

What's Up? @St John's Hospital

Issue 19, March 1st, 2019



Purple Bloom on campus.
PC: Dr. Rakesh



COVER STORY **The Gypsy Life:** **Mobile Medical Unit** **in Tiruvallur (1st Year)**

EDITORIAL TEAM:

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St John's National Academy of Health Sciences
St John's Medical College Hospital, Bengaluru



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MESSAGE FROM THE EDITORIAL TEAM

Sello All!!!

We are pleased to share the nineteenth issue of “What’s Up? @ St John’s Hospital” magazine today.

Every year, a new batch of qualified doctors from St. John’s dare to face their new phase of life! The young doctors at this stage face a mixture of apprehension, fear, anxiety and anger as they set out to do their mandatory rural bond. What do they feel at the end of their bond period – a sense of despair or satisfaction? We thank Dr. Mihika Noronha (Johnite from 2011 batch) elaborating on her incredible journey of 2 years in rural service. A story which is a must read for all the young doctors who are about to start their rural service.

The present issue highlights ‘National Deworming day’ which was observed recently in the month of January and February. We are delighted to present St. John’s Watchdog highlighting the misconceptions revolving around causation and prevention of cancer. Do not miss the Survivor’s corner.

Please feel free to communicate with us to publish your achievements, events and any feedbacks are welcome. Happy Reading!!

Editorial Team



COVER STORY

The Gypsy Life: Mobile Medical Unit in Tiruvallur – 1st Year!

Dr Mihika Noronha,

Johnite, Batch of 2011, Completing her 2yrs Rural Service soon...

In May, 2018 as I boarded the bus to Chennai at Shanti Nagar, I was in the crankiest of dispositions. I clambered onto the top bunk drew the curtains and promptly burst into torrential tears. I was wondering what possessed me when I decided to go and work in Tamil Nadu. My knowledge of Tamil consisted of 'kunjam kunjam tamil teriyum' and 'thayir sadam'. But obstinacy, a sense of pride and the fact that the bus was already moving ensured that I would alight the next day at Koymbedu. Feeling just like the doctor in 'A Country Doctor's Notebook', on his first day, (spoiler alert, he thinks he's a sham like D'mitri, the pretender), I proceeded to Tiruvallur.

I must say right off the bat the accommodation and food are fantastic and the pay is good. The gang consists of a very sweet nurse, a health co-ordinator and six health volunteers. Everyone were extremely polite as I fumbled through the orientation aided by google translate and the health co-ordinator.



The group had previously been trained on how to calculate BMI, use a glucometer and automated BP apparatus. The plan was to take the mobile medical unit to 12 different stops from Monday to Saturday. The stops cater to 31 villages.



That was the plan. Murphy was at work. The RTO permissions hadn't come through. So the modus operandi was shifted to clinics on two tables under a tree. We visited two villages per day from 9am - 12:30pm and 4pm - 6:30pm. The afternoons in Tamil Nadu were far too infernal to consider working in the afternoon.

COVER STORY

The Gypsy Life contd...

From May to December, I saw 2750 patients. All patients over 30 years were screened for diabetes. All patients were screened for hypertension. They are started on treatment and put on follow up. The health workers follow up 3 days after the camp.



The new year brought glad tidings and the bus was finally operational with all permissions through. It has a hematology lab and an ECG. We will be getting a biochemistry analyser by the end of the year. The unit runs from Monday to Saturday from 8am to 4pm. I see 40-60 patients a day. The disease spectrum is non-traumatic orthopaedic complaints, diabetes, hypertension, anemia, dermatophytes, upper respiratory tract infections.



We also run intermittent health education programs in schools. Mainly on dengue prevention and anemia. The children equipped with garbage bags and gloves clean up the school ground. We also hand out educational pamphlets to our patients. As a preventive measure we teach every female above 18 years a self-breast examination.

The positives of the centre are reasonable working hours and a very supportive team. The main difficulty is an overwhelming sense of loneliness. I have a newfound sense respect for the ascetics of yore who sat and meditated by themselves in the Himalayas. Also sometimes, the not so good outcomes can leave you wanting to tell someone about it and whatsapp is a poor substitute for actual company.

On a personal level, I have developed a remarkable ability to control my temper. I can now bite my tongue and speak in honeyed tones, so be warned!

COVER STORY

The Gypsy Life contd...

I can maintain records and get estimates for equipment without getting flustered by the dreaded math. I can confidently speak in Tamil albeit with some serious grammar issues. I have also met a number of inspiring people. Plus I am now an independent adult.

As a doctor, my not in the textbook cases like the man who put cactus in his ear and the woman who has been treating herself for dry eye by instilling breast milk in her eye have taught me that in medicine anything is possible. The first of my patients to die taught me to keep a lower threshold for depression and mental illness and to always ask for a history suggestive of it. Each of my patients have taught me a lot.

My advice to bonders considering this centre is be prepared to take decisions. Brush up your ALS. The ambulance can take an hour to arrive. Learn how to do a KOH, Tzanc and Gram stain. Make sure you can suture and do incision and drainage. Be on good terms with all your former PGs and SRs they will be the ones to guide you through the difficult cases. Network with seniors. You will meet some truly inspiring and supportive people during bond. The centre is better suited for those interested in medicine and related subjects. The cutting chance for aspiring surgeons is restricted to I&Ds and obstetric experience tends towards zero. If you are not overly fond of the labour room, you are officially free of it in this centre. ENT experience consists of syringing, Epleys & management of ASOM (safe) and ophthal work is mainly conjunctivitis and screening for cataract. You will enjoy your bond. You will have time to study. You will emerge from this centre with a sense of confidence and resilience.

One year later, I'm still reluctant to go to work on some days but that's mainly inertia - my millennial way of making laziness sound like it's not actually my problem. But on most days I'm smug with the knowledge that despite several death threats from my batchmates and a lot of green eyes, no one else managed to bag this centre.



To be Continued

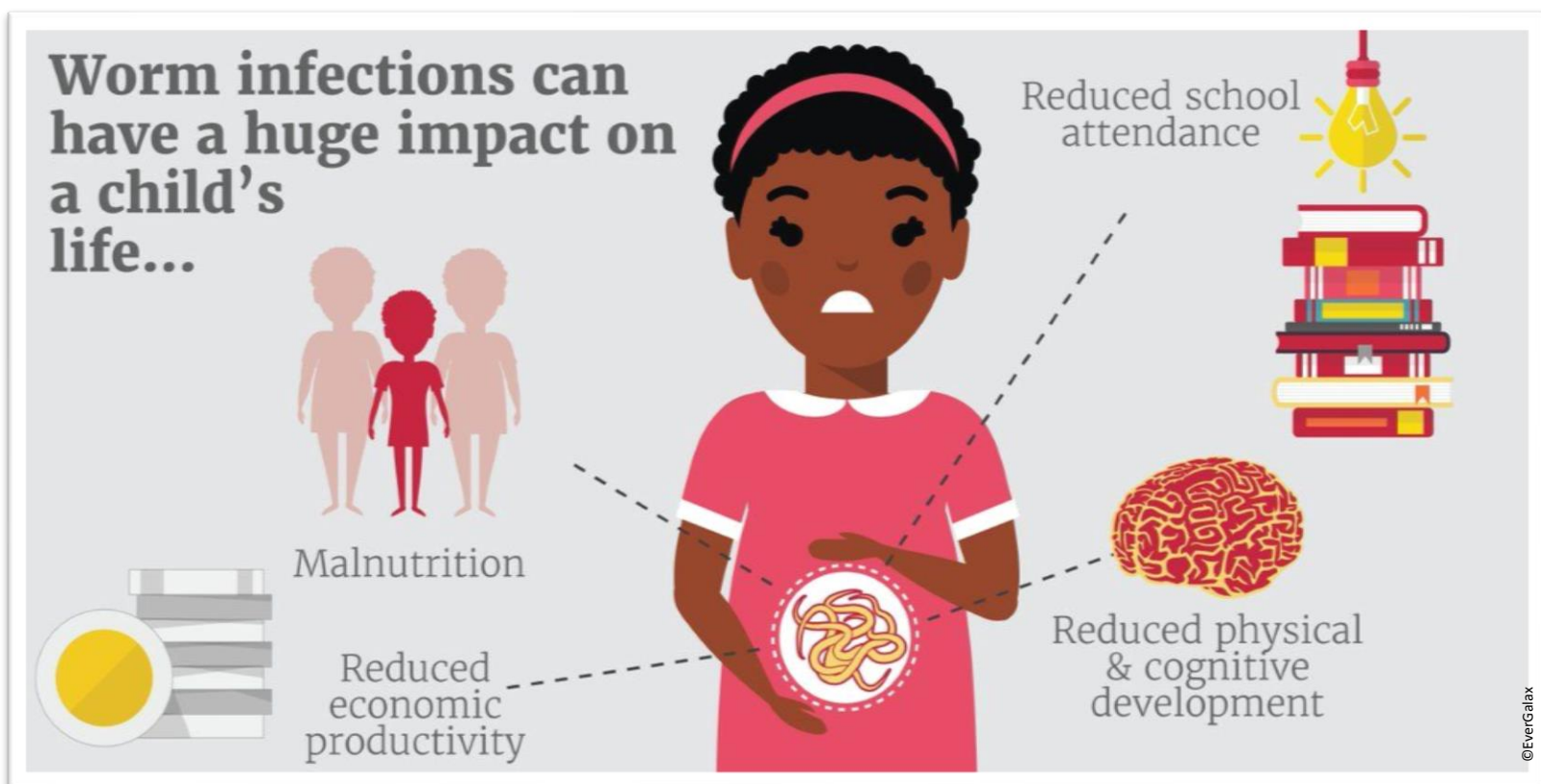
UPDATES THIS WEEK

NATIONAL DEWORMING DAY 2019

Impact of worm infestation among children includes malnutrition, reduced school attendance, and reduced physical and cognitive development. Therefore, the WHO has recommended biannual deworming using single-dose Albendazole 400 mg for all children and adolescents in those countries with prevalence >50%.



Rationale for deworming is that children benefit significantly from deworming in terms of weight and height gain. Also, Albendazole is easily tolerated by children with fewer side effects. Administration of this tablets orally is easy for health functionaries and it is accepted well by parents and community members. This strategy is also cost effective.



Dosage:

Above 2 years 400 mg of Albendazole
Less than 2 years 200 mg of Albendazole



UPDATES THIS WEEK

NATIONAL DEWORMING DAY 2019

National deworming day was conducted between January 30th to February 14th 2019 in the Primary Health Centers of Sarjapur. Details of the deworming day were collected by the post-graduates of the department of Community Health who were posted at this centre. As per the notification from the Ministry of Health and Family Welfare, permission was obtained from all the local schools and colleges for organizing the deworming program.

Total population of the PHC was 38,824. Children and adolescents between 2-19 years were targeted for deworming in 26 government schools, 14 private schools and 37 Anganwadi centers. Manpower involved: Lady health visitor, Accredited Social Health Activist, Auxiliary Nurse Midwife.

Administration: All children from each school were called to their respective playground and was made to stand in rows. Health education about worm infestation like causes, signs and symptoms, complications were discussed. Then every child was given single dose of 400mg Albendazole and intake of this tablet was observed by the team. Deworming was done to teachers also. Deworming was also done in high risk areas such as slums. Mop-up was conducted on February 14th to cover those children who were missed were on 30th January.

Types of facility	Age (yrs)	Number covered
Anganwadi & Kindergarten	2-6	1,799
School	6-17	10,315
College	17-19	264
High risk areas	2-19	120

Important thing: to teach children to wash the hands correctly with soap and running water after using the toilet and before eating & avoiding open air defecation

*Acknowledgements: Dr Deepika and Dr Radhika Kannan
Post graduates, Community Health*



UPDATES THIS WEEK

12th February 2019

RTO Health Camp by St. John's Medical College Hospital



St John's Medical College Hospital conducted health check up camp for the RTO officials in RTO Koramangala, BDA complex on 12th February 2019. Around 47 RTO personnel were examined. This camp was conducted as a part of Road Safety week. The camp was a combined effort of Department of Community Health, General Medicine and Nursing, with due support from the Management.





UPDATES THIS WEEK

DEPARTMENT OF CARDIOLOGY

Free Angioplasty Camp – 15th January to 15th February 2019

Department of Cardiology, conducted Free Angioplasty camp from 15th January to 15th February 2019. Patients with known coronary artery disease requiring angioplasty with 1 stent were considered. Poor patients, younger patients and bread winners were given preference. The bed charges, CCU stay and basic investigations were provided free of cost. More than 20 patients were benefitted by this program. All patients were discharged after complete recovery.

alone On 12th February, 5 free angioplasties were done - 3 patients from Karnataka, 1 from West Bengal and 1 from Jharkhand.



In the picture, Dr. Kiron Varghese (Professor & Head, Department of Cardiology) can be seen with the 5 patients who underwent angioplasty on 12th Feb. The photography taken with patient's permission

**Congratulations and Best Wishes to
Dr. Kiron Varghese and his team**





UPDATES THIS WEEK

DEPARTMENT OF UROLOGY

LASER Surgery for Renal Stones and Prostate

Department of Urology has initiated laser surgery for the treatment of renal stones. Till date, the department has treated more than 60 patients suffering from renal stones with Laser.

On 11th February 2019, the department performed 1st case of LASER TURP (Trans-Urethral Resection of Prostate) in a patient with Benign Prostatic Hypertrophy having prostate gland weighing about 100gm. The second case of LASER TURP was done successfully on patient having a larger prostate weighing 240gm. Both the patients were catheter dependant for past 2 months and are now free of catheter post procedure.



In the picture, Dr. Suryakant Choubey (Professor & Head, Department of Urology) with his team.

**Congratulations and Best Wishes To
Dr. Suryakant Choubey and his team**





UPDATES THIS WEEK

FRIDAY CLINICAL MEETING

1st February 2019

LIVING WITH BRAIN INJURY

- Department of Physical Medicine and Rehabilitation

Dr Kurian Zachariah, HOD of PMR introduced the topic with the demographics of admissions with brain injury. Last year, 61 patients with acquired brain injury and 34 patients with traumatic brain injury were admitted to St. John's. The scales that are used to evaluate brain injury patients are functional scale in acute phase, Rancho Los Amigo's scale and disability rating scale.

He spoke about the goals of rehabilitation i.e., to improve neurological recovery, to prevent complications, to transfer care to the care giver or family member and to reduce the burden of the care giver. The pharmacological management of various brain injuries and their complications were also discussed. Ms. Vijaya, ward in-Charge of trauma care explained about the nursing care of patients with brain injury; Ms. Henna Babu, occupational therapist, explained about occupational therapy interventions viz., multisensory stimulation therapy, group therapy, mirror therapy, functional ability training, ergometry, hand ramp, bilateral clasp, balance & co-ordination activities. She spoke about the various modifications and adaptations that is being given to the patients to improve their functional ability. Some of them are splints, orthosis, wheel chair assessments and modifications like chest belt, laterals, head rest and adductor blocks etc. Some of the home modifications are disabled-friendly kitchen, ramps and toilet support rails.

Vocational training is also given to the patient based on their abilities. Ms. Sangeetha Mohan, speech and language pathologist, spoke about speech and language problems and its management. The treatment strategies are bio-feedback, diet modifications, manoeuvres, electric stimulation, oral and motor therapy exercises, pacing and feeding strategies, prosthetic appliances and sensory stimulation.





IG NOBEL



1993 - PEACE

The Pepsi-Cola Company

For Announcing The Wrong Winning Number

The Pepsi-Cola Company of the Phillipines, suppliers of sugary hopes and dreams, for sponsoring a contest to create a millionaire, and then announcing the wrong winning number, thereby inciting and uniting 800,000 riotously expectant winners, and bringing many warring factions together for the first time in their nation's history.

In a bid to revive their fortunes in South East Asia where Coca-Cola were outselling them by a huge margin (75% to 17% market share), Pepsi-Cola Philippine Inc.'s top brass put their heads together and came up with an ingenious marketing plan called the *"The Number Fever"*. The plan was simple: the underside of the bottle caps of some of their best selling drinks – Pepsi, Mountain Dew and 7 Up – would have a 3-digit number and a cash prize amount ranging from 1000 pesos to 1 million pesos imprinted on them. The grand prize of one million pesos was to be given to one lucky winner who had the winning number, announced at the end of the promotion.



© Marketing Lessons



IG NOBEL



1993 - PEACE The Pepsi-Cola Company

The campaign cleverly combined the universal attraction for instant wealth and the locals' fondness for gambling in all its forms.

Needless to say, it went viral like hell. Pepsi's sales shot up nearly 40 percent over the next couple of weeks. Impressed with the initial success, the Pepsi folks even increased the number of prizes to 1500 and made sure the campaign reached to customers all across the country. By the time it was over, an estimated 31 million people had participated in it which was more than half of Philippines' population at that time.

Although all caps were imprinted with cash prize amounts, buyers wouldn't know if they had won until the three digit number was announced. This is where things started to get little dicey. After two months of promotional activities, Pepsi finally announced the number "349" as the winner and that whoever had the winning cap would take home the promised sum of one million pesos. But they missed a key point here. According to their original plans, they were not supposed to consider certain numbers and "349" was one of them. Why? Because they had printed as many as **800,000 caps with the number "349" alone!**

Tens of thousands of Filipinos came to their office claiming the prizes, and Pepsi tried their best covering up, saying the caps did not contain proper security codes and all that. They also told them that a computer glitch picked the number by mistake. Gravely disappointed, the crowd went berserk and set the streets of Manila on fire.



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The rioting was led by a group calling themselves the 349 Alliance. Nearly 40 company trucks were burned in the attacks, including a grenade blast that killed three people in Davao City.



IG NOBEL



1993 - PEACE The Pepsi-Cola Company



Filipino Reporter
THE WEEKLY THAT COMES IN FIRST
22nd ANNIVERSARY
YEAR 22 No. 52 NATIONAL EDITION
NEW YORK CITY/DECEMBER 23-29, 1993
\$1.25 967-7590 • (212) 967-5794 90¢
FILIPINO REPORTER/DECEMBER 23-29, 1993

\$400-M class suit filed here

By EDMUND M. ABRENTRE
A \$400 million class action suit against PepsiCo New York was filed last week with the United States District Court of Brooklyn, New York on behalf of the alleged victims of the Pepsi Number Fever promotion in the Philippines in 1992. The lawsuit, logged under case no. CV 94-5780 and assigned to Judge Nickerson and Magistrate Mann, was filed Dec. 16 by Filipino consumer advo-

can Vic del Fierro Jr., president of Coalition 349, Inc., accompanied by his counsel, Antonio Flores. The complaint listed PepsiCo International based in Somers in upstate New York as main defendant, PepsiCo spokesman Kenneth Ross cannot be reached for comment. As this developed, del Fierro flew back to Manila last Monday to answer libel charges slapped

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From page 1
against him by Pepsi Philippines for allegedly printing and distributing "defamatory" press releases against Pepsi in connection with the alleged game fix.

The filed suit was filed by Pepsi through its official, Justice Cordero, before the United States District Court, Southern District of New York. A preliminary hearing was scheduled for 2:30 p.m. three hours after the expected arrival of the Coalition 349 president at the Manila airport.

"I welcome the filed charge since they (Pepsi) have to prove that it was wrong in including them of not honoring their obligations on account of their own acts as indicated in their press releases and advertising," said del Fierro. Moreover, del Fierro said the \$400 million involved in the class action suit "is expected to increase to more than \$450 million will seek cover in the umbrella protection of Coalition 349." He did not disclose how much the coalition spent on the filing of the class suit.

He added that he decided to change the American lawyers for libel charges because "they were taking their sweet time." "We have already run enough money for them but they have done nothing so far," said del Fierro. "I think it's better to have a Filipino lawyer" he said. "We'll fight this case from here up to the Appellate Court up to the Supreme Court of the United States."

He said that "sometimes PepsiCo doesn't deal its agents, libelers in 'number game' to

from by sales in the Philippines."

On May 22, 1993, the defendant announced that three-digit combination was "349," the lawsuit. However, as soon as the winner-bonus of the winning event came forward to claim their prize, defendant PepsiCo's using this reason or another refused to honor the winning event.

The suit continued: "Defendant PepsiCo tried to pay its reward by claiming forgery. When that didn't work, it stated that the pre-determined security code, rather than the three-digit combination, was the basis for winning, thereby changing the rules after the winners came forth to claim their earnings."

"It is quite obvious that defendant, exercising and especially its agents had faith and confidence, initially, authenticity and responsibility refused to pay the winners, despite their clear combination being so," the suit added.

The Fierro's complaint also accused that the New York court has jurisdiction in the case pending in US District Court, Southern District of New York, and victims of the Philippines, a foreign state, and the amount of the claim exceeds \$100,000, exclusive of interest and costs."

Moreover, del Fierro said PepsiCo is "illegally playing the old game in litigation" when it filed a libel suit against him with a Philippine court. "This has defamed to influence," he said.

However, he expressed surprise that although the libel suit was filed only recently, the libel court has already set a preliminary hearing. He said the preliminary was received by him while in their Hotel Loring residence in Manhattan only last Dec. 16. "Considering multiple and simultaneous entries in litigation," said del Fierro, "Any 1993 litigation filed by us last Dec. 16, Manila within the next 30 to 60 days, after which he will head back to New York to pursue the class action suit. Our lawyer offices will follow in Manila and we will hold a press conference," he said.



THE FILIPINO EXPRESS
FIRST WITH THE NEWS THAT MATTERS
Vol. 7 No. 92 • NATIONAL EDITION • NEW YORK • NEW JERSEY • August 9-15, 1993
(201) 434-1114 • (201) 303-6700

Pepsi NY execs meet with '349' head on settlement

'No basis for compromise' if violence continues, say Pepsi Int'l officials in Purchase, N.Y. hdqtrts.

By Ivy Costa-Bautista
Making no progress with their demands for payment of claims in Manila, the president of Coalition 349, Inc., a group of claimants in the controversial Pepsi-Cola "Instant Millionaire" promotion, has flown to New York, where he was received twice this week by Pepsi executives at their headquarters in Purchase, New York.

Consumer advocate Vic del Fierro, the Coalition 349 president, first met with PepsiCo International vice president Kenneth Ross Wednesday (Aug. 4) in what del Fierro describes as an initial "see breaker" to what has been a very tense situation.

He is optimistic that his mission to the US will be successful. "At least, the Americans are willing to listen. In the Philippines, we have shut the door in our faces."

Del Fierro met with the company's legal department chief, Joseph Joyce, the next day.

MANILA
Over 6,800 criminal complaints filed by "349" crown holders against Pepsi Cola Product Philippines Inc. have been dismissed in various provincial and city courts according to a published report.

Pepsi officials said the mass dismissal of its cases, in connection with its "Number Fever" promotion, showed the "no fraud or deceit existed" in its advertisement.

Pepsi Philippines has refused to honor claims of 349 crown holders after it announced that there was a mistake in its promo announcement.

Earlier, Assistant Manila City Prosecutor Jose J. Masigla dismissed 1,370 estafa charges against Pepsi

after the court found "no evidence of deceit" on the part of the company.

Masigla explained that

Turn to page 9

LAGUNA RALLY FOR SLAIN U.P. STUDENTS

UP Los Baños students demonstrate amid charges of a coverup in the month-long investigation of the rape-slay of two students in Calabar, Laguna.

Manila
Eight ambassadors have been appointed by President Ramos, including one to replace Mayrag Tamano in Kuwait, a deputy chief of mission in the Philippine Embassy in Washington, DC. And a new consul general in New York.

The appointment of career officer Shulan Primavera as ambassador to

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The appointment of career

Pepsi cleared in Manila

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Ramos names eight envoys, including N.Y. consul general

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'349' holders rally in Manila

MANILA
A group of about 100 "349" crown holders gathered in Manila for a rally. They held a banner that reads "349 COALITION" and "349 LAPTIC".





SURVIVOR'S CORNER

A 3 month old baby girl was brought to St. Johns, with complaints of excessive crying for 4 days. On examination she had minimal respiratory distress and decreased air entry on the left side with the chest x ray suggestive of a atypical left pleural effusion. However, she deteriorated rapidly over the next 12 hours and required invasive ventilation. In view of this unexplained deterioration and atypical CXR findings, a CT chest was done which showed a cystic mass in the left hemithorax. An emergency left thoracotomy was indicated as the baby's condition was worsening. On opening the thorax, a Morgagni hernia, sequestered omental cyst and infarcted omentum were noted. The increasing size of the sequestered omentum incited infarction that probably caused the acute deterioration. The cyst was decompressed and the omentum excised followed by a thorough left thoracic lavage and repair of the diaphragmatic hernia. The baby was discharged asymptomatic, is now 1 year old and doing well!

The timely CT and thoracotomy saved the little girl!

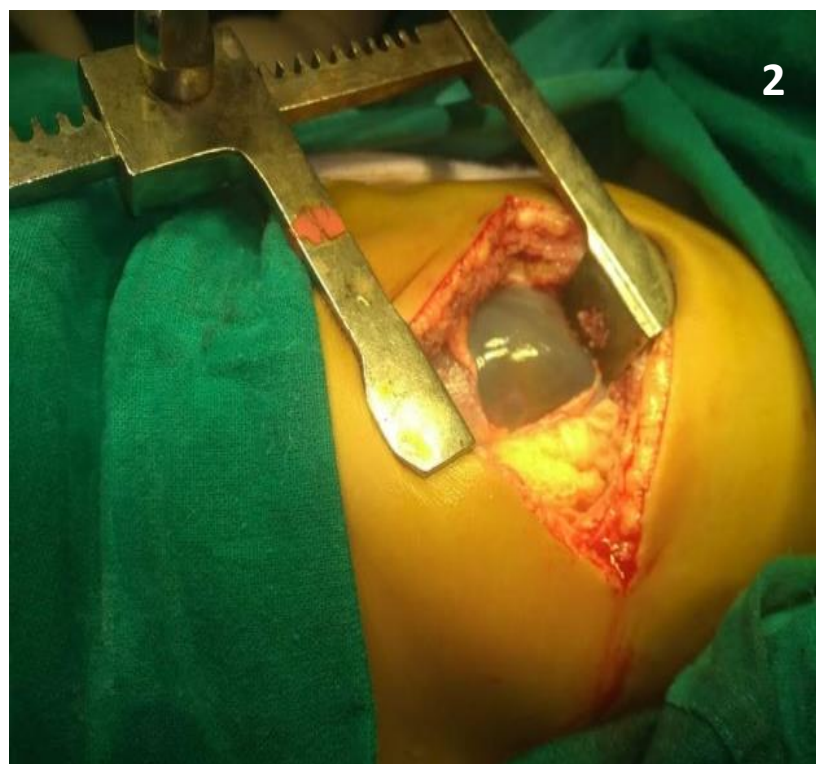


Figure 1: Contrast Enhanced Computed Tomography (Coronal Section) suggestive of Large left sided cystic mass, which mimicked pleural effusion on plain X-Ray; **Figure 2** showing visualised cystic mass during Thoracotomy



St John's WATCHDOG



WhatsApp

'CANCER AVOID' HOAX MESSAGE – Part 2

Background : In the last issue, we examined a message that went viral on WhatsApp and Facebook from September 2017 and has been in circulation ever since. The message starts by saying, "Cancer Avoid, Pass to all your contacts. Dr.Anjali Mathur, Chairman & CMO, Indo American hospital (IAH), South Dakota (United States). The message says that food products such as Appy Fizz, Mentos, Kurkure (brand), etc contain cancer causing agents.

The message goes on to give certain 'important health tips' that guarantees cancer prevention. These tips are:

- 1) Answer phone calls with the left ear.
- 2) Don't take your medicine with cold water.
- 3) Don't eat heavy meals after 5 pm.
- 4) Drink more water in the morning, less at night.
- 5) Best sleeping time is 10 pm to 4 am.
- 6) Don't lie down immediately after taking medicines or after meals.
- 7) When phone's battery is low to last bar, don't answer the phone because the radiation is 1000 times stronger.
- 8) U.S.A Chemical Research Centre gives new result : Don't drink tea in plastic cups and don't eat any food on polythene paper. The plastic reacts with heat to cause 52 types of cancers. So this good sms is equal to 100 waste sms. Please forward to all u care.





St John's WATCHDOG



WhatsApp

Facts : In general, this is a **hoax message**.

- 1) Answer phone call with left ear. The INTERPHONE study (Int J Epidemiol, 2010 June) concluded that phone use, overall is **not associated** with various types of brain malignancies. Therefore, no reason to worry; it may be useful to connect earphones while talking on the phone for a long time, since the phone that gets heated up may cause some discomfort.
- 2) Points (2) to (5) have no scientific basis, especially with respect to cancer prevention.. In general, it's good to have light, frequent meals, to avoid weight gain. Regarding sleep times, its healthier in general to sleep early and wake up early and get 6 - 8 hours of sleep.
- 3) Point (7) - it's safe to answer the phone when the battery is low. The phone emits higher radiation in areas where the signal quality is poor. Battery power has nothing to do with radiation strength. (Ref : <https://www.quora.com/Do-cell-phones-emit-more-radiation-while-low-on-battery-Why-or-why-not>)
- 4) Point no (8) - There is no such organisation named 'USA Chemical Research Center'. Further, there is no evidence that drinking tea reacts with plastic to cause 52 types of cancer. In general, please reduce plastic consumption due to concerns for the environment.

FACT





LAUGHTER IS THE BEST MEDICINE...



My sister was helping my 2-year-old niece Berea put on her sweatshirt when Berea’s head got stuck on the neck hole. Berea started panicking, “I can’t see! I can’t see!” The shirt quickly slipped over her head, and the panic was gone until her arms got stuck on the tight cuffs. She started crying again. “My fingers can’t see! My fingers can’t see!”. It was all we could do not to laugh as we quickly pulled Berea’s arms through the cuffs.



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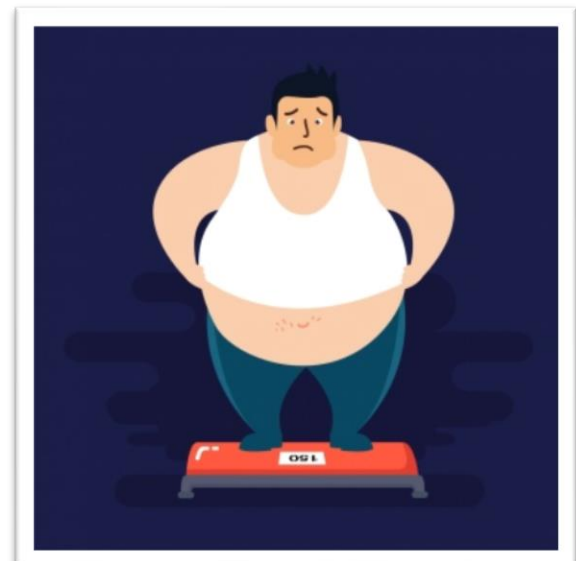


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At an art gallery, a woman and her ten-year-old son were having a tough time choosing between one of my paintings and another artist’s work. They finally went with mine. “I guess you decided you prefer an autumn scene to a floral,” I said. “No,” said the boy. “Your painting’s wider, so it’ll cover three holes in our wall.”

A woman noticed her husband standing on the bathroom scale, sucking in his stomach. “Ha! That’s not going to help,” she said.

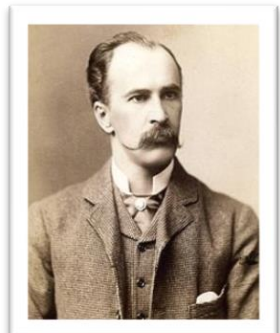
“Sure, it does,” he said. “It’s the only way I can see the numbers.”



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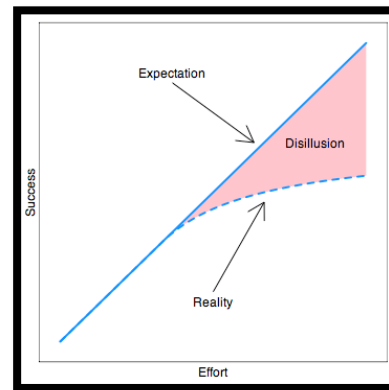
THE QUOTABLE OSLER



SIR WILLIAM OSLER

To reach distinction from the top requires grit and a hard climb:

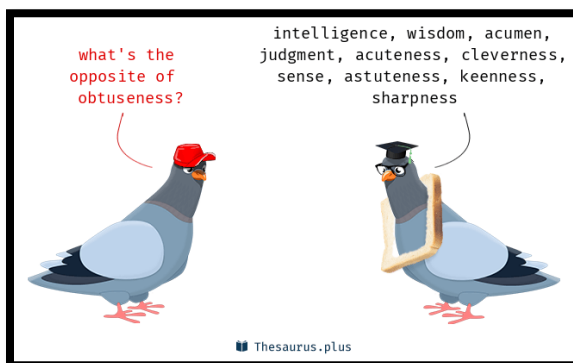
Quite as much grit and a much harder climb are needed to reach distinction from the top as from the bottom of the social scale.



© Bioinformatics Zen

Cultivate a measure of obtuseness:

Cultivate, then... such a judicious measure of obtuseness as will enable you to meet the exigencies of practice with firmness and courage, without, at the same time, hardening "the human heart by which we live." [from *Ode (Intimations of Immortality from recollections of Early Childhood)* by William Wordsworth (1770-1850)].



REF: The Quotable OSLER: Edited by Mark E Silverman, T. Jock Murray, Charles. S Bryan



MEDICINE DIS WEEK

A Bird's Eye View....

Psychotherapy for the prevention of perinatal depression.

Depressive disorders during pregnancy and the postpartum period are common. For women who are at increased risk of developing perinatal depression, such as those with a past history of depression. In a meta-analysis of 14 trials in more than 1400 pregnant or postpartum women at increased risk of perinatal depression, it was found that psychotherapy compared with usual care reduced onset of unipolar major or minor depression. For women at risk of developing postpartum depression, the cognitive-behavioral therapy or interpersonal psychotherapy are prophylactically recommended.

- O'Connor E et al., JAMA. 2019 Feb 12;321(6):588-601.

Negative pressure (VAC) dressings for closed abdominal (laparotomy) incisions

Negative pressure or VAC dressings are widely used in managing open wounds. Newer technologies have allowed them to be applied to closed abdominal (laparotomy) wounds. In a meta-analysis (three randomized trials and six nonrandomized comparative studies), negative pressure dressings for closed abdominal incisions, compared with conventional dressings, were associated with reduced rates of surgical site infections but similar rates of seroma and wound dehiscence. Given the significant cost of negative pressure dressings, future studies are needed to identify patients who would be most likely to benefit (eg, obese, or with a contaminated wound).

-Sahebally SM et al., JAMA Surg. 2018 Nov 1;153(11):e183467.

JAMA | US Preventive Services Task Force | EVIDENCE REPORT

Interventions to Prevent Perinatal Depression

Evidence Report and Systematic Review for the US Preventive Services Task Force

Elizabeth O'Connor, PhD; Caitlyn A. Senger, MPH; Michelle L. Henninger, PhD; Erin Coppola, MPH; Bradley N. Gaynes, MD, MPH

IMPORTANCE Depression during pregnancy and the postpartum period is relatively common and can have adverse effects on both mother and child.

OBJECTIVE To systematically review benefits and harms of primary care–relevant interventions to prevent perinatal depression, a major or minor depressive episode during pregnancy or up to 1 year after childbirth, to inform the US Preventive Services Task Force.

DATA SOURCES MEDLINE, PubMed (for publisher-supplied records only), PsycINFO, and the Cochrane Central Register of Controlled Trials; surveillance through December 5, 2018.

STUDY SELECTION Randomized clinical trials (RCTs) and nonrandomized controlled intervention studies of interventions (eg, behavior-based, antidepressants, dietary supplements) to prevent perinatal depression in general populations of pregnant and postpartum individuals or in those at increased risk of perinatal depression. Large cohort studies were considered for harms of antidepressant use only.

DATA EXTRACTION AND SYNTHESIS Two investigators independently reviewed abstracts and full-text articles and quality rated included studies. Random-effects meta-analysis was used to estimate the benefits of the interventions.

MAIN OUTCOMES AND MEASURES Depression status; depression symptoms; maternal, infant, and child health outcomes.

RESULTS Fifty studies (N = 22 385) that met inclusion criteria were identified. Counseling interventions were the most widely studied interventions. Compared with controls, counseling interventions were associated with a lower likelihood of onset of perinatal depression (pooled risk ratio [RR], 0.61 [95% CI, 0.47-0.78]; 17 RCTs [n = 3094]; $I^2 = 39.0%$). The absolute difference in the risk of perinatal depression ranged from 1.3% greater reduction in the control group to 31.8% greater reduction in the intervention group. Health system interventions showed a benefit in 3 studies (n = 5321) and had a pooled effect size similar to that of the counseling interventions, but the pooled effect was not statistically significant using a method appropriate for pooling a small number of studies (restricted maximum likelihood RR, 0.58 [95% CI, 0.22-1.53]; n = 4738; $I^2 = 66.3%$; absolute risk reduction range, -3.1% to -13.1%). None of the behavior-based interventions reported on harms directly. A smaller percentage of participants prescribed sertraline had a depression recurrence compared with those prescribed placebo (7% vs 50%, $P = .04$) at 20 weeks postpartum in 1 very small RCT (n = 22 analyzed) but with an increased risk of adverse effects to the mother.

CONCLUSIONS AND RELEVANCE Counseling interventions can be effective in preventing perinatal depression, although most evidence was limited to women at increased risk for perinatal depression. A variety of other intervention approaches provided some evidence of effectiveness but lacked a robust evidence base and need further research.

JAMA. 2019;321(6):588-601. doi:10.1001/jama.2018.20865

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JAMA Surgery | **Original Investigation**

Negative Pressure Wound Therapy for Closed Laparotomy Incisions in General and Colorectal Surgery

A Systematic Review and Meta-analysis

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 Supplemental content

IMPORTANCE Surgical site infections (SSIs) are common after laparotomy wounds and are associated with a significant economic burden. The use of negative pressure wound therapy (NPWT) has recently been broadened to closed surgical incisions.

OBJECTIVE To evaluate the association of prophylactic NPWT with SSI rates in closed laparotomy incisions performed for general and colorectal surgery in elective and emergency settings.

DATA SOURCES The PubMed, Embase, Cochrane Central Register of Controlled Trials, and Google Scholar databases were searched without language restrictions for relevant articles from inception until December 2017. The latest search was performed on December 31, 2017. The bibliographies of retrieved studies were further screened for potential additional studies.

STUDY SELECTION Randomized clinical trials and nonrandomized studies were included. Unpublished reports were excluded, as were studies that examined NPWT (or standard nonpressure) dressings only without a comparator group. Studies that evaluated the use of NPWT in open abdominal incisions were also excluded. Disagreement was resolved by discussion, and if the question remained unsettled, the opinion of the senior author was sought. A total of 198 citations were identified, and 189 were excluded.

DATA EXTRACTION AND SYNTHESIS This meta-analysis was conducted according to PRISMA guidelines. Data were independently extracted by 2 authors. A random-effects model was used for statistical analysis.

MAIN OUTCOMES AND MEASURES The primary outcome measure was SSI, and secondary outcomes included seroma and wound dehiscence rates. These outcomes were chosen before data collection.

RESULTS Nine unique studies (3 randomized trials and 2 prospective and 4 retrospective studies) capturing 1266 unique patients were included. Of these, 1187 patients with 1189 incisions were included in the final analysis (52.3% male among 7 studies reporting data on sex; mean [SD] age, 52 [15] years among 8 studies reporting data on age). Significant clinical and methodologic heterogeneity existed among studies. On random-effects analysis, NPWT was associated with a significantly lower rate of SSI compared with standard dressings (pooled odds ratio [OR], 0.25; 95% CI, 0.12-0.52; $P < .001$). However, no difference in rates of seroma (pooled OR, 0.38; 95% CI, 0.12-1.23; $P = .11$) or wound dehiscence (pooled OR, 2.03; 95% CI, 0.61-6.78; $P = .25$) was found. On sensitivity analysis, focusing solely on colorectal procedures, NPWT significantly reduced SSI rates (pooled OR, 0.16; 95% CI, 0.07-0.36; $P < .001$).

CONCLUSIONS AND RELEVANCE Application of NPWT on closed laparotomy wounds in general and colorectal surgery is associated with reduced SSI rates but similar rates of seroma and wound dehiscence compared with conventional nonpressure dressings.

JAMA Surg. doi:10.1001/jamasurg.2018.3467
Published online September 26, 2018.

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Traditional Chinese Medicine

Traditional Chinese Medicine (TCM) is based on the following beliefs:

- Harmony between two opposing complementary forces (*yin and yang*) supports health, and disease results from an imbalance between these forces.
- Five elements- fire, earth, wood, metal, and water symbolically represent all functioning of the body and how it changes during disease.
- Energy called Qi, flowing through the body helps in maintaining health

By 400 BC, Chinese medicine had separated from religion and magic, and was in the hands of professionals. Much of early Chinese medicine is contained in the Nei Ching (loosely translated as Manual of Physic), believed to have been compiled between 479 and 300 BC. It takes the form of a conversation between the 'golden emperor' Huang Ti, and his prime minister Ch'i Po. It deals almost exclusively with acupuncture: treating disease by allowing energy (chi) to enter or leave the body at one of 365 points along meridians, by the insertion of fine needles. The meridians are vertical pathways through which chi flows, each related to an organ. They do not correspond to the body's nervous system — human dissection was strictly forbidden in ancient China, and physicians knew very little about anatomy.

Most commonly used approaches in TCM include: Chinese herbal medicine; Acupuncture; & Tai chi



PEARLS OF WISDOM

Hard works beats talent when talent doesn't work hard.

-Shreya



They are never alone that are accompanied with noble thoughts.

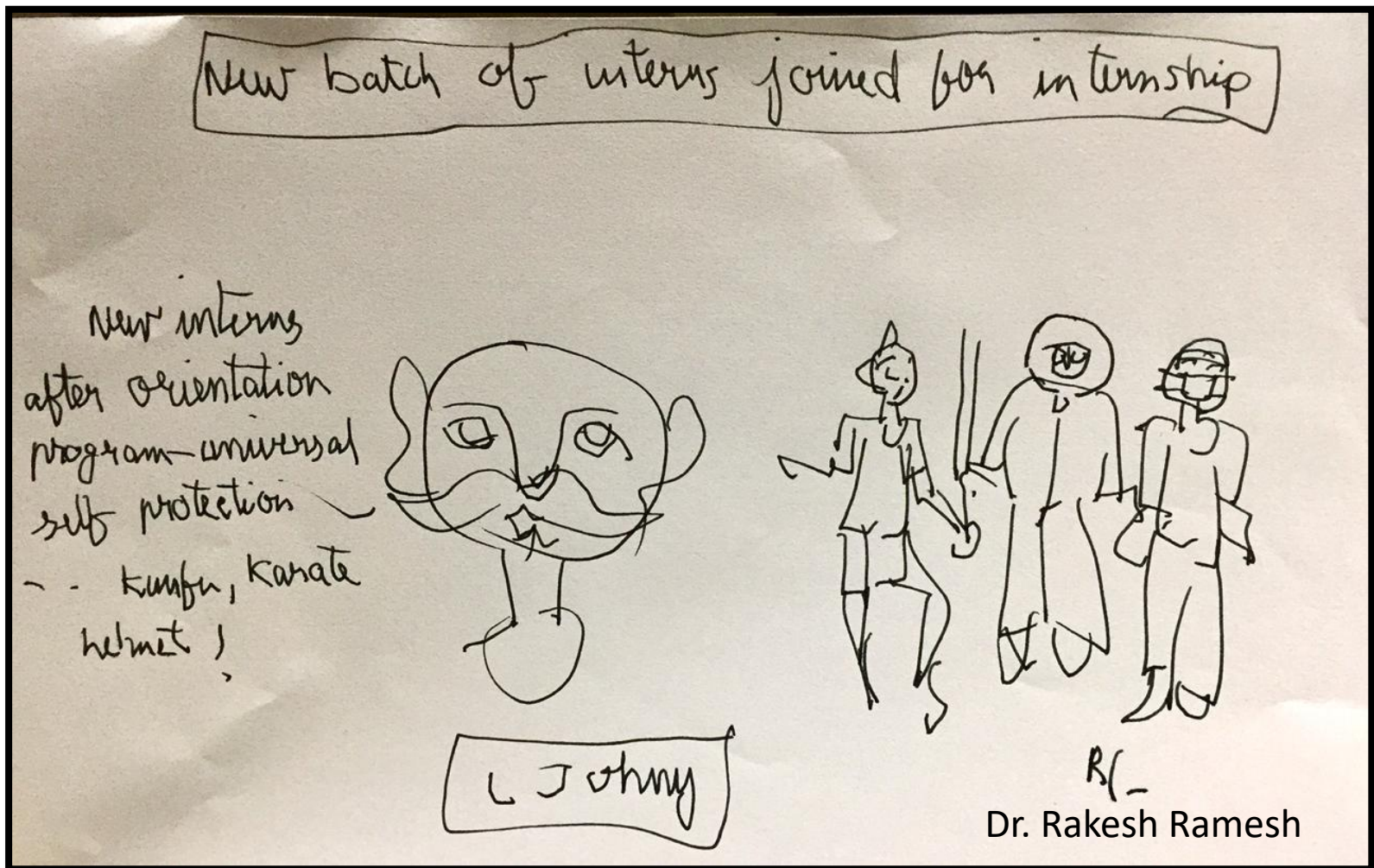
- Sir Philip Sidney

When you come to the end of your rope, tie a knot in it and hang on.

- Thomas Jefferson



L Johnny



Did You Know?

Walt Disney was the original voice of the popular cartoon Mickey Mouse. He initially called him Mortimer Mouse which later became the name of Mickey's rival! Interestingly, Wayne Allwine, the man who lent his voice to Mickey for the longest period, later married Russi Taylor who is the voice actress who plays Minnie!! Mickey is also the first cartoon character to have a star on the Hollywood walk of fame!

Source: Disney Wiki



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