

ESIC MEDICAL COLLEGE JOKA BULLETIN

2024



"Hiranyagarbha : The Golden Womb of Cosmic Creation "

Editor-in-Chief: Dr. Avik Chakraborty

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Editor-in Chief: Dr Avik Chakraborty, MBBS, MD

Associate Professor, Dept of Psychiatry

ESIPGIMSR, ESIC Medical College and ESIC Hospital & ODC(EZ), Joka

Contact: 9123075850, dr.avik.chakraborty.nic.in

Editorial Members:

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Dr. Bijita Dutta, MBBS, MD, DM. Clinical Hematologist & Faculty, Dept of Pathology, ESIPGIMSR, ESIC Medical College and ESIC Hospital & ODC(EZ), Joka.

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Prof. Manisha Bajaj, Faculty (G&O), ESIPGIMSR, ESIC Medical College and ESIC Hospital & ODC(EZ), Joka.

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सत्यमेव जयते

THE CONSTITUTION OF INDIA

PREAMBLE

WE, THE PEOPLE OF INDIA, having solemnly resolved to constitute India into a **¹[SOVEREIGN, SOCIALIST SECULAR DEMOCRATIC REPUBLIC]** and to secure to all its citizens:

JUSTICE, social, economic and political;

LIBERTY of thought, expression, belief, faith and worship;

EQUALITY of status and of opportunity; and to promote among them all

FRATERNITY assuring the dignity of the individual and the **²[unity and integrity of the Nation]**;

IN OUR CONSTITUENT ASSEMBLY this twenty –sixth day of November, 1949 do **HEREBY ADOPT, ENACT AND GIVE TO OURSELVES THIS CONSTITUTION.**

1. Subs. by the Constitution (Forty-second Amendment) Act, 1976, Sec.2, for "Sovereign Democratic Republic" (w.e.f.3.1.1977)
2. Subs. by the Constitution (Forty-second Amendment) Act, 1976, Sec.2, for "Unity of the Nation" (w.e.f.3.1.1977)



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GOVT. OF INDIA**



SUSHRI SOBHA KARANDLAGE

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MINISTRY OF LABOUR & EMPLOYMENT,
GOVT. OF INDIA**



Ms SUMITA DAWRA, IAS

**HON'BLE SECRETARY
MINISTRY OF LABOUR & EMPLOYMENT
GOVT. OF INDIA**



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ESI CORPORATION, NEW DELHI
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Dean's Message

Glad to note the release of the first news bulletin of ESIC Joka highlighting the activities that took place in ESIC Joka for the year of 2024. This will be an annual bulletin which also showcases writings from faculty, staff and students of ESIC Joka.

ESI Model Hospital and ODC (EZ), Joka, Kolkata was established in 1995 with a modest beginning for outpatient and inpatient services in board specialties. In 2011, Post-graduation started and got renamed as ESI-PGIMSR & ESIC hospital and ODC(EZ).

The Medical College was established in 2013 when 1st batch of 100 students entered the portal of the medical college. In the year 2020 the number of UG seats got increased to 125 and it is heartening to note that 52% of the seats are reserved for the wards of IPs and hence every year, 65 students are admitted on IP quota, reassuring our focused Medical education services for the wards of our esteemed IPs.

ESIC Joka is all set to march towards excellence in healthcare and medical education with its distinct vision to start several superspeciality services and also centres of excellence in various clinical disciplines. ESIC Joka has added another feather on cap in being recognised as Regional centre in Medical Education which is recognised by National Medical Commission and is very active in training the Medical teachers in the state of West Bengal.

I would like to congratulate the entire editorial team for keeping no stones unturned for the best possible presentation of the activities that are happening at ESIC Joka and wishing them good luck.



“विद्यां ददाति विनयं, विनयाद्याति पात्रताम्। पात्रत्वात् धनमाप्नोति, धनात् धर्मं ततः सुखम्॥”

Best wishes

Prof.(Dr.) Nandkishor Alva, MD

Dean, ESIPGIMSR, ESIC MEDICAL COLLEGE & H, Joka

Kolkata-700104

From Editor's Desk



Welcome to the inaugural edition of the **ESIC MEDICAL COLLEGE JOKA BULLETIN**, that themed on the spirit of “**Hiranyagarbha**”. Hiranyagarbha is described in the 121 hymn of 10th mandala of Rigveda as golden womb of all cosmic creation, the beginning of everything. As we embark on this new journey, we are thrilled to share with you the diverse voices and perspectives of our institutional family. In this edition, we bring to you a kaleidoscope of sections, each woven with the thread of excellence and passion, with curated sundry and engaging contents. “**News & Events**” section of this Bulletin aimed to foster a greater sense of community by keeping everyone informed about the dynamic activities and developments within our institution. The “**Faculty Corner**” of this bulletin intended for our teachers and mentors for sharing their wisdom and insight, upholding our commitment to growth and learning. The “**Resident Agora**” section gives voice to the fresh minds and innovative ideas of our residents, while “**Blessing of AYUSH**” showcases the holistic approach to healthcare that we strive to embody. The “**light of Florence**” section is in honor to our essential and indispensable part of our health care team-The Nurses, who’s relentless care towards our patients by day and night paves the way of healing. This section is focused for their parallax upliftment beside their traditional role. “**Staff Cafe**” section is giving scope for uncovering hidden talent of our other staff. “**Shradhanjali**” section is an obituary to pay tribute to those who have left an indelible mark on our lives. Our greater goal is to create a platform that not only informs but also connects and inspires. As we launch this bulletin, we invite you to join us on this journey. We look forward to your feedback and contributions as we grow and enhance this bulletin together. May the **ESIC MEDICAL COLLEGE JOKA BULLETIN** become a beacon of knowledge, inspiring us to reach new heights of excellence and compassion. Let’s pray to Almighty.

ॐ स्वस्ति न इन्द्रो वृद्धश्रवाः।
स्वस्ति नः पूषा विश्ववेदाः।
स्वस्ति नस्तार्क्ष्यो अरिष्टनेमिः।
स्वस्ति नो बृहस्पतिर्दधातु ॥
ॐ शान्तिः शान्तिः शान्तिः ॥

With warm Regards

Avik Chakraborty

Dr Avik Chakraborty
Editor-in-Chief
ESIC MEDICAL COLLEGE JOKA BULLETIN

Submission Guidelines

General Instruction:

For writing any scientific / Non scientific , Font style will be in Times New Roman , with Font size 12, with line spacing 1.00, without underline, Bold or Italic, in Body Case. Any writing to be sent with proper heading. For Heading Title case to be used with font size 20. Rest criteria are same.

Writing on matter which may be of provokable type, involving moral turpitude , contradicting law of land or *Res Sub Judice*, against national interests are discouraged.

Writing with lucid presentation, understandable to common people and self explanatory are highly encouraged. Avoidance of Medical and Technical Jargons are appreciated. Maximum two authors are allowed for any writing.(preferably one). Usually no abstract is required for any writing unless asked for.

All Scientific writing should be referenced in specified manner. Non-scientific writing except prose, poem, story also required referencing.

For any picture submission , must be in JPEG/PNG format , preferably colour photo, without any “border”, “proportion constrain” or “move with text feature”. Pictures should be devoid of any copyright. All pictures should be properly Captioned. Picture should be conspicuous without any water mark. Avoid compression of image, preferred resolution 150 dpi.

Referencing should be made in Vancouver style, arranged alphabetically in bibliography section. For References started with same letter, arrangement to be made as per order of next letter ; like Bandaru et al to be placed before Benedict et al. For the referencing work of same author year should be given priority ; like Bandaru et al 2000 to be placed before Bandaru et al 2022.

For Any writing , Word limit and Reference limit are as per prescribed limit for each section. However , 20% excess may be granted if required after Review process.

News & Event section:

Any institutional/Departmental event like any National/ International day celebration, Workshop , Programme related to Health , education, Govt policy and of national /international importance may be sent for this section. There should be a

small writing with a word limit of max 300 with supportive one or two best picture may be sent. The writing must answer “What?” , “Why?” , “Where?” , “When?” , “Whom?” and “Who?”. Rest requirements are as per General Instruction.

Faculty Corner:

Usually Scientific writing on History in medical Science, Utility/Importance of any new drug , treatment, procedure or therapy, Any recent update about disease process, Prognosis, epidemiological change of disease is of Public health importance, Diagnostic marker, matter related to Medical education, any medical debate, Research methodology, Statistics, Life style related to disease, mental health issues, case reports etc are preferred. Writing upto 2000 words (For Case report 1000) and 10 references are allowed for initial submission , Any excess to this is matter of discretion from Editor in Chief. Rest requirements are as per General Instruction.

For Original Article, Case series, Topographical Review, submitting author is instructed to go through recent NMC guideline related to eligibility and promotion. However, non-scientific writing like poetry , short stories etc also will be appreciated.

Blessing of AYUSH:

Writing on medicinal herbs, Homeopathic drugs , Procedures Demonstration of Yoga, Awareness building opinion on Ayurveda, Yoga, Homeopathy, History of major developments etc may be sent for this section. Writing upto 1500 and Max 10 references are allowed. Rest requirements are as per general instruction.

Light of Florence:

Current Working , Health conditions of Nurses, Obstacles faced in day to day practice, major developments in field on nursing , any specific nursing care about specific disease , opinion regarding improvements in nursing etc may be submitted for this section. Scientific writings are preferred over non-scientific one. Max word limit are 1500, max reference limit are 10. Other requirements as per General Instruction.

Resident Agora:

Similar to Faculty Corner , Also see the General Instructions.

Staff Cafe:

Prose, Poem, Story , Travel history, history, mythology, Photography and Arts may be submitted.

Student's Conclave:

Prose, Poem, Story ,Photography and Arts may be submitted. However , students are also encouraged for scientific writing, for which max word limit is 800 and max reference limit 8. Also see the General Instructions.

Publication:

Only Published articles either in online or print of any type, will take place here. No accepted article or research proposal will be considered. Abstract of publish material must accompany “how to cite the article ” in Vancouver style.

Shradhanjali:

Any staff (regular or contractual) who worked in ESIC Joka ,who remarkably worked for ESIC Joka, retired from ESIC Joka, has died in specified period of Bulletin. Submission can be done with a writing mentioning name, post, date of joining to ESIC Joka, tenure of service/service history, date of death, cause or mode of death, his remarkable contribution to esic joka with a Max Word limit 250. Writing should be accompanied by a picture. Picture with Garland is preferred. Rest of Requirements are as per general instruction.

Important information for submission:

All submission to be directed towards Editor-in-Chief in Word file (doc/docx) in e-mail specified as time to time. Reference of e-mail should include “ESIC MC JOKA BULLETIN/Year.....” . Subject of e-mail should include “Submission in section:.....(mention section of interest)”. Please mention Title of Submission, two (2) alternate preferred title and Full Name , designation, current posting, employee I'd/staff I'd of author in body of e-mail. Avoid ODT files. Submission may be done preferably in English however submission in Bengali and Hindi (Rajbhasa) also may be considered depending on quality. Initially , Bulletin is planned to be published on yearly basis. Sections will be furnished as per availability of submission basis. Editor- in- Chief or Editorial team don't guarantee for publication of any submission, and Publication is subject to submission load and review process. Publication in this Bulletin is non-chargeable (without any fees) in author's part. Any form of bribery and undue influence of position for publication is strictly prohibited and will lead to rejection of submission irrespective of nature and quality of work. Controversial writings are subject to Administrative censoring by competent authorities prior publication. For any writing which is above prescribed limit for word/ reference for initial submission , a short Abstract with max 300 word may be communicated to editor-in-chief prior submission. This guideline is subject to change from time to time as decided by editorial board.

Celebration of World Pulmonary Tuberculosis Day



World TB day 2024 was observed at Medicine OPD, organised by the department of General Medicine, the department of Pulmonary Medicine & Community Medicine on 22.03.2024 (as 24.03.2024 was Sunday). The program was graced by the Medical Superintendent, Deputy Medical Superintendent & other dignitaries. IPs and their families were made aware of the following: The symptoms of TB & when to seek health care support, How to manage TB patients at home, Impact of TB on individuals, family & community, Cough etiquettes and personal protection measures. This program provided a platform for IPs & their families to learn, ask questions and receive support. It was emphasized that TB can be eliminated from India if we all come together.



Celebration of World Hepatitis Day

World Hepatitis Day, Department of Microbiology conducted Hepatitis Awareness program on 01.08.2024 for patients and their relatives in Medicine OPD of ESI PGIMSR ESIC MCH, ODC (EZ), Joka, Kolkata. 28th July is birthday of Nobel Prize winning scientist Dr. Baruch Blumberg who discovered hepatitis B virus and developed diagnostic test and vaccine for the virus.

Dr. Nazish Ayubi, Assistant Professor, Microbiology and Dr. Jeetendra Kr J M, Professor and HOD, Medicine guided II MBBS students for this awareness program.

Name of students who conducted this awareness programme are as follows:

Sourjo, Anushka, Twinkle, Arghyadeep, Sk Md Tanish, students interacted with patients and their relatives and gave information regarding different hepatitis viruses, their route of transmission, clinical presentation, diagnostic tests available and preventive measures.



Breast feeding awareness week celebration

Breastfeeding Awareness week from August 1 to August 7, 2024 was celebrated by ESI PGI MSR & ESIC Medical College, Joka, Kolkata OBGY department. On this occasion a program was conducted on 2nd August 2024 in OBGY OPD premises which was inaugurated by respected Dean Dr Nandakishore Alwa, Medical Superintendent Dr Sonali Mukherjee, Deputy MS Dr Prashant Paunipagar. The introductory speech was given by Dr



Maya Menon and Dr Siddhartha Mazumder gave awareness speech regarding breast feeding to the mothers in regional language. A role play was demonstrated by post graduates highlighting all the issues faced by the lactating mothers. A poster competition highlighting the benefits and facts about breastfeeding was also arranged in which the Under Graduates also actively participated. Dr Sreelatha S, Dr Nalini Arora and Dr Kailash Patra judged the posters and gave prizes to the winners. The function was concluded with vote of thanks from Dr Manisha Bajaj

Immunisation Awareness Programme



A departmental programme was conducted on 13th of February, 2024 regarding creating awareness about importance of immunization in pregnancy among hospital staff. Dr. Sumana Sarkar had given a talk on this important topic.

Bone Mineral Density Screening Program



On the 23rd February a Bone Mineral Density screening programme for patients and staff for was done in the OPD of Obstetrics and Gynaecology department. Around 102 participants were benefitted by this programme and those with abnormal results were referred to Orthopaedics department.

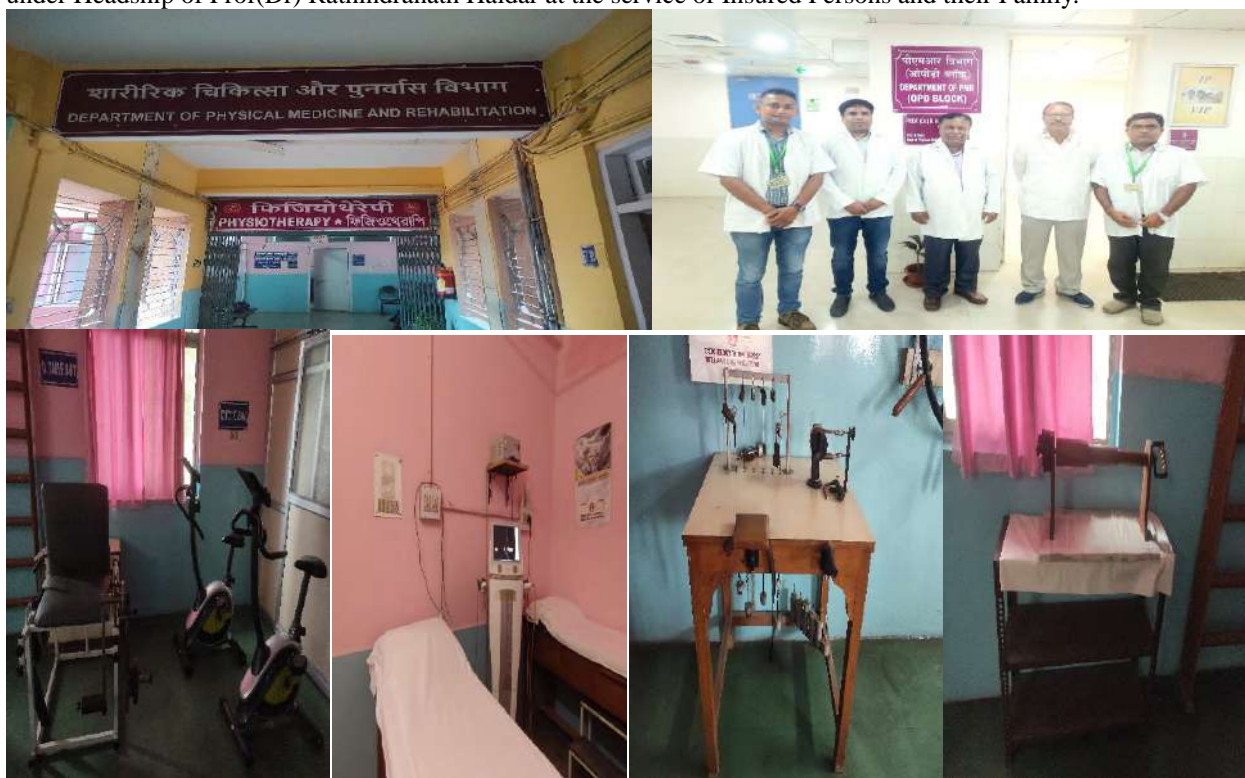
Celebration of International Yoga Day

On the occasion of international yoga day, ESIC Medical College and Hospital, Joka organized a two-day program as per the central instructions (Ministry of Labour). The entire ESIC hospital campus was cleaned as a part of swachhata avijan program on 20th June. On 21st June honorable Dean sir, chief guest Dr. Abhijit Ghosh, Head of all departments and 200 yoga practitioners participated in the International yoga day under the leadership of yoga instructor Mrinal Malik. The program was held on the 2nd floor of the academic building. The theme of this program was 'Yoga for Self and Society'. Along with this program the tree plantation program and the plastic free initiative was also carried out in entire hospital campus.



Starting of Physical Medicine and Rehabilitation OPD

The new PMR OPD started on 1st March 2024 at the ground floor of the Academic Building (Room No. 2). The department is located on the 1st floor of the old building along with the physiotherapy and occupational therapy unit. At present our working force includes Dr. Pallab Das (Associate professor), Dr. Sunil Kumar (Assistant professor), Mr. Tridip Kumar Parui (Senior physiotherapist), Mr. Sunil Satyajit Sahoo (Senior occupational therapist) under Headship of Prof(Dr) Rathindranath Halder at the service of Insured Persons and their Family.



Workshop on surgical suturing and knotting



Department of Surgery organized hands-on training on suturing and knotting for the newly passed interns in batches on four consecutive Saturdays of June 2024. This is an endeavor to teach the new interns the most important skill of suturing that they will need everyday. Department of Surgery is organising this program for the last 2 - 3 years regularly.

International Women's Day celebration



To mark International women's day on 8th March 2024, a program was conducted by collaboration of Departments of OBGY and community medicine in which we have given a talk on importance of cervical cancer screening and general health and empowerment of woman. The contribution by women to society and her family were highlighted.

Breast feeding orientation program



Dept of OBGY conducted an orientation program about Importance of breast feeding for postnatal mothers on 29/01/2024 in Post natal ward, ESI Joka.

Celebration of National Dengue Day



On 16th May, 2024, the Department of Emergency Medicine commemorated National Dengue Day with a focused academic activity addressing the theme "Dengue fever, Diagnosis, Treatment & Recent Advances." The event featured insightful presentations from distinguished speakers, each exploring different facets of this critical issue. The event was inaugurated by the Deputy Medical Superintendent Dr Prasant Puniapagar, Dr Samir Chakraborty Associate Professor (Medicine) with the In-Charge of department of Emergency Medicine Dr. Joyanta Karmakar. In this program Dr. Joyanta Karmakar elaborated Diagnosis, Treatment & Recent Advances about Dengue fever. Dr. Saptarsi Sinhababu, Medical officer of emergency department highlighted the need for adaptive strategies in emergency medical practices for Dengue & Vector Borne Diseases. Dr. Trisha Roy Choudhury, another medical officer of said department discussed the effects of vector-borne diseases,

underlining the importance of preparedness and response in emergency medical services. It was a well-attended and enlightening session, reflecting the department's commitment to staying at the forefront of medical education and patient care.

Book Exhibition At Central Library



Central library arranged a book exhibition on 20 & 21 Feb 2024. Major book publishers & distributors took part in this event. Dean inaugurated the programme. All UG, PGs students, Faculties attended that to get a look about new published books.

e-Resource Demonstration At Central Library



A demonstration cum lecture programme by e-resource company Proquest/ Clarivate held on 14 Mar 2024 at central library hall. It demonstrated about the use of comprehensive resource of high quality journals for students and researchers. Students of UG, PG, Faculties attended it. Similar programme by e-resource company Medone (Thieme) was held on 21 Feb 2024 at central library. UG students attended the programme to know about the importance of e-books.

Workshop on Advance Cardiac Life Support

An ACLS Workshop was organized by department of Anesthesiology, ESI PGIMSR and ESIC Medical College, Joka, Kolkata on 15th and 16th of May, 2024. The workshop was presided over by Dr Sabyasachi Bid (DGO, MD) Assistant Professor and in charge ICU-HDU, ESIC Medical College and Hospital, Joka. Day 1 of the session included the lecture and demonstration of the ACLS protocol. The session was held at Pharmacology lecture theater, Department of Pharmacology. It was attended by HODs', other faculties, residents and interns of various departments of ESI PGIMSR and ESIC Medical College, Joka.



Dr. Bid explained all the latest protocols, guidelines and steps of management of a patient suffering from cardiac as laid by the American Heart Association by means of PowerPoint presentation and board and chalk lecture. The session was interactive with the lecturer asking the audience about their views and audience enquiring about their doubts at each step. The lecture was followed by a doubt clearing session and demonstration of the skills of CPR and intubation on model human manikins and also demonstration of different instruments used for the process. On Day 2 the session started with quick recap of the salient points and demonstration. This was followed by assessment of the participants with MCQ. The participants filled up the assessment questionnaire and the same were evaluated by Dr Bid. At the end of the day 2 session all the participants scoring over 80% in assessment were awarded With certificates. Workshop ended with a vote of thanks.

Basic Life Support workshop



Our department is dedicated to enhancing emergency preparedness by regularly organizing Basic Life Support (BLS) workshops for medical and paramedical staff, both within and beyond our institution. These workshops provide essential training in life-saving skills such as CPR, the use of automated external defibrillators (AEDs), and effective management of choking emergencies. By participating, our staff remains proficient in the latest BLS protocols and gains crucial hands-on experience. This initiative ensures that our team is always ready to respond swiftly and effectively to emergencies, whether on-site or in the broader community.

Basic Course in Medical Education (5th) workshop

Snap shots of the closing ceremony and valedictory function of the 5th BCME conducted in NMC Regional Centre for faculty development programme on 20th of April. Certificates were given to all the participants along with the resource faculties. There was a feedback session where many participants shared their experiences about the three day workshop. Dean also interacted with them and shared his thoughts about medical education, and how it's one of the highest and most respected profession as both a doctor and a teacher are the most respected professions till date.

He also encouraged them to implement whatever they have learnt in their own respective institutes. He also had very encouraging words for all the resource faculties and congratulated all of them including the Convener for successful conduction of the three day workshop, and looking forward to many such in the near future. The ceremony was closed with a vote of thanks by the convener given to all the resource faculties, administration and support staff.



Outreach support for BCME

Having a prestigious status as National Medical Commission Regional Centre for MEU of ESIC Medical College, Joka, it regularly supports and supervises conduction BCME programs in other medical institutions by sending resource faculties in NMC designated roles. In keeping with academic obligations two of resource faculty went as NMC appointed coordinator to Jhargram Government Medical college (22 -24th January, 24) and Sriramkrishna Institute of Medical Sciences and Sanaka Hospital (7th- 9th March, 2024).

Interdepartmental Colloquium Meeting

MEU and ICC organised three such academic activities on 19th January, 28th February, 19th June of 2024 on topic like Obstretic Renal Failure and Urinary retention, Role of Lung protective ventilation & Target Glycemic Control in management of ARDS with DKA in a poly trauma patient at ESIC Joka, ICU a case report, and Multiple Myeloma . These sessions intended to build clinical awareness among attendees.

Faculty Development program by Skill Lab

Training in a skills lab is a crucial part of medical education, especially for medical graduates. These labs provide a controlled, simulated environment where students can develop and refine their clinical skills before applying them in real-life patient care. As NMC has made it mandatory for every Medical Institute to have a Skills Lab, ESI-PGIMSR, ESIC Medical college & Hospital has a functional Skills lab with low to medium fidelity 42 manikins on which various competencies across all phases can be learned and practiced. It is also an integral part of NMC Regional Centre for Faculty Development. A 2-days training programme for Faculty Development was organized by the Skills Lab committee on 21.02.24 to 22.02.2024 at Institutional Skills Lab. One or Two Nominated faculty from each discipline of our Institute participated in programme. Certified trainer had imparted the training over a period of two days after the Inaugural speech by Respected Dean Sir, MS madam and DyMS Sir.



Outreach social service programs by ESIC Joka, beyond campus



A campaign on Women's Empowerment Awareness among female patients and female health workers was conducted on the occasion of **International Women's Day, 2024** at Chandidaulatabad BPHC on 09/03/24. The theme of the event was, 'Invest in Women; Accelerate Progress'



Special ANC service clinic at the rural health center is conducted on the 9th of every month under PMSMA (**Pradhan Mantri Surakshit Matritva Abhiyan**) in collaboration with the Department of Obstetrics and Gynaecology, ESI-PGIMSR, and ESIC MC and Hospital, Joka.



A health talk on the theme 'Global warming and climate change' on the occasion of **World Environment Day** was carried out at the RHTC on 5th June 2024. Theme of the World Environment Day 2024 was 'Land Restoration, Desertification, and Drought Resilience'



An awareness session on Tuberculosis treatment and prevention among the patients attending OPD at the RHTC was conducted on 02/04/24. It was based on the theme of **World Tuberculosis Day, 2024**: 'Yes! We can end TB'

Health talk on Cervical cancer was conducted on 24th January 2024 among women to spread awareness about cervical cancer among the female patients attending the OPD clinic at UHTC (Parnashree). The importance of vaccination against Cervical cancer, and the significance of regular screenings was the focus of this campaign.

Outreach social service programs by ESIC Joka, beyond campus



On Women's Day, a Health talk on Women's health was organized at the Urban Health Training Centre (UHTC) at Behala on 11th March 2024. The talk focused on women's empowerment and its impact on women's health and society. The talk aimed to raise awareness about the importance of empowering women and its positive effects on their health and the community.

A health talk on World Health Day was celebrated on 18th April at UHTC (Pranasree) ESIC Medical College, Joka. It was organized to address the preventive measures and healthy practices to follow in day-to-day life and the importance of early diagnosis & treatment.



A health talk on Heat stroke was held at the outdoor clinic of Behala UHTC on 7th May 2024. The talk addressed how to identify heat stroke Symptoms, Causes and risk factors, and preventive and emergency management.

On the occasion of Mother's Day, a Health talk was conducted on Antenatal care during pregnancy on 15th May at UHTC (Pranasree) among mothers attending UHTC and Anganwadi (Pranasree Bidyamandir). The focus was to emphasize the importance of antenatal care, ensuring a healthy pregnancy and safe delivery. The talk addressed key components of ANC like early registration of pregnancy, regular and timely checkups, identifying risk early, and nutrition.



Workshop on ICF Coding



Workshop on ICF coding on 31.1.2024 organized in collaboration with the Regional Office for Health and Family Welfare, Bhubaneswar, Odissa. The objective of the workshop was to emphasize the learning of the new International Classification of Functioning, Disability, and Health by WHO.

Workshop on Artificial Intelligence



A Workshop on the Use of Artificial Intelligence in Healthcare was conducted by Dr. Arkaprabha Sau, Deputy Director of DGFASLI, among undergraduate students on 8.3.24.

Workshop on Research Methodology



Workshop on Research Methodology was conducted on 12.3.24 and 13.3.24 among the first-year post-graduate trainees of ESIC Medical College by the Department of Community Medicine.

Preventative Health Check up camp

Six Preventive Health Checkup Camps were organized at various industries for the Insured Persons of ESIC from January to June 2024.

World Health Day Program



The IAPSM World Health Day Quiz, preliminary round was conducted on 2nd April 2024 among first and second-year undergraduate students. The elimination round and the final round were held on 8th April 2024 at the Department of Community Medicine.

Training on Occupational Medicine



A one week training session was conducted for 43 students from RLI on occupational medicine in coordination with General Medicine, Chest Medicine, Ophthalmology, Dermatology, and Physiology departments (3 days practical + 5 days theory) in May-June, 2024.

Family Adoption program

As per NMC norms, FAP visits occur round the year at the field area of RHTC for 1st, 2nd, and 3rd year MBBS students.



Inauguration /Restarting of MRI service



It is a matter of pride to resume the MRI service after long waiting period of 1 year 6 months. The incident of Magnet quench was happened on 03.12.2022 followed by long administrative battle between ESIC & Philips India Ltd. At the end Philips agreed to refill helium and recover of magnet. They handed over the machine in full running condition to us on 29.06.2024. A restarting of MRI service / Inauguration took place on 11.07.2024 at 11 A.M at MRI complex. The respected Medical commissioner (East & North East zone) Madam Dr. Rachita Biswas was present in the event . In the gracious presence of our respected Dean Sir, MS Madam, DMS Sir,

Radiologist, Departmental staff and other Hospital & Administrative staffs ,Respected MC Madam inaugurated the event with lighting the lamp (PANCHDEEP) followed by ribbon cutting and one MRI scanning of a volunteer patient. The programme was ended with vote of thanks.

Safai Mitra Suraksha Sivr

Special Health Check-up Camp has been done in this Medical Institution at Room No. 76 of OPD complex as a “Safai Mitra Suraksha Sivr” on 02.10.2024 from 10 A.M onwards for Sanitation Workers/Conservancy staffs engaged in ESIC Medical College & Hospital, Joka on the occasion of Swachh Bharat Divas, 2024.



Psoriasis Day Celebration

Psoriasis Day' was observed on the 29th of October, 2024 in the Department of Dermatology, Venereology and Leprosy. The theme was "Psoriatic disease and family", as psoriasis not only impacts the physical, mental and emotional health of the patient, but also its family member. The aim was to educate the patient and their family members about the do's and don't's regarding the disease triggers and also attempt to remove social stigma associated with it. The program was attended by around 50 people including patients and their family members.



Green Medico Program

To promote the importance of trees in holistic treatment, ESIC Hospital Joka, in collaboration with Rabindra Sarovar Friends Forum, facilitated by Dr Shashi Kumar and Dr Sauryadripta of Dept of Community Medicine had organized a tree plantation program in Hospital premises on 27 July and 3rd August, 2024. This initiative underscores the hospital's commitment to integrating environmental sustainability with patient care. The active participation of students, under the guidance of medical professionals and hospital authorities, resulted in the successful planting of more than 100 trees at various locations across the hospital grounds.



Inauguration of Associate Fellow of Industrial Health (AFIH) course

Inauguration of AFIH course on 5.8.2024. 8 students joined. Dignitaries present were Dr Mona Verma, Deputy Medical Commissioner (ICT), Dr (Prof) Nandakishore Alva, Dean, Dr Prashant Paunipagar, DMS, Dr Shashi Kumar, HoD I and Dr Dipankar Chattapadhyay, ex HoD, Dept of Community Medicine, ESIC, Joka. Dr Dipankar Chattapadhyay took a class on Industrial Management.



AFIH Convocation

After the students had their theory exam on the 29th of October and practical exam on the 30th of October, they had their convocation on the 1st of November, 2024. For the ceremony the chief guest was Dr Ranjan Das, Director AIIPH. The guest of honour included Dr (Prof) Nandakishore Alva, Dean, Dr Sanjay Keshkar, Academic Registrar, Dr Shashi Kumar, HoD dept of Community medicine and Dr Rajhans Nagarkar, HoD (Microbio), asst. Academic registrar. The students were felicitated along with all the resource persons of the course.



Pre-conference Workshop

The workshop on Public Health Skills Lab: Bridging theory with practice through medical simulation and more was conducted as a pre-conference event as part of the IAPSM Conference West Bengal Chapter at ESI-PGIMSR and ESI Medical College Joka, Kolkata. The pre-conference workshop, held on 27th July 2024, at the Community Medicine Department, aimed to provide a comprehensive training program focusing on various public health skills and simulations. The inauguration was presided over by Dr. N. Alva (Dean, ESI-PGIMSR and ESI Medical College Joka, Kolkata) Dr. Shashi Kumar M (Professor and HOD, ESI-PGIMSR and ESI Medical College Joka, Kolkata), Dr. Susmita Chaudhuri (Associate professor, ESI-PGIMSR and ESI Medical College Joka, Kolkata), Dr. Aditi Aikat (Organising Chairperson of IAPSMWBCON) and other dignitaries. The dignitaries were then felicitated by the faculty members of Department of Community Medicine, ESI-PGIMSR and ESI Medical College Joka, Kolkata.



Health camp in the community and at factories



Community health camp on 12 July, 2024 at Primary school, Chandidaulatabad. 150 patients attended. Interdepartmental collaboration with Paediatrics, OBG, Derma and support staff like Lab tech, nursing staff, nursing orderly. RBS estimation, Anthropometry, BP were measured and free medicines given from health centre.

Year-round health camps conducted in factories like Bhasha Factory Paharpur, Everest Industry, Garden reach, Century Ply, Anjali Jewellers, Reliance Warehouse Ranihati etc.



Spill Management training

On 15th November 2024, 9th floor Male Ortho Ward, Department of Microbiology conducted a Demonstration of Spill Management for Nursing staff and House keeping staff working for ESI-PGIMER ESIC Medical College and Hospital Joka Kolkata. Spillage of blood, body fluids or chemicals can occur at any time in hospital due to human error or faulty instrument. Any spill poses a risk of infection (e.g. HIV, Hepatitis B and Hepatitis C viruses) to staff, visitors or patients. It is therefore essential for the hospital to have designed spill kits, a standard SOP, and well-trained staff for managing spill immediately.



World AIDS DAY CELEBRATION

World AIDS Day was celebrated with gusto in ART Centre, ESI, Joka on 3rd of December, 2024 in august presence of respected Dean, Medical superintendent, Deputy medical Superintendent, Head of department of various departments, ANS, various faculties, post graduate and undergraduate students and other support staff with a emphasis to adopt this year theme "Take the rights path: My health, my right" in every sphere of activities for PLHIV.



Celebration of World Patient Safety Day and National Pharmacovigilance Week 2024

This event was organized on 17th September 2024 at Lecture Theatre of Academic Building. The participating audiences were MBBS students, Nursing Staff, Paramedical staff of the hospital. The programme was conducted in the glorious presence of Respected DEAN Sir, Medical Superintendent Madam, Academic Registrar, Heads of Preclinical, Paraclinical and Clinical departments. The lectures were provided by the following :

Guest Speaker Prof. (Dr.) Gairik Sengupta, Head of the Department of Pharmacology, SCC GMC, Howrah, WB. Keynote Address: Dr. Soumyadeep Mahapatra, Associate Professor and Head I/C of Pharmacology, ESIC MC, Joka, Dr. Samir Chakraborty, Associate Professor of General Medicine, ESIC MC, Joka, Dr. Sauryadipta Ghosh, Assistant Professor of Community Medicine, ESIC MC, Joka

The program also included one skit organized by 2nd MBBS students of this institution based on *Looks Alike Sounds Alike Drugs* and their social implications. There was also poster competition by the students of 2nd MBBS students.



Celebration of National Antimicrobial Resistance Awareness Week 2024



This event was organized on 22nd November 2024 at Lecture Theatre of Academic Building. The participating audiences were MBBS students, Nursing Staff, Paramedical staff of the hospital. The programme was conducted in the glorious presence of Respected DEAN Sir, Medical Superintendent Madam, Deputy Medical Superintendent Sir, Academic Registrar, Heads of Preclinical, Paraclinical and Clinical departments. The lectures were provided by the following:

- Dr. Soumyadeep Mahapatra, Associate Professor and Head I/C of Pharmacology, ESIC MC, Joka
- Dr. Samir Chakraborty, Associate Professor of General Medicine, ESIC MC, Joka
- Dr. Kumar Vikram, Assistant Professor of Microbiology, ESIC MC, Joka
- Dr. Archismita Santra, Assistant Professor of Community Medicine, ESIC MC, Joka

The program also included one skit organized by 2nd MBBS students of this institution based on *Irrational uses of Antibiotics* and their social implications.

Inauguration of hematology Day Care service

On 2nd December 2024 hematology Day care unit was inaugurated in Male & Female Medicine wards by respected Dean sir, MS madam in presence of DMS, Academic registrar, HOD Medicine and other HODs and dignitaries. Through this unit day care services like chemotherapy, immunotherapy, blood transfusion would be provided to IPs and their dependants. Dr Bijita Datta, hematologist is heading the unit. It will obviate patient's need for admission and night stay at hospital which will reduce chances of infection to immunocompromised hematology patients as well as improve their psychological well being.

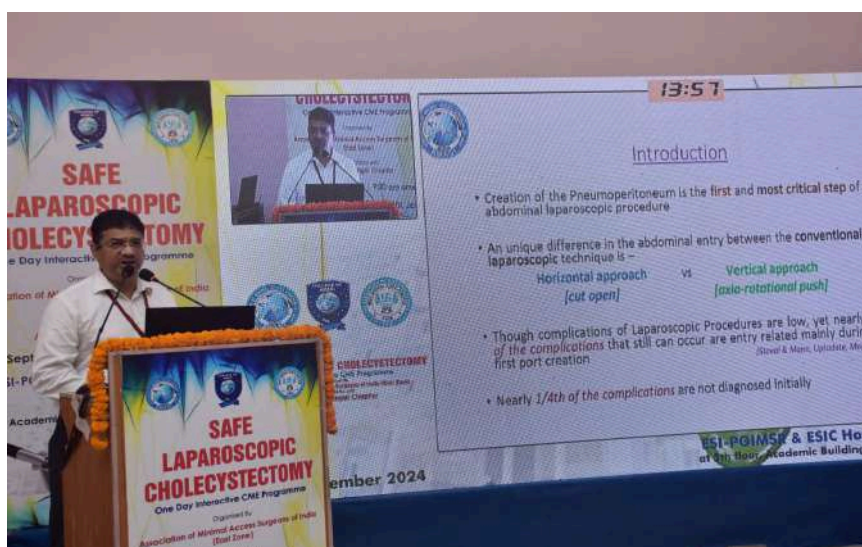


Inauguration of Preventive Geriatric Medicine Care Unit

On 2nd December 2024, Preventive Geriatric Medicine Care Unit was inaugurated at MMW & FMW by respected Dean sir & MS madam in the presence of DMS sir, Academic registrar, HODs of all departments & other dignitaries. The plan of this Unit was conceived by Dean sir of our institution. The idea is to take care of apparently healthy parents of our IP and staffs of ESI in an attempt to provide Preventive health care services. Preventive care would include routine blood check-up, baseline imaging investigations like Chest Xray & Ultrasonography, ECG and consultation from specialty doctors like Medicine, ophthalmologist, ENT etc. Services like Yoga, spiritual talk is also planned to be included.



Workshop on "Safe Laparoscopic Cholecystectomy"



Department of Surgery organized a workshop on "Safe Laparoscopic Cholecystectomy" at ESIC Medical College, Joka in September 2024 in Association with Association of Minimal Access Surgeons of India [AMASI] and West Bengal Chapter of Association of Surgeons of India WBASI. The workshop was attended by many national faculties from across the country. About 70 delegates participated in the workshop. WBMC awarded 5 CME hours to the workshop. The workshop was a huge success and everyone benefitted from the high quality academic discussions and video demonstrations.

Suturing Workshop on wheel

Department of Surgery at ESIC Medical College, Joka organized a suturing workshop [both open and Laparoscopic] at Joka in December 2024. A state of the art bus with in-built skill lab was brought to give the residents and faculties of Surgery and Gynaecology & Obstetrics hands on training. The workshop was attended by over 60 interested doctors and all enjoyed the skill training. Dean sir inaugurated the workshop and encouraged more such endeavors in future.



MULTIPLE MYELOMA: AN EPIC OF DISCOVERIES

In 1974, Morse et al described four cases of possible multiple myeloma in skeletons of American Indians from AD 200–1300.

The story of multiple myeloma is not only a success story, but also an exciting one. Best of the brilliant minds of centuries are working on different aspects of this intriguing disease and throwing lights on its different facets leading to ever growing understanding of the disease. In this short discourse, the revelation involving diagnostic aspects of the disease is dealt with.

Sarah Newbury Case (1844)

Samuel Solly, reported a case of 39-year-old housewife, presenting with severe back pain. She died 4 years after the onset of her symptoms.

On postmortem examination, there were multiple fractures and a red substance had replaced the cancellous portion of the sternum as well as both femurs. There was also mention of marked destruction and thinning of bones.

The famous case of Alexander McBean (1845) and discovery of Bence Jones protein.

Dr T. Watson, a GP in London sent a urine sample of Mr McBean to Henry Bence Jones for testing. BJ observed adding HNO_3 to it, compound precipitated which dissolved in boiling water but reprecipitated on cooling. BJ termed it as "Albumosuria" but Fleischer renamed it as "Bence Jones Protein"

Rustizky's disease

While doing an autopsy, von Rustizsky noted eight separate tumors of bone marrow which he described as "multiple myeloma". Thus in 1873, the term "Multiple Myeloma" first came into use. In Russia, the term "Rustizky's disease" is often used for multiple myeloma.

Kahler disease

In 1889, Professor Otto Kahler published a review that described a similar case of a clinical syndrome known as Kahler disease, also known as multiple myeloma.

More revelation on Bence Jones Protein

In the years following discovery of Bence Jones protein, many researchers put forward their meaningful observations corroborating as well as adding to the findings. J.F. Heller, Kühne and Huppert to name a few of them. In 1921, Walters postulated that the Bence Jones protein originated endogenously from blood proteins by aberrant cells in the bone marrow. In 1956, Korngold and Lipari identified a link between Bence Jones protein and serum proteins in patients of multiple myeloma. The two Bence Jones protein classes, kappa and lambda, are named after Korngold and Lipari.

In 1962, Edelman and Gally looked at the light chains of a patient who had a multiple myeloma with a typical M-spike in the serum. This M-spike of this particular patient was broken down into the heavy and light chains. Properties of light chains prepared from monoclonal immunoglobulin molecules in the spike and those of the Bence Jones protein from the same patient's urine were absolutely identical to each other.

It took almost 115 years to solve the riddle of the origin of Bence Jones protein after it was reported in 1848.

Plasma Cells and Their Role:

Although Waldeyer used the name "Plasma Cell" in 1875, his description was inaccurate. Ramón y Cajal correctly recognized plasma cells in 1890 while working on syphilitic condylomas. James H Wright reported the presence of plasma cells in normal bone marrow and defined multiple myeloma as "a neoplasm originating, not in the red marrow cells collectively, but in only one of the varieties of the cells of the red marrow, i.e. in the 'plasma cells.'"

Serum Globulin:

In 1928, Perlzweig and colleagues observed hyperproteinemia in an individual with multiple myeloma who had 9-11g of globulin in his serum.

Nine years later in 1937 Tiselius used the moving-boundary method of electrophoresis to separate serum globulins into three components, which he designated α , β and γ . It would not be out of context to highlight an

Are monoclonal proteins “abnormal”?

Monoclonal proteins were regarded abnormal due to their homogeneity, which appears as a sharp band or narrow spike on electrophoresis. Kunkel considered that monoclonal proteins were produced by malignant plasma cells and were similar to normal antibodies produced by normal plasma cells. Thus, monoclonal proteins were believed to reflect an assortment of gamma globulins. He demonstrated that each heavy chain subclass and light chain type in monoclonal proteins has a comparable counterpart in normal immunoglobulins and antibodies

Monoclonal vs Polyclonal Gammopathies and Waldenström:

In the famous Harvey Lecture series in 1961 Waldenström introduced the landmark concept of monoclonal vs polyclonal gammopathies.

Conclusion:

The story of multiple myeloma started with clinical description of the disease, postmortem findings and so-called “simple” biochemical analysis of urine. And after almost 150 years, it delves into proteogenomic landscapes. And without any doubt, it is the beginning.

intriguing fact here that the article which led Tiselius to win the Nobel Prize and later to his presidency of the Nobel Foundation had been initially rejected by the Biochemical Journal. Longsworth et al utilized electrophoresis to analyze multiple myeloma cases in 1939, revealing the tall, narrow-based "church-spire" peak.

Bibliography:

- Bence Jones H. Papers on chemical pathology. *The Lancet*. 1847;50:88-92.
- Edelman GM, Gally JA. The nature of Bence-Jones proteins. Chemical similarities to polypeptide chains of myeloma globulins and normal gamma-globulins. *J Exp Med*. 1962 Aug 1;116(2):207-27.
- Henry BJ. On a new substance occurring in the urine of a patient with mollities ossium. *Philos Trans R Soc Lond*. 1848;138:55-62.
- Korngold L, Lipari R. Multiple-myeloma proteins. III. The antigenic relationship of Bence Jones proteins to normal gammaglobulin and multiple-myeloma serum proteins. *Cancer*. 1956 Mar-Apr;9(2):262-72.
- Kunkel HG. The "abnormality" of myeloma proteins. *Cancer Res*. 1968 Jul;28(7):1351-3.
- Kyle RA. Monoclonal gammopathy of undetermined significance. Natural history in 241 cases. *Am J Med*. 1978 May;64(5):814-26.
- Kyle, R. A. Multiple Myeloma: How Did It Begin? *Mayo Clinic Proceedings*, 1994;69(7), 680–683.
- Kyle RA. Multiple myeloma: an odyssey of discovery. *Br J Haematol*. 2000 Dec;111(4):1035-44.
- Longsworth LG, Shedlovsky T, Macinnes DA. Electrophoretic Patterns of Normal and Pathological Human Blood Serum and Plasma. *J Exp Med*. 1939 Sep 30;70(4):399-413.
- Morse D, Dailey RC, Bunn J. Prehistoric multiple myeloma. *Bull N Y Acad Med*. 1974 Apr;50(4):447-58.
- Perlzweig WA, Delrue G, Geschickter C. Hyperproteinemia Associated With Multiple Myelomas: Report of an Unusual Case. *JAMA*. 1928;90(10):755–757.
- Ramón y Cajal, S. Estudios histológicos sobre los tumores epiteliales. *Revista de Trimest Microgr*, 1896, 1, 83.
- Ribatti D. A historical perspective on milestones in multiple myeloma research. *Eur J Haematol*. 2018 Mar;100(3):221-228.
- Robert A. Kyle, S. Vincent Rajkumar; Multiple myeloma. *Blood* 2008; 111 (6): 2962–2972.
- Solly S. Remarks on the pathology of mollities ossium. With cases. *J R Soc Med* 1844;27:435-461.
- Tiselius A. Electrophoresis of serum globulin: Electrophoretic analysis of normal and immune sera. *Biochem J*. 1937 Sep;31(9):1464-77.
- Wilson I. Gonsalves, Prashant Kapoor, Shaji K. Kumar In *Wintrobe's Clinical Haematology*, 15th ed edition 2024, Mexico, Chapter 100 p. 7736–7749
- Wright JH. A Case of Multiple Myeloma. *J Boston Soc Med Sci*. 1900 Apr 10;4(8):195-204.5.

Complete Unilateral Deficiency of the Pectoralis major muscle- A case report.

Introduction

The Pectoralis major muscle arising from clavicular and sternocostal heads, converges on the upper humerus; folding on itself where it forms the anterior axillary wall to become attached to the humerus by a bilaminar tendon. It is one type of spiral muscle. Poland syndrome is a disorder in which affected individuals have congenital absence or underdeveloped muscles on one side of the body that can affect the chest wall, shoulder girdle, arm and hand.

Observations

These findings were observed during routine dissection of the upper limb of both sides of an adult male cadaver in the department of Anatomy. On the left side, both the sternocostal head and clavicular head of pectoralis major were absent. On the right side, entire pectoralis major muscle was normal.

Discussion

Allam SR et al found similar finding in his case report where symptomatic chest wall asymmetry was present in a middle-aged cadaver. Bamforth JS et al analysed that a disruption of the lateral embryonic plate mesoderm may have been responsible for limb and body wall defect. In his case report, Bergman RA found unilateral absence of right serratus anterior muscle and high origin of latissimus dorsi which suggested that absence of serratus anterior was compensated by the anomalous latissimus dorsi. Masconi T et al found absence of lateral pectoral nerve which suggested that the deficiencies in pectoralis major muscles were congenital malformations resulting from a developmental failure of the embryonic muscles rather than a sequel to poliomyelitis or Poland syndrome.

Conclusion

The muscles of the upper limb are very important for different kinds of diagnostic, analytical and therapeutic studies. So this variation has practical importance for the radiologists, cardiologists and orthopedic surgeons.



Figure showing Absence of Left Pectoralis Major muscle in Cadaver.

Bibliography

- Allam SR, Yadav R, Meziane M, Mehta AC. A middle-aged man with asymptomatic chest wall asymmetry. *Cleveland Clinic journal of medicine*. 2006 Aug 1;73(8):754-6.
- Bergman RA, Thompson SA, Saadeh FA. Anomalous fascicle and high origin of latissimus dorsi compensating for absence of serratus anterior. *Anatomischer Anzeiger*. 1988 Jan 1;167(2):161-4.
- Bamforth JS, Fabian C, Machin G, Honore L. Poland anomaly with a limb body wall disruption defect: case report and review. *American journal of medical genetics*. 1992 Jul 15;43(5):780-4.
- Bergman RA, Afifi AK, Miyauchi R. *Illustrated encyclopedia of human anatomic variation: Opus II: Cardiovascular system: Arteries. Head, Neck and Thorax. Common Carotid Arteries*. 2013.
- Mosconi T, Kamath S. Bilateral asymmetric deficiency of the pectoralis major muscle. *Clinical Anatomy: The Official Journal of the American Association of Clinical Anatomists and the British Association of Clinical Anatomists*. 2003 Jun;16(4):346-9.
- Sinnatamby CS. *Last's Anatomy, International Edition: Regional and Applied*. Elsevier Health Sciences; 2011 Apr 19.

BHUMI AMLA- A WONDER HERB

Phyllanthus niruri Linn. | Family-Phyllanthaceae (previously in Euphorbiaceae)

Common English names:

Seed-under-leaf ,Carry Me Seed, Black catnip, Child pick-a-back, Gale of wind, Gulf leaf flower, Hurricane weed, Shatter stone, Stone breaker , Chanca piedra

Indian Name:

Sanskrit: Bhuamlaki, Bahupatri;
Assamese: Bhuin Amla; **Bengali:** Bhumamla, Bhumi amalaki; **Gujrati:** Bhoi Amali, Bony amari, Bhonyamali;
Hindi: Jangliamli, Hazardana, Jaramala, Bhui amla; **Kannada:** Nelanelli; **Kashmiri:** Kath;
Malayalam: Kizanelli, Keezhanelli, Ajjhada; **Marathi:** Bhuiawali;
Oriya: Bhuin Amla; **Punjabi:** Lodhar; **Tamil:** Kizhukai nelli, Kizanelli, keelanelli; **Telugu:** Nela usirika.

Properties:

Rasa (Taste) - Tikta (Bitter), Kashaya (Astringent), Madhura (Sweet)

Guna (Qualities) - Laghu (Light for digestion), Ruksha (Dry in nature)

Veerya (Potency) - Sheeta (Cold)

Vipaka (After digestion taste conversion) - Madhura (Undergoes sweet taste after digestion)

Karma (Actions) - Kaphapitta Shamaka (Reduces Kapha & Pitta dosha)



Picture of Bhumi Amla Tree

Description:

Bhumi Amla (*Phyllanthus niruri*) is a widespread tropical plant commonly found in coastal areas including open fields, waste areas, and along roadsides is a small annual herb that grows 50-70 cm in height. This herb is known as "Bhumi Amla" because Bhumi (land) usually found in rainy season, has a slender stem with small, green leaves arranged alternately. The leaves are oblong-shaped, about 1-2 cm in length, and have a smooth texture. The bark of this plant is light green in colour and smooth. The fruits are tiny, smooth in capsules form containing seeds. The flowers are numerous pale green in colour and also known as bahupatra, tamalaki etc.

भूम्यामलकिका प्रोक्ता शिवा तामलकीति च |

बहुपत्रा बहुफला बहुवीर्या जटापि च ||२७७||

भूधात्री वातकृत्तिका कषाया मधुरा हिमा |

पिपासाकासपित्तास्रकफकण्डूक्षतापहा ||२७८||

(Bhav prakash Nighantu, Guduchaydi varga)

Health Benefits and Use:

Pandu - The herb is very effective for anaemic conditions.

Raktapitta - Bhumi Amla is beneficial in bleeding disorders like heavy periods & nasal bleeding etc.

Visha - Effective herb in toxic conditions.

Parts used:

Panchanga i.e Leaf, Root, Bark, Flower, Fruit.

Recommended Dose(Matratra):

Juice form - 15-20 ml twice daily.

Powder form -3 gm to 6 gm as per requirement.

Decoction: 20-30 ml twice daily.

Adverse effects:

It is usually well tolerated but in very high doses, it can increase vata dosha in the body. Sometimes its higher dose can also lead to diarrhoea and dysentery

Bibliography

Amin, Z. A., Alshawsh, M. A., Kassim, M., Ali, H. M., & Abdulla, M. A. Gene expression profiling reveals underlying molecular mechanism of hepatoprotective effect of Phyllanthus niruri on thioacetamide-induced hepatotoxicity in Sprague Dawley rats. *BMC complementary and alternative medicine*.2013,13: 160.

Dhongade H, Chandewar AV. Pharmacognostical, Phytochemical, Pharmacological properties and Toxicological assessment of Phyllanthus amarus. *International Journal of Biomedical and Advance Research*. 2013 May;4(5):280–7.

Kakade A.B and Kale M.S. The review on medicinal use of “Bhumi Amla”. *IJNRD*. 2022: 7(11): 365-370

Mishra B. *Bhav Prakash Nighantu*. Varanasi: Choukhamba Bharati Academy;2002

Patel JR, Tripathi P, Sharma V, Chauhan NS, Dixit VK. Phyllanthus amarus: ethnomedicinal uses, phytochemistry and pharmacology: a review. *J Ethnopharmacol*. 2011 Nov 18;138(2):286–313.

Rajeshkumar NV, Joy KL, Kuttan G, Ramsewak RS, Nair MG, Kuttan R. Antitumour and anticarcinogenic activity of Phyllanthus amarus extract. *J Ethnopharmacol*. 2002 Jun;81(1):17–22.

Syamasundar KV, Singh B, Thakur RS, Husain A, Kiso Y, Hikino H. Antihepatotoxic principles of Phyllanthus niruri herbs. *J Ethnopharmacol*. 1985 Sep;14(1):41–4.

Rochak - Bhumi Amla improves taste and beneficial in anorexia condition.

Kaphaja Kushta - In all types of skin diseases the herb is beneficial.

Trishna - Not only in anorexia but also beneficial in excessive thirsty condition.

Shwasa - Effective herb for asthma and chronic respiratory disorders patients.

Daha - Gives effective results in burning sensation problems.

Kasa - Bhumi Amla is used in cough and cold problem.

Mutrashmarii- it use full in kidney stones

Vata rakta- Phyllanthus niruri can reduce serum uric acid level in Gout

Yakritvikar - The herb is blessed with potent hepato protective traits that enhance liver functions and repair hepatic cells naturally. An aqueous extract of the plant inhibits endogenous DNA polymerase of hepatitis B virus and binds to the surface antigen of hepatitis B virus in vitro

Phyllanthus niruri has a strong potential for inhibiting cancer cell development and growth, because it prolongs cancer formation in the skin and reduces its multiplicity and yield, Phyllanthus niruri intensifies two-stage skin carcinogenesis. The combination of P. niruri's cytoprotective impact on normal cells and cytotoxic effect on pre-neoplastic or neoplastic cells resulted in this action. In addition, potent phytochemicals, such as quercetin and rutin were responsible for a significant reduction in the prevalence of skin papillomas.

BRIKSHASANA

Technique:

Stand upright with the feet together and the arms at the sides. Focus the gaze on a fixed point in front of the body. Bend the right leg, grasp the ankle and place the sole of the foot on the inside of the left thigh. The heel should be close to the perineum and the right knee should point out to the side.

When the body is balanced, place the hands in prayer position in front of the chest for the final position. Release the hands and then the foot. Relax completely in the starting position, and change sides. Breathe normally throughout the practice. Practise up to 3 rounds on each leg, holding the final position for up to 1 minutes. Physically-on a fixed point at eye level.

Benefits:

This asana develops nervous balance. It also strengthens the leg, ankle and foot muscles.

Variation:

Assume the final position of Brikshasana, keeping the gaze focused at eye level, inhale and raise the arms above the head, palms together. Breathing should be normal. back in front of the chest. Repeat on the other side.

Bibliography:

Saraswati SS. Asana Pranayama Mudra Bandha. Munger: Yoga Publication Trust; 2002.



Our Yoga Instructor himself showing “BRIKSHASANA”

INVESTMENT IN NURSING WOULD YIELD HIGH RETURNS

“Nurses dispense comfort, compassion, and caring without even a prescription.” – Val Saintsbury

The current scenario of Nursing in India

Nurse’s role in India has expanded over the century to go beyond traditional bedside care. From initial assessment and evidenced based care to supervision, research and evaluation, nurses today are working towards improving every stage of the patient experience, efficiency and outcomes along the way. Significant increase in the number of nursing colleges and specialized training courses are further fuelling their ambitions. However, the current scenario presents numerous constraints. Nurses today can choose from only a select range of opportunities which merely utilizes their upgraded skills or meets their aspirations of professional upliftment. The challenges include limited in-service education services, age old career progression and promotion policies, low status in the healthcare hierarchy. To make matters worse, the involvement of Indian nurses in policy making is insignificant. Their authority to take decisions and make recommendations have shown weak progress as compared to the West, where nurses are assertive and deeply involved in policy making. A consequence of this is heavy brain drain from India into countries where nurses enjoy a more respectable position and are actively involved in decision-making.



NURSING COLLABORATION IN LOCAL GOVERNMENT AND CLINICAL SETTINGS TO PREVENT DIABETES AGGRAVATION.

(Japanese Nursing Association)



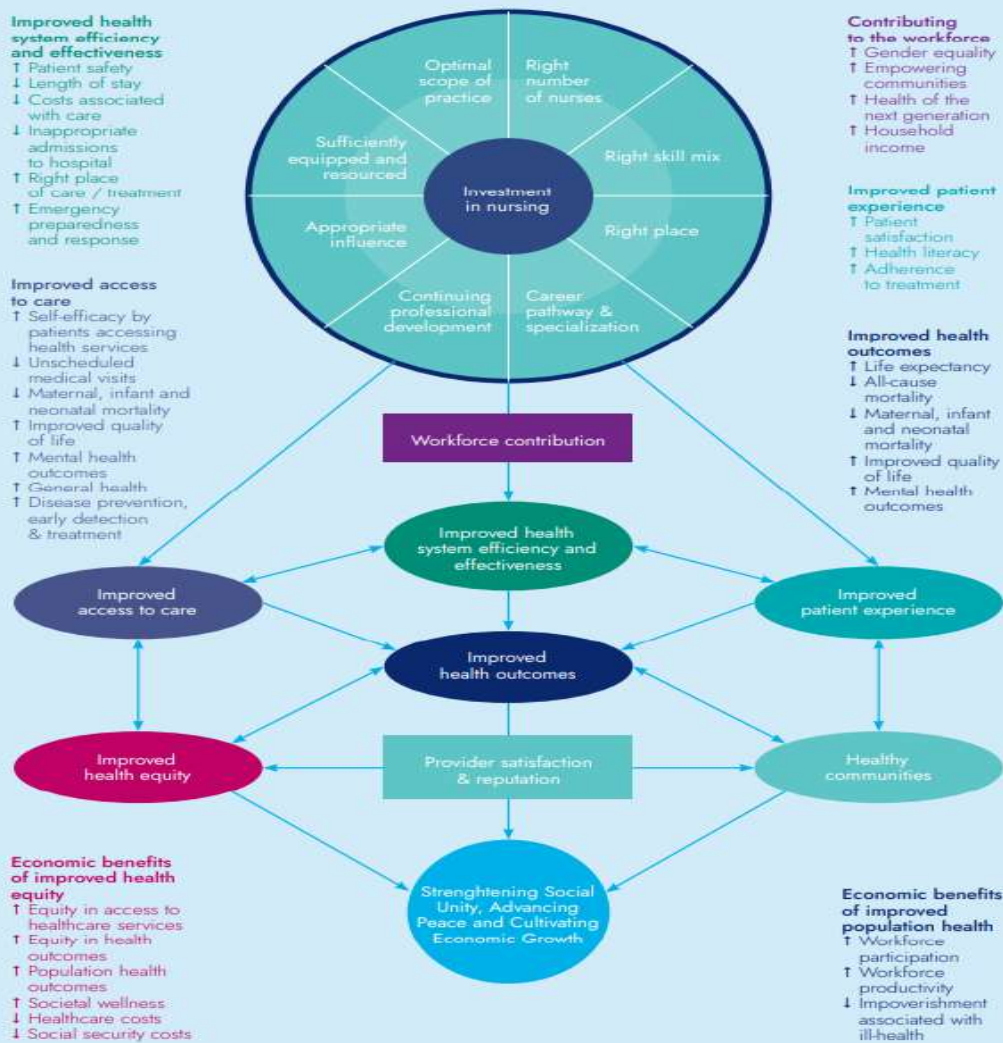
In Japan, facing an ageing population and shifting disease patterns, the Saga prefectural government launched an initiative aimed at preventing the aggravation of diabetes. This initiative, part of the ‘Stop Diabetes Project’ since 2016, involves a comprehensive network including the Prefectural Health and Welfare Department, public health centres, insurers, Saga University and medical institutions, along with educating nurses to coordinate care across medical settings. The ‘Diabetes Coordination Nurse Development and Support Project’ trains nurses to facilitate the transition of patients with diabetes from specialized hospital care back to primary care providers, ensuring continuity and effectiveness of treatment and diabetes management. This collaborative approach has led to significant health outcomes, including a reduction in the number of new patients requiring dialysis due to diabetic nephropathy from 150 per year in 2012 to 95 in 2021, and a delay in the age of dialysis initiation.

A CASE STUDY OF EMPOWERING NURSES

Since Florence Nightingale first demonstrated the importance of nursing in healthcare and how good nursing practices can significantly improve healthcare outcomes, the demand for nurses worldwide has grown exponentially. Nursing is the cornerstone of health care systems worldwide, but the economic value that it adds to health care and societies at large remains unacknowledged. Investment in nursing is often viewed as a drain on resources rather than a catalyst for economic stability and growth. This viewpoint diminishes the quality of health care and ignores the significant positive economic impacts that can be generated through prudent investments in nursing.

As of Indian Nursing Council records of 2022, there are around 33.41 lakh registered nursing personnel in India, which is a nurse to population ratio of 1.96 nurses per 1000 people. According to a report from the International Council of Nurses (ICN), the economic burden of inadequate health system are preventable through increased investments in Nurses who deliver upwards of 80% of hands-on care. This year’s Nurses’ Day theme on “The Economic Power of Care” echoes the outsized contributions nurses make to global economic growth, and identifies critical areas for strategic investments in the face of increasing healthcare demands and burnout.

Figure 1: 'The Nurse Investment, Prosperity and Peace Chain': linking a pathway to enhanced health care and economic benefits



ICN's call to action for global health leaders and policymakers

- **Empower nurses:** Support comprehensive policies that allow nurses to practice to the full extent of their education and training. Encourage further development of leadership roles and participation in policy development.
- **Invest in education and workforce development:** Increase funding for nursing education and create more opportunities for career advancement within the nursing profession.
- **Enhance working conditions:** Implement measures to improve the work environment for nurses, including adequate staffing levels, access to resources, safe work environments and support for mental health and well-being.
- **Acknowledge and compensate fairly:** Ensure that nurses receive competitive wages that reflect their skills, responsibilities and the critical nature of their work.
- **Promote nursing's role in society:** Highlight the contributions of nurses to health and well-being through public awareness campaigns and inclusion in decision-making processes.

India's Nursing policies v/s Global

In the recent years, Government has adopted measures for improving the skills and status of nurses like uniform registration via Pan India Aadhar linked Nurses Registration & Tracking System, revisions in the syllabus, endorsing innovate education models like skill labs, introducing wages slab for nurses in private hospitals, launching Nursing Practitioner and Post diploma speciality courses. Considering the increasing healthcare need for the expanding population, however, these measures may seem inadequate.

In contrast, advance economies have well-established pathways for nurses to pursue specializations and advanced practice roles. Stricter regulations on nurse-patient ratios further prevents burnouts while a better pay structure and clear growth prospects ensure a motivated and more productive workforce.

Bibliography

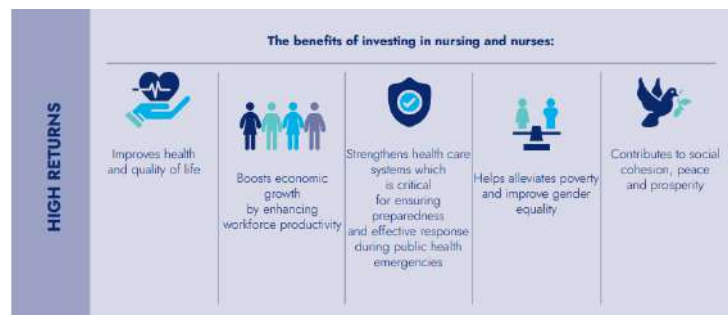
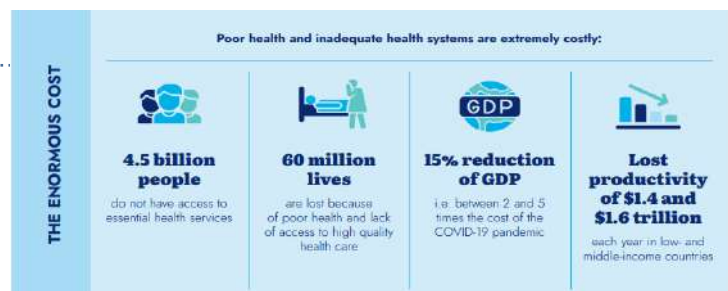
Williamson L. INTERNATIONAL NURSES DAY 2024: The Economic power of care. Geneva: ICN-International Council of Nurses; 2024.

International Council of Nurses. (2023). Charter for change. https://www.icn.ch/sites/default/files/2023-05/IND_2023_Charter_EN.pdf - Google Search [Internet]. [cited 2024 Sep 1].

The Economic Power of Care [Internet]. [cited 2024 Sep 1]. Available from: https://www.qnmu.org.au/Web/Media_and_Publications/News/News_items/2024/The_Economic_Power_of_Care

Scope of Practice for Nurses

As the largest health care profession, and most trusted, nurses are uniquely positioned to improve lives and strengthen communities. With need based, evidence-based nursing care hospitals can optimise the line of treatment, thus helping patients to shorten their hospital stay and minimise readmission. Nurses can also educate patients on healthy habits and disease management, potentially reducing the need for expensive interventions and hospitalisations later. By delivering primary care services, nurses especially the community nurses and nurse practitioners can play a significant role in preventive care and lessening the overall strain on the health care system. Nurses deliver primary health services, especially to the rural population where medical facilities aren't promptly available. Nurses can provide medical expertise to patients via telehealth, in maximum cases it can help reduce avoidable trips to the Out Patient Department. Offering screenings of high-risk population Nurses can understand a patient's health insurance coverage, which can help determine their choice of health services. Nurses can refer patients to the specific resources such as specialists, therapists thus saving time and money.



IN CONCLUSION

Nurses are the economic engine of healthcare system. Wearing many hats, all at once, they deeply impact the healthcare spending, efficiency, and ultimately, population health outcomes. Overall, a strong nursing workforce, by contributing to a more cost-effective, efficient, and patient-centred healthcare system, is a pillar for nation building. This is why the profession is looking for active involvement in policy making and more invest in nursing education, training, and professional development.

সুখের খোঁজে

সুখের খোঁজে পায়রা ওড়াই
ওড়াই কতো ফানুস।
রঙের মিছিলে লুকিয়ে বেড়াই
নিজেকে বলি মানুষ।

গল্প-কথা বই- তে পড়ি
ধমেরর কথায় হাসি।
সেই কথা ই তো লাগে কাজে
যখন হয় তা বাসি।

উৎসবী মন রয় না ঘরে
বেড়ায় কেবল ঘুরে।
মনের খেয়ালে বদলায় নীতি
দেশপ্রেম নিয়ে মরে।

রঙিন আকাশ, রঙিন বাতাস
রঙিন চশমা চোখে।
অন্যের দিকে আঙুল তুলি
শুধু নিজের বেলায় মুখে।

- অপরাজিতা সেন
Nursing Officer

Euthanasia in the shadows: A 30-year old's plea for escape - Exploring the Ethical Dilemmas of Euthanasia in a Persistent Vegetative State

"Death must be so beautiful. To lie in the soft brown earth, with the grass waving above one's head and listen to silence. To have no yesterday, and no tomorrow. To forget time, to forgive life, to be at peace"--Oscar Wilde

Euthanasia the most debated and controversial topic in medical ethics, is often the most misunderstood one as well. The recent judgement of the Supreme Court in August 2024, disallowing "passive euthanasia" for a 30-year-old man who had been in a persistent vegetative state for more than 11 years, as was pleaded by his parents has added momentum into the debate even more. The patient, at present quadriplegic, had suffered a spine injury following a fall from the fourth floor of a paying guest accommodation at Mohali while pursuing a graduation course in civil engineering. Now he is being fed through a Ryle's tube, inserted through the nose into the stomach. However, the plea of the parents has been rejected on the ground that the withdrawal of feeding would make the patient "starve and die" constituting active euthanasia. However, as the Indian Legal system grapples with this complex case, there lies few fundamental questions which have been left unanswered. Many judgments both outside and within India, have contributed to the global discussion on passive euthanasia, highlighting the complexities surrounding end-of-life care and patient autonomy which may be mentioned in this regard.

The Terry Schiavo case in the year 2005 was a highly publicized and controversial legal battle which led to changes in laws and medical practices surrounding end-of-life care. The case where a lady Terry Schiavo suffered heart attack in 1990 remained in persistent vegetative state and her husband sought to remove her feeding tube, citing her previous statements about not wanting to be kept alive artificially. After a long battle Terry's feeding tube was removed and she passed away 13 days later. Next coming to the Aruna Shanbaug's story which was a heart-wrenching tale of tragedy, suffering, and the complexities of euthanasia. In 1973, the 25-year-old nurse was brutally assaulted and left in a Persistent Vegetative State (PVS) at Mumbai's King Edward Memorial Hospital, where she remained for 42 years until her passing in 2015. The court allowed passive euthanasia, permitting the withdrawal of life-sustaining treatment, but rejected active euthanasia. This landmark judgement in 2011 set a precedent for euthanasia cases in India. The court's ruling was upheld in 2018, but Shanbaug died from pneumonia on May 18, 2015, before it could be applied to her case. To end with, the European Court of Human Rights (ECHR) ruled on a landmark case sparking a renewed debate on euthanasia and the right to die with dignity. The landmark judgements raised important questions about: Patient autonomy and the right to die: Individuals have the right to control their own bodies and make decisions about their own lives, including the decision to end their life; Dignity: Terminally ill patients or those in a persistent vegetative state may choose to end their life to maintain dignity and avoid a prolonged, painful, or undignified existence; The role of family members and legal guardians in end-of-life decisions; The ethics of euthanasia and assisted dying; The intersection of law, medicine, and morality in end-of-life care.

As the debate continues, we must prioritise empathy and understanding, acknowledging the moral dilemmas faced by all parties involved. Ultimately, the fate of Ghaziabad's 30-year-old son will depend on the collective wisdom of medical professionals, legal experts, and the community, working together to ensure a dignified and respectful outcome.

Bibliography:

Aruna Ramchandra Shanbaug vs Union Of India & Ors on 7 March, 2011 [Internet]. [cited 2024 Sep 1]. Available from: <https://indiankanoon.org/doc/235821/>

Dahnke M. D. Emmanuel Levinas and the face of Terri Schiavo: bioethical and phenomenological reflections on a private tragedy and public spectacle. *Theor Med Bioeth.* 2012; 33(6): 405–420.

How the European Court of Human Rights Constructs a Right to Die [Internet]. 2023 [cited 2024 Sep 1]. Available from: <https://eclj.org/euthanasia/echr/comment-la-cour-europeenne-des-droits-de-lhomme-construit-un-droit-a-mourir-?lng=en>

SC refuses to permit euthanasia for aged couple's comatose son. *The Hindu*[internet].2024. August 21. [Cited 2024, Sep 1] Available from: <https://www.thehindu.com/news/national/sc-refuses-to-permit-euthanasia-for-aged-couples-comatose-son/article68547815.ece/>

Sanctimonia

In my fist I held a dream;
In the path of righteousness,
I shall win; I shall win.

May be I am not bright as sun,
Countenance seems dull and dim.
I believe in the path of righteousness,
I shall win; I shall win.

My credence is pure,
Timidity to me is a sin.
I believe in the path of righteousness,
I shall win; I shall win.

The ordeals will be onerous,
Perils will bring chagrin.
I believe in the path of righteousness,
I shall win; I shall win.

शीर्षक- पेरिस पैरालिंपिक 2024 में भारत



28 अगस्त से लेकर 8 सितंबर 2024 तक चले इस पेरिस (फ्रांस) पैरालिंपिक महाकुंभ में अब तक का सबसे बड़ा दल (84) एथलीटों के साथ भाग लेने वाले भारतीय खिलाड़ियों ने 12 खेल प्रतिस्पर्धा में शानदार प्रदर्शन करते हुए अपने पिछले टोक्यो पैरालिंपिक 2020 में जीते 19 पदकों को पीछे छोड़ते हुए कुल 29 पदकों को अपने-अपने नाम किया।

वर्ष 1960 में शुरू हुए पैरालिंपिक खेलों में भारत ने पहली बार वर्ष 1968 में 10 खिलाड़ियों के साथ भाग लिया था। देश में पैरालिंपिक खिलाड़ियों को बढ़ावा देने के लिए पहला संगठन था *फिजिकली हैंडिकैप्ड स्पोर्ट्स फेडरेशन ऑफ इंडिया* जिसकी स्थापना वर्ष 1992 में अर्जुन पुरस्कार विजेता और पैरालिंपियन श्री एम महादेव द्वारा की गई थी। भले ही देश में पैरा खेलों के नियंत्रक निकाय का गठन वर्ष 1992 में हुआ था, पर भारतीय पैरा एथलीट इससे बहुत पहले से अंतरराष्ट्रीय आयोजनों में भाग लेते रहे हैं।

इस बार के पैरा महाकुंभ में, हमारे खिलाड़ियों ने अपने दम का परिचय देते हुए कुल 29 पदक जीते। जिसमें एकल और युगल प्रतिस्पर्धा में 11 (ग्यारह) महिला एथलीटों ने शानदार प्रदर्शन से पदक जीतते हुए महिला सशक्तिकरण का उदाहरण पेश किया। हालांकि इस बार हमारे ESIC की टेबल टेनिस खिलाड़ी सुश्री भाविना पटेल, टोक्यो पैरालिंपिक 2020 की रजत (Silver) पदक विजेता, इस बार चीनी खिलाड़ी (Ying Zhou) के साथ जबरदस्त प्रदर्शन करते हुए क्वार्टर फाइनल में हार गई।

लेकिन, गौरतलब बात है कि हाल ही में संपन्न, पेरिस ओलंपिक 2024 में 117 सामान्य एथलीटों का भारतीय दल एक भी स्वर्ण पदक (gold medal) नहीं जीत पाया। भारत को एक रजत और पांच कांस्य पदक से ही संतोष करना पड़ा। दूसरी ओर, पैरालिंपिकों ने 7 स्वर्ण(gold), 9 रजत(silver) और 13 कांस्य(bronze) सहित कुल 29 पदक जीते।

इसमें कोई संदेह नहीं कि श्रेष्ठता हासिल करने के लिए पैरा एथलीटों को सामान्य एथलीटों की तुलना में कहीं अधिक मेहनत करनी पड़ती है लेकिन तुलनात्मक रूप से एक और जहां उनके लिए सीमित संसाधन उपलब्ध है, वहीं पदक जीतने के बाद भी वित्तीय प्रोत्साहन की कमी दिखाई देती है। ओलंपिक खेलों में पदक जीतने वालों के लिए तो सरकार और कॉर्पोरेट हाउस खजाना खोल देते हैं। जब पैरा एथलीटों की बारी आती है तो ऐसी उदारता उनके लिए नजर नहीं आती। होना तो यह चाहिए कि पैरा एथलीटों की हौसला अफजाई को ज्यादा तवज्जो मिले ताकि उन्हें नायक के रूप में पहचान मिले।

इतना जरूर है कि सरकार ने कुछ समय से पैरा एथलीटों पर ध्यान देना शुरू किया है। खेलो इंडिया योजना के तहत पैरा एथलीटों को प्रशिक्षण, उपकरण एवं अन्य आवश्यकताओं के लिए वित्तीय सहायता प्रदान की जा रही है। पैरा एथलीटों को भी अर्जुन पुरस्कार, पद्म पुरस्कार और अन्य राष्ट्रीय खेल पुरस्कारों से सम्मानित किया जा रहा है। सरकारी नौकरियों में आरक्षण भी दिया जा रहा है, लेकिन यह सब कुछ सामान्य एथलीटों के बराबर नहीं है।

जाहिर है कि अभी पैरा एथलीटों को बढ़ावा देने के लिए काफी कुछ करने की जरूरत है। संसाधन और वित्तीय प्रोत्साहन में समानता लाने के लिए और अधिक प्रयासों की आवश्यकता है। पैरा एथलीटों की नीतिगत स्तर पर सुधार किए जाने की भी आवश्यकता है। समाज को पैरा एथलीटों के प्रति अपनी सोच में बदलाव लाना होगा। हमें केवल उन्हें एक दिव्यांग व्यक्ति के रूप में नहीं बल्कि एक नायक रूप में देखना चाहिए जो देश के लिए सम्मान और गौरव में वृद्धि करते हैं।

वर्तमान परिदृश्य में, जहां हम सिर्फ *अभावों* का बहाना बनाते रहते हैं, वहीं इन पैरालिंपिकों ने हमें बताया कि वे शारीरिक, मानसिक और सामाजिक रूप से कितने स्वस्थ हैं।

इस पैरालिंपिक महाकुंभ में भाग लेने वाले सभी खिलाड़ियों को पूरे भारतवर्ष को गौरवाचित करने के लिए तहेदिल से साधुवाद एवं बधाइयां, जिन्होंने यह सिद्ध किया कि "यदि आप कड़ी मेहनत करते हैं, तो आप न केवल कठोर होंगे, बल्कि आपको हराना भी कठिन होगा"।

जय हिन्द, जय पैरालिंपिक, जय भारत।

,,,रुपेश कुमार, प्रवर श्रेणी लिपिक
,,, अभिरक्षक(अधिष्ठाता कार्यालय)

Publication

Title: Pruritic urticarial papules and plaques of pregnancy: An unusual case report from a tertiary care hospital of the Eastern part of India

Abstract:

Pruritic urticarial papules and plaques of pregnancy (PUPPP) is a rare dermatitis of unknown etiology first diagnosed in 1979. It occurs most commonly in the 3rd trimester of pregnancy. Postpartum presentation is extremely rare. Treatment modalities mostly involve the relief of symptoms. We are going to report here one case of a 24-year-old primigravid female who presented in the 9th month of the gestational period with generalized pruritic eruptions in a tertiary care hospital in the Eastern part of India. These eruptions were erythematous, hyperpigmented, and papular, which began within the striae distensae of the abdomen and progressively spread on the skin of upper and lower limbs, trunk, and buttocks. After the delivery of a full-term male child, there was an aggravation of the symptoms such as itching and disturbed sleep. There was also increased spread of the lesions over the skins of the mentioned areas, which persisted for 6 weeks of the postpartum period. The lesions and associated symptoms gradually subsided with topical application of corticosteroids and hydroquinone along with oral antihistaminic for prolonged periods. Our objective behind reporting this case is to make clinicians aware of PUPPP as a differential diagnosis of peripartum and postpartum pruritic eruptions for prolonged periods.

To cite this article: Mahapatra S and Maity A. Pruritic Urticarial papules and plaques of pregnancy: An unusual case report from a tertiary care hospital of the Eastern part of India. *Asian Journal of Medical Sciences*: May 2024; Vol 15 Issue 5: 281-283

Title: Kaplan's Dislocation in a Child with Delayed Presentation: A Case Report

Abstract:

Kaplan's dislocation is a rare occurrence, particularly in children. We encountered a case of Kaplan's dislocation of the index finger in an 8-year-old child who presented 18 days post-injury. The child was managed through open reduction using a dorsal approach. At 7 months of follow-up, the patient exhibited a good functional outcome. This case is noteworthy not only for its rarity but also to highlight that it can occur in children and that even in cases with delayed presentation, open reduction (preferably via a dorsal approach) can yield favorable outcomes with proper follow-up.

To cite this article: Keshkar S and Biswas S. Kaplan's dislocation in a child with delayed presentation: A case report. *Int J Orthop Surg* 2024;32:59-61.

Title: Methylphenidate in COVID-19 Related Brain Fog: A Case Series

Abstract:

Limited literature exists regarding specific pharmacological treatments for COVID-19-associated brain fog (BF) syndrome. One previous study using bupropion lacked objectivity. In this multiple baseline case series study, methylphenidate was used in treating post-COVID BF syndrome. Four cases of post-COVID BF syndrome were diagnosed by two psychiatrists after a liaison diagnostic workup with the medical fraternity and treated with methylphenidate (10–30 mg for 1–2 months) resulted in objective improvement as evident by the change in Fatigue Severity Scale (FSS) and Mini Mental Status Examination (MMSE) scores in follow-up compared to baseline. FSS scores were 9 (37–40 at baseline) and MMSE scores were 30 (27–29 at baseline) for all subjects at 3- and 6-month follow-up. No relapse of symptoms was noted at follow-up. Methylphenidate, being a stimulant drug, can be a promising option for BF. However, this study has a few limitations, like the fact that neuroimaging was not done for all subjects, and studies with a larger sample size are required for a definitive conclusion.

To cite this article: Bhattacharjee D, Surakshitha Poornima H.K., Chakraborty A. Methylphenidate in COVID-19 Related Brain Fog: A Case Series. *Indian Journal of Psychological Medicine*. 2024;0(0). doi:10.1177/02537176231222572

Title: A Case Series of Memantine-responsive Catatonia Secondary to Stroke and Hyponatremia

Abstract:

Catatonia is a Psychomotor disorder occurring in the context of both mental disorders and medical conditions. GABAergic hypoactivity and Glutamatergic hyperactivity in certain brain areas are responsible for the development of Catatonia. Current existing guidelines recommend Benzodiazepines and Electroconvulsive therapy for the treatment of catatonia. We described here 3 cases of Catatonia due to medical conditions that showed objective improvements with Memantine, a glutamate antagonist. We propose Memantine to be another option for treatment of Catatonia where the use of existing recommended treatment modalities has limitations and in secondary conditions where glutamate hyperactivity is a presumptive underlying mechanism.

To cite this article: Bhattacharjee D and Chakraborty A. A Case Series of Memantine-responsive Catatonia Secondary to Stroke and Hyponatremia. *Indian Journal of Psychological Medicine*. 2024;46(3):270-272. doi:10.1177/02537176231181512

Title: Artificial Intelligence (AI) in Ortho-rheumatology

Abstract:

Artificial intelligence (AI) is new but well known technology being used in each and every field including Medical science. AI can be described as the ability of a computerised machine to simulate the human brain in various pre-decided applications to help humans in day-to-day works. Its use in medical science has evolved dramatically over the past decade and gaining popularity in all disciplines including Ortho-Rheumatology which is an important and well grown subspecialty of orthopaedics. It is pertinent to mention that Ortho-Rheumatology covers not only the medical aspect of Ortho-Rheumatological problem but also expanding scope to cover Surgical Ortho-Rheumatology e.g. corrective surgeries and joint replacement. Use of AI in Medical Ortho-Rheumatology is evolving however its use in Surgical Ortho-Rheumatology is growing fast and well proved e.g. Robotic Surgery (RS) for total knee arthroplasty (TKA). This editorial is a pen picture of use of AI & RS in Ortho-Rheumatology.

To cite this article: Keshkar S and Khanna M. Artificial intelligence (AI) in ortho-rheumatology. *IP Int J Orthop Rheumatol* 2024;10(1):1-2

Title: Publications in Orthopaedic Journals: The influencing factors

Abstract:

There has been an increasing trend in India's publications in Orthopaedics (including Sports Medicine) in the last few years but still we are lacking and not even under rank 10 in global scenario. Apart from many reasons one reason of such lacking in publication could be lack of knowledge about various influencing factors related to journal and article. This editorial is an insight (author's perspective) to highlight such factors in Indian context with purpose to aware the authors for ease of publication of article in Orthopaedic Journal.

To cite this article: Keshkar S and Bandyopadhyay A. Publications in orthopedic journals: The influencing factors. *Int J Orthop Surg* 2024;32:1-2.

Title: Knowledge, Attitude and Practice of Pharmacovigilance among Doctors Posted at Peripheral Health Centers in a District of West Bengal: A Cross - sectional Study.

Abstract:

Pharmacovigilance is the science and activities related to the collection, detection, assessment, understanding, monitoring and prevention of adverse drug reactions (ADRs). Adequate monitoring of ADRs is necessary to prevent the rising mortality and morbidity related to an increased number of ADRs. For this purpose, most countries worldwide including India have started their national Pharmacovigilance programs. Involvement of health care professionals (HCPs) of all levels, most importantly the doctors in this program can render its success by regular reporting of ADRs. In India, several ADR Monitoring Centres (AMCs) are set up in different tertiary healthcare centres throughout the country under the Pharmacovigilance Program of India (PvPI) with its National Co-ordinating Centre at Indian Pharmacopoeia Commission, Ghaziabad, Uttar Pradesh. However the contribution of India towards the Uppsala Monitoring Centre, Sweden (Collaborating centre of WHO for international monitoring of ADRs) is very low. The most important cause of this is the under-reporting of ADRs by the HCPs, which may be due to their deficit of proper knowledge and practice of regular reporting of ADRs. So our study is to assess the knowledge, attitude and practices (KAP) regarding Pharmacovigilance among the doctors posted at different levels of government rural health centres of a district in the eastern part of India. This was a cross-sectional study carried out using a pretested self-administered questionnaire. It was designed to assess the KAP regarding Pharmacovigilance. The study population was the doctors posted at different levels of government rural health centres of a district in the eastern part of India. The questionnaires were distributed to them after proper informed consent and the answers were collected from them after two weeks. The data received from the participants were entered and analyzed by Microsoft Excel spreadsheet in MS Office 10. The response rate of the participants was 90% (126 out of 140). 76.92% didn't know the correct definition of Pharmacovigilance or awareness about PvPI. 61.54% didn't know the Website used for reporting ADRs or about the International Collaborating Centre of Pharmacovigilance. But most of the participants agreed or strongly agreed that all health centres should have the Toll-free number for reporting any unwanted drug reaction (61.54%), or have adequate facilities for reporting the same (84.61%). The majority also agreed that ADR reporting should be made mandatory for all doctors of rural health services (92.31%) and all should have the proper knowledge and actively participate in PvPI (76.92%). The majority of the participants have not reported any ADR to any higher authority (84.62%), but are eager to gain proper knowledge regarding PvPI (92.3%) or attend any training or workshop regarding the same (100%). Knowledge regarding PvPI and its practical implications should be present in doctors of all levels. Adequate participation of all doctors can improve the benefits of this program.

To cite this article: Mahapatra.S, Maiti A, Majee. S and Banik. T. Knowledge, Attitude and Practice of Pharmacovigilance among Doctors Posted at Peripheral Health Centers in a District of West Bengal: A Cross-sectional Study. *Res. J. Med. Sci* 2024; 00: 00-00.

Title: Variant Philadelphia Chromosome in Nine Cases of Chronic Myeloid Leukemia: Experience of a Tertiary Care Hospital in Eastern India.

Abstract:

The Philadelphia (Ph) chromosome is the hallmark of chronic myelogenous leukemia (CML). It is a shortened chromosome 22 resulting from a reciprocal translocation, t(9;22)(q34;q11), between the long arms of chromosomes 9 and 22. It is found in up to 95% of patients. However, 5–10% of patients with Ph-positive CML have variant translocations involving chromosomes other than 9 and 22. In this article, nine CML cases are being reported that carry variant Ph translocations involving both chromosomes 9 and 22, as well as chromosomes 2, 3, 8, 14, 16, and other various chromosomes, resulting in either a simple or complex karyotype.

To cite this article: Dutta B, Khuraijam M. Variant Philadelphia Chromosome in Nine Cases of Chronic Myeloid Leukemia: Experience of a Tertiary Care Hospital in Eastern India. *J Med Sci* 2024;10(1–4):00283. DOI: 10.5005/jp-journals-10045-00283

Title: Evaluation of long-term clinical outcomes among PPIUCD users at six medical college hospitals

ABSTRACT:

Background: Postpartum IUCDs are becoming increasingly popular in low-income countries, but there are few studies addressing long-term outcomes.

Methods: A prospective observational study conducted in six tertiary care hospitals across India to investigate satisfaction rates, expulsions, adverse events and complications of PPIUCD for up to 24 months.

Results: PPIUCD was accepted by 16262 out of 56619 eligible women. Of these, 59.6% had NVDs, and the rest had LSCSs. PPIUCD continuation proportion was 90.3% at 6 weeks and 72.5% at 6 months. It decreased to 50.6% after 24 months. Women reported 73.91% satisfaction at 6 months, but only 48% at 24 months. PPIUCD removal and expulsion rates were 8.39% and 3.76% at 6 months and 13.4% and 2.95% at 24 months. Removal rates were significantly different between NVD and LSCS women (25.37% versus 18.8%; $p < 0.001$). Thread discomfort was the most common reason for removal and was more common in LSCS group. Expulsions were higher at six months in the NVD, 9.85% versus 7.10% ($p < 0.001$). Reported side effects were abdominal pain, abnormal bleeding and white discharge in both groups.

Conclusions: There was a progressive reduction in continuation and satisfaction with PPIUCD use over 24 months. Thread discomfort, abdominal pain, and abnormal bleeding were major reasons for dissatisfaction. Most of the women chose private practitioners for IUCD. Additionally, the reported side effects highlight the need for further research. Both quality of life and contraceptive efficacy play a major role in the success of contraception.

To cite this article: Radhika AG, Gupta R, Suneja A, Dorairajan G, Aggarwal P, Ashok V, Suri V, Singla R, Nanda S, Chauhan M, Rani V, Arora N, Chaudhary R, Gupta A, Malhotra RK, Singh S. Evaluation of long-term clinical outcomes among PPIUCD users at six medical college hospitals. *Int J Reprod Contracept Obstet Gynecol* [Internet]. 2024 Oct. 28 [cited 2025 Jan. 23];13(11):3255-67.

Title: Prevalence of Thrombocytopenia in Highly Active Antiretroviral Therapy-naïve Human Immunodeficiency Virus-infected Patients in Silchar Medical College and Hospital.

Abstract:

Background: This study was conducted in the Department of Pathology, Silchar Medical College and Hospital, Silchar, Assam, India, from July 2017 to June 2018 to determine the prevalence of thrombocytopenia in highly active antiretroviral therapy (HAART)-naïve human immunodeficiency virus (HIV)-infected patients and correlate thrombocytopenia with cluster of differentiation 4 (CD4) count. **Materials and methods:** The study group comprised 99 HIV-infected adults presenting at the ART center/outpatient department/inpatient department (OPD/IPD) of the Department of Medicine who had not initiated HAART. Thrombocytopenia was defined as a platelet count $< 150,000/\text{mm}^3$ of blood. A brief workup included history, general and systemic examination, complete hematological workup, and bone marrow study in select cases. Patients under 16 years of age and those receiving HAART were excluded.

Results: Thrombocytopenia was identified in 13 out of 99 patients in this study group, yielding a prevalence of 13.1%. Among these 13 patients with thrombocytopenia, 12 cases (92.3%) had a CD4 count < 200 , while only one case (7.7%) had a CD4 count ≥ 200 . The association between thrombocytopenia and CD4 count was assessed using the contingency coefficient, yielding a value of 0.232 with a p -value of 0.018, indicating a significant association. Bone marrow studies were conducted in 10 cases, indicated by severe thrombocytopenia (platelet count $< 50,000$ cells/ mm^2). Among these, three cases with severe thrombocytopenia on bone marrow examination showed an increased number of megakaryocytes with a normal granulocytic and erythrocytic series. These findings correlate well with previous studies.

Conclusion: The prevalence of thrombocytopenia is 13.1% in the study population, and the association between thrombocytopenia and CD4 was found to be statistically significant. The contingency coefficient was evaluated with a value of 0.232 and a p -value of 0.018. This type of study is being reported for the first time from this part of our country.

To cite this article: Dutta B, Bhattacharjee SK. Prevalence of Thrombocytopenia in Highly Active Antiretroviral Therapy-naïve Human Immunodeficiency Virus-infected Patients in Silchar Medical College and Hospital. *J Med Sci* 2024;10(1–4):00277 DOI: 10.5005/jp-journals-10045-00277

Title: Serum Protein Electrophoresis in Diagnosis and Monitoring of Plasma Cell Neoplasms: 5-Year Experience from a Tertiary Care Hospital in Eastern India.

Abstract:

Introduction: Serum protein electrophoresis (SPEP) is a widely used biochemical test for diagnosing and monitoring plasma cell neoplasms, and it is frequently used in conjunction with immunofixation electrophoresis (IFE). **Aims:** To elaborate on the patterns of SPEP and IFE in a tertiary care hospital in eastern India. **Materials and methods:** A total of 455 cases satisfied the inclusion criteria of the study and were evaluated with SPEP using the Sebia Hydrasys 2 Scan Focusing System. IFE is performed when indicated. **Results:** Of the 455 cases, 153 (33.63%) had monoclonal gammopathy, with immunoglobulin G kappa (IgG κ) being the most prevalent monoclonal protein found (47.50%). Multiple myeloma was the most prevalent neoplasm involved in 280 (61.53%) cases. **Conclusion:** Serum protein electrophoresis and IFE are widely available and easy-to-administer tests recommended by international guidelines for screening and monitoring therapy of plasma cell neoplasms.

To cite this article: Dutta B, Chauhan G, Chelliah S, et al. Serum Protein Electrophoresis in Diagnosis and Monitoring of Plasma Cell Neoplasms: 5-Year Experience from a Tertiary Care Hospital in Eastern India. J Med Sci 2024;10(1–4):00284. DOI: 10.5005/jp-journals-10045-00284

Obituary of Prof. Tridib Sett



Prof. Dr. Tridib Kumar Sett, MBBS, DipOrtho, MS(Anatomy), had 20 years of teaching experience in West Bengal Medical Education Service. He retired from regular job from Tamrolipto Medical College, Midnapore and joined as contractual Professor in ESIPGIMSR, ESIC Medical College and ESIC Hospital & ODC(E.Z), Joka on 23.04.2024. His tenure as Professor and HoD , Anatomy in this institute was around 4 months. He sets towards heavenly abode on 19.08.2024 while returning home from work due to massive heart attack. Dr Sett was very academic and was good orthopedic surgeon also. In ESIC Joka, his contribution related to upcoming cadaveric workshop is remarkable. May his soul rest in peace.

Walking Through Time



AMBOSELI, KENYA

Monochrome symmetry



MASAI MARA, KENYA



ESI-PGIMSR, ESIC MEDICAL COLLEGE AND ESIC HOSPITAL & ODC (E.Z), JOKA, KOLKATA-700104

Our Vision:

Achieve excellence in consistent delivery of high quality health-care at par with contemporary National and Global Standards.

Ensure equitable distribution and accessible quality tertiary health-care services to Insured Persons and their families as a part of Social security scheme.

Develop cost-effective and sustainable methods of health-care by promoting Quality Research and Education.

Our Mission:

To provide good quality and efficient cashless health-care services to Insured Persons and their Families.

To facilitate the provision of benefits to Employees in case of sickness, maternity and employment injury and to make provisions for related matters in coordination with Regional Office.

ESIC Medical College and PGIMSR, Joka to be a leading institute in developing undergraduate medical students to become competent Indian Medical Graduates who are capable of addressing societal needs.

ESIC Medical College and PGIMSR, Joka to be the pioneers in training postgraduate medical students to become competent Indian Medical Specialist.



*||hiranyagarbhah samavartatagre bhutasya jatah patireka asit |
sa dadhara prithivim dyamutemam kasmai devaya havisha vidhema ||
ya atmada balada yasya vishva upasate prashisham yasya devah |
yasya chayamritam yasya mrityuh kasmai devaya havisha vidhema ||
yah pranato nimishato mahitvaika idraja jagato babhuva |
ya ishe asya dvipadashchatushpadah kasmai devaya havisha vidhema ||
yasyeme himavanto mahitva yasya samudram rasaya sahaahuh |
yasyemah pradisho yasya bahu kasmai devaya havisha vidhema ||
yena dyaurugra prithivi cha dridha yena sva stabhitam yena nakah |
yo antarikshe rajaso vimanah kasmai devaya havisha vidhema ||
yam krاندasi avasa tastabhane abhyaikshetam manasa rejamane |
yatradhi sura udito vibhati kasmai devaya havisha vidhema ||
apo ha yadbrihatirvishvamayangarbhah dadhana janayantiragnim |
tato devanam samavartatasurekah kasmai devaya havisha vidhema ||
yashchidapo mahina paryapashyaddaksham dadhana janayantiryajnam |
yo deveshvadhi deva eka asitkasmai devaya havisha vidhema ||
ma no himsijanita yah prithivya yo va divam satyadharmajajana |
yashchapashchandra brihatirjajana kasmai devaya havisha vidhema ||
prajapate na tvadetanyanyo vishva jatani pari ta babhuva |
yatkamaste juhūmastanno astu vayam syama patayo rayinam ||*

- Rigveda (10.121)