ್ನು ನಾನು ಕಳೆದ ೧೦ ವರ್ಷಗಳಿಂದ ನಿಮ್ಮಾನ್ಸ್‌ನಲ್ಲಿ ಮಾಡುತ್ತಾ ಬಂದಿದ್ದೇನೆ... ಗೊತ್ತಾಯಿತಾನೆ, ಇಲ್ಲಿ ನಾನು ಎಷ್ಟು ತೃಪ್ತನಾಗಿದ್ದೇನೆಂತ?

ಇದನ್ನು ಓದುವಾಗಲೇ ನಿಮಗೆ ಗೊತ್ತಾಗುತ್ತಿದೆ ತಾನೆ, ನಾನು ನಿಮ್ಮಾನ್ಸ್‌ನ ಜೊತೆಗೆ ಕನ್ನಡಮ್ಮನ ಸೇವೆಯನ್ನೂ ಆಗಾಗ ಮಾಡುತ್ತಿದ್ದೇನೆಂತ? ನನ್ನ ಕನ್ನಡಿಗ ಸಹೋದ್ಯೋಗಿಗಳ ಜೊತೆಗೆ ನಾನೂ ಆಗಾಗ ಆಕಾಶವಾಣಿ, ದೂರದರ್ಶನಗಳಲ್ಲಿ ಕನ್ನಡಕಾರ್ಯಕ್ರಮ ನಡೆಸಿಕೊಡುತ್ತೇನೆ. ಹಾಗಂತ ನನ್ನ ಕನ್ನಡ ಬ್ಯಾಂಗಲೋರ್ ಕನ್ನಡದಷ್ಟು ಕೆಟ್ಟಿಲ್ಲ. ನಿಮ್ಮಾನ್ಸ್ ಬಗ್ಗೆ ಈ ಬ್ಯಾಂಗಲೋರ್ ಕನ್ನಡದಲ್ಲಿ ಆಟೋ ಹಿಂಭಾಗದಲ್ಲಿ ಬರೆದ ಒಂದು ವಾಕ್ಯದೊಂದಿಗೆ ನನ್ನ ಈ ವರಾತ ಮುಗಿಸುತ್ತಿದ್ದೇನೆ.

ಹುಡುಗಿ ಕೈಹಿಡಿದರೆ ರೊಮ್ಮಾನ್ಸ್; ಕೈ ಕೊಟ್ಟೆ, ನಿಮ್ಮಾನ್ಸ್!

ನಿಮ್ಮ ತಾಳ್ಮೆಯ ಓದಿಗೆ ನನ್ನ ಧನ್ಯವಾದಗಳು



ನಿಮ್ಮವ,  
ಜಗದೀಶ ತೀರ್ಥಳ್ಳಿ

Firstly, my thanks to the organizing committee for giving me a perfect excuse to indulge in nostalgia! By free association, the first words to come to my mind were, 'Hogwarts, exhaustion, introspection, temple, woman power, friends' etc.



Hailing from a small town in Karnataka, I was the proverbial frog in the well. NIMHANS was a doorway to a larger world. At the right stage of my life, my experiences in NIMHANS, helped to mould me into who I am today, professionally & personally. During my time there, I have imbibed a work & moral ethic which has stood with me till today. It's no wonder that, 'temple' is in my word-association to NIMHANS.

The aura of greatness, learning, and ethical approach, are definitely cultivated in NIMHANS. Starting with the welcome speech from the then Director, Dr. Gowri Devi, who not only impressed upon us the greatness of the institution but also that we are the chosen ones (the Hogwarts effect?). Hmm, maybe the criticism that NIMHANS fosters narcissism is justified? I will let you guys decide . We were expected to deliver at par with the greatness of the institution. Work was exhausting with just the sheer number of patients that we saw each day. In addition to learning evidence based medicine, I also learnt about job satisfaction here. Most importantly, as a young woman, I had no dearth of female role models. So many that one had a choice, each with her own merits! Mind you, they do not advocate bra-burning feminism, but a common sense approach to the concept of gender equality in the work place and work-life balance. Important lessons that have shaped my own career & personal choices.

My time in NIMHANS is also a period of unsurpassed self discovery. Aided by the very subjects we learn and fostered by the psychotherapy moderators, I had to look into myself and understand my motivations before being an effective healer. To say that all my experiences were good, will be a work of fiction. I had some testing times that I have chalked down to life experience. But during those tough times as well, it was the support & guidance of friends, and Professors who believed in me that helped me overcome my struggles. Overall, I emerged as a self-confident, compassionate, scientifically inquisitive, optimistic, woman psychiatrist. NIMHANS was my finishing school in more ways than one.



*Aruna Tummala (1999)*

Thank you, NIMHANS!





You can take a Psychiatrist out of NIMHANS but you cannot take NIMHANS out of him. That neither the memories nor the ethos is out of my system, is proof enough for me. The grind of training and the 'corridor teaching' is what sets us different. 1990-97 was what I call immersive learning. The curricular and the extra curricular honed the impulse and the intellect.

The day told us to be balanced and balance others, while the evenings often unleashed the wild (already a folklore ..where De-addiction unit ended up paying more money for booze than food)

*Alok Bajpai (1990)*

## ***AERIAL ROOT OF BANYAN TREE***

As the delta-parade marched on  
through the synaptic jungle,  
an owl perched vertex of the mind.  
Bargaining, negotiating and navigating.

So does panorama plough sands of time!  
And the owl looks on and upon an ox  
who dreams of a glowworm  
sojourn on his nose.  
Aha! The macho thinks enlightened.

Owl fluffs an ultrasonic smile.  
The infrared affairs of the East  
soon dazzles the dreamer.  
Ox wakes up on hind-legs  
to see his bleeding heart and  
runs ferocious inside his red.  
While ox plays hopscotch upon his lost jungle,  
his cow under the Banyan tree  
chews breath of fresh air:  
"Sowing seeds of causality, dear?  
Grass smells here & now, just ground thy nose."

Away the owl flies past the suburbs of a mind.  
Senses dissolve into blind space  
and oceans are swallowed fathomless.  
Owl-cow-ox-glowworm  
evoke nothingness.

*Umar Malia (1999)*



We had excellent faculty, good academics. Enjoyed sports day, the politics came in the form of a newsletter. Picnics, weekend parties, un forgettable

*Chandrashekhhar Hongally (1994)*



Frequent Cheerful trip s with Dr. Manjuladevi !

Worked under dedicated doctor like Dr. B. N. Gangadhar

*Panneer Selvan (1995)*

I joined as and in-service candidate under government quota at the age of 44 years. Worked with fresh young colleagues who were impressed by my enthusiasm at that age. All my teachers loved me, with due respect to my age. Successfully came out in the very first attempt in August 1996. What ever I am today credit goes to all my teachers at NIMHANS.

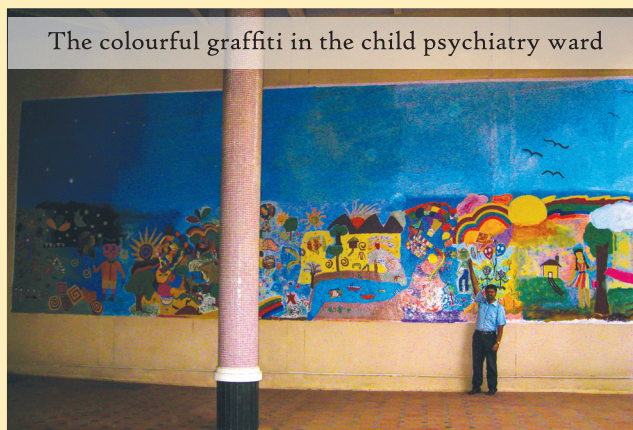
*- V A Malipatil (1994)*



My time in NIMANS opened my mind to a myriad of things. Four and a half years of my life were a defining time that shaped my career and personal life. I was exposed to high quality academics and got an opportunity to know so many people, who all have influenced me in some form or other. I will remember this time very fondly.



Murali N Reddy (1995)



Six years of fabulous time. Revived NIMHANS gymkhana and got the entire institution enthused in brain and body competitions. Organized and took part in several trips and waterfall excursions. Helped manage the move into the current child psych inpatient facility.



Rajeev Jairam (1997)



2000s







## *Evergreen Memories*

*'I dreamt that I died and rose upwards. I met GOD and said, "You look familiar". GOD said, "Yes, I taught you the MENTAL STATUS EXAMINATION when you were in NIMHANS, Bangalore, in 2000-2003"*

Like most alumni, I owe much to NIMHANS. NIMHANS gave me the capacity to be of this world; and to take on the world, whenever it was needed. The experience of NIMHANS is multidimensional and difficult to put in words. For a hardcore urbanite like me, being in NIMHANS also meant being very close to nature.

One day I was walking back to Cauvery hostel by the path (short-cut) through the small wood and the electricity failed. All the lights in the vicinity went off. Suddenly I was in pitch darkness surrounded by thousands of fireflies, as if I was up in the sky among the stars! I was stunned, speechless and ecstatic. The scene lasted only for a few seconds till the back-up generator started working. The sensations of that experience are still fresh in my mind. Countless times I have made eye contact with an owl sitting on a tree stump, right at the beginning of this small path. This fellow had a curious expression on his face, as if saying: 'What's up?' rather suspiciously. I often wondered if I owed him an explanation for something.



I never missed a chance to look out of the ECT recovery room window- what a beautiful garden! And behind the Child Psychiatry Department, was a quaint house surrounded with creepers loaded with vegetables of all sorts. I eagerly looked forward to the trips into the 'community'. The orchards of Sakkalwara made me aspire to settle down in that Department only. Sometimes, when rounds in the cottages became unbearable, I tried to cope by counting the number of jackfruits and mentally setting a time-table for their ripening. The blooming of the Balsam in front of the Administrative block meant that another young batch was on its way; and I was closer to the end of my stay here.

Every year I used to envy the final years who were given a laminated photo of the Department against the backdrop of lovely pink Jacaranda blooms. Now I have my own photo. I never tired of waiting for rounds to start at the entrance to the Department. The majestic arches, the perfect stones and the artistic arrangements of these looked mesmerising.

The challenge of learning, affection of Faculty and the uncommon beauty of NIMHANS made Residency interesting. They created a bond so deep that I must regularly visit NIMHANS. Really one can take a person out of NIMHANS, but cannot take the NIMHANS out of a person!

*Vani Kullahalli (2000)*





# Coming back up from Down Under!

Sounds like a return from a deep-sea diving expedition, doesn't it? Well, in a way it was! When I and Senthil (he went a few months before me and came back to NIMHANS a few years after!) took a flight to Oz land in 2005, it was a crash-landing into an alien culture where you were expected to greet every person you met with a "howaare you mite" (whether you knew them or not), expected to drive around the duty car by yourself within a few days of landing (god help those who did not know to drive or understand driving rules!), dealing with bossy lady secretaries who seemed to give orders rather than taking them, and even more bossy team leaders (most were nurses, who bore no resemblance to the generally submissive nurses in India). It was a dive into the deep end without a life jacket. Lest you think I exaggerate, I know an MBBS classmate of mine (MD Medicine) who landed at the hospital of Mount Gambier in South Australia with his bags and was asked to start work at the emergency services in 2 hours. He took a flight back to India in 72 hours, and never went back! Also, particularly for me and my wife, being vegetarian, eating anywhere outside was fraught with difficulty. When we asked for veg food, we were offered prawns/fish/chicken (even at friends' houses) as the Aussie concept of 'vegetarian' seemed to be more based on health concerns rather than avoiding animal meat.

On the other hand, Australia was a wonderfully scenic place with a fantastic quality of life, friendly people who thought that the perfect week was 3 days of work and 4 days of enjoyment, where the whole nation seemed geared to 'working for the weekend' (but everybody followed the driving rules including taxi drivers!). The people had a great attitude to life, did not seem bound to a particular place or profession, travelled a lot, and had a great love of all sports (particularly the more physically demanding ones like rugby, swimming, 'Australian rules football', and so on). Cricket (they were world



champions then) was not even half as popular as rugby. However, those who played cricket seemed to do so very seriously - even at school level, you could see the mental toughness and fierce competitiveness which characterizes their national teams. Best of all, they had world class infrastructure (not least being clean public toilets everywhere, which my wife can never stop talking about), they really knew what 'dignity of labor' meant (people didn't seem to mind doing any work as long as they earned decent money), politicians didn't have any excess baggage (they even carried their own bags!), and corruption was not visible, at least in the services for the common man.

Now, you may be justified in asking why I came back (many people still think I must have been thrown out somehow!), but as the cliché goes, there is no place like home! I jumped at the opportunity to be a faculty at NIMAHNS, be close to my parents and family, and be part of the warm chaos of India where you could walk into a friend's house for dinner just like that. I came back richer for the experience (yeah, a slightly richer bank balance too) and a broadened world view which I will always be grateful for.

*Shivarama Varambally (2000)*





Currently, Associate Professor of Psychiatry, IHBAS, New Delhi, Previously Assistant Professor at NIMHANS(October 2005-June 2009)



*Dr. Om Prakash*

## “Please come when you are free...”

I want to share one of my memorable incident happened with me a few days after joining NIMHANS. I was trying to understand NIMHANS’ functioning. It was a beautiful day of October when flowers had bloom in trees in the area between the pavilions. This was another day that I was struggling to understand Kannada language through the gestures of the patients. After lunch time, I was working on computer in my room. One lady knocked my room. I turned my back and moved towards the door. It was madam Shobha. I stood suddenly from my chair as a mark of respect. “Yes, madam”, I said. Dr. Shoba replied, “Sorry to disturb you. Please come to my room when you are free. Take your time. No hurry. I will remain in my room only, some official work.” Then, she left the room. I was surprised why she came to my room. She could ask her personal assistant or had sent any peon to give this message to me. This was something new for me as I was habitual of getting orders from the authorities earlier. Gradually, I had realized that NIMHANS’ atmosphere builds up person professionally. It respects personal boundaries and gives freedom to work. This incident still imprinted in my mind. I relish those memorable experiences of my NIMHANS stint to make me more professional.

NIMHANS for me was not just an academic experience but a whole life-education experience. Being part of this remarkable institution fills my heart with pride to this day. NIMHANS has given me so many role models in the teachers, so committed and skilled, whom I still look upon for inspiration. What more could I ask from the 3 years spent in NIMHANS ....world class training, loads of fun and finding my soul mate! All happymemories :)

*Tina Malhotra (2000)*



## **NIMHANS and me.**

### **NIMHANS happened to me!**

It was not my fault.... I had just accompanied my friends and seniors to the entrance exam in February 2006 to keep their morale up and, of course, to enjoy the delights of the Garden City before getting ready for the summer onslaught of entrance exams. Still, my name ended up on the list and it took some time for the reality to sink in – I was on my way to become a Psychiatrist! Just a little post-hoc research (which was somehow discouraged earlier by the MBBS graduation system) instantly made me realize that in my pursuit for excellence in post-graduate programs, I had hit oil.

And till date, I pat my back for leaving a prestigious surgical program in a prestigious college for an even more prestigious and precious NIMHANS Psychiatry. I won't say my tenure at NIMHANS was wonderful or like a fairy-tale. I got distanced from my passion – basketball; lost my six-packs and got a family-pack; and a postural back problem; suffered from my first (and thankfully, the only ever) heartbreak; but all these were the problems of a person protected and supported at home throughout his life, but now adjusting to the discipline of staying alone while studying and working at the best post-graduate program in the country. In a fair trade-off, NIMHANS Psychiatry had opened my mind! NIMHANS not only taught me how to practice Psychiatry and Child and Adolescent Psychiatry, but also instilled in me the wisdom and discipline to live life for which the practice was to be. Many of my teachers in Psychiatry and Child and Adolescent Psychiatry, even at this moment, probably don't even know how much they have influenced me not just by their valuable teachings or advice, but even by simply being themselves while I happened to be around.

So when life brought me to Australia in August 2012, I landed on these foreign shores armed with all values and knowledge NIMHANS has instilled in me. Every day here, unfailingly, makes me proud of my training at NIMHANS. Hopefully someday I'd be able to make my alma mater and my teachers proudly proclaim that I am their protégé. I consider myself lucky that NIMHANS Psychiatry and Child and Adolescent Psychiatry provided me with the required attachment and the secure base from where I gain confidence to explore the world.

NIMHANS happened to me... and I can't be thankful enough!

*Tejas Golhar (2006)*



**Ladies only!! The female members of the department display their strength in numbers.**

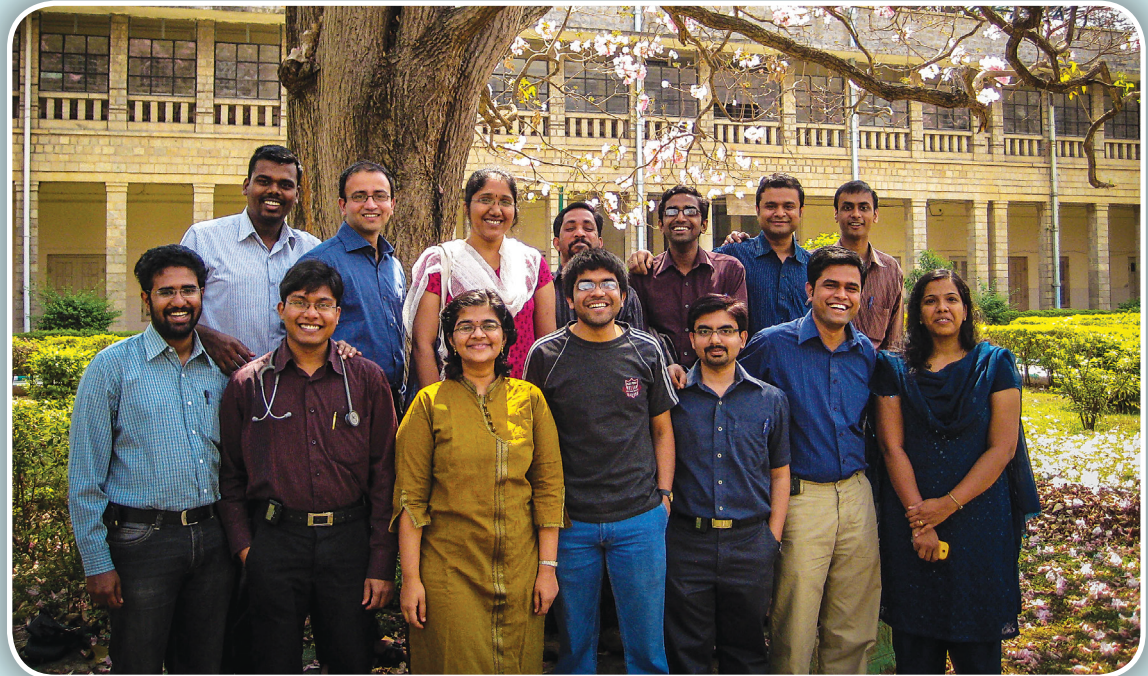


**The 2006 MD and 2007 DPM batch send off**





The outgoing 2005 batch



The 2007 batch beneath the tabebuia blossoms



Stepping inside NIMHANS will always change your life, whether as a student or a faculty or a patient....and I, like everyone else, am one who has been swept by the change forever.... Indeed, if there is something one can love forever, it will have to be the time spent @ NIMHANS!

- *Vidyendaran R (2009)*



My Alma mater that made me internally strong. My happiest years of studying, for there was an environment which nurtured my talents, respected everyone for their abilities and taught me how to be strong in any kind of circumstance and made me choose my life partner!

*Pavitra KS (2001)*

I learnt and am still learning a lot of social skills....met people who have inspired me greatly....

*Vidya Narayan (2007)*

“My time in NIMHANS? My own time?! Whilst in NIMHANS, to some extent I felt I did not have much time of my own. If the same topic is given to a busy junior resident he or she may respond in the same way as I do. But it is such juvenile thinking. I managed to enjoy so many dinners, parties and movies with my colourful friends and colleagues. I did not have this privilege before NIMHANS happened to me. NIMHANS taught me not just the practice of Psychiatry but to live life to the fullest complacency.

When I sit back and think of NIMHANS, it has made the man whom I am today. In my current workplace I have been appreciated for my dedication towards patients and interest in Psychiatry. I have been proud enough to tell my new colleagues that such a virtue comes from imprinting from my teachers in NIMHANS. NIMHANS has not just been a place for learning, it has been a place for revealing my true self. NIMHANS is the inseparable eternal attire which I wear everyday.

It's such a small space of 200 words to write about all my nice time in NIMHANS.

*Keerthi Sundar (2008)*

Roaming in the garden in full flower, writing imposition for departmental seminar, loud discussions in therapy classes, chatting outside the hostel for hours

*Malavika Ravi (2009)*

**Students after a theatre workshop in the Child Psychiatry seminar hall**





We had no immediate senior batch, our batch was know for unity; did some bit of trouble making on the campus. Did organize a strike with the institute and also against the institute!

**Girish Babu (2005)**

Serious responsible mornings & freaky wonderful enjoyable nights. The most exciting were the new year party dances on Kabini hostel terrace. Midnight walks in chill weather, music band of NIMHANS, of course birthday treats & adventurous trips

**Pradeep Palaniappan (2006)**



Un waqt Un lamho ka kya hisaab Doon,  
Pal Pal ki khanak ab bhi baaqi hai.  
Guzar gaye wo dhadkane, Guzar gayi wo  
saansein,  
Un yaado ki halaq ab bhi baaqi hai.....

**Preeti Sinha (2008)**

I was assaulted by two manic patients in short stay ward

**Rajesh Malavali  
Nanjundaswamy (2007)**





Best part of life in NIMHANS is that the institute changes you as a person, the working environment is so good that a lot of our stress gets diluted. The memories of this institute are great ones to cherish.

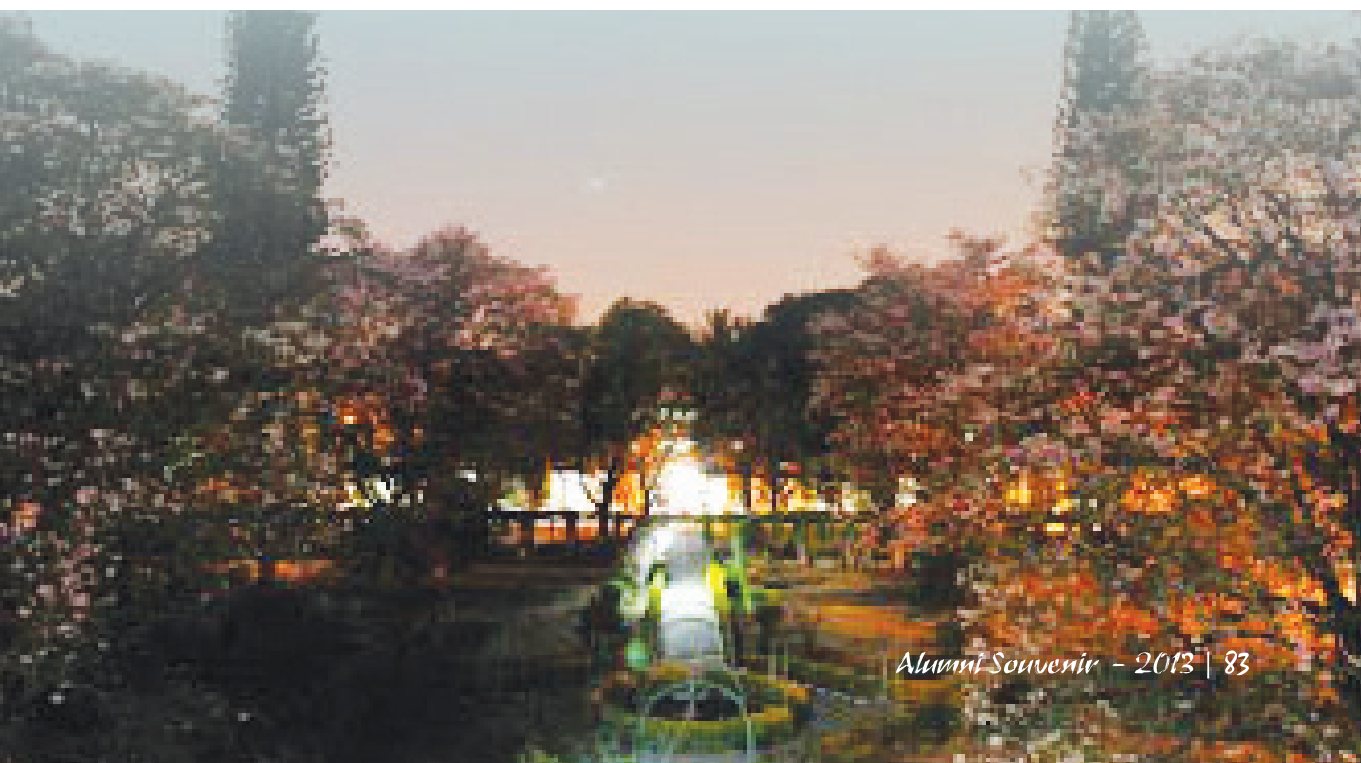
**Lokesh Prabhu (2008)**

- 1) Exponential Learning Curve.
- (2) Great challenges and breakthroughs
- (3) The belief others would have on me in the campus and the challenges imposed, have made me what I'm today professionally.

**Mohan Sunil Kumar (2005)**

I think seeing patients daily was core business, which I enjoyed especially towards the end of my MD and my 2 years of senior residency. Interactions with faculty was always an important part of “growing up” (Prof RSP is a major influence ). The day to day interactions with my friends (which have led to several lasting friendships over the years), escapades to Java city or to multiplexes after a hard day’s work, becoming the general secretary of NIMHANS, overseeing cultural and sports events, participating in various events, being able to shoot, edit and compile a short documentary about NIMHANS along with Prof. Seshadri, which was shown to an audience of about 400 alumni, in a conference that was held in 2005, being under pressure but enjoying it nonetheless were major highlights.

**Raghunandan Venkatanarasimhacharya GP (2002)**





*Back to the Future!*



## In memory of that 'beepful' persona...

Dear Pager,



It has been almost 2 years without you. Needless to say that NIMHANS is a different place since you left. Most evidently, your purposeful and urgent sound 'beep beep beep ... beeeeeeeep, beep, beep' has now been replaced with tunes that remind us that 'pappu can't dance' and that Shahrukh Khan is the unbeaten king of the world of ringtones, what with 'chhaiya chhaiya', 'main hun don', 'dard-e-disco' et al... hitting our eardrums anytime a patient or some official communication needs attention. Of course there are the non-filmy ones among us who have stuck to Nokia tunes and other such unremarkable music!

I remember the time I first met you. I was most fascinated and automatically placed myself in the galaxy of those larger than life and picture perfect hospitals of Grey's Anatomy, ER and House MD! Basically, I felt really cool with the thought of carrying you around. You were among the top stories I told my parents that day, and my friends for several days thereafter. Well, I'll be honest with you. You were a little cumbersome to carry in the beginning, all thanks to the epitome of efficient clothing that salwar-kurtas are. But in no time I found the perfect bag with the perfect little pocket for you, and thus started my 2-year long 'beepful journey' with you!

You were not just a diligent messenger, but also a discipliner. You taught me how staying within 2 Kms of the campus, during duty hours, is vital to stay out of trouble. You taught me how hoarding older messages is the sure shot way to call the wrong person at the wrong time, and make unnecessary history. You know these days when someone gets a call, it's hilarious how people go berserk, in all combinations of hand-head-trunk postures, 'for network'... You helped us maintain sobriety, in a way. You made us run too, looking for landlines to respond to a message, but in that you also gave us the much-needed periodic jog we now so conveniently avoid.



**Eesha Sharma**  
(2009)

You know Pager, they say that mobile-phone (your uncanny replacement) makes communication easier. Well maybe it does. Maybe it is in the nature of human evolution to invent machines that ensure we stay further and further away from each other. I am not going to be a judge on anything here. The fact remains that you were there first, and you were my first friend that ensured I never missed an emergency with a patient. You will always hold a special place in my heart, and your reminiscences will always come up wherever a 'beep' is heard...

Beep me soon,

Yours' truly...

(Kindly note: E=Expected, WIG=What I got)

E: Mad people running around

WIG: Calm, serene place in spite of it being a 'mental hospital'

E: Professors and colleagues with 'head-weight'

WIG: Great faculty who are friendly and approachable at anytime, and even friendlier friends

E: Patients who kept their distance

WIG: Over-'friendly' patients, one of them (a female) asking the resident to meet her between P3 and P4 for "THAT" at 10pm

E: Dress code and strict hierarchy

WIG: Seniors who scolded us for calling them 'Sir' or 'Madam'

E: A hell of a time at the seminars and talks

WIG: Got what I E!! (although protocol went well and overall was a learning experience. Yes there are better ways to learn, but this was faster!!)

E: Constant (and ?irritating) supervision while seeing patients, especially as vulnerable as the mentally disabled ones

WIG: The freedom to make decisions, which entails greater responsibility and a better outcome

E: Friends who are easy-going and professional

WIG: Loads of friends who are much more than that and are there every time you need them

E: An increment after NIMHANS became an INI

WIG: None!! 😊

E: Moderate work and no fun

WIG: Lots of work, fun

E: Only humans to be wandering around



WIG: A great gang of adorable dogs too

E: Learning restricted to books, academic programs

WIG: Learning for life (about life too!!!)

E: Similar people, similar tastes

WIG: The most diverse set of people I have ever encountered, all the way from friends, to the canines, to the patients, to the faculty

E: A muddled mind in the 'mess'

WIG: (trying to get!) - an inner sense of fulfillment (some of my friends in PSW already seem to have found INNER peace, or at least so they claim!!!)

E: A nagging set of senior residents

WIG: A wonderful group of people who are extremely knowledgeable and willing to reveal it all

E: Relaxed schedules

WIG: TIGHT schedules with little time for recreation

E: Weaknesses being put to sword

WIG: Inspirational people showing you the abilities you didn't know existed

E: A three year course

WIG: (getting...)- An experience that is unparalleled and unforgettable

Overall: All things great - The hostel (new one!), the department, the office staff, friends, all residents, faculty, deadly snakes, the campus (with the beautiful trees and adorable dogs of course), weather, organization, academics, workshops [With a difference (read-SPS)], the dinners, movies, the coffee shop, Learning on 'your feet' (read- ROUNDS), re-discovering your strengths, diverse yet wonderful work environment that makes you feel like coming back again and again, stories about the tunnel psychopath, caring for the mentally disabled, realization that we are just one small part of the whole picture, which is humbling yet somewhere is fulfilling, and when people come and tell you that you have done a good job - makes you feel all warm and cozy inside... maybe that's life.. that's NIMHANS.. that's Neurobiology and Neurochemistry... something more?? Maybe..



*Abhilash (2012)*



The 2010 batch on a road trip... an age old NIMHANS tradition!



The latest members of the NIMHANS family at the new Kabini hostel



# MUSINGS

Hot coffee at Nagaraj's... an integral part of life in the campus!

Let me be candid: when I first arrived at Nimhans, I was unsure about whether I was going to stay on; unsure about what was happening every day; about whether I could ever study and 'understand', let alone practise, psychiatry. The last six months may have helped resolve at least some of these almost-obsessional doubts that would spring to my mind fairly frequently.



*Lavanya Sharma  
(2012)*

The novelty of it all has not worn off yet... the thrill of suddenly eliciting a particularly exciting piece of psychopathology, watching people improve dramatically, and better yet, those 'aha!' moments when you figure out something a senior has taught you and are able to apply it, or happen to stumble upon the right diagnosis, or even at the seminars, where something you've been struggling to understand suddenly crystallizes into a coherent, logical concept...

The making of friends; unit dinners; non-unit dinners; discovering (or rather re-discovering) parts of Bangalore; having Nagaraju Anna know the kind of coffee you like without having to ask; being greeted with a vigorous tail wag by some of one's favourite dogs on campus; the sudden exams and the frenetic study just before (reminiscent of one's MBBS days); discovering rather serendipitously that one was seeing a patient that one's parents had probably seen 30-odd years ago; and the trees!

It hasn't, of course, been this easy - but it has been making me think, more than I have in a while. The doubts are still there, and it has occasionally felt like I am struggling to get into a groove that seems just as determined to kick me out... but six months down, I'd like to think I'm on the way to getting there, and enjoying the journey.

# A FRESHMAN'S STORY



*Priyanka Prabhakaran (2012)*

NIMHANS was a 'brand'. And I'd always held brands in mild mistrust.. They were never what they were made-out to be. Still, I'd have travelled to the ends of the earth to study Psychiatry, and NIMHANS, the Mecca of mental health in India, was right here in my home-town. And I applied.

On 14th May 2012, I learnt my first lesson in mental health. To be non-judgmental.

Where I expected to see a concrete fortress within which academicians sweltered, I saw yellow flowers strewn on paths lined by emerald trees leading up to a stone building of old-world charm. Where I thought I'd see strait-jacketed faculty looking down on the rest of the world, I saw teachers who smiled and led by example. Expecting to be roasted on spit-fires by senior PGs and SRs, I was happily taken-aback by their earnest guidance. Outside, government-run services stood tarnished by greed. Here, NIMHANS stood with its head held high in integrity. Days rolled into months, and I watched in awe how NIMHANS healed. I, too, fell in love :) The trees outside the HOD's office - that are now in a frenzy of purple-pink, adding reason.

This year, NIMHANS was awarded the status of 'Institute of National Importance'. For the multitudes - doctors and patients alike - whose lives it has transformed, it always was..

Now I know NIMHANS isn't so much a 'brand' as it is a 'tradition', a 'spirit'. A tradition of humility, a spirit of service. And through its emblem it seems to be saying

The white-winged bird leads us on  
through waters silver-grey..  
Where the skies are dark over flowered pools,  
there is a moon bright as day..



Very cordial working atmosphere. My decision of joining Psychiatry proved true after coming here

**Shree Mishra (2010)**



Wonderful 1st year college life, Horrible 2nd year hostel life.

**Sajal Sathiadevan (2011)**



Residents from the 2009 to 2011 batches in front of the department

A time of great growth, in an environment where you are not criticized or ridiculed, where there is a lot of supervision, where consultants don't have ego problems and treat me with respect, where I get immense satisfaction out of helping people heal.

**Dharav Sunil Shah (2011)**



# Things fall together



It started with the juvenile confusion, 'How is life worth lived and how would I ever know?'

Without much reason it took its course and I was half way through owing Hippocrates.

Things started falling together like liquid lining a funnel wall, and it was mind which fascinated the most of all human organs.

The Os Interna was clearly patent but what was dark was the pipe ahead and the opening at the other end of its length.

Once into the department the geometry transformed itself to an hourglass.

Walking the corridors tread by men of science, decoding the mind's mystery from gene to conscience.

Breathing the greens ruffling ages, soothing thousand minds' tormented times,

I feel I belong, to where I belonged, like the sand in the hourglass, counting life sublime.





When Dr. Srikala Bharath asked me to write about what it meant for me to come back to NIMHANS, few things came to my mind - my most memorable DPM days, the last day of DPM, my work for about one and a half year outside NIMHANS and of course the happiest part of my life - joining back for MD. NIMHANS amazed me from the day one - for the sheer size of the department, the work culture, work atmosphere, the teaching methods, the patient care, keen interest in research and of course absence of corruption, the most knowledgeable teachers, who guide us through the subjects. When I used to boast about the same, people would ask me "how can a government institute be like this?" and I used to feel proud about this place. Life was at its best with the most amazing batch mates - Viru, Raj, Vinay, Keerthi and Barki. Together we formed a rocking group.

I realized why others were asking that question when I moved out after DPM. I started working in a general hospital, visiting few nursing homes, and had a clinic of my own. Though I was faring well in these ventures of mine, I was terribly missing NIMHANS, for all its goodness, alongside the need to pursue MD, to continue my research interests. The attitude of people in the so called "government" institute irked me the most. This taught me a lot of things about dealing with such people, but still maintaining my stand on the views/issues. I was fortunate enough to get back as a MD resident this year. And now I realize the value of NIMHANS much more than ever. It feels great to be back, to be taught by the best teachers, a place to which there is a sense of belonging, and also to be with friends again - Viru and Raj are here. Miss you Keerthi and Vinay.

*Vijay Danivas (2008 and 2012)*





# WHAT IS IT COMING TO NIMHANS?

Being a Chennaiite and having done my masters from Northern part of India, joining NIMHANS is a dream come true for me. Fresh from the experience of joining this Institute as a Senior Resident for the past 6 months, I am happy to share a few of my thoughts about the Institute.

Apart from the academic excellence for which NIMHANS is well known for, I would like to mention a few more things that are unique about the Institute. It is easy to note that phrases like “I was wondering whether we can...” or “What is your opinion about...” are often used by the consultants and senior residents when they speak to their students, members of another discipline, and colleagues. Little did I realise then that it meant something more than just putting across one’s viewpoint in a pleasant way. I was surprised when a consultant thanked me for coming to help in their OPD when a few people in their unit were on leave that day.

Absence of the need to sign an attendance register in the institution gives an opportunity for the development of self motivation and responsibility. The freedom enjoyed by the juniors and trainees to voice their thoughts in front of their seniors and consultants is an asset to the development of the individuality of the future mental health professionals. This seems to extrapolate when it comes to patient care also, as every attempt is made to preserve the autonomy and respect of the patient as a person.







Existence of a comprehensive mental health team with Psychiatrists, Psychologists, Social Workers, Nurses and other staff with a good liaison between these disciplines is a rarity to be found in India. Sincerity and efficiency in work is an omnipresent trait in most of the academic and administrative staff. Though I was able to see the entire mental health team work as a unit, the liaison between Neurology and Psychiatry could be better than what it is currently.



One morning, on my way to the department, I was amazed to see a consultant going on a motorcycle and another on a bicycle to their respective departments. It seemed to convey a lot about the simplicity and down-to-earth attitude inculcated in this Institute. Maybe the latest group photo taken would symbolise what I have been trying to express so far, with the senior most professionals not hesitating to kneel on the floor and the juniors and staff were not feeling uncomfortable to sit on the bench in front of their seniors. This attribute seems to percolate through the entire system of the institute and seems to symbolise the culture and heritage of NIMHANS – “Respect for fellow human beings and Simplicity!”

*Kailash. S (2012)*

*Johari Window*





The Department of Psychiatry at NIMHANS, Bangalore, is a very big department, in terms of bed strength and manpower. It is fulfilling its role in various aspects such as manpower development, patient care and research. The senior experienced faculty are in various national and international committees and law making bodies. The young faculty are also rapidly becoming wise and noticeable. One notable thing is the way they keep reinventing themselves. The department is in general friendly and has a benevolent big brother attitude towards other clinical departments. They have a live and let live attitude. I wish them continued growth and contentment.

***Dr. B. Indira Devi,***  
***Professor, Department of Neurosurgery,***  
***NIMHANS***

My association with the Department of Psychiatry, NIMHANS, spans the last three decades. It has gone through different phases – to begin with as a resident, sharing overlapping grounds of training in neurology and psychiatry and liaising clinically with the psychiatric trainees, and now as a faculty, collaborating on clinical, training, research and administrative areas. However, the ‘camaraderie’ has not changed and has strengthened over time.

Exemplary training of the department in mental health ensures skill-building, ground for ethical practice, a trend of striving for excellence in trainees. It was the mental hospital in 1936 and later setting up of the Department of Psychiatry in the year 1953 that were the impetus for the development of many other departments in the institute and setting up of NIMHANS in the seventies. The contribution of the department of the psychiatry to the care of our patients and training of our residents can only be felt and not be expressed in words. We owe a lot to the department which deserves accolades on this occasion of celebrating 60 years.



***Dr. Arun B. Taly,***  
***Professor, Department of Neurology,***  
***NIMHANS***

I came for an interview on March 20<sup>th</sup> 1974 for the post of Tutor in All India Institute of Mental Health (AIIMH) in the institute building. Mrs Sukumariamamma received me and asked “Enu beku” for which I did not know the meaning - of course later she spoke to me in English. Dr A.S. Mahal, Professor of Psychiatry, was the Chairperson of the Selection Committee who made me feel very comfortable. Later he told the rest of the persons that at any cost they should not lose me. The very next day i.e. on 21-3-'74, I received the appointment order.



As a Tutor I used to enjoy working in the team, we used to look forward for Wednesday afternoon conferences in “Arts Theater” as it provided for great learning opportunity. Every 3<sup>rd</sup> Wednesday used to be case discussion on Neuropsychiatry as the Neurosurgeons and Neurologists used to join. Dr S.C. Mallik was always ready to experiment with new ideas. It was a pleasure closely working with him.

All India Institute of Mental Health (AIIMH) and State Mental Hospital were amalgamated and NIMHANS came into existence in December 1974. I had an opportunity to work with six consultants - Dr S.M. Channabasavanna, Dr. Venkatramaiah, and Dr. K.N. Srinivas, who were in charge of Pavilion III, and Dr R.L. Kapur, Dr. P.S. Gopinath, and Dr. Shyam Sunder, who were in charge of Pavilion IV. All the three Unit Heads of Pavilion 3 used to meet on Wednesday mornings (Unit Head, residents, nursing staff, Group D). All the three Units of Pavilion IV used to meet on Thursday mornings. Various issues related to specific problems of each patient as well as administrative issues used to get sorted out in these meetings. “Single dose therapy” evolved during these discussions in Pavilion IV which became a norm later. We had a lot of committed residents who later became faculty in this Institute.

Residency Scheme – relay hunger strikes of the residents led to getting Residency Scheme.

### ***Some unforgettable moments/suggestions:***

Dr Shyam Sunder used to say - Most patients do not require sedation in the night. Keep some food – restlessness may be due to hunger/thirst. If you fulfill these basic needs, you don't need to follow SOS orders. Hence keeping food for restless patients became a routine and use of sedation came down. We practiced therapeutic community in Pavilion IV under his guidance.

We used to admire Dr Vivek Benegal's handwriting in the case files, and later his computer abilities.



When Zeeta – a patient in Pavilion III met her daughter (whom she left 24 years ago as a two year old), the way she hugged, kissed and fed her daughter with biscuits brought tears in my eyes on a Sunday.

Annual parties where Dr R.L. Kapur used to sing songs of Manna Dey who lives in Bangalore now.

Patients used to threaten other staff that they will report to Dr P.S. Gopinath as they felt so close to him.

Dr Sanjeev Jain's sense of commitment to physical care of psychiatric patients which resulted in cataract surgeries for old patients and hysterectomies for those patients from Pavilion III who needed them.

In my career of 39 years at NIMHANS (1974 to 2012-2013), I witnessed evolution from custodial care to therapeutic community, single dose therapy, family therapy, rehabilitation, Center for Addiction Medicine, Disaster Management Team, Mother and Child Unit, Geriatric Care. All this was possible because of the team spirit and work culture, that makes us proud for being a part of NIMHANS.

***Dr K. REDDEMMA***  
***Senior Professor & Head, Dept of Nursing***

## **DOWN THE MEMORY LANE**

I joined as a student of DPSW in 1976 and 1977. Subsequently, I was appointed as Psychiatric Social Worker in 1978. Let me narrate some of the events of my association with the Department of Psychiatry.

As a student, I was fortunate to have the great stalwarts and pioneers in Psychiatry as my teachers – Prof. A.S. Mahal, Prof. N.Y. Surya, Prof. R.L. Kapur, Prof. S.M. Channabasavanna, Prof. H.S. Narayana, Dr. K.N. Srinivas, Dr. V. Venkataramaiah, Dr. P.S. Gopinath, Dr. Illana Cariappa, Dr. S. Kalyanasundram and Dr. Shamasundar. Each one is great in a unique way. Their magnanimity was felt and observed in many ways – the manner in which they interacted with patients and their families, the commitment they showed towards teaching, research, and consultation, innovative thinking and creative actions, deep knowledge and high competence and the human relations they maintained with their students.

My association with Prof. R. L. Kapur was quite long. I would like to narrate a brief incident that one of my classmates had with him in the Psychiatry outpatient Department. She worked out a case and was ready to discuss with Prof. Kapur. In a routine way, he asked the newly joined student, "Have you done MSE (M.Sc)". Our classmate could not

understand the context, and answered, 'I have done MSW'. Prof. R.L. Kapur slightly got confused and asked again, 'You have done MSE?'. The student responded again, 'Yes sir, I have done MSW and not M.Sc'. It took some time for the student to understand the real meaning of the word MSE (M.Sc) i.e. Mental Status Examination. Professor also understood that the student had done a postgraduate course in Social Work – MSW.

Prof. S.M. Channabasavanna became closer to me not because of Psychiatry lessons but because of my visits to Whitefield and Puttaparthi for darshan of Sri Sathya Sai Baba. This personal event led to professional proximity in later years.

Dr. H.S. Narayana's interest in Mental Retardation, his camps in Chinthamani, Doddaballapur and Kanakapura and pioneering efforts in forming Self Help Groups for the parents of mentally challenged children had impressed me and I had participated in many such activities. I learnt a lot from him about empathy, active listening and timely intervention.

I never forget the train journey along with Dr. Shyamsundar and his wife, Dr. Mohan Isaac and Dr. C. R. Chandrasekar and his wife, to attend the Annual Conference of Indian Psychiatric Society held at Ahmedabad. I was exposed to their humane qualities during this time.

In the hostel, I had nice times with my contemporaries – Dr. Pradeep, Dr. Karthikeyan, Dr. M. S. Kesavan, Dr. Sampath, Dr. Syed Rahimuddin and Dr. Sabesan, Dr. Patange and Dr. Shripathy Bhat. Their meetings in my room provided intellectual feast to me almost every day. I really relish those sweet memories!

Another humorous experience, in the Psychiatry outpatient was when as a student I had worked up a case and made a diagnosis of Depression. I discussed with the Psychiatrist, he prescribed the medicine and the prescription sheet was given to the patient. After two days, the patient came all anxious and told me, "Sir, I went to several medical shops, the medicine is not available – I have been given such a rare medicine". Then I took the slip and saw what was written on it.

The Psychiatrist had written by mistake, 'Tab. Shivalingam' (that was the name of the patient). It was then corrected by the Psychiatrist (I don't want to tell the name of the psychiatrist – one clue: He is one of the famous Psychiatrists contributing a lot to Psychosocial Rehabilitation).

It was a great experience to work with Dr. Mohan K. Isaac. Dr. R. Srinivasamurthy, Dr. C. R. Chandrasekar, Dr. Kishore Kumar, Dr. Mahadevappa, Dr. Sundara Moily, Dr. P. R. Geetha and Dr. Karur Badrivishal in Community based mental health programmes in Sakalawara and Bellary. Still I vividly remember one of the Home visits I made with Dr. Mohan Isaac, Dr. C. R. Chandrashekar and other team members in Attibele. I took a psychiatric history of a woman from her family members. The patient was excited and got angry with me for collecting the details of her illness and problems. Standing 15 feet



away from me, she suddenly started throwing a big coconut aiming at my head. Luckily, it narrowly missed my head. Had it happened, I would not be alive to write this nostalgia!

Prof. R. Srinivasamurthy motivated me to undertake Life Skills Education in the Home for Girls. He encouraged me to share this experience in the first WHO workshop on Life Skills Education held at NIMHANS. The moments I spent with him in many other places especially in Latur, Ahmedabad and Goa were real learning experiences related to Community Mental Health in general and psychosocial care in disasters in particular. He exposed me to a number of TOT programmes for mental health professionals, WHO Workshops and ICMR Advanced Centre for Community Mental Health. These became the strong sources of development of professionalism in me.

The time I had spent with Dr. Mohan Isaac – during Sakalwara days as well as Bellary District Mental health Programmes was really memorable. One of the lessons I learnt from him was “Nobody is indispensable”.



*K N Srinivas with R S Pandey*



*Dr. Parthasarathy with Dr. Mohan Isaac & Dr. C.R. Chandrashekar*

I can never forget Dr. C.R. Chandrasekar's hospitality, meticulous nature and involvement in health education. His simple life style, service activities and noble nature are a rarity these days.

Lastly, I should thank Dr. Srikala Bharath who asked me to write about such memories. As my administrative responsibilities increased over the years my informal interactions with the members of the Department of Psychiatry were reduced considerably. It was Dr. Srikala Bharath who involved me in the Life Skills Education training programme she conducts in our Institute regularly. Thank you for this too!

*Dr. Parthasarathy  
Professor & Head, Department of Psychiatric Social Work*

## TIES THAT BIND...



*Dr. Ahalya Raghuram*  
*Professor*  
*Department of Clinical Psychology,*  
*NIMHANS*

Anniversaries are a good time for reflection, to step back from daily routines, pause and reflect on what has passed by, as well as to envision the future. When Srikala asked me to recount some of my experiences, from the perspective of an ‘outsider’, it provided the perfect opportunity to articulate some thoughts and impressions.

The histories of the Departments of Psychiatry and Clinical Psychology are inextricably interlinked. The founding fathers of the AIIMH, in their wisdom and foresight, established both departments at the same time, recognizing that the problems of mental health required the skills and services of both disciplines. Thus there is a shared history and no doubt a shared future as well. I have been privileged to be a part of this evolving history from the mid-seventies onwards when I joined NIMHANS as a trainee.

My introduction to NIMHANS and the field of mental health began with an introductory lecture by Prof R.L Kapur. The lecture hall was full, crammed with students from the disciplines of psychiatry, clinical psychology and psychiatric social work. Punctually at 8 am Dr. Kapur strode in. What followed for the next one hour simply took our breath away. It was a brilliant and fascinating introduction to the field of mental health. Dr. Kapur exuded a very infectious energy and enthusiasm which soon had everyone involved in the topic. At times he tossed provocative questions at us which forced us to re-examine theories that we had unquestioningly imbibed. At other times, he offered insights that immediately kindled a curiosity to delve further into the subject. For me personally, that one hour gave me an ‘aha’ experience of sorts – an intuitive recognition that I had ‘found’ my career and I had come to the right place to take it further. The level of discussion and debate in that class and subsequent ones were, to me, astonishing, given the range of perspectives and opinions that were voiced. Up until then I had considered myself to be a reasonably well informed and good student – but this first experience made me feel quite ignorant and sharply aware of how much there was to be learnt. The bar had been set high indeed! Over the course of the next two years, as we worked with other professors, we had the opportunity to learn many more things from each of them: the humane attitude of Dr. H.S Narayan; the generosity of

Dr. K.N Srinivas, who would unfailingly invite whoever passed by his room during the lunch hour to share his lunch; the kindness and concern of Dr. Venkatramaiah for the travails of the family caregivers – many times after much convincing of Dr. VVR and the family, a patient would be discharged. However to the consternation of the rest of the team, the next day the patient would be found back in the ward and Dr. VVR in his soft-spoken style would just say ‘the family had some genuine difficulties to take him back’. Dr. Gopinath was a fount of practical wisdom and kept us rooted to realities and not get too carried away by theories or textual knowledge. Dr. Shamasundar inspired us with his willingness to listen with utmost seriousness to every viewpoint, no matter how naïve or farfetched. Dr. Channabasavanna’s unruffled demeanour would instill so much confidence in patients that they would in a matter of minutes of being interviewed by him, reveal the most crucial information that hours of painstaking efforts by the rest of us had failed to elicit. Dr. Kalyanasundaram as a young faculty was an inspiring teacher with his vast fund of knowledge and amazing clarity in expression.

A significant aspect of the training at that period of time was that it was completely multidisciplinary in nature: all lectures, case conferences, seminars and journal clubs were held as combined activities for the three departments. I believe that this offered many advantages, the most noteworthy being the opportunity that it provided for trainees to learn about the perspectives of each other’s disciplines. This sadly, has drastically declined over the years. Today while there is substantial multidisciplinary collaboration in research, it does not seem to characterize the training activities. Nostalgia apart, in the present scenario, with the knowledge explosion in all fields, it may not be possible or even necessary to revert back to the earlier approach. But bringing back that model for at least some activities in the academic year would surely enrich the quality of training in all the disciplines.

The relationship of psychiatry and clinical psychology can be likened to a marriage (metaphorical and in many instances, in a very literal sense too!). Like all marriages, it has had its vicissitudes: a brief period of time in the late 70’s when a few misguided individuals attempted to drive deep wedges into the relationship. The only tangible (and in my view) exasperating change that it led to was the introduction of different colored sheets for trainees of the three disciplines to record their notes! Whether it was intended to be an assertion of identity or an act of exclusion is difficult to fathom even today! Fortunately, wisdom prevailed and harmony was restored. But just as in a marriage, for the relationship to grow and deepen even further, it requires nurturing. In ‘relational’ terms (the arena that holds the deepest interest for me), it requires a democratic style of decision making and functioning with mutual respect and recognition of each other’s strengths (and frailties!), clearly defined roles, mutual appreciation and positive feedback, open and clear communication and the joint involvement in periodic ‘rituals’ – all of which can only foster a greater sense of cohesiveness. I believe that many of these elements are already present – but we need to take greater cognizance of these aspects, lest we take the relationship for granted.



## Memories from NOWHERE

My name was “Chenamma”. I do not remember anything nice happening to me when I was there. I was born as the third of four daughters of my parents in Talakad. Grew up doing housework. My parents got me married to Cheluva of the same village when I was 13 years old. Soon after that I had three children – two daughters and one son. A month after my son was born, I stopped eating and feeding the baby. I felt very different and be very very quiet. My people told that I had ‘sanni’. I had no energy even to go the bathroom. My ‘Ganda’ and parents became very worried and took to Mental Hospital in Bengaluru. I was there with my mother for 20 days and became better. Cheluva came to the hospital and saw me. The hospital had lots of trees and looked very nice. I went back home with medicines. When I went back to ‘Ganda’s house, I was not allowed to touch my son. My ‘athai’ and ‘mava’ called me ‘huchi’. Cheluva was always rude to me. I wanted him to tell me that I was not ‘huchi’. I became sick again again – more than 3-4 times. Cheluva left me and my first daughter in my parents’ house and went back. I heard he got married again.



Once when I was sick with the ‘sanni’ I started beating others. So the villagers beat me a lot; tied my hands and legs and took me to Mental Hospital. This time parents left me there in the hospital.

They did not tell the doctors that they would leave me all by myself. After they left the nurses noticed that I was wearing ‘chinna’. They removed my ‘thali and earrings’. The nurse amma told me that I would get it back when I went home. I became very sick in the hospital as my wounds were red and swollen. I had high fever. I wanted my children, amma and anna. Nobody with me.....except the young doctor and nurse. I died. My thali, earrings and Geje are still in the Mental Hospital.

Many many years have gone by I understand. Many new medicines must be there now to treat people like me.

More than medicines, I hope that doctors have found a way making family members and other people understand that ‘huchi’ like me also people; we also want love and respect. I want to know from the mental hospital doctors whether they have done this. Give my ‘chinna’ and ‘belli’ to some other poor lady who has nobody.

**Chenamma\*** – a lady patient who died in the ward in 1971.

\* The iron safe in the hospital was opened after 30 years in 2012. Apart from detailed registers a few things were found in the safe. 2 mangal sutras and 2-3 pairs of anklets and finger rings. The above is a fictional narration of the lady who wore them.

Dr. Srikala Bharath

## Memories forever



When you enter NIMHANS you breathe in fragrance of motivation and dedication that stimulate every brain. The atmosphere is so charged up with positive energy that you are assured of the right path to “healing minds”.

While monasteries epitomize institutes of discipline and knowledge, footsteps engrained in a path, represent everlasting memories. This picture conveys that even when times and people change, memories of learning in a great institute such as NIMHANS stay on forever.

*Dr. Sravanthi S L*  
*External trainee posted in NIMHANS(2012)*



# Department Today





# CURRENT FACULTY

1. Dr. R. S. Pandey
2. Dr. C. R. Chandrashekar
3. Dr. B. N. Gangadhar
4. Dr. S. K. Chaturvedi
5. Dr. Sanjeev Jain
6. Dr. Mathew Varghese
7. Dr. Prabha S. Chandra
8. Dr. Pratima Murthy
9. Dr. Srikala Bharath
10. Dr. Y.C. Janardhan Reddy
11. Dr. Vivek Benegal
12. Dr. Jagadisha
13. Dr. John P. John
14. Dr. B. M. Suresh
15. Dr. Venkatasubramanian G.
16. Dr. P. T. Sivakumar
17. Dr. B. N. Manjula Devi
18. Dr. Geetha Desai
19. Dr. Shivarama Varambally
20. Dr. Prabhat Kumar Chand
21. Dr. Muralidharan K.
22. Dr. Harish T.
23. Dr. Santosh L.
24. Dr. Senthil K. Reddi
25. Dr. Naveenkumar C.
26. Dr. Shyam Sundar A.
27. Dr. Arun K.
28. Dr. Preeti Sinha
29. Dr. Janardhanan C. N.
30. Dr. T. Sivakumar
31. Dr. Kishore Kumar K.V.
32. Dr. Sabina Rao



## **CHILD & ADOLESCENT PSYCHIATRY**

1. Dr. Shoba Srinath
2. Dr. Shekhar Seshadri
3. Dr. Satish Girimaji
4. Dr. John Vijaysagar

## **FACULTY WHO LEFT THE DEPARTMENT IN THE LAST DECADE**

- |                          |                        |
|--------------------------|------------------------|
| 1. Dr. N. Janaki Ramaiah | 5. Dr. Partha Choudary |
| 2. Dr. R. S. Murthy      | 6. Dr. Kulbhushan      |
| 3. Dr. Mohan K. Isaac    | 7. Dr. Y. P. Mukesh    |
| 4. Dr. R. Raguram        | 8. Dr. Shashikiran     |
|                          | 9. Dr. Om Prakash      |



# CURRENT SENIOR RESIDENTS

1. Mukund G Rao
2. Ajish Gopinath Mangot
3. Vijaya Kumar K G
4. Rajan Nishanth Jayarajan
5. Smitha M
6. Vishal Kasal
7. Dhanya Raveendranathan
8. Kailash Sureshkumar
9. Uma Maheswari
10. Malvika Ravi
11. Vikram Singh Rawat
12. Dahale Ajit Balachandra
13. Urvakhsh M Mehta
14. Naveen Jayaram
15. Vinay B
16. Eesha Sharma
17. Ramkumar G S
18. Nikhil Jain
19. Deepak Jayarajan
20. Satish Rasaily
21. Biju Vishwanath
22. Lokesh Prabhu
23. Krishna Prasad M
24. Avinash Waghmare

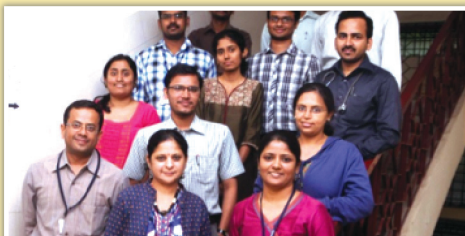
## SRs WHO LEFT RECENTLY

1. Himanshu Gupta
2. Rohini T
3. Dinesh R
4. Neeraj
5. Kousik Goswami
6. Manish
7. Manjunath



# SPECIAL CLINICS AND SERVICES

1. Centre for Addiction Medicine
2. Community Psychiatry
3. Family Psychiatry
4. Geriatric Clinic
5. Legal Aid Clinic
6. Metabolic Clinic
7. NIMHANS Centre for well being
8. OCD Clinic
9. Perinatal Clinic
10. Recovery Oriented Services
11. Schizophrenia Clinic
12. Molecular Genetics Lab
13. Genetic Counselling & Testing Clinic



# MoUs WITH NATIONAL AND INTERNATIONAL INSTITUTIONS

## NATIONAL

- ▶ Indian Institute of Science
- ▶ Jawaharlal Nehru University for Advanced Scientific Research
- ▶ Institute of Bioinformatics
- ▶ Swamy Vivekananda Yoga Anusandhana Samsthana
- ▶ National Centre for Biological Sciences (NCBS)
- ▶ National AIDS Control Organisation (NACO)

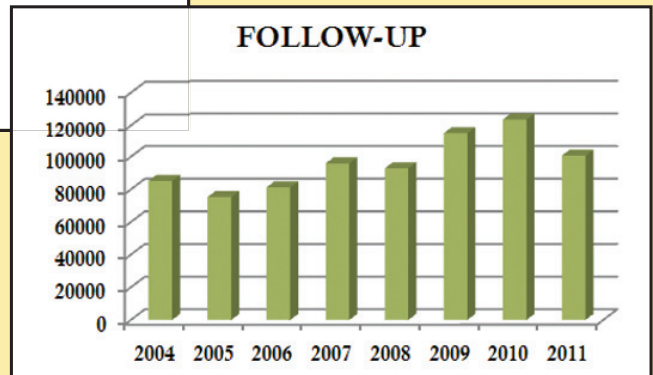
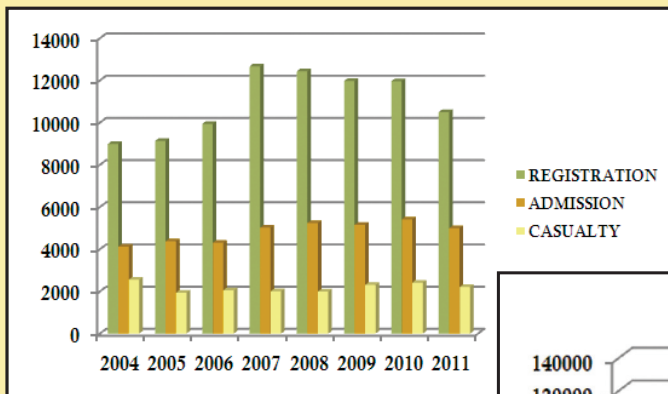
## INTERNATIONAL

- ▶ World Health Organization
- ▶ Royal College of Psychiatry
- ▶ Maastricht University (Netherlands)
- ▶ RIPAS, Brunei
- ▶ Gordon Brown University for Nursing
- ▶ Glasgow University (Addiction Medicine)
- ▶ Fogarty International Fellowship Program
- ▶ Centre for Addiction And Mental Health, Toronto
- ▶ Taipei Medical University, Taiwan































# Patient Statistics from 2004-2011

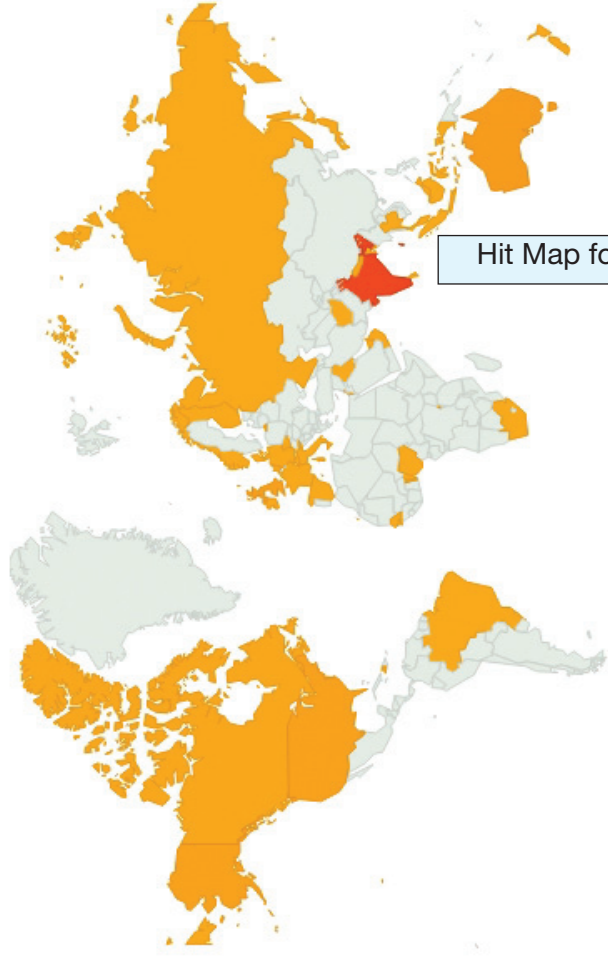
## Admission Registration and Casualty



Mr Pulla Reddy, Mr Pradeep and other members of the efficient Medical records team



Country	Views
 India	7,236
 Australia	1,036
 United Kingdom	620
 United States	543
 Canada	176
 New Zealand	91
 Oman	39
 Malaysia	31
 Italy	14
 United Arab Emirates	14
 Nepal	12
 Switzerland	11
 Maldives	10
 Sri Lanka	9
 Singapore	8
 France	8
 Haiti	7
 Bahrain	6
 Russian Federation	6
 Nigeria	4
 Afghanistan	3
 Netherlands	3
 Denmark	2
 Norway	2
 Germany	2
 Brazil	2
 Togo	2
 Hong Kong	2



Hit Map for *nimpsyalumni* website





# *Through the Hubble*



**NIMHANS in 2050**

This being written on 21/12/12, doomsday is almost over, we will get to 2050!

Dreams as a rule, predicted the future.....Hopefully the hardware- structure that Nimhans stands on and the software-values that a resident gains through his tenure with the department will probably not change much. We will witness the wave of de-institutionalization and the closed wards will finally 'open'. On his OPD a faculty would visit the East campus close to his home, provide a retinal scan for attendance OR log in from home, where he will follow up patients from all over the country's remotest areas.....

*Dr. Santosh Loganathan*  
*Associate Professor*

Khwahishon ke mukaam se kabhi to haqeeqat guzar jaaye,  
Aaj nahi sahi, pachaas saal par ye safar kar jaaye.

*Dr. Preeti Sinha*  
*Assistant Professor*

In last six decades, the Department of Psychiatry has contributed immensely in the field of patient care, mental health education and research. The department has not only achieved leadership in many areas but also established itself as a best psychiatry service provider.

Our country is lagging behind in minimum standard of mental health care. In coming fifty years, we need to strengthen the training of manpower, developing service delivery model for the needy population and research in specific areas. The department can be the nodal training centre and will have similar satellite centres located at different parts of the country. The use of modern technology will also help in decreasing the training and treatment gap. My personal wish is to see a stage, where a patient or family member access optimum and affordable treatment near his place without any hesitation (stigma)!

*Dr. Prabhat Chand*  
*Associate Professor*



Well, to compare the trajectory of progress in understanding mental illness from the middle of the 20th century around when the medical construct of mental illness aided by the discovery of chlorpromazine became widely accepted, up to the research over the past decade, I would hazard a guess that Psychiatry would be called something like Applied Cognitive & Integrative Neuroscience in 2050.

Neuronal information processing, regulating and expressing emotion would be unravelled at cellular and gene levels. Individualized primary and secondary treatments for disruptions in these networks available, based on genomics, proteomics, targeted microbot modifications of neuronal networks, or even possibly an option to revert to a prior functional state (timeline or rebooting depending a Mac or Windows inclination!) make Outcomes in mental illness far more favorable with minimal disruption to an individual's life.

The Applied Cognitive and Integrative Neurosciences Department at NIACINS (like the vitamin)-National Institute of Applied Cognitive and Integrative NeuroSciences (formerly Nimhans) would conduct Multicentre research and training in real time via 3D simulcast media technology thereby offering greater scope for the expansion and application of the science across the entire country.

*Dr. V. Senthil Kumar Reddi*  
*Assistant Professor*

Now I know what sci-fi writers feel like...but then truth can be stranger than fiction!  
So here goes....

NIMHANS would have been cloned!! 4 (or more) NIMHANS like Institutes would be fully functional. I believe that patients are likely to get good care closer to home. So we would probably see fewer patients. Our quality of patient care will become better. And, of course, our quality of research and academics too.

Technology will pervade the Department! Seminars will become webinars, department meetings will be virtual, case conferences will be teleconferences and theses would be submitted to an i-cloud or "Psy-cloud"! Residents would carry Department provided smart(er) phones with inbuilt technology for MRI, EEG, ECG etc, apart from carrying SOPs.

I believe that the building, and the ideals on which it was built, will still stand!

*Dr. Muralidharan K*  
*Associate Professor*

By the year 2050, what would my department look like? Where is its future? Where is it heading? Answers to all these questions depend on many factors I think.. such as the priorities of the department as the time goes by, the priorities of the institute, priorities of the nation (as regards the mental health) as a whole. Going by the route that other Institutes (of National Importance) have taken, one possibility is that an Institute of Psychiatry (IOP) may come up... but as of now, not able to decipher, how much relative importance each dimension (services, academics, research) would get in our own future IOP.

*Dr. Naveen CK*  
*Assistant Professor*

Difficult to predict as to what things will be in 2050 as we do not have a guide map to reach 2050. Going by the current trends, I think there will be more emphasis on research and teaching over next one or two decades with lesser emphasis on enhancing service delivery to patients. Innovations in service delivery, patient satisfaction measures, and patient rights' charter will take the center stage after a decade or two probably. Good research and training can happen only if good services are provided to patients. The truth that high standard clinical services, training and research are intricately intertwined and cannot be separated will be gradually realized in due course of time.

I also foresee a situation of decreasing Union support towards tertiary care hospitals and a possible corporatization of such hospitals. Insurance with very high premiums would be the order of the day and the poor and needy would find it difficult to obtain health services. The health care costs are bound to go up. Intervention studies would be difficult to carry out in view of rising literacy and awareness. Ethical guidelines would become stricter and more restrictive.

Due to longevity, Geriatric Psychiatry and Rehabilitation Psychiatry are likely to grow big over next few decades.

The invasion of technology would make practice of psychiatry a bit less humane. There may be replication of NIMHANS like models across the country but it would be better to have AIIMS like institutions, which provide a comprehensive care across different specialties.

*Dr. Harish T*  
*Associate Professor*



# *We Were Here*



**2003 - 2012**



## DPM BATCH OF 2003



Anil K



Mandar Y Pattar



M Vallikiran



D N Kishore



Sumanta Y J



Narendra Kumar

## MD BATCH OF 2003



C Naveen Kumar



Arun Gupta



G P Gururaj



M Krishna Kanth



Madhusudhan S



Prakash Kamat



## MD BATCH OF 2003



Raja M H



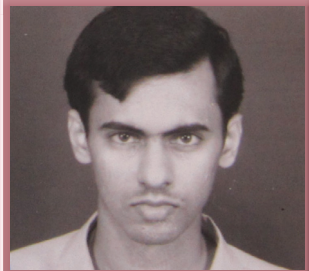
Ravi Philip Rajkumar



Ravi Kumar S



Sandip Anand



Sreejayan K



Taniya pradhan



Uzma Mulla



Vinit S

## BATCH OF 2004

They missed us!

## DPM BATCH OF 2005



Divyashree



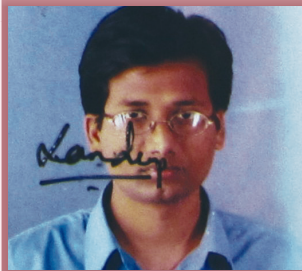
Milan Duth K



Mohan Sunil Kumar



Smitha M



Sandeep Raj K



Rashmi A

## MD BATCH OF 2005



Arun K



Arun M P



C Babu



Girish Babu N



Krishna Prasad



Mahesh M



## MD BATCH OF 2005



Naren P



Prashant Tibrewal



Raghavendra B N



Aswin Ratheesh



Rajnarayan  
Mahasuar



Ravindra S



Rishikesh V Behere



Venkatasubramanian R

## DPM BATCH OF 2006



M Shashidhara



Vikram Singh Rawat



Vinod A



InduKumar



Nishi Guru

## MD BATCH OF 2006



Janardhanan C N



Biju Viswanath



Brij Kishore



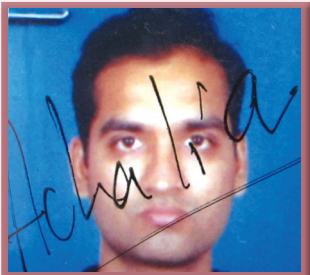
Gautam Arunachal U



Vivek Phutane



Pradeep P



Rashmin Achalia



Ravi P Bangalore



Sam P J





Sandip Kulkarni



Suresh Kumar R



Sundarnag Ganjekar



Tejas Golhar

## DPM BATCH OF 2007



Prima Cheryl D'souza



Raghavendra G



Rajesh M N



Vidya Narayan



Sunil Kumar



Somashekar Bijjal

## MD BATCH OF 2007



Dhanya R



Avinash V Waghmare



Abish Antony



Anjith D



Deepak Jayarajan



C Guru Prasad



C J Maikandaan



Manjunath R Bajantri



Soumya Sivaraman



Shibukumar T M



Vaskar Chakraborty



Nishanth Jayarajan





Urvakhsh M Mehta



Udaya R Nadh

## DPM BATCH OF 2008



Keerthi Sundar



Vijay Danivas



Shashidhara Barki



Rajendra K M



Virupaksha H S



Vinay H R

## MD BATCH OF 2008



Ajit Dahale



Ami Sebastian Maroky



Bhagyavathi H D



Arun Kumar



D K Karthik



Lokesh Prabhu



Mukund V Rao



Mathew R John



Namdev Chawan



Neeraj Sharma



Sankara Subbu S



Shubrata K S



Sajeevkumar P B



Ram Kumar



## DPM BATCH OF 2009



Abhinav Nahar



Sowmya P



Sachin B S



Shashidhara H N



Vishal V



Sunitha M

## MD BATCH OF 2009



Aniket D Shukla



Avinash G Kamath



Narayan M



Firoz K



Gopalkumar Rakesh



Mahesh A Kumbhar



Malvika Ravi



Eesha Sharma



Naveen J



R Vidyendaran



Sugnyani Devi



Shabeer C



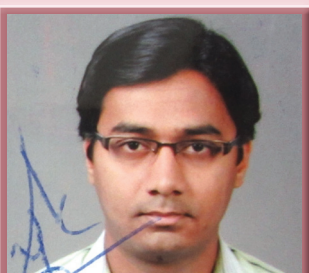
Saddichha Sahoo



Sushma BR



Vikram Singh Rawat



Vinayak Koparde



Vinay B



Vishal K



## DPM BATCH OF 2010



Raghavendra Kumar K



Sridevi J



Preethi V Reddy



Shivananda B H



Deepak Mallya P

## MD BATCH OF 2010



Gayatri Saraf



Arun Kumar



Hemendra Singh



Jitender Rohilla



Kapil Jhamnani



Kavita Nagpal



S Mahavir Agarwal



Prabhu Kiran



Punith M



M Shashidhara



Sabari Sridhar O T



Smitha M



Satish Kumar Budania



Shanmuganathan B



Sissira V S



Shree Mishra



Vinutha R



Somashekhar Bijjal





Suresh V C



Sunil Kumar

## DPM BATCH OF 2011



Naveen Gowda



Lakshmi S



Harshit H Salian



Gajanan Kulkarni



Abhishek Nitturkar



Sunitha Nairy



Virupaksha Bagewadi

## MD BATCH OF 2011



Aditi Singh



Aniruddh Narasimha



Bharath Holla



Aneel Raj



Dharav Shah



Chandrashekar B H



Imon Paul



Lekansh Shukla



Rajendra K M



Rashmi A

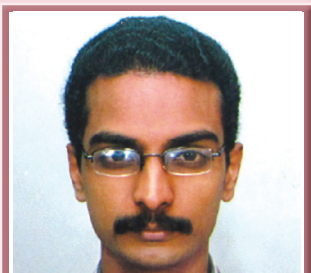


Nandeeshwar Reddy



Shashidhara H N





Saravana Kumar A



Sajal Sathiadevan



Vidya Narayan



Srikanth D M



Soniya Shenoy



Virupaksha H S



Srikanth Miriyala

## DPM BATCH OF 2012



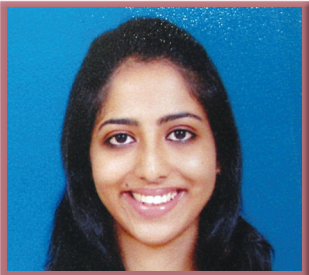
Alok V Julkarni



Karthik S



Prabhu Jadhav



Lavanya P Sharma



Madhuri H N



Prabhath Kodancha G



Sujai R



Priyanka Prabhakaran

## MD BATCH OF 2012



Abhilash B



Dhruva Ithal



Guru S



Kiran B R



Arun V Gadag



Ramesh J





Lakshmi Prabha M



Nithin Ambekar



Manjula A



Siddesh S Shere



Rajesh S Dhakne



Rakshathi B



Suhas G



Shilpa V S



Sridatta Rajur



Sowmyashree C.N



Vijay Danivas



Vishal V



Roshan Sutar



Vinay Saini



Swati Neetam

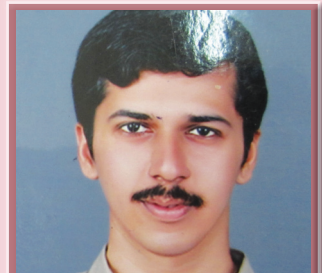
## PDFs



Malvika Ravi (CLP)



Esha Sharma (OCD)



Biju Viswanath (Deaddiction)



Vikram Singh Rawat (CLP)



Krishna Prasad (Emergency)



Deepak Jayarajan (Deaddiction)



Ajish Gopinath (Schizophrenia)



Satish R (Deaddiction)



Nikhil Jain (Community)



## Child Psychiatry PDFs

2008	-	Preethi Kandaswamy
2008	-	Anil Kumar T V
2009	-	Tejas Golhar
2009	-	Preethi Jacob
2010	-	Suhas Chakraborti
2011	-	Arun MP
2012	-	Sugnyani Devi

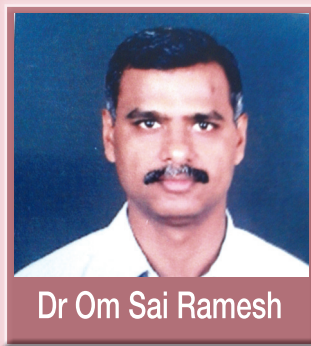
## DM Child Psychiatry

2011	-	Preethi Jacob
2011	-	Preethi Kandaswamy
2012	-	Soumya Bhaskaran
2012	-	Raghunandan Mani

## PhD

2001	-	Odity Mukherjee	2008	-	Venkatasubramanian G
2003	-	John P John	2009	-	Hariprasad
2004	-	Kiran Kumar HB	2010	-	Reshma J. Taj
2005	-	Padmanabhan	2009	-	Geetha Desai
2005	-	Ramamurthy	2009	-	Naveen
2005	-	Subashree	2009	-	Anupa
2005	-	Om Sai Ramesh	2011	-	Oomanio Alphonso
2007	-	Bhavani Shankar	2011	-	Ammu Lukose
2007	-	Lakshmi Narayan	2011	-	Lakshmanan
2008	-	Sunil Kalmady	2011	-	Harish T

- |      |   |                   |      |   |                   |
|------|---|-------------------|------|---|-------------------|
| 2011 | - | Dania             | 2012 | - | Prafulla          |
| 2011 | - | Rakesh            | 2012 | - | Vikas Agarwal     |
| 2012 | - | Lt Col Sojan Baby | 2012 | - | Lt Col Sojan Baby |
| 2012 | - | Aditi Subramani   | 2012 | - | Aparna Ashok      |
| 2012 | - | Pradip            | 2012 | - | Somdatta Sen      |
| 2012 | - | Shilpa            | 2012 | - | Seby              |
|      |   |                   | 2012 | - | Sowmyashree       |







DR Seby



Dr Sojan



Lakshmanan S



Pradip



Prafulla



Rammurthy



Reshma Jabeen Taj



Shilpa



Somdatta sen



Subashree



Vikas Agarwal



Naveen



Hari



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All our patients, but for who we would not be here

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