

Bhuta Vidya: Exorcising Our Ghosts

If you ask many of my parents' friends what I do for a living, they would say that I see "crazy people." No, not in the *Sixth Sense* sort of way, but rather as a physician who treats them. I fail to comprehend whether this indicates a lack of understanding or if they are consciously demeaning both my work and the people that I treat. Another assumption implicit in their jocular comments is that the aforementioned "crazies" are never *desis*, or Indian-Americans.

The comic irony is that as a board-certified psychiatrist, most of the people who step in and out of my office are people you'd run into elsewhere in your average day: businessmen and women, lawyers, doctors, artists, teachers, police officers, and even members of the clergy. Furthermore, over the last five years, I have been privileged enough to see Indian-Americans, both first- and second-generation immigrants, as patients.

One of my first Indian patients was a young adult female I saw in a university health clinic when I was a senior resident. Fascinated at seeing an Indian name on my patient roster for the day, I was looking forward to the meeting. However, rather than being a refreshing break from the usual undergraduate cases, it was much more intensive than I had envisioned. This young woman had lost twenty pounds in three months, was not leaving her dorm room, and was failing several classes. The most distressing sign, however, was that she had attempted suicide the night before and her roommates forced her to come in to see me. Her precipitating stressor was not a broken relationship (as is the case with many other co-eds), but rather parental conflict. In an immigrant community that prides itself on academic achieve-

ment and financial success, she felt crushed by the weight of expectations. She was on the verge of academic failure, a delayed graduation, and withdrawal of her medical school applications. This is not to imply that academic stress alone can drive someone to the breaking point (it is but one contributor), but it illustrates the seriousness of the psychological strain that it can cause. As much as both she and I resisted, the encounter ended with a walk to a nearby psychiatric hospital for inpatient admission.

This made me reflect more upon depression and suicide in the Indian community. I remembered that my parents had spoken of suicides among classmates from their own school years, the result of similar failures to live up to exhausting academic expectations. They spoke of this as if it were a fact of nature that was impervious to outside intervention. In that day and age, this is not at all surprising. Furthermore, I am sure that Hindu religious beliefs (which place a large emphasis on karma and predestiny) helped support that mindset. Today, however, in the age of scientific discovery, we know that 90% of suicides—the combustible result of biological predisposition and overwhelming stress—involve a treatable psychiatric illness.

Luckily, most of the Indian-American patients that followed in my life as an attending have not been as acute. Nonetheless, cultural beliefs have regularly played into the treatment milieu and even interfered with it.

Many of these individuals might not have seen a psychiatrist were it not for the fact that they knew of me through their social circle. They came to me for a myriad of psychiatric diffi-



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culties: panic attacks, depression, alcoholism, and even schizophrenia. Unfortunately, I could not treat these people beyond my initial assessment due to ethical considerations—I abide by the adage that a physician should never treat friends, family, or themselves. It is a shame that many of my South Asian patients did not continue getting treatment unless loved ones or the legal system forced it upon them.

It continues to stun me how erudite Indian-Americans can still hold archaic views of psychiatry. I recall a middle-aged man who was hosting his out of town nephew who carried the diagnosis of obsessive-compulsive disorder (OCD). This well-intentioned man thought it best to stop the kid's medication (an SSRI) without consultation of his parents or a physician. His thought was that as an elder, he could straighten out the behavior using nothing but the iron hand of discipline. Luckily, the parents intervened and resumed the medication.

Another example was a recent Indo-American patient with a history of attention-deficit hyperactivity disorder (ADHD). He had been diagnosed as a child, but his parents had refused any medications as treatment. Now in college and finally away from home,

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this young man was struggling due to symptoms of this condition. He came to me for treatment, yet refused to use his insurance in order to hide the visit on his parents' insurance policy. He reveals that he is a smoker, something of which his parents are obviously critical. This is highly relevant information because there is a strong, statistical correlation between untreated ADHD and smoking. The rates of smoking in the ADHD population are nearly *double* that in the general public, likely a form of self-medication or some other neuro-pharmacologic effect. In essence, his parents were complicit in exposing their son to physical health risks (through tobacco use), while denying him a very effective

tive treatment for ADHD that could help eliminate those risks.

Sadly, even within my own extended family there exists a secret—a family member with schizophrenia. Luckily, this relative has done much better than others have with the diagnosis, possibly due to extended social support of family. Not only has he avoided hospitalization but has been able to work a low-skilled job. Several members of the family, however, not only fail to grasp the concept of this mental illness as a severe brain disease, but they continue to chide him for not doing more to support his family financially. Perhaps if they realized that schizophrenia affects all populations of the world equally at a rate of 1% and

that it is one of the leading causes of chronic disability in the world, they might see the cup as half-full instead of half-empty.

Education and openness have to be the answers. Informing our community about psychiatric disease is a monumental challenge. With tens of thousands of South Asian physicians in this country, including thousands of psychiatrists, even this challenge can be easily conquered if we put our time and resources towards doing so.

**Bhuta Vidya is one of the eight branches of Ayurvedic medicine dealing with spiritual and psychological healing.*