ISSN 2394 - 2053 (Print)
ISSN 2394 - 2061 (Online)
RNI: ASSENG/2016/70661
www.ojpas.com

EDITORIAL

Open Journal of Psychiatry & Allied Sciences

7+5=13, Dysphrenia and OJPAS®

Abstract

This editorial draws the timeline of the journal at the backdrop of mental health scenario in a low and middle income country.

Keywords: Editorial. Journal. Mental Health.

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Received: 17 April 2018
Revised: 25 April 2018
Accepted: 25 April 2018
Epub: 6 July 2018

DOI: 10.5958/2394-2061.2018.00037.X

PRELUDE

The World Bank lists 31 countries as low income. In addition, there are 53 lower middle and 56 upper middle income countries. The rest are high income countries.[1] This division is based solely on monetary income of the citizens from those countries. Countries belonging to one particular group show multiple diversities. Yet, this clubbing together of countries in the above mentioned groups is an accepted concept. So is the terminology of low and middle income countries; in short, LAMIC.[2]

If we take India as a prototype of LAMIC, the huge gap in the required number of service providers with respect to the large patient population is evident, in terms of mental healthcare.[3] Patients suffer because of this gap. But, on a positive note, this results in tremendous clinical experience and expertise of the healthcare team. Also, in the context of such a busy clinical work setup, time is always a constraint. When we look into the translation of this experience and expertise into research work, the quality, or rather, the lack of it stands out.

An interesting piece of work looked into the indexing and abstracting of psychiatric journals in major international bibliographic databases:[4] National Library of Medicine's Medline or PubMed and Clarivate Analytics' (erstwhile Thompson Reuter) Web of Science.[5,6] As of July 2007, the number of psychiatric journals indexed in Medline and Web of Science was 222. Two hundred and thirteen journals from high income countries represent 95.9% of the total publications; the remaining nine publications (4.1%) were from upper middle income countries. No psychiatric journal from any low income country was identified in Medline or Web of Science databases.

More than 80% of the world population live in LAMIC. The greatest burden of mental disorders is borne by them.[4] Yet, the representation of scientific literature depicting the plight of this population is conspicuous by its scarcity. The "5/95 gap" to denote the indexation in major international bibliographic databases of psychiatric journals coming from LAMIC, "contribute to the difficulties in achieving fair representation in the main literature databases for the scientific production in these countries" and "a major obstacle to disseminating LAMIC research is the scarcity of indexed journals with a strong LAMIC focus".[7]

Subsequently, there were initiatives to promote psychiatric journals from LAMIC.[8,9] The indexation of the long-published Indian Journal of Psychiatry in those databases is a result of such initiatives.[10] These initiatives were mostly at the leadership of Mario Maj, the Editor of the World Psychiatry, the official publication of the World Psychiatric Association and it is the highest impact factor psychiatric journal. Another similar initiative to promote LAMIC psychiatry is the Global Mental Health.

While the World Psychiatry is published from Milan,[11] the Global Mental Health is a publication of the Cambridge University Press.[12] All these are initiatives for LAMIC from the high income countries. The wait was for a LAMIC-focused psychiatric journal that is published from a LAMIC.

INTERLUDE

During our postgraduate training in psychiatry in the Gauhati Medical College Hospital (GMCH), Guwahati, Assam, India, we had three academic sessions every week: case conference, journal club, and seminar. Hard work went behind the

preparation, and after the presentation, the pages were either lost forever or found place in the bottom drawer. We, as postgraduate trainees thought of archiving them: collected the pages of presentation and compiled them, and pestered our faculty for some articles.

After typing and taking print out of a master copy, we made photostat copies, used two transparent sheets as covers, and prepared an in-house magazine. Then came the big question of naming this baby of ours. Enlightenment came to us while discussing two case vignettes, one from our neurology posting and the other from psychiatry ward.

Neurology case vignette

A 40-year-old man presented with weakness of right-sided limbs and deviation of the face towards left for one hour after missing the doses of his antihypertensive medication for last four days.

What is the provisional diagnosis? Cerebrovascular accident.

On central nervous system (CNS) examination, the tone was diminished, power was 2/5, and deep tendon reflexes were exaggerated on right side, as well as partial closure of the eyelid on left side; sensory system was intact.

Where is the lesion? Pons.

Psychiatry case vignette

A 20-year-old woman presented with difficulty in respiration, forward thrusting of chest and pelvis, pulling and pushing of limbs, inability to walk steady for two hours during her graduation examination.

What is the provisional diagnosis? Dissociative [conversion] disorder.

On CNS examination, power was 3/5 in left lower limb, touch and pain sensations on left side were decreased in L3, L4, L5, S1, S2, S3 distributions, vibration sense was impaired in knee, sheen, heel, medial malleolus on left side, two-point discrimination was impaired below knee.

Where is the lesion?

If we can pinpoint and localise the lesion in the neurology case vignette 'mathematically', the same approach fails in psychiatry. Does it rule out any brain pathology in the second case? But, the patient was symptomatic and there was academic impairment. There were CNS findings as well; the only problem was we cannot localise them to one particular brain area.

If the first case, a patient with a neurological disorder is an example of pure mathematics (7+5=12), then the second case, a patient with a psychiatric disorder, is something beyond simple mathematics (7+5=13?). We christened our in-house magazine '7+5=13'![13] This was drawn from an Assamese (the vernacular language in Assam) figure of speech, "seven plus five is 12" which is akin to the English, "putting two and two together", to denote something deduced mathematically.

As 7+5=12 is understandable mathematics, a branch of science, does it mean that neurological disorders, or for that matter, the branch of neurology is 'science'? And, as 7+5=13 is difficult to understand and needs some amount of abstract ability, does it mean psychiatric disorders, or for that matter, psychiatry is a branch of 'arts'?!

To denote music as a science, is a concept alien to many. If we look into the musical notes, they are nothing but sheer mathematics. Denoting mathematics as arts, would similarly raise many eyebrows. Interestingly, since the time of Pythagorus, music has been considered a branch of mathematics. Even research says that early exposure to music may be ideal preparation for later acquisition of complex mathematical and engineering skills.[14] Not only music, even something as arts as painting also draws heavily from mathematics. The 'rule of thirds' is visible in the famous paintings of Leonardo da Vinci and Michelangelo.

This is something we discussed in a book chapter, "In fact, before the sixteenth century, arts and science were not two different fields. There were no such distinctions between science and arts. It is a comparatively newer development. But, we observe the uselessness of such dichotomy..."[15]

In the epic Mahabharat, in a crucial moment at the battlefield of Kurukshetra, Dronacharya and Vasudev had a tête-à-tête. The essence of the conversation in this context is as follows: The relation between a teacher and the student can be based on either 'prem' (love) or 'moh' (temptation). Prem arises from 'karunaa' (compassion), whereas moh arises from 'ahankaar' (ego). Prem leads to 'mukti' (liberation), whereas moh leads to 'bandhan' (bondage). When the relation between the teacher and student is that of moh, the teacher says, "My student is proud of me". Here, the teacher is a 'sikshak' (educator). When the relation between the teacher and student is that of prem, the teacher says, "I am proud of my student". Here, the teacher is a 'guru' (mentor)!

We are fortunate to have such guru in the Department of Psychiatry, GMCH, in the forms of Prof. Punya Dhar Das, Prof. Dipesh Bhagabati, Prof. Hemendra Ram Phookun, Prof. Suresh Chakravarty, and Prof. Rezib-uz Zaman. They guided us in our endeavour. We thought of giving a boost to our initial drive. The plan was to take the next big step ahead: make the in-house magazine, a journal.

In November 2009 at NIMHANS, Bengaluru, India, there was an international conference: the World Congress of the World Association for Psychosocial Rehabilitation (WAPR).[16] It was an unique experience. We are accustomed to meeting people of the same profession during conferences. There, not only psychiatrists, psychiatric nurses, psychiatric social workers, or clinical psychologists, but also patients and their family members participated. In some of the presentations, patients were the presenters. All of us, both service users and service providers, were at the same platform: sitting, dining, and conversing together.

In this enlightened gathering, there was a workshop on the movement for renaming schizophrenia. Michael Madianos, the psychiatrist from Greece, was sharing an experience. The word, schizophrenia, a Greek one meaning your mind is split, had a tremendous impact on patients there. For patients of other countries it may be just a name. But for a Greek patient, telling that the person's mind is split, tended to have a terrifying effect. Therefore, in Greece, they did not use the term, schizophrenia.

Instead, in vogue were terms like Kraepelin's syndrome, Bleuler's syndrome, or sometimes 'dysphrenia'.

Dysphrenia, this term really impressed us. Not only schizophrenia, it could be a blanket word for all of psychiatry. We are aware of the field of phrenology where an attempt to know the mind was made by the study of scalp. Now if we loosely apply 'phrenia' as something related to the study of brain, then 'dys' is a commonly used lexicon not only in psychiatry but whole of medical science: dysphagia, dysparaeunia, dyslexia. And psychiatry is that branch of medical science which deals with disorders of ABC, i.e. affect, behaviour, and cognition, thought and perception included- all functions of the brain. So, dysphrenia stands as an alternative, with the meaning of disorders of the brain.

Our intended journal being one that is about general psychiatry, we found the name dysphrenia apt. Thus, was born Dysphrenia in 2010![17] Dysphrenia got the ISSN in 2011: for both print and online (2249-9377 and 2249-9385 respectively). Then started the work on abstracting and indexing: Index Copernicus, OpenJ-Gate, ULRICHSWEB, WorldCat, Elektronische Zeitschriftenbibliothek, Indian Citation Index, InfoBase Index, CiteFactor, National Library of Medicine (NLM) catalogue, Google Scholar Citations, Zeitschriftendatenbank, IndianScience, Jour Informatics, Directory of Science, International Impact Factor Services, Open Academic Journals Index, Journal Index, Advanced Sciences Index, EBSCO, Research Bible.[18]

The journal and those associated with it grew together, learning lessons along the way. Usually an institution or a society decides to start a journal and assigns a publishing house for doing the same. Ours was "different"! It was like "baptism by fire"! We first started the journal. Then, we felt the need of a publisher. As a result, arrived the Academy Publisher.[19] Further came into existence the Academia Dysphrenia, an institution to sustain the journal.[20]

With time, we felt the need for some changes. The very term dysphrenia was used as a synonym for brain disorders: to mean a journal devoted to general psychiatry. But, it does have different meanings. While some used it for schizophrenia, some others did for movement disorders. To avoid the confusion, we rechristened it as the Open Journal of Psychiatry & Allied Sciences, in short OJPAS.[21]. New ISSNs were procured (2394-2053 [Print] and 2394-2061 [Online]).

To the journal's already existing scopes of: 'tapping new ideas from young minds before being bogged down by conventional thinking' and 'understanding mental illness from the cultural viewpoint to formulate preventive and therapeutic approaches', is now added: 'promotion of psychiatry in low and middle income countries (LAMIC)'.[18]

The wait had been for a LAMIC-focused psychiatric journal published from a LAMIC. From India, such a psychiatric journal has arrived.

OJPAS® is an open access journal. The journal adheres to the Budapest Open Access Initiative (BOAI) definition of open access: that users have the right to "read, download, copy, distribute, print, search, or link to the full texts of these articles". The aim is to make research as free and accessible as possible.[18]

Therefore, the journal offers 'platinum' open access model. This means that there is neither any article processing charge nor any publication fee, and articles are immediately available on the journal website once published. Moreover, the journal allows the author(s) to hold the copyright and to retain publishing rights without restrictions. OJPAS® follows the International Committee of Medical Journal Editors (ICMJE) Recommendations.[18]

We have a global presence now, in terms of editorial and advisory board members.[22] OJPAS® is currently abstracted and indexed in the following bibliographic databases: Indian Citation Index, Google Scholar Citations, Research Bible, Directory of Open Access scholarly Resources (ROAD), Indian Science Abstracts, Index Medicus for South-East Asia Region (IMSEAR), Index Copernicus, China National Knowledge Infrastructure (CNKI) Scholar, National Science Library, Directory of Open Access Journals (DOAJ), Academic Search Alumni Edition (EBSCO Publishing), Hinari, University Grants Commission (UGC) Approved List of Journals, OCLC WorldCat®, International Academy of Nursing Editors (INANE), Open Science Directory.[18]

It not only matters where we are 'in', but also from where we are 'out'! One such example is the Beall's list of predatory journals and publishers. Though the site is withdrawn recently, but till when it was accessible, not being there is also an achievement for both OJPAS® and Academy Publisher.

OJPAS® is registered with the Office of the Registrar of Newspapers for India, in short RNI under the Press and Registration of Books Act, 1867.[23] OJPAS® is a registered brand now.[24]

A recent development is the formation of the Society for Mental Health in LAMIC, in short SoMHiL that joins hands.[25] Along with the journal, the team also published books on psychiatry and these books were with ISBN, i.e., International Standard Book Number.[26-31]

CONCLUDE

Following this decade long journey, now we are ready for the major international bibliographic databases, in the forms of Clarivate Analytics' Emerging Sources Citation Index and National Library of Medicine's (NLM) Medline/PubMed as well as PubMed Central (PMC), along with Scopus and Embase of Amsterdam-based Elsevier. Instead of standing still on the laurels achieved thus far, we wish to roll on to enrich this endeavour, as we have known what we know and we also have known what we do not know. But, we remain humble remembering the fact that there are things as well that "we don't know we don't know".[32]

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Source of support: Nil. **Declaration of interest:** None.