

જો શ્રી ઈન્દ્રજીત શુભવલ્લભ
Sri AdichunchanagiriShikshana Trust (R)
Adichunchanagiri
Institute of Medical Sciences
B.G. Nagara -571448



AIMS

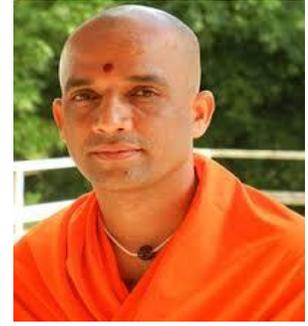
PANORAMA

Reflections of AIMS Newsletters – 2017, Vol- 7, Issue -1



II Jai Shri Gurudev II

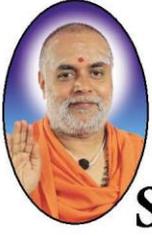
Sri Adichunchanagiri Shikshana Trust (R)



ADICHUNCHANAGIRI INSTITUTE
OF
MEDICAL SCIENCES



B G Nagara – 571448



॥ ಜೈ ಶ್ರೀ ಗುರುದೇವ್ ॥



ಶ್ರೀ ಆದಿಚುಂಚನಗಿರಿ ಮಹಾಸಂಸ್ಥಾನ ಮಠ

Sri Adichunchanagiri Mahasamsthana Math

ಶ್ರೀ ಆದಿಚುಂಚನಗಿರಿ ಕ್ಷೇತ್ರ - 571811, ನಾಗಮಂಗಲ ತಾಲ್ಲೂಕು, ಮಂಡ್ಯ ಜಿಲ್ಲೆ
Sri Adichunchanagiri Kshetra 571811, Nagamangala Taluk, Mandya Dist.

REF: SACM / Message / 510 / 2017

Date:

MESSAGE

||Jai Sri Gurudev||

'Doctor' is a word, when heard by anyone can immediately develop respect in the heart. It is the noblest profession in all the professions available throughout the world. Being a doctor is having the responsibilities more, than the privilege. Doctor is considered as a highly responsible person because he can save a life of human being, when the patient is in critical condition.

Medical profession is considered as a noble profession and the doctors have been always compared and equated next to God. The word 'noble' means that a doctor should have qualities like compassion, caring, giving, sharing, concern, helping, etc. A doctor is supposed to treat a person irrespective of caste, creed, religion, financial status, or social status. His sole concern is and should be to remove the miseries of the suffering patients.

Adichunchanagiri Institute of Medical Sciences, BG Nagara, Mandya, Karnataka has been in the forefront of providing professional medical education in the rural part of the country for the last three decades. I am proud to express that our Institution is releasing "*PANORAMA - A Compendium of Departmental Newsletters*" document which comprises of all activities of Faculty and Students for the academic year 2016-17.

Let us have faith in ourselves and work sincerely, not leaving everything to fate. I beseech the divine blessings of Lord Kalabhyraveswara Swamy and His Holiness Jagadguru Padmabhushan Sri Sri Sri Dr. Balagangadharanatha Mahaswamiji to all.....

Yours in the Service of the Lord,

(Sri Dr. Nirmalanandanatha Swamiji)

FOREWORD

Adichunchanagiri institute of medical sciences was established under the aegis's of sri sri sri Dr. Balagangadharanatha mahaswamiji with the purpose of providing proper medical care to the rural population in and around bellur.

In the past 30 years it has transformed from a rural college to a vibrant, state of the art academic and cultural hub and is now under the patronshipof Sri Sri Sri Dr. Nirmalanandanatha Mahaswamiji. All the departments of our college are actively involved in both academic and research activities. Every department has its own newsletter which is published twice a year. To summarize the achievements of the faculty and the post graduate, our college has launched “AIMS PANORAMA” 2017 (Reflection of Aims Newsletters) from the previous six years.

This magazine highlights the curricular and extracurricular activities of various departments with the growing emphasis on research in the field of medicine, It is important to be on the forefront of medical education by publishing genuine research articles and the institution is on the forefront in that direction.

I wish that all of us thrive hard to achieve excellence and reach greater heights in the years to come.

Principal

Dr.M.G.Shivaramu



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Anatomica-AIMS

Newsletter of Department of
Anatomy

Volume 7
Issue 1

IN THIS ISSUE

Message from the Editor

by Dr. Rajendra R

It gives me immense happiness to present to you all the first issue of our departmental newsletter.

The first six months of the year 2017 has been exciting. We started the year with a wonderful guest lecture by Dr. Nachiket Shankar from St. Johns Medical College, Bengaluru. He spoke on different ways of visualizing the human Anatomy. It was indeed an academic feast for the first year MBBS students. It was a great opportunity for us, the faculty to interact with him and to discuss innovative and effective methods to facilitate learning of Human Anatomy.

We have been conducting orientation programs for the primary and high school teachers from various blocks of Mandya District. This education project is a joint initiative of the Department of Education, Government of Karnataka and the Azim Premji Foundation. We organized the fourth workshop for the teachers from Malavalli and SR Patna block. More than 40 teachers participated in the workshop. I congratulate and thank my entire teaching and non-teaching faculty for their dedicated effort in making the workshop successful. I also acknowledge the Azim Premji Foundation and the Department of Education,

Government of Karnataka for providing us with this wonderful opportunity.

The month of April witnessed one more wonderful Guest Lecture on Development of the human heart by Dr. Seema Deepak from Mysore Medical College and Research Institute, Mysore. It was a real pleasure to listen to a wonderful and interactive lecture. The way she presented such a complex topic in such a simplified and interesting manner itself speaks a lot about her passion about teaching.

On behalf of my entire faculty, I thank our departing colleague Dr. Makandar for his unconditional and selfless service to the institution. We wish him all the very best in his future endeavors.

I would also like to welcome Dr. Honnegowda T M and Dr. Shilpa Madhukar who have joined as new faculty.

In the next few pages, we present a glimpse of our departmental events in the first half of the year 2017.

Guest Lecture on “Human Anatomy- Newer Perspectives”

Details of the guest lecture for I MBBS students by Dr. Nachiket Shankar, Associate Professor of Anatomy, St. Johns Medical College, Bengaluru.

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Guest Lecture on “Development of Human Heart”

Details of the guest lecture for I MBBS students by Dr. Seema Deepak, Professor of Anatomy, Mysore Medical College and Research Institute, Mysuru.

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Details of newly joined and departing faculty and academic achievements of faculty.

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GUEST LECTURE ON HUMAN ANATOMY- NEWER PERSPECTIVES

Brief profile of the Guest Speaker

Dr. Nachiket Shankar is an Associate Professor in the Department of Anatomy at St. John's Medical College, with a keen interest in medical education and research methodology. He is an active member of the Department of Medical Education at St. John's. His interest in medical education has led him to pursue a PG Diploma in Health Professions Education conducted jointly by the KLE University and the University of Illinois, Chicago. He has currently enrolled for a Masters in Health Professions Education (MHPE) course conducted by the Maharashtra University of Health Sciences (MUHS).

The Guest Lecture

The guest lecture, "Human Anatomy- Newer Perspectives" was organized on 16th January 2017 for I MBBS students. The guest lecture started at 10:30 a.m after a formal inauguration programme, welcome address by the Head of the Department and address by the Principal. Dr. Tejaswi H L. introduced the guest speaker to the audience.

Dr. Nachiket Shankar discussed in detail about various modes of visualization of the human body. Newer modes of visualization of human anatomy such as arthroscopy, endoscopy and various modes of radiological procedures were discussed. It was an interactive session; the students were asked to solve problems and were encouraged to air their doubts freely. After the guest lecture, Dr. Nachiket Shankar gave valuable tips regarding preparation and presentation in university exams.

One hundred and forty I MBBS students, teaching faculty from various pre and para clinical departments, attended the guest lecture.



Dr. Thejeshwari H G, Assistant Professor, hosted the event



Invocation by Ms. Prerana U, I MBBS student



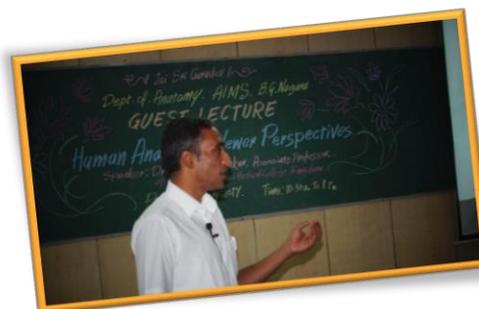
Welcome address by Dr. Rajendra R, Professor and Head, Department of Anatomy



Felicitation of the guest speaker by Principal



Address by Dr. M G Shivaramu, Principal, AIMS



Dr. Nachiket Shankar



Dr. Nachiket Shankar addressing the students and the faculty



Guest Speaker, Principal, teaching faculty and I MBBS students



Registration of the delegates. About 40 delegates participated in the orientation programme



Dr. Makandar U K, Associate Professor, Dept. of Anatomy



Dr. Thejeshwari H G, Assistant Professor, Department of Anatomy



Dr. Samridhi Puri, Assistant Professor, Dept. of Anatomy, the master of ceremony



Dr. Vinay H R, Senior Resident, Department of Psychiatry



Valedictory address by Dr. M G Shivaramu, Principal, AIMS



Dr. Rajendra R, Professor and Head, Department of Anatomy



Principal and faculty of Department of Anatomy with delegates

HUMAN ANATOMY ORIENTATION PROGRAMME

An orientation programme about human anatomy was organized on 7th February 2017 for primary and high school teachers of Malavalli and Srirangapatana block. This programme was conducted in association with Azim Premji foundation and the Department of Education, Government of Karnataka.

It was a one-day orientation programme, which started at 10:00 a.m. The programme began with the tour of the department by Dr. Rajendra R, Professor and Head. In the first scientific session of the day, Dr. Thejeshwari H G spoke about the "anatomy of the brain and stages of brain development". This was followed by a talk on "role of neocortex and hippocampus in learning" by Dr. Vinay H R, Senior Resident, Dept. of Psychiatry.

After a short tea break Dr. Asharani S K and Dr. Rajendra R presented interactive lectures on "functional anatomy of the cardiovascular system" and "functional anatomy of the excretory system" respectively.

Post lunch session started with a lecture on "functional anatomy of the digestive system" by Dr. Makandar U K followed by demonstration of the viscera and discussion on functioning of the anatomy lab by Dr. Tejaswi H L.

Dr. M G Shivaramu, Principal, AIMS graced the valedictory function. He stressed upon conduction of similar workshops/orientation programmes in future. He also invited the delegates to plan field visits to the anatomy museum with their students and faculty members.

We at the department of anatomy feel proud to announce that this is the 4th workshop that has been conducted successfully for the science teachers since the year 2016.

QUIZ FOR I MBBS STUDENTS

A quiz programme was organised by the department of Anatomy in association with the department of Biochemistry and Physiology for the I MBBS students on 14th and 15th February 2017.

The preliminary round was conducted on 14th February and consisted of multiple-choice questions. Forty-seven teams consisting of three students each from I MBBS participated in the preliminary round. Five teams were selected for the final round on 15th February 2017.

Each department planned and conducted individual rounds. Dr. Tejaswi H L and Dr. Ajay N were the quizmasters from the Anatomy department. Dr. Sudhir G K and Dr. Gayathri Bora were the quizmasters for the department of Physiology. Dr. Aliya Nusrath and Dr. N Asha Rani were the quizmasters for the department of Biochemistry. Each departmental round lasted for 30-45 minutes. At the end of quiz, the scores in rounds of each department were added and the winners were declared. Prizes were given for the first three teams and the winners of the audience quiz.

Dr. Aliya Nusrath, Professor and Head, Department of Biochemistry, Dr. K N Narasimhaswamy, Professor and Head, Department of Physiology and Mr. Vishnumurthy Venugopal, Director-South, Jaypee Publishers graced the valedictory function.



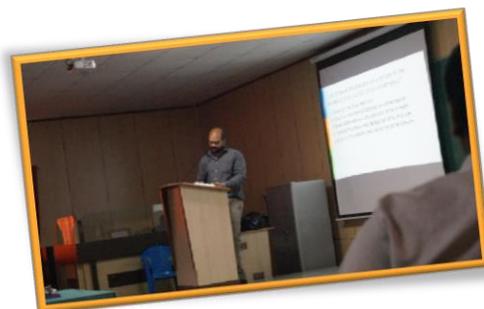
Team 1. [From left to right] Mr. Prahadeesh Prabhu, Mr. Rajath Gowda and Mr. Shashank Chakravarty



Team 5. [From left to right] Mr. Shivam Gupta, Ms. Animesh Karak and Mr. Puneet Saini



Team 2. [From left to right] Mr. Harshit Dahiya, Ms. Juhi Arora and Ms. Bhargavi R



Dr. Ajay N, conducting the MCQ round



Team 3. [From left to right] Ms. Chitra Chhajed, Ms. Ayushi Singh and Ms. Ekshitha



Dr. Tejaswi H L, conducting the Rapid fire round



Team 4. [From left to right] Mr. Devesh Kumar Mahata, Mr. Dhruv Mugrai and Mr. Ujjwal Gupta



Question round for the audience



[From left to right] Dr.Aliya Nusrath, Dr.K N Narasimhaswamy and Mr. V Venugopal graced the valedictory function



Winners of first Prize: Team 2



Mr. Vishnumurthy Venugopal, Director, South, Jaypee Publisher was the invited guest



Ms. Galla Dharani, winner, audience quiz



Winners of third prize: Team 1



Mr. Gunveen Singh Chitkara, winner, audience quiz



Winners of second Prize: Team 3



Winners of the quiz with the organizing team

MEDICAL EDUCATION UNIT ACTIVITIES

Dr. Tejaswi H L, was the resource person for the 2nd "Revised Basic Course Workshop in Medical Education Technologies" conducted by St. John's Medical College, Nodal Centre in Medical Education Technologies at Adichunchanagiri Institute of Medical Sciences, BG Nagara, Mandya, Karnataka from 8th-10th May 2017.



GUEST LECTURE ON DEVELOPMENT OF HUMAN HEART

Brief profile of the Guest Speaker

Dr. Seema Deepak is a Professor of Anatomy at Mysore Medical College and Research Institute, Mysore. She completed her graduation at J.S.S Medical College, Mysore in 2001 and post-graduation in Anatomy from Kempegowda Institute of Medical Sciences, Bangalore in 2006. She has published many research papers in various peer reviewed indexed journals. She is an active member of Medical education unit, MMC & RI and has completed advanced course in Medical education conducted at St John's Medical College, Bangalore.

The Guest lecture

The guest lecture on "Development of human heart" was organized on 19th April 2017. The Principal formally inaugurated the guest lecture. Dr. Rajendra R, Professor and Head of anatomy delivered welcome address. Dr. Aliya Nusrath, Professor and Head department of Biochemistry and Dr. K N Narasimhasawmy, Professor and Head department of Physiology graced the occasion with their presence. Dr. M G Shivaramu, Principal, AIMS felicitated the guest speaker. One hundred and thirty five students from I MBBS students attended the programme.

Dr. Seema Deepak started the lecture with development of the germ layers and related it to the development of the heart tube. She discussed in detail about the development of the human heart including the timeline of development, development of various chambers of the heart and development of the interatrial and interventricular septa. This was followed by a discussion on the fetal and neonatal circulation. The lecture concluded with an interactive session on developmental anomalies of the heart and its embryological basis.



Mr. Aadarsh C Gurikar and Ms. Alisha Goel, first MBBS students, hosted the ceremony



Address by Dr. M G Shivaramu, Principal, AIMS



Ms. Prerana U, I MBBS student invoked the blessings of the almighty



Dr. Seema Deepak



Inauguration of the programme by lamp lighting



Dr. Ajay N, Assistant Professor, Department of Anatomy delivered the vote of thanks



Felicitation of the Guest Speaker by the Principal



Teaching faculty of the department of Anatomy with the Guest speaker

NEWLY JOINED FACULTY

**Dr. Honnegowda T M**

Dr. Honnegowda T M, joined our department on 10th March 2017 as a tutor. He has finished his B.Sc. in Chemistry from Mysore University, Mysore with gold medal in 2007. He has obtained his M.Sc. in Anatomy from Kasturba Medical College, Manipal in 2010 where he was awarded with the best outgoing PG of the year 2010. He completed his PhD in Plastic surgery and Burns-an ICMR funded project in 2015. He has about 15 publications in various international journals. He has won the best paper award for oral presentation in National conference for wounds held in New Delhi in 2015. He has also won the best paper award for oral presentation for his scientific paper titled "hepatoprotective activity of aqueous extract of tinospora cordifolia against antitubercular drug induced hepatotoxicity in wistar albino rats". He is currently working on an ICMR funded project "Evaluation of mechanisms involved in wound healing properties of topical application of aloe vera- a histological, biochemical and cellular analysis"

**Dr. Shilpa Madhukar**

Dr. Shilpa Madhukar joined our department on 2 May 2017 as Assistant Professor. She has completed her MBBS degree from Mahadevappa Rampure Medical College, Gulbarga in 2006 and post graduation in Anatomy from Mysore Medical College and Research Institute, Mysore in 2016. She has worked as a junior resident in the department of pediatrics Navodaya Medical College, Raichur for 2 years. She has worked in the department of medical gastroenterology in Manipal Hospital, Bengaluru for 1 year. She has published 2 papers in peer reviewed international journals. Her research interest is in the field of gross anatomy and embryology.

FACULTY LEAVING THE DEPARTMENT

**Dr. Makandar U K**

Dr. Makandar UK joined us in February 2012 as Associate Professor. He has more than 50 publications to his name in various peer reviewed national and international journals. He is an editorial board member for various national and international journals in the field of anatomy.

ACADEMIC ACTIVITIES OF THE FACULTY



Dr. Ajay N, Assistant Professor, Department of Anatomy presenting a scientific paper at the 6th National Conference of Society of Clinical Anatomists held at Belagavi on 3rd June 2017



Dr. Asharani S K, Assistant Professor, Department of Anatomy presenting a scientific paper at the 6th National Conference of Society of Clinical Anatomists held at Belagavi on 3rd June 2017



Dr. Asharani S K, Assistant Professor, Department of Anatomy chairing a poster session at the 6th National Conference of Society of Clinical Anatomists held at Belagavi, on 3rd June 2017



Dr. Tejaswi H L, Associate Professor, Department of Anatomy Chairing scientific session on osteology at the 6th National Conference of Society of Clinical Anatomists held at Belagavi on 4th June 2017



Teaching and non-teaching faculty of Department of Anatomy

Seated from left to right; Dr. Thejeshwari H G, Dr. Shilpa Madhukar, Dr. Samridhi Puri, Dr. Asharani S K, Dr. Surendra M, Dr. Rajendra R, Dr. Makandar U K, Dr. Ajay N, Dr. Honnegowda T M and Dr. Tejaswi H L.

Standing from left to right; Mr. Kumar, Mrs. Shantamma, Mr. Gurumurthy, Mr. Ramesh, Mr. Harish, Mr. Shivakumar, Mr. Prakash, Mr. Suresh and Mr. Eshwar.



Anatomica-AIMS

Newsletter of Department of
Anatomy

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jai sri gurudev
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INSTITUTE OF
MEDICAL SCIENCES**



Patron



**Paramapoojya
Sri Sri Sri
Nirmalanandanatha
Mahaswamiji**

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Dr. Ravi G.N

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PHYSIOVAARTHE

Imparting knowledge of life process

BI-ANNUAL NEWS LETTER FROM DEPARTMENT OF PHYSIOLOGY



From the Editor's desk:

Dear readers,

I am very much pleased to bring out the Vol-6 (Issue1) of our Newsletter 'Physiovaarthe' giving useful information on the subject & the department.

I feel proud to share the information that, we got very good response from the delegates & students for the Guest lecture held on 18th April 2017 on the topic "Revisiting Body Mass Index".

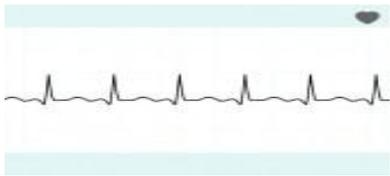
As previous years, this year also department **recognized the achievements of students** in their academics, punctuality and overall merit, distributed certificates & prizes to such students.

From this academic year we have started pre & post test after each chapter & topic test after each topic to improve the performance of the students in the fore coming university exams

I whole heartedly thank our beloved & dynamic principal for his constant support and encouragement & all the staff for their great effort contributing to the success of the guest lecture & also for all the departmental activities.

Dr. K.N.Narasimhaswamy
Professor & HOD





ACADEMIC SECTION
Activities of department - HIGHLIGHTS



**The department organized Guest lecture on 18th April 2017 on the topic
“Revisiting Body Mass Index”**

By

Dr. D.V. Muralidhara

(Professor, Faculty of Medicine, University Sultan Zainal Abidin, Kuala Terengganu, Malaysia)

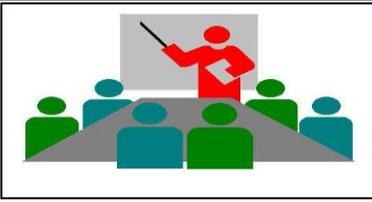
Summary of the guest lecture

Session 1- The evolution of ethics in research – A historical perspective

Session 2 -The student researcher – What can we learn from history?

Session 3- Open house –Interaction with participants





Jnana Vignana Tantragnana Mela

Every year Sri Adichunchanagiri Matt organizes JVTM for the public & school children. This year it was organized on 20th & 21st of February. Our department took an active participation in the mela by displaying many **working models on Human Physiology**. This was well appreciated by the students & public who visited the stall in large numbers



Undergraduates –

Inter departmental quiz was organized by all the three preclinical departments on 15th February 2017. Five teams of three each were selected based on the preliminary round. To begin with department of Anatomy conducted the quiz followed Physiology & biochemistry. The scores of all the departments were added & finally three winning teams were declared.



Achievements - We are pleased to announce that the following students have topped the class for the year 2016-17 based on the punctuality in their academic work & performance

Toppers –

- 1) Academic performance – R.Bhargavi & Aadarsh C.G**
- 2)Punctuality in academic work – Malavika V & Tarun jain. V**
- 3) Overall topper –R.Bhargavi**

Staff

MEU related activities from the department staff -

A) Workshop on “Approach to University Exams – For First M.B.B.S. students” 2016-17 batch – Dr. Sudhir G.K., Professor, presented a talk on “Time & Stress management” during preparations for University exams.

B) 2nd Revised Basic MET Workshop – 8th – 10th May 2017: Dr. Sudhir G.K. was a resource person for scientific sessions on a. CBME b. Assessment c. SDL d. ATCOM. Further our two faculties 1. Dr. Ravi G.N. & Dr. Malini M., Assistant Professors were the participants in the three day workshop.

As part of MoU with CFTRI, Mysore, the department trains students of Integrated M.Sc., Ph.D in Nutrition Biology in Human Physiology during their 2nd Semester. Accordingly 10 students attended the classes in February – March 2017 & successfully completed the training. Two of our faculty Dr. Sudhir G.K. & Dr. Gayatri Bora were assigned with the job of handling the classes.



Teaching staff with the CFTRI students

Publications in 2017 (January – June)

- 1) Gayatri Bora, Sudhir G.K, Narasimhaswamy K.N. Impact of exercise training on PEFr in relation to body mass index- An Indian perspective-Indian journal of clinical anatomy & Physiology.2017;4(1):34-39
- 2) Gayatri Bora, Sudhir G.K, Narasimhaswamy K.N. An Indian perspective of “Medical terrorism”-Neologism of an old predicament.IOSR march 2017; 16(3):94-98
- 3) Malini.M, Baljoshi V.S. “A comparative study of Impact of obesity on static lung Volumes and Capacities in young adult woman”. *International journal of Physiology (IOJP)* ISSN- 2320-6039(print) ISSN- 2320-608X (Electronic). January-June 2017, Vol5 , No.1,Page No 105-109.
- 4) Malini.M ,Baljoshi .V.S .A Comparative study of impact of obesity on maximum voluntary ventilation in young adult women. *National Journal of Physiology, Pharmacy and Pharmacology*ISSN (online):2231-3206ISSN(print):2320-4672017;7(2).PageNo.174-177.doi:10.5455/njppp.2017.7.0719324082016.

Ongoing projects:

1. Influence of adjustment pattern, state & trait anxiety on cardio-respiratory functions in young healthy adults. – Sudhir G.K., Suma Bhaskar, Gayatri Bora.
2. Evaluation of factors affecting the academic performance among first year medical students – A prospective study. – Sudhir G.K., Suma Bhaskar K.N. Narasimhaswamy.
3. Impact of case based teaching in physiology on comprehension, critical thinking & reasoning abilities among undergraduate medical students. Dr Sudhir G K Dr.Gayatri bora, Ms Suma Bhaskar
4. Impact of exercise training on airway trachea pulmonary indexes in relation to BMI- Dr.Gayatri bora
5. Effect of short term “Deep breathing” on MVV in young individuals of B.G.Nagara-Dr.Ravi G N

Did you know?

How to survive a heart attack when you are alone

Since many people are alone when they suffer a heart attack ,this article seemed in order, without help the person whose heart stops beating properly & who begins to feel faint, has only about 10 seconds left before losing consciousness. However, these victims can help themselves by coughing repeatedly & very vigorously. A deep breath should be taken before each cough & the cough must be deep & prolonged, as when producing sputum from deep inside the chest. A breath & a cough must be repeated about every two seconds without let up until help arrives or until heart is felt to be beating normally again. Deep breaths get oxygen into the lungs & coughing movements squeeze the heart & keep the blood circulating. The squeezing pressure on the heart helps it to regain normal rhythm. In this way heart attack victims can get to a phone & between breaths, call for help. This is published to create awareness amongst as many people as possible, It could save lives!

From Health care's, Rochester General Hospital

Dr. Gayatri Bora
Associate Professor of Physiology

Answer to the crossword -

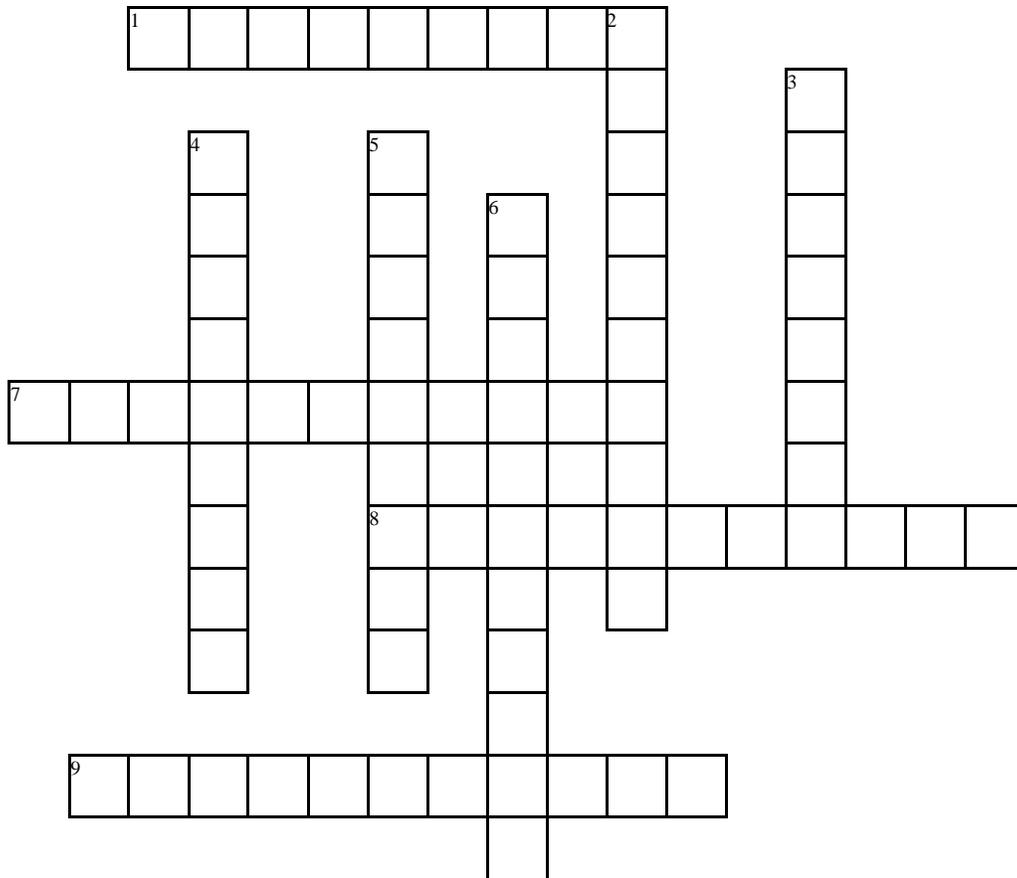
Across-

1. Paracrine
7. Somatotropes
8. Natriuretic
9. Angiotensin

Down-

2. Endothelin
3. Positive
4. Prolactin
5. Melatonin
6. Aldosterone

ENDOCRINE PHYSIOLOGY



Across

1. hormones which have effect on the adjacent cells are called ____
7. ____s are the cells in the anterior pituitary which produce growth hormone
8. atrial____peptide is a hormone involved in homeostasis of water & sodium
9. ____ is a oligopeptide in the blood that causes vasoconstriction & increase in blood pressure

Down

2. ____ is a vascular peptide plays role in vascular homeostasis
3. parturition reflex is an example____feedback mechanism
4. ____ is a peptide hormone from anterior pituitary associated with lactation
5. pineal gland secretes the hormone____
6. ____ steroid hormone produced by adrenal gland which regulates sodium & potassium balance

Dr. Malini.M
Assistant Professor of Physiology



Dept of Biochemistry

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Institute of Medical
Sciences

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Biomed

Medicine at Molecular level



Greetings from the Department of Biochemistry

“It is the supreme art of the teacher
to awaken joy in creative
expression and knowledge”

- Albert Einstein

Another academic year of
teaching has come to an end with
the entire faculty maintaining the
zeal and enthusiasm to teach and
train the students to the highest
level of performance.

The year saw flurry of
activities like debates, quizzes,
seminars, guest lectures,
scientific melas etc.

The most highlighted
programme of the year for
students is **Student Seminar**.
The programme also includes
recognition of elite group of
students with academic
excellence. The students are
awarded for their attendance,
academic performance
& participation in various
activities



Mr. Aadarsh C G and Mr. Harshit Dahiya

“We cannot always built
the future of our youth,
but we can build our
youth for future “

- Franklin Delano Roosevelt
32nd president of United States
of America

Mr. Aadarsh CG bagged the
“**Best Student of the year in
Biochemistry**” and **Mr.
Harshit Dahiya** won the “**Best
Academic Performance in
Biochemistry**”. **Ms. Deekshitha
SR and Mr. Yashwanth S
Gowda** bagged the “**Rising
Stars in Biochemistry**” award.
The details of rest of the
awards are given under student
seminar





Pre Clinical Quiz for I MBBS students

Interdepartmental quiz was organized by the three preclinical departments, Department of Anatomy, Biochemistry and Physiology on 15th February 2017.

A preliminary round was conducted for selecting the teams on 14th February 2017. Based on the performance top 5 teams were selected. The final quiz round was conducted on 15th February 2017. The programme began at 11.30am. Each department conducted separate quiz rounds. To begin with Dept. of Anatomy started the quiz and this was followed by Dept. of Physiology. After a short tea break, quiz continued by Dept. of Biochemistry. The Biochemistry quiz had four rounds. Dr. Aliya Nusrath and Dr. N Asha Rani were the quiz masters and Dr. Shilpashree YD, Dr. Namitha D and Mrs. Rafiya Begum were the scorers. Finally the scores of all the three departments quiz rounds were compiled and three winning teams were declared. The winners were as follows

	Team	Participant's Name
First prize	2	Harshit Dahiya, Juhi Arora, R Bhargavi
Second prize	3	Ayushi Singh, Chitra Chhajed, Ekshita
Third prize	1	Rajath Gowda BI, Prahadeesh Prabhu, Shashank.R.Chakravarthy



Jnana Vigyana Tantrajana Mela



Sri Adichunchanagiri Mahasamsthana Matt organizes **Jnana Vigyana Tantrajana Mela**, every year to create awareness among the public and school children about health, technology and ongoing research in science. The entire educational institutes under this trust participate in the exhibition.

This year scientific exhibition was organized on 20th and 21st Feb 2017. We the Dept. of Biochemistry participated with the theme **“Halt the Rise –Beat Diabetes”**.

1st year MBBS students of 2016-17 batch displayed the models and charts prepared by them under the guidance of faculty on various topics such symptoms of diabetes, diabetic diet, complications of diabetes, risk factors, prevention and self-monitoring of blood glucose.

The students explained to the guests and visitors of mela on various aspects of diabetes with the help of models and charts. They also emphasized on the diabetic diet and importance of physical activity in control of diabetes.



MEU Activity

Following faculty were resource person in MEU programmes

1. Dr Aliya Nusrath

- "Guidelines for Laboratory investigations" at workshop -Internship orientation programme on 23 rd March 2017

- "How to prepare and present in university examination" at workshop -Approach to university examination for IMBBS students on 3rd April 2017

- "Microteaching - Needs and methods" at Workshop -Microteaching Orientation workshop for I year MD/MS students" on 26th April 2017

- "Educational objectives", "Innovative and Interactive teaching in large and small group" & "Giving Feedback to students" at RBMET workshop for faculty held from 8th - 10th May 2017

2. Dr N Asha Rani

- "Teaching Learning methods & media" at Workshop -Microteaching Orientation workshop for I year MD/MS students" on 26th April 2017



Guest Lecture

The department organized a Guest lecture on the topic "**HDL Cholesterol-An Update**" on 11th April 2017.

Dr. Cletus D'Souza, Chairman, Committee for Department of Science in School, University of Mysore, Mysuru was the guest speaker.

Dr. Venkatesha D, incharge Principal, Prof and Head, Dept. of Microbiology, Dr. Manohar, Medical Superintendent, Dr. N Narasimha Swamy, Prof and Head, Dept. of Physiology, Dr. Rajendra, Prof and Head, Dept. of Anatomy, and Mr. Umesh B K, Registrar were the invited guests. The programme was attended by staff from various departments, MBBS students and CFTRI students of nutritional biology. Ms. Malavika V I MBBS student was the moderator of the programme.

The programme started by seeking the blessing of the almighty with invocation song by Mr. Aadarsh CG and Ms Prerana U, I MBBS students.

The programme was inaugurated by ceremonial watering of Tulsi plant.

Welcome address was rendered by Dr. Aliya Nusrath, Professor & Head, Dept. of Biochemistry. Speaker was introduced by Dr. N Asha Rani, Asst. Professor, Dept. of Biochemistry.

Dr. Cletus D'Souza delivered an interesting lecture on "**HDL Cholesterol-An Update**" which was well appreciated by the students and staff members. After the first session, discussion was highly interactive lasting for 20-25mins.

After the tea break 2nd session continued on the "**Medicine for future - Can we afford them**" which was followed by an open house interaction. At the end of the programme, the speaker was felicitated by Dr. Rajeshwari A and Dr. Chikkanna D, Associate Professors, Dept. of Biochemistry. The programme was concluded by rendering the vote of thanks by Dr. N Asha Rani, Asst. Professor, Dept. of Biochemistry.





Glimpses of Guest Lecture



Student Seminar

The department organized a student seminar on the topic “Techniques in Molecular Biology and Gene Therapy” on 25th May 2017

The following students were the speakers for the seminar

- **Mr. Aadarsh C G** - Vectors in rDNA technology, rDNA technology process
- **Mr. Aditya Joshi** - Genomic Library, cDNA library, DNA Probes
- **Ms. Deekshitha S.R** - Applications of rDNA technology
- **Ms. Nithya Janardhana** - Introduction to recombinant DNA technology, Restriction Endonucleases, Host cells
- **Ms. Prerana U** - Polymerase Chain Reaction
- **Ms. Shrisha S** - Human Genome Project – An Overview
- **Mr. Suriyanarayanan N** - Gene Therapy
- **Mr. Yashwanth S Gowda** - Blotting Techniques

Dr. Venkatesha D, incharge Principal, Prof and Head, Dept. of Microbiology, Dr. Narasimha Swamy, Prof and Head, Dept. of Physiology, Dr. Rajendra R, Prof and Head, Dept. of Anatomy, Mr. Umesh BK, Registrar and faculty from various departments were the invited guests. Ms. Amruthavarshini D and Ms. Juhi Arora I MBBS students were the moderators. The programme started by seeking the blessing of the almighty with invocation song by Ms. Darsana Madhavan I MBBS students. The programme was inaugurated by ceremonial watering of Tulsi plant.





Welcome address was rendered by Dr. Aliya Nusrath, Prof and Head, Dept. of Biochemistry. Student speakers were introduced by the moderators with apt and beautiful captions for each one which was well enjoyed by everybody.

Students presented a beautiful seminar which was well appreciated by all of them. After the seminar session, much awaited award distribution ceremony began which was thoroughly enjoyed by all the student and faculty.

Award for “Best student of the year in Biochemistry” was bagged by **Mr. Aadarsh CG**, award for “Best Academic performance in Biochemistry” was bagged by Mr. Harshit Dhiya, two prizes were given as “Rising Stars” of the batch 2016-17 to **Mr. Yashwanth S Gowda and Ms. Deekshitha SR**, six students were selected from each batch as “Venus Star” of the batch and were awarded by the respective mentors: **Mr. Animesh Karak of IA, Ms. Chitra Chhajed of IB, Ms. Juhi Arora of IIA, Ms. Malavika V of IIB, Ms. R Bhargavi of IIIA and Mr. Suriyanarayanan N of IIIB**.

Certificates were given to; the participant students of Student Seminar, student who participated in “Jnana Vignana Tantra Jnana Mela-2017” and for students, securing 100% attendance in either theory or practical classes.

The programme was concluded by rendering the vote of thanks by Dr. N Asha Rani, Asst. Professor, Dept. of Biochemistry.



Seminar Presenters





Awards

Venus stars



Inana Vignana



Rising Stars

Highest Attendance awards

Debate

The department is involved in organizing various academic activities including debates. This academic year two debates were organized; artificial sweeteners and gene therapy

Artificial Sweeteners: The team for the motion consisted of Prahadeesh Prabhu, Suriyanarayanan N, Juhi Arora, and R Bhargavi. The team against the motion included Nancy Malik, Aadarsh C G, Amruthavarshini and Sivasankar. It was a very healthy and interesting debate.

Gene Therapy: The participants included Abhishek Kumar, Amruthavarshini D, Galla Dharani, Rakshana Khursheed, Shrishya S, Shubodh N, V Tarun Jain and Yashwanth S Gowda



Research Activity

1. N. Asha Rani, Aliya Nusrath, Dhanalakshmi T A. Medical Profession as Career - Pressure or Passion: A Cross Sectional Survey among Undergraduate Medical Students. International Journal of Medical Science and Education 2016; 3(4):322-7.
2. Ningappa Asha Rani, Rajeshwari A, Primit Mukherjee, Shilpashree YD. Prevalence of Nutritional Deficiency Anaemia and its impact on Scholastic Performance among Undergraduate Medical Students. Journal of Clinical and Diagnostic Research 2017;11(3):21-3.

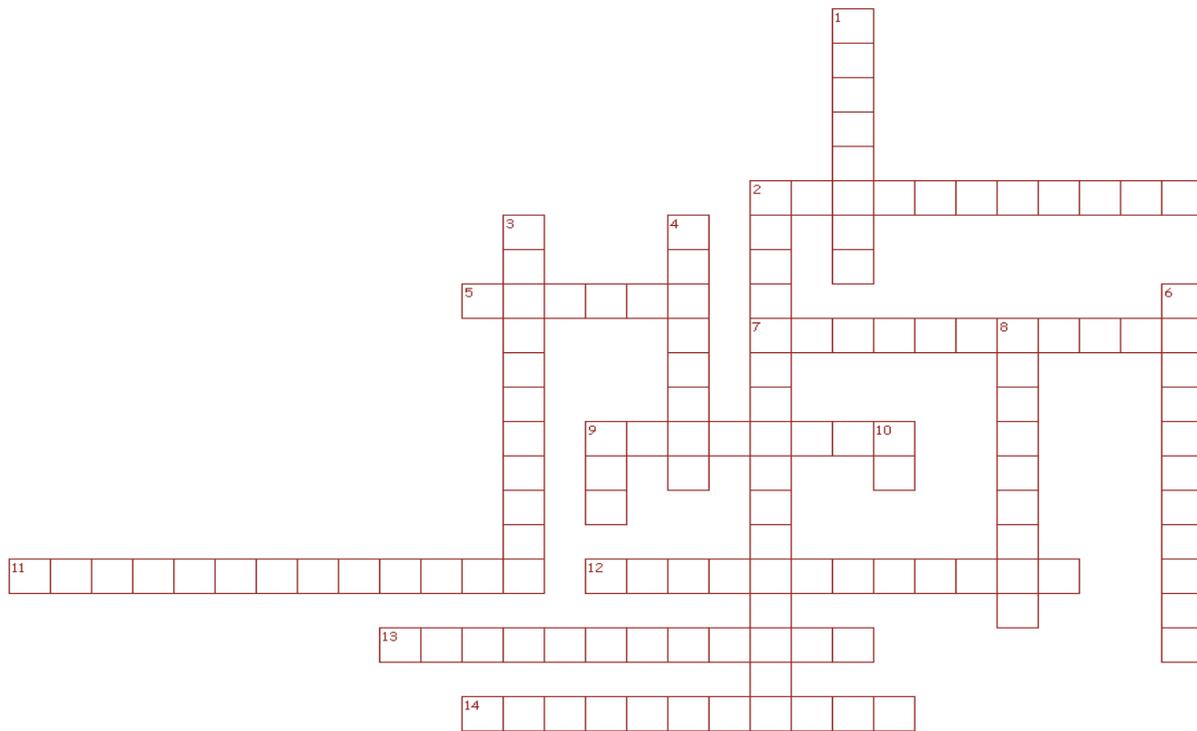
"ACADEMIC SUCCESS DEPENDS ON RESEARCH AND PUBLICATIONS."

PHILIP ZIMBARDO



Fun and Learn

Biomed Crossword (Crossword on Acid Base Balance and Disorders)



Across

2. The scientist behind the key equation of acid base balance
5. Mixture of acid and base
7. System regulating carbon dioxide level
9. A measure of unmeasured negative ions in blood
11. Inhibitor of carbonic anhydrase
12. Cause of HAGMA
13. Body's response to acid base disorder
14. The alkali reserve of blood

Down

1. High hydrogen ion concentration condition
2. Compensation seen in metabolic acidosis
3. Key enzyme in kidneys maintaining acid base balance
4. Acid Respiratory component
6. An electrolyte imbalance seem in metabolic alkalosis
8. Low hydrogen ion concentration condition
9. The laboratory analytical test for acid base status (abbreviation)
10. Sorensen's expression of hydrogen ion concentration

*By Dr Aliya Nusrath, Professor and Head
Dept. of Biochemistry, AIMS*

Answer to previous crossword on Enzymes

Across: 2. Complex 6. Reactant 8. Release 11. Complementary 13. Bond 15. Shape 16. Fever 18. Stomach
Down : 1. Substrate 3. Lactase 4. Inherited 5. Catalyst 7. Metabolism 9. Enzyme 10. Active 12. pH
 14. Denature 15. Saliva 17. Lock 19. Heat





pharmacOLOGIC

The logic behind using drugs.....



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INSTITUTE OF MEDICAL SCIENCES

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DEPARTMENT OF PHARMACOLOGY

NEWS LETTER

From the Editor's Desk

Greetings & Best wishes from Pharmacology department. It is a pleasure to present this newsletter. This issue has an article on "Triclosan", a commonly encountered ingredient in many medications. The new drug approach in 2017 would keep us informed about new discoveries/inventions. An article highlighting the contribution of Sir James W Black to the field of medicine is also presented. Some photographs to revive our memories about the Jnana-Vignana Thantragnana Mela – 2017 and the Pharmacology Quiz on Chemotherapy for the undergraduate students held on 12th May 2017. Looking forward for a good reading for all of you.....



NEW DRUG APPROVALS FOR 2017 (FDA)

DR MADHAV K SAVKAR, PROFESSOR

In 2016, FDA approval of novel agents came down to 6 year low. The numbers declined by close to 50%. 2017 may be looking a bit easy. According to the FDA's office of new drugs, 36 new molecular entity NDA's were received by FDA through mid December 2016, already beating the average number of 35 for the past decade. Few to look out for in coming months.

1. **Binimetinib** (MEK 162) for melanoma – MEK inhibitor
2. **Brigatinib** – Non small cell lung cancer – Anaplastic lymphoma kinase positive gene
3. **Durvalumab** – Bladder cancer – inhibits PD-L1
4. **Dupilumab** – Atopic dermatitis – inhibits IL-4, IL-13
5. **Romozosumab** – Osteoporosis – inhibits sclerostin
6. **Ocrelizumab** – Multiple sclerosis – CD 20 positive B cells targeted

Reference: Looking ahead: New Drug Approvals for 2017 – Drugs.com

TRICLOSAN

DR VINAYA M, ASSISTANT PROFESSOR

- Triclosan (TCS) is a synthetic, lipid-soluble, broad-spectrum anti-microbial agent that was first introduced in the health care industry in 1972 and in the tooth-paste in Europe in 1985.
- TCS is regulated by both the FDA and US Environmental Protection Agency (EPA). Within the FDA, TCS is considered an over-the-counter drug for use in hand soaps, toothpaste, deodorants, laundry detergent, fabric softeners, facial tissues, antiseptics for wound care, and medical devices. TCS preparations are also used to control the spread of methicillin-resistant *Staphylococcus aureus* in clinical settings and in surgical scrubs, preoperative skin preparations, and sutures to prevent bacterial colonization of surgical wounds. TCS is currently registered with the EPA under the Federal Insecticide Fungicide and Rodenticide Act as an anti-microbial agent for the protection of polymers and plastics.
- TCS has been shown to intercalate into bacterial cell membranes and disrupt membrane activities, without causing leakage of intracellular components. In addition, TCS is an inhibitor of the enoyl-reductase of type II fatty acid synthase involved in the bacterial lipid biosynthesis. At low doses, TCS is

bacteriostatic and, at higher doses, it becomes bactericidal. TCS possesses a broad range of antimicrobial activity that encompasses several, types of nonsporulating bacteria and a few fungi, such as *Plasmodium falciparum* and *Toxoplasma gondii*

- **Human Exposure to Triclosan**

Because of its high anti-microbial effectiveness and the ease with which it is processed into solutions and solids, the popularity of TCS has increased continuously over the past 40 years. The production and the widespread use of TCS may result in it being disposed in sewage systems, which ultimately lead to environmental deposition. As a result, TCS is found in drinking water, surface water, waste water, and environmental sediments, as well as in the bile of wild fish, indicating extensive contamination of aquatic ecosystems.

- **Environmental and Human Health Impacts of Triclosan**

Once in the environment TCS is very good at killing certain types of algae. Since environmental algae are primary producers, decreases in their abundance lead to subsequent decreases in the zooplankton that feed on the algae; in so doing propagate the effects of TCS further up the food web. At very high concentrations, this could have a dramatic effect on the trophic balance of the ecosystems we all depend on.

- TCS has also been shown to bioaccumulate in animals and have serious effects on their hormones during development. It has been shown to get absorbed into the human body through the salivary glands and exits through the urinary tract. In addition, TCS has been shown to be an endocrine disruptor. Some animal studies have shown that TCS alters important hormone levels, which could result in neurotoxicity, decreased thyroid function and the growth of breast cancer cells.

- **Antimicrobial resistance:** Various studies demonstrated the development of microbial resistance following exposure to TCS. In the case of TCS, certain resistant strains of *Staphylococcus aureus* have already been discovered. This is quite alarming since resistance seems to be due to a single point mutation.

- The ubiquitous use of TCS and its consequent entry into the environment is of concern due to the effects it could produce if no regulations prevent its accumulation during the next decades. It and its derivatives are already present in measurable quantities, which may potentially affect water quality, impact on ecosystem and human health. Contamination of TCS has been detected in different environmental matrices including terrestrial, aquatic and biosolids resulting from

WWTPs. TCS has also been found in drinking waters. There are concerns that the widespread use of TCS in various applications might lead to a preferential selection for microbial resistance to antibiotics. Taking into consideration the environmental and health concerns of TCS, more efforts need to be carried out for the understanding of their distribution and fate in various environmental compartments, in particular, wastewater treatment plants and sediments which are the final sinks.

PHARMACOLOGY CONTRIBUTORS CORNER

DR PADMANABHA T S, ASSISTANT PROFESSOR

SIR JAMES W. BLACK BIOGRAPHY.- *Scottish pharmacologist.*



Awards & Achievements:

- * He was the recipient of several prestigious awards: **Lasker award** (1976), Artois-Baillet Latour Health Prize (1979), and the Wolf Prize in Medicine (1982), among others.
- * He was made a Knight Bachelor in 1981 for services to medical research.
- * He was awarded the **1988 Nobel Prize in Medicine** along with Gertrude B. Elion and George H. Hitchings "for their discoveries of important principles for drug treatment."

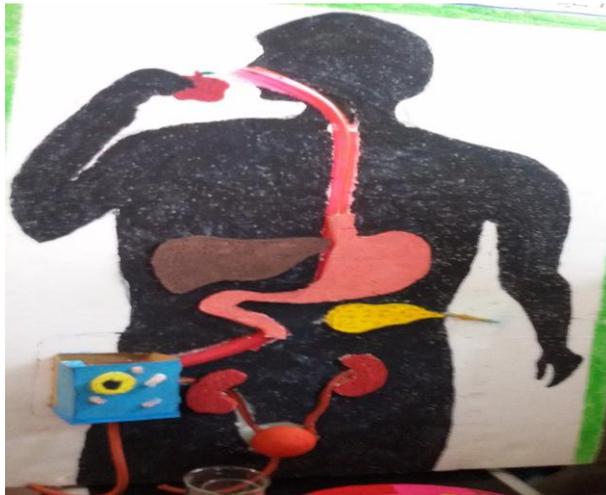
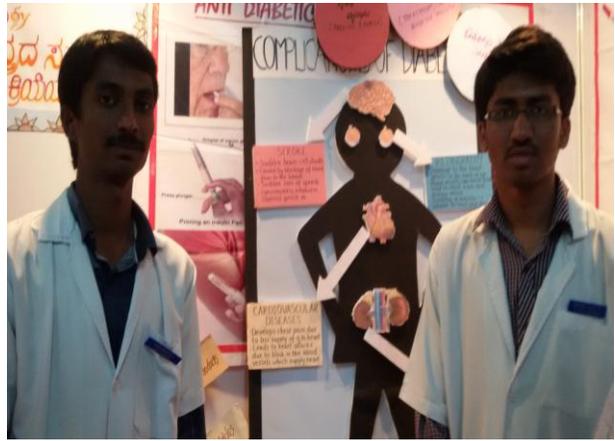
Major works:

He developed the beta blocker, **propranolol**, which is used for the treatment of heart disease and also developed **cimetidine**, a H₂ receptor antagonist, a drug to treat stomach ulcers.

Career:

The son of a mining engineer, he grew up to be a carefree and happy youth with no serious ambitions in life. As a teenager, he was persuaded into sitting for the competitive entrance examination for St Andrews University which he easily cleared, winning the Patrick Hamilton Residential Scholarship. He proceeded to study medicine and graduated with an MB ChB in 1946. However, he had no interest in practicing medicine and was more inclined towards academics and research. After spending a few years in Singapore, he joined the University of Glasgow (Veterinary School) in Scotland where he went on to establish the Physiology Department. Eventually he shifted to research and developed propranolol while working for ICI Pharmaceuticals. Another major drug, cimetidine, was developed during his stint at Smith, Kline and French.

JNANA VIGNANA THANTRAGNANA MELA



Department of Pharmacology actively participated in Jnana Vignana thantragnana mela held on February 20th and 21st 2017 on **“DIABETES MELLITUS – ETIOPATHOGENESIS, RISK FACTORS, TOXICITY AND ITS MANAGEMENT”**

PHARMACOLOGY QUIZ - CHEMOTHERAPY ON 12TH MAY 2017



Department of Pharmacology organized Chemotherapy Quiz –where in the participants were 6th term and above. Preliminary round was conducted on April 7th 2017. Top 8 candidates were selected and made into 4 teams of two participants each. Final round was conducted on 12th May 2017 in lecture hall. Finalists of the Quiz competition were

1st prize - **Miss Ameya Elizabeth Benedict & Mr Keerthi Prakash K. P** (Prize money 1500/-)

2nd prize – **Mr Darshan N & Mr Sanjay Sunil** (Prize money 1000/-)

3rd prize was shared between two other teams

- **Mr Yashas P & Miss Stuti Mukherjee** and
- **Miss Sayanwita M & Miss Diksha Kumari**

ACADEMIC SESSION

LIST OF PUBLICATIONS:

ORIGINAL RESEARCH ARTICLE

- **Rajashekar YR**, Shobha SN. Variable potentiation of analgesic anti-inflammatory activity of diclofenac by two medicinal plants rubia cordifolia and cassia fistula in wistar albino rats. Int J Basic Clin Pharmacol 2017;6:746-9.
- **Rajashekar YR**, Shobha SN. An experimental evaluation of gastro protective activity of paracetamol on ulcerogenicity of some NSAIDs in albino rats. Int J Basic Clin Pharmacol 2017;6:774-8.
- **Rajashekar YR**, Narasimhamurthy KM. A comparative evaluation of analgesic and anti-inflammatory activities of two medicinal plants rubia cordifolia and cassia fistula in wistar albino rats. Int J Basic Clin Pharmacol 2017;6:802-6.
- **Rajashekar YR**, Shobha SN. An experimental evaluation of anti-inflammatory activities of some combined NSAID preparations in albino rats. Int J Basic Clin Pharmacol 2017;6:837- 41
- **Vinaya M**, Kudagi BL, Kamdod MA, Swamy M. Bronchodilator activity of Ocimum sanctum Linn. (tulsi) in mild and moderate asthmatic patients in comparison with salbutamol: a singleblind cross-over study. Int J Basic Clin Pharmacol 2017;6:511-7.
- **Manu G, Padmanabha ST, Chandrakantha T, Ravishankar M.** Evaluation of anticonvulsant activity of ethanolic extract of leaves of Ocimum sanctum (tulsi) in albino rats. Natl J Physiol Pharm Pharmacol 2017; 7(7):762-765.
- **Manu G, Padmanabha ST, Chandrakantha T, Ravishankar M.** Evaluation of antianxiety activity of ethanolic extract of leaves of Ocimum sanctum (tulsi) in albino mice. Natl J Physiol Pharm Pharmacol 2017;7(8)
- **Shivaraju PT, Manu G, Vinaya M, Savkar MK.** Evaluating the effectiveness of pre- and post-test model of learning in a medical school. Natl J Physiol Pharm Pharmacol 2017;7(9)

CASE REPORTS

- **Rajegowda YR**, Nanjappa NB, Muthahanumaiah NK. Anti-rabies vaccination induced hepatotoxicity - a case report. Int J Basic Clin Pharmacol 2016;5:2280-2

ONGOING PROJECTS

- Prescription audit of an outpatient department in a rural tertiary care hospital in South India: An observational study.
- Evaluation of analgesic activities of Pepper longum (Hippali) and Liquorice (Athimadhura) in Wistar albino rats.
- Awareness among undergraduate medical students with regard to hypertensive facts.
- Awareness about Diabetes Mellitus related facts among undergraduate medical students.
- Comparative analysis of lipid profile between controlled and uncontrolled Type – 2 Diabetic subjects – A prospective study at a rural tertiary care centre.
- Awareness of drug disposal methods for unused and expired medication among medical students at B G Nagar.

WORKSHOP ATTENDED

- Dr Madhav K Savkar participated in the research methodology workshop conducted by RGUHS on 21st March 2017.
- Dr Rajashekar Y R and Dr Padmanabha T S participated in “**Revised basic workshop in medical education technologies**” organized by MEU AIMS under the guidance of St John’s Medical college from 8th to 10th May 2017.

LECTURE DELIVERED

- Dr Madhav K Savkar, Professor, delivered lecture on Rational Drug Therapy for Interns at Internship orientation programme organized by MEU AIMS on 22nd March 2017.



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Patho - Insight

Department of Pathology

Jan-June 2017; Volume 7 Issue 1

From the Desk of Chief Editor

"Alone we can do so little, together we can do so much".

Hellen Keller

Its indeed a great pleasure to note that this newsletter along with the newsletters of various other departments is a great success and in no time we are already in the 7th Volume. Our department is blessed with a wonderful team of enthusiastic faculty and vibrant postgraduate students. The quality of work done routinely is excellent with great enthusiasm and passion. The department of Pathology has been forerunner in terms of its academic achievements. The department is proud to announce that we are hosting the second national hands-on workshop in the month of October.

All our ventures have been possible only because of the constant support and encouragement of our dynamic Principal Dr M G Shivaramu who has played a vital role in all our endeavors.

The current issue highlights the important achievements and happenings in the department.

Regards

Dr Vijay Shankar S
Professor & HOD

Triumph at Jnana-Vijnana-Tantrajana Mela-2017



Undergraduate students with the exhibits in the stall at Jnana-Vijnana-Tantrajana Mela-2017

The undergraduate students had participated in the Jnana Vijnana Tantrajana mela-2017 which was held on 20th and 21st February at Sri Kshetra Adichunchanagiri. This was the scientific fare where more than 1000 participants from various institutions across the state exhibited their models and innovations in 200 stalls.

Our institution was adjudged as the **BEST** Among the stalls from Health Science Institutions.

We are proud to mention that the team from our department secured **Third place** in this event.

Title: **learning Pathology: What , why and how?**

Speaker: **Dr Shashikala P**, Professor & HOD, Dept. of Pathology, SSIMS & RC, Davanagere

The event was organized with the With the Divine Blessings of Paramapoojya Jagadguru Padmabhushana Sri Sri Sri Dr. Balagangadharanatha Mahaswamiji & In the Divine presence of Paramapoojya Jagadguru Sri Sri Sri Dr. Nirmalanandanatha Mahaswamiji.

This was conducted for the undergraduate students in pathology (the present 4th & 5th term students) almost all students attended this guest lecture.



Dr Vijay Shankar S , Professor & HOD, delivered the welcome note and welcomed the guest speaker.



Honoring the guest speaker by Dr Nalini Krishnan, Professor of Pathology.



Dr Shashikala P , delivering the guest lecture. The lecture was highly interactive with the addition of role plays in between.



Role play to show "how students learn pathology in lab" Ajay , Naveen, shriya and Disha were the volunteers for this play.



Role play depicting the reasons/excuses given by students for not attending demonstration/revision classes. Sonal , Shriya and Abhinav were the students



Demonstration By Dr Kavita, Professor of Pathology from SSIMS & RC, that Attitude is more important than knowledge and skills in the professional development of a student.

All the role plays were excellent and everyone thoroughly enjoyed. Shashikala madam gave some useful tips for the students as to how to be a good student and easy ways to remember Pathology, though the subject is vast. She further highlighted the importance of Pathology as a cornerstone for becoming a good physician.



Dr Sarvesh, Assistant professor volunteering for the role play



Role Play depicting " observation skills" by the students. Srilakshmi, Ruchitha and Aishwarya Were the students and Dr Amita, Associate professor of Pathology as demonstrator.



Role play depicting the anxiety among students just before viva – voce examination. Aarthi, Pournami, Vivek & Karun were the students.

The event concluded with the informal vote of thanks by Dr Vijay Shankar.

The students expressed happiness and they said that the lecture was very useful. Some recommended to incorporate few more such events in future.



Dr Abhishek M G , Associate Professor of Pathology handing over the certificate of Appreciation



The Entire team from the department of Pathology along with the resource persons from SSIMS & RC.

REPORT OF “Undergraduate Pathology Quiz held for 5th term students ” on 15th June 2017

The traditional lecture had been a popular mode of instruction for centuries. But the fact which is of upmost importance in the current scenario is that the learning is student centered. Hence the active learning strategies are more important in traditional lectures. The faculty from our department has been regularly incorporating these active learning strategies in all the lecture classes. Thinking of the step ahead we decided to conduct a quiz for the entire batch. The idea was twin fold. One to know how that students have learnt the subject and to ensure that they prepare with better understanding. The second was on the lines of self assessment of the faculties too.



Dr Amita, Dr Sanjay & Dr Vijay Shankar along with the teams.

The quiz Was conducted between 11:15am to 1.15pm. All the students of the batch were divided in to 6 groups named A to F with each group comprising of 25 students.

The quiz had 6 rounds comprising of rapid fire round , gross round, Microscopy round, clinical case round. All the faculty pitched in to prepare for the event and to conduct the same.

Dr Amita K & Dr Sanjay were the moderators and the quiz masters for the event. All the groups actively participated in the quiz.

The “C “Group won event. The students thoroughly enjoyed the quiz.

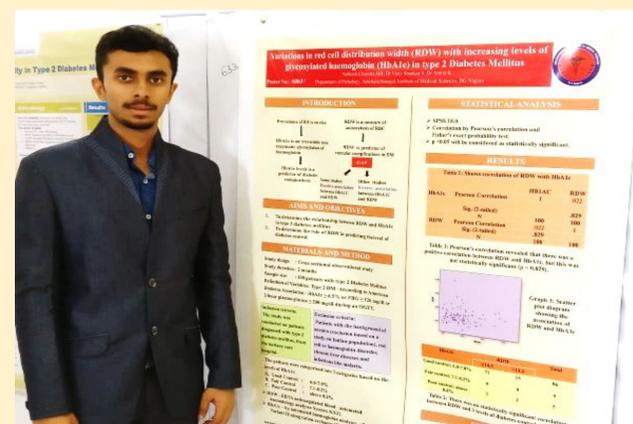
Student Achievements | Undergraduate Research



Subhash receiving certificate at TRINITY 2017

Mr. Subhash and Ms. Diksha, students of 2014 batch presented research papers at **TRINITY 2017- An All India Students' Medical Conference**, for undergraduate and postgraduate students, from the disciplines of Medicine, Dentistry, Occupational Therapy and Physiotherapy held at Lokmanya Tilak Municipal Medical College & General Hospital, Sion, Mumbai on 2nd, 3rd and 4th of March, 2017.

Mr. Subhash secured **FIRST PLACE** in this event for oral paper presentation titled “Variations in red cell distribution width (RDW) with increasing levels of glycosylated hemoglobin (HbA1c) in type 2 Diabetes Mellitus”



Subhash: poster presentation at PHOENIX 2017

Mr. Subhash also presented poster titled “Variations in red cell distribution width (RDW) with increasing levels of glycosylated hemoglobin (HbA1c) in type 2 Diabetes Mellitus” at **PHOENIX 2017- International Medical Students' Conference** held on 22nd to the 26th of March, 2017 at J Shetty institute of medical sciences Mangalore.



Darshan



Subhash



Diksha

Mr Darshan along with Mr. Subhash & Ms.Diksha were awarded grant form ICMR as a part of completion of short term student research projects. Dr Sanjay, DR Vijay Shankar & Dr Amita were their respective guides.

Student Achievements | Postgraduates

The Department of Pathology is proud of **Dr Anoosha** Who secured Third rank in the pathology postgraduate exams conducted by Rajiv Gandhi University of Health Sciences held last year. Dr Anoosha was felicitated by our Paramapoojya Jagadguru Sri Sri Sri Nirmalanandanatha Mahaswamiji at the graduation ceremony held in March 2017



Dr Anoosha Receiving the certificate from Paramapoojya Mahaswamiji

AWARDS & ACCOMPLISHMENTS

Faculty as Speaker at Academic events :

Dr Amita K –

Delivered a talk on “**Assessment Planning: Writing correct Multiple Choice question(MCQ)**” AT Faculty development Programme organized by AIMS, in association with St John’s 8th to 10th May 2017

Delivered a talk on “**Subject Seminar**” AT Post graduate orientation programme organized by MEU AIMS on 22nd June 2017



Dr Shobha S N

Dr Shobha S N, Who worked with us from the last five years resigned from the institution. The department wishes her good luck in all her future endeavors



Dr Sanjay M

CONGRATULATIONS

Dr Sanjay M for being Promoted to the post of Associate Professor in the month of March



Dr Amita K

Dr. Amita K & Dr. Sanjay M

Successfully completed fellowship in cytology at Government Medical College Nagpur from 7th April to 8th May 2017

EXAMINATION AND RELATED ACTIVITIES

Dr. Nalini Krishnan & Dr Amita K conducted UG university practical exams at our institution from 03rd to 10th Jan 2017.

Dr. Abhishek MG Was deputed as internal examiner at MMC, Mysore 03rd Jan 17 to 06th Jan.17

Dr. Abhishek MG Was deputed as external examiner at KMC, Mangalore 11th Jan17 to 14th Jan17

Dr. Abhishek.M.G as UG External Examiner -CMC, vellore 7th March 2017 to 11th March 2017

Dr.Abhishek.M.G as UG External Examiner - Madurai Medical college 15th March 2017 to 17th March 2017

University theory PG Exams were conducted. Dr. Raghuvier. Dr.Swati Sahni Dr. Sachin Kumar Dixit 24th May to 30th May

Dr. Vijay Shankar.S as External PG Examiner ASRAM, Ellore 07th June 2017 to 08th June 2017

CME, WORKSHOPS & CONFERENCES

The faculty and postgraduates have regularly attended various CME,s Workshops and slide seminars held at various institutions across the state.

Five undergraduate students under the able guidance from our faculty submitted the project proposal for the ICMR STS project in the month of January 2017. STS project proposal submitted on Jan 25th 2017 was approved by ICMR to complete the research.



Ms. Varalakshmi Muthuraj

The Proposal of Ms. Varalakshmi Muthuraj was approved by ICMR to complete the project, titled “Proteinuria among school children aged 8-16 years in rural area of Karnataka.”.

PUBLICATIONS

PUBLICATIONS

Swati Sahni, Vijay Shankar S, Amita Krishnappa. Diagnostic Efficacy of Fine Needle Aspiration Cytology in Cystic Lesions of Head and Neck Region - A single Experience at Tertiary Health Care Centre. National Journal of Laboratory Medicine. 2017 Apr, Vol-6(2): PO01-PO07

Amita K, Shobha SN, Vijay Shankar , Abhishek MG. Verrucous carcinoma and Syringocystadenoma papilliferum of thigh – An unusual collision tumor. Indian Journal of Pathology and Oncology, January-March 2017;4(1):150-152

K Amita, Abhishek MG, Tony Pechiat, Sanjay M, Shankar SV. candida albicans infection masquerading as a soft tissue tumour diagnosed by fine needle aspiration cytology. Journal of Clinical and Diagnostic Research 2017 July 11:ED18-ED20.

POST GRADUATE ADMISSION



Dr Shalini

Dr Mallika reported to the department for the Masters Degree and **Dr Shalini** reported for Diploma in clinical Pathology on 12th June 2017.



Dr Mallika

The Department wishes them the best during their course of three and two years respectively

POST GRADUATE ACADEMIC PRESENTATIONS



Dr Avinash Singh

Dr Avinash Singh, 2nd year postgraduate represented our institution and presented a case in the KCIAPM slide seminar held at Columbia Asia referral hospital, Bangalore on 17th June 2017.

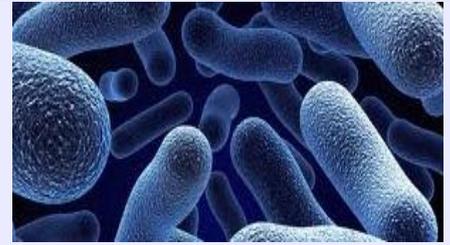
MAJOR UPCOMING EVENT

2nd National Hands-on workshop on Gynec and ‘Head & Neck’ cytology on 27th and 28th October 2017.

Please feel free to contact us at
aimspathology@gmail.com



MICRO BULLETIN



AIMS

Patron



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Padmabhushana
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Mahaswamiji**
and

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Jagadguru
Sri Sri Sri

**Dr.Nirmalanandanatha
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DEPARTMENT OF MICROBIOLOGY

NEWSLETTER



Dr. D.Venkatesha

JNANA VIGNANA MELA

FEBRUARY 2017

“Tuberculosis and Brucellosis”



Department of Microbiology actively participated in Jnana Vignana Tantragnana mela held on February 21st and 22nd 2017 at Adichunchangiri Mutt, imparting simple and effective information in prevention and control of tuberculosis and brucellosis.



Brucellosis and tuberculosis are public important diseases. They can cause severe illness and even death. **Brucellosis** is a bacterial zoonotic disease caused by *Brucella* species and is spread by ingestion of raw milk or close contact with infected animals and their secretions. **Tuberculosis (TB)** is caused by the *Mycobacterium tuberculosis* (MTB) and is spread by inhalation of droplet nuclei from infected patients. Prevention of TB involves early detection, treatment of cases and BCG vaccination in children. Proper diagnosis and treatment reduces mortality and morbidity. There is an increase in the incidence of multidrug resistant tuberculosis (MDR-TB). Proper preventive measures will prevent spread of disease in the community. The models create awareness regarding these infections.

Volunteers for the programme

Ruchitha Vinayak, Jeevitha M.N, Sushma.S, Avni J, Varalakshmi.M, Yashwanth T.R, Miswana Muhammad.M, Shimla Shareef. U, Yathesh K.P, Naveen B.V, Priyanaka C.G, Nagarathna.N.K, Rumi.N, Shankar. R, Deepiga.

GUEST LECTURE “SEROLOGY – DIAGNOSTIC APPROACH”



Guest lecture on “Serology-Diagnostic approach” was organized on 11-03-2017 from 10.30 am to 12.30 pm. Dr.Sreedhara H.G, Associate Professor of Microbiology, Hassan Institute of Medical Sciences, Hassan was the guest speaker.

The speaker explained definition of serology, various serological reactions commonly used for diagnosis of bacterial, viral and fungal infections. He gave brief introduction about collection of specimen, separation of serum, storage and transportation of serum. He spoke in detail on routine serological tests for diagnosis of Typhoid fever (Widal test), Brucellosis (SAT), Rickettsial fevers (Weil- Felix reaction), Syphilis (treponemal and non treponemal test-VDRL), Hepatitis B, Hepatitis C, HIV and Dengue (ELISA Tests) , explained the interpretation of the results. He stressed on quality control (external and internal) and also emphasized on NABL.



STAFF WITH GUEST SPEAKER – DEPARTMENT OF MICROBIOLOGY

PAPERS PUBLISHED

1. Comparative evaluation of phenotypic method and HICROME ESBL agar in detecting ESBL producing *Enterobacteriaceae*. Megha S, Vijaya D, Venkatesha D. J. Microbiol Rel Res 2017;3(1):9-13.
2. Clinico-bacteriological study of pyoderma with special reference to methicillin resistant *Staphylococcus aureus*. Shilpashree U.G, Dhanalakshmi.T.A, Venkatesha D. Ind J Microbiol Res 2017;4(1):20-25.
3. Detection of co-existence of β -lactamases in Gram negative bacteria using disc potentiation tests. Vijaya S, Achut rao. Ind J Microbiol Res 2017;4(1):64-67.

ONGOING ICMR STS PROJECTS

1. Inducible clindamycin resistance among clinical isolates of Staphylococci in a rural tertiary care hospital. Ms Tanmaya S, Dr. Dhanalakshmi T.A
2. Asymptomatic bacteriuria in pregnant women. Ms. Chandana, Dr.Vidyasagar K.
3. Identification of the microbial profile of leucorrhoea in reproductive age group in a rural setup. Ms Keerthi, Dr. Shwetha. D.C

WORKSHOPS ATTENDED BY STAFF

1. Dr. Dhanalakshmi.T.A and Dr. Vijaya S participated in the research methodology workshop conducted by RGUHS on 21st March 2017.
2. Dr. Janakiram. K, Dr. Dhanalakshmi T.A, Dr.Vidyasagar K and Dr.Shwetha D.C. attended “Revised basic workshop in medical education technologies” organized by St John’s Medical college and Medical education unit, AIMS. B.G.Nagara from 8th May to 10th May 2017.

CME AND CONFERENCES ATTENDED BY STAFF

1. State level CME “Update on cardiology” conducted by department of cardiology. AIMS. B.G.Nagara on 24/1/2017- Dr. Venkatesha D.
2. State level CME “Trauma management” conducted by department of general Surgery. AIMS.B.G. Nagara on 27/1/2017- Dr. Venkatesha D.
3. “Basic life support”(BLS) training and “ACLS” training workshop on 8/2/2017 conducted by AH&RC- All Staffs
4. MICROCON KC- 2017 XXI- annual conference IAMM-KC conducted by department of microbiology VIMS, Bellary on 17/2/2017 and 18/2/2017- Dr. Venkatesha D, Dr. Janakiram K
5. Seminar on “Awareness of social responsibilities” conducted by AIMS, B.G.Nagara in association with Mandya district police on 31/3/2017- Dr. Venkatesha D, Dr. Dhanalakshmi.T.A.
6. Guest lecture as a part of world TB day conducted by department of medicine and respiratory medicine on 3/4/2017- Dr. Venkatesha D
7. World health day 2017, theme- depression- let’s talk conducted by department of Psychiatry and Medicine on 7/4/2017- Dr. Venkatesha D
8. Lecture on HDL cholesterol- An Update conducted by department of Biochemistry on 11/4/2017- Dr. Venkatesha D
9. Guest lecture on noncommunicable diseases- role of medical students in prevention and control of non communicable diseases organized by department of Community medicine on 17/5/2017- Dr. Venkatesha D and Dr. Dhanalakshmi T.A.
10. Technique in Molecular biology and Gene Therapy conducted by department of Biochemistry on 25/5/2017- Dr. Venkatesha D, Dr. Dhanalakshmi T.A.
11. Tobacco free AIMS conducted by department of Psychiatry on 30/5/2017- Dr. Venkatesha D.
12. CME and 1st chapter meet of IAMM-KC organized by department of Microbiology MMC and RI, Mysore on 3/6/2017- Dr. Dhanalakshmi T.A and Dr. Vijaya S.

LECTURES DELIVERED

01. Dr. Vijaya .S. Asst.Professor of Microbiology, delivered lecture on “Hospital acquired infection control”- for interns, organized by Medical education unit AIMS. B.G.Nagara on 22/3/2017.

RESEARCH LABORATORY



**Trinocular Microscope with
Phase contrast, Dark ground , Fluorescent**



ELISA Reader with printer



Biosafety cabinet



Staff at work

2017

NEWS LETTER

Showcases the various academic events, highlights the current and future medico-legal issues and enlightens to be diligent in medical practice.



Forensic Medicine and Toxicology
Adichunchanagiri Institute of Medical sciences

7/1/2017



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Newsletter - Department of Forensic medicine & Toxicology



Supreme Court allows abortion of 26 week fetus

The medical board, constituted on the court's directions, had recommended MTP as a "special case" and warned of "mental injury" to the woman in case it was not carried out.

In a landmark decision, the Supreme Court on Monday permitted a woman to carry out an abortion in her 26th week of pregnancy. The decision was made on the grounds that the fetus was suffering from severe cardiac ailments, Press Trust of India reported. "Keeping in view the report of the medical board, we are inclined to allow the prayer and direct medical termination of pregnancy of petitioner no. 1 (woman)," the Supreme Court bench comprising of justices Dipak Misra and A M Khanwilkar. The decision came after the woman and her husband appealed the apex court to allow abortion on grounds of abnormalities which could be even fatal to her.

The medical board, constituted on the court's directions, had recommended MTP as a "special case" and warned of "mental injury" to the woman in case it was not carried out. The doctors had said that the infant, if born, would have to undergo "complex" medical procedures and the chances of survival were low. What makes the court's order significant is that the law does not allow MTP beyond 20 weeks.

In her petition to the court, the woman had submitted a medical report which said the fetus suffered from a condition called pulmonary atresia, a birth defect of the pulmonary valve which controls blood flow from the right ventricle to the pulmonary artery. Senior counsel Colin Gonsalves, who represented the petitioners, cited the medical board's report stating that failure to carry out MTP would prove fatal to the mother.

Perusing the report, the court said, "It is clear as crystal that the medical board is of the view that there is a case for termination of pregnancy as a special case..." The petitioners had also challenged the constitutional validity of Section 3(2)(b) of the Medical Termination of Pregnancy (MTP) Act which prohibits abortion of a fetus after 20 weeks of pregnancy.

Subsequently, they decided to limit their arguments to the case in hand. On June 23, the court had ordered that a medical board of seven doctors of SSKM Hospital be set up to examine and report on her health.

The couple also challenged in its plea the constitutional validity of section 3(2)(b) of the Medical Termination of Pregnancy (MTP) Act which prohibits abortion of a foetus after 20 weeks of pregnancy. The couple attached a report suggesting that the foetus suffered from serious abnormalities, including cardiac issues. The report further said that if the birth was allowed, the baby may not survive even the first surgery and, moreover, the foetus could prove fatal to the mother's health as well.

The court had earlier asked responses from state government over the issue. "This petition challenges the constitutional validity of section 3(2)(b) of the Medical Termination of Pregnancy Act, 1971 (MTP) restricted to the ceiling of 20 weeks stipulated therein," the plea said. "This challenge is to the effect that the 20 week stipulation for a woman to avail of abortion services under section 3(2)(b) may have been reasonable when the section was enacted in 1971 but has ceased to be reasonable today where technology has advanced and it is perfectly safe for a woman to abort even up to the 26th week and thereafter," the plea from the couple had said.

Couple's plea further pointed out that determination of fetal abnormality in many cases can only be done after the 20th week and women thereafter have to suffer excruciating pain and agony because of the deliveries they are forced to go through. "The ceiling of 20 weeks is therefore arbitrary, harsh, discriminatory and violative of Articles 14 and 21 of the Constitution of India," it has said.

**DR M. G. SHIVARAMU
PRINCIPAL & PROFESSOR**

CASE REPORTS

Death resulting from complications of Laparoscopic Procedure (Tubectomy)



FIG NO 1: LAPROSCOPIC WOUND

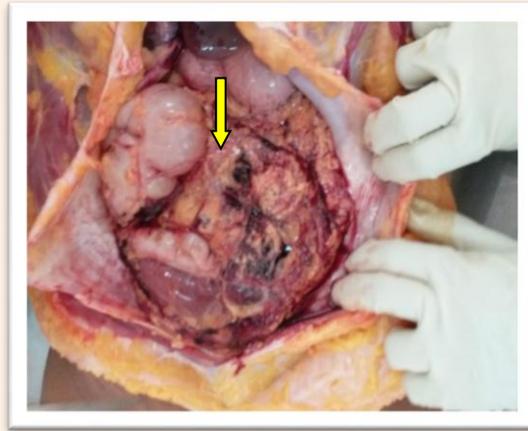


FIG NO 2: ON EXPOSURE OF PERITONEUM

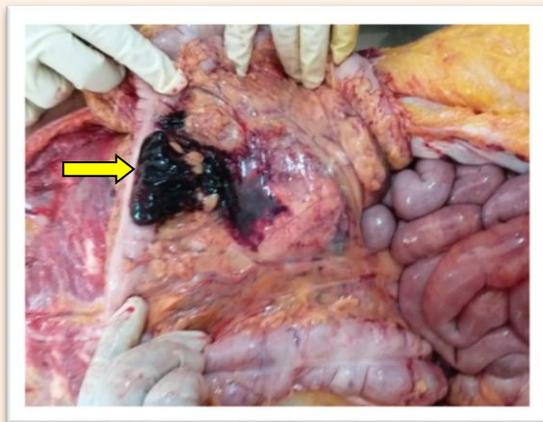


FIG NO 3: ANTEMORTEM CLOT AT TRANSVERSE MESO COLON

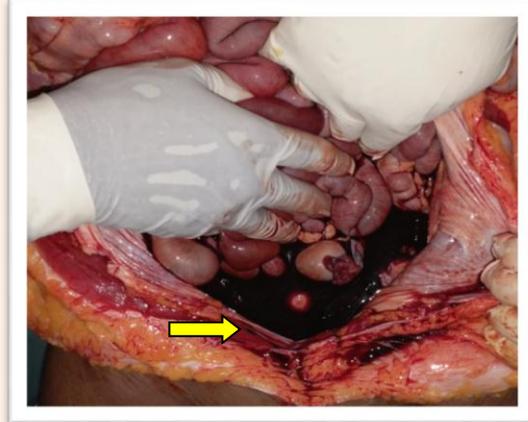


FIG NO 4: HAEMOPERITONEUM

Case of suspected smothering and strangulation



FIG NO 1: TRANSVERSE LIGATURE MARK



FIG NO 2: CONTUSED EYES, UPPER LIP AND INJURED NASAL SEPTUM

JV MELA - 2017



CME AT RAMAIAH MEDICAL COLLEGE - 2017



PUBLICATIONS

1. Shivaramu MG. Study of patterns of deaths in unknown dead bodies – a 2 year study. MLU. 2017; 17(1):54-56.
2. NT Satish. Study of patterns of deaths in unknown dead bodies – a 2 year study. MLU. 2017; 17(1):54-56.
3. Kumar u. epidemiology of fatal drowning cases in BG Nagara, Mandya district. A retrospective study. MLU. 2017: 2017; 17(1):55-58.
4. Kumar U. Fatal alluminium phosphide poisoninings in nagamangala taluk. A retrospective study. IJFMT. 2017: 2017; 17(3):65-68.
5. Vijay KAG. Profile of fatal road traffic accidents due to drunken driving. IJFMP. 2017;10(1):33-35.
6. Vijay KAG. Analysis of mandibular fractures in road traffic accident cases –A retrospective autopsy study. Medico-Legal Update. 2017; 17(1):189-91.
7. Vinay J, Harish S, Mangala SR, Akshith RS. Primary Intraventricular Hemorrhage in Second Trimester of Pregnancy: A Case Report. Journal of Forensic Medicine. 2017:2(1); 13-15.
8. Vinay J, Harish S, Mangala SR, Basappa SH. A Study on Postmortem Wound Dating by Grossand Histopathological Examination of Abrasions. Am J Forensic Med Pathol. 2017:38 (2); 167-173.

CME ATTENDED

1. Dr NT Satish, Dr Vinay J has attended the CME on MEDICO LEGAL ISSUES at Ramaiah Medical College on 23 March 2017.
2. Dr Kumar U, Dr Vinay J has attended the CME on ETHICAL AND LEGAL ASPECTS OF MEDICAL CARE at BGS JIMS o 26 may 2017.



जेठे इगे शुकुणवेठर
Sri Adichunchanagiri Shikshana Trust [R]
Adichunchanagiri Institute of Medical Sciences
Department of Community Medicine



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Cohort

Biannual Departmental Newsletter

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EDITORIAL

Dear Readers,

I am very much pleased to bring out our newsletter "COHORT" giving useful information on the subject and the department.

I would like to express our gratitude to the principal Dr M G Shivaramu for inspiring us with his encouragement. With a wholehearted cooperation and support, it is my humble endeavor to strengthen community medicine at all levels. In my opinion, we should work as an academic body to update the faculty members' knowledge and being community medicine people, to fulfill social responsibilities.

This year Sri Adichunchanagiri matt organised Jnana Vignana Tantragnana Mela on 20th and 21st February 2017 and our department took an active participation in the mela by displaying public health activities. This was well appreciated by the students and the public, who visited the stall in large numbers and judges awarded 1st prize to our department.

Our department trained the students for the state level RNTCP quiz in which they secured fourth place as a part of World TB Day celebrations. World health day was observed in collaboration with the department of psychiatry with the theme on depression on 7th April 2017. Guest lecture was conducted on 17.5.2017 by Dr Sumanth, Associate professor on "Role of medical students in prevention and control of Non communicable diseases for the undergraduate students.

This issue of the "Cohort", our biannual news letter starts of with a brief report on RNTCP quiz and goes on to introduce you, the reader trough the time line of World Health Day on depression. Recent topics like Climate change and health, Universal health coverage and polio eradication end game and a note on Sustainable developmental goals and E waste will enhance your knowledge.

I whole heartedly thank our beloved and dynamic principal for his constant support and encouragement and all the department faculty for their great effort contributing to the success and also for all the department activities.

Dr Basavaraj M Ingalgeri
Professor and Head

REPORT ON WORLD TUBERCULOSIS DAY CELEBRATION

On the occasion of World TB Day 2017, on 24th March, Department of Community Medicine organised various activities in the college for undergraduates in association with State TB Task Force and DTO, Mandya district.

Preliminary round was conducted initially and top 6 teams qualified for final round at college level. State level RNTCP Quiz - College Round was started by an introduction regarding Tuberculosis, followed by Quiz. Dr Shivaramu M G, Principal, AIMS spoke on the occasion with regards to the problem of TB and challenges.

Top team from the qualifying round got selected for the final round and secured 4th place, which was held at BMCRI, Bengaluru.



REPORT OF 'WORLD HEALTH DAY – 2017'

OBSERVATION AT THE INSTITUTE

On the occasion of 'World Health Day-2017' the departments of Psychiatry and Community Medicine of AIMS had jointly organized an awareness program and intercollegiate painting competition on 7th April, 2017. The painting competition for undergraduate medical students was held with the theme being "Depression-Let's talk". The awareness program was carried out by display of posters related to depression and organizing lectures about the same.

The painting competition and display of posters started at 10:00 am at the demonstration room, community medicine department and quadrangle of college respectively. Enthusiastic students from 6th term presented creative posters which were strategically placed and open for all the students, teaching and non-teaching faculty for whole of the day. Students also actively participated in painting competition.

The lecture series targeted for all the students and staff were part of a formal program which began at 11:30 am. The program started with an invocation song followed by welcome speech by Dr.Vinay.H.R, senior resident, department of psychiatry. The formal inauguration of the program through lighting of the lamp was done by dignitaries on the stage which included in-charge principal, Dr.Venkatesha.D (Professor & HOD, Department of Microbiology), Medical Superintendent, Dr.Manohar.T.M. (Professor in surgery) and both the speakers of the day. Addressing the gathering, Dr.Manohar.T.M, stressed on the importance of creating awareness regarding mental health issues which did not happen in the earlier times.

The first lecture was by Dr. V.A.P. Ghorpade, Professor & HOD, department of psychiatry. He briefed on the current scenario of mental health in world and India. He also gave the statistics of prevalence of depression and rate of suicides amongst the youth. The second lecture was by Dr.Basavaraju.M. Ingalgeri, Professor & HOD, department of community medicine. He initiated the talk with mentioning importance of celebrating the world health day every year. His lecture summarized the elements of preventive psychiatry and universal, selected and targeted interventions for prevention of depression at all the levels.

The lecture series was followed by prize distribution for the winners of painting competition. Ms. Prithvi.S of 6th term, AIMS won 1st prize while Ms. Anagha Menon of 4th term, AIMS and Dr. Jnana Prabha, Intern from VIMS,

Bangalore won 2nd and 3rd prizes respectively. The program ended with vote of thanks by Dr. Shashikantha.S.K, assistant professor, department of community medicine.



Dr Raghavendra S K
Assistant Professor.

GUEST LECTURE ON PREVENTION OF NON-COMMUNICABLE DISEASES

Guest lecture was organised by Dept. of Community Medicine for undergraduate students for one and half an hour in lecture hall 1 on topic "Role of Medical students in prevention and control of Non communicable diseases" on 17th May 2017. Lecture was given by Dr Sumanth, Associate professor, Mysore Medical College was followed by open discussion.



CLIMATE CHANGE AND HEALTH

Key facts

- Climate change affects the social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter.
 - Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress.
 - The direct damage costs to health (i.e. excluding costs in health-determining sectors such as agriculture and water and sanitation), is estimated to be between US\$ 2-4 billion/year by 2030.
 - Areas with weak health infrastructure – mostly in developing countries – will be the least able to cope without assistance to prepare and respond.
 - Reducing emissions of greenhouse gases through better transport, food and energy-use choices can result in improved health, particularly through reduced air pollution.
-

Climate change

Over the last 50 years, human activities – particularly the burning of fossil fuels – have released sufficient quantities of carbon dioxide and other greenhouse gases to trap additional heat in the lower atmosphere and affect the global climate.

In the last 130 years, the world has warmed by approximately 0.85°C. Each of the last 3 decades has been successively warmer than any preceding decade since 1850(1).

Sea levels are rising, glaciers are melting and precipitation patterns are changing. Extreme weather events are becoming more intense and frequent.

What is the impact of climate change on health?

Although global warming may bring some localized benefits, such as fewer winter deaths in temperate climates and increased food production in certain areas, the overall health effects of a changing climate are likely to be overwhelmingly negative. Climate change affects social and environmental determinants of health – clean air, safe drinking water, sufficient food and secure shelter.

Extreme heat

Extreme high air temperatures contribute directly to deaths from cardiovascular and respiratory disease, particularly among elderly people. In the

heat wave of summer 2003 in Europe for example, more than 70 000 excess deaths were recorded(2).

High temperatures also raise the levels of ozone and other pollutants in the air that exacerbate cardiovascular and respiratory disease.

Pollen and other aeroallergen levels are also higher in extreme heat. These can trigger asthma, which affects around 300 million people. Ongoing temperature increases are expected to increase this burden.

Natural disasters and variable rainfall patterns

Globally, the number of reported weather-related natural disasters has more than tripled since the 1960s. Every year, these disasters result in over 60 000 deaths, mainly in developing countries. Rising sea levels and increasingly extreme weather events will destroy homes, medical facilities and other essential services. More than half of the world's population lives within 60 km of the sea. People may be forced to move, which in turn heightens the risk of a range of health effects, from mental disorders to communicable diseases.

Increasingly variable rainfall patterns are likely to affect the supply of fresh water. A lack of safe water can compromise hygiene and increase the risk of diarrhoeal disease, which kills over 500 000 children aged under 5 years, every year. In extreme cases, water scarcity leads to drought and famine. By the late 21st century, climate change is likely to increase the frequency and intensity of drought at regional and global scale(1).

Floods are also increasing in frequency and intensity, and the frequency and intensity of extreme precipitation is expected to continue to increase throughout the current century(1). Floods contaminate freshwater supplies, heighten the risk of water-borne diseases, and create breeding grounds for disease-carrying insects such as mosquitoes. They also cause drownings and physical injuries, damage homes and disrupt the supply of medical and health services.

Rising temperatures and variable precipitation are likely to decrease the production of staple foods in many of the poorest regions. This will increase the prevalence of malnutrition and undernutrition, which currently cause 3.1 million deaths every year.

Patterns of infection

Climatic conditions strongly affect water-borne diseases and diseases transmitted through insects, snails or other cold blooded animals. Changes in climate are likely to lengthen the transmission seasons of important vector-borne diseases and to alter their geographic range. For example, climate change is projected to

widen significantly the area of China where the snail-borne disease schistosomiasis occurs(3).

Malaria is strongly influenced by climate. Transmitted by *Anopheles* mosquitoes, malaria kills over 400 000 people every year – mainly African children under 5 years old. The *Aedes* mosquito vector of dengue is also highly sensitive to climate conditions, and studies suggest that climate change is likely to continue to increase exposure to dengue.

Measuring the health effects

Measuring the health effects from climate change can only be very approximate. Nevertheless, a WHO assessment, taking into account only a subset of the possible health impacts, and assuming continued economic growth and health progress, concluded that climate change is expected to cause approximately 250 000 additional deaths per year between 2030 and 2050; 38 000 due to heat exposure in elderly people, 48 000 due to diarrhoea, 60 000 due to malaria, and 95 000 due to childhood undernutrition.

Who is at risk?

All populations will be affected by climate change, but some are more vulnerable than others. People living in small island developing states and other coastal regions, megacities, and mountainous and polar regions are particularly vulnerable. Children – in particular, children living in poor countries – are among the most vulnerable to the resulting health risks and will be exposed longer to the health consequences. The health effects are also expected to be more severe for elderly people and people with infirmities or pre-existing medical conditions. Areas with weak health infrastructure – mostly in developing countries – will be the least able to cope without assistance to prepare and respond.

WHO response

Many policies and individual choices have the potential to reduce greenhouse gas emissions and produce major health co-benefits. For example, cleaner energy systems, and promoting the safe use of public transportation and active movement – such as cycling or walking as alternatives to using private vehicles – could reduce carbon emissions, and cut the burden of household air pollution, which causes some 4.3 million deaths per year, and ambient air pollution, which causes about 3 million deaths every year.

In 2015, the WHO Executive Board endorsed a new work plan on climate change and health. This includes:

- **Partnerships:** to coordinate with partner agencies within the UN system, and ensure that health is properly represented in the climate change agenda.
- **Awareness raising:** to provide and disseminate information on the threats that climate change presents to human health, and opportunities to promote health while cutting carbon emissions.
- **Science and evidence:** to coordinate reviews of the scientific evidence on the links between climate change and health, and develop a global research agenda.
- **Support for implementation of the public health response to climate change:** to assist countries to build capacity to reduce health vulnerability to climate change, and promote health while reducing carbon emissions.

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Dr Gagan S

Assistant Professor

Department of Community Medicine

UNIVERSAL HEALTH COVERAGE (UHC)

Key facts

- All UN Member States have agreed to try to achieve universal health coverage (UHC) by 2030, as part of the Sustainable Development Goals.
- UHC provides access to quality essential health services; safe, effective, and affordable essential medicines and vaccines; and protection from financial risk.
- At least 400 million people globally lack access to one or more essential health services.
- Every year 100 million people are pushed into poverty and 150 million people suffer financial catastrophe because of out-of-pocket expenditure on health services.
- On average, about 32% of each country's health expenditure comes from out-of-pocket payments.
- Ensuring equitable access requires a transformation in how health services are funded, managed, and delivered so that services are centred around the needs of people and communities.
- More than 18 million additional health workers will be needed by 2030 to meet the health workforce requirements of the Sustainable Development Goals and UHC targets, with gaps concentrated in low- and lower-middle-income countries.
- Globally, two thirds (38 million) of 56 million deaths each year are still not registered.

What is UHC?

UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

UHC enables everyone to access the services that address the most important causes of disease and death, and ensures that the quality of those services is good enough to improve the health of the people who receive them.

Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into

poverty because unexpected illness requires them to use up their life savings, sell assets, or borrow – destroying their futures and often those of their children.

Achieving UHC is one of the targets the nations of the world set when adopting the Sustainable Development Goals in 2015. Countries that progress towards UHC will make progress towards the other health-related targets, and towards the other goals. Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development.

What UHC is not?

There are many things that are not included in the scope of UHC:

- UHC does not mean free coverage for all possible health interventions, regardless of the cost, as no country can provide all services free of charge on a sustainable basis.
- UHC is not just about health financing. It encompasses all components of the health system: health service delivery systems, the health workforce, health facilities and communications networks, health technologies, information systems, quality assurance mechanisms, and governance and legislation.
- UHC is not only about ensuring a minimum package of health services, but also about ensuring a progressive expansion of coverage of health services and financial protection as more resources become available.
- UHC is not only about individual treatment services, but also includes population-based services such as public health campaigns, adding fluoride to water, controlling mosquito breeding grounds, and so on.
- UHC is comprised of much more than just health; taking steps towards UHC means steps towards equity, development priorities, and social inclusion and cohesion.

How can countries make progress towards UHC?

Many countries are already making progress towards UHC. All countries can take actions to move more rapidly towards it, or to maintain the gains they have already made. In countries where health services have traditionally been accessible and affordable, governments are finding it increasingly difficult to respond to the ever-growing health needs of the populations and the increasing costs of health services.

Moving towards UHC requires strengthening health systems in all countries. Robust financing structures are key. When people have to pay most of the cost for health services out of their own pockets, the poor are often unable to obtain many of

the services they need, and even the rich may be exposed to financial hardship in the event of severe or long-term illness. Pooling funds from compulsory funding sources (such as mandatory insurance contributions) can spread the financial risks of illness across a population.

Improving health service coverage and health outcomes depends on the availability, accessibility, and capacity of health workers to deliver quality people-centred integrated care. Investments in the primary health care workforce is most needed and cost-effective. Good governance, sound systems of procurement and supply of medicines and health technologies and well-functioning health information systems are **other critical elements**.

UHC emphasizes not only *what* services are covered, but also *how* they are funded, managed, and delivered. A fundamental shift in service delivery is needed such that services are integrated and focused on the needs of people and communities. This includes reorienting health services to ensure that care is provided in the most appropriate setting, with the right balance between out- and in-patient care and strengthening the coordination of care. Health services, including traditional and complementary medicine services, organized around the comprehensive needs and expectations of people and communities will help empower them to take a more active role in their health and health system.

Can UHC be measured?

Yes. Monitoring progress towards UHC should focus on 2 things:

- The proportion of a population that can access essential quality health services.
- The proportion of the population that spends a large amount of household income on health. Together with the World Bank, WHO has developed a framework to track the progress of UHC by monitoring both categories, taking into account both the overall level and the extent to which UHC is equitable, offering service coverage and financial protection to all people within a population, such as the poor or those living in remote rural areas.

WHO uses 16 essential health services in 4 categories as indicators of the level and equity of coverage in countries:

Reproductive, maternal, newborn and child health:

- family planning
- antenatal and delivery care
- full child immunization
- health-seeking behaviour for child illness.

Infectious diseases:

- tuberculosis treatment
- HIV antiretroviral treatment
- coverage of insecticide-treated bed nets for malaria prevention
- adequate sanitation.

Noncommunicable diseases:

- prevention and treatment of raised blood pressure
- prevention and treatment of raised blood glucose
- cervical cancer screening
- tobacco (non-)use.

Service capacity and access:

- basic hospital access
- health worker density
- access to essential medicines
- health security: compliance with the International Health Regulations.

Each country is unique, and each country may focus on different areas, or develop their own ways of measuring progress towards UHC. But there is also value in a global approach that uses standardized measures that are internationally recognised so that they are comparable across borders and over time.

Dr Ramya M,
Assistant Professor

POLIO ERADICATION END GAME

The Polio Eradication & Endgame Strategic Plan 2013-2018 is a comprehensive, long-term strategy that addresses what is needed to deliver a polio-free world by 2018. It was developed by the Global Polio Eradication Initiative (GPEI) in consultation with national health authorities, global health initiatives, scientific experts, donors and other stakeholders, in response to a directive of the World Health Assembly.

The plan addresses the eradication of all polio disease, whether caused by wild poliovirus or circulating vaccine-derived poliovirus, while planning for the backbone of the polio effort to be used for delivering other health services to the world's most vulnerable children.

3 areas of engagement

- Strengthening Routine Immunization
- Certification of South-East Asia Region as polio-free
- Polio end-game strategy

Certification of polio eradication

- Certification is done for WHO Regions and not for individual countries.

WHO Regions that have been certified polio free:

- Americas: 20 August 1994
- Western Pacific: 29 October 2000
- Europe: 21 June 2002

Certification of a region is considered only when

All countries in the area demonstrate

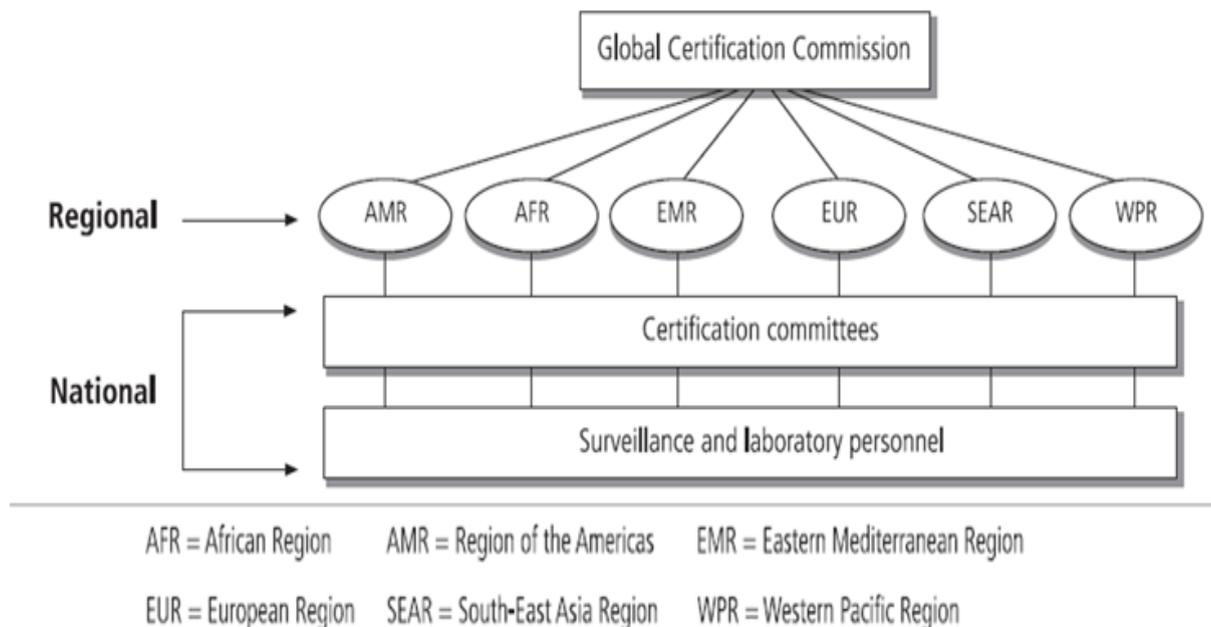
- the absence of wild poliovirus transmission for at least three consecutive years
- presence of certification standard surveillance
- global action plan for laboratory containment of wild poliovirus

Regional Certification Commission for Poliomyelitis Eradication (RCCPE)

- Appointed by Regional Directors
- Authority to certify polio eradication in the region
- Decision is taken based on
 - Opinion of national committees
 - Supporting evidence provided by national committees
 - Visits to countries to verify the data
 - Completeness and accuracy of data

- Certification of global polio eradication will be announced only after all regional commissions have certified their respective regions

Groups involved in certification of polio eradication at global, regional, and country levels



National Certification Committee for Poliomyelitis Eradication (NCCPE)

- Government established independent NCCPE in 1998
- Examine, assess and verify data collected by government
- Field visits to review evidence of interruption of poliovirus transmission in the country
- Independent judgment of polio status
- Present country report to RCCPE

Certification standard surveillance

- Non-polio AFP rate: ≥ 2 per 100,000 population aged less than 15 years annually
- Adequate stool specimens : $\geq 80\%$
- All stool specimens tested for poliovirus at a WHO-accredited laboratory
- Additional Criteria
 - *Investigation of AFP cases within 48 hours of initial notification: $\geq 80\%$*
 - *Timeliness of weekly AFP surveillance reports: $\geq 80\%$*

Laboratory containment of WPV

To minimize the risk of reintroduction of WPV into the community from a laboratory.

WHO action plan comprises three phases:

- Phase 1: laboratory survey and inventory
- Phase 2: global certification: implement appropriate biosafety measures

- Phase 3: post global certification: more stringent, will be prepared when there is global strategy to stop OPV
- For regional certification evidence that phase 1 has been implemented

Polio Endgame Strategy

- No WPV2 in India since 1999
- tOPV used in RI and during NIDs
- bOPV used in most SNIDs since Jan 2010
- Areas and populations with low routine immunization coverage
- All cVDPVs in India due to type 2 in setting of low immunity to type 2

Managing the risk of VDPVs

- Preparing for the polio endgame
- A tOPV-bOPV switch globally
- Use of IPV in conjunction with OPV
- Eventual cessation of all OPV use globally at some point in the future
- Support research activities to generate evidence to guide decision making

tOPV-bOPV switch in India Considerations

- Pre-switch increase in type 2 immunity
- Rapidly improve routine immunization coverage
- Use of IPV in conjunction with bOPV/tOPV to reduce risk of emergence and consequences of cVDPV
- Availability of vaccines
 - IPV availability for use in routine immunization
 - bOPV availability for routine immunization and SIAs
 - cVDPV type 2 circulation stopped everywhere & switch synchronised globally
 - Management of post-switch risks of type 2 VDPVs

Pre-switch boosting of type 2 immunity

- Switch soon after tOPV NIDs
- Improve RI, particularly DTP3 and OPV3 coverage
- Adding a dose of IPV in RI for infants prior to switch

IPV introduction - Benefit/Dose/Route

Planned Research

- Compare immunogenicity against poliovirus types 1 and 3 by bOPV & tOPV given as part of routine EPI schedule
- Assess gain in immunity (booster effect) of a full dose or fractional dose of IPV when added to tOPV or bOPV at 14 weeks (DPT3 contact) in EPI schedule

- Assess operational feasibility of intra-dermal IPV fractional dose using BCG syringe

bOPV availability

Planned Research

- Generate data on immunogenicity and safety of additional bOPV products for potential licensing by national regulatory authority (DCGI) in India
- Demonstrate superiority of 2 doses of bOPV of different manufacturers over tOPV for seroconversion to types 1 and 3
- Additional options for bOPV supply to meet high vaccine requirement in India & globally – important specially for the endgame strategy

Post-switch VDPV type 2 risk management

- Heightened surveillance to detect post-switch Sabin type 2 (not just VDPV type 2)
- Stockpile/Capacity to produce mOPV2 at short notice

Conclusion

- India can be in a position to move ahead with polio endgame strategy.
- Careful planning and consideration of risks required before implementation.
- Lessons from tOPV-bOPV switch significant for subsequent withdrawal of all OPV from programme.

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Department of Community Medicine

SUSTAINABLE DEVELOPMENT GOALS



The Sustainable Development Goals (SDGs), otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity.

These 17 Goals build on the successes of the Millennium Development Goals, while including new areas such as climate change, economic inequality, innovation, sustainable consumption, peace and justice, among other priorities. The goals are interconnected – often the key to success on one will involve tackling issues more commonly associated with another.

The SDGs work in the spirit of partnership and pragmatism to make the right choices now to improve life, in a sustainable way, for future generations. They provide clear guidelines and targets for all countries to adopt in accordance with their own priorities and the environmental challenges of the world at large. The SDGs are an inclusive agenda. They tackle the root causes of poverty and unite us together to make a positive change for both people and planet. “Supporting the 2030 Agenda is a top priority for UNDP,” said UNDP Administrator Helen Clark. “The SDGs provide us with a common plan and agenda to tackle some of the pressing challenges facing our world such as poverty, climate change and conflict. UNDP has the experience and expertise

to drive progress and help support countries on the path to sustainable development.”

List of Goals

Goal 1: No Poverty

Goal 2: Zero Hunger

Goal 3: Good Health and Well-being

Goal 4: Quality Education

Goal 5: Gender Equality

Goal 6: Clean Water and Sanitation

Goal 7: Affordable and Clean Energy

Goal 8: Decent Work and Economic Growth

Goal 9: Industry, Innovation and Infrastructure

Goal 10: Reduced Inequalities

Goal 11: Sustainable Cities and Communities

Goal 12: Responsible Consumption and Production

Goal 13: Climate Action

Goal 14: Life Below Water

Goal 15: Life on Land

Goal 16: Peace, Justice and Strong Institutions

Goal 17: Partnerships for the Goals

What is UNDP's role?

The SDGs came into effect in January 2016, and they will continue guide UNDP policy and funding for the next 15 years. As the lead UN development agency, UNDP is uniquely placed to help implement the Goals through our work in some 170 countries and territories.

Our strategic plan focuses on key areas including poverty alleviation, democratic governance and peace building, climate change and disaster risk, and economic inequality. UNDP provides support to governments to integrate the SDGs into their national development plans and policies. This work is already underway, as we support many countries in accelerating progress already achieved under the Millennium Development Goals.

Our track record working across multiple goals provides us with a valuable experience and proven policy expertise to ensure we all reach the targets set out in the SDGs by 2030. But we cannot do this alone. Achieving the SDGs requires the partnership of governments, private sector, civil society and citizens alike to make sure we leave a better planet for future generations.

SDG SCORECARD 2030 RESULTS



Dr Vishwanath PG
Assistant professor
Dept. of Community Medicine

PUBLICATIONS BY STAFF & PG STUDENTS

1. Shashikantha SK, Sheethal MP. Study on Access to Improved Source of Drinking Water in Rural Households of a Block in District Rohtak, Haryana. *NtlJ Community Med* 2017; 8(3):101-103.
2. Anandaraj R, Raghavendra S K, Kavithai P, Manu AS. A Study of Service Utilization and Client Satisfaction among Patients attending a District AYUSH Hospital in Karnataka. *IOSR Journal of Dental and Medical Sciences*. 2017. Volume 16; Issue 1; 10-13.
3. Chandrashekar CJ, Shasikiran. Community based cross sectional study on prevalence of stunting among schoolchildren in BG Nagara, rural area in Mandya district, Karnataka. *Journal of Medical Sciences and Health*. Jan-Apr 2017.vol3 (1) ;26-29.
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E-Waste

With innovative and new technologies and the globalization of the economy, today a whole range of electronic products are available and affordable to the people, changing their lifestyles significantly. New electronic products have become an integral part of our daily lives giving more comfort, security, easy & faster acquisition and exchange of information.

At the same time, these have led to manifold problems including the problem of massive amount of hazardous waste and other wastes generated from electronic products.

These hazardous and other wastes pose a great threat to the human health & environment.

What is e-waste?

“Waste electronic or electrical equipment whole or in part, or rejects from their manufacturing or repair process, which are intended to be discarded ”.

Sources of e-waste:

Large and small household electronic appliances, telecommunication, equipments, toys and sports equipments, medical monitoring and control devices.

Composition of E-Waste:

Ferrous and non ferrous metals, barium, mercury, cadmium, plastics, wood, ceramics, rubber.

E-Waste burden:

Globally: 20-50 MT of e-waste is generated each year. Guiyu, China is called as the E- Waste Capital of the World.

India: second largest producer in Asia, Fifth largest producer of e-waste in the World.

Impact of E-Waste on environment:

Contamination of Ground water, soil pollution, air pollution.

Health hazards of E-Waste:

Neurological disease, pneumonitis, erithism, minimata disease, liver and renal failure, haemolysis.

E-waste Management:

Basic principles of e-waste management is reduce, reuse and recycle.

Dr Srividya J,
PG, Dept. of Community Medicine.



Sri Adichunchanagiri Shikshana Trust(R)
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Department of Medicine



AIMS - MED PULSE



Editorial

Dear readers,

The department of General Medicine has been striving for excellence in patient care, teaching program in the department, research work or publications.

The Department has been working on various ongoing research projects. Several rare cases are being studied, documented and sent for research publication. Poster presentations were done by post graduates at APICON 2017.

The postgraduate students are being taught clinical skills and applied theory on a regular basis. We acknowledge the constant support, guidance and encouragement from our beloved and dynamic Principal DR. M.G.Shivaramu in all our departmental activities.

(Prof & H.O.D)

Dr. H. VasudevaNaik

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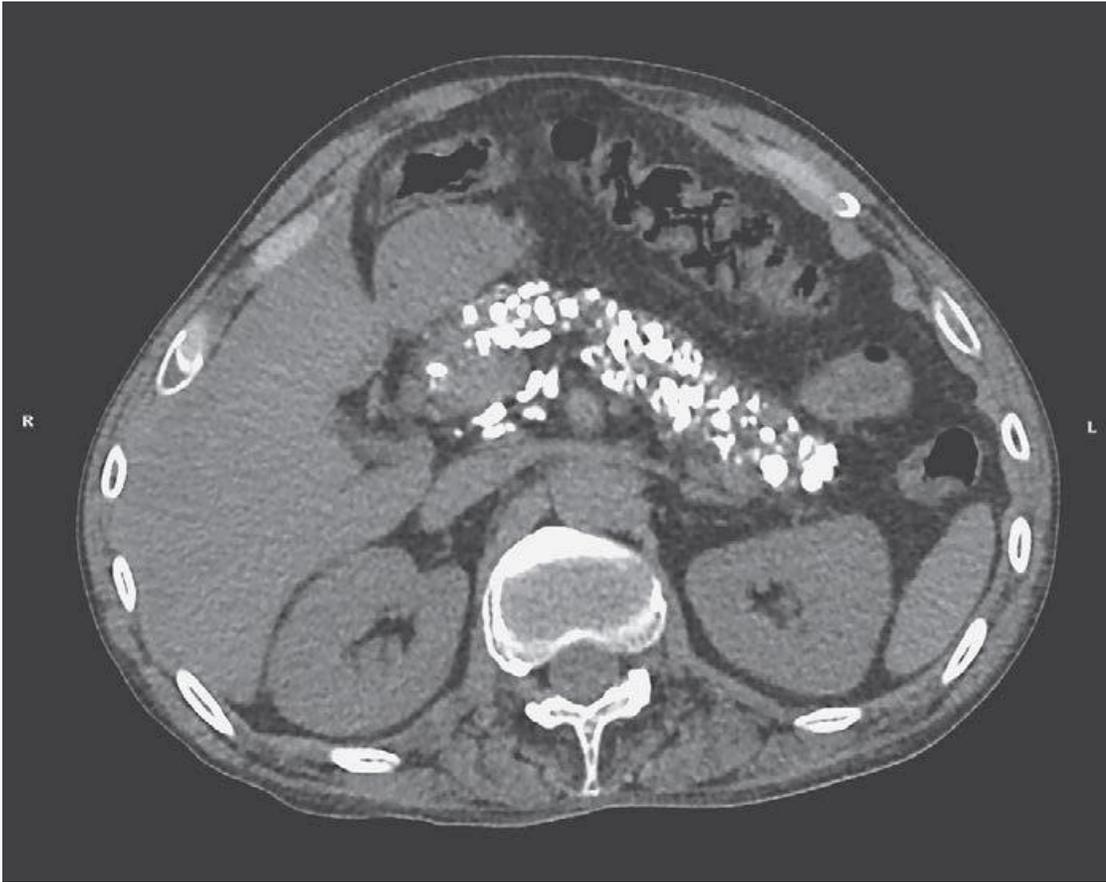
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Dr. Pavan

All Postgraduates



Calcific Pancreatitis Associated with Alcohol Use

A 50-year-old man presented to the emergency department with sudden onset of hematemesis. He reported a 2-month history of epigastric pain and foul-smelling diarrhea. He had been drinking half a pint of vodka a day for 15 years. Physical examination revealed epigastric tenderness. Results of laboratory testing, including serum lipase and liver-function tests, were within normal limits. A computed tomographic scan of the abdomen showed extensive calcification of the pancreas without evidence of pancreatic edema or peripancreatic fluid collection, findings consistent with chronic calcific pancreatitis. Endoscopy revealed gastric ulcers, which were treated with acid suppression. Chronic alcoholic pancreatitis is a common cause of pancreatic calcification. Treatment of chronic pancreatitis typically includes pain management and correction of exocrine pancreatic insufficiency. This patient had an uneventful recovery; he was discharged with pancreatic enzyme supplements and was enrolled in an alcohol abuse rehabilitation program.

Collected by : Dr. Shetty Shivakumar M, Professor of Medicine. A.I.M.S. B.G.Nagara.

PUBLICATIONS /ACTIVITIES OF DEPARTMENT OF MEDICINE

CME/CONFERENCES ATTENDED	STAFF/PG
APICON - JAN 2017 , MUMBAI	Dr Vasudeva Naik, Dr. Kiran, Dr. Sindhu,Dr.Manmohan,Dr.Anand,Dr.Smitha,Dr.Chaitra,Dr.Vinod,Dr.Yogesh
KAPICON – MAY 2017 MYSORE	Dr Vasudeva Naik, Dr. Shetty Shivakumar,Dr. Kiran, Dr. Sindhu,Dr.Manmohan,Dr.Anand,Dr.Smitha,Dr.Chaitra,Dr.Vinod,Dr.Yogesh

Poster Presented/Paper Presented	Place	Name of the Postgraduate
Marchiafavae Bignami disease in chronic alcoholic patient	APICON-JAN 2017, MUMBAI	Dr. Kiran Bheemeshwar
A rare presentation of Artery of Parcheron Infarct	KAPICON- MAY 2017, MYSORE	Dr. Kiran Bheemeshwar
Guilliane Bare Syndrome in pregnancy	APICON-JAN 2017, MUMBAI	Dr. Sindhu .B.S.
Study of Hyperglycemia in correlation with pseudo cholinesterase levels in assessing severity of OP Poisoning	APICON – JAN 2017, MUMBAI	Dr.Manmohan .U.S.
Viper Bite presenting with sole manifestation of only Acute Kidney Injury	APICON JAN 2017, MUMBAI	Dr . Manmohan .U.S.
A rare case of young female presenting with Plummer Vinson Syndrome	KAPICON- MAY 2017, MYSORE	Dr . Manmohan .U.S.
Study of lipid profile in CKD patients in AIMS	KAPICON- MAY 2017, MYSORE	Dr. Smitha Joseph
A case of Polycythemia Vera – JAK A MUTATION	KAPICON- MAY 2017, MYSORE	Dr. Smitha Joseph
Dysplastic pulmonary valve stenosis associated with unilateral absent 1 st metacarpal	KAPICON- MAY 2017,MYSORE	Dr. Yogesh Sawariyaa
A clinical study of patients with CVA admitted in rural hospital	KAPICON- MAY 2017, MYSORE	Dr.Chaitra Sunil
Spectrum of Hepatic involvement in Dengue	APICON – JAN 2017, MUMBAI	Dr.Yogesh Sawariyaa
Study of significant lymphadenopathy in rural hospital	KAPICON- MAY 2017,MYSORE	Dr.Anand.L.
Lupus Nephritis in pregnancy	KAPICON- MAY 2017, MYSORE	Dr. Chaitra Sunil

ACTIVITIES IN THE DEPARTMENT

STATE LEVEL CME : UPDATE ON CARDIOLOGY

24TH JAN 2017



Topic : Update on Acute Coronary Syndrome – Recent guidelines

- ❖ Speaker: Dr. Arunsrinivas
- ❖ Chairperson: Dr. M. Shetty Shivakumar

Topic: An Overview of Cardiac Intervention

- ❖ Speaker: Dr. Jayakumar P
- ❖ Chairperson: Dr. Shashikantha, Professor of Medicine

Topic: Birds eye view of cardiac electrophysiology

- ❖ Speaker: Dr. Santhosh J
- ❖ Chairperson: H. Vasudeva Naik, Professor & HOD of Medicine

Topic: Valvular heart disease: guidelines in management

- ❖ Speaker: Dr. Srinivas P
- ❖ Chairperson: Dr. Shivaprakash N C Professor & HOD of pediatrics

Topic : Interesting ECG presentation with discussion

- ❖ Speaker: Dr. Santhosh J
- ❖ Chairperson: Dr. Shetty Shivakumar/ Dr. Shashikantha

Topic : Interesting 2D ECHO - Valvular Heart disease

- ❖ Speaker: Dr. Jayakumar P
- ❖ Chairperson: Dr. Jagannatha K / Dr. Madhura T L

Topic :case Discussion (With Medicine PG's)

Moderators :Dr. Arun Srinivas / Dr. Srinivas P

❖ INVITED FACULTIES

- ❖ **Dr.Arun Srinivas HOD, Department of cardiac Science, Apollo BGS Hospital Mysore.**
- ❖ **Dr. Santhosh J Asst. Professor, Sri Jayadeva Institute of cardiology Mysore.**
- ❖ **Dr. Srinivas P Intervention cardiologist, Narayana Hrudayalaya Mysore.**

Recent advances in the field of medicine:

Exploiting the Micro biome to Prevent and Treat Human Diseases

Background

Over the past five years research on the interactions between the host and its intestinal micro biota has moved into the mainstream scientific arena with a stream of high impact publications describing how the microbiota can modulate the host's immune system, metabolism and influence host development and physiology. Considerable progress has been made in identifying, isolating and culturing members of the gut microbiota, but we are only beginning to understand the complex interplay between the microbiome, host genetics and host physiology. It is now clear that the microbial community has a beneficial role during homeostasis and that beneficial host-microbiota relationships are lost under inflammatory conditions.

The involvement of microbiota-human interactions in health and disease opens up many possibilities for rationally modulating these metabolic and immune interactions to prevent or to treat disease. Over the past few years several bacteria have been identified that have a profound effect on human physiology. A few colonic bacteria have been shown to have anti-inflammatory effects on immune cells and have protective effects in mouse models of inflammatory bowel disease. One example, is *Faecalibacterium prausnitzii*; administration of *F. prausnitzii* to mice protects against chemically induced colitis, a Th1-driven model of human inflammatory bowel disease (IBD).

These research studies support the concept of using microbial symbionts or their products for novel prophylactic or therapeutic applications in humans.

Objectives

To compare the protective capacity and immunomodulatory properties of selected anaerobic strains *in vitro* and gain more knowledge on their mechanism of action *in vivo*.

Overall aim of this study is to exploit anaerobic strains in order to promote health and prevent diseases in humans.

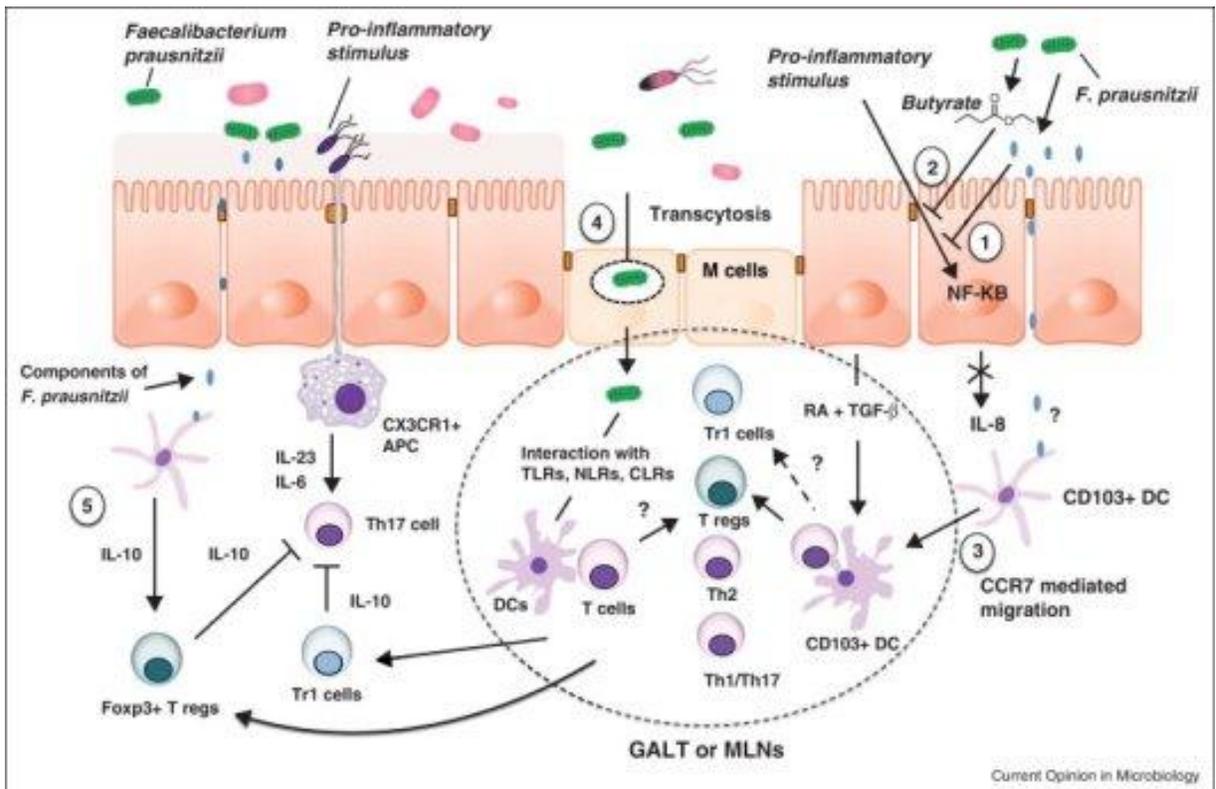
Methodology

In vitro experiment: PBMC assay (Flow cytometry & MagPix), cell reporter assay (TLRs), TER assay (CellZScope), NO assay, NBT assay, ELISA and qPCR

In vivo experiment: colitis model, Germ Free (GF) mice

Requirements

Cell culture skills, knowledge of basic immune-assays, preferably taken course HMI50306 Microbial Disease Mechanisms





JAI SRI GURUDEV

MILESTONES



A NEWS BULLETIN FROM THE DEPARTMENT OF PEDIATRICS
ADICHUNCHANAGIRI INSTITUTE OF MEDICAL SCIENCES
B.G. NAGARA - 571448



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HOD DESK

With the divine blessings of Paramapoojya Jagadguru Sri Sri Sri Padmabhushan Dr. Balagangadharanatha Mahaswamiji and His Holiness Jagadguru Sri Sri Sri Nirmalanandanatha Mahaswamiji, we are bringing out our news letter “ **MILESTONES**”

Milestones denote well being of the child which is essential for the development of the child. It is a great treat to eyes to see the child achieving his/her milestones and similarly it's a great pleasure to see our department progressing towards achievement of its milestones.

This gives a great opportunity for our department to bring out our department activities and also the publication and research work of our faculty members as well as post graduates.

Kindly mail your valuable comments and suggestions at:
milestones.aims@gmail.com.

Measels Rubella Campaign

We the pediatricians have always believed that Immunizations is the right of a child! The government of India has taken a huge initiative in eradicating the measles from our country and so did begin the intensive MR vaccination campaign in the month of February .

It gives us immense pleasure to announce that our hospital is one of the maximum vaccine delivered centres in the MR campaign for the entire Mandya district. Our aim of reaching the rural children and vaccinating them has excelled.

The statistics shows February – 169
March - 10
April – 5
May – 12
June – 11

The department enthusiasm in above achievement is much appreciable.



Jnana Vignana Tantragnana Mela

As a part of Adichunchugiri Shikshana Trust, at the historical Jnana Vignana Tantragnana Mela, our department was successful in reaching the common people and educating them about the weaning food concepts and few of the emergency maneuvers.

The stall was inaugurated by Paramapoojya Sri Sri Sri Nirmalanandanatha Maha Swamiji and was a two days stall. We mainly aimed at the current concepts of adolescent health, immunization, multiple newer vaccines, personal hygiene in school going children.

We received lot of good feedbacks at the end of two days, recognizing our hardwork in educating common people about common social paediatric issues in simple language.



PUBLICATIONS BY STAFF

Dr. Shivaprakash: HOD

1. Balaji MD, Shivaprakash NC, Thangella PK. Case of congenital diastematomyelia type 1: a rare presentation. Int J ContempPediatr 2016;3:273-6.

Dr Siddaraju: Professor

1. Kamalammal R, Lingappa SM, Rajalu P. Cervical meningocele with tethered cord. Int J ContempPediatr 2016;3:1132-4.
2. Kamalamma R, Siddaraju ML, Badam S, Mahankali N. Evans syndrome with severe thrombocytopenia: a rare presentation. Int J ContempPediatr 2016;3:1474-6.

Dr. Balaji MD: Professor

1. Balaji MD, Madhava Kamath K, B. Aditya Kumar. Congenital adrenal hyperplasia in a male neonate presenting as unresponsive sepsis. J PediatrRes. 2017; 4(02):184-186.doi:10.17511/ijpr.2017.02.16.
2. Alok Kumar M.K., Balaji M.D., Sunil Kumar P., Palmurthy Association of Febrile Convulsion with Iron Deficiency Anaemia: A Retrospective Study Indian Journal of Trauma and Emergency Pediatrics Volume 9 Number 1, January - March 2017

Dr.Madhav Kamath: Associate professor

1. Madhava KK, Philip P, Shetty V, Venkataram R, GiridharBH.Association of Obstructive sleep apnea on surgically treated cleft anomalies. Int J ContempPediatr 2016;3:345-9.
2. Madhava KK, Rao SS, RathikaD,ShenoyRD.Assessment of fetal malnutrition by body mass index and intra uterine growth curves:a comparative study, Int J ContempPediatr 2016;3.

Dr Sunil Kumar: Associate Professor

1. Alok Kumar M.K., Balaji M.D., Sunil Kumar P., Palmurthy Association of Febrile Convulsion with Iron Deficiency Anaemia: A Retrospective Study Indian Journal of Trauma and Emergency Pediatrics Volume 9 Number 1, January - March 2017
2. Kumar PS,et al. A randomized controlled study of nebulized 3% saline versus 0.9% saline with adrenaline in the treatment of acute bronchiolitis. Indian J Child Health.

CASE REPORT

An incidental finding of a vegetative foreign body in left main bronchus in a child presented as wheeze associated respiratory tract infection Dr Balaji.M.D, Dr Venkatamurthy M. Dr Naresh S.

A 3 year old boy brought with complaints of cough since 3 weeks with occasional noisy breathing at nights, with no other complaints. There is no history suggestive of choking, shortness of breath. On examination there is bilateral air entry with markedly reduced breath sounds on left side of chest with hyper resonance on percussion, and X-ray revealed emphysematous lung with hyper inflated lung fields on left side.

patient was hospitalized and advised for computed tomography of chest which revealed "abrupt cut off of left bronchus with emphysematous changes involving whole left lung parenchyma causing mediastinal shift to the right".

On further evaluation, was advised for bronchoscopy by an otorhinolaryngologist expert in paediatric bronchoscopy. After pre-operative work up patient taken up for bronchoscopy under general anesthesia and vegetative foreign body (pea nut of 0.8*0.6cm) was retrieved and procedure was uneventful. Patient recovered well in postoperative stay and stabilized with supportive care.

The majority of Foreign body aspiration occur in children younger than 3 years of age and boys being most common among them. The tendency to introduce objects into the mouth, smaller diameter of their airway, activity while eating, immature dentition and having older siblings (who may place food or objects into the mouths of infants or toddlers) are the most common predisposing factors for Foreign body aspiration in children.

Most of the objects aspirated by children are radiolucent, whereas only 18% to 20% of aspirated foreign bodies are radiopaque in nature.

Younger children especially under 3 years, have considerable risk of foreign body aspiration as they have tendency of using their mouth to explore their surroundings and at this stage of development, the main objects aspirated are vegetable seeds, peanuts and toy parts. The type of the foreign body also depends on social, cultural and economic status and eating habits of the family.

The clinical presentation of unwitnessed foreign body aspiration may be subtle, and diagnosis requires careful review of the history, clinical assessment. Hence, children who presents with prolonged respiratory symptoms, especially at the age of 1-3 require a high index of suspicion, and should consider foreign body aspiration as one of the differential diagnosis

ONGOING RESEARCHES

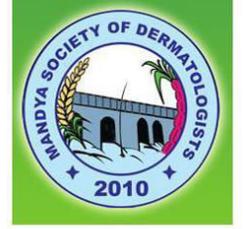
- Cutaneous manifestations in newborn
- Clinical, bacteriological and radiological study of pneumonia in children at rural medical college hospital.
- Study of clinical, laboratory profile and outcome of dengue in rural medical college
- To study the prevalence of skin diseases in school going children around B G Nagara.
- Study of prevalence of obesity, pre diabetes mellitus and hypertension in school going children between 10-18 years in and around B G Nagara.
- Prevalence , complications and outcome of LBW and VLBW babies admitted in tertiary care hospital
- Etiopathological basis for seizure disorder in children from 1 month to 18years .
- Neonatal outcomes in mothers with PIH.

DEPARTMENT NEWS AND ACTIVITIES

- ❖ Department of Pediatrics wishes the PG Exam going students Dr Aditya , Dr Naveen , Dr Niranjana, Dr Divya Narayan Kutty, Dr Sowmya and Dr Swathi all the very best for the RGUHS PG examinations 2017.
- ❖ Our postgraduates Dr Sneha Dr Vishwas Dr Niranjana Dr Swathi attended and presented poster at National Pedicon in month of January 2017 also Dr Vishwas presented his paper in the same.
- ❖ Our postgraduates Dr Vinay Dr Sai Hari Dr Harshavardhan attended the Advanced Neonatal resuscitation program held at Motherhood hospitals, Bengaluru
- ❖ Our postgraduates Dr Shankar Dr Vinay Dr Asha Dr Sai Hari attended the IRONATION symposium held by Nestle at Bengaluru in March 2017
- ❖ Our postgraduates Dr Vishwas Dr Sneha attended the workshop on neonatal developmental outcome in Birth asphyxia cases at JSS Medical college , Mysore in June 2017.
- ❖ Our postgraduates Dr Naresh Dr Palmurthy Dr Vinay Dr Ranjini Dr Sujith Dr Srimeenakshidevi Dr Manasa attended the workshop on ASTHMA TRAINING MODULE of IAP held by MMC in July 2017



InfoDerma



A NEWS BULLETIN FROM DEPARTMENT OF DERMATOLOGY
ADICHUNCHANAGIRI INSTITUTE OF MEDICAL SCIENCES

Jan-June 2017; 8(1)

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ANTI LEPROSY DAY

On the Eve of National Anti Leprosy day and Martyrs' day (Sarvodaya day) on 30th January 2017, we from the Department of Dermatology conducted a "Free skin camp and Leprosy Screening" at the Government General Hospital, Channarayapatna between 9am to 4pm.

The inaugural function was attended by Sri Sri Shambunatha Maha Swamiji of Adichunchanagiri Shaka mutt, Hassan; Mr C N Balakrishna, MLA Shraavanabelagola; Mrs Vedavathi – Tehsildar, Taluk office, Channarayapatna; Dr Venkatesh - District Health officer, Hassan; Dr Mahadev Prasad - Taluk health officer, Channarayapatna; Dr Sheetal Kumar - the Administrative Medical officer of Government General Hospital, Channarayapatna; Dr. T.M.Manohar - Medical Superintendent of Adichunchanagiri Hospital & Research Center; Dr B D Sathyanarayana- Professor and Head of Department of Dermatology; Dr. M. Ranga Swaroop - Associate Professor, Dr Yogesh D – Assistant Professor and Post graduates of Department of Dermatology Adichunchanagiri Institute of Medical Sciences.

Dr. T.M.Manohar addressed the gathering and highlighted the importance of early detection and prompt treatment of leprosy. He also stressed on the importance of eliminating the social stigma associated with the disease. A two-minute silence was observed from 11am to 11:02 am to pay our respect to Mahatma Gandhiji on his death anniversary.

A total of around 100 patients from Channarayapatna Taluk and surrounding villages attended the camp. All the patients were attended to by our Doctors and free drug samples were distributed to them. Patients were advised for follow up at our hospital. A rally was conducted by faculty and students of AIMS and Adichunchanagiri college of nursing, holding banners which displayed myths about leprosy and contained information about leprosy. Pamphlets containing information about leprosy were distributed among public in and around Channarayapatna.

**PRAJAVANI AND KANNADA PRABHA NEWSPAPERS
REPORTED THE ANTI LEPROSY DAY CELEBRATION**



JNANA VIGNANA TANTRAJNANA MELA 2017

Our Department participated in the Jnana Vignana Tantrajnana mela 2017 held at Adichunchanagiri Mutt on 20th and 21st February 2017. The themes for this year were:

1. Leprosy is curable.
2. LASERS and light based treatments available in the Department of Dermatology.

Since Leprosy is prevalent even today and as there is still a lot of stigma attached to it, we educated the public regarding the myths and misconceptions about leprosy. We also educated them about the importance of early diagnosis and treatment so that long term deformities and disabilities can be prevented.

LASERS and light-based treatments are widely practiced in our Department owing to cosmetic consciousness among the public even in the rural area. Hence we wanted to bring to the notice of the public the various cosmetic treatments available in our Department.

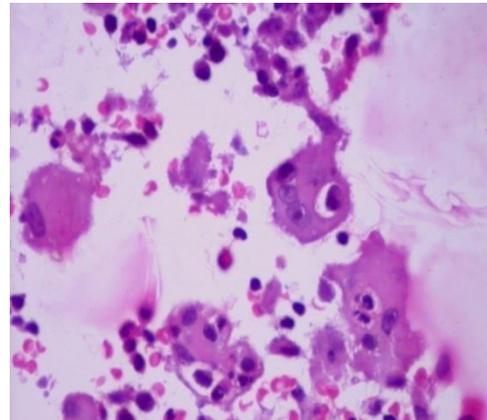
FACIAL CUTANEOUS ROSAI DORFMAN DISEASE: A CASE REPORT

INTRODUCTION

Rosai Dorfman syndrome is benign self-limiting histioproliferative disorder. It is also called sinus histiocytosis with massive lymphadenopathy and is a type of non-langerhan cell histiocytosis. It was described by Juan Rosai and Ronald Dorfman in 1969 as a triad of massive lymphadenopathy, expanded lymphnode sinuses and characteristic histopathological feature of emperipolesis. It presents as bilateral painless cervical and paratracheal lymphadenopathy. It can present with extranodal involvement in 43% cases involving skin, nasal cavity, paranasal sinuses, soft tissue, orbit, salivary gland, central nervous system and bone. Among these, skin is the most common extranodal organ affected in 10% of cases presenting with cutaneous features like single or multiple yellow-red to brown or purple papules, nodules or plaques

CASE REPORT

A 53-year-old male patient presented with an asymptomatic solitary raised skin lesion on left cheek since 5 months. There was no history of fever, malaise, decreased appetite or weight loss. Cutaneous examination revealed a solitary erythematous plaque measuring 2cm x 1cm over the left cheek (fig 1). Cervical group of lymphnodes were not palpable. Systemic examination was normal. Incisional biopsy of the lesion was performed and on histopathologic examination, dermis contained diffuse inflammatory infiltrate of foamy histiocytes, mixed with plasma cells, lymphocytes and langhan's gaint cells (fig 2). Many of these histiocytes were engulfing plasma cells and lymphocytes without evidence of phagocytosis (a phenomenon called Emperipolesis). In addition, plasma cells surrounding blood vessels showed features of erythrophagocytosis. CT scan of head and neck region did not reveal any abnormalities. Based on history, cutaneous and histopathological examination, a diagnosis of cutaneous Rosai-dorfman disease was made. Complete exision of the lesion was performed.



DISSCUSION

Rosai Dorfman disease is rare pseudolymphomatous disorder manifesting as bilateral cervical lymphadenopathy associated with fever, weight loss, night sweats and fatigue. The etiology of the syndrome is unknown. It is associated with viral infections like Epstein Barr virus, Human Herpes virus 6, Parvovirus B 19 or dysfunction of cell mediated immunity. Clinically it can be classified as (1) Indolent cutaneous form without systemic symptoms, (2) Nodal form with or without systemic symptoms. Skin is the most commonly affected organ and the most common site is face followed by back, chest, thigh, flank and shoulder. The lesions may be solitary or multiple and present as either, skin coloured, yellow-red, brown or purple papules, plaques, nodules or combination of these which may even ulcerate.

On histopathology, a polymorphous infiltrate of lymphocytes and macrophages with clear cytoplasm is present in the dermis. The hallmark histologic feature is **Emperipolesis** of lymphocytes. Emperipolesis differs from phagocytosis wherein the lymphocytes are taken up but not attacked and digested by enzymes, thus they appear intact. Occasionally, red cells can also be taken up. Laboratory investigations show leucocytosis with neutrophilia, elevated erythrocyte sedimentation rate and polyclonal hypergammaglobulinemia. On immunohistochemistry, histiocytes are strongly positive for S-100 and CD68, negative for CD1a.

The disease carries a benign self-limiting course. Prognosis is generally favourable and many cases heal spontaneously without treatment and do not relapse. But few patients present with a chronic progressive course. Treatment options include – topical and systemic corticosteroids, thalidomide, dapson, retinoids, methotrexate, cryotherapy, radiotherapy, surgical excision according to the site of occurrence of disease. In localized forms surgical excision is the best choice. In refractory cases, use of vincristine and imatinib have given good results.

In our patient, complete excision of the lesion was performed.

DEPARTMENT NEWS

➤ **Publications:**

Our Department faculty has published the following scientific papers in indexed journals:

1. BD Sathyanarayana, Monica Dukkupati, MR Swaroop, Yogesh D, Aneesa. To study the correlation of clinical, dermoscopic and histopathological features of clinically suspected macular amyloidosis. Indian Journal of Clinical and Experimental Dermatology (IJCED). 2017;3(1):9-13.
2. B.D.Sathyanarayana, Swaroop MR, Yogesh D, Manohara BK, Shruti Bidarkar, Sindhuja S, Suman S Multiple Bilateral periorbital Eccrine hidrocystomas. International journal of Advances in case Reports,4(2),2017,93-95.
3. Swaroop MR, Sathyanarayana BD, Chaurasia PK, Devaraj Y, Dukkupati M, Sajid. A Giant solitary trichoepithelioma over the nose. Indian J Dermatopathol Diagn Dermatol 2017; 1: 1-2

➤ **Conference, Workshops and CMEs:**

Faculty and post graduates of our Department attended the following Conferences:

- ✓ DERMACON 2017 National conference on Indian Association of Dermatology, Venereology & Leprology held at Kolkata 11th to 15th January 2017.
- ✓ World Congress of Cosmetic Dermatology (WCOCD 2017) held at Bengaluru from 4th to 6th may 2017.
 - Dr MR Swaroop, Associate professor, delivered a talk on “Recent trends in Melasma” at World Congress of Cosmetic Dermatology (WCOCD 2017) held at Bengaluru, 4th to 6th may 2017.
 - Dr MR Swaroop delivered a talk on: 1) The IMG – goal, roles and competencies, 2) Effective clinical and practical skill teaching at revised basic courses workshop in medical education technologies held between 8th and 10th May 2017.

➤ **Paper presentations:**

Our post graduate student Dr Monica Dukkupati presented an **AWARD PAPER** titled “To study the correlation of clinical, dermoscopic and histopathological features of clinically suspected Macular Amyloidosis” and secured the **FIRST PLACE** at National conference **DERMACON 2017** held at Kolkata, 11th to 15th January 2017.

Post graduate student Dr Priyanka presented a free paper titled, ‘Bowen’s disease: A series of cases’ at Dermacon 2017



Let the Minds talk

A biannual newsletter from

DEPARTMENT OF PSYCHIATRY, AIMS



Volume 7

Issue 1

January - June, 2017

Chief Patron



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Mahaswamiji**

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Editorial

Dear Colleagues,

Greetings to all of you and thank you for making up your mind to go through this newsletter.

This part of the year our department was very active and the reason being frequent Brain Storming Sessions. Brainstorm means group discussion to produce ideas. The term was popularized by Alex Faickney Osborn in the 1953 book Applied Imagination. Rules are essential for the success of any program. Similarly, Brain storming session has 4 general rules viz.

Quantity, Criticism to be eliminated, Wild ideas to be welcomed and combine and improve ideas. These ideas are intended to make group members shed their inhibitions, stimulate ideas, and become more creative. Small groups consisting of 12 persons along with experts would be ideal to make it more effective and efficient. These sessions should address specific question with no ambiguity.

With the modern technology Brain Storming Sessions can be held on electronic media either individually or groups. Dept. of Psychiatry conducted such a session recently for eighth semester students about Substance Abuse. This technique is regularly used to teach undergraduates who are posted to our department and it is being appreciated by one and all.

Question arises as to what makes this method better than other methods of teaching? Learning sans fears is possible only when the learning takes place when it is carried out in an environment of fun and inquisitiveness and teacher acting just as a CATALYST. Among the psychiatrist there is a curiosity about our students shining in some of the competition and to know our teaching methods.

Our aim to evolve a AIMS MODEL OF TEACHING and wish to see that it will be widely appreciated far and wide so that institution will have another feather in its cap.

Recently in collaboration with Dept. of Community Medicine we celebrated WORLD DEPRESSION DAY and details are covered in this issue.

Another inter departmental activity along with Dept. of Obstetrics and Gynecology, was celebrating International Women's Day and Launching of Women's Mental Health Clinic.

With all such activity, our aim is to impress and stress the importance of mind both in health and disease to one and all so that Global Health Index can improve.

Feedback on our activity will be accepted willingly which acts like a guiding light for us to improve ourselves in all areas.

Dr. V.A.P. Ghorpade

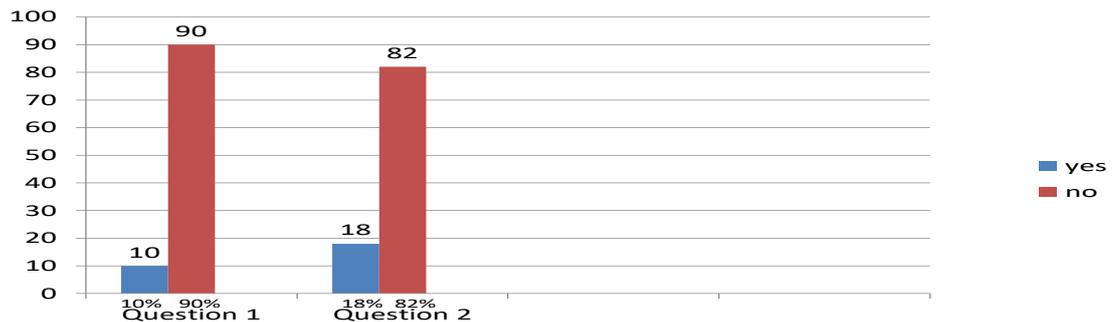
BRAINSTORMING – A SURVEY ON AWARENESS AMONGST STUDENTS

A mini survey was conducted amongst medical undergraduate students at AIMS asking as to whether they knew about the term ‘Brainstorming’ and if so what do they think it is. Further, an opinion poll on whether they are willing to attend such a workshop was conducted. 100 students were randomly chosen across all terms and the data is represented as below:

Brain storming

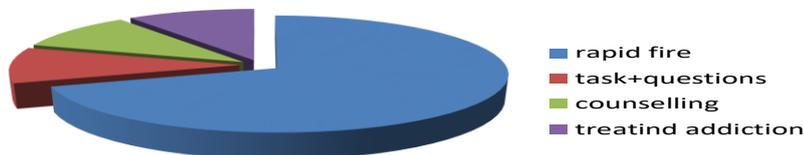
Q1: Do you know about brain storming ?

Q2: Are you interested in attending a workshop on it?



What is it ?

- Rapid fire question round (7/10)
- Task + questions simultaneously (1/10)
- A way of counselling (1/10)
- A way of treating addiction patients (1/10)



As it was obvious with the survey results many were unaware of the term and even amongst those who said they knew wrongly described the meaning of it. But 80% of them were willing to be part of such sessions. This formed the basis of having brainstorming sessions as part of teaching methodology in the department of Psychiatry.

Compiled by

Dr.Chandan Gowda & Dr. Chaithanya (Interns)



IMAGE QUIZ

Identify the lesion over the tongue of this patient who is on treatment for chronic psychiatric illness !!

You can mail your answers to
departmentpsychiatryaims@gmail.com

Photo Gallery – Departmental events till date in 2017



Departments of Psychiatry and OBG organized a CME programme on “**Infertility and Women’s Mental Health**” on the occasion of International Women’s Day held on 8th March, 2017. **Dr. Sunanda Kulkarni** (CMH Hospital, Bangalore) & **Dr.Manjunath** (Mathrutva Fertility Center, Bangalore) Inaugurated the ‘**Women’s Mental Health Clinic**’ and spoke on the program theme.



Dr. Vinay.H.R, Senior Resident in the department was a resource person for the session on ‘**Communication Skills**’ as part of ‘**Internship Orientation Programme**’ held on 22nd March, 2017. The programme was organized by Medical Education Unit (MEU) of the Institute as a regular annual event for the fresh interns.



A programme on “**Awareness of Social Responsibilities**” was conducted by AIMS in association with Mandya District Police on 31-March-2017. **Dr. Ravikumar.S**, Assistant Professor in the department was the resource person for the talk on ‘**Narcotics and ill effects**’.



Departments of Psychiatry and Community Medicine jointly organized the guest lecture on 7th April, 2017 on ‘**Depression Let’s Talk**’, the theme of this year’s World Health Day. In addition, the department of Psychiatry had hosted ‘**Intercollegiate Painting competition**’ on the same theme of depression.

Photo Gallery – Departmental events till date in 2017



Our students **Mr. Pramit Mukherjee & Ms. Suraksha.R.S** of 8th term secured 2nd place at **State level undergraduate Psychiatry quiz** held at Chitradurga on 22nd April, 2017. They will be representing Karnataka along with the team from Subbaiah Medical college, Shimoga for the south zone quiz at Wayanad in October this year.



A workshop titled 'Tobacco free AIMS' for the undergraduate students of 8th term was conducted by the department of Psychiatry to commemorate the occasion of World No-Tobacco day-2017.

Academic activities by the faculty

Dr. Ravikumar.S

1. Non-Invasive Brain Stimulation workshop at NIMHANS, Bangalore (10-12th April, 2017)

Dr. Vinay.H.R

1. Resource person for 'Narcotics and ill effects' programme for college students at Govt first grade degree college, Nagamangala, Mandya district (19th April, 2017)
2. Resource person for 'Substance abuse and deaddiction' programme for Municipal workers of Nagamangala & Kunigal towns (2nd May & 23rd May, 2017)

Dr. Keya Das

1. Non-Invasive Brain Stimulation workshop at NIMHANS, Bangalore (10-12th April, 2017))
2. Publications
 - a. Keya Das, Ravi.S. Kumar.Awareness and Attitude towards Law pertaining to Suicide in Suicide attempters' and their Families in Rural South-India.Telangana Journal Of Psychiatry. Jan –June,2017:Vol 3(1):18-22.
 - b. Ravi.S.Kumar, Keya Das. A study of the methods of Suicide used by Adolescent Suicide Attempters' in Rural South India. Andhra Journal Of Psychological Medicine,2017(In Print with LOA). Original Research Article
 - c. T.S.Sathyanarayana Rao, J Manohar Shivanand, MS Darshan, Abhinav Tandan, KN karthik, N Saraswathi, Keya Das, Shwetha patil, Chitaranjan Andrade. PACECAR study: 24 week prospective study of cost effectiveness and compliance to antidepressants in rural population. IJP, vol 5, issue 2, 2017,157.Original Research article.
 - d. Psychosomatic Medicine-Mind Body Relationship: Present Scenes and Future Vista.Keya Das. Rethinking Of Mental Healthcare In India/70years of IJP. IPS Publication,2017-18.

Now it's time you people let your Minds talk; Feedback/Communication be sent to departmentpsychiatryaims@gmail.com



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|| Jai Sri Gurudev ||

DHWANI

Official Newsletter from the Department of E. N. T.

Adichunchanagiri Institute of Medical Sciences

From the Editor's desk

At the outset, let me convey my greetings from the E.N.T. Department. We are happy to present you with our latest newsletter, "Dhwani" and are very happy to present it to you. We welcome your valuable suggestions to help us to improve upon it in the future editions.

We would like to express our gratitude to the Principal, Dr. M. G. Shivaramu for inspiring us with his encouragement.

I would like to thank my colleagues and postgraduates and interns in the department for their support and contributions in bringing out this newsletter.

Dr. G. C. Ravi

Professor and H.O.D.

Interesting Case Reports

1. AN INTERESTING CASE OF AMELOBLASTOMA

A 25 year old female presented to the outpatient department with swelling over right side of jaw of two year duration. Clinical examination revealed a large non tender non pulsatile bony hard 8cm X 5cm asymptomatic well demarcated swelling extending superoinferiorly from the right pretragal region to the lower border of the mandible and mediolaterally 1 cm from the right corner of the mouth to the right lateral border of the mandible.

CECT scan of the mandible revealed a very large expansile, multiloculated lesion involving the right body and ramus of the mandible. Though biopsy and histopathology were not suggestive of ameloblastoma, the history and clinical presentation, led us to the diagnosis of ameloblastoma.

Patient underwent right hemimandibulectomy was done including the coronoid and condylar region of the mandible. The defect created was reconstructed using stainless steel condylar plate and fibular graft.

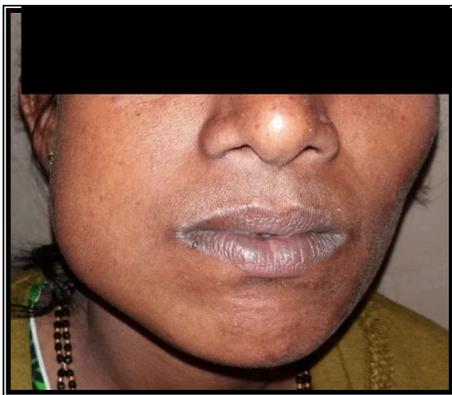


Figure 1:Pre operative frontal view



Figure 2:Three-dimensional CT showing sagittal view



Figure 3:Resected part of the mandible involving 2cm of normal bone

2. AN INTERESTING CASE OF SEPTAL SCHWANNOMA

A 36 year old male patient came with the complaints of right sided nasal obstruction which started 3 years back and gradually progressed with complete right nasal block since 2 years.

Anterior rhinoscopy revealed a pale pink mass which almost completely occupied the right nostril and pushing the septum towards opposite side (Fig.1). Left nostril was otherwise normal.

Plain CT PNS showed a well-defined mass occupying most of the right nostril arising from the nasal septum and septum was pushed to other side. Paranasal sinuses were normal.

Patient was taken up for endoscopic excision biopsy of mass as an elective procedure under general anesthesia. Intra-operatively mass found to be attached to right side of septum at the level of middle turbinate and tumor was well encapsulated. Mass was completely excised (Fig.2) endoscopically and the area of attachment was cauterized.



Fig-1: Endoscopic appearance of the tumor



Fig-2: gross appearance of the tumor after excision

Facts About Human Nose



Human nose is a miracle organ. You like it or you hate it, you need to give your nose the props for its extraordinarily diverse powers. Not only does it define our appearance but it also performs many vital functions without which humans wouldn't have been humans. So, let us take a look at some very interesting and cool facts about human nose and find out if you knew about these facts.

Interesting Nose Facts

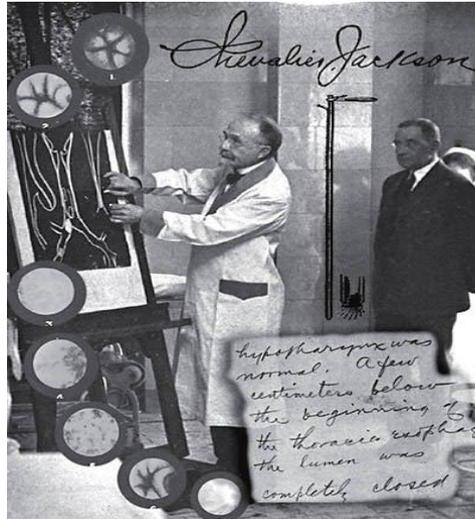
- There are at least 14 different nose types found in humans. This was found by Abraham Tamir, a Ph.D. holder and Chemical Engineering professor from Israel. He came to this conclusion after surveying 1,793 nose images.
- The shape of nose depends on the ethnic background of a person. Positions of lower and upper lateral cartilages and nasal bones actually define nose shape.
- Different people have different sneezing styles and these styles are genetically determined. So, the members of a given family will have similar sneezing styles which will be different than the sneezing styles of other families. During sneezing, irritants (that cause sneezing) are expelled at a speed of 100 miles per hour.
- In women, nose grows until the age of 15 to 17 and for men, it is 17 to 19.
- Nose droops and lengthens over time because of gravitational pull. This happens because elastin and collagen in nasal tip breaks.
- The best air filter in this world is human nose. Human nostrils are lined up with hair responsible for blocking germs and dust. Grooves in nasal cavity make air swirl like stream currents. This is when the inhaled air is moistened and warmed so that the sensitive tissues of the lungs can be protected. It is during this filtration process that

the mucus lining of the nasal cavity captures cold viruses and pollen which cannot be stopped by hair in nostrils.

- Mucus is produced by human sinuses and nose and it contains white blood cells and enzymes responsible for fighting infections. One quart mucus is produced daily.
- When someone inhales dry air, the air picks up moisture content from mucus. This makes the mucus pasty, which is known as snot or boogers.
- Inability to smell is scientifically known as anosmia.
- Inability to smell something correctly is known as dysosmia.
- Nose plastic surgery is known as rhinoplasty.
- Humans lose some of their smelling ability at the age of 65. At the age of 80, 50% of smelling capabilities are lost.
- Zinc deficiency in body can also lead to loss of smelling sense.
- Parkinson's disease, Alzheimer's disease and diabetes can also lead to loss of smelling sense.
- Human babies know their mothers by the scent of their mothers.
- Less of human brain is dedicated to smelling as opposed to animals.
- Women are capable of smelling more scents than men.
- The Maori tribe in New Zealand greet people by pressing their noses! Shaking hands as a gesture of greeting is not their type.
- Females have shorter noses compared to men.
- There are 10 million odor receptors present in human nose. These receptors are sensitive to odor or scent molecules that travel through or float in air.
- Nosebleed can be caused by picking nose, bumping nose, allergies, exercise, dry air or cold. Any of these factors can cause the septum (a thin cartilage between two nostrils) to break and hence, cause nosebleed.
- Human nose is made up of only 5 different types of muscles which are dilator naris anterior, dilator naris posterior, depressor septi, nasalis and procerus.

• Chevalier Jackson

Chevalier L. Jackson (November 4, 1865 – August 16, 1958) was an American pioneer in [laryngology](#). He is sometimes known as the "father of [endoscopy](#)", although [Philipp Bozzini](#) (1773–1809) is also often given this [sobriquet](#). Chevalier Q. Jackson extracted over 2000 swallowed foreign bodies from patients. The collection is currently on display at the [Mütter Museum](#) in Philadelphia.



Biography

Jackson was born in [Pittsburgh, Pennsylvania](#). He went to school at the Western University of Pennsylvania (now the [University of Pittsburgh](#)) from 1879 to 1883, and received his MD from [Jefferson Medical College](#) in [Philadelphia](#). He also studied laryngology in [England](#).

His work reduced the risks involved in a [tracheotomy](#). He essentially invented the modern science of [endoscopy](#) of the upper airway and [esophagus](#), using hollow tubes with illumination (esophagoscopes and bronchoscopes). He developed methods for removing foreign bodies from the esophagus and the airway with great safety — a huge advance for a condition that previously had often been a death sentence, with a high mortality from the object itself or from complications of chest surgery in the 19th century.

RESEARCH ARTICLES

1. A COMPARATIVE STUDY TO DETERMINE THE EFFICACY OF PIRACETAM OVER CARBAMAZEPINE IN THE TREATMENT OF IDIOPATHIC TINNITUS. Dr. Vijayendra Simha N, Ravishankar S.N

2. Original Research Article

Traumatic perforation: determinants of conductive hearing loss Dr. Ravi K. S.*, Ravishankar S. N. International Journal of Otorhinolaryngology and Head and Neck Surgery Ravi KS et al. Int J Otorhinolaryngol Head Neck Surg. 2017 Jul;3(3):xxx-xxx <http://www.ijorl.com> pISSN 2454-5929 | eISSN 2454-5937

3. The clinical enigma of a Midfacial Destructive lesion. Vinay Bhat, Ravishankar S.N

4. Nasal Septal Schwannoma – A Rare Cause for Unilateral Nasal Obstruction

Dr. Vinay S Bhat, Dr. Kiran T, Dr. Kanithavalli K

Department of ENT had organized a guest lecture on "VERTIGO SIMPLIFIED"

by Dr Srinivas, M.S (ENT), consultant ENT and Head and Neck surgeon,

on 4th May 2017



OUR FAMILY-DEPARTMENT OF ENT





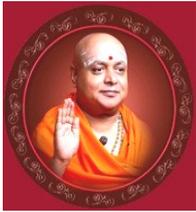
Adi Chunchanagiri
Institute Of Medical
Scences, B.G.Nagara

JAI SHREE GURUDEV OPHTHO-VISION

NEWS LETTER (JULY 2017) VOLUME VI Number II

DEPARTMENT OF OPHTHALMOLOGY

Chief Patrons



Paramapoojya Jagadguru Padmabhushana
Sri Sri Sri Dr. Balagangadharanatha
Mahaswamiji



Sri Sri Nirmalanandanatha Mahaswamiji

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“The only thing worse than being blind is having sight but no vision”
- Helen Keller



FROM THE EDITOR'S DESK:

- Greetings to all the Teachers and Students of this institution!!

I am happy to bring this volume of newsletter and in this I am introducing our newly joined faculty Dr. Spoorthy S, who has joined this institution with extensive training in Phaco. I am also happy to inform our three MS post graduate students have passed with flying colors securing more than 65% of marks. We have conducted around 90 camps during the span of 6 months and benefitting 1700 patients with intraocular lens. We have con-

ducted Glaucoma, Diabetic Retinopathy and ARMD screening camps. A guest lecture was organized by our department on 'Uveitis' by eminent speaker Dr. Padmamalini. Our department is guiding PG students in 4 research papers and also one ICMR research paper by UG student. We have performed orbitotomy surgery for a patient with lacrimal gland tumor, first of its kind. I am also glad to share that Dr. Sundip Shenoy, Professor and Vitreoretinal fellow, of our department will be starting vitreoretinal services shortly. We have collected 8 pairs of eyeballs for keratoplasty purpose, first of its kind. Our department not only academically but also shine in extracurricular activities, Dr. Maithri, Second yr post graduate student has secured first place in a cultural dance event organized during March 2017. We have got 3 MS seats recognized by MCI. All these were possible with the constant support of our beloved Principal, Dr. M.G. Shivaramu, our Medical Superintendent, Dr. TM Manohar who are the pillars of our institution.

The case we are going to discuss about is primary benign tumor that is Schwannoma , which is a very rare tumor arising from one of the peripheral nerves in the orbit, though benign may cause pressure effects on the muscle , vessels, and nerves in the orbit causing symptoms. Because of the rarity in sight in the inferior part of the orbit and also because of the size it had attained in a man aged 55yrs, it was successfully removed under local anesthesia and histopathologically confirmed to be benign schwannoma with both the type of cells antoni A and B.

Basal Cell Carcinoma is one of the common malignant tumors of the eyelid, mostly occurring in the lower eyelid, medial angle of the eye and rarely from the upper eyelid. Clinically, it can manifest like ulcerative type, nodular type, pigmented type or baso-squamous type. Early surgical management in the form of wide excision followed by various types of rotation graft can result in 100% success rate. But recurrences do occur in some cases for which a long term follow up study is very essential. We came across recurrent type of basal cell carcinoma following wide excision midline forehead rotational flap in a 60 yrs old male patient which is discussed in detail.

Rheumatoid Arthritis causes mainly ocular complications like atrophy of lacrimal gland resulting in dry eye syndrome, corneal melting, scleritis, recurrent non-granulomatous uveitis and endophthalmitis which may result in painful blind eye. Female patient aged about 60 years presented with long history of rheumatoid arthritis with positive RA factor who is on oral methotrexate who had developed deformities of extremities, had the complication of corneal melting resulting in endophthalmitis with painful blind eye , with no perception of light which was indicated for enucleation but since she had dry eye to prevent post operative complication of contracted socket, amniotic memberane graft was done (3cm x 4 cm) which was obtained from the OBG department. Post operatively the graft had taken up very well with the roomy fornices for the lodgement of the cosmetic shell.

We recently conducted a camp exclusively for diabetic patients from several villages with Ocular complications in diabetes. Both type I and type II diabetics were studied in detail ,many advanced diabetic retinopathy patients got the benefit of undergoing PRP as a part of the treatment. which is the leading cause for blindness.

I would like to congratulate our PG students who passed out successfully in the PG Exam conducted in the month of MAY 2015.

I, also extend my hearty welcome to all the PG's who are admitted this academic year for MS Ophthalmology.

I, feel extremely happy and proud to announce that Ms. Bhanupriya an undergraduate student who did an ICMR project under my guidance and is selected to present the same at All India level conference which is going to be held in pune. The subject being Incidence of Refractive Error in School going children between the age group of 7-14 years.

I wish her All the Best!

I feel happy to mention that Screening of School children from nearby school was recently conducted in our Department regarding diagnosis and management of congenital ocular anomalies, squint amblyopia and refractive errors.

Organization

Business Name

Primary Business Address
Your Address Line 2
Your Address Line 3
Your Address Line 4
Phone: 555-555-5555
Fax: 555-555-5555
E-mail: someone@example.com

This would be a good place to insert a short paragraph about your organization. It might include the purpose of the organization, its mission, founding date, and a brief history. You could also include a brief list of the types of products, services, or programs your organization offers, the geographic area covered (for example, western U.S. or European markets), and a profile of the types of customers or members served.

It would also be useful to include a contact name for readers who want more information about the organization.

Your business tag line here.



Back Page Story Headline

This story can fit 175-225 words.

If your newsletter is folded and mailed, this story will appear on the back. So, it's a good idea to make it easy to read at a glance.

A question and answer session is a good way to quickly capture the attention of readers. You can either compile questions that you've received since the last edition or you can summarize some generic questions that are frequently asked about your organization.

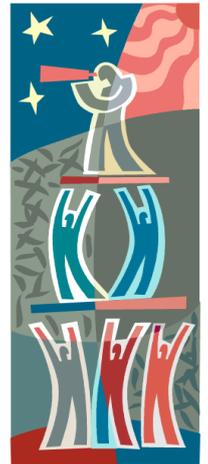
A listing of names and titles of managers in your organization is a good way to give your newsletter a personal touch. If your organization is small,

you may want to list the names of all employees.

If you have any prices of standard products or services, you can include a listing of those here. You may want to refer your readers to any other forms of communication that you've created for your organization.

You can also use this space to remind readers to mark their calendars for a regular event, such as a breakfast meeting for vendors every third Tuesday of the month, or a biannual charity auction.

If space is available, this is a good place to insert a clip art image or some other graphic.



Caption describing picture or graphic.

We would like to highlight on the academical activities from January 2017 till date

We are happy to announce the joining of new member to our ophthalmology family, Dr. Spoorthy S, Senior Resident, has done her Phaco fellowship from Sankara Eye Hospital, Bangalore. She was previously working in PESIMSR , Kuppam for 2 and half years.

We are happy to share that our Assistant Professor, Dr. Dinesh P has got into Fellowship in Cornea and Phaco in esteemed eye institute.

Glaucoma awareness week was observed from 13th to 18th March of 2017 at Department of Ophthalmology, AIMS, B.G.Nagara . this event was graced by the presence of our beloved Principal Dr. M.G.Shivaramu and Medical Superintendent Dr. Manohar. As glaucoma is the second leading cause of blindness worldwide, every year World Glaucoma week is observed during the second week of March, in order to create awareness among the common people. This was also a valuable educational contribution both for teaching faculty and the young budding ophthalmologists.

Around 100 patients were screened

Type of glaucoma	Glaucoma suspect	Normotensive glaucoma	Ocular hypertension	Primary angle closure glaucoma	Primary open angle glaucoma	Secondary glaucomas (LIG, pseudoexfoliation)	Absolute glaucoma
No of patients	1	1	0	1	6	2	1

Treatment	Observation and follow up	Medical treatment	Peripheral iridotomy	Trabaculectomy
No of patients	20	15	5	3



Guest lecture on “UVEITIS” by Dr. Padmamalini M, Chief Consultant, Uvea and Ocular Immunology, Narayana Nethralaya, Bengaluru, was held on 12/4/2017. This event was graced by the prescenc of our beloved medical superintendent Dr Manohar T.M.Eminent HODs and Professors from various departments participated in this event. An elaborative discussion was done on Uveitis including various patterns and different etiologies. A comprehensive talk was given on clinical presentation, examination and management. A question and answer session was also conducted for the exam going postgraduates with the aid of clinical cases and videos. It was a valuable educational contribution for faculty, post graduates and undergraduates.





Free ARMD and Diabetic retinopathy screening camp was conducted on 23rd June 2017 at the department of ophthalmology, AIMS, BG Nagara. Morbidity due to diabetic retinopathy and ARMD is increasing day by day in rural population due to lack of screening camps effectively reaching them. Considering this over growing burden the department of ophthalmology at AIMS took an initiative to conduct a screening camp for ARMD and diabetic retinopathy.

The camp was successful in reaching the goal by screening around 127 patients. Creating awareness & promoting community participation among the rural population, improving the skills among health professionals were of additional benefits.

Detailed history, Visual acuity, slit lamp examination, detailed fundus examination using direct and indirect ophthalmoscope was done along with blood investigation for all patients. Necessary prophylaxis and treatment were advised to the patients during this camp.

Patients without retinopathy	Mild NPDR	Moderate NPDR	Severe NPDR	PDR	HRC
93	17	11	4	1	1
Age related macular degeneration					
WET			DRY		
6			1		



We would like to congratulate our outgoing postgraduate batch 2013- 17 Dr. Pavan Kumar Reddy, Dr. Nidhi Pandey and Dr. Deepa CK for passing with first class under the expert guidance of our beloved HOD, Dr. H T Venkate Gowda and faculties.

We had a few interesting cases, one of them was- A 60 year old female presented with gradual onset prominence of left eye since 1 month, for which we clinically diagnosed lacrimal gland tumor and confirmed with CT scan. As FNAC could not yield any result we planned for Transcutaneous Anterior Orbitotomy and performed biopsy which was Adenoid Cystic Carcinoma of lacrimal gland.



We had conducted a total of 90 camps, spanning from January 2017- June 2017, also having operated about 1720 cases of cataract and other ocular surgeries during the period of 6 months.



Anodyne

**ADICHUNCHANAGIRI
INSTITUTE OF MEDICAL SCIENCES**



Agony of Agony of pain ceases from

pain ceases from here.... **NEWS LETTER**

Patron

Parampooyja
Jagadguru Sri Sri Sri
Nirmalanandanatha Mahaswamiji

Advisor

Dr. M. G. Shivaramu
Principal
Dr. T.M. Manohar
Medical Superintendent

Editor

Dr. Manjula R
Dr. Karthik Kumar & Dr. Avinash

Faculty

Dr. Kempachary (HOD)
Dr. Srikantamurthy T. N
Dr. Vasantha Kumar K.R
Dr. Chethananand T.N
Dr. Manjula R
Dr. Shivaramu B. T
Dr. Prajwal Patel H. S
Dr. Shashank M. R
Dr. Prashanth Gowtham Raj
Dr. Sarvesh B.

Dr. Farzana Ghori

POST GRADUATES:

Dr. Achyutha.J
Dr. Anantha Rao.A
Dr. Bhavya.P
Dr. Swetha.P
Dr. Upakara Selvin Rajan
Dr. Sumitha.B
Dr. Karthik Kumar
Dr. Lagadapati Madhav Avinash
Dr. Damodar Reddy Y
Dr. Shilpa.P.H
Dr. Yajamanam Divya
Dr. Anadkat Jaydeep Narendrabhai
Dr. Bhuvanesh.R
Dr. Harish.P
Dr. Santhosh.N.V
Dr. Suhana Banu
Dr. Shruthi.R
Dr. Sandhya Lakshmy Menon
Dr. Pavithra
Dr. Pallavi Kulkarni
DR. Shabana S
Dr. Rashmi R
Dr. Madhuri G

Department of Anaesthesiology

Arthur E. Guedel (1883 - 1956): Self-Trained Pioneer



Arthur E. Guedel (1883 - 1956): Self-Trained Pioneer

Arthur Guedel, MD (1883-1956), was an early anesthesiologist who made many important contributions to the development of anesthesiology. He was born in Cambridge City, Indiana, and had to leave school at age 13 to help support his family. Guedel dreamed of practicing medicine even though he had no high school diploma and no financial resources. His family physician helped him get into the University of Indiana Medical School. He graduated in 1908. Guedel administered his first anesthetics while an intern at Indianapolis City Hospital. This was a common duty for interns of the time because there were then few physicians interested in anesthesia. Guedel started a general practice in Indianapolis in 1909 and earned additional income by giving anesthesia in hospitals and dental offices.

The setting for these developments was Guedel's service with the US Army in WW I in France. The Army had no anesthesiologists when the US entered the war, and casualties were overwhelming. Guedel decided additional staff had to be trained. He developed a school that taught physicians, nurses and orderlies to give anesthesia. When no monitors were available, GUEDEL invented Four stages of anesthesia. This improved patient safety by making clear when the patient was too "deep" and might possibly die from overdose of anesthesia. He prepared a little chart of his version of the signs and stages of ether anesthesia, the most common agent in use at the time and one with a wide margin of safety. This chart was a visual version of the concepts he had been developing before his Army service.

After his return to the US in 1919, he presented his chart at meetings. In 1920, he wrote an article on his signs for the first anesthesia journal. Additional articles appeared in 1935 and 1936 and also in Guedel's notable book, *Inhalation Anesthesia: A Fundamental Guide*, published in 1937. After returning from the war, Dr. Guedel resumed private practice and created a laboratory in the basement of his home. Because ETTs did not protect against aspiration, Guedel glued dental dams and surgical gloves to its outer wall, improving on the design. He first experimented on isolated animal tracheas (donated from a butcher), until satisfied and ready to use *in vivo*. One of the most memorable demonstrations was captured in a photograph in which Guedel's dog, affectionately named "Airway", is shown anesthetized, intubated (with a cuffed ETT) and submerged in a tank of water. Once removed from the aquarium, recovered from anesthesia and extubated, it is reported that "Airway" ran out of the auditorium, without incident- thereby demonstrating the additional safety provided by an inflatable cuff placed below the vocal cords.

He was married to Florence Dorothy Guedel for nearly fifty years and had two daughters. In using the Guedel airway, it is inspiring to think of Arthur E. Guedel, his many contributions and how he was able to positively affect so many lives despite his humble upbringing and hardships throughout his life. The Arthur E. Guedel Memorial Anesthesia Center is in San Francisco

EDITORIAL

The term AIRWAY refers to describe the air passages nose, oropharynx, larynx, trachea and tracheobroncheal tree. To achieve one of the Basic principles of anaesthesia, that is the maintenance of a patent airway is aimed at providing adequate oxygenation and ventilation, The range of devices and products available to secure airway has seen major changes especially with respect to their designs. A clear airway must be established and maintained allowing the passage of gases to and from the patient lungs. Failure of which leads to hypoxia, if prolonged then brain damage and death may follow

In an unconscious patient there is always a chance of falling back of tongue and epiglottis against posterior pharyngeal wall due to relaxation of the muscles of the floor of the mouth causing partial or complete obstruction of the air passage. By Inserting oral airway, lifts the posterior part of the tongue and epiglottis from the posterior pharyngeal wall which allows the patient to breathe around and through the lumen of the tube. When airway devices are not available, airway can be maintained by elevation of jaw {jaw thrust} and chin lift by skilled person till the air way gadgets are ready.

MANJULA R,

"What they say?" 2013 and 2014 batch post graduate students who obtained ranks in RGHUS annual pg exam 2016.



My experience as a postgraduate student in adichunchanagiri institute of medical sciences pursuing MD anaesthesiology was a life changing one. Located in a rural set up, the college is a peaceful student friendly institute. Department of anaesthesia is the most proactive and academically oriented department. Under the able leadership of Dr M K Radha madam our beloved HOD, professors like Dr chethanananda TN and Dr Vasantha Kumar who are our sources of inspiration the department was a post graduate destination sought for. The faculty ensured that our basics in the field of anaesthesiology is firm and solid. The seminars, the conference case presentations, the world anesthesia day celebrations and the supportive OT staff nurses and ward boys are some of the many highlights of my department.

Today as a anaesthesiologist practicing in Bangalore, I feel the institute has offered me a brilliant foundation for further growth. Having secured 7th rank in the University exams of 2016, I am ever grateful and indebted to the institution. Now under Dr Kempachari sir's guidance the department can continue the good work and produce post graduates who will be an asset to the society.

Dr Amith S



no words can describe my gratitude enough for my alma mater AIMS Mandya, and my professors and teacher. In whose amazing hands I landed in Anaesthesia department. I am highly thank full to Dr. Radha.M.K, Dr. Kempachary, Dr. Chethananand.T.N, Dr. Vasanthakumar, Dr. Meera B, Dr. Usha Devi, Dr. Raghavendra.T.R, Dr. Manjula.R, Dr. Yoganarasimha.N, Dr. Prajwal Patel, Dr. Shivaramu.B.T, Dr. Shashank.M.R, taught me the ethics of medicine, discipline of OT. Importance of patient care made me care and made me capable of saving lives. They were always there as my mentor, guiding me through the difficult times. I was equally lucky to have awesome seniors, my colleagues, who made the staying in department worthwhile and junior colleagues who were always supporting and helpful to seniors.

Dr. Aastha Khurana



Students & Staff participated in PG EXCEL 2017, a regular yearly state level PG teaching programme, held at Vijayapura, during February 11 & 12th 2017. AIMS B G Nagara Anaesthesia department conducted a case discussion on PIH headed by Dr. Kempachary, professor and HOD, with the students Dr. Shilpa, Dr. Bhavya for a 45-minute duration.

JNANA VIJNANA TANTRAJNANA MELA Feb.20-21, 2017



JVTM, a state level scientific exhibition of Technology, is conducted at Adichunchanagiri Mutt for school & college students every year. We had participated by opening a station with the theme "Basic Life Support & History of Anesthesia" for education to the public & students on 20th and 21st February 2017.

WARM WELCOME

DR SRIKANTAMURTHY has joined the institute as Prof of Anaesthesiology from Feb 2017.

DR.SARVESH has joined the institute as Assistant Prof of Anaesthesiology from May 2017

PUBLICATIONS JAN – JUNE - 2017

COMPARITIVE STUDY OF BUPICVCAINE WITH NALBUPHINE AND BUPIVACAINE ALONE FOR POST – OPERATIVE ANALGESIA IN SUBARACHNOID BLOCK FOR LOWER LIMB SURGERIES-prospective - randomised study - ANAESTHESIA & INTENSIVE CARE MEDICINE - *ISSN:2474-7653 VOLUME 2,ISSUE 2-MARCH2017-*

Dr Manjula R, Dr Chaithra G.V , Dr Amith Gandhi, Dr Upakara Selvin Rajan, Dr Adithi V Prabhu.

ANAESTHETIC CHALLENGES OF PLEXIFORM NEUROFIBROMA OF THE FACE WITH EPIGASTRIC HERNIA FOR REPAIR. Dr.Sreedhar N,Dr.Jaydeep Narendrabhai Anadkat, Dr Chaithra G V,Dr.Kavyashree

COMPARATIVE EFFICACY OF MINIMAL CONCENTRATION OF RACEMIC BUPIVACAINE(0.0625%) WITH FENTANYL AND ROPIVACAINE (0.1%) WITH FENTANYL FOR EPIDURAL LABOUR ANALGESIA Dr T N Chetanananda,Dr M R Shashank,Dr N Madhu, Dr Jachyutha,Dr Karna Venkata Siva kumar

ON GOING PROJECTS:

COMPARITIVE STUDY OF BUPIVACAINE WITH NALBUPINE AND BUPIVACAINE WITH BUPRINORPHINE INTRATHECALLY OR POST-OPERATIVE ANALGESIA IN LOWER LIMB SURGERIES-PROSPECTIVE RANDOMISED STUDY-Dr.Upakara Selvin Rajan, Dr.Manjula R, Dr.Jaydeep anadkat

COMPARATIVE STUDY OF INTRATHECAL BUPIVACAINE (0.5%) AND INTRATHECAL BUPIVACAINE (0.5%) WITH FENTANYL IN PRE ECLAMPTIC PARTURIENTS UNDERGOING ELECTIVE CAESAREAN SECTION –Dr.Manjula r, Dr Chaitra G V, Dr Jaydeep Narendrabhai anadkat .

COMPARISON OF ULTRASOUND GUIDED AND ELECTRICAL NERVE STIMULATION TECHNIQUES FOR INTERSCAPE BRACHIAL PLEXUS BLOCK IN PATIENTS UNDERGOING CLAVICLE SURGERY A RANDOMISED CONTROL STUDY ACCEPTED UNDER IJCA,VOLUME 3 ISSUE 3 Dr Vasantha Kumar,Dr Aditi Prabhu, Dr Bhavya, Dr Tasneem K auser, Dr.Karna Venkata Siva kumar.

ACTIVITIES OF THE DEPARTMENT(JANUARY –JUNE 2017)

DR KEMPACHARY PROFESSOR AND HOD conducted and chaired session in PGEXCEL 2017 on PIH scheduled for 45 mins followed by discussion at AL -AMEEN MEDICAL COLLEGE VIJAYA PURA.

MEDICAL EDUCATION TECHNOLOGY Training Programme was conducted in our college from 8th to 10th May 2017 for faculty members which was attended by our following staff members

DR.CHETHANANAND T.N .Professor

DR.SHIVARAMU B.T. Associate professor

DR.PRAJWAL PATEL H.S. Assistant professor

CME'S and guest lectures conducted by other departments like ORTHOPEDICS ,MEDICINE ,OBG ,ENT ,PAEDIATRICS and especially SURGERY department which conducted its STATE LEVEL CME on TRAUMA MANAGEMENT on January 27th 2017 which included the first topic on “Trauma resuscitation” delivered by DR.VENKATESHWARAN ,SENIOR CONSULTANT in ANAESTHESIA ,GANGA HOSPITAL, COIMBATORE chaired by DR.KEMPACHARY PROF & HOD DEPT.ANAESTHESIOLOGY. This was attended by all our staffs and students as part of inter departmental participation.

The same speaker delivered a guest lecture ON UPPER LIMB NERVE BLOCKS ON 27TH OF JANUARY 2017 between 4:00-5:00pm at department seminar hall .

Yet another guest lecture by DR.SELVA KUMAR PROF OF ANAESTHESIOLOGY GOVT.MEDICAL COLLEGE ,TRICHY on the topic”CYLINDERS” on 25th of june 2017 between 7:00-9:00pm at department seminar hall.

2017 RGUHS annual post graduate examination was attended by all the PG's:

MD

Dr.Aditi Prabhu

Dr.Amit Gandhi

Dr.Chaithra.G.V

Dr.Madhu.N

Dr.Rakesh Reddy

DA

Dr.Kavya Shree

Dr.Karna Venkata Siva Kumar

Dr.Kiran Prasannan

Dr.Tasneem Kauser

Department of anaesthesia welcomes NEW POST GRADUATES June 2017 batch

MD:

Dr.Santhosh.N.V

Dr.Suhana Banu

Dr.Shruthi.R

Dr.Sandhya Lakshmy Menon

Dr.Pavithra.D

DA:

Dr.Pallavi Kulkarni

Dr.Shabana S

Dr.Rashmi R

Dr.Madhuri G

CONGRATULATIONS

To our dear staff Dr Shashank M R (Asst. Prof) weds Dr Sushmitha on 4th of June 2017.

ಬಹುರೂಪಿ ವೈದ್ಯ

October 16

ವಿಶ್ವ ಅರಿವಳಿಕೆ ದಿನ

ಪರಮಾಧಿಪತ್ಯ ಸಾಧಿಸಿದ

ಅವಿಸ್ಮರಣೀಯ ದಿನ..

William Morton

Gilbert ಎಂಬ ರೋಗಿಯ

Vascular tumour ಗೆ

ಡಾ|| John Collians

Surgeon surgery ಗೆ

ಅರಿವಳಿಕೆ ನೀಡಿದ ದಿನ.

ಅಂದಿನಿಂದ ಇಂದಿನವರೆಗೂ

ICU care

Critical care

Palliative care

ಇನ್ನೂ ಇತರ ಬಗೆಗಳಲ್ಲಿ

ಭಾಷು ಮೂಡಿಸಿರುವುದು

ಅರಿವಳಿಕೆ ತಜ್ಞರ ವಿಶೇಷ

ನಿಮ್ಮ ಒಂದು ಕರೆಗೆ

ಓಗೊಟ್ಟು ಧಾವಿಸಿ ಬರುವ

ತನ್ನ ಪರಿಶ್ರಮಕ್ಕೆ

ಸೂಕ್ತ ಸಂಭಾವನೆ ಸಿಗದೆ

ಅರಿವಳಿಕೆ ಬಗ್ಗೆ

ಅರಿವೇ ಇಲ್ಲದ ರೋಗಿ, ಮತ್ತು ವೈದ್ಯರಗಳೊಂದಿಗೆ

ನಿರಂತರ ಸೇವೆಗೈಯುತ್ತಿರುವ

ಅರಿವಳಿಕೆ ತಜ್ಞರ ಪರವಾಗಿ

ಈ ನನ್ನ ಪುಟ್ಟ ಕವನ

ಮಂಜುಳ ಹನುಮಂತಯ್ಯ



ANAESTHESIOLOGY



JANANI



MOTHER IS LIVING GOD

CHIEF PATRON

Paramapoojya
Jagadguru
Sri Sri Sri
Dr.Nirmalanandanatha
Mahaswamiji

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Dr. Indiradevi.N.M
Dr. Subbappa.K
&
Post Graduates

NEWS LETTER FROM DEPARTMENT OF OBG



**STATE LEVEL
UROGYNACOLOGY
LIVE WORKSHOP -
2017**
On March 23rd, 2017
Department of OBG
AIMS

CALENDER OF EVENTS

1. 60th AICOG conference was held at Ahemadabad from 25th -29th January 2017 attended by Staff Dr Bharathi K R and Dr Subbappa K , postgraduates Dr.Shrunga RP, Dr.Vindhyashree S, Dr Shilpashree, Dr. Akhila P, Dr.Himaja, Dr.Ratnadeep Goswami, Dr.Sowmya T .

Paper Presentations by Postgraduates

- “Clinical study on ovarian masses and its histopathological correlation ”by Dr.Akhila P at AICOG 2017 .
- “Comparative study of extra peritoneal and intra peritoneal repair of uterus in caserean delivery ” by Dr.Vindhyashree S at AICOG 2017 .
- “Study Of Lipid Parameters In GDM And Non GDM Women –A Comparative Study” by Dr.Shrunga RP at AICOG 2017.
- “Comparision Of Single Dose Of Inj.Ceftriaxone With Oral Doxycycline And Metronidazole Versus Oral Ofloxacin And Ornidazole In The Treatment Of PID” by Dr. Shilpashree at AICOG 2017.
- “Extensive Hirsuitism In women In PCOD With Pregnancy”by Dr.Sowmya At AICOG 2017.
- “Fetomaternal outcome in antepartum haemorrhage in tertiary care hospital”by Dr N.Himaja at AICOG-2017.

2. **Jnanavignana mela** was held on 20th and 21st February 2017 at Sri Kshetra Adichunchanagiri. There was active participation by the Department of OBG with the placards exhibition creating awareness on “Teenage pregnancy”, “Pre marital sex” and “Child marriage”.

JNANAVIGNANA MELA 2017



3. **CME** was held on **International women’s day** by the **Department of OBG** in collaboration with Department of Psychiatry on 8th March 2017 on “**Infertility And Women’s Mental Health**”. There was active participation from staff and students.

Dr.Manjunath ,Consultant Mathruthva infertility centre, Bangalore spoke on “**PCOD**”

Dr.V.A.P. Ghorpade, Prof and HOD, Psychiatry AIMS, spoke on **Psychiatry and Women’s Health** , with the role play as well .

Prof. Dr.Sunanda Kulkarni, Chinmaya Mission Hospital, Bangalore spoke on “**Puerperial Psychiatry Issues**”.

Department Of OBG And Psychiatry, SAH&RC .



Infertility And Women's Mental Health CME on 8th March 2017

Dr.V.A.P. Ghorpade.HOD,Dept Of Psychiatry.



Dr.Mahendra. G, Dept of OBG

Inauguration of CME



Dr.Ravindra. S.Pukale, Dept of OBG

Dept of OBG



4. State level Live Urogynaecology Workshop was conducted by Dept of OBG, AIMS on 23rd March 2017. Around 200 State delegates attended the workshop. There was demonstration of “Sacrospinous fixation for vault prolapse”; “PoPQ demonstration”, “Vaginal hysterectomy with sacrospinous fixation”, “High uterosacral plication”.

Dr.Kiran Ashok, consultant urogynaecologist, Vikram hospital, Bengaluru spoke on “**Stress incontinence**”

Dr.Chandrashekar Murthy, consultant uro-gynaecologist, Vikram hospital Bengaluru spoke on “**Recent trends in the management of prolapse**”.

**UROGYNAECOLOGY WORKSHOP on 23rd March
2017**



Inauguration of CME



Inauguration of CME



Student Participation



Dr. Bharathi.K.R. Dept Of OBG



Dr.KiranAshok, Consultant Urologist



Dr.Chandrashekar Murthy , Consultant Urologist

5 Gynaec-oncology workshop was held by the Department of OBG at AIMS ,SAH&RC campus on 10th April 2017, Dr.UD Bafna, Prof and HOD ,Department of Gynaecology, Kidwai Institute of oncology, Bangalore. Demonstrated cases on staging laprotomy of ovarian carcinoma and fallopian tube carcinoma. There was active participation from the staff of other department and PG and UG students .

Felicitation Of Dr.U.D. Bafna



6. BSOG PG CME held at Bengaluru in June 2017 was attended by all final year postgraduates.

Conferences Attended By Staff And Postgraduates Of The Department

- IRIA conference 2017-National Radiology conference at Jaipur from 5/01/2017-08/01/2017 attended by Dr.Bharathi KR
- FOGSI national conference AICOG 2017 held at Ahemadabad, Gujrat from 25/01/2017 to 30/01/2017 attended by Dr.Bharathi KR
- Workshop on colposcopy was held at JSS medical college Mysore on Feb 4th 2017, attended by Dr.Bharathi and Dr.Shrunga RP
- Dr Vijaylakshmi. S Prof & HOD and other staff of Department of OBG had participated in Basic Life support training programme conducted at AIMS .
- CUTTING EDGE conference 2017 on 20/05/2017 and 21/05/2017 at J W Marriott, Bangalore, attended by Dr.Bharathi KR

Publications By Staff

- **“An Interesting Rare Case Of Spontaneous Pregnancy With Imperforate Hymen And High Transverse Vaginal Septum With Bicornuate Uterus”**. International Journal of Reproduction, Contraception, Obstetrics and Gynaecology 2017 Jan; 6(1):341-343. Dr.Bharathi K.R, Dr.Vijayalakshmi S, Dr.Divya Alamelu N
- **“A Meigs Syndrome –A Paradoxical Presentation”**.Indian Journal of Obstetrics and Gynaecology Research (IJOGR), Feb 2017 vol 4, issue 1. Dr.Bharathi K.R, Dr.Vijayalakshmi S, Dr.Divya K.
- **“Enlightening A Novel Dimension –Mifepristone In Pre Induction Cervical Ripening In Term Pregnancy”**. Indian journal of Obstetrics and Gynaecology Research, vol 5 no 1 ,Jan-Mar 2017 by Dr.Mahendra G, Dr.N Divya Alamelu, Dr.Vijayalakshmi S, Dr.Ravindra S Pukale, Dr.Bharathi K.R.

Acheivements From The Department

- Dr.Priya.N 2013 batch secured university 3rd rank in the MS examination conducted by RGUHS in the year 2016.
- Dr.Neha.Yadav 2014 batch secured university 3rd rank in the DGO examination conducted by RGUHS in the year 2016.

On Going Projects In The Department Of OBG

1. **“Clinicopathological Study Of Endometrium In Perimenopausal And Postmenopausal Women In Women With Abnormal Uterine Bleeding”** by Dr.Shrunga RP
2. **“Comparison Of Serum Calcium And Magnesium In Women With Pre-Eclampsia And Normal Pregnant Women”** by Dr.Shilpashree.M.K
3. **“Lipid Profile Parameters In Gestational Hypertension ,Preeclampsia And Eclampsia In Comparison With Normal Pregnancy”** by Dr. Vindhyashree.S.
4. **“Comparative study between NST and Doppler in high risk pregnancy”** by Dr.Bharathi.Peta
5. **“Fetomaternal Outcome In Meconium Stained Amniotic Fluid And Comparsion Of Clear, Thin, And Thick Meconium Stained Liquor”** by Dr.Nikitha Jain.
6. **“Comparison Of Cervical Length In Induction Of Labor With Bishops Score And Transvaginal Scan”** by Dr.Parvathi.C
7. **“Effect Of Maternal BMI And Gestational Weight Gain On Maternal And Perinatal Outcome In A Rural Medical Hospital”** by Dr.Raksha Kumaraswamy
8. **“The role Of Uterine Artery Doppler Done At 11-14 Weeks Period Of Gestation In Prediction Of Pre eclampsia”** by Dr.Manjula.S.P .
9. **“ The Evaluation Of Endometrial Thickness By Transvaginal Ultrasonography in Perimenopausal Women With Abnormal Uterine Bleeding And Its Correlation With Histopathological Findings”** by Dr.Noor Ayesha Begaum.



DEPARTMENT OF OBG

JAI SRI GURUDEV



Patron



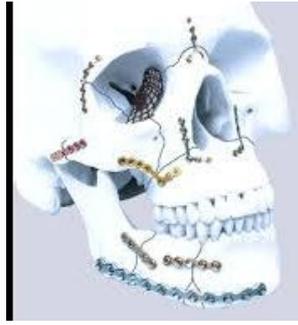
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Snr Resident



32 pearls



Official Newsletter from the Department of Dental.

Adichunchanagiri Institute of Medical Sciences

HOD DESK

With the blessings of Paramapoojya Jagadguru Sri Sri Sri Padmabhushan Dr.Balagangadharanatha Mahaswamiji and his holiness Jagadguru Sri Sri Sri Nirmalanandanatha Mahaswamiji.

We are coming out with our newsletter 32 **PEARLS** and are very happy to present it to you. I would like to express our gratitude to the Principal, Dr. M. G. Shivaramu for inspiring us with his encouragement.

Recently, there has been a growing interest in Dental research in this Issue we are focusing about trauma and bone deformities, we hope the article presented in this issue are informative and clinically useful.

Department of Dentistry.

Adichunchanagiri Institute of Medical Sciences

MANDIBULAR FRACTURES CORRECTION BY CHAMPYS LINE OF OSTEOSYNTHESIS

Introduction

Fractures of the mandible are common in patients who sustain facial trauma. Study conducted by Hang et al, showed the ratio of 6:2:1 of mandibular, zygomatic, maxillary fractures incidence respectively. Approximately 2/3rds of all facial fractures are the mandibular fractures.

CLINICAL SIGNS AND SYMPTOMS

- Tenderness & pain present on left angle region was present.
- Malocclusion was present.
- Ecchymosis on floor of mouth.
- Step defects inferior border on left angle region.

DIAGNOSTIC IMAGING

OPG was taken, well defined radiolucent line was present on left angle region features suggestive on left angle fracture of mandible.

MANAGEMENT Open reduction and internal fixation was planned. Wards incision was placed on left third molar region, mucoperiosteal flap was reflected, fractured site was exposed followed by reduction and fixation with mini plates. Occlusion was satisfactory, recovery was uneventful.

Advantages:

- Early return to normal jaw function, Normal nutrition, Normal oral hygiene after a few days.
- Avoidance of airway problem.
- Can get absolute stability, promotes primary bone healing.
- Bone fragments re-approximated exactly by visualization.
- Avoids IMF for patient with occupational benefits in avoiding mandible fixation e.g. Lawyers, teacher, sale people, seizure disorders.

Disadvantages:

- Most obvious; need for an open procedure, Significant operating room time.
- Prolonged anaesthesia , Expensive hardware.
- Some risk to neuromuscular structure and teeth.
- Need for secondary procedure to remove hardware.
- Need much operator skill, meticulous technique needed.
- Higher frequency facial nerve palsy.

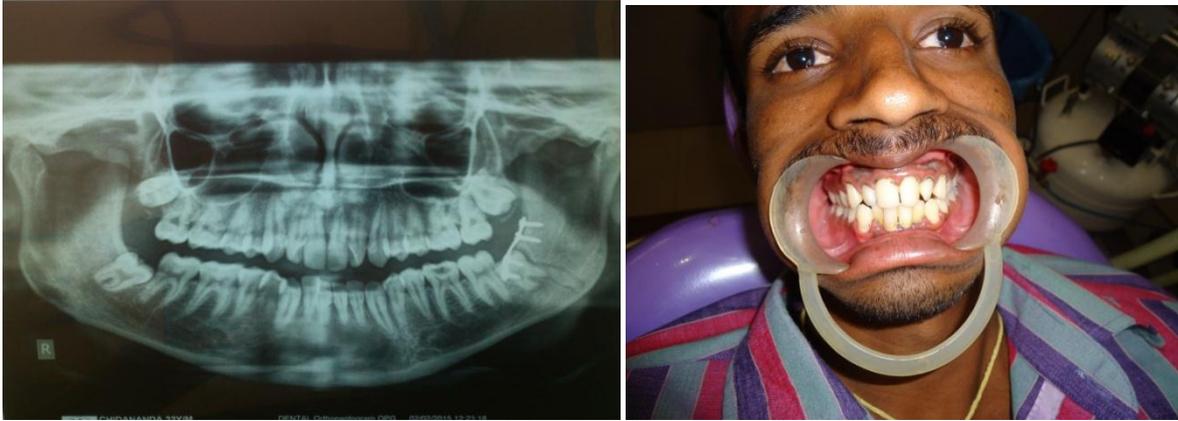
Pre op Images of Mal-alignment with Deranged Occlusion.



Surgical Correction



Post –op x ray and clinical picture.



Case 2:

A LARGE PERIAPICAL CYST IN MAXILLA - APICECTOMY

The root is amputated at appropriate level. The cut is at a 45 degree lingual & labial bevel facing the clinician with a fissured cylindrical bur. This provides good visualization of the apex uncovers second canal.

The apical foramen is sealed either by heat-sealing the gutta percha in the canal or by retrograde filling with zinc-free amalgam.

Indications

Periapical infection

- Periapical granuloma ,Periapical cyst, Periapical abscess

Iatrogenic causes

- Broken instrument, Under obturation , Over obturation

Anatomical causes

- Dilacerated root, Calcified canal, Accessory canal , Resorbed root, Pulp stone

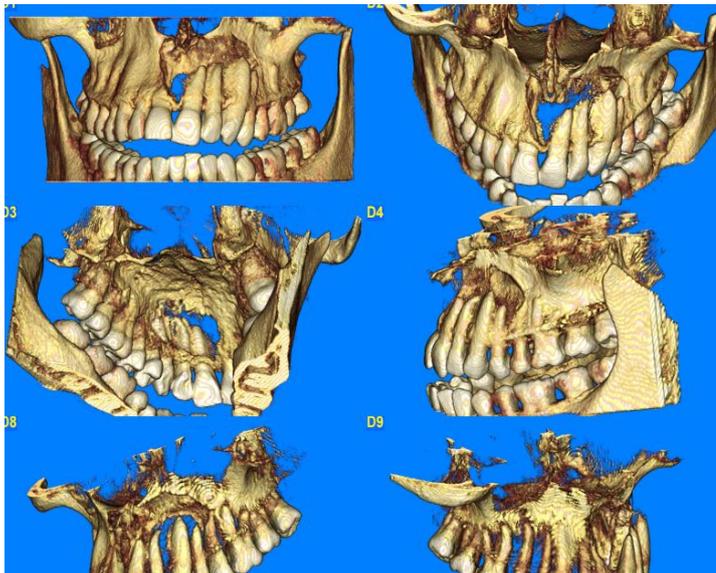
PROCEDURE FOR APICECTOMY/PERIAPICAL CYST

Patient was seated in a semi supine position depending on the quadrant in which was performed. Once through examination was done, local anesthetic [2% adrenaline] solution was deposited. Once adequate anesthesia has been achieved, RCT is done previously, incision is placed, Mucoperiosteal flap is reflected, apical portion of the affected root is exposed. A resection of infected root was done, followed by removal of pathological of tissue and curette was done. Mucoperiosteal flap closure is done to get achieve primary closure. Post-operative guidelines was given to the patient. Appropriate antibiotics and analgesics was prescribed as needed. Patient is on regular follow up.

INTRA OP image



CBCT image



Departmental Activity

Health camp attended by Dr Prasanna H R are

Dudda on 1-02-17

Thannihulla On 16-03-17

Belur on 22-04-17

Dudda on 14-06-17

Health camp attended by Dr Ranjit Singh are

Belagavi on 01-01-17

Chickanayakanahalli on 16-02-17

Health camp attended by Dr Subramanya G are

Malavalli on 05-02-17

Cheenya on 13-02-17

Belavadi on 26-02-17

Rangenahalli on 19-03-17

Srirangapatna on 22-05-17

Health camp attended by Dr kavitha M N are

Madhugiri on 12-02-17

Naguvanahalli on 18-02-17

Holenarasipura on 19-05-17

Tiptur on 25-06-17



DEPARTMENT PARTICIPATING AT J V T MELA



Dr. Prasanna H R

25-02-17 attended CDE in IDA Hassan branch.

23-03-17 attended CDE in IDA Hassan branch.

10-04-17 attended CDE conducted by Hassanamba Dental College.

17 and 18- 05-17 attended workshop on implant dentistry at Mangalore.

24 -06-17 on attended CDE in IDA Hassan branch.

Dr. Prasanna . H.R , Dr. Ranjit Singh, Dr. Subramanya G and Dr. Kavitha.M.N Attended TRAUMA MANAGAEMENT IN AIMS .

Dr. Subramanya G attended CDE in Tumkur.



Sushrutavani



Adichunchanagiri Institute Of Medical Sciences
B G Nagara - 571448

Volume 5 Issue 2 2016

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From the HOD's desk

Dr Shivakumar M

My greetings to my colleagues and students.

With the divine blessings of Sri Sri Sri Dr Balagangadharanatha Mahaswamiji, Paramapujya Jagadguru Sri Sri Sri Nirmalanandanatha Mahaswamiji we are bringing out the first issue of newsletter of Department of Surgery "Sushrutavani" for the year 2016.

All of us, Surgeons seek to offer the best standard of care to our patients. As Surgeons, it is, imperative that we keep abreast of the constantly evolving changes in our specialty. Researching, critically analyzing and applying the current best evidence into the care patients is what evidence-based medicine is about.

I thank our principal Dr M G Shivaramu for his constant encouragement and support and our medical superintendent Dr T M Manohar who is a constant source of inspiration for all of us. Our motto as a faculty of a surgery is to train our postgraduates and send them as surgeons with a safe knife.

We are the team of 5 Professors, 2 Associate Professors, 6Assistant Professors and 12 Postgraduates with 3 Plastic surgeons, 3 Urologists and 1 Pediatric Surgeon running the show managing all the seven days out patient, 24x7 emergencies and trauma care, 5 units and 5 General surgery OT, 3 plastic surgery and 3 urology OT in a week.

I take this opportunity to thank the ancillary departments, Department of Anesthesia and Radiology without whose support it would not have been possible to run the show.

**MOST COMMON CASE BUT IT'S RARE COMPLICATION AND OUR
INNOVATIVE MANAGEMENT: Scrotal Enterocutaneous Fistula In**

Inguinal Hernia

*Dr. Shivakumar M , Dr Thulasi Vasudevaiah, Dr Partha Pratim Bora, Dr
Prashanth N Hudge*

Introduction: Delayed presentation of inguinal hernia results in strangulation, incarceration, obstruction, and rarely fistula. In developing countries with limited resources, ignorance, financial constraints and lack of specialist medical knowledge, such complications associated with hernias are quite common and leads to increased morbidity and mortality. We report a case of scrotal enterocutaneous fistula, a rare complication of incarcerated inguinal hernia due to late presentation, neglect and lack of proper management.

Case report:

A 68 yrs old patient presented with inguino-scrotal swelling was initially reducible, but for the month before presentation it had been irreducible. A week prior to presentation, the patient developed abdominal pain and constipation for which he used self-medication. He then noticed sloughing of the skin on the right side of scrotum and faeco-purulent discharge from the wound. On examination, his right groin had a visible inguino scrotal swelling with tenderness and his right scrotum had a wound with faecal discharge.

Emergency exploratory laparotomy was performed. A Richter hernia of ileal loop with a 1 × 1 cm perforation about 60 cm from the ileocaecal junction was noted. There was no peritoneal contamination. Perforation was closed with primarily and re-enforced with tunica vaginalis patch. As the site of hernia was found to be faecally contaminated; a mesh repair would have been at high risk of infection. Therefore, Desarda repair technique was done. The scrotal wound was debrided and orchidectomy done. Daily dressing was done. After 48 h, the patient was started on oral feeds, which were well tolerated.

CONCLUSION:

Spontaneous faecal fistula in scrotal region following rupture of strangulated Richter's hernia especially in adults is very rare and can occur even in absence of obstructive symptoms. In presentation of any groin swelling, there is need for an early accurate diagnosis followed by prompt treatment. The delay in its diagnosis and management may result in this rare complication of spontaneous faecal fistula. **As our management first of its kind where perforation was re-inforced with tunica vaginalis patch and with a desarda repair of**

repair.

TICKING ABDOMINAL BOMB: PRIMARY VOLVULUS OF THE SMALL INTESTINE.

Dr. Shrivakumar M, Dr Thulasi Vasudevaiah, Dr Ponnappa, Dr partha

Small bowel volvulus is an uncommon but important cause of small intestinal obstruction. It often results in ischemia or even infarction. Delay in diagnosis and surgical intervention increases morbidity and mortality rates. Based on cause, small bowel volvulus can be divided into primary and secondary type. There is no single specific diagnostic clinical sign or abnormality in laboratory or radiologic finding. In practice, the diagnosis can only be made by laparotomy. The failure to perform an exploratory laparotomy cannot be justified. Early diagnosis and early surgery are the keys for successful management of strangulation obstruction of the small bowel.

Case report:

35 years of old male patient comes with history of acute pain abdomen with vomiting showed distension with fever since 2 days. On examination tachycardia and febrile, per-abdomen examination showed distention with guarding and rigidity with absent bowel sounds, on Per-Rectal examination empty rectum. Haematological investigation showed elevated total leucocytes count with elevated bilirubin level. On Ultrasound Abdomen coffee bean sign s/o volvulus with sign of strangulation. On emergency laparotomy was done and showed ileal volvulus was found with gangrene of ileal volvulated segment due to distal band at terminal ileum. Resection of gangrene segment with anastomosis of small bowel was done. Patient post-operative period was uneventful.

In conclusion:

This is rare but serious complication resulting in a small bowel obstruction which required prompt surgical intervention. A high level of clinical awareness can ensure low mortality rates. Particularly for general surgeons, small bowel volvulus should always be in differential diagnosis in the patients with a history of previous surgery involving especially intestines. In our case as patient has no previous history of surgery, has no clear predisposing factors and no specific signs and symptoms, nor clear diagnostic imaging or laboratory parameters. • Diagnosis is that of exclusion of the common causes of acute abdomen in the particular environment. Surgeons should always consider it in patients with features of acute abdominal pain due to upper intestinal obstruction and advice immediate laparotomy, the length of time between

reporting of the symptoms and timing of operation is important.



Figure: showing ileal volvulus and post-operative wound.

UNINVITED GUEST IN A LANDZERT MANSION: A Rare Case Landzert's Hernia (Internal Hernia)
Dr Geeta Avadhani, Dr Arun Kumar Shirshetty Dr Subba Rao

A 39 years old male patient presented to emergency department with a history of pain abdomen, acute in onset, located in left lateral region of the abdomen and also had history of vomiting two episodes, the vomitus contained food particles only. On examination vitals were normal, per abdomen examination revealed no significant abnormality except for mild tenderness in the left lumbar area. Elective laparotomy and proceed was planned. Per operative finding was a crowded bowel loops in left paraduodenal area through an abnormal defect in the mesentery and the entry point of the sac had mesenteric vessels. Post operatively patient recovered well and was discharged on post-op day 10.

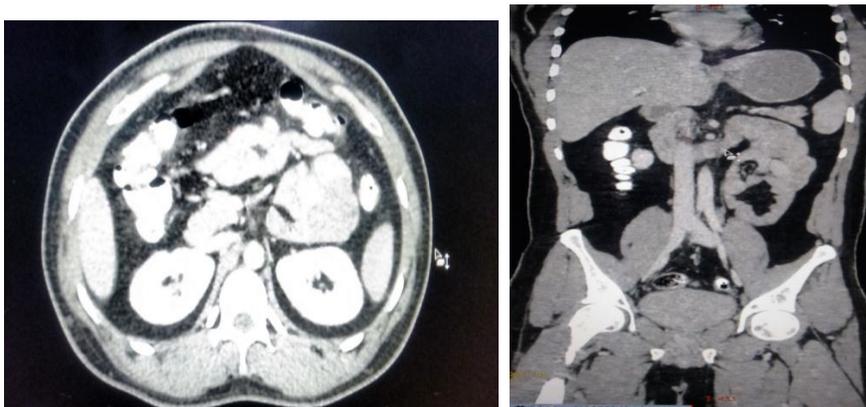


Fig.1: Computed tomographic scan showing incarcerated loops of small bowel in the left paraduodenal area. And enhanced Computed Tomographic picture demonstrates a cluster of small

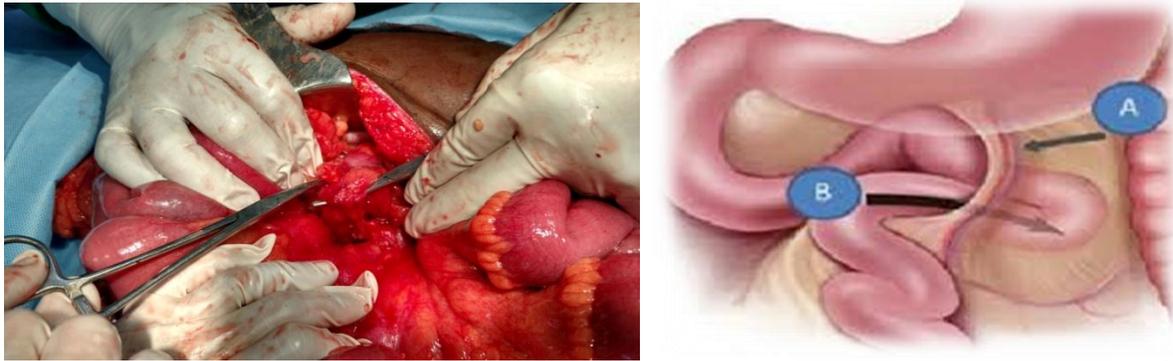


Fig.3: Hernial orifice seen intra operatively.

Paraduodenal hernias are the most common type of internal hernias. Left paraduodenal hernia is a rare congenital anomaly arising from an error of rotation of the midgut. They can be asymptomatic, can cause abdominal pain or may present with acute intestinal obstruction. .CECT scan is the most specific imaging technique to come to a diagnosis preoperatively. It is important to consider the diagnosis of internal hernias in the differential diagnosis for a young patient with recurrent small bowel obstruction with no past history of any surgical intervention. Future complications can be prevented by timely surgical intervention.

LAPAROSCOPY ASSISTED ORCHIDOPEXY FOR UNDESCENDED TESTIS: PROCEDURE DONE AT OUR HOSPITAL: BETTER OR BITTER?

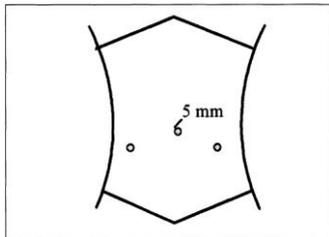
Dr Abinash Hazarika, Dr Karan

The management of impalpable testis remains controversial. Localization of the site of the impalpable testes helps the surgeon plan the operation most suited for each patient. Ultrasonography, computed tomography, testicular angiography and magnetic resonance imaging (MRI) have all been used with varying success for this purpose. This is usually followed by surgical exploration through either an inguinal or an abdominal approach. The aim is to relocate or remove the testis.

Laparoscopic procedure: Accessory ports, each 5 mm in diameter, were inserted in both the right and left upper quadrants. A 10 mm port was used to close a patent processus. vaginalis if

this was present. The Gubernaculum was identified, divided and used for traction on the testis. The spermatic cord was carefully mobilized. Through a small scrotal incision, a curved hemostat was guided into the peritoneal cavity medial to the inferior epigastric vessels. The gubernaculum was grasped and pulled through the “new” inguinal ring into the scrotum. The testis was placed in a subcutaneous pouch taking care to avoid twisting the spermatic cord. small inguinal incision was done to complete the procedure. Wounds were closed by subcuticular 4/0 absorbable sutures.

OUR VERDICT IT’S BETTER: Laparoscopy for the impalpable undescended testis offers a simultaneous diagnostic and therapeutic tool. It obviates the need for invasive and/or expensive diagnostic imaging and saves the patient an extensive surgical procedure with equally good results. It is particularly valuable in bilateral cases. We recommend laparoscopic orchidopexy as the treatment of choice for the impalpable undescended testis.



Sites of ports.

*MIRIZZI SYNDROME-RARE CAUSE OF MAJOR BILIARY
COMPLICATIONS: CASE REPORT*

Dr Abinash Hazarika, Dr.Chandan.K.R, Dr K Santhosh Kumar,

INTRODUCTION

Impaction of unique large or multiple small gallstones between neck of gallbladder and confluence of cystic duct and common hepatic duct results pathologic changes in normal bile flow and local and systematic complications. The process of inflammation, wall ischemia and external compression lead to erosion of the involved tissues and duct structure of common hepatic duct or cholecystocholedochal fistula formation. Despite modern advances in imaging diagnoses, Mirizzi syndrome presents challenge surgery treatment situation caused by

presentation of rare anatomical variation of cystic duct and total change of normal anatomy after long standing inflammation. Good surgical knowledge for diagnosis and reconstruction is needed.

Case report:

50yr old male patient presented with jaundice fever, upper right abdominal pain, predominantly in right sub costal region, nausea and vomiting for last 24 hours.

Abdominal US reveal a 17 mm stone incorporated in Harmann’s pouch, pericholecystitis.

Intra-operatively there was a inflamed gallbladder, pericholecystitis, intensive fibrosis and edematous of hepatoduodenal ligament. After bimanual palpation, stone was found in neck of gallbladder. . Antegrade mobilization of gallbladder helped to find impacted stone and mobilized the cystic duct to CHD. No fistula or bile leaks were discovered. Proximally to inflamed part of CHD was placed T-drain, with Long Branch to be “stent” and prevent structure and decompress biliary tree. Follow-up and control cholangiography confirmed complete recovery.

Conclusion:

Mirizzi syndrome is rare pathological condition that cannot diagnose during physical examination. It requires imaging study. Management is to determine the type and best surgical procedure at time of laparotomy. In Type I case, simple cholecystectomy is method of choice. If CHD wall inflammatory changes are found, T-tube placement is recommended to avoid disruption, leaks and stricture. Type II-IV patients require complex management. Total isolation of inflamed segment with Roux-en-Y hepaticojejunostomy may have the best long-term outcome.

TODAY'S NEW SURGEONS: Are You Prepared Beyond Gadgets, Cameras and Robots? -SKEPTICAL SCALPEL

By Dr.Shivakumar M, HOD, Dept of surgery

“I know whom I’d call if I ever needed a surgeon,” a friend said to me after watching the surgeon breeze through what we thought would be a particularly challenging case.

One day I finally gathered the courage to ask my mentor, great surgeon and my teacher for his “secret.” I half-expected him to laugh at my question or decline to respond because the real answer was that he was simply born with such gifts, like an Olympic-level athlete or Sachin Tendulkar of surgical field

Instead, he answered without hesitation. “It’s doing the operations over and over and over again,” he said. He described the hundreds of operations he had participated in during his residency and the final years of training when he felt as if he were “living, breathing and eating surgery. I could have done these operations with my eyes closed,” he said grinning.

I thought of his words often over the next few years as I tried to hone my own surgical skills.

Today’s residency programme limited all in-hospital work including any elective “moonlighting” jobs to 80 hours per week, mandated the number of hours “free of duty” after different “duty periods” and even specified the timing of “strategic napping” in no uncertain terms

With limits set on their time at the hospital, young surgeons-in-training had fewer opportunities to care for patients or scrub in on operations. While previous generations of trainees had the luxury of participating in at least one operation a day, new trainees had only enough time to be involved in two or maybe three operations each week.

Adding to the challenge, surgery itself was changing, and the number of skills that surgeons now needed to acquire was expanding as never before. The discovery of new medications like anti-ulcer agents rendered once standard operations less common, but not entirely obsolete; so surgeons still had to know how to perform all the operations without getting to practice them as often. Huge advances in minimally invasive and robotic surgery allowed surgeons to remove inflamed gallbladders and deadly tumors with fiber optic telescopes, miniature pliers and robotic tools through incisions small enough to be covered afterward with Band-aids. But they still needed to know how to wield the scalpel and operate the “old way” in case of complications.

“It’s hard to compensate for real-world experiences,” When you take a whole year’s worth of in-hospital experiences out of training, you can’t be surprised that the ‘product’ is not the same,”

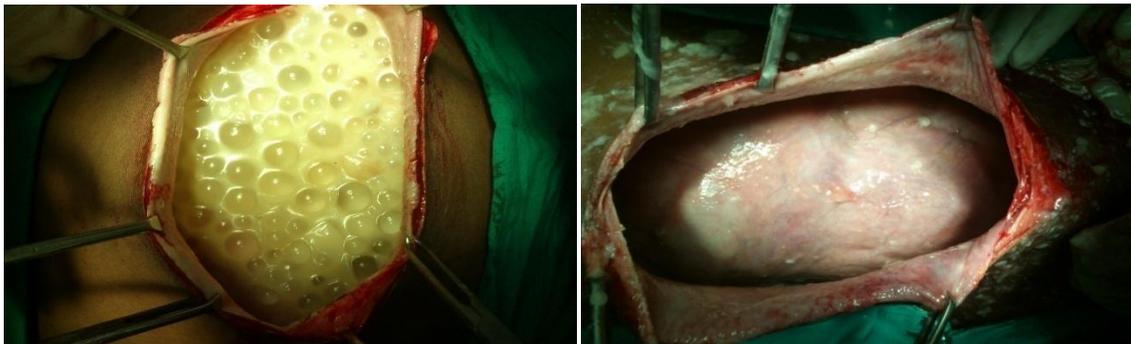
“Things needed to change, “but not recognizing the potential long-term effects was dangerous. Even issues that seem completely obvious and one-sided can sometimes have significant consequences.”

Will the next generation of surgeons be able to embrace fully the promise of old traditional evidence based surgery?? The debate continues over whether surgical training is in need of reform or revolution. Restoring the confidence of patients, surgeons, and trainees in the excellence of our education system is of utmost importance.

SURGIQUIZ: Can you guess?

For your answers contact DR.PONNNAPPA Assistant Professor of surgery and get your prize?

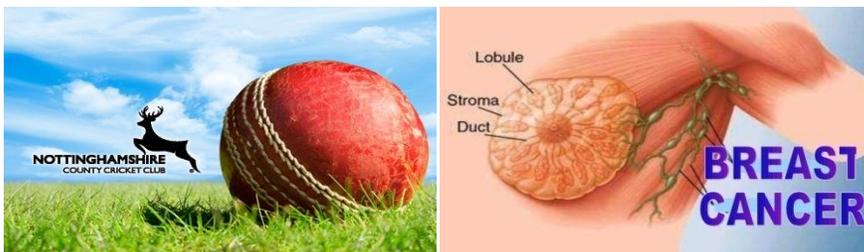
1) *Guess this: it's a gift of dog?*



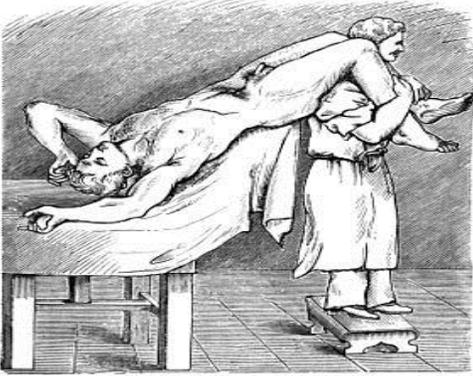
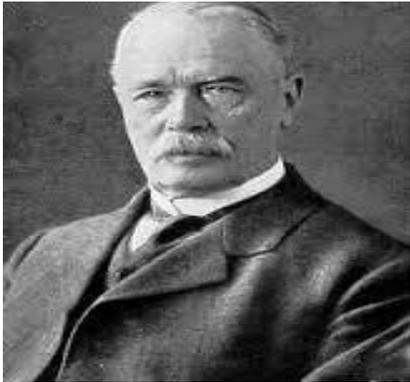
2) *It will comes out once before life and usually goes back before birth?*

- *What is it?*

3) *Can you relate these two pictures?*



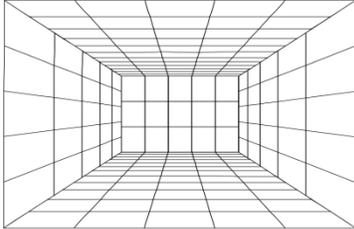
4) Can you guess this surgeon?



5) Can you guess the human organ?



6) Guess the incision?



7) Can you diagnose the cancer?



8) Can you guess the sign and diagnoses?



9) Guess this triad?



EVENTS IN DEPARTMENT:

- Dr. Shivakumar.M was felicitated in JSS medical college, Mysore by 1991-92 batch reunion occasions as “BEST TEACHER”



- Dr.Shivakumar M chaired a session in conference held in Hassan Medical College, 27th April, 2016.
- Dr.Shivakumar M – chaired a session in state conference 13th February , KSCASICON 2016 Shivamogga Institute of Medical Sciences, Shivamogga

Jai Sri Gurudev
Sri Adichunchanagiri Shikshana trust ®

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ORTHO VISION

News letter of department of orthopaedics

EDITORIAL

With divine blessings of Paramapoojya, Jagadguru
Sri Sri Sri Dr Balagangadaranatha Mahaswamiji and
His Holiness

Jagadguru Sri Sri Sri Dr Nirmalanandanatha Mahaswamiji ,
under the able guidance of our beloved principal Dr M G
Shivaramu and with constant support from Dr TM Manohar,
Medical Superintendent, it is our great pleasure to bring forward
'ORTHO VISION', the news letter from orthopaedics department

ORTHO VISION depicts innovative surgeries , recent trends in
treatment modalities offered in AH&RC, AIMS, BG NAGARA.
It also enlists the academic programmes attended by staff and
post graduates.

I extend a warm welcome to all the six new entrant pg's.
Congratulations to all six pgs who successfully completed ms
orthopaedics, Credit goes to the staff members of orthopaedics.

*Endurance is one of the most difficult disciplines ,but it is to the
one who endures that the final victory comes*

- Buddha

Dr B G SAGAR
PROF & HEAD OF DEPT
ORTHOAEDICS

INTERESTING CASES OPERATED IN THE DEPARTMENT OF ORTHOPAEDICS

1. TOTAL KNEE REPLACEMENT OF LEFT OSTEOARTHRITIC KNEE

DR BG SAGAR, DR MADHUKAR K T, DR SATEESH GS, DR LOKESH, DR MANASH JYOTHI BARUAH, DR ABHEY WASDEV, DR HARSH TIWARI

1. A 45 years old lady manual labourer came to the hospital with complaints of left knee pain since three years and also complaints of difficulty in activities of daily living. On examination, patient had tri compartmental osteoarthritis with rupture of medial meniscus

On radiological examination showed there is a defect in the medial condyle of the left femur and decreased joint space.

Patient underwent total knee replacement .



Pre op



pre op



post op

Post op mobilization



INNOVATIVE METHOD

2. ACROMIOCLAVICULAR JOINT DISLOCATION REPAIRED BY ETHIBOND FIXATION

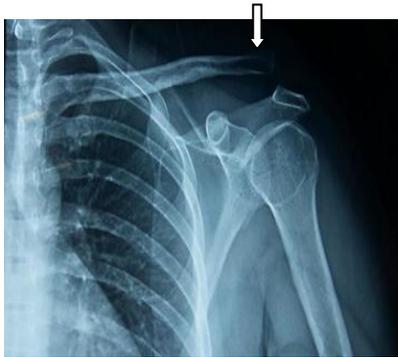
DR BG SAGAR, DR GOPYA NAYAK , DR SATEESH, DR LOKESH, DR ABHEY WASDEV , DR VIKRAM REDDY , DR MOINUDDIN BASHA

2. 46yr old male following a fall presented with grade 3 ac joint dislocation of left shoulder . Pain , inability to lift the shoulder prominence of lateral end of the clavicle were chief clinical features

On radiological examination : Type 3 Acromioclavicular joint dislocation

Patient was operated for the ac joint dislocation by Ethibond fixation of lateral end of clavicle to the coracoid process hither to literature shows two such series.

PRE OP X RAY



POST OP X RAY



FUNCTIONAL RESULTS



3. TOTAL HIP REPLACEMENT FOR RIGHT OSTEOARTHRITIC HIP

DR ABDUL RAVOOF, DR C D DEEPAK , DR MAHESH , DR SHRUTHIKANTH, DR KHALID , DR SUSHANT, DR ASWANI

3. An 31 year female patient with history of pain and limp, difficulty in squatting and sitting cross legged and a short limb. Diagnosed to have arthritic hip with developmental dysplasia of hip was treated by total hip replacement uncemented.

PRE OP X RAY



POST OP X RAY



POST OP MOBILIZATION



4.CORRECTIVE OSTEOTOMY OF VARUS DEFORMITY OF LEFT TIBIA

DR B G SAGAR , DR SATEESH , DR LOKESH , DR ABHEY WASDEV , DR HARSH TIWARI , DR VIKRAM REDDY C , DR MOINUDDIN BASHA K

35 year old male patient presented with varus deformity of left knee and with lengthening of left lower limb was subjected for corrective osteotomy and fixation



PRE OP CLINICAL PICTURE



POST OP CLINICAL PICTURE



PRE OP X RAY



POST OP X RAY

5.MANGLED LEFT LEG TREATED BY WOUND DEBRIDEMENT AND ANTBIOTIC COATED INTRAMEDULLARY NAIL FOR TIBIA

DR K G GUNNAIAH , DR HARISH K , DR VISHWANATH C , DR SHRUTHIKANTH, DR MOINUDDIN BASHA K , DR HARSH TIWARI

40 year male patient following road traffic accident sustained type 3 b open fracture both bones leg, open knee joint injury with fracture patella with head injury was salvaged by wound debridement and antibiotic coated intramedullary nail. In anticipation of recovery

PRE OP AND POST OP CLINICAL PICTURE PRE OP XRAY



POST OP X RAY



RESOURCE PERSON AT STATE AND NATIONAL CONFERENCE

1. Dr B G Sagar gave a guest lecture on 5th feb 2017 at KARNATAKA ORTHOPAEDICS CONFERENCE 2017 held at Hubli.
2. Dr BG Sagar was resource person at national seminar on sports injuries with Dr BM Hegde at Seshadripuram college Bangalore.
3. Dr Abdul Ravoof was chairperson for two sessions on 05th and 6th FEB at KOACON 2017 held at Hubli.



4. Orthopedic department organized one educational stall to impart basic knowledge to the viewers present at **JNANA VIGNANA TANTRAGNANA MELA 2017** held at ADICHUNCHANAGIRI MUTT organized on 20th and 21st of feb 2017.

ACADEMIC PROGRAMMES ATTENDED

STAFF :

Dr Lokesh SR attended Ilizerov workshop at Indore under the aegies of Indian Orthopaedic Association during june 2017.

Dr K T Madhukar Associate proffesor, Dr K Harish Assistant professor underwent Revised basic workshop for medical education for teachers at AIMS from 8th to 10th may 2017.

LIST OF PAPER PRESENTATIONS DONE BY STAFF AND POSTGRADUATES AT KOACON 2017

1. FUNCTIONAL OUTCOME OF PROXIMAL FEMORAL NAILING IN INTERTROCHANTERIC FRACTURES PRESENTED AT KOACON 2017 BY DR SATHEESH G S.
2. SURGICAL OUTCOME OF FRACTURE BOTH BONES FOREARM BY TENS PRESENTED AT KOACON 2017 BY DR VISHWANATH C.
3. STUDY OF SEXUAL DYSFUNCTION IN RHEUMATOID ARTHRITIS IN MEN PRESENTED AT KOACON 2017 BY DR ABHEY WASDEV UNDER THE GUIDANCE OF DR MADHUKAR K T.
4. SURGICAL OUTCOME OF PHILOS IN PROXIMAL HUMERUS FRACTURES IN KOACON 2017 BY DR MANASH JYOTI BARUAH UNDER THE GUIDANCE OF DR BG SAGAR.
5. MANAGEMENT OF PROXIMAL FEMUR FRACTURES WITH PF LCP PRESENTED AT KOACON 2017 DR CHETHAN KUMAR R UNDER THE GUIDANCE OF DR GUNNAIAH KG.
6. STUDY OF PERCUTANEOUS K WIRE FIXATION IN SUPRAPROXYLAR FRACTURE OF HUMERUS IN CHILDREN BY DR AKSHAY BHANDARI UNDER THE GUIDANCE OF DR ABDUL RAVOOF.

LIST OF POSTER PRESENTATIONS DONE BY STAFF AND POST GRADUATES AT KOACON 2017

1. LIPOMA ARBORESCENS OF KNEE BY DR VISHWANATH C.
2. CHONDROBLASTOMA OF PROXIMAL TIBIA BY DR VISHWANATH C.
3. ENDOBUTTON TECHNIQUE INN AC JOINT DISLOCATION BY DR VISHWANATH C.
4. SURGICAL OUTCOME OF PROXIMAL TIBIA FRACTURES BY LCP BY DR VISHWANATH C.
5. SURGICAL OUTCOME DISTAL FEMUR FRACTURE BY DF LCP BY DR VISHWANATH C.
6. USE OF ELECTROCAUTERY IN SKIN INCISION FOR ORTHOPAEDIC PROCEDURES BY DR ABHEY WASDEV UNDER THE GUIDANCE OF DR MADHUKAR K T.
7. GAIN CELL TUMOUR OF TENDON OF HAND BY DR AKSHAY BHANDARI UNDER THE GUIDANCE OF DR ABDUL RAVOOF.
8. MANAGEMENT OF INFECTED NON UNION WITH VASCULARISED FIBULAR GRAFT BY CHETHAN KUMAR R UNDER THE GUIDANCE OF DR GUNNAIAH KG.
9. RESULTS OF SURGICAL TREATMENT OF NON UNION OF HUMERUS SHAFT FRACTURE WITH DCP AND CANCELLOUS BONE GRAFT BY KRISHNA SAI SUNKOJ UNDER THE GUIDANCE OF DR ABDUL RAVOOF.
10. MANAGEMENT OF CTEV BY PONSSETI TECHNIQUE BY DR CHETHAN B A UNDER THE GUIDANCE OF DR ABDUL RAVOOF.
11. OUTCOME OF INTERNAL FIXATION OF TIBIAL PLATEAU FRACTURES BY DR CHETHAN B A UNDER THE GUIDANCE OF DR CD DEEPAK.



imaging the world



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SCIENCES



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*Editorial Greetings from the Department of Radiology,
With the blessings of Paramapujya, , Jagadguru, Sri Sri Sri Dr
Balagangadharanatha Mahaswamiji & His holiness jagadguru
Sri Sri Sri Nirmalanandanatha Mahaswamiji and under the able
guidance of our beloved*

*Principal Dr MG Shivaramu , we shall take great pleasure to
introduce*

*“IMAGING WORLD” , the quarterly newsletter from our
department.*

*At the outset, we wish express our sincere thanks to our Principal
Dr MG Shivaramu for bringing forth the novel concept of
newsletter in our institution.*

*IMAGING THE WORLD , is presented by the Department of
Radiology , the branch that has an amazing ability to visualize
the body without a scalpel!! . Radiology is now the key
diagnostic tool for many diseases and has important role in
monitoring and predicting the outcome. Radiologist have
become clinical specialists, who have been obliged to also
become experts in image capture technology.*

*Our Department is equipped with dynamic faculty members who
are actively involved in both diagnostic workup and academic
activities.*

*In this edition we present to you few interesting cases that we came
across , ongoing research projects, upcoming events which will
enlighten our dear fellow colleagues and postgraduates in the all
the department in their academic venture. The newsletter will be
published on a quarterly basis.*

*We are open for your valuable comments and suggestions. You
may contact us at aimsradiology@gmail.com.*

Dr. Prashantha Eshwar.

INTERESTING CASE FROM OUR CT CONSOLE ROOM

Scheuermann disease

Introduction: Scheuermann disease (SD) is a spinal disorder named after Dr. Holger Werfel Scheuermann, who, in 1921, first described a structural thoracic kyphosis mainly affecting adolescents. Its best-known manifestations are multiple wedged vertebrae (WV) and thoracic kyphosis known as Scheuermann kyphosis. Its classic diagnostic criterion was "3 or more consecutive wedged thoracic vertebrae," proposed by Sorensen in 1964.

Clinical history:

An 18 year old young female presented with history of low back ache, tiredness and stiffness since 3 weeks.

Clinical examination:

Spasm of paraspinal muscles with limited range of flexion and extension of spine.

The patient was referred to X ray and MRI for further evaluation Anteroposterior and lateral Xrays were obtained. Thoracolumbar kyphosis noted with Cobb's angle of 25-30 degree.

MRI Findings:

There was kyphosis of the thoracolumbar region associated with anterior wedging of contiguous vertebrae involving D12, L1 and L2. Multilevel Schmorls nodes were noted.

There was associated disc bulges at lower thoracic and lumbar vertebrae.

Diagnosis of scheuermann disease was given.

Discussion: Scheuermann's disease (SD) is the most common cause of degenerative structural thoracic or thoracolumbar hyperkyphosis associated with back pain in adolescents and could be observed in typical and atypical patterns. It manifests itself with successive endplate irregularities and anterior vertebral wedging in radiography, and additionally as disc degenerations, herniations and syringomyelia in spinal cord in magnetic resonance imaging (MRI). Impairment in intervertebral distance and disc degeneration are more evident in SD with atypical pattern. When multiple endplate irregularities and anterior vertebral wedging are observed in MRI of patients thought to have thoracolumbar disc pathology, SD should be considered.

Etiology of SD still remains largely unknown. Among the several theories proposed are elevated levels of growth hormone release, impaired collagen fibril formation and, as a consequence, weakening in vertebral endplates, juvenile osteoporosis, vitamin A deficiency, trauma, epiphysis and poliomyelitis. Recent studies report major effects of genetic background for the disease. Disorganized endochondral ossification, collagen decrease and mucopolisaccharide increase in vertebral endplates have been reported in histopathology of SD. As secondary to these, intervertebral discs can be influenced due to low quality endplate development, which could in turn pave the way for the degenerative disease. SD frequently has a benign prognosis and can lead to small deformities and symptoms. Back pain and fatigue are the most common complaints during the development, which generally clears after skeletal maturity.



In conclusion, SD could be seen in typical and atypical patterns. Since degenerative diseases accompany SD, especially atypical pattern, when irregularities are detected in successive endplates in patients for whom spinal MRI is requested for disc pathology pre-diagnoses, radiologists should consider SD.

Thoracic and lumbar sagittal plane T2 weighted magnetic resonance imaging showing elevated kyphosis at lower thoraco lumbar level, endplate irregularities and disc degenerations and schmorls nodes.

OSMOTIC DEMYELINATION SYNDROME

Introduction: Central Pontine Myelinolysis is brain cell dysfunction. It is caused by the destruction of the layer (myelin sheath) covering nerve cells in the middle of the brainstem (pons).

Clinical history: A 7-year-old girl came with complaints of acute onset of reduced alertness, drowsiness or sleepiness, lethargy, poor responses, slurred speech with previous history of fever one week before.

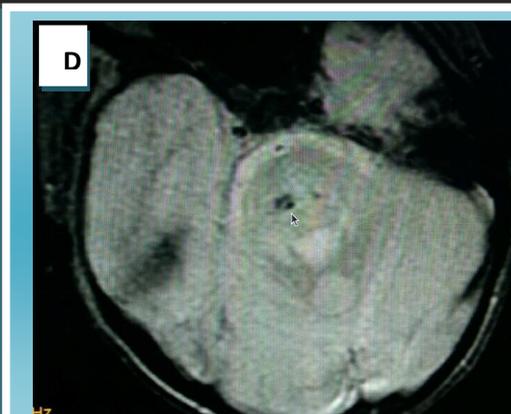
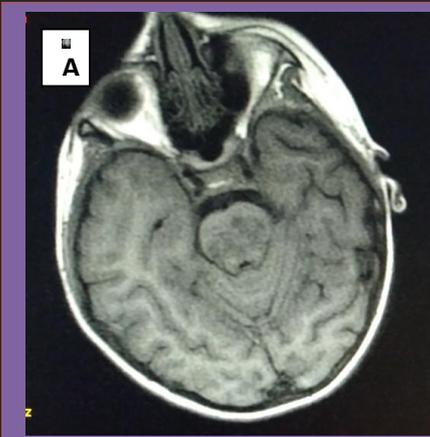
On examination there was weakness in the face, arms, or legs, affecting both sides of the body. The girl was referred to MRI for work up.

MRI findings:

There was T1 hypo, T2/FLAIR hyperintensities involving the central pons, crossing the midline, with perilesional edema extending into the midbrain, cerebral peduncles.

Discussion: Osmotic demyelination syndrome affects men more often than women, and it is most common in middle-aged patients. The mechanism of myelinolysis is not fully understood; however, it is thought to be linked to intramyelinic splitting, vacuolization, and rupture of myelin sheaths, which is presumably caused by osmotic effects in the setting of correction of sodium levels. Oligodendrocytes, which constitute the sheaths, are particularly sensitive to osmotic changes; therefore, the distribution of the changes that occur with osmotic demyelination syndrome parallels the distribution of oligodendroglial cells. Alcoholic and malnourished patients generally are deficient in organic osmolytes, a condition that may put them at greater risk for developing osmotic demyelination syndrome. Additional comorbid conditions that predispose patients to osmotic demyelination syndrome include prolonged use of diuretics; liver failure; organ transplantation, particularly liver transplantation with cyclosporine use; and extensive burns.

Imaging findings of osmotic demyelination syndrome typically lag behind clinical symptoms, and images acquired within 1–2 weeks after the onset of symptoms often show no features of the disease. Imaging performed after symptoms have been present for 2 weeks has been advocated to help confirm the diagnosis, although osmotic demyelination syndrome cannot be excluded with imaging alone. More recent studies have noted that restricted diffusion may be seen in areas of myelinolysis as soon as 24 hours after the onset of symptoms, and some authors therefore advocate performing diffusion-weighted imaging early in the course of disease.



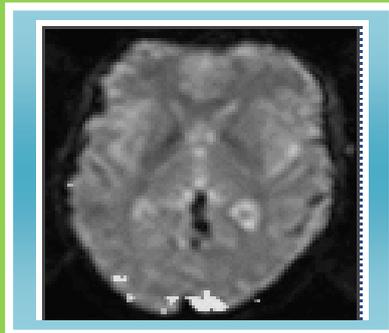
CT is less sensitive than MR imaging in depicting osmotic demyelination syndrome. Areas of myelinolysis are hypoattenuating, usually located within the basilar part of the pons, and lack a mass effect. The pontine tegmentum often is spared. Areas of hypoattenuation also are often seen in areas other than the pons (eg, in the basal ganglia and thalamus); these findings are indicative of extrapontine myelinolysis. A symmetric trident-shaped area in the central pons is a characteristic finding on T2-weighted and FLAIR MR images. The ventrolateral pons and the pontine portion of the corticospinal tracts typically are spared. Decreased signal intensity throughout affected areas, with no mass effect, is a classic finding on T1-weighted images. Less commonly, lesions appear isointense relative to surrounding brain tissue on T1-weighted images.

A: Axial T1 weighted image showing hypointensities involving the pons. B: There is corresponding diffusion restriction on DWI image. C: Sagittal T2 weighted image showing hyperintensities involving the pons. D: GRE image showing blooming suggestive of microbleeds.

A little bit about Imaging of function

Most radiological techniques depend on morphological change for detecting disease, while radionuclide imaging primarily shows abnormal function. Positron emission tomography, for example, using the radionuclide labelled glucose analogue 18-fluoro-deoxy-glucose, shows differences in glucose metabolism between benign and malignant tumours, identifying tumour metabolic activity with high sensitivity. Radionuclides can be targeted at specific tumours; for example, ^{99m}Tc -sestamibi detects breast cancers of more than 1 cm diameter with a sensitivity that exceeds 95%.

Developments in magnetic resonance imaging mean that this technique is beginning to challenge the supremacy of radionuclide imaging for functional imaging, particularly in the brain, where structural detail aids spatial localisation. Functional magnetic resonance imaging uses specific pulse sequences and sophisticated image processing techniques to map brain activation in response to various motor and sensory stimuli onto anatomical images. The physiological mechanism exploited is the increase in cerebral blood flow that accompanies neuronal activation. This overcompensates for the rise in the demand for oxygen and causes a relative increase in the oxyhaemoglobin concentration in cerebral blood. Increased oxyhaemoglobin is detectable as a transient local signal change on magnetic resonance imaging—for example, in the occipital cortex during visual stimulation. Sequential studies of brain topography and function in normal volunteers and children become feasible because of the non-invasive nature of magnetic resonance imaging. Applications in clinical practice include preoperative localisation of the motor strip and language areas for neurosurgical planning, and monitoring the effects of psychotropic drugs on cognition. Current high performance magnetic resonance scanners can also show the diffusion of water protons over a distance of a few microns during the application of specific pulse sequences. In evolving stroke, the local diffusion of water molecules is restricted by cytotoxic oedema of ischaemic cells. Signal changes detectable by diffusion weighted magnetic resonance imaging provide early evidence of acute cerebral ischaemia before structural changes become apparent. Patients who are diagnosed during this potentially reversible stage may benefit from thrombolytic drug treatment, and their response can be monitored by diffusion weighted magnetic resonance imaging



Transaxial magnetic resonance imaging scan of the brain showing activation of the occipital cortex during visual stimulation

Be less curious
about people
and
more curious
about ideas.

Marie Curie



KEEP
CALM
AND
Save
WATER!