



Bapuji Educational Association (R)

SSIMS TIMES



S.S. Institute of Medical Sciences & Research Centre, NH-4, Bypass Road, DAVANGERE - 577005

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Bapuji Educational Association (R)

S.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE



S.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTER. DAVANGERE
CLASS OF - 2007





Republic Day Celebration



"Ethikos for Medicos" Lecture by Sanjay Sahay, IGP- By DOME & Forensic Medicine Dept



ACADEMIC BODY

Name of the Speaker: **Dr. Damodar Rao & Dr. Joshi**
Topic: **"Management and Social aspects of epilepsy"**



ACADEMIC BODY

Name of the Speaker: **Dr. Shailaja Hiremath**
Topic: **"Phylogenetics in SSIMS&RC-An insight"**
Name of the Speaker: **Dr. Ravikiran Kisan**
Topic: **"Autonomic nervous System in health and Disease"**



ACADEMIC BODY

Name of the Speaker: **Dr. Srinivas.**
Topic: **"PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV"**



ICMR – STS project - Distribution of Certificates



"Science of Man"- Dr. B.M Hegde,
Former VC of Manipal University



Swami Nirbhayananda Saraswathi Visit on
Occasion of Birth Anniversary of "Swami Vivekananda"



DEPARTMENT OF MEDICAL EDUCATION
Name of the Speaker: **Dr. Vijayakumar Jatti** Dept. of Forensic Medicine
Name of the Speaker: **Dr. V.L. Jayasimha** Dept. of Microbiology
Topic: **"Student Assessment"**



Mucin in Health & Disease-i. Dr. Gourishankar Ganga



CFM in Cardiology by Dept of Medicine
in association with NH



Receiving PHD Degree from Dr. Ahul Kalam

PATRONS



Dr. Shamanur Shivashankarappa
MLA, Honorary Secretary, BEA
Davangere



Sri S.S. Mallikarjuna
Chairman
SSIMS&RC, Davangere

S.S. Institute of Medical Sciences & Research Centre

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Disclaimer :

Views and opinions expressed in this newsletter are not directly that of the editor or the editorial board. For any clarification, author of the article is to be contacted.



From the Desk of Principal

Emergency Medicine (EM) - A new branch.

Majority of the hospitals in India the emergency departments are generally staffed by basic doctors, physicians or surgeons on a rotating basis. None are trained to deal in emergencies of all specialities. In case of RTA the medical person cares about noting down the wounds in the medical records rather than treating the patient. The EM was born as a speciality in order to fill the time commitment required by physician to work in the increasingly busy emergency room. The first EM residency programme in the world was begun in 1970 and first EM department in med school was founded in 1971. Emergency medicine was recognized as a separate specialty by Medical Council of India (MCI) from July 2009.

Emergency medicine is a medical specialty a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders.

The emergency physician requires a broad field of knowledge and advanced procedural skills often including surgical procedures, trauma resuscitation, advanced cardiac life support and advanced airway management. Emergency physicians must have the skills of many specialists the ability to resuscitate a patient (critical care medicine), manage a difficult airway (anaesthesia), suture a complex laceration (plastic surgery), reduce a fractured bone or dislocated joint (orthopaedic surgery), treat a heart attack (cardiology), work-up a pregnant patient with vaginal bleeding (Obstetrics and Gynaecology), stop a bad nosebleed (ENT), place a chest tube, and to conduct and interpret x-rays and ultrasounds (radiology).

Emergency medicine include added responsibilities in the areas of: Management of medical and administrative aspects of emergency services system.

Disaster planning and management for both Natural and manmade.

Toxicology and Poison centre development. Training of medical students, hospital personnel and public. Emergency Prevention. Clinical research in resuscitation methods and acute interventions.

Conduct courses in CPR, BLS, and ATLS.

EM is an evolving speciality in India. There are many challenges to establish a department and equal opportunities who get in to it.



Dr. P. Nagaraj
Principal

Editorial.....

Dear friends & colleagues

SSIMS TIMES wishes its readers a very happy "UGADI", a festival which marks the beginning of New year, where nature also gets a new face look with the arrival of spring season. This festival is celebrated to acknowledge the day on which Lord Brahma started with the task of creation. The key aspects of this festival is to leave the past behind & start fresh with a positive expectation.

In the month of March SSIMS celebrated its 2nd GRADUATION DAY. It is the most awaited day for the fresh graduates going to be honoured as "Graduates". The young graduates must make use of this degree not as a ticket to the good life, but must think it as a ticket to change the world with their knowledge. The knowledge should not only be used to achieve success in terms of fame & money but rather they must put all the efforts to achieve the values of mankind.

Month of March also marked the occasion of Womans day (8th march). The theme of womans day of 2013 was "A promise is a promise; Time for action to end violence against women" as declared by the UN. Women of today is not fighting for rights of equality but asks for her safety & wants the violences on her to end.

In this issue we also bring you a article on "Assault on doctors" Doctors are targeted easily knowing very well that doctors too are human beings & not God. All this happens inspite of Govt of Karnataka making a gazette notification in March 2009, that it

Is non bailable offence to assault or to threaten doctor/nurses/paramedical staff, any damage to the hospital property against which they have to

compensate with double the amount or undergo 3 yrs of imprisonment. Negligence do happen at times, any ways doctors must take all preventive measures to protect themselves.

Dr. Vidya Nadiger
Editor

REPORT : DEPARTMENTAL ACTIVITIES

DEPARTMENT OF ANATOMY

1. On 60th Diamond Jubilee National Conference of Anatomical Society of India held from 26th to 29th December 2012 at SCB Medical College, Cuttack, Odissa. Following staff members and PGs presented Papers

I. Dr. Gourishankar Ganga : “Study of down syndrome and its variants” and chaired a Scientific session on Gross Anatomy

ii. Dr. Shailaja.C.Math: “Turner syndrome and its variants”

iii. Dr. Vatsala.A.R: “A Study of branching pattern of coronary Arteries in Human cadavers”

iv. Dr. Smitha.M (P.G) : “ A study on lip-print patterns in parents of cleft-lip individuals”

V. Dr. Basavaraj. B.Dhabale (P.G) : “ The variation in the division pattern of brachial artery”

vi. Dr. Savita Budi (P.G): “A rare multiple variation of vessels and nerves in a cadavers upper limb” (Poster)

vii. Congenital diaphragmatic hernia through foramen of Morgagni- a rare presentation

2. Academic body meet on 31-01-13, Topic “Cytogenetic in SSIMS&RC” an insight by Dr. Shailaja.C.Math

DEPARTMENT OF PHYSIOLOGY

Academic body meet on 31-01-13, Topic “Autonomic nervous System in health and Disease” By, Dr Ravikiran. Kisan

DEPARTMENT OF BIOCHEMISTRY

1. “Serum ferritin a novel risk factor for diabetes?” Poster Presentation at AMBICON -2012 by Dr. Sushma B.J & Dr. Nagarajappa. K.

2. Dr. Sushma B.J & Dr. Shilpa S. Kasat postgraduate students in Biochemistry underwent training Programme “Immunological & molecular Techniques as applied for infectious disease research” held from 28th Jan' to 2nd Feb' 2013 by Department of Biochemistry & JBTDRS, MGIMS, SEVAGRAM, Maharashtra.

DEPARTMENT OF PATHOLOGY

1. Post graduates, Dr. Shilpa N, Dr. Shamila, Dr. Shridevi, Dr. Swati

a. Attended CME on “An Update In Thyroid Pathology” on 7th & 8th February 2013, held in CMC Vellore.

b. Participated in “Abhedya 2013” the 2nd State Level Quiz, conducted by KCIAPM at Kempegowda Institute of Medical Sciences Bangalore on 02.03.2013

**You are strong when you know your weaknesses.
 You are beautiful when you appreciate your flaws.
 You are wise when you learn from your mistakes.**

2. A Voluntary blood donation and awareness camp was conducted at Bapuji Polytechnic College, Davangere on 14.03.2013 in association with Red Cross Society, Dr. Sonam Nandyal along with House surgeons, Dr. Abhishek, Dr. Harsha,

3. Dr. Praveen, Dr. Jayesh, Dr. Mitra, Dr. Afroz and Blood Bank team - Mr. Ismail, Mrs. Rajeshwari, Mr. Santosh and Mr. Basavaraj conducted the camp. A total of 90 units were collected.

4. Clinico pathological correlation:

a. CPC on chronic venous congestion spleen, in a patient who presented with pancytopenia and mass abdomen. Moderators: Dr

Veerendraswamy, HOD Surgery and Dr Shashikala P, HOD, Pathology on 04.01.2013.

Veerendraswamy, HOD Surgery and Dr Shashikala P, HOD, Pathology on 04.01.2013.

B. Dr. Gowishankar Ganga gave a talk on "Study of mucin in gastrointestinal tract in health and disease". Faculty from department of pathology, anatomy & surgery participated in the programme organized at DOME lecture hall on 23.01.2013.

c. CPC on Renal cell carcinoma (incidental finding) in an autopsy case, with an history of Road Traffic accident. Moderators: Dr Shashikala P., HOD, Pathology & Dr Sunil Kadam, Associate Professor, Department of Forensic Medicine on 1.03.2013.

DEPARTMENT OF MICROBIOLOGY

1. Dr. Yogeesh babu. K.V. Conducted an integrated teaching programme for phase II IVth & V term students on Dengue fever on 6th March 2013. From Dept. of Medical Education for UG students.

2. Dr. Vinod Kumar C.S., Assistant Professor

a. Resource person for the CME program on "How to write a research paper held at St John's Medical College, Bangalore in association of Indian Academy of Tropical parasitology, India on 16th Feb 2013.

b. Appointed as Quality Control Officer to carry out quality assurance of blood bags.

c. Has submitted the project and was sanctioned by Gangagen Biotechnologies Pvt. Ltd

3. The following staff members and PG students attended IAMM-KC State level conference held on 24th Feb 2013. At KMC Mangalore

Faculty / PG	RESEARCH TOPIC
Dr. Yogeesh babu K.V. Professor	Role of Acinetobacter baumannii carriers among health care workers in tertiary care hospital (Oral presentation)
Dr. Vinod kumar. C.S	Acinetobacter baumannii as Emerging pathogen in neonatal septicemia
DR. Vishwajeet Bardoloi PG student	Isolation and identification of Bacterial pathogens from blood stream infections and role of multidrug resistant bacterial isolates in blood stream infections (Poster presentation)
DR. Kruthika PG student	"Aerobic Bacteriological study of chronic supportive otitis media" (Poster presentation)

DEPARTMENT OF COMMUNITY MEDICINE

1. Health check up camp was organized for disabled people at Angodu taluk. Dr. Varadaraj Rao, Prof & Head, Dept of Community Medicine, Dr. Suryakantha A.H, Professor, Dr. Bheemayya B, Associate prof, Dr. Ayesha Nawaz, Asst Prof and post graduate students Dr. Santosh A, Dr. Devraj P and Dr. Arun Daniel participated in the camp on 12-01-2013.

2. In IPHACON 2013, South East Asia Regional Public Health Conference, held at Kolkata. 01-02-2013 to 03-02-2013

i. Dr. Ayesha Nawaz (Poster presentation): "Evaluation of primary immunization coverage and factors influencing the immunization coverage".

ii. Dr. Santosh A (Oral Presentation): Attitudes of Medical Students Towards Older People and Willingness to Consider a Career in Geriatric Medicine in Davangere, Karnataka.

iii. Dr. Santosh A (Poster Presentation): Geriatric Depression and its related factors - A Cross sectional study from an urban slum in Davangere, Karnataka.

iv. Dr. Arun Daniel (Oral Presentation): A comparative study of usefulness of Telephone surveys over face to face surveys as a method of Data collection.

3. Dr. Aswin Kumar, Asst professor, visited Rashmi residential school on 09-02-2013 at Davangere and gave training on "First Aid" to children.

4. Dr. Kusum Mane, Asst prof, Dr. Ayesha Nawaz, Asst Prof and Post graduate students Dr. Devaraj P and Dr. Arun Daniel from dept of Community Medicine participated in the Health check up of anganwadi children at Giriyaपुरa under Mathoshree programme on 16-02-2013.

5. Dr. Santosh A attended the eleventh MDRF

UAB FIU International seminar on 'prevention and control of non-communicable diseases' at Chennai and did a oral presentation titled "Diabetes Mellitus among residents of old Age Homes of Davangere District" between 15-02-2013 to 17-02-2013. This seminar was Organized by Madras Diabetes Research Foundation (MDRF), Chennai, in association with Florida International University, (FIU) & University of Alabama at Birmingham (UAB), USA, Supported by National Institutes of Health (NIH), USA.

6. Dr. Kusum Mane, Asst Professor, created awareness among high school students on "Hazards of tobacco", in various schools in areas under Lokikere PHC between 18-02-2013 to 22-02-2013.

7. Dr. Santosh A and Dr. Devraj P Patege worked as WHO External Monitors in the National Pulse polio immunization programme for 4 days from February 24 February 27, 2013.

8. Completion of Project work: Title: A Study on awareness and preparedness about Global warming among Medical students.
By: Pai Divya Venkatesh, Suryakantha A.H

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

1. In the XX th Annual conference of Karnataka Medico-legal Society at KIMS, Bangalore, during 23rd to 25th November 2012.

I. Dr. Dileep Kumar R, 2nd year Post graduate, presented a scientific paper titled 'Estimation of stature of percutaneous ulna length'

ii. Dr. Pavan Kumar G, 1st year Post graduate, has presented a scientific paper titled 'Prediction of stature and their correlation based on hand length'

2. Dr. Sunil S Kadam, Associate Professor, co-chaired the scientific paper presentation session in XXIV th annual national conference of Indian Academy of Forensic Medicine, held at Mangalore

from 1st to 3rd February.

3. In association with Department of Neurosurgery, General surgery and Pathology, the department of Forensic Medicine has organized a Clinico Pathological case discussion at DOME. On

1st March 2013. The case discussion was about Neurosurgical, Autopsy and Histopathological case profile of an incidental renal cell carcinoma in a deceased of head injury following road traffic accident.

DEPARTMENT OF MEDICINE

CME in cardiology was conducted in Saturday 23rd March 2013 by Department of Medicine in association with Narayana Hrudayalaya. The CME was inaugurated by Dr. H.Gurupadappa

and Prinipal Dr. P.Nagaraj, Dr. N.K.Kalappanavar, Dr. S. S.Bhat and team of speakers. The following topics were discussed by team of speakers:

	Topic	Speaker
1.	Recent STEMI Guidelines	Dr. K.S. Somashekar Consultant Cardiologist Davangere Heart Hospital
2.	Management of Heart Failure- Newer concepts	Dr. B.P.Venkatesh Consultant Cardiologist City Central Hosptial
3.	Current Concepts in Surgical Approach to congenital heart disease	Dr. Prakash Hiremath Cardio Thoracic Surgeon S.S.Narayana Hrudayalaya
4.	Valvular heart disease - When to intervene?	Dr. B.Sreenivasa Assoc Prof of Cardiology SSIMS&RC
5.	Sudden cardiac death	Dr. R.S.Dhananjaya Consultant Cardiologist S.S.Narayana Hrudayala
6.	Awake CABG - Anaesthetic Considerations	Dr. Madhusoodan Bhovi Consultant Cardiac Anaesthesiologist S.S.Narayana Hrudayala

This was followed by case discussions by Dr. A. Sameeth Shetty and Dr. Suresh Damodaran and a workshop for General Surgeon and Orthopaedics surgeons was organised.

DEPARTMENT OF SURGERY

- 1) Arranged a Guest lecture: Topic: “Diabetic Foot Forum” by Speaker: Dr. Sunil Kari
- 2) Surgery Conference at Raichur.-Poster presentation “Bowel in Bone”
Dr. Tilak. Assistant professor in Surgery.

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

- 1) Dr. Gayatri L .Patil Professor attended All India Conference of Obstetricians and Gynaecologists January 2013 held at Mumbai and presented a paper on “Comparing reproductive and Sexual health among urban and rural adolescent girls”.
- 2) Dr. Prema Prabhudev gave lecture on “Management of pregnancy after expected date of delivery” at Library Lecture hall, Bapuji Hospital during guest lecture arranged by OBG dept., JJMMC and OBG Society, Davangere on 15/02/2013.

DEPARTMENT OF PAEDIATRICS

1. Dr. N.K. Kalappanavar, Prof & HOD

i. Attended National TOT on Mission Uday 2013 workshop at Kolkata on 13th Jan 2013, as National trainer.

ii. Attended National Executive Board meeting on 16th,17th Jan 2013 as Executive Board member from Karnataka.

iii. Attended national Paediatric Conference and delivered talk on 'Pneumonia in children' as faculty on 19th Jan 2013 at Kolkata.

iv. Participated as faculty during CME at Bellary IAP district Branch on 23.01.2013. Delivered talk on 'Childhood Pneumonia and

Current Vaccines “.

v. Delivered talk on 'Asthma in Children' during CME at Chitradurga on 24th Feb 2013.

vi. Participated as faculty during National Conference on Paediatric allergy and applied immunology at Bangalore on 2nd and 3rd March 2013. Topic was 'Indoor air Pollution'.

Appointed as member of 'Indian College of Paediatrics' for the period 2013-2015 by National IAP, New Delhi

2. Dr. B.S.Prasad - Director of Neonatology & Prof of Paediatrics.

i. Attended the National PALS Instructor Course successfully as Observer (Pre instructorship requirement) held at CHI Chennai in Feb -2013.

ii. Attended Paediatric Radiology CME, at BCHI & RC, Davangere on 23rd February.

iii. Attended Shimoga IAP IMA Member meet on 02-03-13, gave a Guest Lecture on “Nutritional Management of Low Birth Weight (LBW) babies”.

DEPARTMENT OF OPHTHALMOLOGY

On occasion of “WORLD GLAUCOMA WEEK” 10-03-2013 to 16-03-2013, Department of Ophthalmology of SSIMS&RC & JJMMC, Davangere Ophthalmic Society & District Blindness Control Society conducted a Glaucoma Walkathon to create awareness among the public.

1. It was inaugurated by our beloved Principal, Dr. P. Nagaraj and Dr. Madhav Honnatti (President Karnataka Ophthalmological Society). Dr. S. V. Ravindranath (President Davangere Ophthalmic Society & Professor and HOD, Department of Ophthalmology, JJMMC), Dr. Prakash V. Suranagi (Secretary Davangere Ophthalmic Society & Professor and HOD Department of Ophthalmology, SSIMS&RC), Dr. Nanda (Programme manager DBCS), and attended by other teaching faculty and Postgraduates from Dept of Ophthalmology, Interns and students participated in the walkathon.

Glaucoma Walkathon at JJMMC was reinforced by Dr. Manjunath Alur, Principal JJM Medical College. All the members of Davangere ophthalmic society, faculty and Postgraduates joined the rally at Nijalingappa administrative block JJMMC. The Walkathon continued with various banners of Karnataka Ophthalmological society, Davangere Ophthalmic Society, District Blindness Control society, highlighting the theme of the World Glaucoma week- 2013 (The world is a wonder to see every day- so don't let Glaucoma get in the way). The students raised voice for various slogans in Kannada and English to make public "be aware" of Glaucoma. The rally moved via Gundi circle to Chigateri General Hospital.

2. A Street play was conducted by Department of Ophthalmology, SSIMS&RC in which the Students of 3rd year participated.

3. A free glaucoma camp was conducted by the Department of ophthalmology, SSIMS&RC at S.S.Speciality Clinic, Modi Compound, Davangere, between 10 AM-1 PM where in 47 patients were screened & the glaucoma suspects were referred to SSIMS&RC for further evaluation & management.

SI No	Date	Place	No of OT Patients
1.	16/01/2013	Huchangidurga	39
2.	20/02/2013	Lodikere	24
3.	20/02/2013	Arasapura	42

DEPARTMENT OF MEDICAL EDUCATION

1. Guest Lecture was organized on the topic "New Science of Man". Dr. B.M. Hedge, former Vice Chancellor, Manipal University and Padma Bhushan Awardee, spoke on the occasion on 11.01.2013. Staff members and postgraduates of SSIMS & RC and JJMMC attended the lecture.
2. Experiential Learning Lectures 2, Faceoff with Sanjay Sahay Inspector General Police, Eastern Range, Davangere, gave a series of lectures

On "Creating your own identity- personal website Development" on 23.01.2013 and 24.01.2013. An interactive session on "Fulfillment in life & career and "Leading through conflict" workshop for leaders, conducted at Auditorium and open Air theater, Bapuji college of Business schools, Davangere. Dr. Shashikala P. Professor & HOD, Dept of Pathology delivered the Inaugural address and Dr. P. Nagaraj, Principal SSIMS & RC graced the occasion. Staff and postgraduate students of SSIMSR & RC attended the lecture.

3. Dr. Pragati V Chavan Associate Professor in community Medicine attended the 66th National Course on Educational Science for Teachers of Health Professional held from 07.02.2013 to 16.02.2013 at Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER) Puducherry.

4. Dr. Jayaraj Professor, Dept of medicine, Dr.Mahesh Neginahal, & Dr.Praveen Kumar Devarbhavi, Assistant Professor Department of Medicine, attended the Basic Course Workshop on Medical Education Technologies, from 12th to 14th February 2013, conducted at J.N.Medical College, Belgaum under the auspices of MCI recognized Regional training centre.

5. Experiential learning lectures series -4 : Ethikos for Medicos Lecture by Sanjay Sahay IGP, Eastern range, was organized by Department of Medical Education and Dept of Forensic Medicine. Event was a grand success and was unique in its own kind attended by more than 350 members from various Medical, Dental Colleges, Advocates, Biotechnology Institute, Pharmaceutical and Police force representatives on 23.02.2013.

6. Dr V.L.Jayasimha (Microbiology), Dr. Vijaykumar Jatti (Forensic Medicine), Dr.Ravikiran Kisan (Physiology) and Dr. Venkatesh (ENT) attended the workshop on "Student Assessment" at JN Medical College Belgaum on 5th & 6th March, 2013, organized by KLE University, Department of Education for Health Professional (UDEHP). Eminent resource persons like Dr. Sitalakshmi, Dept of Medical Education St. John's Medical College, Dr. N. Mahantashetty JNMC spoke on this occasion. The workshop was made interesting with

Group activity and exercises related to “Student assessment”

7. A lecture on “Student Assessment” was conducted on 19.03.2013. Dr. Vijay Kumar Jatti, welcomed the gathering & spoke on the details of workshop on student assessment conducted by DOME Belgaum on 5th & 6th March. He spoke on definition, need, and Principles & Characteristics of ideal student assessment. Dr. V.L. Jaysimha highlighted the need, advantages & disadvantages of essay question, dynamics of question paper setting, advantages and importance of structured essay question, importance of essay question and the importance of objectivity in correcting answer scripts of various departments. The programme was concluded by Dr. Ravikiran Kisan with a hope that every dept will take the message of objectivity in correcting answer scripts.

YOUTH RED CROSS WING

Swami Nirbhayananda Saraswathi president, Ramakrishna Vivekananda Ashram, Gadag, Bijapur gave discourses on 16.01.2013 on Occasion of 150th Birth Anniversary of “Swami Vivekananda”.

★ Dr. Deepti Pruthvi delivered a lecture on “Prevention of Dengue Fever” on 16.01.2013 at Comrade Lenin Girl's high School, Nittuvalli, Davangere. She also spoke on personal hygiene.

★ Dr. Kavita G.U. delivered a lecture on “Prevention of Dengue Fever” on 17.01.2013 at Comrade Lenin Girl's high School, Nittuvalli, Davangere. She also discussed on safety of girls.

★ Dr. Shashikala P. was a resource person for Meenamela and Training Programme conducted by Education Department Davangere South at Sarkari Noukarara Bhavan, on 1st Feb 2013.

★ Interactive session, discussion on girls Health, education and protection was organized by Birla School Harihar on 02.02.2013. Dr. Shashikala P and Dr. Jayalaxmi spoke on health, hygiene & law related to protection of females.

★ Health Education Programme was conducted on “First AID” at Rashmi Residential School” on 09.02.2013. The following were the resource persons involved in the programme. Dr. Shashikala P. Prof & Head Dept of Pathology,

Dr. Arun Kumar, Prof & Head Dept of Anaesthesia, Dr. Chirag Assistant Prof Dept of Anaesthesia, Dr. Sagar, Assistant Prof Dept of Anaesthesia, Dr. Aswin Kumar Assistant Prof Dept of Community Medicine,

★ Lecture on “How to Face Examination” was delivered at Aditya Birla School for PUC and high school students by Dr. Shashikala. P on 19.02.2013.

HOSPITAL INFECTION CONTROL COMMITTEE (HICC)

1. Dr. Yogesh Babu KV. Infection control officer

i. Conducted a carrier study among health care workers from ICUs along with Mr. Jayanth S.S. and the report was communicated to Medical Director for needful action.

ii. Conducted a hospital wide survey of Hand washing antiseptics in open containers (bowls) along with Mis. Namaratha and the report was communicated to Medical Director for needful action.

iii. Conducted Air sampling study from different ICUs and the report was communicated to Medical director for needful action.

iv. Study on “Role of pre-VAP Cultures in Predicting the Pathogen of Ventilator Associated Pneumonia” is accepted for Oral presentation at International conference, 5th Congress of European Microbiologists Conference to be held in Leipzig, Germany.

v. Attended “Infections & antimicrobial stewardship” held at Yenepoya Medical College Mangalore, Feb 2013. And discussed in detail burning problems of hospital infection control with Dr. Robert Pickles Infections diseases specialist Australia.

2. Dr. V. L. Jayasimha

i. Attended Hospital Infection Society of India Conference HISICON conducted by KEM Hospital Bombay on 8th and 9th February 2013.

ii. Attended in the CME of HISICON Titled “Surveillance of Health care associated infections”. KEM Hospital Bombay on 7th February 2013.

PUBLICATIONS OF SSIMS -ites

Author/s	Title	Database	Journal	Department
Dr. Iqbal Ahmed Shariff	A Clinicopathological Study of Encephalitis in Children With Special Reference in Japanese Encephalitis	Vol 5, issue, 01, pp, 250-254, January 2013	International Journal of Current Research	Pathology
Dr. Sushma B.J Dr. Nagarajappa K Dr. C. R Mallikarjun	Serum Paraoxonase-1 activity, Oxidative stress & Lipid Profile in Patients with Chronic Liver Disease	IJPBS/vol 3/issue 1/Jan-Mar/ 2013/01-06	International Journal of Pharmacy & Biological Sciences	Biochemistry
Dr. Leela P Dr. C. R Mallikarjun Dr. M. Prafulla Dr. Swapnali	Effect of Pranayama & yoga on Apolipoproteins, Lipid Profile & Atherogenic Index in Healthy Subjects	Vol 1(2) Jan/Feb 2013	International Research Journal of Pharmacy & Plant Science	Biochemistry
Dr. Shilpa S. Kasat Dr.M.Subhashchandrappa Dr. C. R Mallikarjun Dr. Swapnali	Malondialdehyde, Total Antioxidant Capacity & Vitamin E Levels in Preterm and Term Infants	Vol 1(2), Jan/Feb 2013	International Research Journal of Pharmacy & Plant Science	Biochemistry
Dr Kavyashree Dr Vidya Nadiger	Reaction Time in Television Watching School Children	March 2013 (In Press)	International Journal of Physiology	Physiology
Dr. Chandrashekhar Karpoor	Effect of Six weeks Yogasana Training on Selected Physiological Parameters	2013; 1(1): 17-21	International Journal of Physiology	Physiology
Dr. Vijaykumar B Jatti, Dr. Nagesh Kuppast, Dr. Pavan Kumar G and other Post Graduate	Prediction of stature and their correlation based on hand length of population at and around Davangere	Jan 2013	V care life science- An international indexed journal	Forensic medicine and Toxicology
Dr.Sunil S Kadam, Dr.Ravishankar Assistant Professor Dept of Anatomy, RIMS, Raichur	Correlation of Splenic length with the height of an individual- A cross sectional study	Published Jan-June 2013, vol 13, No 1	Medicolegal update- An international indexed journal	Forensic medicine and Toxicology
Dr.Nagesh Kuppast Assistant Professor	Credibility of Pubic length, Ischium length and Ischio-Pubic index in Identification of gender	Published July-Dec 2012 vol 6, No 2, 115-118.	Indian journal of Forensic Medicine and Toxicology-An indexed journal	Forensic medicine and Toxicology
Dr.Nagesh Kuppast Assistant Professor	Calculation of Regression equation for Estimation of Stature from Ulna Length	Published Jan-June 2013 vol 6, No1	Medico Legal update- An International indexed journal	Forensic medicine and Toxicology

STUDENT'S ACTIVITY & ACHIEVEMENTS

Duel of the Minds. Desmond Tutu once said, don't raise your voice, improve your argument. This quote highlights the importance of good healthy debates which help put forth ideas without unnecessary emotional agents. On 19th of February 2013, students and staff of SSIMS&RC were witness to a duel of minds, a debate on the topic "Celebrities make bad role models". 2 teams comprising 4 members per team competed against each other listing out the pros and cons of the influence of celebrities on the masses in general. Both teams showed exceptional debating skills with fierce exchange of words making sure they put across their opinion to not only the judges, but also the audience in the auditorium who actively participated in the competition. The audience asked each speaker a question regarding the topic and his or her speech expecting an answer which would justify their stance in the topic effectively. Speakers from the "for" team supporting the topic showed poise and had good arguments, but against a much more formidable opponent, they couldn't make a

strong impression. The against team were victorious, for their commendable confidence and speaking skills which fortified their reasons well. The best speaker award was given to Sneha of 2nd Yr, and Sonali of 1st year as the 2nd best speaker for brilliance in fluency and retaliatory skills. And as for the topic, like Joseph Joubert rightly said, "It is better to debate a question without settling it than to settle a question without debating it."

ICMR STS project titled "Study of carriers of *Pseudomonas aeruginosa*, *Klebsiella* spp. and *Acinetobacter* spp. Among health care workers from intensive care units in a tertiary care hospital by Mr. Jayanth, under the guidance of Dr. Yogesh babu.K.V. has been accepted.

ICMR STS project titled "Prevalence of burn wound infections with aerobic and anaerobic bacteria and their antimicrobial susceptibility pattern at tertiary care hospital by Mr. Ashrith Bhatt, under the guidance of Dr. Vinodkumar C.S. has been accepted.

COVER STORY

2ND GRADUATION DAY CELEBRATION AT SSIMSRC:

S.S. Institute of Medical Science and Research Centre, Davangere, organized the 2nd graduation day for the class of 2007 at the college premises on 09-03-2013. The programme started with Photo Session and procession of the Graduates, Heads of all the Departments, Vice principals, Principal, Chief Guest & Guests of Honour followed by Invocation. Principal Dr P Nagaraj welcomed the gathering. Chief guest Dr. D.Prem Kumar, Registrar, RGUHS, Bangalore addressed the gathering and distributed the certificates to the graduates. Heads of the Departments handed over the certificates to the individual subject toppers. Hippocratic oath was administered by Dr. Shashikala P, Vice Principal and Prof & HOD of Pathology. Dr. Ravindra Banakar, senate and Syndicate member RGUHS, declared the certificate

Recipients as graduates. Dr. Shamanur Shivashankarappa, Honorable secretary, Bapuji Education Association, graced the occasion and delivered his presidential address. Governing council member of BEA and chairman of MBA college Sri A.S.Veeranna was also present on the occasion. Dr. Jayadutt Pawar represented the class of 2007 and shared his thoughts and experience about the college. Dr. Arun Kumar Ajjappa, Prof & HOD Anesthesiology delivered the Vote of thanks. The programme concluded with the National Anthem. The proceedings of the programme were conducted by Dr. Kavita G.U. Prof. Dept of Pathology and Dr. Sunita Kalsurmah, Associate Prof. Dept of Physiology. Parents of graduates, graduates and staff members of SSIMSRC also attended the function. Dinner was hosted for parents of graduates, graduates and staff who graced the occasion.

STUDENT UNION 2013 - INAUGURATION

On the beautiful and colourful day of Holi, 27th March was the inaugural function of Student Union 2013. The program was inaugurated by Chief Guest H.R.Chandrashekhar, Former Principal, JJMMC, Davangere by lighting the lamp along with our Principal, Dr. P.Nagaraj, Chairman of Student

Union 2013, Dr Manjunath.J and the Chairman of various other committees. It was followed by a blend of various cultural programs which included Dance, Skit, Poetry and the performance of our very own College Band- LUCID DREAMS. As a whole this program being the first was a grand success on the part of the new Student Union

Student Union 2013

ORIGINAL ARTICLE

“Assault on doctors” Nowadays (Commonest Scenario).

Dr. G. M. Raju.

M.B.B.S., M.D

Associate professor,

Department of Forensic Medicine and Toxicology,

ABSTRACT:

Patient's attender assault the treating doctor is the commonest scenario. Nowadays this has been very much highlighted in the print & visual media. But still this problem is being continued in good reputed hospitals. When patients consult a doctor for his illness, there is a healthy doctor patient relationship with mutual trust that is essential for successful management. Seldom senior doctors are also attacked even in their own private hospitals. And here are some suggestions for the prevention of the situation. Prevention is better than getting assaulted.

Key Words: Illness; assault; doctors- patient relationship;

INTRODUCTION:

Assault on doctors now a day has become a common scenario in most of the hospital. i.e highlighted in the print & visual media. And the causes for such situation can arise from many sources, some of which are:

- 1) Doctors.
- 2) Hospital authorities.
- 3) Patient's attenders.
- 4) Illness factors.

DOCTORS:

It is the doctor's duty to ensure that every patient is given due care e.g: case (Dogra & Rudra, 2005). One of the reasons for misunderstanding between the doctor and the patient is lack of proper communication. The doctor may feel that I am performing the best care in existing circumstances but if that is not appreciated by the attenders, and then it is useless (Mathiharan & Patnaik, 2006).

Body language of the doctor matters a lot while treating any patient. Doctor's version is that they are busy in treating the patient and they have little time to spare for the attenders. Doctors sometimes misinterpret the attender's behavior as being authoritative and react with anger for being dominated, leading to heated arguments. One often made remark is that the doctor does not bother to attend to the patient or to arrange alternative consultant when requested. Some doctors give instructions to the staff nurse, from their place by phone, without even seeing the patient (Parikh, 2004).

Hospital authorities:

Prolonged duty hours and excessive work load make the doctors exhausted leading to tiredness and mood changes (Chandrashekharan, 1999). Unrestricted entry of attenders into the Emergency, ICU wards and treating area leads to chaotic atmosphere there. Both of these lead to inefficiency in work.

Delegating the responsibility of managing a busy emergency ward by junior doctors alone without adequate supervision by seniors' is troublesome e.g. case (Gupte, 2005).

Not providing the minimum expected facilities to the doctors for treating the patient hinders the performance of doctors (Chandrashekharan, 1999). Seldom the attending staff nurse and the paramedical staff can also induce or aggravate the existing problem.

Patients and their attenders:

They have very high expectations about quality and time taken for improvement of patient. They want complete and quick improvement. Some of them will be in an emotionally charged state, especially, anxious about the diagnosis and prognosis of patient's illness (Chandrashekharan, 1999). This leads to persistent enquiries with the doctors & staff nurse which is irritating. Attenders expect to be periodically updated about patient's condition. After having paid huge amounts for the treatment attenders & relatives are worried about the proper implementation of treatment. In the unfortunate event of death of the patient, grief in relatives is expressed as anger (Jaiswal, 2004). Real or perceived negligence on part of doctor leads to anger by relatives.

Illness factors:

There may be difficulty in diagnosis of the illness (Fauci, 2008). Patient may not respond to treatment as expected. Unexpected complications can crop up. There may be sudden deterioration in patient's condition. Patient may require additional investigations or surgeries than planned earlier. All this if not communicated properly may lead to anger.

DISCUSSION:

A change is needed in the attitude and behavior of all parties concerned.

Doctors:

Doctors should never assure 100% cure and avoiding negligence (Reddy, 2004). Each patient

should be adequately examined, investigated and treated. If a patient is not improving, doctors should ask the question "Is there anything else to be done to this patient?" update recent medical knowledge or discuss with colleague & do not criticize the professional ability of another doctor in presence of the patient.

Doctors should not only handle the illness in the patient but handle the attenders also. It is the doctor's responsibility to explain to the attenders the nature of the illness, investigations needed, line of management and probable course and outcome in a way that is understood by them.

Periodic updating of the condition of the patient to the attenders is necessary (Rao, 2000). Overconfidence or too much cautiousness in patient care is to be avoided.

A realistic appraisal of the situation and its clear communication is needed. Whenever appropriate attenders should be involved in decisions about patient care and management.

Doctors may become insensitive to the needs of the patient and attenders. Each case has to be handled with due care and enthusiasm as the other. Commitment to the profession is the need of the hour.

Doctors should cultivate and maintain empathy while interacting with them. Doctors should first treat on humanitarian grounds. Do not instruct the nurse to give any injections without doctor's supervision. Empathy is the capacity to put oneself in the other person's position and understand his thoughts and feelings about the situation (Chandrashekharan, 1999).

Patience play vital role for doctors & staff nurses. Anger should not be responded with anger. Here lies the importance of psychology and psychiatry in medical curriculum which can enable budding doctors to develop proper communication skills and empathy.

Nurses should be trained better to handle the patient's emotion and attender's doubts.

Paramedical staffs are also given some training in handling the situation gently. Attending nurses should be well trained in such situations so that while assisting the treating physician, they should be able to manage the attenders. Nurses are given training in such a way that even in the absence of treating Physician, they should be able to handle by explaining the details about the patient to the attenders. And sometimes soothing words to the patient and to the attenders will make the situation bit easy going for one and all. The same can be done to the other paramedical staff also.

If the doctors feel that they are too busy to give time to the patient's relatives, can we think of a Liaison Officer? Who can brief the relatives about the essential aspects of the case periodically? For this the liaison officer should be trained in medical aspects. The cost of treatment will increase if a liaison officer is employed. He can at best only supplementary to the doctor but cannot replace the doctor patient relationship. They can reduce the burden on the doctors if used appropriately.

Hospital authorities:

Duty roster and hours should be planned scientifically so that there is less scope for physical and psychological exhaustion in the treating doctors & staff nurse round the clock (Indian Medical Council Regulations, 2002).

There should be adequate supervision and support for the junior doctors by the senior doctors.

A representative of the hospital from the administrative side should be available round the clock to sort out non medical issues. Entry in to the emergency, ICU wards and also treating area should be restricted and managed by efficient security persons. Basic minimum facilities for patient care should be provided. To appoint adequate staff nurse as prescribed by the Nursing Council. (Potter-Perry, 2006). One Nurse should take care of two patients, one ward boy for four patients care. In addition, training the nurses and other paramedical staff in handling such sensitive issues will also be an additive support to prevent such situations.

Patient's attenders:

They should have realistic expectations about course and outcome of the illness in the patient. They should see that their behavior would not impede treatment. Getting emotionally charged and taking law into one's own hands is of no use. Such repeated incidents make the doctors overcautious and result in not taking up a case for treatment. It has to be appreciated that medicine is not an exact science and doctors have their limitations (Jaiswal, 2004). Whether negligence has occurred or not should be decided by competent authorities and law should be allowed to take its course.

Conclusion:

This is an effort to identify the problems arising in Indian scenario, where Doctors are being assaulted very frequently. The origin of the problem may be from Doctors & staff nurse body language, misinterpreting relatives' - behaviour. Prolonged duty hours being posted by the hospital authorities, unrestricted entry of attenders and presence of only Junior Doctors without adequate supervision by Senior Doctors add to the burning factor. Not only these but also high expectations and complete, quick improvement from patient and their relatives, with illness factor are adding to Assault on Doctors.

Therefore, the Doctors should ensure that there is no negligence on their part to avoid such circumstances. He should maintain good rapport with patient as well as relatives. For this hospital, authorities can have a Liaison Officer. Moreover, duty roaster should be planned round the clock with Senior a doctor that minimizes the scope for physical and psychological exhaustion on treating doctor.

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CONGRATULATIONS!!!!

The Principal and all the staff congratulates



Dr. K.G. Basavarajappa

Professor & Head,

Department of Microbiology for being elected as Vice President of INDIAN ASSOCIATION OF MEDICAL MICROBIOLOGISTS Karnataka Chapter for the year 2013-14



Dr. Prema Prabhudev

Professor & HOD

for being selected as Vice President of OBG society, Federation of Obstetric and Gynecological Societies of India (FOGSI), Davangere branch.



Dr. VinodKumar C.S.

for successfully completing his second PhD from Rajiv Gandhi University of Health Sciences, Bangalore. This work was done at St John's Medical College, Bangalore under the guidance of Dr Srinivasa H, Professor, Department of Microbiology. He received the PhD certificate from former President of India, Dr. APJ Abdul Kalam



CASE REPORTS

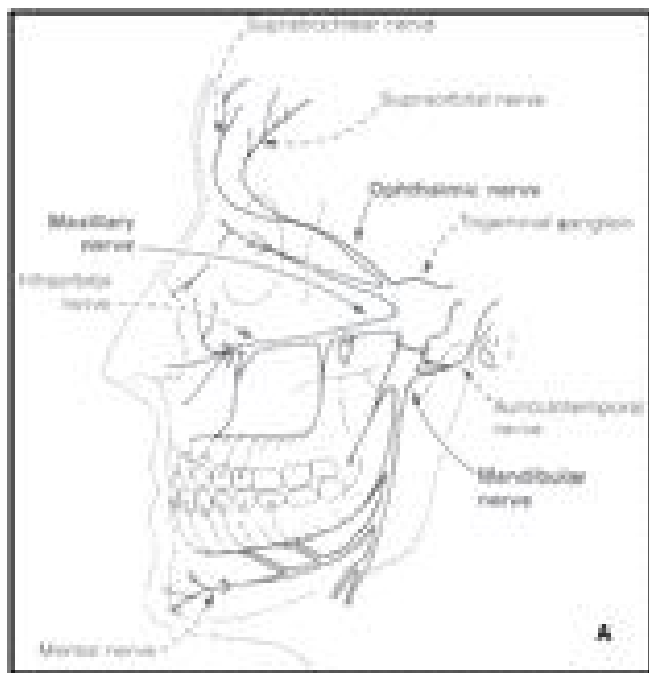
Percutaneous Trigeminal Ganglion Block

DR. ARUN KUMAR AJJAPPA Prof. & Head, Dept of Anaesthesia

DR. GIRIRAJ PATIL 1st year post graduate student, Dept of Anaesthesia

INTRODUCTION:

Trigeminal neuralgia is an unilateral facial pain & has an annual occurrence rate of 3-5 per lakh people. It is characterised by lancinating, paroxysms of pain in the lips, gums, cheeks or chin & usually precipitated by physical triggers in the distribution of trigeminal nerve (fig.A).



Trigeminal neuralgia was treated for the first time by alcohol injection into the nerve by Pitres in 1902, followed by Schloser in 1905. Percutaneous transforamen ovale approach to trigeminal ganglion using absolute alcohol was first introduced by Hartelin in 1912. In early 1930's Kirschner began to use radiofrequency neurolysis of trigeminal neuralgia pain & later retrogasserian glycerol injection done by Hakauson and percutaneous balloon compression by Mullah in 1978. In addition to idiopathic trigeminal neuralgia, facial pain

resulting from terminal cancer or multiple sclerosis may also be treated with these approaches.

CASE REPORT:

A 67 years old male patient diagnosed with idiopathic trigeminal neuralgia since 5 years & treated with multiple analgesic medication has persistent pain with gradual increase in severity and restricting his daily activities. Routine investigations were within normal limits, MRI brain revealed normal study; ruling out neurological cause, hence patient was taken up for trigeminal ganglion block.

PROCEDURE:

Consent was taken. The patient premedicated with analgesic and anxiolytic. Patient was placed in supine position on the table with head in extended position, with C-arm radiography machine towards head region. Under aseptic precaution, under local anaesthesia, entry point of needle was taken at 3cm lateral to the angle of mouth and directed 3cm anterior to external auditory meatus when seen from the front of the face (fig.B).



Under fluoroscopy, oblique projection revealed mentonian arch which is upper internal quadrant to the foramen ovale. Lateral projection is done to calculate the insertion of cannula into the bony tunnel of the foramen ovale. The tip of the cannula is adjusted not to exceed 2mm in distance from the

plane of clivus. The direction of needle insertion is verified under fluoroscopy in submental, lateral & postero-anterior view's. When the needle entered the foramen ovale, the fluoroscopy turned laterally to reveal the needle direction towards the angle produced by the clivus and the petrous ridge of the Temporal bone. The depth of needle inside the Meckels cave is verified in lateral view.

After negative aspiration, upto 0.3ml of 1% lignocaine was injected, the patient had immediate pain relief, confirming the diagnosis of trigeminal neuralgia. This was followed by injection of 0.4ml of glycerol. Post procedure, brain stem functions evaluated to determine if the local anaesthetic solution has not reached brain stem. The procedure was followed by placing the patient in sitting position for 90 minutes.

DISCUSSION:

Trigeminal neuralgia is more common in females, most common from age 50-69 years, with preponderance for right side of face. Most commonly found in maxillary and mandibular

division. There is no specific test to make a diagnosis of trigeminal neuralgia and a clinical examination including assessment of cranial nerve function is mandatory. MRI brain is useful in examining patient with neurological abnormality and MRA to rule out any vascular lesion triggering trigeminal neuralgia.

As the exact cause is not known, various treatment modalities are available. Medical treatment remaining the mainstay of treatment. Surgical decompression and per cutaneous ganglion block is done for patients, who do not respond to pharmacological therapy or have worsening of symptoms or more frequent recurrences. Post trigeminal ganglion block pain relief varies from 91-97%.

CONCLUSION:

Percutaneous procedure involving transforamen ovale trigeminal ganglion block are carried out to facilitate acute pain relief. In our case, 5 month follow up had revealed pain relief more than 90%.

INFORMATIVE ARTICLE

ACADEMY GUIDELINES FOR NAIL DISORDERS

Guidelines/Outcomes committee: Lynn A Drake MD.

Dr. Jagannath Kumar V Prof HOD, Department of Dermatology

Definition

Nail disorders include those abnormalities that affect any portion of the nail unit. The nail unit includes the plate, matrix, bed, proximal and lateral folds, hyponychium, and some definitions include the underlying distal phalanx. These structures may be affected by heredity, skin disorders, infections, systemic disease, the aging process, internal and external medications, physical and environmental agents, trauma, and tumors, both benign and malignant.

Scope

Nail disorders comprise approximately 10% of all dermatologic conditions. Under certain

circumstances the space beneath the nail plate, a somewhat protected area, has been shown to harbor both fungal microorganisms and the scabies mite. With respect to fungi, such a reservoir could be a source of infection elsewhere in the person, particularly cutaneous spread to the feet in cases of onychomycosis. Because of scratching, the subungual presence of scabies may reinoculate previously treated skin and result in recurrence of the infestation. The nail unit may show specific changes that are markers for a wide range of systemic disorders. These include collagen vascular, liver, renal, endocrine, cardiac, and neoplastic diseases.

Nail disorders respond very slowly to therapy because of the inherent slow growth of the nail unit

because of poor absorption and impaired delivery of medications to the diseased portion and medications of the nail unit. Although there are many medical treatments currently available for the control of nail disease, often surgical technique may be concomitantly utilized to achieve a maximum benefit. Congenital anomalies may require surgical correction. Diagnostic criteria

A. Clinical history may include:

1. General medical history, onset, duration, progression of disorders, location.
2. Precipitating and/or alleviating factors, Trauma, other cutaneous and systemic disorders.
3. Nail cosmetics and procedures.
4. Post and present medications and drug allergies.

B. Clinical history for patients undergoing nail surgery

1. Vascular compromise, bleeding diathesis, collagen vascular disorders
2. Medications
3. Diabetes mellitus, Arthritis
4. Past infections, Past surgical procedures

C. Physical examination:

Nail cosmetics may need to be removed for adequate examination. In some instances, all 20 nails may need to be examined.

1. General physical examination, as appropriate
2. Dominant hand and changes in the proximal and lateral nail fold
3. Involvement of one or more fingernails, one or more toenails, and presence or absence of bony abnormalities.
4. Thickness, consistency, color, surface changes, onycholysis (separation of nail plate from nail bed)
5. Nail changes according to which component of the nail unit is involved (plate, matrix bed, hyponychium folds, phalanx)
6. Other areas including skin, nail, and mucous membranes when indicated. Particular attention should be paid to hair abnormalities, mucous membrane and dental changes, and presence or absence of immunologic disorders. The peripheral neurovascular status of the patient when indicated.

α. Diagnostic tests:

1. Microscopic examination

- i. Potassium hydroxide (KOH) test
- ii. Tzanck smears for viral changes
- iii. Strains for bacteria (Gram Stain)

2. Culture

i. Fungal advisable to use both cycloheximide containing medium as well as medium without cycloheximide because yeast and nondermatophyte mold may not grow in the presences of cycloheximide.

- ii. Bacterial
- iii. Viral

3. Nail unit compression and transillumination

4. In vivo nailfold capillary microscopy

5. Nail clippings

Treatment

A specific diagnosis should be established before commencing therapy whenever possible, Topical, intralesional, and/or systemic therapy is indicated for many nail disorders. Other modalities such as surgery, cryotherapy, radiation, phototherapy and laser may be indicated. Patients should be advised that treatment of nail disorders is often a prolonged and gradual process.

Medical:

- a) Topical therapy includes: Antifungals, antibiotics, corticosteroids, Salicylic acid, Tar, Anthralin
- b) Systemic therapy includes: Antifungals, antibiotics, corticosteroids, corticosteroids, 5-Fluorouracil
- c) Intralesional therapy includes: Corticosteroids, Bleomycin
- d) Surgical procedures; Nail plate avulsion, Nail matrix exploration, Partial or total matricectomy, Crescent-shaped biopsy of the proximal nailfold, Resection of the nail bed, Perforation of the nail plate for the relief of subungual hematoma, Cryosurgery, Laser surgery.
- e) Post operation care: Topical and or systemic antibiotics, Bulky loose sterile dressing

References: Journal of the American Academy of Dermatology,

KARL LANDSTEINER (June 14, 1868 June 26, 1943)

By

Dr. Sindhuja A & Dr. Kavyashree H M, Dr. Vidya M Nadiger, Dr. D V Deshpande, Department of Physiology



Karl Landsteiner was born in Vienna on June 14, 1868. His father, Leopold Landsteiner, a doctor of law, was a well-known journalist and newspaper publisher, who died when Karl was six years old. Karl was brought up by his mother, Fanny Hess, to whom he was so devoted that a death mask of her hung on his wall until he died. After leaving the school, Landsteiner studied medicine at the University of Vienna, graduating in 1891. Even while he was a student he had begun to do biochemical research and in 1891 he published a paper on the influence of diet on the composition of blood ash. Returning to Vienna, Landsteiner resumed his medical studies at the Vienna General Hospital. In 1896 he became an assistant under Max von Gruber in the Hygiene Institute at Vienna. Even at this time, he was interested in the mechanisms of immunity and in the nature of antibodies. From 1898 till 1908 he held the post of assistant in the University Department of Pathological Anatomy in Vienna. Here, Landsteiner worked on morbid physiology rather than on morbid anatomy. In 1911 he became Professor of Pathological Anatomy in the University of Vienna. Up to the year 1919, after twenty years of work on pathological anatomy, Landsteiner with a number of collaborators had published many papers on his findings in morbid anatomy and on immunology.

He discovered new facts about the immunology of syphilis, added to the knowledge of the Wassermann reaction, and discovered the immunological factors which he named "Haptens". It then became clear that the active substances in the extracts of normal organs used in this reaction were, in fact, "Haptens". He also showed that the cause of poliomyelitis could be transmitted to monkeys by injecting into them material prepared by grinding up the spinal cords of children who had died from this disease. Landsteiner made numerous contributions to pathological anatomy, histology and immunology; all of which showed, not only his meticulous care in observation and description, but also his biological understanding. His name will no doubt always be honoured for his discovery of the blood groups in 1901, for which, he was given the **Nobel Prize for Physiology or Medicine in 1930**. In 1909, he classified the bloods of human beings into the now well-known A, B, AB, and O groups and showed that transfusions between individuals resulted in the destruction of blood cells only when a person is transfused with the blood of a person belonging to a different group and not with identical group. Earlier, in 1901-1903, Landsteiner had suggested that, because the characteristics which determine the blood groups are inherited, the blood groups may be used to decide instances of doubtful paternity, but of late the MN system is preferred. In 1919-1922, he published twelve papers on new haptens, which, on conjugation with proteins which were capable of inducing anaphylaxis and related problems. He also worked on the serological specificity of the haemoglobins of different species of animals. In collaboration with Levine and Wiener he studied bleeding in the new-born, leading to the discovery of the Rh-factor in blood, which relates the human blood to the blood of the rhesus monkey. Until the end of his life, Landsteiner continued to investigate blood groups and the chemistry of

antigens, antibodies and other immunological factors that occur in the blood. It was one of his great merits that he introduced chemistry into the service of serology.

Rigorously exacting in the demands he made upon himself, Landsteiner possessed untiring energy. Throughout his life he was always making observations in many fields other than those in which his main work was done (he was, for instance, responsible for having introduced dark-field

illumination in the study of spirochaetes).

By nature, somewhat pessimistic, he preferred to live away from people.

In 1939, he became Emeritus Professor at the Rockefeller Institute, but continued to work as energetically as before, keeping eagerly in touch with the progress of science. It is characteristic of him that he died with pipette in hand. On June 24, 1943, he had an heart attack in his laboratory and died two days later in the hospital of the Institute in which he had done such distinguished work.

SSIMS-ites Congratulates the following staff for their New Post

STAFF	DEPARTMENT	PROMOTED AS
Dr. Veerendra H.S	General Surgery / Urology	Associate Professor
Dr. Nitin.A.Bandekar	General Surgery / Plastic Surgery	Professor
Dr. Manjula.A	Pathology	Associate Professor
Dr. Manjunath Sarathi	Pediatrics	Associate Professor
Dr. Sanjay.D	Pediatrics	Associate Professor
Dr. Deepti Pruthvi	Pathology	Professor
Dr. Raghukumar.K.G	Microbiology	Associate Professor
Dr. B.K. Venkatesh	ENT	Associate Professor
Dr. Ajith.K.M	ENT	Associate Professor

SSIMS-ites Welcome the following newly joined staff to its family

STAFF	DEPARTMENT	DESIGNATION
Dr Gopalpur S. V.	Dermatology	Senior Resident
Dr Vijay Jatti	Forensic Medicine and Toxicology	Associate Professor
Dr Shobha Jatti	Anatomy	Assistant Professor
Dr S		

मा से बड़ा दुनिया मे कोई हो न पायेगा
मा कर्मिता का कोई क्या करे चुकायेगा

आन्मोल रतन हुम्को मा दुनयि से प्यरि है
देवी के जैसे हुम्को मा ये हुमरि है

मा के आन्चल मे हर कोई जन्मत पायेगा
मा कर्मिता का कोई क्या करे चुकायेगा

हर कोई बेटा बेटिमा के साथ रहे...
मा कर्मिता का कर्मशिकिवा न करे

जुल्म करेगा मा पे जो वोह जाहनुम जायेगा
मा कर्मिता का कोई क्या करे चुकायेगा

जाने कतिने दुःख सहकर मा हुम्को पालति
मा कहि कर्मिता हर दुःख को है टालति

मा है तो, सागर भी कुछ न कर पायेगा
मा कर्मिता का कोई क्या करे चुकायेगा!!

-रोशन. (इ.डि.पि.)



"WORLD GLAUCOMA WEEK" - Glaucoma Walkathon



Students Debate Competition - "Celebrities make bad role models"



Students and Staff in Action on Ground on Occasion of Sports Meet



Inauguration of "Students Union - 2013"