

# SSINSMANIES



S.S. Institute of Medical Sciences & Research Centre, NH-4, Bypass Road, DAVANGERE - 577005
Official Quarterly News Bulletin of SSIMS&RC Vol.: 9 Issue: 3 July - Sept 2014



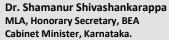






#### **PATRONS**







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

S.S. Institute of Medical Sciences & Research Centre

## NEWS BULLETIN COMMITTEE

Editorial Office: DEPARTMENT OF PHARMACOLOGY Extn. No. 08192 - 266345

**Advisory Board:** 

**Dr. P. Nagaraj** Principal

Dr. N.K. Kalappanavar Director (Medical)

Editor in Chief: Editors:

Dr. Sathisha Aithal Dr. Kiran L J

Professor, Dr. Shivashankaramurthy

Department of Pharmacology, Associate Professor,

Phone: 08192-266345,

e-mail: ssimstimes4u@gmail.com

**Co-Editors:** 

Dr. Raghu Prasada MS Mr. Harish Kumar VS Mr. Pradeep AN Mr. Chethan Kumar.S

**Executive Members** 

Dr. A. V. Angadi Dr. Dileep V Deshpande Dr. Mallikarjuna.C.R Dr. Umakant N Patil Dr. P. Shashikala Dr. Basavarajappa. K. G Dr. Arunkumar, A Dr. Ramesh. S. Desai Dr. Manjunath J. Dr. Prakash. V. Suranagi Dr. Prasad B.S. Dr. Gejji Shivarudrappa Dr. Hemant K Kulkarni Dr. Jayaraj S. G. Dr. Vijayakumar. B. Jatti Dr. Bheemayya Badesab Dr. Vinod, G. Kulkarni Dr. Jagannath Kumar. V Dr. Prema Prabhudev Dr. A. M. Shivkumar Dr. Narendra. S. S Dr. P. Mallesh Dr. L. Krishnamurthy Dr. Dhanya Kumar. S

Dr. Dhananjay K. L.

Dr. Linganagouda S. Patil

**Technical Support** 

Dr. Shivamurthy K. C

Dr. Sathyanarayana M. V. V.

Devaraju V H S. D. A

Santhosh Kumar. D.M Photographer



NH-4, Bypass Road, Davangere - 577 005. Phone: 08192-261805, 261806, 261807 261808, 261809 FAX: 08192-262633, 266310

> E-mail: ssimsrc@rediffmail.com Website: www.ssimsrc.com

Contents	Page No.
Editorial Desk	2
Reports:	
Departmental Activities	2 - 9
Informative articles	9 - 11
Publications of SSIMS-ites	12
Case Reports:	
1. Hypomelanosis of ITO	12
2. Anaesthetic Management of Posterior Mediastinal Mass Excision in a Pregnant Patient	13 - 14
Pharmacovigilance Cell	15 - 16
ಕನ್ನಡ ವಿಭಾಗ	17 - 18
Congratulations	18 - 19

#### 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.



## **EDITORIAL**

Dear Friends and Colleagues,

The 68<sup>th</sup> Independence Day was celebrated in our college with much enthusiasm and vigor. This day holds a special place in every Indian's heart as the country was freed from hundreds of years of colonial rule. We should be proud of our country and its remarkable growth since the independence. All of us should not forget the words of Sardar Vallabhbhai Patel that "Every citizen of India must remember that he is an Indian and he has every right in this country but with certain duties'. Our duties as medical teacher lie in grooming students as good doctors and responsible citizens.

Knowledge has many forms and it is available at many places. The acquisition of knowledge has been the thrust area throughout the world. In this regard, there were CMEs, community programme, undergraduate service competitions and special lectures conducted by various departments in the last quarter. Additionally, there were sports activities and wherein, cultural meeting students and faculties participated in large number and exhibited their talents.

On behalf of editorial team, I heartily congratulate the postgraduates of Anatomy, Physiology, Biochemistry, Community Medicine, Forensic Medicine and Toxicology & Pharmacology for successfully completing their postgraduation course.



Dr. Sathisha Aithal Editor

## **DEPARTMENTAL ACTIVITIES**

## DEPARTMENT OF ANATOMY

- Dr. Gourishankar Ganga, Professor, Department of Anatomy has been invited as guest speaker and delivered guest lecture on "Mucin histochemistry of gastrointestinal tract and its application in histopathological diagnosis" in 16<sup>th</sup> state level Karnataka Conference at S.D.M medical sciences and hospital, Dharwad on 22<sup>nd</sup> August 2014.
- A Training workshop on endotracheal tube intubation and intercostal drainage for emergency care health providers on cadavers was conducted on 02/09/2014 in association with department of emergency medicine. Dr. Peter Taillac, Professor, Department of Emergency Medicine, University of UTAH, USA addressed first Phase MBBS students regarding the importance of emergency care.
- Dr. Nagaraj Mallashetty, Assistant Professor, presented a paper on "The study of number of ostia and inner and outer diameters of coronary arteries at their origin in human heart, a cadaveric study" in 16<sup>th</sup> Karnataka chapter of Anatomists State Conference from 22<sup>nd</sup> to 24<sup>th</sup> August 2014 held at S.D.M. Medical Sciences and Hospital, Dharwad.
- Dr. Veeresh Itagi, Assistant Professor, presented a paper on "Morphological shapes of menisci of knee joint in adult human cadavers of north Karnataka, a cross sectional study" in 16<sup>th</sup> Karnataka chapter of Anatomists State Conference from 22<sup>nd</sup> to 24<sup>th</sup> August 2014 held at S.D.M. Medical Sciences and Hospital, Dharwad.

## DEPARTMENT OF BIOCHEMISTRY

 Dr. Shabnam S, postgraduate gave oral presentation on "Study of subclinical hypothyroidism among patients with type 2 diabetes mellitus" at AMBKCCON-2014 held at SDUMC, Kolar. The research topic was guided by Dr. Mallikarjun C.R, Professor and Head, Department of Biochemistry.



• Dr.Swetha R Hebbar, presented paper on "Study of serum cystatin C and B<sub>2</sub> microglobulin in preeclamptic patients" at AMBKCCON-2014 held at SDUMC, Kolar. The topic was guided by Dr. Nagarajappa K, Professor, Department of Biochemistry.

# DEPARTMENT OF COMMUNITY MEDICINE

## A. Health Check-up in Rainbow school, Ranebennur.

Team of doctors from SSIMS & RC comprised of Dr. Ayesha S. Nawaz, Dr. Rathnapraba, Dr. Sharankumar, Dr. Malatesh U, Assistant Professors and Dr. Kiran Shankar, Dr. Sindu P, post-graduates supported by interns posted in Department of Community Medicine were involved in the school heath checkup. Health problems among adolescent school students were given a special focus by conducting individual and group counseling sessions for both boys and girls separately.

# B. Research Methodology Workshop for 1<sup>st</sup> year Post-graduate students

As per the Medical Council of India (MCI) guidelines, "Research Methodology Workshop" was conducted for 1<sup>st</sup> year postgraduate students on 25<sup>th</sup> and 26<sup>th</sup> August 2104, at the BLS Training Hall (Skill lab), SSIMS & RC, Davangere. Around 40 first year post-graduate students of SSIMS &RC, participated in the workshop. They were oriented towards various aspects of synopsis writing, preparing dissertation and conducting research projects in their future academic careers. Following are the list of topics conducted in the workshop.

## **Day 1:**

- Introduction to Research By Dr. Varadaraja
   Rao
- Framing title and objectives of studies By Dr. Bheemayya Badesab
- Hypothesis/ Research question By Dr. Bheemayya Badesab
- Study designs By Dr. Pragathi V. Chavan

- Basic statistics By Ms. Jyosna
- Sampling and Sample size By Dr. Aswin Kumar

## Day 2

- Literature search By Dr. Aswin Kumar
- Questionnaire designing By Dr. Sharankumar
- Data entry and cleaning of data By Dr. Malatesh U
- Analysis of data By Dr. Bheemayya Badesab
- Ethics in Bio-medical Research By Dr. VinodKumar C.S
- Reference writing By Dr. Raghu Prasada
   M S
- Synopsis writing By Dr. Aswin Kumar

# C. ORAL PRESENTATIONS AT INTERNATIONAL CONGRESS ON WOMEN'S HEALTH-2014, TIRUPATI

- Dr. Ravikumar, postgraduate presented a paper on "Study of quality of life among peri-menopausal women in a rural field practice area of a medical college in Karnataka".
- Dr.KiranShankar S presented a paper on "Community Medicine as a career as perceived by students of a medical college of central Karnataka".
- Dr. Devaraj P Patage, postgraduate presented a paper on "Reproductive and sexual health needs of disabled people in rural field practice area of a medical college in Karnataka, India".

## D. POSTER PRESENTATION IN CME

Dr. Ravikumar presented paper on "Changing pattern of cancer in India" and Dr. Kiran Shankar.S on "Oral cancer" in a CME on oncology and organ transplantation organized by Department of General Medicine, Department of General Surgery, Department of Oncology, Department of Biochemistry, ASI-KSC City Chapter, Davangere.

## E. PG refresher course

Post graduate students Dr. Devraj P, Dr. Arun Daniel, Dr. Sindhu P and Dr Yamuna B N attended PG refresher course 2014 held at



Sri Siddhartha Medical College on 12<sup>th</sup> and 13<sup>th</sup> of September 2014.

**F.** School health checkup programme was initiated at Sirigere health camp on 11<sup>th</sup> September 2014. This will be conducted on every Thursday and till now children studying in two school of Sirigere were completed.

## G. DDRC ACTIVITIES

In association with other departments of SSIMS&RC, conducted around 25 camps between July to September 2014 in various places and schools of Davangere district and identified many handicapped persons and needs of them.

## **DEPARTMENT OF PATHOLOGY**

<u>05.09.2014 to 7.09.2014</u>: Presentations by postgraduates at 41<sup>st</sup> KCIAPM State Conference, KIMS Bangalore

Sl. No.	Title	Presentation	Presented Authors
1	An insight into pediatric	Oral	Dr. Shweta Pai, Dr. Shashikala P, Dr. Sonam S
1	tumors - A 5 year experience	Olai	Nandyal.
2	Histomorphological study of	Oral	Dr. Chethan Gowda, Dr. Shashikala P, Dr. Deepti
	kidney	Olai	Pruthvi, Dr. Kavita G U.
3	Histomorphological study of	Oral	Dr. Uday Shankar, Dr. Shashikala P,
3	lung	Orai	Dr. Deepti Pruthvi.
4	Histomorphological study of	Omol	Dr. Sujoy Kumar De, Dr. Shashikala P,
4	Heart	Oral	Dr.Neetha Y.
5	Food for thought: Similes in	Poster	Dr. Laxmi Ronada, Dr. Shashikala P,
3	pathology	roster	Dr. Deepti Pruthvi, Dr. Kavita G.U.
6	Orbital meningioma:	Poster	Dr. Ankur Majumdar, Dr. Shashikala P,
6	Ecclipse in the eye.	rostei	Dr. Deepti Pruthvi

- A voluntary blood donation camp was organized on 01.10.2014 at Government First Grade Degree College, Ranebennur on the occasion of "World Blood Donation Day" in association with CG Hospital Davangere. Dr. Sonam S. Nandyal along with post graduates, house surgeons and blood bank team conducted the camp. A total of 69 units were collected.
- A voluntary blood donation camp was organized on 01.10.2014 at ARG College. Dr. Shwetha J.H. along with house surgeons, postgraduates & blood bank technicians conducted the camp in association with Indian Red Cross blood bank. A total of 26 units were collected at the camp.
- A voluntary blood donation camp was organized on 13.09.2014 at KLE Degree College, Ranebennur in association with Red Cross & SSIMS & RC, Blood Bank Davangere. House surgeons, postgraduates & blood bank technicians conducted the camp. A total of 40 units of blood were

collected.

- In association with Red Cross, SSIMS & RC Blood Bank and Life line organization, on 15.09.2014 a voluntary blood donation camp was organized on the occasion of Engineers Day. A total of 20 units of blood were collected. Dr. Shwetha J.H. along with postgraduates & blood bank technicians conducted the camp.
- Voluntary Blood Donation and awareness camp was conducted on 22.09.2014 at Harapanahalli on the occasion of 22<sup>nd</sup> Shraddhanjali of Shivakumar Shivacharya Swamiji, organized by NSS wing of Taralabalu Welfare Association, Patil Siddanagowda P.U College and Polytechnic College. Dr. Shashikala P. spoke on the occasion and created awareness about blood donation among the students. About 67 students donated blood. Dr. Kavita G.U. along with house surgeons, postgraduates & blood bank technicians conducted the camp.



Samrudda Jeevan foundation organized blood donation camp on 26.09.2014 at Chitradurga which was attended by blood bank officer, postgraduates & House surgeons. A total of 153 units of blood were collected.

DEPARTMENT OF MEDICAL EDUCATION

- Workshop on "Systematic approach to question paper setting for Medical College Teachers", was conducted on 31.07.2014 & 01.08.2014. Dr. D.K.Srinivas, Consultant, Medical Education, was the course Director. Dr. Shashikala P, Coordinator, DOME, conducted one of the sessions. About 30 faculties participated in the workshop.
- Dr. Shashidhar, Assistant Professor, Department of Psychiatry spoke on the topic "Coping skills for Medical Student" on 03.09.2014. Dr. Shashikala P, addressed the students & introduced the faculty members of medical education to the students.
- "Department of Medical Education & Academic Body" jointly organized orientation programme for postgraduates 2014 on 14.08.2014.
- About 48 delegates including first year postgraduates & few faculty members attended the workshop on "Media in Medical Education" on 18.09.2014. Dr. Shashikala P. Prof & Head, Pathology, Dr. Manjunath J. Prof & Head, Orthopedics, Dr. Kavita G.U and Dr. Deepti Pruthvi, Professors in Pathology, Dr. Chetan M.L., Associate Professor, Orthopedics & Dr. Jayashimha V.L. Professor of Microbiology were the resource persons for the programme.
- A programme for interns was conducted by Macula Health Care on "Medical Academics going Electronic: An introduction to an Academic Portal" an initiative of Macula Health care on 20.09.2014. Dr. Jitendra

kumar & Dr. Madhu were the resource persons. Dr. Renu Lohitashwa, Assistant Professor, Physiology conducted the programme.

 Workshop on "Ethics in Medicine" was conducted on 26.09.2014 for the members of Ethics Review Board, past members of Institutional Ethics Committee and Scientific Review Committee. Dr. Veena Vaswani, Dr. Uma Kulkarni & Dr. Leena Pramod from Yenepoya Medical College Mangalore were the resource persons. About 21 faculties attended the workshop.

## YOUTH RED CROSS WING

• A voluntary blood donation camp was organized on 26.08.2014 at Shamanur Parvathamma Choultry, Davangere on the occasion of "World Photography day" in association with Indian Red Cross Society and Life Line organization. Dr. Shwetha J.H. along with house surgeons, post graduates & blood bank team conducted the camp. A total of 33 units were collected.

# DEPARTMENT OF ANESTHESIOLOGY AND CRITICAL CARE

The Departments of Anaesthesiology of S.S.I.M.S & R.C and JJMMC in association with Karnataka Pain Awareness Programme (KPAP) Davangere conducted a CME - "Awareness on Management of Acute & chronic pain" with Dr. Arun Kumar Ajjappa as the organizing chairman on 03<sup>rd</sup> August 2014.

CME was presided over by eminent speakers from Bangalore who delivered educative lecturers on the following topics



- Neuroanatomy and Neurophysiology of Pain
   By Dr. Mahalingappa K.M.
- Assessment, History, Physical examination
   & Investigation By Dr. HirachandMutagi
- Understanding various types of pain By Dr. Rajesh H.C.
- Pharmacological methods of managing pain
   By Dr. Vinod.
- Overview of Cancer pain By Dr. Vinod.
- Basics of postoperative pain By Dr. Sudhakar Koppad.
- Interventional Pain Medicine By Dr.Nagaraju Morubagal.
- Dr.Arunkumar Ajjappa, Professor and Head, delivered a guest lecture on "Over view of CPR" in CME on Anaesthesiology and critical care on 03/08/2014 at Basaveshwara Medical College Hospital and Research Centre, Chitradurga.
- Dr.Arunkumar Ajjappa, Professor and Head, delivered a guest lecture at continuous Nursing Education on 13/08/14, SSIMS – SPARSH, Davangere.

## **DEPARTMENT OF ORTHOPAEDICS**

- Dr. Chetan ML, Dr.Sachin S, Dr.Siddesh Patil, Dr.Sachin S Nimbrgi, Dr. Praveen M Anvekar participated in different DDRC camps.
- All staff members attended Orthopaedic Mega Camp at Bhadravathi on 13/09/14.
- Under the guidance of Dr. Venkataramanarao. M, Professor & Unit Chief, Dr. Praveen M Anvekar delivered lecture on "Osteoarthritis and its Management", "Total hip Replacement" and Dr.Chetan.M.L delivered lecture on "Arthroscopy" at Bhadravathi IMA hall on 13/09/14.
- Dr.Manjunath.J delivered lecture on "Black board & Chalk" conducted by Department of Medical Education, SSIMS&RC, Davangere.
- Dr.Chetan.ML delivered a lecture on "How to prepare Effective poster" conducted by Department of Medical Education, SSIMS&RC, Davangere.

# DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

- Dr. Rashmi. P.S., Associate Professor gave a lecture on 'Breast feeding' during World Breastfeeding week at SSIMS & RC., auditorium, Davangere.
- Dr. Prema Prabhudev, Professor. & Head gave a lecture in CME on 'Role of Hydralazine in severe hypertensive crisis in pregnancy' organized by Bharat Serums and Vaccines ltd., in association with Davangere OBG Society on 23<sup>rd</sup> August 2014 at Davangere.

# DEPARTMENT OF GENERAL MEDICINE

- The Department of Medicine, Surgery, Oncosurgery Biochemistry, ASI- KSC City Chapter, Davangere, jointly organized CME on "Oncology and organ Transplantation" in association with HCG Bangalore on 9/8/2014.
- CME was inaugurated by principal, guest speakers and organizing committee members by lighting the lamp. Welcome speech was given by Dr. S.S.Bhat and Dr. L.S.Patil delivered the opening remarks on CME Programme. Vote of thanks was given by Dr. Nagarajappa. 500 delegated attended the programme.
- The speakers for the CME were Dr. Shilpa, Pathologist, Dr. Aditya Moorthy. Maxillofacial Surgeon, Dr.Shiva Kumara Swamy, Radiologist, Dr. Gopinath.K.S, Surgical Oncologist, Dr. Rohit. V. Gaikwad, Oral Oncologist, Dr. Inteza Mehadi, Medical Oncologist, Dr. Amarendra.S. Surgical Oncologist, Dr. Sathish, Medical oncology, Dr. Vijay Bhaskar, Radiation Oncologist, Dr. Basanth Mahadevappa, Liver Transplant surgeon, Dr. Sampath Kumar.M.N, Medical Radheshyam, Oncologist, Dr. Medical Oncologist and Dr. Anand Krishna, Plastic Surgeon.



# DEPARTMENT OF GENERAL SURGERY

Dr. Sunitha S Mulgund and Dr.Sagar K presented a best paper entitled "Clinical study and management of hollow viscus injury in abdominal trauma" at 4th annual conference of traumatology and critical care held on 12<sup>th</sup> to 14<sup>th</sup> September 2014 organized by Department of General Surgery of Grant Govt. Medical College and Sir J.J. group hospital, Byculla, Mumbai - TRAUMASICON 2014.

**ABSTRACT**: A prospective study, conducted from January 2012 to June 2013 on patients who sustained Hollow Viscus Injury (HVI) due to abdominal trauma (blunt & penetrating injury) and taken up for surgery. 26 cases of HVI were studied which revealed that blunt abdominal trauma due to Road Traffic Accidents was responsible for most cases of HVI. The most commonly affected were males belonging to economically productive age group of 29-38 years. Abdominal pain was the most common symptom with half of the cases presenting with all three peritoneal signs on admission with majority cases having air under diaphragm. Small bowel (jejunum) was most common site of injury. Primary repair was most commonly performed procedure. The mortality the study rate in was 26.92%. Mortality in HVI was more in cases of BAT. A delay of >31hours between time of surgical iniurv intervention and was responsible for unfavorable outcome (50% Thus, early presentation to the mortality). hospital, early diagnosis and intervention are of utmost importance in the management of HVI.

## **DEPARTMENT OF PAEDIATRICS**

## <u>Dr.N.K.Kalappanavar, Medical Director,</u> Prof & Head.

- Participated in the annual CME of Bangalore Paediatric Society and delivered a talk on "Challenges in Asthma Management" on 29-06-14.
- Participated as resource person during National CME on Paediatric Pulmonology and disaster management at Hubli on 12<sup>th</sup>

- to14<sup>th</sup> July 2014 and delivered talk on "Wheezing under 5 years".
- Involved in training of ZP member, press reporters and Media people on Dengue fever on 16-07-14 at ZP office Davangere.
- Delivered talk on "Intensified control of diarrhea" at CG Hospital on 28-07-14 as chief guest.
- Participated as resource person during Bijapur District IAP CME Pediatric forum on 24-08-14 at Golden height and delivered talk on "approach to child with wheeze".
- Chaired the session during "National seminar on prevention of maternal and neonatal mortality: Evidence into practice" held at Belgaum on 5<sup>th</sup> and 6<sup>th</sup> September 2014
- Participated as resource person and delivered talk on 'Approach to child with respiratory distress during National update on Paediatric Pulmonology' held at Mangalore on 27<sup>th</sup>& 28<sup>th</sup> September 2014.

## <u>Dr.B.S.Prasad – Vice Principal, Prof of</u> <u>Paediatrics & Director of Neonatology</u>

- Attended one day Course on IAP NNF FGM "Advanced Neonatal Resuscitation Programme" as National certified NRP Instructor at BCHI and RC, Davangere.
- Attended "PALS" course for" Paediatrics postgraduate & Paediatricians", as Faculty/ National Certified Instructor, conducted at JJMMC, BCHI&RC, Davangere on 30<sup>th</sup>& 31<sup>st</sup> August 2014.
- Attended central/Davangere divisional IAP undergraduate paediatrics as divisional coordinator of IAP and guest of honor, conducted at Adichunchanagiri Institute of Medical Sciences, Bellur.

## **DEPARTMENT OF DERMATOLOGY**

• Dr. Sankeerth V, postgraduate, under the guidance of Dr. Jagannath Kumar V, professor and head, presented following papers and posters in a conference "**Dermazone south 2014**" held on 19<sup>th</sup> to 21<sup>st</sup> September 2014 at JIPMER, Pondicherry.

<u>Oral presentations:</u> Cutaneous manifestations in Dengue Fever, Lewandowsky –Lutz Dysplasia



<u>Poster presentations</u>: Cutaneous manifestations in diabetes mellitus, Purpura Fulminans in case of Dengue fever, Erythroderma – A study of clinical features in 15 cases, Dowling Degos Disease – A rare case report.

 Dr. Harika C under the guidance of Dr Jagannath Kumar V, Professor and Head, presented following paper and posters in a conference "Dermazone south 2014" held on 19<sup>th</sup> to 21<sup>st</sup> September 2014 at JIPMER, Pondicherry.

Oral presentation: Comparative study of various treatment modalities for Verrucae Poster presentations: Hypomelanosis of Ito: A rare case report, Late onset of lymphangioma circumscripyum: Frogspawn on skin, Clinical variants and comorbidities in psoriasis, Urticaria Pigmentosa: A case report.

## CELEBRATION OF WORLD BREASTFEEDING WEEK

Organized by Dept of Paediatrics, OBG and Community Medicine, SSIMS & RC, Davangere

World Breastfeeding week was celebrated successfully for the whole week from August 1<sup>st</sup> 2014 to 7<sup>th</sup> August 2014. The following were the events arranged for all the pregnant women, mothers in the community and in the hospital. The event involved all the medical students, post-graduate students, nursing students, nurses working in the Paediatric ward, OPD, PICU and NICU. Focus was to create awareness amongst the public and to the future doctors and nurses.

Inauguration function on 1st August 2014 was presided by Dr. D K Srinivas, Director of Curriculum, RGUHS. Chief Guest was Dr. C R Banapurmath, BPNI state Coordinator. This was followed by series of lectures on Awareness of Breastfeeding practices and also aiming for the theme for this year – "Breastfeeding – A winning goal for life".

Quiz competitions were held for the nursing students on Breastfeeding, collage-making competition for under graduate students, essay writing competition and poster presentation competition on World Breastfeeding Week theme were also held successfully. Also, training was conducted for the nurses working in the private hospitals, labour wards, pre-natal wards and special wards and also working in the Anti-natal wards and post-natal wards.

**02-08-2014**: Exhibition was inaugurated by Dr. Bheemayya Badesab, Professor and Head of the Department, Department of Community Medicine. Information education posters were displayed from 2<sup>nd</sup> to 7<sup>th</sup> August 2014 in the

OPD block of SSIMS & RC, Davangere. Patient attenders and visitors were explained about the various aspects of breast feeding as well as importance of timely start of breastfeeding and complimentary feeding.

**04-08-2014**: An awareness programme was conducted at Primary Health Centre, Lokikere. A skit was performed by interns about "Do's and Don'ts" of breastfeeding. Dr. Sindhu explained them about this year's theme and other general aspects of Breast feeding.

**05-08-2014**: An awareness programme was conducted at Urban Health Training Centre, Bashanagar. Skit was played regarding Do's and Don'ts of breast feeding and also the importance of exclusive and timely start of breast feeding. Dr. Pragati V Chavan, Professor, Department of Community Medicine talked about the dangers of prelacteal feeds and importance of start of complementary foods after 6 months and correct methods of breast feeding.

**06-08-2014**: A health talk was conducted at First Grade Woman's College, Davangere. Dr. Rathnaprabha, Assistant Professor participated as resource person and gave a talk on importance of breast feeding and answered to questions raised about practical problems of breast feeding.

**07-08-2014**: Health talk for women from Community at Bapuji Polytechnic College, Davangere. Dr. Rathnaprabha, Assistant Professor participated as resource person.



## **CENTRE FOR SPIRITUAL DEVELOPMENT (MARGA)**

"Importance of Spirituality in Professional life": Special lecture for Medical students

To create awareness about the spiritual values among the medical students a special was organized lecture Marga by "Importance of Spirituality in Professional life" by 'Parama Poojya Dr. Sri Veereshananda Saraswathi', President of Sri Ramakrishna-Vivekananda ashram, Tumkur. The lecture was held at LT-3 on 12th Sept 2014, two medical hundred and faculty students participated in the program.

Excerpts from Swamiji address to students - A word of console, love, confidence & affection by you make patients feel cheerful and come back to their normal life. You are in a position to dictate words and advise the society, if you use your knowledge and skills unethically then you are not using wisdom, you are not being wise. The profession of a doctor is most fortunate and most prestigious, respectful, noblest but not many realize that medical profession also opens wide toll for higher pursuits higher than merely name and fame. Doctors should never develop affinity for advertisement, if you do so you will not be doing justice to your profession. You should do an ethical practice; Doctor's profession is an act of worship. Swamiji stressed on 'Swami Vivekanandas' ideal of "WORSHIP SHIVA IN JEEVA". Swamiji concluded his speech by saying, the material science has got the limitation of perception it may equip our worldly comfort but to know the real aim & objective of life we must surrender ourselves to spiritual science i.e. "living beyond yourself is spirituality".

Dr. P Nagaraj, Principal, SSIMSRC presided over the program. Parama Poojya Sri Sharadeshanandaji Ramakrishnof Sri Harihara, ashram, Vivekananda Mathaii Yoganandamayi of Sadhanashrama, Davangere, Dr. Shashikala P Krishnamurthy, Vice Principal, Sri Siddeshwara Manager, Dr. K G Basavarajappa, HOD Dept. of Microbiology, Dr. Umakant Patil, HOD Dept. of Pharmacology & their faculties and 2<sup>nd</sup> year MBBS students were participated in the program. Program started with a prayer song by Kum. Vasundhara M S, Kum. Pranitha D welcomed the gathering, Kum.Pooja S introduced Swamiji, Kum. S.Radhika delivered the vote of thanks. Sri Harish Kumar V S, Asst. Professor, Dept of Pharmacology coordinated the program.

## INFORMATIVE ARTICLES

## EBOLA VIRUS DISEASE

Dr. Sathish S. Patil
Associate Professor, Department of Microbiology

## **Introduction**:

Ebola virus disease (EVD) is a severe, often fatal illness in humans. Outbreaks of Ebola among humans have occurred sporadically in Africa. EVD has a case fatality rate of up to 90%. The first Ebola virus was discovered in 1976 near the Ebola River in Congo (Central Africa).

**Etiopathogenesis:** Pathogen belongs to family *Filoviridae*, genus *Ebolavirus*. Filoviruses are

filamentous viruses and have a single-stranded negative-sense RNA. Fruit bats are natural host of the Ebola virus. Ebola is introduced into the human population through close contact with blood, secretions, organs or other bodily fluids of infected animals during handling of infected chimpanzees, gorillas, fruit bats, monkeys found ill or dead or in the forest. Ebola then spreads in the community through human-to-human transmission, with infection resulting from direct contact (through broken skin or



mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and indirect contact with environments contaminated with such fluids.

Healthcare workers and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood or body fluids.

**Epidemiology**: Present outbreak (2014) is the largest Ebola outbreak. It started in West Africa in August, and spread over 4 countries viz. Guinea, Liberia, Nigeria, and Sierra Leone. Statistics as on October 8, 2014.

Total cases: **8400** Total Deaths: **4033** 

Laboratory Confirmed Cases: 4656

Though there were many news reports of Ebola in India, none have been confirmed. However, people returning from endemic areas and complaining of EVD symptoms are quarantined for 21 days.

**Signs and symptoms:** The incubation period is 2 to 21 days. Clinical features comprise sudden onset of fever, muscle pain, headache, sore throat and unexplained bleeding. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function. Cause of death is usually hypovolemic shock and complications.

**Differential diagnosis:** Diseases which present with hemorrhagic manifestations should be ruled out before suspecting EVD.

## Lab tests

- Antibody-capture ELISA
- Antigen detection tests
- Reverse transcriptase polymerase chain reaction (RT-PCR) assay
- Electron microscopy
- Virus isolation by cell culture

When symptoms begin, Antigen capture ELISA, IgM ELISA and Polymerase chain reaction (PCR) can be used for diagnosis.

Corroborative evidences are, decreased platelet counts, elevated AST and ALT (AST>ALT), amylases elevated, PT and PTT prolonged and FDP elevated suggesting DIC like picture.

**Treatment:** Timely treatment of EVD is important but challenging because the disease is difficult to diagnose clinically in the early stages of infection. Presently treatment is limited to supportive care and treatment of specific symptoms. There is as yet no proven treatment available for EVD. However, a range of potential treatments including blood products, immune therapies and drug therapies are currently being evaluated.

**Prevention:** Ebola spreads by contact with the blood or secretions (urine feces, spit, vomit, sweat, semen and other fluids) of an infected patient. It may also spread by needles and medical equipment contaminated with virus. Hence Ebola can be prevented by following barrier nursing techniques, which include

- Wearing of protective clothing (such as masks, gloves, gowns, and goggles)
- Using infection-control measures (such as complete equipment sterilization and routine use of disinfectant)
- Isolating patients with Ebola from contact with unprotected persons.

## References

- 1. Ebola Hemorrhagic Feverhttp://www.cdc.gov/vhf/ebola/resources/pdfs/ebola-factsheet.pdf
- 2. Ebola virus disease- Media centrehttp://www.who.int/mediacentre/factshe ets/fs103/en/
- 3. Ebola (Ebola Virus Disease)http://www.cdc.gov/vhf/ebola/
- 4. Ebola in India: First suspected Ebola case in West Bengal-http://www.thehealthsite.com/news/ebola-in-india-first-suspected-ebola-case-in-west-bengal/
- 5. <a href="http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html">http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html</a>



## SCIENTIFIC REASONS BEHIND OUR TRADITIONS

Mr. Harish Kumar V.S Assistant Professor, Department of Pharmacology

Indian Customs V/s Scientific Reasons Traditions were considered mainly as superstitions, but with the advent of science, it is becoming evident that these traditions are based on some scientific knowledge and moved from generations to generations as traditions. Though many people did not know science in it, they were following it very faithfully over the years.

- 1. Joining Both Palms together to Greet: In our culture, people greet each other by joining their palms termed as "Namaskar." The general reason behind this tradition is that greeting by joining both the palms means respect. However, scientifically speaking, joining both hands ensures joining the tips of all the fingers together; which are denoted to the pressure points of eyes, ears, and mind. Pressing them together is said to activate the pressure points which helps us remember that person for a long time. And, no germs since we don't make any physical contact!
- 2. Why do we worship Peepal Tree: 'Peepal' tree is almost useless for an ordinary person, except for its shadow. 'Peepal' does not a have a delicious fruit, its wood is not strong enough for any purpose then why should a common villager or person worship it or even care for it? Our ancestors knew that 'Peepal' is one of the very few trees (or probably the only tree) which produces oxygen even at night. So in order to save this tree because of its unique property they related it to God/religion.
- 3. Sitting on the Floor & Eating: This tradition is not just about sitting on floor and eating, it is regarding sitting in the "Sukhasan" position and then eating. Sukhasan is the position we normally use for Yoga asanas. Sitting in this position while eating helps in improving digestion as the circulatory system can focus solely upon digestion and not on our

legs dangling from a chair or supporting us while we are standing.

- 4. Why not to sleep with Your Head towards North: Myth is that it invites ghost or death but science says that it is because human body has its own magnetic field (Also known as hearts magnetic field, because the flow of blood) and Earth is a giant magnet. When we sleep with head towards north, our body's magnetic field become completely asymmetrical to the Earth's Magnetic field. That cause problems related to blood pressure and our heart needs to work harder in order to overcome this asymmetry of Magnetic fields. Apart from this another reason is that our body have significant amount of iron in our blood. When we sleep in this position, iron from the whole body starts to congregate in brain. This can cause headache, Alzheimer's disease, Cognitive Decline, Parkinson disease and brain degeneration.
- 5. The scientific explanation of ouching Feet (charan sparsh): Usually, the person of whose feet you are touching is either old or pious. When they accept your respect which came from your reduced ego (and is called your shraddha) their hearts emit positive thoughts and energy (which is called their karuna) which reaches you through their hands and toes. In essence, the completed circuit enables flow of energy and increases cosmic energy, switching on a quick connect between two minds and hearts. To an extent, the same is achieved through handshakes and hugs. The nerves that start from our brain spread across all your body. These nerves or wires end in the fingertips of your hand and feet. When you join the fingertips of your hand to those of their opposite feet, a circuit is immediately formed and the energies of two bodies are connected. Your fingers and palms become the 'receptor' of energy and the feet of other person become the 'giver' energy. of



## **PUBLICATIONS**

SI	Authors Title Vol/ Journal		Journal	Department	
No.			Issue		•
01	Dr.	The Study of Number of Ostia,	2014;	International	Anatomy
	Nagaraj.S.Mallashetty,	Inner and Outer Diameters of	3(7),	Journal of Science	
	Dr. Santosh Bhosale	Coronary Arteries at Their Origin	1628	and Research	
		in Human Heart: A Cadeveric	-30	(IJSR)	
		Study			
02	Dr. Santosh Bhosale,	Study of Variations in the Origin	2014;	International	Anatomy
	Dr.	andDistance of Origin of	6(15)	Journal of Current	
	Nagaraj.S.Mallashetty	Axillary nerve of the Posterior	,	Research and	
		cord of Brachial	41-	Review(IJCRR)	
		Plexus	44		
03	Dr. B.A. Varadaraj Rao	Application of the rule of halves	2014;	National journal of	Community
	Dr. Arun Daniel	for hypertension as assessment	5(3)	Community	Medicine
		tool in an Urban Area of		Medicine	
		Davangere			
04	Dr. Raghu Prasada M S	Comparison of Topical Anti-	2014;	Journal of Clinical	Pharmacology
	Dr. Shashikala G H	Fungal Agents Sertaconazole and	8(9),	and Diagnostic	
	Dr. Ravindra K Clotrimazole in the Treatment of		HC0	Research	
	Dr. Shankar A S Tinea Corporis-An Observational		9-		
	Dr. Deepa Patil	Dr. Deepa Patil Study			
	Dr. Umakant N. Patil		2		

## CASE REPORT: HYPOMELANOSIS OF ITO

Dr. Jagannath Kumar V and Dr. Harika C
Department of Dermatology

**Introduction**: Hypomelanosis of Ito is a rare neurocutaneous disease characterized by hypopigmented whorls, streaks and patches typically disturbed along the lines of blaschko. It is usually associated with one or more abnormalities of the central nervous system, eyes, hair, teeth and musculoskeletal system.

## Case report:

- A 10 year old female child, presented to our outpatient department with multiple white patches over the lower left half of the body since 1 year of age. These lesions were asymptomatic and progressively increased in size with the growth of the child to the current size. There was no history suggestive of any ocular, dental or neural abnormalities.
- A paediatric, dental and an ophthalmological consultation was sought, which revealed no abnormalities. Cutaneous examination revealed multiple fairly well defined hypopigmented macules and patches arranged in a linear and whorled pattern

along the blaschko lines distributed over the left side of lower abdomen, anterior and lateral aspect of left thigh and left side of the buttocks.

• Routine investigations were within normal limits.

**Discussion:** Hypomelanosis of characterized by a depigmentation of the skin along the lines of Blaschko on the trunk and extremities in certain patterns and it is often associated with systemic manifestations. Histopathological analysis of the hypopigmented areas on the skin demonstrated increased numbers of melanocytes melanosomes in the basal layer of the epidermis.

Conclusion: Hypomelanosis of Ito is most commonly associated with abnormalities of central nervous system, eyes, hair, teeth and musculoskeletal system. Hence, a thorough examination of the patient is necessary. This case is reported for its rarity.



# CASE REPORT: ANAESTHETIC MANAGEMENT OF POSTERIOR MEDIASTINAL MASS EXCISION IN A PREGNANT PATIENT

Dipali Anand Taggarsi, Arun Kumar Ajjappa and Kantharaja H.E Department of Anaesthesia, Critical Care and Pain Medicine

Surgery **Introduction:** during pregnancy is complicated by the need to balance the requirements of two patients.1 Along with a thorough understanding of the physiological changes brought about by pregnancy, adequate knowledge of the needs of the fetus; maintenance of utero-placental flow, avoidance of toxic drugs and prevention of preterm delivery is vital. Mediastinal tumours are particularly rare in pregnancy.<sup>4</sup> The presence of a mediastinal tumour further compromises the altered physiology, especially pulmonary stability. Perioperative management requires a multi-disciplinary team. A wellplanned anaesthetic approach is vital to ensure a favourable outcome for the mother as well as the fetus.

Case Report: A 22 year old woman gravida II para I live I at 24 weeks of gestation presented with a history of chest pain and breathlessness since one and a half months. There was associated history of dysphagia since one and a half months, more for solids than liquids.

Physical examination showed a 40 kg patient with Grade II dysphoea. Baseline saturation was 100% on room air. Trachea was in the midline and auscultation revealed reduced air entry. Other vital parameters were stable and remainder of examination was unremarkable.

A chest radiograph was obtained which revealed a right mediastinal lesion. A CT scan was done which showed a lobulated posterior mediastinal cystic lesion measuring 5 x 4.5 cm in cross section epicentered at the subcarinal region producing right lower lobe posterior basal segment collapse with fluid bronchogram and mild narrowing of the segmental bronchi due to mass effect. Anteriorly, the mass was abutting the right main pulmonary artery and left atrium. Laterally, on the left side, the lesion was found to about the lobar bronchi and descending pulmonary artery and esophagus. A possible diagnosis of bronchogenic cyst was

made. Preoperative Electrocardiogram and Echocardiogram were normal. Pulmonary function test performed preoperatively suggested severe obstructive and severe restrictive disease with values of FEV1: 50% of reference, FVC: 44% of normal and FEV1/FVC was 100. She was started on incentive spirometry preoperatively to improve lung function and increase post-operative compliance to incentive spirometry.

Patient was prepared for surgery. She received solution depot of intramuscular hydroxyprogesterone one day prior to the scheduled surgery. She received aspiration prophylaxis, antibiotics and anxiolytics prior to procedure. Intraoperatively, monitors were applied. A 16 G peripheral venous access was secured in the right forearm. A 20 G arterial cannula was used to cannulate the right radial artery for invasive blood pressure monitoring. A thoracic epidural catheter was inserted using an 18 G Tuohy needle at T8-9 for post-operative analgesia in left lateral decubitus position. She premedicated with intravenous Glycopyrrolate  $0.005 \,\mathrm{mg/kg}$ Fentanyl mcg/kg Midazolam 0.05 mg/kg. She was induced with Thiopentone intravenous 5mg/kg paralyzed with Vecuronium 1mg/kg. Intubation was performed using a 7.5mm cuffed oral endotracheal tube. Tube position confirmed using end-tidal carbon dioxide measurement and chest auscultation. Right Internal Jugular Vein was cannulated using a 7 Fr triple lumen catheter by Seldinger's technique after induction. Anaesthesia was maintained using oxygen, nitrous oxide and isoflurane. Intra-operatively, the patient was monitored for heart rate, blood pressure, respiratory rate, arterial oxygen saturation (SpO<sub>2</sub>), central venous pressure and end tidal carbon dioxide (EtCO<sub>2</sub>). The parameters were recorded at 5 min intervals. Mean arterial blood pressure was maintained at 60 - 70 mmHg and central venous pressure 10 - 12 cm H20. Intra-operative fetal heart rate monitoring was performed and no significant fluctuations in heart rate were noted. The duration of surgery was 3 hours and 15 minutes during which she received 2000 ml of crystalloids and 450 ml of packed red blood cells. Urine output was 500 ml. At the completion of surgery, neuromuscular blockade was reversed using Glycopyrrolate 0.01mg/kg and Neostigmine 0.05mg/kg. Patient was extubated and shifted to the Cricital Care Unit. Post-operative analgesia on the first and second post-operative day was provided as a continuous epidural infusion of 0.1% Bupivacaine and 2 mcg/cc Fentanyl at a rate of 8 ml/hour. On the third post-operative day, she was shifted to the ward. In the ward, she received once daily dose of 1 mg Morphine diluted to 6 cc epidurally. The epidural catheter was removed on the fourth post-operative day. Post-operative spirometry and chest physiotherapy were performed to improve lung function. An obstetric scan on the eighth post-operative day revealed a healthy fetus. She was discharged on the ninth post-operative day.

**Discussion:** Mediastinal masses pose a great anaesthetic challenge because of cardiopulmonary compromise. There are now many reports of foetal survival to term after corrective thoracic surgery even with cardiopulmonary bypass performed in the second or third trimesters<sup>2</sup>

The initial diagnosis of mediastinal mass is particularly difficult as signs and symptoms in the early stage are similar to common complaints during normal pregnancy, and there is an understandable reluctance to subject the foetus to radiation from X-rays. Dyspnoea that continues to worsen after the midtrimester is not associated with cough and that affects daily activity and orthopnoea is suggestive of this pathology<sup>5</sup>

The main focus in the management of pregnant patients is to maintain cardiopulmonary stability despite the already compromised state. Effective anxiolysis and effective intraoperative as well as post-

operative analgesia play a major role in recovery.

While avoiding hypoxia and hypotension is a foundation of intra-operative anaesthetic practice, it is particularly important to the maternal–fetal unit during non-obstetric surgery. Short periods of mild hypoxaemia are well tolerated, but prolonged or serious maternal hypoxaemia causes uteroplacental vasoconstriction and decreased uteroplacental perfusion that can result in fetal hypoxaemia, acidosis, and death.<sup>1</sup>

Adequate post-operative analgesia aids in physiotheraphy and respiratory rehabilitation while minimizing adverse effects of stress responses on mother and fetus. Use of regional anaesthesia, while minimizing detrimental fetal drug effects can result in hypotension resulting from sympathetic nerve blockade, which reduces uterine blood. flow and perfusion to the fetus. Attention to maternal fluid volume and blood pressure is critical.<sup>3</sup>

## References

- 1. Reitman E, Flood P. Anaesthetic considerations for non-obstetric surgery during pregnancy. Br. J. Anaesth. (2011) 107 (suppl 1): i72-i78.
- 2. Bernal JM, Miralles PJ. Cardiac surgery with cardiopulmonary bypass during pregnancy. Obstet Gynecol Surg 1986. 41:1-6
- 3. Kylie N, Walton D, Melachuri VK. Anaesthesia for non-obstetric surgery during pregnancy. CEACCP 2006. 6: 2
- 4. J. T. Van Winter, M. A. Wilkowske, E. G. Shaw, P. L. Ogburn Jr., and D. J. Pritchard, "Lung cancer complicating pregnancy: case report and review of literature," Mayo Clinic Proceedings, vol. 70, no. 4, pp. 384–387, 1995.
- 5. Chiang JCS, Irwin MG, Hussain A, Tang YK, Hiong YT. Anaesthesia for Emergency Caesarean Section in a Patient with Large Anterior Mediastinal Tumour Presenting as Intrathoracic Airway Compression and Superior Vena Cava Obstruction. Case Rep in Med 2010.

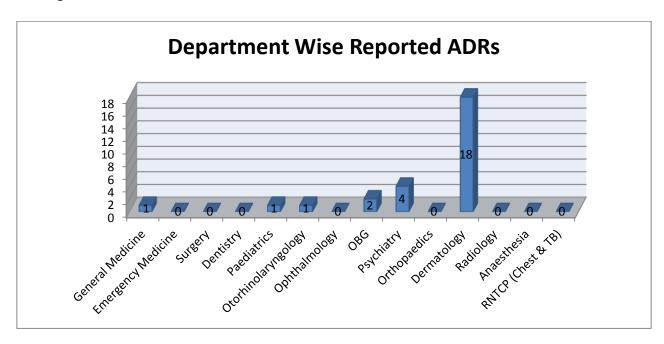


## PHARMACOVIGILANCE CELL

Mr. Chethan Kumar S
Research Coordinator, Department of Pharmacology

# Summary of reported ADRs and reported drugs from the month of May 2014 to September 2014

This analysis is based on the reported ADRs in the month of May 2014 to September 2014. Total 27 patient's reports were collected and analyzed from the different departments of the Institution (Figure 1).



The ADRs were categorized according to WHO's System Organ Class Classification. Ceftriaxone and Diclofenac was found to be the most common drug causing Adverse Drug Reactions followed by Escitalopram, Ondansetron, Ranitidine and Doxycycline. The profiles of drugs are given in the Figure 2.

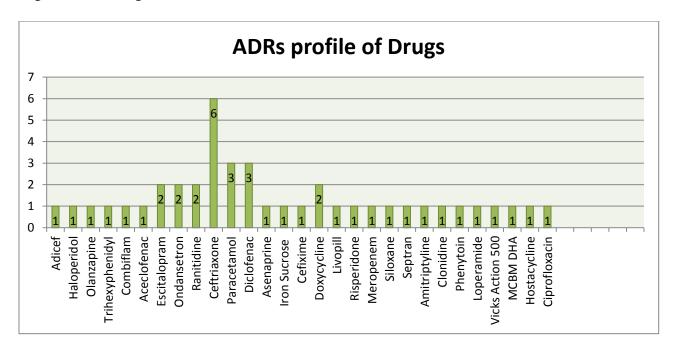


Figure 2: ADRs profile of reported drug



Out of 29 drugs, most commonly observed Adverse Drug Reactions were related to skin and appendages disorders accounting for 75%, followed by central and periphery nervous system disorder (11%) and gastro-intestinal disorders (7%) shown in Figure 3 and Table 1.

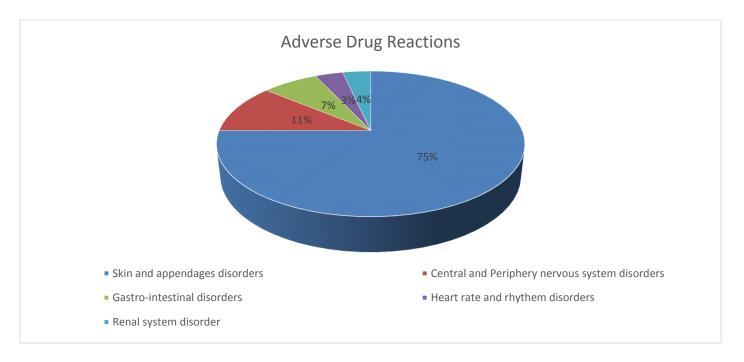


Figure 3: Categorized ADRs according to WHO's System Organ Class Classification

	Aceclofenac	Inj Meropenem	Ciprobid (Ciprofloxacin)	
			Zencef (Ceftriaxone sodium +	
	Combiflam	Inj Paracip	sulbactam sodium)	
	Inj Nuzen		Septran	
	(Ceftriaxone)	Inj Ceftriaxone	(Sulfamethoxazole+trimethoprim)	
Skin and	Inj Xone (Ceftriaxone)	Diclofenac	DOXT-S (Doxycycline)	
appendages	Calpol (Paracetamol)	Livopill	Tryptomer (Amitriptyline)	
disorders	Inj Ondem	Inj Vegacef	Inj Diclogesic (Diclofenac+	
	(Ondansetron)	(Ceftriaxone)	Paracetamol)	
	Inj Zantac (Ranitidine)	Doxycycline	Inj Siloxane	
	Inj Rantac (Ranitidine)	Cefixime	Inj Depran (Escitalopram)	
			MCBM DHA (Docosahexanoic	
	Depran (Escitalopram)	Loperamide	acid)	
	Vicks Action 500	Hostacycline	Ondem (Ondansetron)	
<b>Gasto-intestinal</b>		Orofer (Iron		
system disorders	Adicef	Sucrose)		
Central and	Diamanidana	Welenuf	Daving (Escitalanges)	
periphery nervous	Risperidone	(Asenapine)	Rexipra (Escitalopram)	
system disorder	Ualamaridal	Olonzonino	Tribayyahanidyl	
(11%)	Haloperidol	Olanzapine	Trihexyphenidyl	
Heart rate and	Risperidone			
rhythem disorders	Tasperiaone			
Renal system disorder	Arkamin (Clonidine)	L. A. WHOL G. A.		

Table 1: List of drugs categorized according to WHO's System Organ Class Classification



## DRUG INFORMATION CENTRE

Dr. Raghu Prasada M.S Assistant Professor, Department of Pharmacology

DRUG INFORMATION is the process of providing information on the safe and effective therapeutic and diagnostic pharmaceuticals. Drug Information Service can be applied to any activity where information about drug use is transferred and includes patient related aspects of pharmaceutical care. The unique aspect of drug information centre is that it draws together a range of information resources and makes them accessible to people who know how to make the best use of them. The periodical updates on the drugs will be made available to all the staff and students for the better use of them.

The primary function of a drug information centre is to respond to enquiries on therapeutic drug use. Most centres provide services to health professionals and some also offer a service to the public. Assessment of therapeutic drugs is an important function of a drug

information centre. The centre must have medical the principal to pharmaceutical journals. Many centres offer patient-related drug information as primary activity. This requires an adequate understanding of disease states and therapy. Therapeutic advice includes factors such as efficacy, optimum dosage, interactions, adverse effects, mode of administration, effects of other disease states, and strategies to promote adherence in chronic conditions. Most other pharmaceutical enquiries will relate to preparations generally and include issues of availability, formulation, cost, storage and stability. Drug information centres disseminate information in the form of drug monographs, bulletins and websites. Editorial skills are important for these functions.

Feedback can be mailed to us at: Email: ssidruginformationcentre@yahoo.com

## ಕನ್ನಡ ವಿಭಾಗ

## ಕವನ-ಕನಸು-ಕಲ್ಪನೆ

ಅದೊಂದು ಬೆಳದಿಂಗಳ ರಾತ್ರಿ ತಂಗಾಳಿ ಮುಂಗುರುಳ ಸರಸ ನನ್ನೊಳಗೆ ನೆನಪಿನ ಮೆರವಣಿಗೆ ಮನದಂಗಳದ ನೆನಮಗಳ ಬಾನಂಗಳದಿ 'ಕಾಪಿ ಪೇಸ್ಟ್' ಮಾಡುವಾಸೆ ಆಯ್ದು ಕವನ ಬರೆದಿಡುವ ನಕ್ಷತ್ರಗಳ ನನ್ನಾಸೆಗೆ... ಚಂದ್ರಮ ಅದಾಗಲೆ ಮಂದಹಾಸ ಬೀರಿ ಸಿಹಿ ಸವಿಯುತ್ತಿದ್ದ... ಬಾನಿಗಂತು ಎಲ್ಲೆ ಇಲ್ಲ..! ಕಲ್ಪನೆಗಿದೆಯೇ?!!! ನಿದ್ರಾಲಹರಿಯಿಂದ ಎಚ್ಚೆತ್ತ ನಾನು ರಾತ್ರಿ ಬರೆದಿಟ್ಟ ಕವನ ನೋಡುವಾಸೆಯಿಂದ ನೀಲಾಕಾಶವ ನೋಡಲು...! ಒಂಥರಾ ದಿಗಿಲು... ಚುಕ್ಕಿಗಳ ಸೇರಿಸಿ ನಾ ಬರೆದ ಕವನ ಎತ್ತ ಹೋಯಿತು...?!! ಅವು ಇಳೆ ಸೇರಿ ಇಬ್ಬನಿಯ ಮುತ್ತಾಗಿದ್ದವು ಹಾಗೆಂದು ಹಕ್ಕಿಗಳಿಂಚರ ಸಾರುತ್ತಿದ್ದವು. ಈ ಬಾರಿ ಮೂಡಣದ ಮೋಡದ ಮರೆಯಿಂದ ನನ್ನ ನೋಡಿ ನಗುವ ಸರದಿ ರವಿಯದು... "ಬೀ ಪಾಸಿಟಿವ್, ಹ್ಯಾವ್ ಎ ನೈಸ್ ಡೇ" ಎನ್ನುತ್ತಿದ್ದನು... ಡಾ. ಶ್ವೇತಾ ಇ. ಎಸ್.

## "ಕವಿನಾನಲ್ಲ"

ನಾನೇನು ಕವಿಯಲ್ಲ ಕವಿಯಾಗುವಾಸೆ ನನಗಿಲ್ಲ ಎದೆಯೊಳಗೆ ಉಕ್ಕುವ ಭಾವನೆಗಳನು ಹುರಿಯೊಸೆದು ಬಿಳಿಹಾಳೆ ಮೇಲೆ ಗೀಚುವೆನಷ್ಟೇ.

\*\*\*\*\*

#### "ಭಾವನೆ"

ಭಾವನೆಗಳೇ ನೀವು ನನ್ನ ನೆರಳಿನಂತೆ ಹಿಡಿಯಲು ಹೋದರೆ ಓಡುವಿರಿ ಸುಮ್ಮನೆ ನಡೆದರೆ ಹಿಂದೆ ಹಿಂದೆ ಬರುವಿರಿ.

\*\*\*\*\*

## "ನವ ಸಂವತ್ತರ"

ಮಂಜು ಮರೆಯಾಗಿದೆ ಮುಗಿಲಲ್ಲಿ ಹಕ್ಕಿಗಳ ಇಂಚರ ಅಲ್ಲಲ್ಲಿ ಪಾಲ್ಗುಣವು ಸರಿದಿರಲು ಚರಿತ್ರೆಯಲ್ಲಿ ಚೈತ್ರದ ಆಗಮನ ಸೌಮ್ಯದಲ್ಲಿ

ಮೂಡಣದ ಮನೆಯಿಂದ ರವಿಕಿರಣ

ಔಷಧಶಾಸ್ತ್ರ ವಿಭಾಗ



ಹೊನ್ನ ರೇಣುವಿನ ಚುಮುಚುಮು ಸಿಂಚನ ಮೂಜಗದ ದಿಲೀಪ ಚಂದ್ರಶೇಖರನ ವದನ ಸುನೀತೆ ಧರಿತ್ರಿ ಇವಳು ಅಪರ್ಣ

ಕಂಗಳಿಗೆ ತಂಪಾಯ್ತು ನವಸಂವತ್ಸರದ ಆಗಮ ಗಿರಿ ನದಿಗಳ ಹೊಸತನದ ವಿಹಂಗಮ ಹೊಸ ಚಿಗುರನುಂಡು ಹಾಡುವ ಕೋಗಿಲೆಯ ನಾದ ಕವಿಗಳ ರೂಪದಿ ಸೇರಿದೆ ವಿಧ್ಯಾಧರೆಯ ಪ್ರಸಾದ.

> ರಚನೆ – ಮಂಜುನಾಥ್. ಜಿ.ಎಂ. ಎಸ್. ಡಿ. ಎ., ಫಿಜಿಯಾಲಾಜಿ ವಿಭಾಗ.

ಸ್ವಾತಂತ್ರ್ಯ ದಿನಾಚರಣೆಯಂದು ಸಭಿಕರನ್ನುದ್ದೇಶಿಸಿ ಫೇಸ್ ಬುಕ್ಕಲ್ಲೆ ಫ್ಲ್ಯಾಗು ಹಾರಿಸಿ ವಾಟ್ಸ್ ಅಪ್ ನಲ್ಲಿ ಸ್ಟೇಟಸ್ ಬದಲಿಸಿ ಗ್ರೇಟ್ ಇಂಡಿಯನ್ ಅಂದ್ಕೋಬಹುದಿತ್ತು ಯಾಕೆ ಸುಮ್ನೆ ಬಂದ್ಬಿಟ್ರಿ ವೀಕೆಂಡ್ ಹಾಳು ಮಾಡ್ಕೊಂಡ್ರಿ? ಗರ್ಲ್ ಫ್ರೆಂಡ್ ಜೊತೆ ಸೇರ್ಕೊಂಡು ಫ್ರೆಂಡ್ಸ್ ಎಲ್ಲಾ ಪ್ಲ್ಯಾನ್ ಹಾಕ್ಕೊಂಡು ಕಾರ್ಗೊಂದು ಫ್ಲ್ಯಾಗ್ ಸಿಕ್ಕಿಸಿ ಟ್ರಿಪ್ ಹೋಗಿ ಬರಬಹುದಿತ್ತು ಯಾಕೆ ಸುಮ್ನೆ ಬಂದ್ಬಿಟ್ರಿ ವೀಕೆಂಡ್ ಹಾಳು ಮಾಡ್ಕೊಂಡ್ರಿ? ನಾಲ್ಕಾರು ಜನ ಸೇರ್ಕೊಂಡು ದೇಶಾನ ಸ್ವಲ್ಪ ಬೈಕೊಂಡು ನಾವೇ ಕರೆಕ್ಟು ಅಂದ್ಕೊಂಡು ಪಂಟ್ ಹೊಡ್ಕೊಂಡು ಇರಬಹುದಿತ್ತು ಯಾಕೆ ಸುಮ್ನೆ ಬಂದ್ಬಿಟ್ರಿ ವೀಕೆಂಡ್ ಹಾಳು ಮಾಡ್ಕೊಂಡ್ರಿ? ಎಣ್ಣೆ ಹಾಕಿ ಮಲ್ಕೊಂಡು ಲೇಟಾಗೆದ್ದು ಹಲ್ಲುಜ್ಕೊಂಡು ಎದುರಿಗೆ ಸಿಕ್ಕವರನ್ನ ವಿಶ್ ಮಾಡ್ಕೊಂಡು ಆರಾಮಾಗಿ ದಿನ ಕಳಿಬಹುದಿತ್ತು ಯಾಕೆ ಸುಮ್ನೆ ಬಂದ್ಸಿಟ್ರಿ

ವೀಕೆಂಡ್ ಹಾಳು ಮಾಡ್ಕೊಂಡ್ರಿ? ಅತ್ಯಾಚಾರಿಗಳನ್ನ ಪೋಲಿ ಹುಡುಗ್ರು ಅನ್ಕೊಂಡು ದುಡ್ಡು ಮಾಡೋರ್ನೆ ದೊಡ್ಡೋರು ಅನ್ಕೊಂಡು ಸಿನಿಮಾ ಗಾಸಿಪ್ ಓದ್ಕಾ ಕೂರಬಹುದಿತ್ತು ಯಾಕೆ ಸುಮ್ನೆ ಬಂದ್ಬಿಟ್ರಿ ವೀಕೆಂಡ್ ಹಾಳು ಮಾಡ್ಕೊಂಡ್ರಿ? ಧ್ರಜ ಹಾರಿಸೋದು ಆಫೀಸ್ನವರ ಕೆಲಸ ದೇಶ ಕಾಯೋದು ನಾಯಕರ ಕೆಲಸ ಇವರನ್ನ ಬೈಯ್ಕೊಂಡ್ ತಿರುಗಿದ್ರೆ ಸಾಕಾಗಿತ್ತು ಯಾಕೆ ಸುಮ್ನೆ ಬಂದ್ಬಿಟ್ರಿ ವೀಕೆಂಡ್ ಹಾಳು ಮಾಡ್ಕೊಂಡ್ರಿ? ಪರೇಡ್ ಮಾಡಿದ್ರಿ ಅಂತ ಯಾರೂ ಪ್ರಸಾದ ಕೊಡಲ್ಲ ದಿನದ ದುಡಿಮೆನ ಯಾರೂ ತುಂಬಿ ಕೊಡಲ್ಲ ಸ್ವಾತಂತ್ರ್ಯೋತ್ನವ ಏನು ನಿಮ್ಮ ಮನೆ ಹಬ್ಬಾನಾ? ಯಾಕೆ ಸುಮ್ನೆ ಬಂದ್ಸಿಟ್ರಿ ವೀಕೆಂಡ್ ಹಾಳು ಮಾಡ್ಕೊಂಡ್ರಿ? ಮುಂಜಾನೆದ್ದು ಭವಿಷ್ಯ ಓದಿ ಮಧ್ಯಾಹ್ನ ಟ್ರೈಕಲರ್ ಸಿಹಿ ತಿಂದು ಲಗಾನ್ ಫಿಲ್ಮ್ ನೋಡಿ ಮಲಗಬಹುದಿತ್ತು ಯಾಕೆ ಸುಮ್ನೆ ಬಂದ್ಫಿಟ್ರಿ ವೀಕೆಂಡ್ ಹಾಳು ಮಾಡ್ಕೊಂಡ್ರಿ? ಊರು ಉಪಕಾರ ಅರಿಯೋದಿಲ್ಲ ದೇಶಕ್ಕೆ ಒಳ್ಳೆವ್ರು ಬೇಕಾಗಿಲ್ಲ ನೀವಾದ್ರೂ ಜಾಸ್ತಿ ತಲೆ ಕೆಡಿಸ್ಕೋಬೇಡಿ ಯಾಕೆ ಸುಮ್ನೆ ಬಂದ್ಬಿಟ್ರಿ ವೀಕೆಂಡ್ ಹಾಳು ಮಾಡ್ಕೊಂಡ್ರಿ? ರಜೆ ಹೆಂಗೂ ಸಿಕ್ಕಿತ್ತು ಕಣ್ಣಲ್ಲಿನ್ನೂ ನಿದ್ದೆ ಇತ್ತು ದೇಶದ ಉಸಾಬರಿ ನಿಮಗ್ಯಾಕೆ ಇನ್ನು ಸ್ವಲ್ಪೊತ್ತು ಮಲಗಬಹುದಿತ್ತು ಯಾಕೆ ಸುಮ್ನೆ ಬಂದ್ಸಿಟ್ರಿ ವೀಕೆಂಡ್ ಹಾಳು ಮಾಡ್ಕೊಂಡ್ರಿ?

> ಅನಿಲ್ ಎಂ. ಚಟ್ನಳ್ಳಿ ಎಂ.ಬಿ.ಬಿ.ಎಸ್. ತೃತೀಯ ವರ್ಷ

## CONGRATULATIONS

- Anisha P Bindagi received first prize for oral case report presentation on 'Deep attachment to motherhood: A case of placenta percreta' at 10<sup>th</sup> International student conference, Chennai The topic was guided by Dr. Vijaykumar MM, Dr. Prema Prabhdev.
- Dhaarini Mohan received second prize for oral case report presentation on "Trippled
- pregnancy: A rare presentation" at 10<sup>th</sup> International student conference, Chennai. The topic was guided by Dr. Gayatri L Patil.
- Sneha secured second place for case presentation at State level intercollegiate fest held at Mysore Medical College, Mysore. The topic was guded by Dr. Vijaykumar. M.M, Dr. Prema Prabhudev.



- Dr. Jomipornimehu, Dr. ShwethaPai, Dr. V.V.Ramya and Dr. Pravalika received first, second, third and consolidation prize for poster presentation at CME on oncology and organ transplantation conducted SSIMS & RC, Davangere.
- SSIMS & RC undergraduate team won second prize in Paediatric Quiz competition during IAP undergraduate Paediatric quiz competition held at Adichunchanagiri Institute of Medical Sciences, Bellur.

## HEARTY CONGRATULATIONS TO THE PROMOTED STAFF

	Sl. No.	Name	Designation	Department	Date
Ī	0.1	Dr. Chavan Pragati	Associate Professor to	Community	18-08-2014
	01	Vishnu	Professor	Medicine	16-06-2014

## **HEARTY WELCOME TO NEWLY JOINED STAFF**

Sl. No.	Name	Designation	Department	Date
01	Dr. Shashidhara Hittur Lingappa	Associate Professor	Psychiatry	08-02-2014
02	Miss. D. Joysna	Statistician	Community Medicine	30-04-2014
03	Dr. Pravinkumar N Kamaradgi	Assistant Professor	Forensic Medicine	20-05-2014
04	Dr. Malthesh Undi	Assistant Professor	Community Medicine	01-07-2014
05	Dr. Sanjaya Kumar H	Assistant Professor	General Medicine	10-07-2014
06	Dr. Yashwanth C N	Assistant Professor	General Surgery	02-07-2014
07	Dr. Sunitha S Mulgund	Assistant Professor	General Surgery	10-07-2014
08	Dr. Kiran Kumar C K	Assistant Professor	General Surgery	26-07-2014
09	Dr. Jayasudha K	Assistant Professor	Physiology	18-07-2014
10	Dr. Deepti Abraham	Assistant Professor	Psychiatry	28-07-2014
11	Dr. Jaynil A Bangawadwe	Assistant Professor	General Surgery	26-07-2014
12	Dr. Rajashree K	Assistant Professor	Pathology	08-08-2014
13	Dr. Ghajendra R	Assistant Professor	General Surgery	31-07-2014
14	Dr. Manu L S	Assistant Professor	General Medicine	28-07-2014
15	Dr. Shashikant	Assistant Professor	Dermatology	17-07-2014

## THANK YOU AND BEST WISHES TO RELIEVED EMPLOYEES

Sl. No.	Name	Designation	Department	Date
01	Dr. Anil S. Nelavigi	Professor	Orthopedics	23-07-2014
02	Dr. Zameer ulla T	Professor	General Surgery	07-08-2014
03	Dr. Ramesh Pujar	Assistant Professor	Orthopedics	12-08-2014
04	Dr. Naveen G. Nadig	Professor	Paediatrics	16-09-2014
05	Dr. Ashok A	Associate Professor	Paediatrics	16-09-2014
06	Dr. Manjunatha Sarthi	Associate Professor	Paediatrics	16-09-2014
07	Dr. Praveen Kumar Devarabhavi	Associate Professor	General Medicine	23.09.2014

## "Swachh Bharath Swasth Bharath"

Medical Council of India appealed to all faculties in Medical Colleges to plan and whole heartedly engage in the task of cleaning of Medical Colleges, Hospitals and surroundings in Swachh Bharath Swasth Bharath Abhiyan in order to fulfill the dream of Mahathma Gandhi



# ACCIDENTAL DISCOVERIES IN MEDICINE Dr. Divya B., Postgraduate, Dept. of Pharmacology

- Horace Wells attended an exhibit and witnessed a participant injure his leg while under the influence of laughing gas. The man, whose leg was bleeding, told Wells that he didn't feel any pain. After his accidental discovery, Wells used the compound as an anesthetic while he removed his tooth. From there, anesthesia's use during medical procedures and surgeries took off.
- Wilson Greatbatch, while building an oscillator to record heart beat sounds in animals accidentally grabbed the wrong transistor and installed it in his device. Not expecting the oscillator to work, he switched it on and heard a familiar, rhythmic pulsing sound -- a pattern remarkably similar to a heart. And that's how "pacemaker" is born.
- John Pemberton, a pharmacist by profession, used two main ingredients in his hopeful headache cure: coca leaves and cola nuts. When his lab assistant accidentally mixed the two with carbonated water, the world's first Coke was the result.
- Ed Carlson, a farmer, visited biochemist Karl Paul Link, when his cattle began to hemorrhage violently and unexpectedly. Carlson had a sneaking suspicion that his feed, consisting of sweet clover hay was to blame. Link proved him right as he discovered an anticoagulant in the hay. It was commercially named warfarin and was initially sold as an effective rat poison.

## **IMPORTANT LANDMARKS IN MEDICINE**

- K.K. Chen: Discovery of ephedrine from isolated tissues
- John Jacob Abel: Isolated adrenaline from adrenal gland
- Reid Hunt: Isolated acetylcholine from adrenal gland
- E.V. McCollum: Isolated vitamin A and D.
- Philip S Hench: First person to use cortisone in arthritis
- Yellapragada Subba Rao: Discovery and introduction of folic acid
- Frederick W A Serturner: Extracted morphine from opium.
- William Withering: extracted Foxglove(Digitalis)

**NOTE FOR SSIMS & RC:** We hereby request you all to send the articles, departmental activities, publications and achievements during October to December 2014 (both hard copy and soft copy) for publication of the October to December 2014 issue of SSIMS TIMES by 31<sup>st</sup> December 2014



Teacher's Day Celebration ( Fashion Show)

