Prior to the illness, I was rushing through life, both physically and emotionally. It may well be that the psychomotor retardation is necessary to avoid a catastrophe, either somatic or emotional; it may be the voice of sanity imposing its ‘will’ on the being, as it were. Perhaps creativity is a function of a ‘higher cortex’ that deals with lateral thinking, which is a luxury during an affective disorder.

It is important to remember that ‘depression is not a sign of weakness; it is a sign that one has been too strong for way too long’. In retrospect, I feel that my problem was precipitated by taking on more work than I could handle with ease. Working in a large medical outpatient department can itself be stressful. Postgraduate teaching, which I normally enjoy, can be tough when one is not in excellent emotional health. Routine household chores, which one can usually handle without trouble, seem burdensome. Given a somewhat compulsive persona, the stage is set for the loss of emotional poise.

Depression is a common illness, often characterized by features such as somatization. Unfortunately, it is under-diagnosed and not adequately treated. Many patients suffer needlessly for lack of knowledge and due to a reluctance to seek appropriate help. Patients with bipolar disorders may suffer either from mania, hypomania, depression or mixed moods. The early signs of bipolar illness include irritability, racing thoughts and hypomania. In the bipolar II disorder, there is a mixed pattern of hypomania and depression. My illness belonged to the mixed variety.

The treatment of these illnesses involves three essential aspects: knowledge of the illness, the medications required and psychotherapy. Needless to say, there is a need for support systems in the form of family, trusted friends and confidants. Adequate knowledge of the illness can hasten referral to a specialist. Here, the role of the physician cannot be over-emphasized. Knowledge dispels myths and facilitates recovery. The close relatives of the patient also need to be taken into confidence so that they can provide unselfish support. The prescription of optimal medications and monitoring of the patient for side-effects are the cornerstone of therapy. Recent advances have made it possible to use medications that have fewer side-effects. Psychotherapy, particularly CBT, is very useful. It enables the patient to better understand how to react to his own thoughts and to situations. CBT also empowers the patient to improve his perception of people and events in the long term. Apart from these, regular exercise, a proper diet, sleep hygiene and social support all have a role to play in the successful management of affective disorders. The sooner one seeks help, the better it is for everyone concerned.

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Sound of waves: Reflections on medical practice in India

SHYAM S. KOTHARI

The language has fewer alphabets than required to express what I feel; an ordinary middle-class doctor with hundreds of ordinary patients in their own seemingly mundane existence, a slice of which I viewed in my twice-weekly outpatient clinic. It is as if in each session I used to live one lifetime—not by any unusual diagnosis, not by acts of benevolence of any sorts, but by living with them, so much so that by 55 years of age I almost retired. And I retired not out of fatigue, as much as from the inability to hold more of it in my existence. Those thousands of faces of men, women and children, flitting in and out of my mental sphere with the rapidity of butterflies and amalgamating with one another like streams flowing into a river—sometimes growing, sometimes dying, such that I reached the horizons with them and no yonder. There were universes within universes in each person; only one has to have the heart to ‘connect’. It is the story of that life which I lived thousands of times during this life that I cannot describe with just 26 alphabets All my learning and teaching, all lectures, seminars and research were epiphenomena to this experience.

There are too many things to be chronicled. My early recollections as an intern include a soldier dying of rabies, schizophrenia in a friend, traumatic paraplegia and a painter losing his fingers due to leprosy. Of course, there were hundreds getting cured and leaving the hospital happily. Then, as a consultant in a government hospital, catering to all and sundry, slowly I lost the distinction between them and me. I often misbehaved and shouted at them just as we shout in a fish-market. I bullied and coaxed everyone around me, just as one strikes the matchstick to ignite it; but all the while conscious of breathing with them, all the while riding the journey with them, never alone. There were decisions to be made about their marriage, termination of pregnancy, funds for interventions, choice of a surgeon, drugs, devices and deaths. There were X-rays, echocardiograms, angiograms, CT scans, and MRIs playing a game of cards with us in the hands of destiny. We played, and played. How densely filled have been the days in this matrix of life!

In the hide-and-seek game of health and disease, we stole moments of freedom—like the child with Down syndrome patting my back on every visit in an obvious show of encouragement, like a villager bringing ghee made from his own cow’s milk, and like a Muslim patient gifting the idols of Hindu Gods made in his factory. At other times, the game became very demanding: children treated with palliative operations growing and dying from heart failure in their youth, patients needing
immediate treatment but having no resources and expecting you to somehow manage. Among the people needing immediate help, there was also a man who murdered his neighbour, a boy whose father exploded a bomb and killed many, and hosts of ordinary people without a ‘story’ but with common things—human aspirations and hope. And there were stories of hopelessness too, like the young bride who refused termination of pregnancy because of social pressures and died after delivering a child, a cardiac nurse with two children having congenital heart disease and both having an unsuccessful outcome in her own intensive care unit, or a vegetative state in an adult after a ‘successful’ cardiac operation. But these moments of darkness were soon undone by the blazing tropical sun as thousands left the hospital cheerfully and reached home as the waves reaching the shore, soon to be replaced by other waves.

These days are remarkable for the steep rise of technology in medicine, privatization of care, rise of evidence-based medicine, and birth and growth of distrust among patients. My patients were blissfully unaware of distrust. We were a functional syncytium, we rejoiced and mourned together. Occasionally, I was requested to attend the funeral of a patient dying in the hospital. I felt ensnared in the diagnosis, nay the lives of my patients as if threaded through the fabric of our world. From this standpoint, the medical decisions were so easy even if there were gaps between what could be done and what was required. Even the ghosts of medical errors did not gnaw us at night.

There were special rewards; occasionally an old man would share his frustration about his son to whom he donated a kidney, or a man who thought it fit to come and tell me about the fire in his hut which burned everything down, including the medicines, or an astrologer patient would predict my future. Lest one may mistake it for medical voyeurism, it was the stuff our life was made up of—we shared it unabashedly; more inwardly than outwardly.

The entire range of emotions that life has to offer was on display almost every day. How can anyone escape? The canvas of medical treatment was coloured in the rich mosaic background of human stoicism, dignity, suffering, sacrifice and follies. Slowly and surely, the crying babies became friendly children, and then young adults. Many of them had a specific mannerism that I clearly remember, some used to avoid eye contact for long but now confidently shook hands. Soon they talked of report cards, and then wedding cards. To the new patients, the previously addressed ‘Doctor uncle’ has now been replaced with ‘Doctor Dada’ (grandfather). I suddenly realized that I must have grown with them.

I woke up as it were, and realized that I must have slept long. The thirty years of clinical practice have elapsed as one continuous night. Those were pleasant dreams, albeit busy. I felt as conscious of all the stories as the ocean must be conscious of the marine life within. But where are my own borders? A little tuberculosis, a fracture, and some evidence of the fragile vulnerable human body itself? Is this a dream even now? Who should care? So much of me has lived and died, and died and lived that one more time does not seem to matter. Do you hear the sound of waves?

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