

What's Up? @St John's Hospital

Issue 53, November 1st, 2021



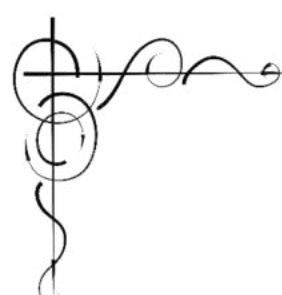
World Pharmacists day celebration on 25th September 2021. In the picture (L-R) Rev. Fr. John Varghese (Associate Director Hospital), Rev. Fr. Charles Davis (Associate Director College), Rev. Fr. Jesudoss Rajamanickam (Associate Director Finance), Dr. Padmini Devi (Professor and Head, Pharmacology), Rev. Sr. Ria Emmanuel (Chief of Nursing Services) and Rev. Sr. Jessie (Head of Pharmacy)

EDITORIAL TEAM:

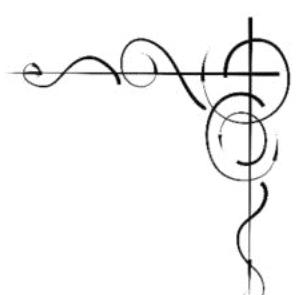
Archana S, Ananya R Sharma, Avinash. H. U, Deepak Kamath, Dhvani Ravi, Jyothi Idiculla, Monica Rita Hendricks, Nivedita Kamath, Rakesh Ramesh, Ruchi Kanhere, Sanjiv Lewin, Santu Ghosh, Saudamini Nesargi, Sowmya Kaimal, Sreenivasan N, Srilakshmi Adhyapak, Uma Maheshwari, Rev. Fr. Vimal Francis



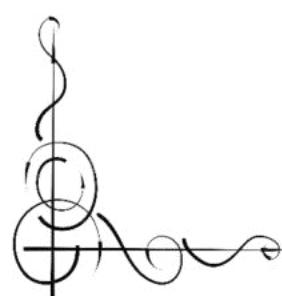
St John's National Academy of Health Sciences
St John's Medical College Hospital, Bengaluru



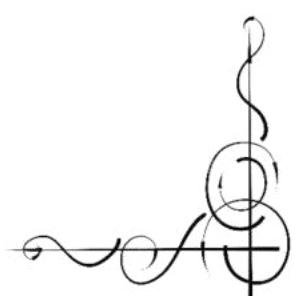
CONTENTS

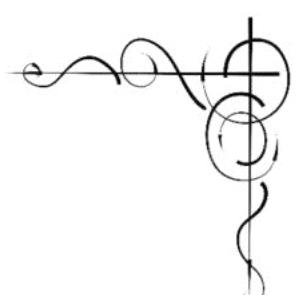
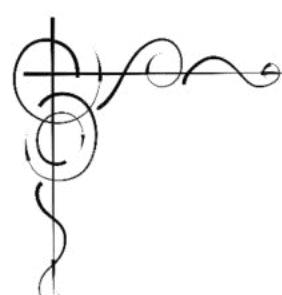


Message From The Editorial Team	02
Obituary – Dr. Smitha Mary Rockey	03
Childhood Cancer Awareness month	06
The Prakash Shetty public lecture 2021	08
Major Gen. SL Bhatia memorial oration 2021	11
Breast cancer awareness program for security & housekeeping staff	14
Breast cancer screening camp	15
Inauguration of Psychiatry Clinic	15
Care of Elderly in St. John's	16
Department of Physiotherapy	20
COVID Unsung Warriors – Ms. Little Flower	21
Survivor's corner – Mr. Rajeev's miracle of walking	22
Rhyme Chyme	24
Team of the Month – Annex and vihara	25
IgNobel	27
Grey Matters	28
Pearls of Wisdom	29
Did You Know?	29
Quotable Osler & Medicine this month	30
References Medicine Dis Month	31
Research Snippets – Receiver operating characteristic curve	33
L Johny	34
Story of Medicine – Arabian medicine	35



* We now present a fully interactive menu. It works best with Adobe reader application (on computers, mobile phones, and tablets)





MESSAGE FROM THE EDITORIAL TEAM

Dear All!

We are pleased to release the fifty third issue of “What’s Up? @ St John’s Hospital” magazine today. The magazine, editorial team and the St. John’s family mourns for the sudden untimely demise of Dr. Smitha Mary Rockey (Associate Professor, Department of Microbiology). We express our heartfelt condolences to her family and friends.

The present issue commemorates International day of older persons which is observed every year on 1st October 2021. We sincerely thank Dr Arvind Kasthuri, (Professor, Mentor – Senior Citizen Health Service & Team Lead, St John’s Geriatric Centre) and Dr Pretesh Kiran (Associate Professor, Co-ordinator – Senior Citizen Health Service Department of Community Health) for providing us an overview of geriatric care in St. John’s Medical college hospital.

We also thank many of our readers who actively contribute and oblige our requests for reports of various programs in the academy.

This time in survivor’s corner, we present an interesting story of Mr. Rajeev, who has been successfully rehabilitated under PMR department after a traumatic brain and spinal cord injury. And the annex team is the team of the month.

The present issue marks the beginning of Physiotherapists corner, where we bring to you short updates and interesting stories from the Department of Physiotherapy.

Please feel free to communicate with us to publish your achievements. Feedback on any section of the magazine is welcome. We are happy to evolve to meet the needs of our beloved readers. Happy Reading!!

Editorial Team

OBITUARY

Dr. Smitha Mary Rockey

7th October 2021



Dr. Smitha Mary Rockey, Associate Professor in Microbiology Department and wife of Dr. Thomas Mathew, Professor and Head of Neurology Department, passed away on 7th October 2021. Dr. Smitha worked in the Department of Microbiology, St. John's Medical College for 13 years. Memorial Service for Dr. Smitha Mary Rockey was held on 11th October 2021 in the College of Nursing Auditorium.

SINCERE CONDOLENCES TO DR. SMITHA AND HER FAMILY



OBITUARY NOTE – DR. SMITHA

By: Dr. Jayanthi Savio, Professor, Head, Dept. of Microbiology

Dear Thomas, Reuban, Rivan, Rian, family and friends of Smitha, Please accept our love and condolences. All of us from the microbiology department are devastated to know that we will no longer have the calm and efficient presence of Smitha amidst us. I stand here to speak about the silent yet powerful legacy of Smitha. She was one of those who truly believed that “work should speak for itself” and did Smitha’s work speak loudly and clearly to each one of us?



Smitha came to John’s with a brilliant academic record. She’s a PG alumna who passed out in 2008 with the highest academic credentials for the batch of students admitted to microbiology in 2005. She subsequently joined the dept. as Faculty in July 2008 – She went onto become the assistant and associate professor

Since she had worked on tuberculosis as part of her dissertation work, she went onto concentrate in this area as a faculty and became 2nd in charge of the Mycobacteriology division – She along with our esteemed colleague Dr. Baijayanti became a formidable team that managed the day to day challenges of diagnostics and ensured all the programs by the Govt were undertaken at the institutional level.

As far as the quality of laboratory standards, Smitha in her capacity as the Deputy Quality manager for the dept as part of the NABL team, faced the internal and external audits and ensured it was a smooth sail for the dept during the reaccreditation process. Her calm presence and unrelenting orientation to excellence always ensured, we could go home peacefully even on the days of audits.



She has been the Academic coordinator for nursing students for many years now. She managed the program to perfection. There was never a time when we've heard from the CON that anything to do with the program had been missed / gone amiss. Through her life she had a message for everyone and to me in particular. To be a ***persistent and silent doer, calm and meticulous person. Strive to be a Perfectionist*** - never to stop till you are satisfied with the result. Soft spoken with students and colleagues of all cadre

Smitha was a well-rounded professional who cared deeply about the work and about those who worked with her. She understood and empathized with their needs not just from a professional perspective but also from a personal and humane standpoint. She was and will always remain a powerful influence, during her presence with us and now in her absence too.

Thomas – she never carried home pressures to work. With the many challenges she had, she came to work calm and collected. I don't ever remember she applying leave at short notice. I remember the one time I asked her how she is able to cope, she said it was because of you. Reuban, Rian she was a proud mom. She was all praises for you both in the way you all take care of your brother.

As I wrap up, I wish to say to you her family, to all peers in this institution and my own department staff, it's not often that we bid goodbye to one of our own, and I thank God for that. I am compelled today to reiterate that Smitha embodied everything that this institution has always stood for and has valued. To be in the service of humanity with all that we have and do. Smitha served this institution and it's people, it's patients and it's caregivers with all that she had and all that she could do. May be the heavens were in need of a true blue Johnite and she has been invited up there. She represented the very best of all that we espouse and stand for.

Rest in God Smitha, thank you for always making us see what's truly important in life.



Childhood Cancer Awareness Month – Inauguration of PEP-Talk

"Better Survival" is achievable #throughourhands.

September 2021

September is Childhood Cancer Awareness Month, and is symbolized by a gold ribbon, worn to commemorate the event. The motto for this year ***"Better Survival"*** is achievable #throughourhands. This is an annual international awareness month to raise support, funding and awareness of childhood cancers and the impact for sufferers and families. It is also a time to recognize the children and families affected by childhood cancers and to emphasize the importance of supporting research on these devastating conditions.

The Division of Pediatric Hematology Oncology & BMT conducted a program on 29th September 2021 in association with Medical Social Work department and the NGOs, Aroh and Cuddles Foundation. On this occasion, a new initiative, the ***Parent's Education Program - Talk (PEP-Talk)*** was inaugurated to train families caring for children with cancer regarding hygiene, nutrition and home care. This is an ongoing training program, which will be conducted once every 2-3 weeks.

The event was graced by HODs and Unit heads of Pediatrics, Immunohematology, PICU, Radiation Oncology, Pediatric Surgery, Palliative Care, Surgical Oncology, Medico Social Work Department, Senior Nurses from Pediatric wards, PHO Fellowship trainees and representatives from various NGOs.



Dr Anand Prakash (Head of PHO) welcomed the gathering and Dr Chitra Dinakar (HOD, Department of Paediatrics) inaugurated the function and addressed the gathering. She highlighted the need for parent's participation in treatment and supportive care for children. Mr. Cyril (The Open Arms Foundation), from an NGO supporting children with cancer addressed the gathering. Vote of thanks was given by Dr Vandana Bharadwaj (Faculty, PHO).

Dr Jyothi M (Faculty, PHO) gave an introductory session about the Parent's Education Programme module and Dr Vandana Bharadwaj distributed induction kits (from Cuddles Foundation) to the families. It was an occasion for all the stakeholders of Pediatric Cancer care to come together during the Cancer awareness month and take part in the new initiative PEP-Talk.



Report by: Kenson Sam Alex. Medical Social Worker, Pediatric Hematology Oncology, SJMCH

CONTENTS

The Prakash Shetty Public Lecture 2021

25th September 2021

Professor Prakash Shetty, an alumnus of CMC Vellore, was an outstanding teacher of Physiology from 1981 here at St John's, a researcher in the fields of nutrition, metabolic physiology, and a polymath spanning basic medical sciences, history of medicine, philosophy, literature, politics, Indian culture, and the arts. He initiated and headed the ICMR Nutrition Research Centre which later developed into the Division of Nutrition.

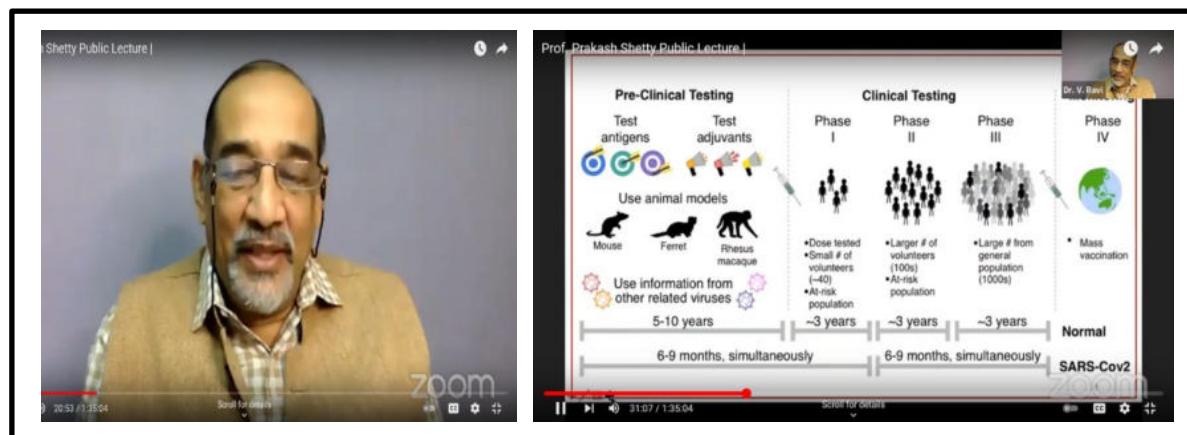


After he left St. John's in 1993, he held many prestigious appointments abroad and in India. He will always have a very special place in the hearts of those he taught and worked with here at St. John's and elsewhere. Prakash Shetty had a broad view about science – not restricted to the experimental sciences alone, or to biology, but more in keeping with the word science in its original Latin root form – *scientia* – “knowledge”. Through the Division of Health and Humanities at the St John's Research Institute, Dr Shetty requested for an annual public lecture to be set up in his name to communicate "science" to a wider audience. He set aside money from his estate for this purpose. September, the month of his birth and death is when this public lecture is held annually.

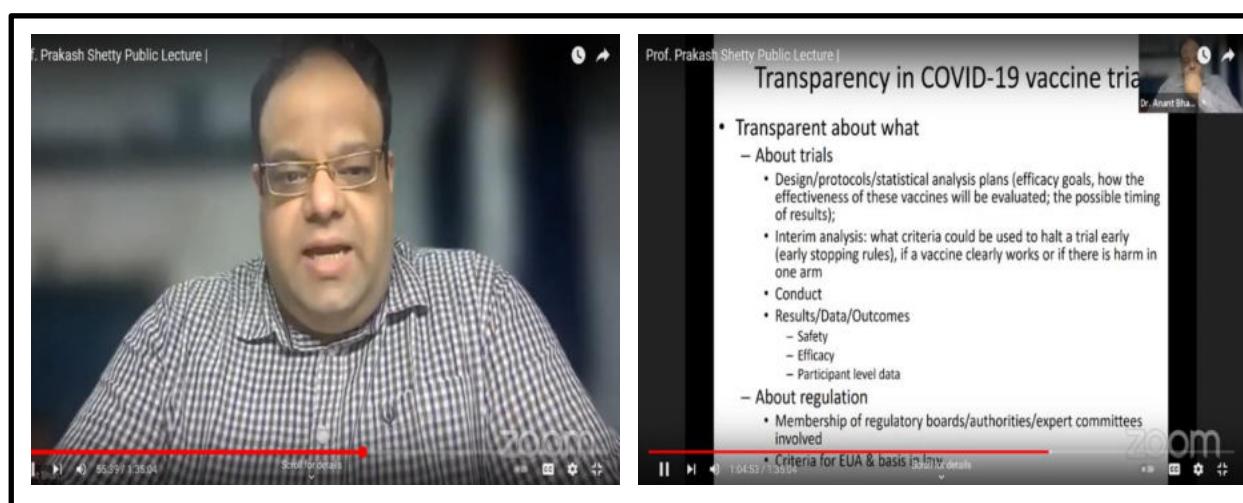
This year we were privileged to have two distinguished speakers to unpack the science behind the Covid 19 vaccines and its related ethical aspects that concern the general practitioner as well as the lay public. Dr Manjulika Vaz from the Division of Health and Humanities anchored the event, Dr Tony Raj, Dean of SJRI, welcomed the audience and Dr Anura Kurpad, former Head of the Dept of Physiology and the Nutrition Division and the first Dean of SJRI, reminisced about the time he spent with Dr Shetty and his passion for research and finding answers to things around him.

[CONTENTS](#)

Dr George D' Souza (Dean, St John's Medical College) introduced our first speaker, Dr V. Ravi (Nodal Officer for Genomic Confirmation of SARS CoV, Government of Karnataka, & the former Senior Professor & Head, Dept. of Neurovirology, Registrar & Dean Basic Sciences, NIMHANS). He spoke on "**The Science behind COVID-19 Vaccines**". He took us through the spectrum of COVID 19 vaccines, how they are developed and how they work. He also explained immune responses to single and second doses and that there was no evidence at present for recommending widespread booster doses.



Dr Manjulika Vaz, introduced our second speaker Dr. Anant Bhan (Researcher, Global Health, Bioethics and Health, Former President, International Association of Bioethics). He spoke on "**The Ethics around COVID-19 vaccines**". He paid homage to the health care workers around the world who lost their lives to COVID 19 before highlighting key ethical issues in the development and reach of COVID 19 vaccines. These included the transparency of data from trials, nationalism as a policy determinant for countries and the inequity of health systems across the world and within India to ensure free and fair access to vaccines for COVID as well as how other diseases were neglected during the pandemic.



There was a brief Q&A after both talks and important questions of a third wave and lessons for future pandemics were raised. Rev. Dr. Charles Davis (Associate Director, College) thanked the speakers and handed over a virtual memento to each of them for their outstanding lectures.



Approximately 200 people from around the world attended this public lecture, including wife Dr Nandini Shetty from the UK and his children. The two talks that comprised this public lecture are available on youtube.



Click here for entire lecture

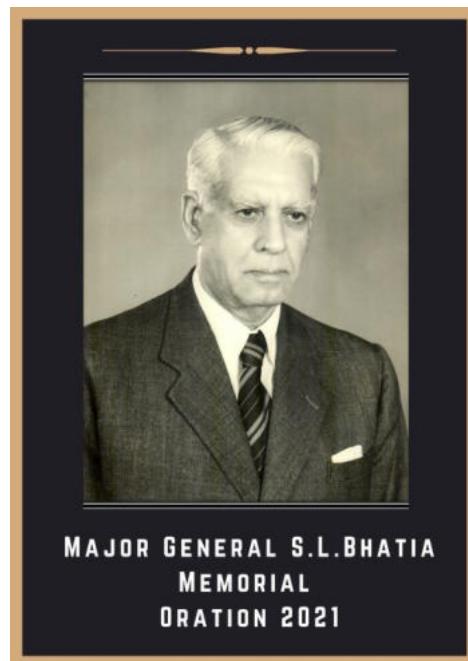
Acknowledgement: Dr. Manjulika Vaz,
History of Medicine Department

CONTENTS

The Major. General. S. L. Bhatia Memorial Oration

1st October 2021

Maj. Gen. Sohan Lal Bhatia (1891-1982) made eminent contributions to clinical research in physiology, the development of science, and the re-constitution of the Indian medical services prior to, and after Independence. It was in 1963 that the dean of St John's Medical College, Dr. Louis Monteiro and the management invited Maj Gen Bhatia to be the first Emeritus Professor of the Department of History of Medicine. Later, in 1974, The Museum of History of Medicine was set up primarily built on Bhatia's collections and sustained through his generous deed of property at Banjara Hill in Hyderabad.



The Bhatia Oration is a yearly lecture instituted by St John's Medical College. Experts from diverse backgrounds are invited to deliver the Oration. This year, The Department of History of Medicine, SJMC in collaboration with The Division of Health & Humanities, SJRI organised the annual Maj. Gen. Sohan Lal Bhatia Oration delivered by Dr. Dagmar Wujastyk (Associate Professor in History & Classics at the University of Alberta, Canada) on the topic "Reconstructing the Indian Alchemical Tradition: Texts & Practices" on 1st October 2021. This year's oration was shifted to a virtual format due to the ongoing Covid 19 pandemic.

People from various backgrounds and different parts of the world attended the oration. The online oration on Zoom platform started with an introduction to Maj General Bhatia by Ms. Radhika Hegde and the Orator Dr. Dagmar Wujastyk was introduced to the audience by Dr. George D' Souza (The Dean of medical college). After the talk, Dr. Manjulika Vaz provided the "Vote of Thanks", and the Certificate of appreciation & gratitude was presented to the speaker by the Rev. Dr. Charles Davis (Associate Director College).

The Orator talked about the aims and the outcomes of her research project "AyurYog" that was funded by the Europe Research Council. In the course of her talk, she stated that people in different parts of the world were aware of traditional Indian systems of medicine like Ayurveda and Yoga.

[CONTENTS](#)



However, much less is known about Rasashastra - the Indian alchemical & iatrochemical tradition although it has equally rich literary & historical tradition due to the paucity of secondary literature written on the subject as well as difficulty in translation of these complex texts from Indian languages to English.

By providing an example of Makharadwaj vati, a popular stimulant which is a Rasashastra product marketed now as an Ayurvedic formulation, she highlighted the rich literary history of the formulation that dates to the 13th century in India. Dr. Dagmar, next spoke on the importance of further research in Indian alchemical and iatrochemical tradition which is almost a thousand years old to better understand its impact on India's cultural, religious and scientific history. The Orator explained in certain detail the methodology that they adopted in the AyurYog project to study Rasashastra and their attempt to create materials that would provide an overview to this less researched field. Going deeper into the literary text, she remarks how the earlier texts describes the techniques of elixirs and tonics for attaining spiritual aims of "**Jeevanmukthi**" or liberation in living body.

However, between 12th & 13th century the book "**Rasendra Chudamani**" marks the departure from the older understanding of Rasashastra from alchemical to chemical medicine where pharmacological aspects and medical treatments were given precedence. Therefore, there was a re-interpretation of the use of Rasashastra while the methods and techniques of the original works were retained. The orator then described the various translated works of Rasa Shastra in Sanskrit, and it's spread in the Indian-subcontinent. She also spoke on her upcoming work on Indian Alchemical tradition, that will draw from the Indian Alchemical knowledge system from the 10th to the 17th century written in Sanskrit.

The book is aimed at providing a broad introduction on Indian Alchemy, iatrochemistry and its connections to other disciplines like Ayurveda & Yoga. An interesting aspect of Dr.Dagmar's talk was her introduction to the videos created

CONTENTS

by her team on reconstructing the alchemical process, which provides an interesting insight into the various 'scientific steps' involved in creating substances like silver and coral . She concluded, with the thought, stating that the knowledge system on Rasashastra was wide and not much studies have been done on it as a historical subject. Dr.Dagmar strongly disagrees with the popular belief on calling Rashashastra an esoteric and a fringe subject and states that, "the sheer size in this literary production and the fact that a substantial part of this survives to this day shows it on the contrary, a subject of significant historical and cultural interest".



Click here for entire talk



Ayuryog Project 

Acknowledgement: Ms. Radhika Hegde,
History of Medicine Department

CONTENTS 

Breast cancer awareness program

Hospital Based Cancer Registry, St. John's Medical College Hospital

7th and 13th October 2021

Breast self examination training and Breast cancer awareness program was conducted for Security personnel and Housekeeping Staff as part of Breast Cancer Awareness Month by Hospital Based Cancer Registry, St John's Medical College Hospital, Bangalore. Program for security staff was conducted on 7th and housekeeping staff on 13th of October respectively.



[CONTENTS](#)

Breast Cancer Awareness & Screening Program

25th October 2021



Breast Cancer Awareness & Screening Program - in association with DEPT Of Community Medicine and MAMTA HIMC. Thanks to Dr Twinkle (Department of Community Medicine), Dr. Rakesh Ramesh (Professor and Head, Department of Surgical Oncology) and Hospital based cancer registry for taking the initiative and coordinating the camp.

Inauguration of Geriatric Psychiatry Clinic

8th October 2021



Geriatric Psychiatry Clinic was inaugurated and dedicated for patient services by Rev. Dr. Paul Parathazham (Director, St. John's National Academy of Health Sciences) in presence of other executives.

[CONTENTS](#)

Care of the Elderly at St John's PAST, PRESENT and FUTURE

St John's Medical College was awarded the "**Vayoshreshtha Samman**" - National Award for Senior Citizens welfare by the Vice President of India on behalf of the Ministry of Social Justice and Empowerment, Government of India, for the category "**Research and Knowledge dissemination on Ageing**", on the International day of Older persons, 1st October 2021.

The work of St John's with the Elderly began with the establishment of the "**Senior Citizen Health Service**" of the Department of Community Health in 2005. The first rural Geriatric clinic was initiated at the Mugalur Community Health Training centre, and this has now expanded to cover 6 village-based sites and 1 urban site every month. Each clinic includes health education, clinical appraisal, treatment with drugs at subsidized cost and home visits by health workers between clinics to needy clients. A simple notebook serves as a patient-retained record.



A **home health service** was initiated in 2006, where elderly persons residing in a 3-5 km radius of St John's are registered and a doctor and nurse visit them at their residence once monthly to give them a check-up, treat simple problems early and generally advise regarding health and wellbeing. About 70 houses are visited by the team each month.

A program of **old age home** visits was started in 2006-07 for homes run by missionary sisters for destitute elders. Currently a total of 4 old age homes are visited once monthly. The residents are checked and advice/prescriptions are given for their health and general wellbeing.

In 2015, a novel program of **“Village Senior Centres” or Grama hiriya kendras** (GHK) was started in 3 villages with the initial support of Tata Trusts. A GHK is a place in a village where Elders come in the morning, spend some time in physical activity co-ordinated by a “teacher”, sing bhajans or make paper envelopes/ other useful things, or spend time in simple fellowship. They go back home at 2.30-3 pm in the afternoon. The Government of Karnataka issued a **“Certificate of Appreciation”** for this program on World Elders Day 2020.



Rural Geriatric Clinic



Health education at rural clinic

A program of **old age home** visits was started in 2006-07 for homes run by missionary sisters for destitute elders. Currently a total of 4 old age homes are visited once monthly. The residents are checked and advice/prescriptions are given for their health and general wellbeing.

The **hospital-based service** was initiated with the establishment of the **Division of Geriatric Medicine** by the Department of Medicine in 2013, with a daily OPD clinic with in-patient services added. Currently, the hospital-based service is offered by the Department of Family Medicine, with in-patient support being given by the Department of Medicine.



Home health service

In addition to the services, more than 30 **research studies** have been done by medical students, interns, postgraduate students as part of their theses and by faculty based on the activity of the Senior Citizen Health Service and the hospital-based program. The theme of the research has generally been around common problems of the elderly and their resolution.



Old age home visit

With this background on working with the Elderly, St John's has launched the ambitious "**St John's Geriatric Centre**" project. This is planned as a 7-storey **comprehensive centre** for Eldercare and Geriatrics, built around the pillars of care, training, research and community engagement. It will offer day care, short-stay rest and rehabilitative care, long term care and hospice care under a single roof, with 125+ beds being planned. Training will be offered on different aspects of Eldercare, with the first 3-month certificate course for Health care Assistance having already been launched in September 2021.

CONTENTS





The St John's Geriatric Centre – proposed

Grama Hiriyara Kendra

A **Research** centre and a multi-purpose hall which will be the base for **Community Engagement** are also planned. **Fundraising** for this centre is ongoing and any assistance in this area will be gratefully received.

At the core of the entire activity is the desire for St John's to be able to reach out to our elders and say "***Don't worry, we are there***". We seek the blessings of everybody in the St John's family towards this end.

Acknowledgement:

Dr Arvind Kasthuri, Professor, Mentor – Senior Citizen Health Service & Team Lead, St John's Geriatric Centre

Dr Pretesh Kiran, Associate Professor, Co-ordinator – Senior Citizen Health Service Department of Community Health, St John's Medical College.

DEPARTMENT OF PHYSIOTHERAPY

International Day of Older Persons and World Cerebral Palsy day

Greetings from the Department of Physiotherapy! The month of October was an exceptional one. The department celebrated International Day of Older Persons and World Cerebral Palsy Day. International Day of Older Persons is celebrated on the 1st of October every year. United Nations declared the 2021 theme as “**Digital Equity for All Ages**”.



The day aims at spreading awareness about issues affecting the elderly. To acknowledge this special day, our students organized a screening camp for assessing fall risk and fitness levels of the elderly population on 7th and 12th October 2021. The elderly visiting the Geriatric special clinic in Kuguru Village and elderly at Gramina Hiriyara Kendra (GHK), Mugaluru Village were approached, evaluated and treated. The program was coordinated by Ms. Nischitha R Rao along with Department of Community Medicine, SJMC. A total of 49 elderly were benefitted by this program. The Department of Physiotherapy has been taking initiatives in encouraging elderly, especially women in meaningful participation in the digital world by therapeutic recreation activities such as online exercise training sessions, games to improve reaction time etc. These activities are initiated at GHK, Mugalur and the response that we received so far was overwhelming.

World Cerebral Palsy Day is celebrated internationally on 6th October. The day is to observe and affirm lives of more than 15 million people living with Cerebral Palsy. Students, interns and postgraduate students of our department put up a skit highlighting the different stages of Gross Motor Functional Classification System (GMFCS) and different treatment approaches to raise awareness among the caregivers, attenders. The enactment included therapy aids and devices to further facilitate acceptance of their use in daily life. Patients and the caregivers acknowledged the importance of this day. The faculty and students also actively took part in this event.

CONTENTS

Un-Sung COVID WARRIORS of St. John's

Miss. Little Flower (Nurse, COVID Ward)

Covid-19, the silent bomb that had us all by our neck. All hope was lost, or so I thought. But after my short interview with Miss little flower, I was astounded as to how strong the health care workers around me were. Her passion and dedication to her job was quite visible throughout our chat.

On passing out from Johns, she chose to stay within the Johnite family and has been working as a staff nurse in the Female surgery ward for the past year and half. Her internship experiences in Johns persuaded her to continue working here. Hailing from Rameshwaram, Tamil Nadu, Ms. Little Flower chose this line of work, as she liked to serve people.



Being in the surgical department, the patients undergoing surgery are in constant need of moral & psychological support, which she was only too happy to provide. But the pandemic was something she hadn't quite anticipated. Yet her spirit wasn't broken. She quotes **"I changed my mindset during those times, the hardships were just part of my duty"**. Although they had to wear masks & PPE kits, along with sanitizing their hand every now & then, their working hours were same. Although, she couldn't go back home during those times, her colleagues helped her cope like a family. Life did seem difficult, but her sense of duty and compassion made it all seem bearable. My chat with Ms. Flower assured me that Covid has not managed to break all the souls. There are souls out there, strong enough to face anything that's thrown against them and Ms. Flower was one such. What's stopping us from stepping out & acting guys?

Interviewed and written by
Alin Jose, MBBS 2020

[CONTENTS](#)





SURVIVOR'S CORNER

“Mr. Rajeev’s Miracle of Walking”

The life that Mr. Rajeev knew, changed on 14th March 2016 when he suffered a fall from a height of 25 feet. He was working at a building construction site when this happened. For a 36-year-old daily wage laborer from Cheruppa in Kozhikode, Kerala, this was something which was totally unexpected. He had only recently become the proud father of a little baby girl when this harrowing incident, turned his life upside down!

He was taken to the nearby Government Medical College where he was diagnosed to have traumatic brain injury which was managed conservatively and traumatic spinal cord injury which was surgically managed. During this period, he also developed pressure sores. He was later discharged from hospital in a bed bound condition, unable to carry out his daily activities, and dependent for constant help with his basic needs.

At CMC, Vellore he was rehabilitated at the Physical Medicine and Rehabilitation (PMR) department, where he was made to sit for the first time, and his bed sores were taken care of, and it started to heal. He was trained to stand and walk with calipers



and propel himself in a wheelchair. He was then sent home and asked to follow up on a regular basis. But Mr. Rajeev was not able to be regular with his therapy as his house was located on a hill and was very inaccessible for him to go out. Slowly he started developing tightness in his legs along with burning pain and increased leakage of urine. Rajeev gradually worsened and became bed ridden, he had difficulty sleeping due to the pain and tightness of his legs.

This was when Rev. Fr. George Kannanthanam came to know about Mr. Rajeev’s plight and decided to help. The intention was to make him independent again and earn his own living and not be dependent on others.





SURVIVOR'S CORNER

Father brought him to St John's Medical College and discussed the case with Dr. Binu Kurian of Orthopedics department who directed him to the Physical Medicine and Rehabilitation (PMR) department. Once Rajeev was admitted in the PMR department, he was assessed to have various complications of Spinal Cord Injury which were managed appropriately. Spinal cord injury education was given to reinforce the importance of rehabilitation in managing and preventing complications. Neuropathic pain in his legs were managed with appropriate medications and urinary tract infection was diagnosed and treated with culture sensitive antibiotics. Bladder and bowel issues were assessed and managed. Tightness and spasms were looked into and treated with medications and physical therapy after which it started improving.

The Orthotics and prosthetics section took measurements and fabricated a custom-made caliper for his paralyzed legs as it would help Rajeev in standing and walking. Regular physiotherapy sessions were focused on strengthening the upper limbs and trunk muscles and stretching of the tight lower limbs. Progressive gait training was given with the help of calipers and a walker. Occupational therapy sessions were focused on his activities of daily living, positioning, safe falling techniques, proper transfers and wheelchair training. The medico-social worker provided multiple counselling sessions to help rehabilitate Rajeev back to society. Rehabilitation nurses from the PMR ward in which he was admitted, gave a caring and helping hand to Rajeev on his road to recovery.

Thus, by using a multi-disciplinary team approach in the PMR department, Rajeev was made to walk again. For Rajeev who had spent many years confined to his bed, this was indeed a miracle! He now has various things happening in his life, he has featured in many TV shows and short films and is currently working on a few upcoming projects. He has also found his long-lost love for art by working on handmade handicraft items like the traditional "nettippattam" which he sells online. (Whatsapp:9744816558)



Acknowledgement: Dr Jimi Jose
MBBS, MD, DNB (PMR)



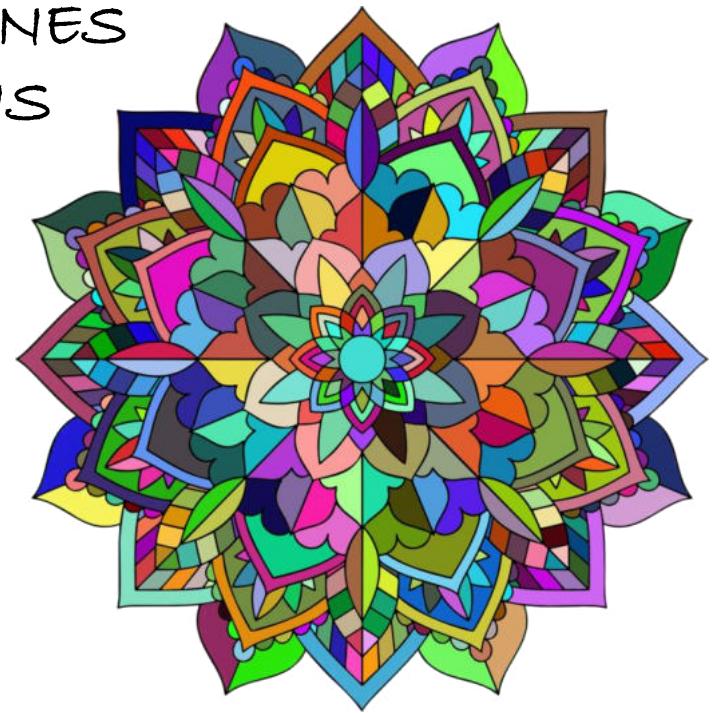
Rhyme Chime...

METAMORPHOSIS

- Dr Srilakshmi Adhyapak

CHANGE
ACROSS RANGE
IN WAVES TUMULTOUS
MARKING AN EVENT MOMENTOUS
TRANSFORMING, EVOLVING INTO FORMS
WONDROUS. (1)

A CHANGE STAGED THROUGH SCENES
STACCATOES OF MIASMIC SCREENS
EACH SCENE FROZEN
MEMORIES HARKEN
GOLDEN (2)

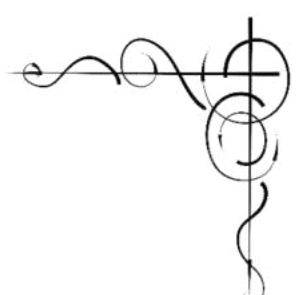
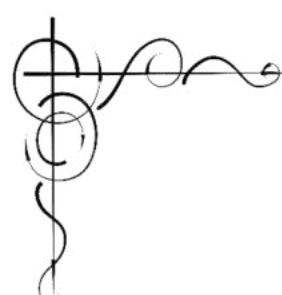


WHEELING
SILHOUETTES SPIRALLING
HUES EPHEMERAL MORPHING
INTO FORMS DIVERSE EMERGING
ONTO PLANES HIGH, EVOLUTION MARCHING (3).

PATTERNS FUSE IN KALEIDOSCOPIIC ARRAY
HISTORY AWASH, NATURE'S WAY
A HYPNOTIC SWAY
TIMELY PLAY
DISPLAY (4)

[CONTENTS](#)





Team of The Month

ANNEXE-1 AND NEW VIHARA

Mathew (11:28-30) "Come to me all you who are weary and burdened and I will give you rest".

ANNEXE-1 and NEW VIHARA is an accommodation center where we provide patients and their caretakers, a clean and hygienic accommodation during their treatment. This helps them to avoid the burden of travelling up and down from long distances.

A. Annexe-1: We provide individual rooms for patients and their attenders by respecting their privacy and dignity. The total number of rooms available is 97 with six single rooms. Ground floor and first floor is occupied by patients and their caretakers, second and third floor is occupied by Doctor's, PG'S and MHA students, who are working and studying here in our campus.



B. New vihara: It is a dormitory type of hall that is provided for patients and their attenders. It started in 1987 April. There are 224 beds available for both men and women. Here we maintain a clean and hygienic atmosphere where people feel at home. Even the poorest of the poor can afford this place to accommodate themselves. All the minimum basic facilities are provided here to make their stay comfortable such as drinking water, beds to rest, washrooms and bathing rooms, cooking area, washing area and so on.

People are happy and satisfied to accommodate themselves here. They are just charged Rs. 80 (Eighty Rupees only per day) to avail themselves of these facilities.

The main purpose of our department is to provide a comfortable and peaceful atmosphere during their treatment. The total number staff is 12 including five housekeeping staff. They work around the clock with dedication.



THE TEAM (Not all in Picture) : Sr. Zaina (In-charge), Mrs Laly, Mrs Manimagalai, Mr Ravi C, Mr Santhosh, Mr Infant John Peter, Mr Leo Martin, Mrs Mubina, Mrs Anthoniyamma, Mrs Rubiya, Mrs Padma, Mrs Jyothi.

Longest surviving dialysis patient: Mr. Sathish who has been staying here for the last 25 years and undergoing dialysis treatment. He's one of the longest surviving kidney patients in the state. At the age of 25, he came to St. John's hospital and started treatment. Now it has become his home. "It was difficult to travel from my village at Mudigere in Chikamagaluru because of health problems and financial issues. St. John's provided a room at very nominal price and food at subsidized rates" said Sathish.



IG NOBEL



1997 – MEDICINE

Carl J. Charnetski and Francis X. Brennan, Jr.

Carl J. Charnetski and Francis X. Brennan, Jr. of Wilkes University, and James F. Harrison of Muzak Ltd. in Seattle, Washington, for their discovery that listening to elevator Muzak stimulates immunoglobulin A (IgA) production, and thus may help prevent the common cold.



This study investigated the effects of music and an auditory stimulus on immunoglobulin A (IgA). Groups of college students (N=66) were exposed to one of four conditions: a 30-min. tone/click presentation; 30 min. of silence; 30 minutes of a Muzak tape referred to as "Environmental Music"; and a 30-minute of radio broadcast comparable in musical style. Saliva samples collected before and after each 30 minute, subjects were assayed for IgA. Analysis indicated significant increases in IgA for the Muzak condition (n=20) but not for any of the other conditions.



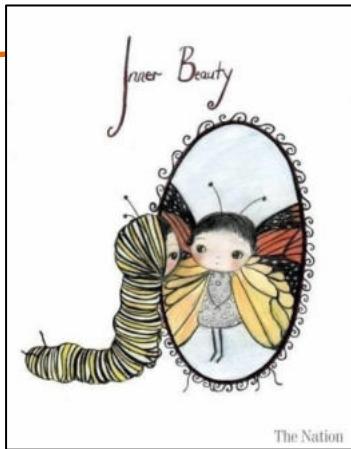
PEARLS OF WISDOM

Accept what you have and treat it well.

- Brody



©yoga-tribe

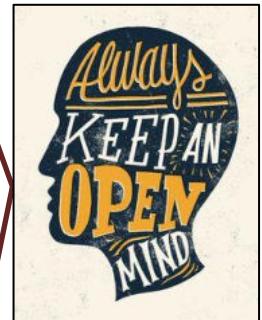


For beautiful eyes, look for the good in others; For beautiful lips, speak only words of kindness; And for poise, walk with the knowledge that you are never alone.

- Audrey Hepburn

True wisdom lies in gathering the precious things out of each day as it goes by.

- E. S. Bouton



© The Central Trend

REF: 365 Days of Wonder: R.J.Palacio.

Did You Know?

Harry Potter!

Hailing all Harry Potter fans! If Muggles came across Hogwarts, it would only appear to look like an abandoned building with a "Keep Out: Dangerous" sign on it. (Ref: Readers Digest)

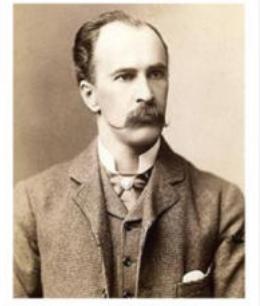


© Readers Digest

CONTENTS



THE QUOTABLE OSLER



SIR WILLIAM OSLER

Silence is the best weapon against slander.

When we do not let the heard word die; not to listen is best, though that is not always possible, than which we have no better weapon in our armoury against evil-speaking, lying, and slandering. The bitterness is when the tale is believed and a brother's good name is involved. Then begins the worse form of ill-treatment that the practitioner receives - and at his own hands! He allows the demon of resentment to take possession of his soul, when five minutes' frank conversation might have gained a brother.



© Differencebetween

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



MEDICINE THIS MONTH

A Bird's Eye View.....

Global burden of cancer in 2020 attributable to alcohol consumption

In a population based study, population attributable fractions (PAFs) were calculated using data from the Global Information System on Alcohol and Health combined with relative risk estimates from systematic literature reviews to estimate new cancer cases attributable to alcohol. Globally 4.1% of all new cases of cancer in 2020 were attributable to alcohol consumption, with cancers of the esophagus, liver and breast contributing to the most cases. PAFs were lowest in northern Africa and western Asia, and highest in eastern Asia and central and eastern Europe.

- Rungay H et al, Lancet Oncol. July 2021.

Weight-adjusted versus fixed dose heparin thromboprophylaxis in obese patients

Fixed dose unfractionated or low molecular weight heparin thromboprophylaxis has been shown to reduce the incidence of venous thromboembolism (VTE) in medical and surgical in-patients. In obese subjects, the efficacy of fixed dose strategy has been questioned, and this meta-analysis was conducted to derive odds ratios (OR) comparing fixed vs weight-adjusted heparin doses on VTE occurrence, bleeding and anti-Xa levels. Weight-adjusted dose of heparin in obese patients was not associated with a lower risk of VTE, nor a higher risk of bleeding in obese patients.

- Ceccato D et al, Eur J Int Med. April 2021.



Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study

Harriet Rungay, Kevin Shield, Hadrien Charvat, Pietro Ferrari, Bundit Sornpaisarn, Isidore Obot, Farhad Islami, Valery E P P Lemmens, Jürgen Rehm, Isabelle Soerjomataram



Summary

Background Alcohol use is causally linked to multiple cancers. We present global, regional, and national estimates of alcohol-attributable cancer burden in 2020 to inform alcohol policy and cancer control across different settings globally.

Methods In this population-based study, population attributable fractions (PAFs) calculated using a theoretical minimum-risk exposure of lifetime abstinence and 2010 alcohol consumption estimates from the Global Information System on Alcohol and Health (assuming a 10-year latency period between alcohol consumption and cancer diagnosis), combined with corresponding relative risk estimates from systematic literature reviews as part of the WCRF Continuous Update Project, were applied to cancer incidence data from GLOBOCAN 2020 to estimate new cancer cases attributable to alcohol. We also calculated the contribution of moderate (<20 g per day), risky (20–60 g per day), and heavy (>60 g per day) drinking to the total alcohol-attributable cancer burden, as well as the contribution by 10 g per day increment (up to a maximum of 150 g). 95% uncertainty intervals (UIs) were estimated using a Monte Carlo-like approach.

Findings Globally, an estimated 741 300 (95% UI 558 500–951 200), or 4.1% (3.1–5.3), of all new cases of cancer in 2020 were attributable to alcohol consumption. Males accounted for 568 700 (76.7%; 95% UI 422 500–731 100) of total alcohol-attributable cancer cases, and cancers of the oesophagus (189 700 cases [110 900–274 600]), liver (154 700 cases [43 700–281 500]), and breast (98 300 cases [68 200–130 500]) contributed the most cases. PAFs were lowest in northern Africa (0.3% [95% UI 0.1–3.3]) and western Asia (0.7% [0.5–1.2]), and highest in eastern Asia (5.7% [3.6–7.9]) and central and eastern Europe (5.6% [4.6–6.6]). The largest burden of alcohol-attributable cancers was represented by heavy drinking (346 400 [46.7%; 95% UI 227 900–489 400] cases) and risky drinking (291 800 [39.4%; 227 700–333 100] cases), whereas moderate drinking contributed 103 100 (13.9%; 82 600–207 200) cases, and drinking up to 10 g per day contributed 41 300 (35 400–145 800) cases.

Interpretation Our findings highlight the need for effective policy and interventions to increase awareness of cancer risks associated with alcohol use and decrease overall alcohol consumption to prevent the burden of alcohol-attributable cancers.

Funding None.

Copyright © 2021 World Health Organization; licensee Elsevier. This is an Open Access article published under the CC BY NC ND 3.0 IGO license which permits users to download and share the article for non-commercial purposes, so long as the article is reproduced in the whole without changes, and provided the original source is properly cited. This article shall not be used or reproduced in association with the promotion of commercial products, services or any entity. There should be no suggestion that WHO endorses any specific organisation, products or services. The use of the WHO logo is not permitted. This notice should be preserved along with the article's original URL.

Introduction

Alcohol use is associated with a vast range of injuries and diseases, including cancer, and is a leading risk factor for the global burden of disease.^{1,2} The consumption of alcoholic beverages is causally linked to cancers of the upper aerodigestive tract (oral cavity, pharynx, larynx, and oesophagus) and cancers of the colon, rectum, liver, and female breast.³ Together, these cancers contributed 6.3 million cases and 3.3 million deaths globally in 2020 (data from the GLOBOCAN 2020 database).

Previous estimates of the contribution of alcohol to the burden of cancer have been published,^{2,4,5} but patterns of alcohol consumption continue to change over time across world regions.⁶ Alcohol consumption per capita

has decreased in many European countries, especially those in eastern Europe, whereas alcohol use is on the rise in Asian countries, such as China, India, and Vietnam, and in many countries in sub-Saharan Africa.⁶ With these changes in alcohol consumption and more recent cancer incidence data, new estimates of the alcohol-attributable burden of cancer are warranted. We updated previous global estimates by using cancer incidence for 2020, recent relative risk estimates from the scientific literature, and alcohol consumption figures from multiple sources to calculate alcohol-attributable cancer burden. We also quantified the contribution of moderate, risky, and heavy drinking to the total burden of alcohol-attributable cancers. The overall and sex-specific

Lancet Oncol 2021; 22: 1071–80

Published Online

July 13, 2021

[https://doi.org/10.1016/S1470-2045\(21\)00279-5](https://doi.org/10.1016/S1470-2045(21)00279-5)

S1470-2045(21)00279-5

See [Comment](#) page 1048

Cancer Surveillance Branch (H Rungay BSc, H Charvat PhD, I Soerjomataram PhD) and Nutrition and Metabolism Branch (P Ferrari PhD), International Agency for Research on Cancer, Lyon, France; Institute for Mental Health Policy Research (K Shield PhD, B Sornpaisarn PhD, Prof J Rehm PhD) and Campbell Family Mental Health Research Institute (K Shield, Prof J Rehm), Centre for Addiction and Mental Health, Toronto, ON, Canada; Dalla Lana School of Public Health (K Shield, B Sornpaisarn, Prof J Rehm) and Department of Psychiatry (Prof J Rehm), University of Toronto, Toronto, ON, Canada; Centre for Research and Information on Substance Abuse, Uyo, Nigeria (Prof I Obot PhD); Surveillance and Health Equity Research, American Cancer Society, Atlanta, GA, USA (F Islami PhD); Department of Research, Netherlands Comprehensive Cancer Organization, Utrecht, Netherlands (Prof V E P P Lemmens PhD); Department of Public Health, Erasmus MC University Medical Centre, Rotterdam, Netherlands (Prof V E P P Lemmens); Department of International Health Projects, Institute for Leadership and Health Management, Sechenov First Moscow State Medical University, Moscow, Russia (Prof J Rehm); Institute of Clinical Psychology and Psychotherapy, and Center for Clinical Epidemiology and Longitudinal Studies, Technische Universität Dresden, Dresden, Germany (Prof J Rehm)

REFERENCE 2: MEDICINE THIS MONTH

European Journal of Internal Medicine 88 (2021) 73–80



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

European Journal of Internal Medicine

journal homepage: www.elsevier.com/locate/ejim



Weight-adjusted versus fixed dose heparin thromboprophylaxis in hospitalized obese patients: A systematic review and meta-analysis

Davide Ceccato^{a,1,*}, Angelo Di Vincenzo^{b,1}, Claudio Pagano^a, Raffaele Pesavento^a, Paolo Prandoni^c, Roberto Vettor^a

^a Department of Internal Medicine, University of Padua, Padua, Italy

^b Camposampiero Hospital, Camposampiero, Italy

^c Arianna Foundation on Anticoagulation Bologna, Padua, Italy

ARTICLE INFO

Keywords:

Thromboprophylaxis
Venous thromboembolism
Obesity
Heparin
Anti-Xa levels

ABSTRACT

Background: Fixed dose unfractionated or low molecular weight heparin is the recommended treatment for venous thromboembolism (VTE) prevention in hospitalized patients. However, its efficacy has been questioned in obese population. Results of previous studies on weight-adjusted doses of heparin for VTE prevention are contradictory. Different anticoagulant regimens are used in clinical practice, but their role remains to be elucidated.

Aims: To clarify the efficacy and safety of weight-adjusted dose heparin for VTE prevention in obese subjects hospitalized for medical and surgical conditions.

Methods: Twelve studies were identified as reporting VTE occurrence, major or minor bleeding and anti-Xa levels. A random-effect meta-analysis was conducted to derive odds ratios (OR) comparing fixed vs weight adjusted-doses heparins on VTE occurrence, bleeding, anti-Xa levels. Medical and surgical patients, prospective vs retrospective and quality of studies were extracted for moderators and meta-regression analysis.

Results: Weight-adjusted dose heparin administration was not associated with reduced VTE occurrence (6320/13317 patients, OR 1.03, 95% C.I. 0.79 to 1.35), nor increased bleeding (5840/10906 patients, OR 0.84, 95% C.I. 0.65 to 1.08), but it was associated with higher anti-Xa levels (284/294 patients, ES 2.04, 95% C.I. 1.16 to 2.92, $p < 0.0001$). A significant heterogeneity was present for comparison of anti-Xa levels ($I^2 = 94%$, $p = 0.0001$) but not for VTE occurrence or bleeding ($I^2 = 7.6%$ and $12.8%$ respectively). None of the moderators explained the heterogeneity of the results among primary studies.

Conclusion: Weight-adjusted dose as compared to fixed-dose of heparins in the prevention of VTE in obese patients was not associated with a lower risk of VTE nor a higher risk of bleeding.

Introduction

Venous thromboembolism (VTE) is a multi-factorial disease with high morbidity and mortality rates. As it has been reported to occur in about 100–200 cases/100,000 inhabitants per year [1], VTE qualifies as the third most common cardiovascular disease worldwide. Although it can develop in the absence of risk factors of thrombosis, VTE is commonly associated with several conditions, in particular acute medical illnesses requiring hospitalization. Age, reduced mobility, recent surgery, respiratory and heart failure increase the risk of VTE in inpatients [2], as well as diabetes, smoking and obesity [3,4,5].

Among these conditions, obesity (defined as a body mass index (BMI)

$\geq 30\text{Kg/m}^2$) leads to 2-3 fold higher risk of VTE both in men and women [6]. This risk is expected to further increase when the BMI exceeds 40Kg/m^2 . Although an impaired balance of hemostatic factors, such as fibrinogen level, factor VIII or D-dimer, has been reported in obese individuals [7,8,9], there is still uncertainty on the mechanisms by which obesity predisposes to VTE development. Reduced mobility, impaired venous return with a decrease blood velocity, and a low-grade inflammatory state are likely to account for the increased risk of VTE in obese subjects [10,11].

Thromboprophylaxis has been demonstrated to reduce the incidence of in-hospital VTE in patients at high risk [12,13]. However, in obese subjects the efficacy of fixed dose strategy has often been questioned

* Corresponding author at: University of Padova, Via Giustiniani 2, 35128Padova, Italy.

E-mail address: davide.ceccato@aopd.veneto.it (D. Ceccato).

¹ First co-authors for this paper

<https://doi.org/10.1016/j.ejim.2021.03.030>

Received 27 January 2021; Received in revised form 1 March 2021; Accepted 24 March 2021

Available online 19 April 2021

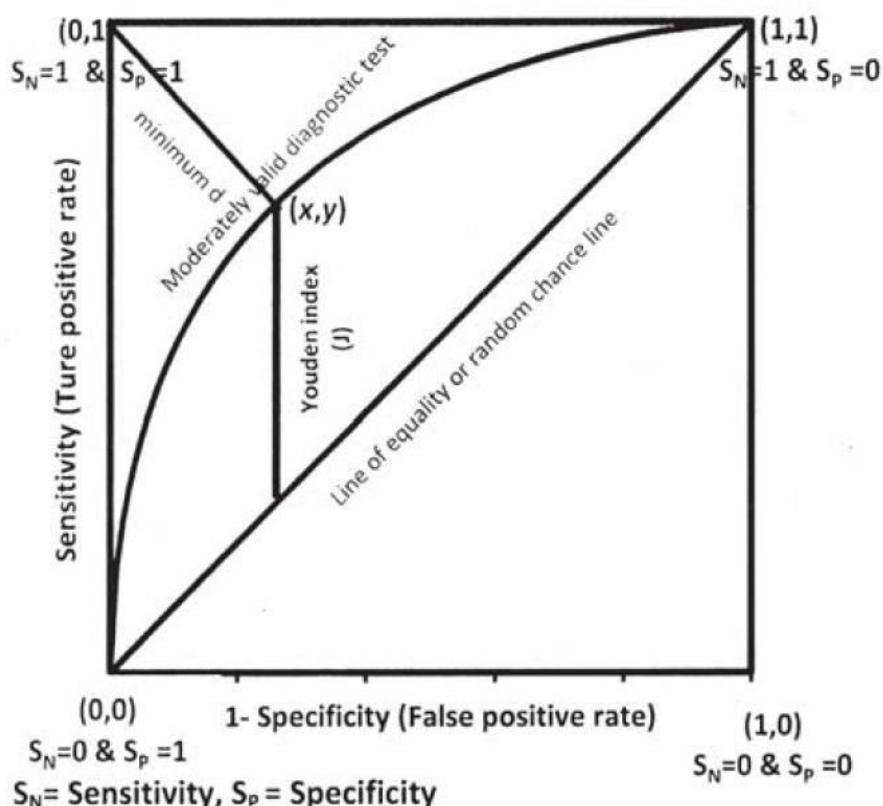
0953-6205/© 2021 European Federation of Internal Medicine. Published by Elsevier B.V. All rights reserved.

CONTENTS

RESEARCH SNIPPETS

Receiver operating characteristic Curve

Diagnostic tests play a vital role in modern medicine not only for confirming the presence of disease but also to rule out the disease in individual patient. Sensitivity and specificity are two components that measure the inherent validity of a diagnostic test for dichotomous outcomes against a gold standard. Receiver operating characteristic (ROC) curve is graphical display of sensitivity (True Positive Rate, TPR) on y-axis and $(1 - \text{specificity})$ (False Positive Rate, FPR) on x-axis for varying cut-off points of test values. This is generally depicted in a square box for convenience and its both axes are from 0 to 1. Following figure depicts a ROC curve and its important components as explained later. The area under the curve (AUC) is an effective and combined measure of sensitivity and specificity for assessing inherent validity of a diagnostic test. Maximum $\text{AUC} = 1$ and it means diagnostic test is perfect in differentiating diseased with non-diseased subjects. This implies both sensitivity and specificity are one and both errors— false positive and false negative—are zero. This can happen when the distribution of diseased and non-diseased test values do not overlap. This is extremely unlikely to happen in practice. The AUC closer to 1 indicates better performance of the test.



The diagonal joining the point $(0, 0)$ to $(1,1)$ divides the square in two equal parts and each has an area equal to 0.5. When ROC is this line, overall there is 50-50 chances that test will correctly discriminate the diseased and non-diseased subjects. The minimum value of AUC should be considered 0.5 instead of 0 because $\text{AUC}=0$



RESEARCH SNIPPETS

Receiver operating characteristic Curve

means test incorrectly classified all subjects with disease as negative and all non-disease subjects as positive. If the test results are reversed then area = 0 is transformed to area = 1; thus a perfectly inaccurate test can be transformed into a perfectly accurate test. Sometimes sensitivity is more important than specificity or vice versa, ROC curve helps in finding the required value of sensitivity at fixed value of specificity. Note that, empirical area under the ROC curve is invariant with respect to the addition or subtraction of a constant or transformation like log or square root.

Further read: <https://www.indianpediatrics.net/apr2011/277.pdf>

L Johny

Art by: Dr. Rakesh Ramesh



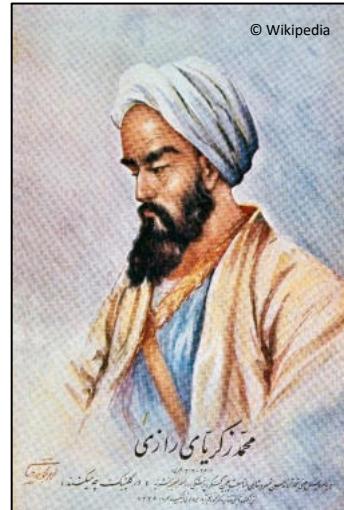
CONTENTS



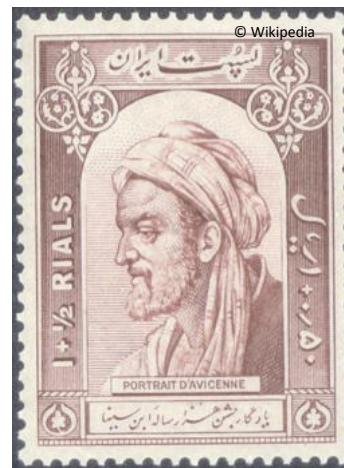
Arabian Medicine

A second reservoir of medical learning was the great Muslim empire, which extended from Persia to Spain. Although it is customary to speak of Arabian medicine in describing this period, not all the physicians were Arabs or natives of Arabia. Nor, indeed, were they all Muslims: some were Jews, some Christians, and they were drawn from all parts of the empire. One of the earliest figures was Rhazes, a Persian born in the last half of the 9th century near modern Tehrān, who wrote a voluminous treatise on medicine, *Kitāb al-hākī* ("Comprehensive Book"), but whose most famous work, *De variolis et morbillis* (A Treatise on the Smallpox and Measles), distinguishes between these two diseases and gives a clear description of both.

Of later date was Avicenna (980–1037), a Muslim physician, who has been called the prince of physicians and whose tomb at Hamadan has become a place of pilgrimage. He could repeat the Qur'ān before he was 10 years old and at the age of 18 became court physician. His principal medical work, *Al-Qānūn fī aṭ-ṭibb* (The Canon of Medicine), became a classic and was used at many medical schools—at Montpellier, France, as late as 1650—and reputedly is still used in the East.



Rhazes



Avicenna





GREY Matters!



World Heart Day Special!
ANSWERS

1. c
2. c
3. b
4. d
5. c



[CLICK HERE TO GO BACK TO QUESTION](#)



Do You Want to Access all the previous issues of the Magazine? CLICK BELOW



**What's Up?
@St John's Hospital**

DISCLAIMER: For Private Circulation and Academic Non-Commercial Purpose only

DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?
Write to Dr. Avinash. H. U: avinash.hu@stjohns.in