

GP LINK Lunches | Assoc Prof Monisha Gupta

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.



Assoc Prof Monisha Gupta Dr Ken McCroary

Ken McCroary - Sydney South West GP Link has a strong presence in the region in regards to education and it was planning one of these events specifically talking about skin disorders. I've recently been chatting with Associate Professor Monisha Gupta. Monisha is an International Medical Graduate who obtained specialist dermatology qualifications in India in 1993. Following her relocation to Sydney, she obtained her Australian specialist qualifications in 2008 after a 2 year upskilling.

Melding her experience across the two countries, she set up the first dedicated Pigmentary Disorders Clinic in Australia at The Skin Hospital in 2012. She is also the Head of Phototherapy here. She has been associated with SWSLHD since 2006, having trained at Liverpool thereafter continuing to work as a staff specialist in addition to private rooms in Macarthur. She is now the Head of Department at Liverpool Hospital which is the most sought after and the largest training site for dermatology trainees in NSW.

Monisha practices general dermatology with a focus on medical dermatology. She is acknowledged as an expert in immune mediated inflammatory diseases in dermatology like eczema, psoriasis and vitiligo. Monisha is an active member of the college, having served on committees and remains a thought leader in her field. She has an interest in clinical research and is an invited speaker and reviewer at both national and international forums.

Monisha enjoys teaching and identifies as a life long learner. She is passionate about acknowledging and addressing inequity in health care by advocating for her patients. She is committed to promoting diversity in workplaces through inclusivity.

Thank you so much for joining us today Monisha.

Ken McCroary: So Monisha the journey through specialist training both here and in India that must have been challenging and interesting. Can you just explain what that was like please?

Monisha Gupta: I first qualified as a dermatologist in India in 1993 and I was working there until 2003 when as a family we decided to move to overseas mostly for the quality of life because I was working 70 – 80 hours a week and flexibility of working hours did not exist in India. I had two young daughters and I didn't get to see much of my kids or spend time with them. We moved to New Zealand initially but I was ineligible to practice as a specialist due to the differences in the training pathway. I was quite disappointed at not being able to pursue my profession and my passion but did receive support from some dermatologists in NZ by being allowed to work as an observer.

Fortunately, an opportunity opened up when in Australia I became aware of the assessment pathway for international medical graduates due to dermatology being on the work force shortage list. I was the first IMG in NSW to come through this pathway in 2003. I was found to be partially comparable and recommended to undertake two years of upskilling followed by the fellowship exams in 2008. At the time a lot of people commented it was unfair that I was expected to retrain despite being a qualified dermatologist. In my mind it was clear I had made that choice and was expected to prove my competence in a new system. I did not consider it unfair because it's a different system and I'm actually grateful for the two years I was allowed to work under supervision, and learn about the Australian health care system. It was a great opportunity for me to develop links with the dermatology fraternity, working with my mentors and supervisors. The process was indeed difficult as I was in my 40s when I took the exams, but I don't think I have any regrets. I think I am a better person and a more confident Australian dermatologist from having undergone that training program.

I know there are a lot of dissenting opinions about requirement for IMGs and having been through the experience I am in favour of some sort of training and perhaps an exam. It is no different from requirements for a driver's licence. You may have held an overseas driver's licence years but you either have to demonstrate competency or upskill your driving for your licence to be converted to an Australian one with a few exceptions. It is just as important to ensure safety and competency in the health system as on the roads. In 2006 I walked through the doors of the department of dermatology at Liverpool, as a nervous, perplexed trainee and in late 2016 I took over as the head of department. Credit is due firstly for the culture of accepting diversity in South Western Sydney as a first generation immigrant woman of colour. It also speaks of the acceptance of my senior colleagues, who mentored me and encouraged me to take on the role and finally it is the Australian 'fair go' culture that has allowed me to get to where I am.

Ken McCroary: Yeah congratulations on that rise. It is something to be really proud of and it's New Zealand's loss I guess.

Monisha Gupta: I think it was better for everyone. I have more to bring to the diverse community in Australia.

Ken McCroary: You've also got a bit of an interest in pigmentary disorders and I think that's an interesting topic as well because of our local variety of population and how the teaching in pigmentary skin disorders is probably a little bit Western centric as you alluded to previously so tell me about the pigmentary disorders clinic and your interest in pigmentation disorders.

Monisha Gupta: Having worked in India as a dermatologist for 10 years when I arrived in Australia I had to upskill on skin cancers but I found that pigmentary disorders of which vitiligo is one of the major ones but also other conditions like melasma and post inflammatory hyperpigmentation were less well understood and managed. Even in India we were taught medicine or dermatology from a very Western perspective. For instance a very common example we read about is the description of salmon pink patches of psoriasis. In early 1990s our text books were black and white, written by British authors. I lived in a land locked state. I had never seen a salmon, I didn't have a clue about the colour of salmon and we didn't have access to the internet so there was no way we could look up the description/colour. Today I would describe psoriasis in darker skinned people as boysenberry purple plaques. Common dermatological conditions can look unusual in darker skin colours.

In Australia then, most dermatologists hadn't received any significant training on conditions affecting and presenting in darker skin colours. With the changing immigration pattern of people coming from countries where people have darker skin tones eg India, China, Nepal, Phillipines etc the profile of dermatology patients in Australia was evolving, posing a new diagnostic and therapeutic challenge.

I noticed a gap in the service and in 2012 set up a pigmentary disorder clinic first in Darlinghurst and then in Westmead where people can present, be diagnosed correctly and have their concerns acknowledged. High satisfaction rates were returned from a survey we undertook on the pigmentary disorders clinic. Further, the expertise has helped me deliver culturally appropriate care to the patients of SWS. Some experts believe that the down trend in melanoma incidence may not only be due to the effective slip, slop messaging but may also be due to the dilution of the at-risk demographic.

Ken McCroary: That's interesting. Thanks for that. You've also mentioned some other work you do with the college, research, journal reviewing. It sounds like you've lived a pretty busy existence leading up to the pandemic we had recently. We were talking about your experience first hand with COVID and the effects of vaccination and particularly for those who aren't familiar with the long post COVID vaccine syndromes etc. I really appreciate you talking to me about this today but could you share your experience with us now?

Monisha Gupta: It has taken me two years to muster the courage to speak up about my experience as initially I was anxious about being dismissed and disbelieved or worse being labelled a malingerer or anti vaxxer. If Long COVID is a nebulous disease, Long Vax is a 'non-disease' in the mind of the people. It's only now, having been inspired by the courage of Drs Fiona Mackintosh and Steve Robson, that I have felt confident about sharing my personal experience. Further with so much research coming in from overseas, I am convinced about my vaccine injury and have had support and belief from my treating health professionals.

In 2021 when COVID vaccine became available and was made mandatory for NSW health workers, I took my first shot on 23 April, scheduled soon after my older daughter's wedding. I experience a flu like illness from my flu vaccine every year so I did anticipate some side effects. Honestly, queuing up that day at 8am, I felt fortunate to be amongst the people to have access to the vaccine, especially being prioritised for it. I received my first dose of the Pfizer vaccine and within hours, while I was at work at the hospital, I felt spaced out, experienced depersonalisation, was very nauseated and had difficulty concentrating. I was chairing a clinico pathological meeting and had a lot of trouble focusing and interacting so I had to request for one of my colleagues to take over. Driving back home in the late afternoon, I started shivering and came down with a fever. For the next 72 hours I was absolutely wiped out with severe nausea, lying with a sick bag next to me, I was gripped by fever, body aches and joint pains. I told myself "this happens to me with vaccines, it's fine". I recovered and then took my next dose two weeks later. When I reported my experience to the vaccine nurse she said it was very unusual as not many people had experienced a significant adverse effect after the first dose. She asked if I was sure that I hadn't had COVID exposure. I had never had a documented COVID exposure because as a health care worker I underwent a COVID swab at the slightest sniffle. Following the second dose of the vaccine I experienced a reaction similar to the previous dose.

The two episodes made me disinclined to take any further vaccines. I kept putting it off for a long time whilst remaining quite careful with wearing a mask and eye protection at work and avoiding high risk situations. Then in March 2022 we received a notification from NSW Health that for us to retain our jobs we had to take the booster dose. Interestingly that mandated 3-dose COVID vaccination requirement has only recently been removed by NSW Health as a condition of employment. I was extremely reluctant but in my role as head of department I felt I needed to set an example to overcome any vaccine hesitancy amongst my staff. I went ahead and booked an appointment with my GP for my third dose of the Pfizer vaccine. I went for the shot at about 5pm on a Friday. He asked me to remain in the clinic for a little while after the shot.

Within 30 minutes I started feeling weird and confused but managed to drive back home and have never been the same again. They say the most extraordinary days start as very ordinary ones. 11 March 2022 was that day for me when my life changed and I don't know if it has changed forever.

This time around I had prepared myself. I got myself a supply of oranges to help with the nausea and had a box of Panadol by the bedside to ride out the side effects over the weekend. However I felt very run down even on the Monday and struggled to get to work. Every illness I've had in the past 10 years revisited me over the next few months, in almost a reverse order. I had undergone bunion surgery in 2017 that I had forgotten about, now I nursed a sore, swollen foot for weeks. My life long migraines had been in remission for five years but returned with a vengeance. I had lost my sense of taste and smell completely resulting in a poor appetite. I had chest pains intermittently. I wanted to stay out of the emergency at the peak of the pandemic so I spoke with my daughter who was an emergency trainee at the time. We thought it through together with a differential diagnosis of pericarditis or costo chondritis and decided that Nurofen would be a good choice to ease the symptoms. Round the clock Ibuprofen did help but I developed a fixed drug reaction to the medication, although I had taken NSAIDS all my life.

I had issues with gut dysmotility, bloating and so much nausea that I was living on oranges because I couldn't eat anything else. I had headaches, migraines, confusion, brain fog. I have cried with frustration dealing with the brain fog. I was doing a course with the Australasian Institute of Company Directors and failed to complete a simple assessment task. There I was, a high achieving professional twice qualified as a specialist across two countries, always amongst the top one percent of my cohort and now struggling to comprehend a simple test! I was becoming forgetful, having trouble accessing the executive function of my brain. I was so exhausted that even sending a text message was too much effort, unanswered emails started piling up in my inbox and online banking seemed an unsurmountable challenge. I would get so tired, hot and flushed after a shower that I would flop down on the bed immediately.

A few weeks into the illness, one of the days at work I was feeling quite unwell and commented to the nurse, that I was feeling weird – lightheaded, dizzy, anxious. She took one look at me and commented that I looked white as a sheet. She checked my blood sugar, I was hypoglycaemic two hours after my breakfast, she checked my blood pressure and my heart rate, both were very irregular and haywire with no correlation to change in posture. I worked through the day in a zombie state. Towards the end of my workday, not feeling quite myself the nurse checked the vitals again and found them erratic. She insisted I call someone to take me home both for my safety and that of the other road users. I arranged for someone to drive me home. My daughter come over and watched over me overnight. For months thereafter I checked my pulse and blood glucose before getting on the road.

I was fortunate to be able to contact an immunologist who diagnosed it as auto-immune reaction to the spike protein in the vaccine. It was expected to take four weeks to improve. I decided to take a few weeks off from work. During this break I would frequently get tachycardia – I would wake up suddenly with a heart rate of 130. I was breathless even at rest and struggled to climb up a flight of stairs, from my living room to my bedroom. I found myself trying to rest all day, but sleep was non refreshing. I would wake up with terrifying nightmares and remained dogged by vivid dreams and bouts of anxiety. By that stage more than one person had told me it was probably just in my mind, and that I should see a psychiatrist. I did seek out the help of a psychologist who had known me for some years. When I spoke with her she said that I was not primarily depressed. My anxiety and depression stemmed from not being able to do what I used to be able to do.

I have a very supportive GP who was available to me via telehealth and in person at a short notice, who was not dismissive of my symptoms and has supported me through this very difficult journey.

Because of my poor energy levels, family and colleagues drove me when I tried returning to work. I worked only a few days a week initially and took six months off from my role at Liverpool. Everyone in the department stepped up to share the clinical and administrative workload. The Director of Medical Services has been wonderful with support, and I am still allowed some flexible workplace arrangements as I remain in the recovery phase of my illness. Telehealth was a great facility as I needed to consult the immunologist, neurologist, endocrinologist, rheumatologist, dermatopathologist. I could not have driven to my appointments at all, because I was so unwell.

Supportive family, friends and workplaces are very important for people with chronic diseases as they work through their recovery, in addition to sympathetic health care professionals. I was so exhausted after washing my hair that I had a long, silly discussion with myself about getting hair shaved as part of managing my energy budget. I weighed in that if I drive down to the hairdresser I will have used my energy budget for the whole weekend but then I argued with myself if I don't have hair to wash I will be saving energy with every hair wash.

I had a lot of neurological side effects including tingling and numbness to the limbs, I had to think twice before opening door to the fridge because I knew the cold air would precipitate facial pain I had bleeding gums and sore joints as a result of vitamin C deficiency as also other water soluble vitamins from the malabsorption. The June long weekend of 2022, I was so exhausted despite having been in bed for over 12 hours, struggling to get to my kitchen and collapsed on the rug in the living room, I rang the GP in a state of desperation who offered me a B12 injection as part of fatigue management which I had to get my daughter to drive me to. Thereafter the neurologist recommended B complex injections which have been extremely helpful in the recovery. A doctor friend in the US was able to direct me to certain useful resources which helped me understand my condition and develop a management strategy. There were many little things to manage that had previously been unthinkable. I am grateful that the ability to practice medicine has remained intact as more than 30 years of dermatology experience is deeply etched in my memory. I am now confident I am on the road to recovery even if the road still appears long and meandering.

Did I try any alternative therapies?

Just to share with anyone else facing a similar struggle, apart from the pharmacological treatments, the non-pharmacological interventions of physiotherapy, meditation and dietary modifications have been incredibly useful. Practicing gratitude - I have a jar of blessings sitting on my desk, into which go small wins of improvement like being able to eat a mandarin, taking the stairs at work, absence of nightmare - the 'glimmers of daily life' as I see it filling up.

I now have more empathy for people with chronic diseases and disabilities (including invisible ones) I often wonder how can missed opportunities with chronic diseases be measured? How does one measure loss, the loss of health and wellbeing, things that could have been done, should have been done. I am grateful to be experiencing the rediscovery of lost joys, the aroma of my morning coffee, the fragrance of flowers on my walks. I still have restrictions on my ability to travel and socialise due to the post exertional malaise. Nonetheless I am able to attend meetings and conferences virtually to keep learning and stay connected.

I sometimes grieve for my old self who felt fitter in her 50s than in her 30s, attending Pilates two or three times per week and walking 3-5km on other days. But I do now feel better than my post injury self when I would get out of bed, brush my teeth, have a lie down, get dressed, have another lie down, eat my breakfast, have a lie down again, drive to work, look again for a lie down, see a few patients, and need rest again.

I would have PostIt notes all around the house - reminders to not bend forward to brush my hair, not unload the dishwasher, because such normal, everyday physical movement was enough make me dizzy. Now I am again able to have a normal working day. I recall the psychologist telling me that it takes a year to accept change. I spent every day of the first year of my illness hoping for a miracle, to wake up feeling 'normal'. I have now come to terms with the 'new normal' and continue to work with persistence and hope towards a full recovery.

Why did I continue working?

Work gave structure to my day. It afforded opportunities for social interaction, which I felt was important for my recovery. Work is not just a profession but a calling for me. I was able to keep helping others with their illness as I struggled through my own. It gave me a new perspective from the other side of the table, allowing me to 'listen' to my patients anew. I was fortunate to have the flexibility of managing my working week to suit my needs.

What have I learnt from this challenging event in my life?

I have learnt to put myself first, learnt to listen to my body, learnt that the clinical signs are an indicator of an underlying problem that the body tries it's best to communicate and we even as medical professionals, can struggle to interpret these signs. I have learnt the difference between being tired and fatigued. I have learnt reassuredly that brain 'fog' has that name for a reason, just like fog, everything is there, just not visible, it is not true cognitive decline. With my low energy budget I have learnt to prioritise what is most important for me. I am learning to say no more assertively, unapologetically. I've learnt to not take anything for granted. The only certainty in life is uncertainty. I've learnt to accept that life doesn't go according to plan but I think it can be a blessing to not know what is ahead of you.

A very important thing I've learnt as a doctor is about the unfortunate reality of medical arrogance. We don't have the humility to say I don't know what you have, instead we tend to say, "there is nothing wrong with you because I can't find anything wrong with you". When we look back on the history of medicine, we know that X-rays were used for internal pelvimetry for pregnant women. The unforgivable consequence of administering thalidomide to pregnant women to treat the nausea with much reassurance from the doctors is not to be forgotten. We know that women with multiple sclerosis were placed into psychiatry wards because doctors could not find any cause for the 'weird' symptoms the women were describing until CT and MRI scans became available.

Hepatitis C was a disease we knew very little about when I was in medical school. We were taught about this condition called hepatitis non A non B as the virus hadn't been identified. HIV and AIDS was a mystery, a disease we did not have the tools to diagnose and treat until only a few decades ago. The cliché rings true - absence of evidence is not evidence of absence. But still in this era after all those lessons, we are saying unambiguously that Covid vaccine adverse effects are minimal. People describing these symptoms are being viewed as malingerers despite being aware that a substantial number of these were reported in the trials but not disclosed at the time. There is emerging data from around the world, some of the best coming from Germany where they are addressing Long Covid and Long Vax in the same clinics.

Most of the affected people are those with previously active lifestyles and in gainful employment so they do not stand to benefit from reporting their condition. Sufferers with Chronic Fatigue Syndrome have been for years placed on the back burner of research but we now know that infection from several different viruses can impact the immune system long term. In my own practice I've come across so many patients who have developed cutaneous adverse effects with new onset disease and also relapse of previously treated conditions.

My understanding is that the vaccine and perhaps the Covid infection downregulate the T regulatory cells, allowing the T memory cells to take over. In dermatology, as it is very visible and we have photodocumentation of previous rashes, it has been easier to acknowledge it. Correlation does not establish causality. Unfortunately we are using old ways of measuring new things. We are missing this opportunity to learn medically, by denying the condition and not listening to our patients with an open mind.

If we know what can cause a disease we can work actively on prevention and treatment. I do my best to reframe my experience asserting that as a life-long learner I have this incredible opportunity to learn about a new condition first hand. Over this time, I have pored over innumerable studies and papers, participated and picked tips from online forums and discussion rooms. A doctor might tell a patient “don’t compare your one hour of Googling with my years of experience” but the patient can legitimately retort “don’t equate your one hour of medical school teaching with my life time of living with this condition”. So we need to believe our patients, we need to partner with our patients and continue to learn from them.

Thanks for this opportunity to speak and I hope this can help spread awareness amongst patients and garner acknowledgement from the medical community. I think I have been fortunate in feeling heard by my doctors, being acknowledged and believed. I have benefitted from having access to resources to understand and manage my condition. I have found kinship and learnt from the experiences of my fellow sufferers through COVERSE - a vaccine injury group in Australia.

Ken McCroary: I had lots and lots of questions but I think letting you get your experience out there directly is probably going to be a better learning curve.

Monisha Gupta: I’ve decided to speak up as I’m sure there are other people out there that may have had similar experiences and may be able to share their insights.

Ken McCroary: Just having validation that your symptoms are real makes such a big difference to a lot of people dealing with this chronic symptomatology and effects and the impacts like you said on your life and who you are and what you’re doing. So I’m really grateful for you joining us today and sharing your story. So thank you very much for that, I think it’s really brave and I appreciate it. You take care and good luck with the next part of this journey.

Remember if you’re not a member of GP Link already or you would like to learn more log onto our website at <https://sswgp.link/>.