

What's Up? @St John's Hospital



Issue 36, November 18th, 2019



A Canopy of Trees. PC: Dr. Rakesh Ramesh



World Antibiotic Awareness Week 2019
18th to 24th November

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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* 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!!!

Today 'What's Up' mourns for the loss of two great souls of St. John's. We express our deepest condolences to the bereaved families.

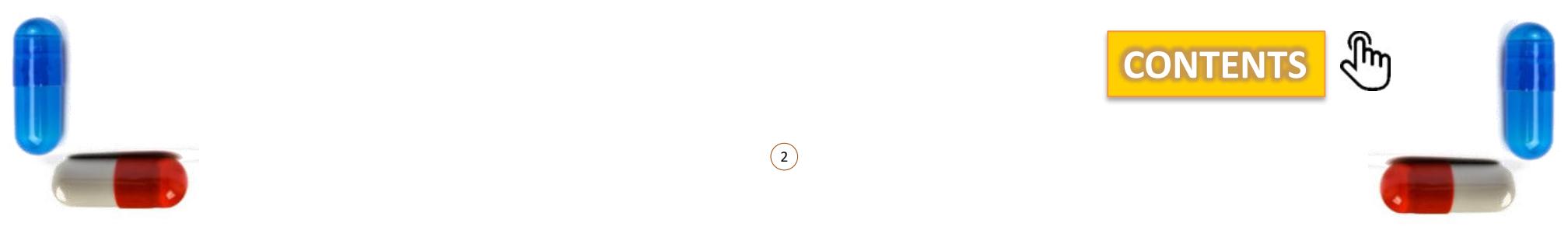
Here we share the thirty sixth issue of "What's Up? @ St John's Hospital" magazine. The present issue is themed to commemorate the World Antibiotic Awareness Week (WAAW), which will be observed from 18th November to 24th November 2019. We thank Dr. Atiya Faruqui (Associate Professor, Department of Pharmacology) and Dr. Savitha Nagaraj (Professor and Head, Department of Microbiology) for providing us a beautiful write up on WAAW. Please remember 'Handle Antibiotics with care, think twice and take advice'.

Present issue introduces you to 'Autism services' in St. John's Medical College Hospital in Know your hospital section. The 'Day care for children' is this time's 'Team of the month'.

We also bring a lot of news from the campus. The present issue gives access to the official Twitter and Facebook handle of St. John's National Academy of Health Sciences. Do not forget to follow the same.

Please feel free to communicate with us to publish your achievements and events. Your feedback motivates us to work harder.

Editorial Team

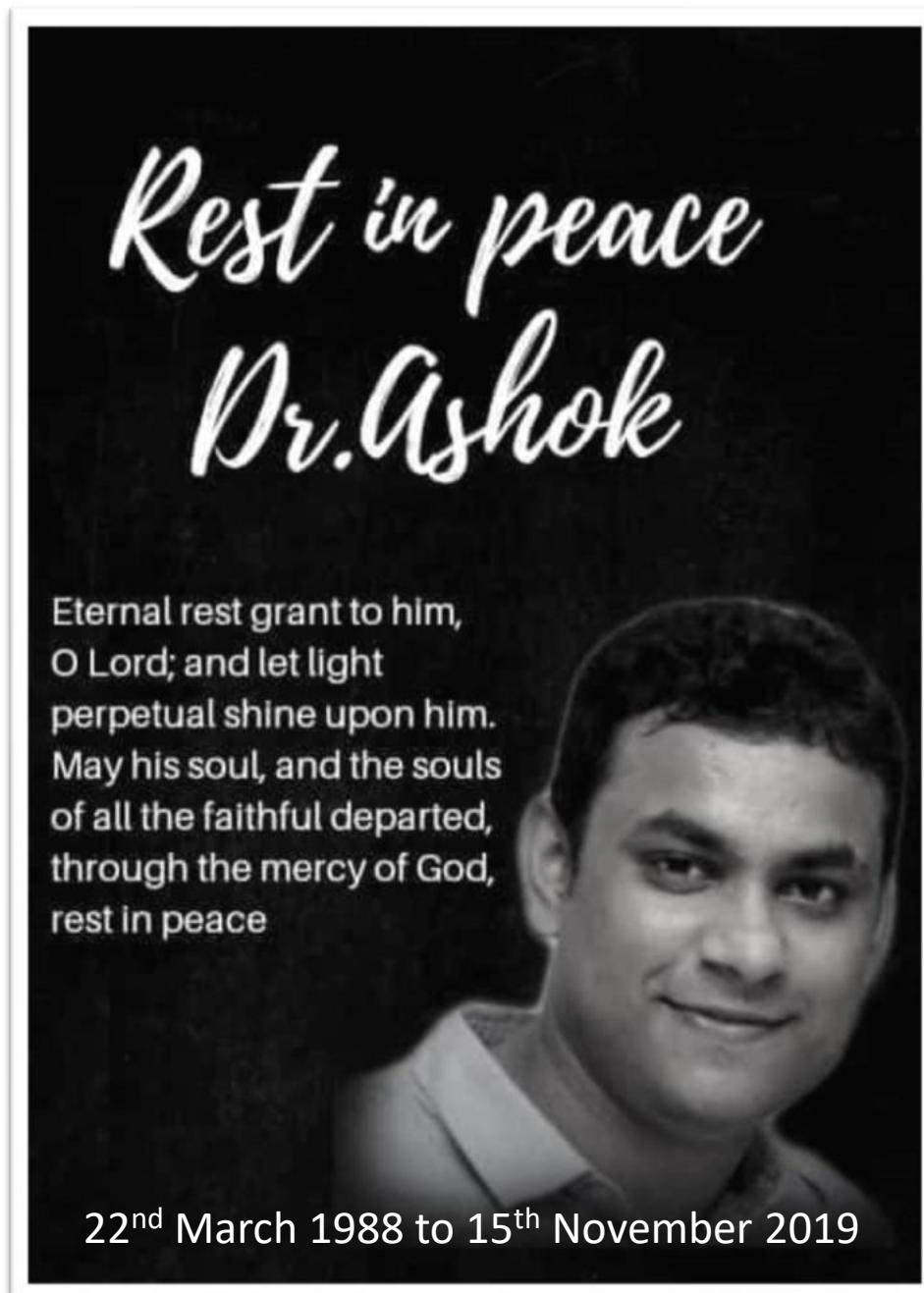


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OBITUARY NOTE

Dr. Ashok Alapati



Dr. Ashok Alapati joined as a student in St. John's Medical College for MBBS course in July 2006 and completed course on 18th March 2012. Later he served In medically underserved areas for 2 years as he always wanted to serve underprivileged. He joined as a post graduate student in MS Orthopaedics on 20th April 2015 and completed the course on 19th April 2018. he was working as a senior resident in the Department of Orthopaedics from 16th July 2018. Dr. Ashok suffered a massive heart attack on 25th October 2019 while attending to the patients in the orthopaedic ward in St. John's Medical College Hospital. And hence we lose a potential soul. We extend our heartfelt condolences to his family and friends.

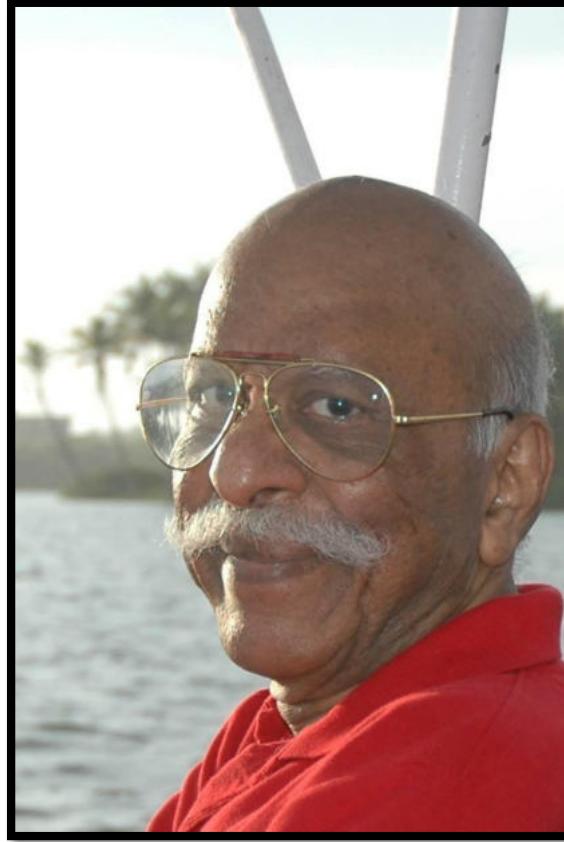
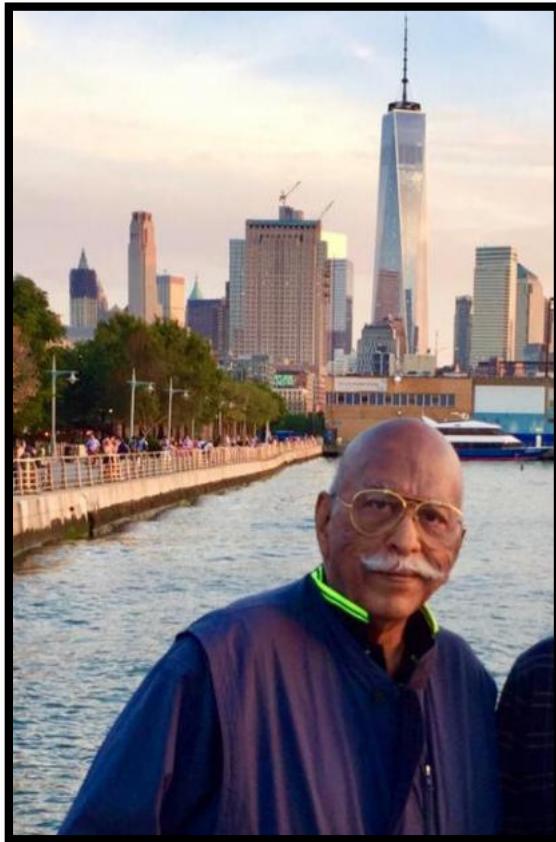
The memorial service for Dr. Ashok. A is scheduled on 18th November 2019 in St. John's Medical College.

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OBITUARY NOTE

Dr. John Arthur Thomas



The End Of An Era

Dr. John Arthur Thomas: Born 2nd December, 1937 in Bombay! Son of Dr. G Thomas and Dr. Rachel Thomas. Schooled in Bishop Cotton, Bangalore, Loyola Collage Madras and then CMC Vellore Batch of 56!

“J T” as he was affectionately known in the St John’s family, was one of the most dedicated, dynamic, and respected teachers, I have known. His passion for pathology and the way he taught it made me pursue it as a career.

Drs John and Manorama Thomas came to St John’s from CMC (Batch of 1956) Vellore in the 1960s. He, debonair and strong.... She, elegant and graceful. The power couple’ of St John’s! They built up the Pathology & Anatomy departments to the highest national level possible.

JT was Professor and Head of Dept for 20 plus years. He trained more than 30 batches of students like me, inculcating a love for the subject in many young minds. His lectures were legendary and brought alive the most mundane medical conditions.

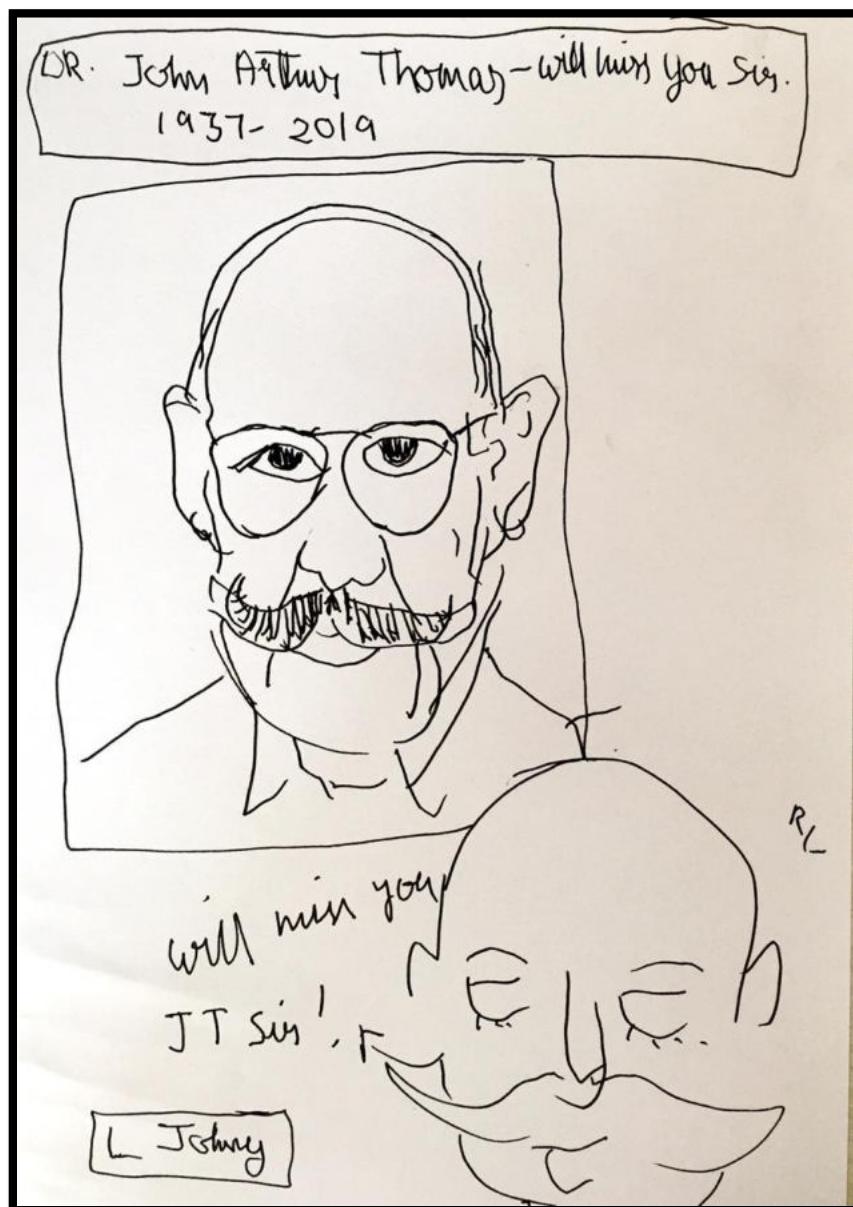
But... there was more to him than just a teacher.....

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OBITUARY NOTE

Dr. John Arthur Thomas



He was an excellent diagnostic surgical pathologist for the hospital service.

He was a keen researcher and encouraged his junior staff to pursue it. He has written and presented numerous papers.

Nationally he was a highly respected examiner for undergraduate and postgraduate exams.

At the international level he undertook at least 3 fellowships in UK and Germany. He was awarded a fellowship of the Royal College of pathologists (FRCPath) based on his research and academic work.

He was a very good administrator and served as vice principal. He was a keen photographer and set up and ran the department of medical illustration. He was involved in setting up a medical museum and the history of medicine dept. In the department, he was a strict disciplinarian and expected very high standards of all his staff.

For one person to excel in teaching, research, diagnostics, administration is rare. He was one of a rare breed. But there was also a softer side to him and he treated all Johnites and staff as family. I fondly remember many parties in their home filled with warmth and laughter.

So finally, A Loving Husband, A Proud Son & Father, A Great teacher, A Mentor to the Young and A friend across many generations!

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Acknowledgement: Dr. Reji Thomas (Professor, Department of Ophthalmology) and the family of Dr. JT

UPDATES THIS WEEK

World Antibiotic Awareness Week

18 to 24th November, 2019

Theme:

Antibiotics

*handle with care,
Think Twice, Seek
Advice*



All antibiotic use, whether appropriate or not, can promote the development of resistance in pathogenic and commensal bacteria. The goal of rational use is not always to reduce antibiotic use, but to ensure that the use is appropriate.

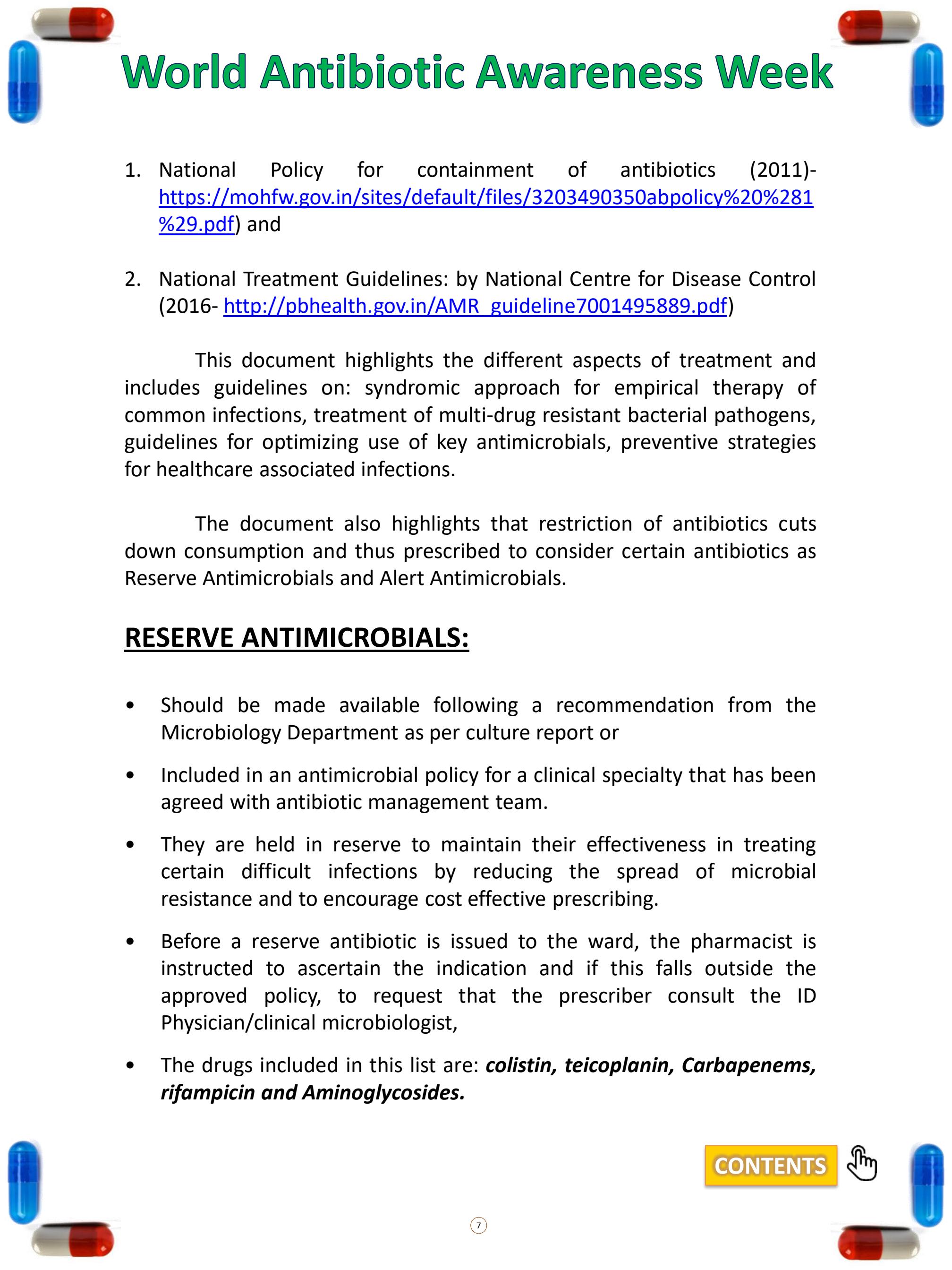
In order to improve awareness and understanding of antimicrobial resistance through effective communication, education and training, the World Health Assembly (WHA) in May 2015 endorsed a global action plan to tackle the growing problem of resistance to antibiotics and other antimicrobial medicines.

World Antibiotic Awareness Week (WAAW) aims to increase awareness of global antibiotic resistance and to encourage best practices among the general public, health workers and policy makers to avoid the further emergence and spread of antibiotic resistance.

At a **national level**, the Director General of Health Services (DGHS), at the Ministry of Health and Family Welfare (MOHFW), have given the following policies for rational antibiotic use:

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World Antibiotic Awareness Week

1. National Policy for containment of antibiotics (2011)-
<https://mohfw.gov.in/sites/default/files/3203490350abpolicy%20%281%29.pdf>) and
2. National Treatment Guidelines: by National Centre for Disease Control (2016- http://pbhealth.gov.in/AMR_guideline7001495889.pdf)

This document highlights the different aspects of treatment and includes guidelines on: syndromic approach for empirical therapy of common infections, treatment of multi-drug resistant bacterial pathogens, guidelines for optimizing use of key antimicrobials, preventive strategies for healthcare associated infections.

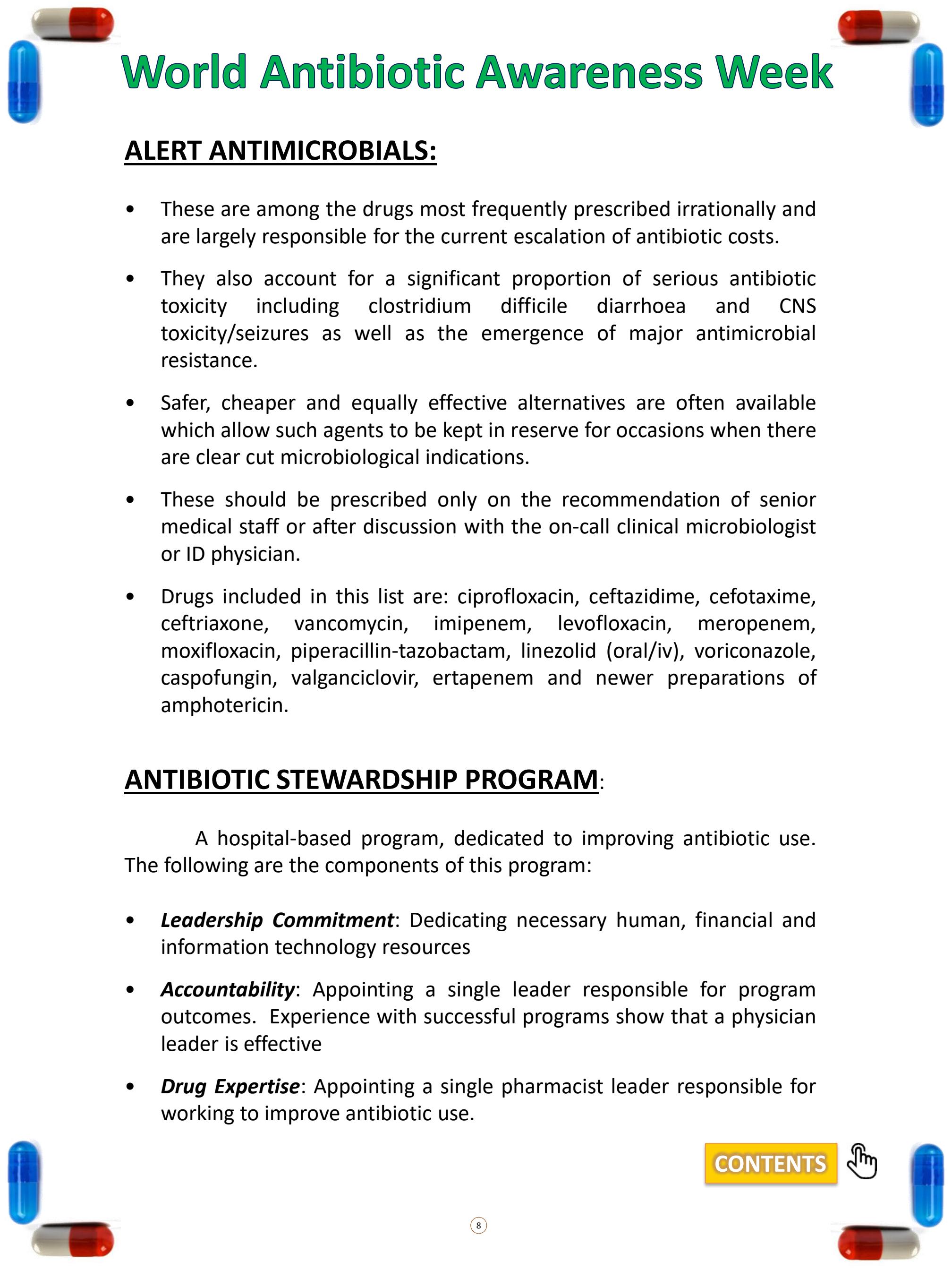
The document also highlights that restriction of antibiotics cuts down consumption and thus prescribed to consider certain antibiotics as Reserve Antimicrobials and Alert Antimicrobials.

RESERVE ANTIMICROBIALS:

- Should be made available following a recommendation from the Microbiology Department as per culture report or
- Included in an antimicrobial policy for a clinical specialty that has been agreed with antibiotic management team.
- They are held in reserve to maintain their effectiveness in treating certain difficult infections by reducing the spread of microbial resistance and to encourage cost effective prescribing.
- Before a reserve antibiotic is issued to the ward, the pharmacist is instructed to ascertain the indication and if this falls outside the approved policy, to request that the prescriber consult the ID Physician/clinical microbiologist,
- The drugs included in this list are: ***colistin, teicoplanin, Carbapenems, rifampicin and Aminoglycosides.***

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World Antibiotic Awareness Week

ALERT ANTIMICROBIALS:

- These are among the drugs most frequently prescribed irrationally and are largely responsible for the current escalation of antibiotic costs.
- They also account for a significant proportion of serious antibiotic toxicity including clostridium difficile diarrhoea and CNS toxicity/seizures as well as the emergence of major antimicrobial resistance.
- Safer, cheaper and equally effective alternatives are often available which allow such agents to be kept in reserve for occasions when there are clear cut microbiological indications.
- These should be prescribed only on the recommendation of senior medical staff or after discussion with the on-call clinical microbiologist or ID physician.
- Drugs included in this list are: ciprofloxacin, ceftazidime, cefotaxime, ceftriaxone, vancomycin, imipenem, levofloxacin, meropenem, moxifloxacin, piperacillin-tazobactam, linezolid (oral/iv), voriconazole, caspofungin, valganciclovir, ertapenem and newer preparations of amphotericin.

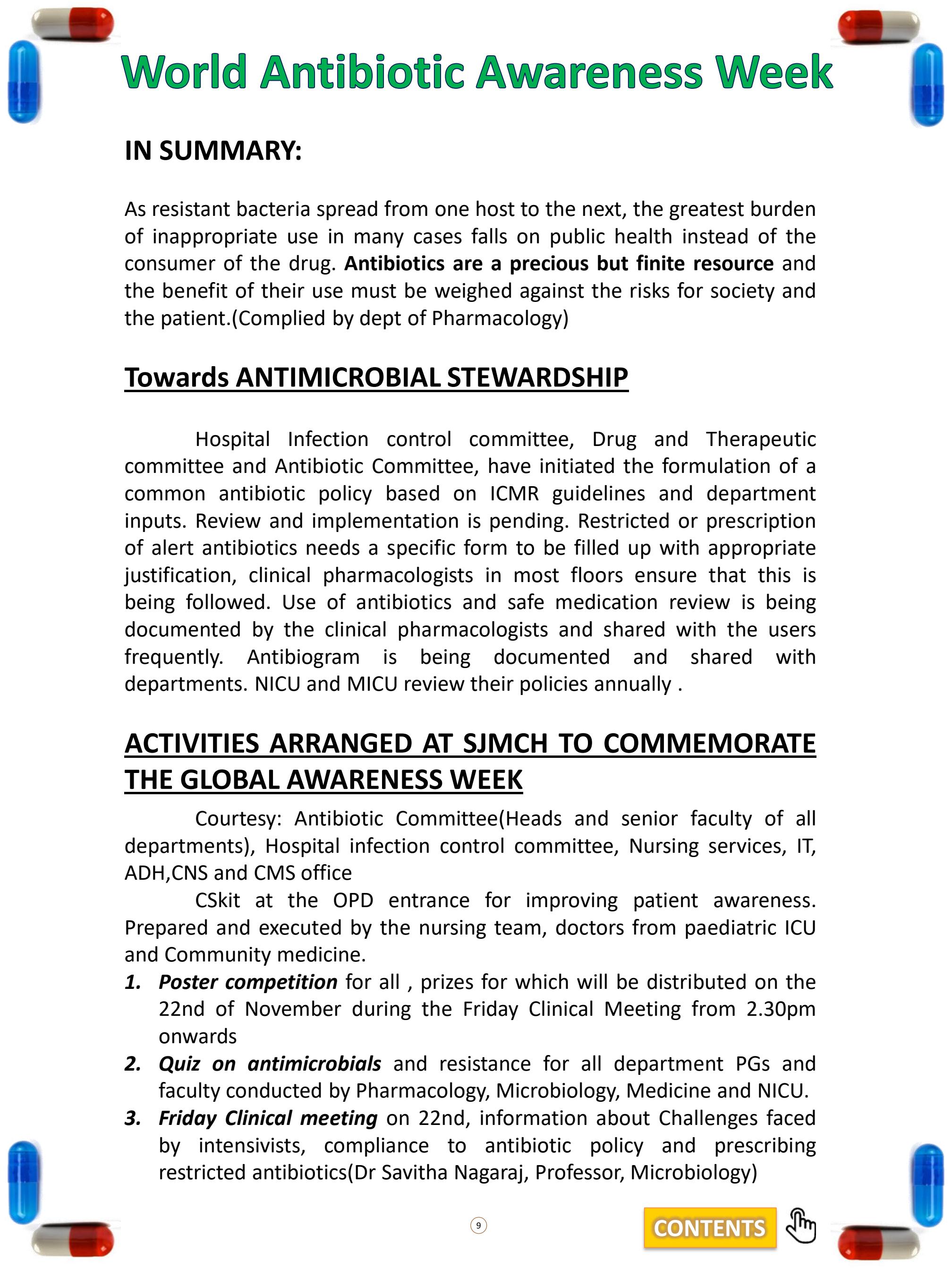
ANTIBIOTIC STEWARDSHIP PROGRAM:

A hospital-based program, dedicated to improving antibiotic use. The following are the components of this program:

- **Leadership Commitment:** Dedicating necessary human, financial and information technology resources
- **Accountability:** Appointing a single leader responsible for program outcomes. Experience with successful programs show that a physician leader is effective
- **Drug Expertise:** Appointing a single pharmacist leader responsible for working to improve antibiotic use.

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World Antibiotic Awareness Week

IN SUMMARY:

As resistant bacteria spread from one host to the next, the greatest burden of inappropriate use in many cases falls on public health instead of the consumer of the drug. **Antibiotics are a precious but finite resource** and the benefit of their use must be weighed against the risks for society and the patient. (Compiled by dept of Pharmacology)

Towards ANTIMICROBIAL STEWARDSHIP

Hospital Infection control committee, Drug and Therapeutic committee and Antibiotic Committee, have initiated the formulation of a common antibiotic policy based on ICMR guidelines and department inputs. Review and implementation is pending. Restricted or prescription of alert antibiotics needs a specific form to be filled up with appropriate justification, clinical pharmacologists in most floors ensure that this is being followed. Use of antibiotics and safe medication review is being documented by the clinical pharmacologists and shared with the users frequently. Antibiogram is being documented and shared with departments. NICU and MICU review their policies annually .

ACTIVITIES ARRANGED AT SJMCH TO COMMEMORATE THE GLOBAL AWARENESS WEEK

Courtesy: Antibiotic Committee (Heads and senior faculty of all departments), Hospital infection control committee, Nursing services, IT, ADH, CNS and CMS office

CSkit at the OPD entrance for improving patient awareness. Prepared and executed by the nursing team, doctors from paediatric ICU and Community medicine.

1. **Poster competition** for all , prizes for which will be distributed on the 22nd of November during the Friday Clinical Meeting from 2.30pm onwards
2. **Quiz on antimicrobials** and resistance for all department PGs and faculty conducted by Pharmacology, Microbiology, Medicine and NICU.
3. **Friday Clinical meeting** on 22nd, information about Challenges faced by intensivists, compliance to antibiotic policy and prescribing restricted antibiotics (Dr Savitha Nagaraj, Professor, Microbiology)



Dr. Ganapathi Bantwal

President elect - Endocrine Society of India

November 2019 - September 2020

Dr. Ganapathi Bantwal (Professor, Department of Endocrinology) contested for the post of President and won the elections held in 2019. He will take over as President of the Endocrine Society of India in September 2020 when Bengaluru hosts the 50th annual national conference (ESICON), coinciding with the golden jubilee celebrations of the Society. The Endocrine Society of India is the largest professional body of endocrinologists in India with close to 1000 members. The society's vision is to be recognised as a



leader in basic, translational and clinical endocrinology, diabetology and metabolism; and provide guidance in clinical care, education, training, research, patient advocacy, information dissemination and capacity building, within and outside India.

Cancer Screening Camp

3rd November 2019



Doctors from the Oncology departments (Radiation, Medical, Surgical and gynaecology) of St. John's Medical College Hospital conducted cancer screening camp in the Mount Carmel Church, Carmelaram, Pthruvedi on 3rd November 2019. More than 200 people were screened during this camp.

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Together we make 'St. John's a Social Media Champion'

As per the letter from the Ministry of Human Resource Development, in regard with the initiative 'Social Media Champion' of the Institutions, St. John's National Academy of Health Sciences has started a Facebook/twitter account. These accounts will showcase all the important events on social media. It helps to connect with other higher educational Institutions.



Click on the Picture above to follow on Facebook
<https://www.facebook.com/StJohnsBlr>



If you are interested in posting the achievements, programs and events of your department on the official handle of Institution, you have to contact, Dr.Ryan Fernandes (Assistant Professor, Health Informatics, SJRI). The official email ID for further information is sm.moderator@stjohns.in

Click on the Picture above to follow on Twitter
https://twitter.com/StJohns_Blr

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National Voluntary Blood Donation Day

22nd October 2019

3rd year GNM students of college of nursing conducted a health education programme in the OPD foyer to commemorate National Voluntary blood donation day. The theme for this year is "Blood donation & Universal Access to safe blood transfusion to achieve Universal Health coverage. The event was supported by our Blood bank & NSS unit of St. John's College of Nursing. The chief guest was Dr Vasantha Shetty (Deputy Registrar & NSS programme co-ordinator RGUHS). The programme motivated many in the audience to donate blood



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Blind Walk! – ‘World Sight Day’

28th October 2019

To commemorate ‘World Sight day’ (2nd Thursday in the month of October), Blind walk was organised by the NSS (National Service Scheme) unit of St. John’s College of Nursing on 28th Oct 2019. Rev Fr Paul Parathazham (Director, St. John’s National Academy of Health Sciences) flagged off the walk by cutting the ribbon. Rev. Fr. Pradeep Kumar Samad (Associate Director, St. John’s Medical College Hospital) gave a message on the occasion. A total of 150 students participated in the walk



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Essential Pain Management Program

Department of Palliative Medicine

1st to 3rd November 2019

Essential Pain Management (EPM) program was developed by Dr Roger Goucke and Dr Wayne Morriss, ANZCA fellows. It was first started in Papua New Guinea in 2010. Since then EPM has snowballed to 81 countries and is currently part of the UK medical school curriculum. It is a course where basic pain education is imparted to local physicians and they are encouraged to become instructors. It is an excellent course in clarifying myths and common misconceptions in use of medications. The Department of Palliative Medicine, St. John's Medical College Hospital, conducted the EPM Instructor workshop from 1st to 3rd of November and trained 36 health professions from St. John's and other hospitals to become instructors. Using the new instructors, four EPM Lite sessions were conducted simultaneously to train 100 nursing students in basics of pain management.



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Kannada Rajyotsava Celebration

5th November 2019

Karnataka Rajyotsava was celebrated at SJNAHS on 5th November 2019. Celebrations included a Eucharistic function (celebrated by Msgr. C. Francis, Vicar General of Archdiocese of Bengaluru and Parish Priest of St. Patrick's Church, Bangalore), Flag Hosting, Public Function, and a Cultural Programme. Shri. Ashok Kumar, Police Inspector of Adugoddi, BTP, was the Chief Guest for the event. Students from St. John's Medical College and College of Nursing College, and Staff of the Hospital took part in the Cultural Programme.



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FRIDAY CLINICAL MEETING

World Bioethics Day 2019

8th November 2019

Theme: Respect for Cultural Diversity (Hosted by UNESCO Bioethics Unit, SJRI)

A panel discussion on “Other Systems of Medicine “was conducted with the following delegates representing various systems of Medicine:

1. **Ayurveda:** Dr. Naveen B.S., Professor and HOD, Sri Sri College of Ayurveda Science and Research Hospital, Bangalore.
2. **Yoga:** Dr. Hemanth Bhargav, Assistant Professor of Yoga, Department of Integrative Medicine, NIMHANS
3. **Unani Medicine:** Dr. Roohi Zaman, Professor HOD, National Institute of Unani Medicine, Bangalore.
4. **Homeopathy:** Dr. Veerabrahamachary, President , Karnataka Homeopathic Medicine Association
5. **Sowa Rigpa:** Dr. Lakhpa Dolma, Practitioner, Lecturer and Teacher in Tibetan Medicine.

The session was moderated by Dr. Mario Vaz, Professor, Dept of Physiology and Head of Bioethics Unit, SJRI.





FRIDAY CLINICAL MEETING

World Bioethics Day 2019

All panellists were requested to talk on benefits, status and challenges of the system of Medicine each of them represented. It was followed by questions from the audience to the panellists.

KEY POINTS FROM THE DISCUSSION:

1. Ninety percent of allopathic hospitals in Bangalore employ AYUSH doctors for night duties but does not allow them to run an OPD during the daytime.
2. Dr. Veerabrahamachary opined that he is against Bridge course as he believes it will only cause an end or death of AYUSH with time and has written to the Prime Minister stating the same.
3. Status of evidence based practice or RCTs in AYUSH: It is not practical or possible to have placebo eg sham Yoga like sham surgery etc so it is not possible to design RCTs in AYUSH.
4. Contaminants in the medicines used by AYUSH: Allopathic doctors find possibility of steroids in the AYUSH medicines as patients taking such treatment often come with cushingoid features and often have low 8 A.M. cortisol. Dept of Pharmacology , SJMC also have tested some medicines from a patient and found steroids. But AYUSH panellists answered that their medicines are not supposed to have steroids. However, they agreed that they use heavy metals like mercury, arsenic etc in their preparations but the techniques of preparation in olden days and modern days are very different and this may explain cases of adverse drugs effects reported recently.
5. AYUSH is not meant or not equipped to handle acute emergencies for which patients should go to allopathy but they have effective means of helping chronic conditions. Recognizing the importance of integrating AYUSH with allopathy, NIMHANS, Bangalore has already started Integrated Medicine.
6. AYUSH has evolved into AYUSH-S (S for Sowa Rigpa, the Tibetan Medicine).



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Rhyme Chime...

Remorse?

- Dr Om Prakash

(Formerly Emeritus Consultant, St.
Martha's Hospital, Bangalore)



I met an Ego the other day,
He looked rather subdued !
"Why friend, can you say
The reason for this mood ?"

"All my life I did my best,
Yet others are getting disgusted,
Now I want to take some rest,
For them to get adjusted !"

I shook my head and said," friend,
I am afraid it's too late,
How I wish this noble trend
Had come at a much earlier date !"

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RESEARCH SNIPPETS

Interview

It is a primary data collection method. This method of data collection includes presentation of verbal stimuli by the interviewer and a reply in terms of a verbal response from the interviewee.

IMPORTANCE OF INTERVIEW:

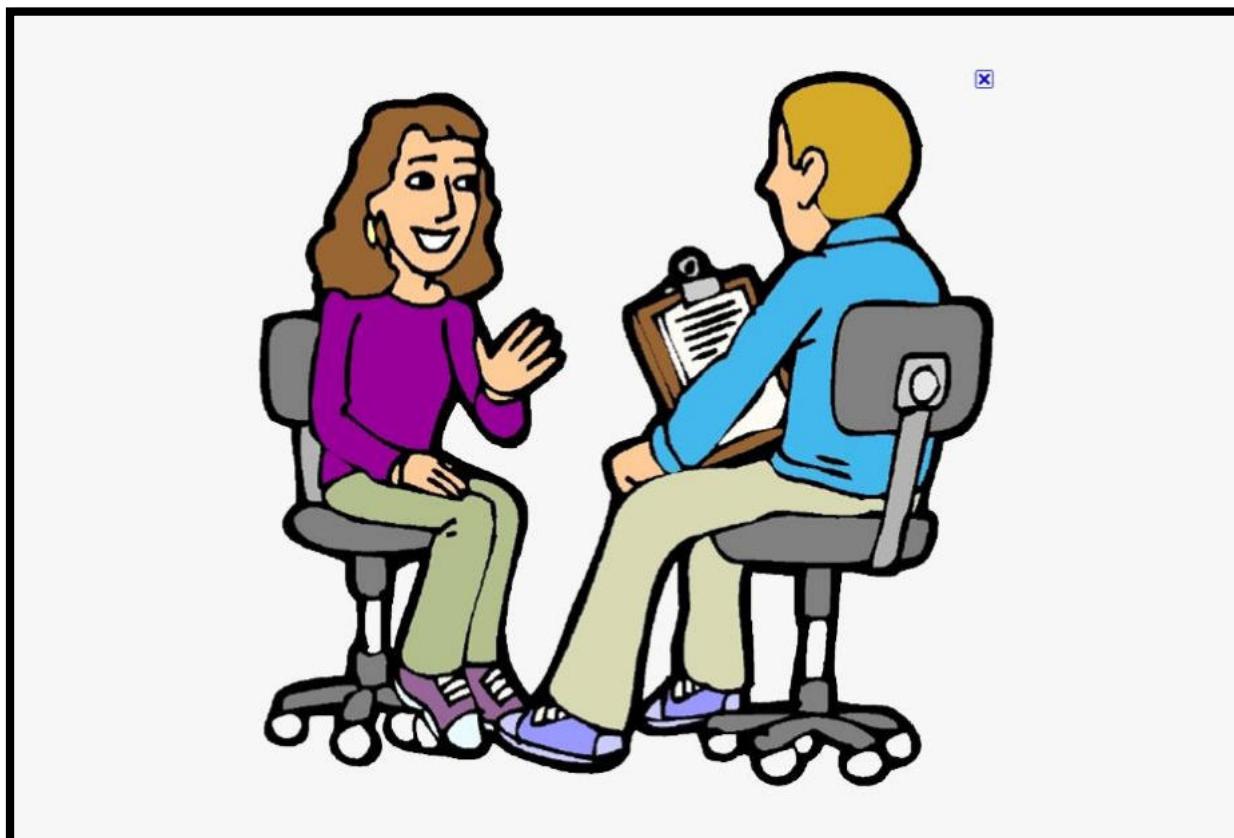
- Probing is possible
- Follow-up and taking advantage of cues is possible
- Flexibility
- Appropriate if dealing with children or illiterates.
- Chance to observe non-verbal gestures, cues, reactions and attitudes,
- Facilitates cross-questioning.

TYPES OF INTERVIEW :

Structured interview schedule

Semi-structured interview schedule

Unstructured interview schedule.



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IG NOBEL



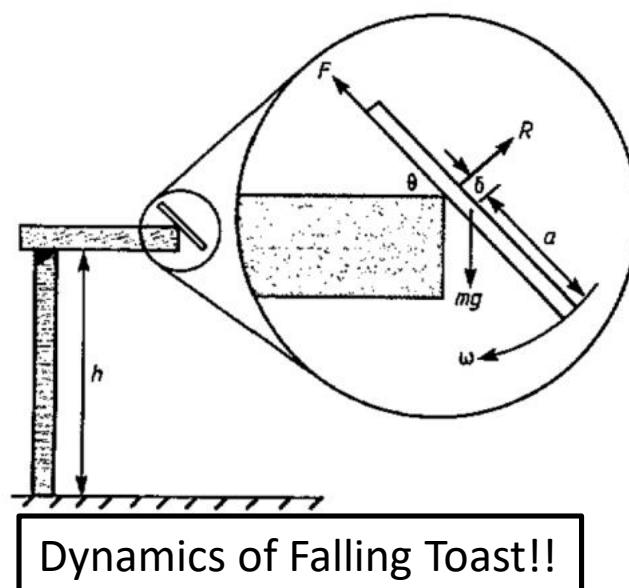
1996 – PHYSICS

Robert Matthews

Buttered Toast Phenomenon

Robert Matthews of Aston University, England, for his studies of Murphy's Law, and especially for demonstrating that toast often falls on the buttered side.

Popular opinion is that the final state is usually butter-side down, and constitutes *prima facie* evidence of Murphy's Law ('If it *can* go wrong, it will'). The orthodox view, in contrast, is that the phenomenon is essentially random, with a 50/50 split of possible outcomes. It was shown that toast does indeed have an inherent tendency to land butter-side down for a wide range of conditions. Furthermore, we show that this outcome is ultimately ascribable to the values of the fundamental constants.



CLICK ON THE YOUTUBE ICON TO WATCH THE VIDEO



Eur. J. Phys. 16 (1995) 172–176. Printed in the UK

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Tumbling toast, Murphy's Law and the fundamental constants

Robert A J Matthews

Department of Applied Mathematics and Computer Science, University of Aston, Birmingham B4 7ET UK†

Received 20 February 1995, in final form 31 March 1995

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Autism Services in SJMCH

Autism or autism spectrum disorders (ASD) as more frequently termed, is increasingly being reported in India especially from the urban contexts. Indian community prevalence estimates vary widely from 0.25 to 1%. While children with autism are seen in many out-patient clinics of the hospital, a formal autism clinic was started at St. John's from 2014 as part of the vision of the unit of hope team. The clinic is supported by a Psychiatry consultant and Residents along with assessments by pediatrician, psychologist and a speech therapist.

LOCATION AND TIMING:

Unit of hope building, Once a week on Thursday

Time: 9 to 1PM

Such autism clinics in teaching hospitals may be a rarity in Karnataka, although some private hospitals do have specialty clinics for children with this diagnosis.



NEED FOR AUTISM CLINIC:

St Johns team had conducted a survey in Mugalur area in year 2011-2014 and identified 7 children qualifying for the diagnosis, from amongst nearly 1700 children below 12 years of age. St. John's hospital has seen an increase in new cases at an alarming rate: In 1997, it was barely 10 cases and increasing to about 48 in 2006. This shot up to nearly 350 in 2017.

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Know Your Hospital!

In recent times, on an average, we see nearly 50 children with this diagnosis per week, across pediatric, psychiatry, neurology and the 'Unit of Hope' clinics, including speech therapy and PMR services.

While many of the children get specialist consultations, assessments and systematic follow-up services from Unit of Hope, very few can be accommodated long term at St. John's Hospital, for all their needed care. Bangalore city perhaps has more services than any other cities, in India. Over 75 plus centers supporting the preschool and scholastic needs of children with a diagnosis of autism spectrum disorders have been identified by our research team. We have informal networks with many of them.

RECOGNITION

Our work at St. John's has been recognized at the national level. Recently a large private donation to develop a center for excellence in ASD has been received. This has resulted in setting up of the Center for Advanced Research and Excellence in Autism and Developmental Disorders (CARE-ADD) within the Unit of Hope, involving different wings of the St. John's National Academy of Health Sciences. This center has twin tracks: a clinical one to develop early identification and intervention models that can be scaled up to secondary care across public health centers in the state of Karnataka, while the research track involves efforts to identify the biological underpinnings of this condition, including developmental neural trajectories in children at-risk for the condition. Several groups of students and interns from various backgrounds are expected to be trained here over the coming years. The newly remodeled structure for the center in the Unit of Hope building was formally blessed by Most Reverend Archbishop Father George Antonyswamy, Chairman of the Governing Board of CBCI Society for Medical Education, recently on the 9th of August 2019 in presence of the AGB members of the CBCI, the SJNAHS Executive and several colleagues from our Academy and outside.

THE TEAM:

The core group of CARE-ADD is made of Dr. Ashok MV and Dr. Vijaya Raman, Department of Psychiatry and Dr. Sarma GRK, Department of Neurology, SJMCH along with Dr. Aruna K, Department of Molecular Medicine and Dr. Shyam Rajagopalan, Machine Learning and AI expert and Hon. Res Associate, SJRI.



Know Your Hospital!

Dr. Sowmyashree K, a child psychiatrist, has joined recently as a Res. Associate. Ms. Shrividya is an SRF in Genetics. Ms. Manjula W is the Nurse Research Fellow. Ms. Angelin Grace has joined as Administrative Manager while Ms. Roopa N is our Data Manager. Ms. Bhavana Kumaraswamy and Ms. Priyanka have joined recently as Senior and Junior Research Fellows in Clinical Psychology, respectively. More staff including Pediatric and Child Psychiatry Fellows, Statisticians, Machine Learning experts and Social Workers, besides a full team of therapists will be added to the team through October/November 2019. We are liaising with several Academic centers to become collaborators in this endeavor. A full-fledged Early Intervention program based on the Com-DEALL model will be in place by November/December of this year, besides an independent EEG service. It is envisaged that there would be a large number of interns from across centers and across disciplines, training here in the coming year.



From Left to Right Row 1- Ms. Srividhya, Dr. Shilpa, Ms. Angelin Grace, Ms Divya Swaminathan, Ms. Meghana V, Ms. Jisha, Ms. Manjula

From left to right Row 2- Littina, Dr. Maria Lewin, Dr. Vijaya Raman, Ms. Roopa, Dr. Ranjan, Ms. Christina, Dr. M.V Ashok





GREY *Matters!*



MEDICAL QUIZ

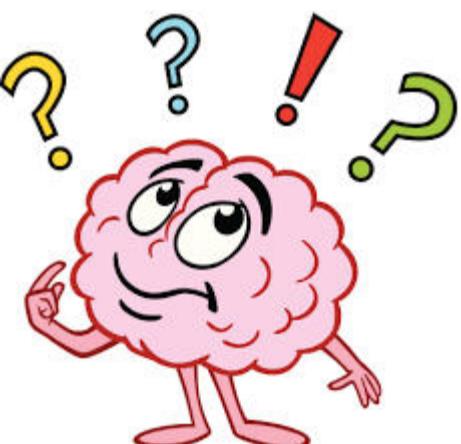
- 1) If you suffered from 'Auto-brewery syndrome', which charge could you probably escape from?
- 2) Of which specialty and which Greek God is this a symbol?



- 3) Which race in the world is known to be the most lactose intolerant?
- 4) What has fluid from this fruit been used as a substitute for and when?



- 5) Why were hat makers called 'mad hatters' in olden days?



[CLICK HERE FOR ANSWERS](#)

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Team of The Month

St. John's Day Care for Children

“A home away from home”, is what St. John's day care for children provides every day to about 25 children between the ages of 4 months to 7 years. Staffs employed at St. John's National Academy of health sciences can avail these services at very nominal fees. The incharge Mrs. Valsamma, along with 6 of her staffs compassionately takes care of the children from 7:30 am to 6.00 pm in the evening. They help the children to eat food, change clothes, use the bathroom, sleep and also sing songs and play with them.

Dropping their children at day care can be stressful for parents but they can be at ease knowing that their children are close by with experienced, caring and safe hands.



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Team of The Month

St. John's Day Care for Children



TEAM MEMBERS (from left to right): Mrs. Mary. Mrs. Valsamma, Mrs. Mary and Mrs. Meena

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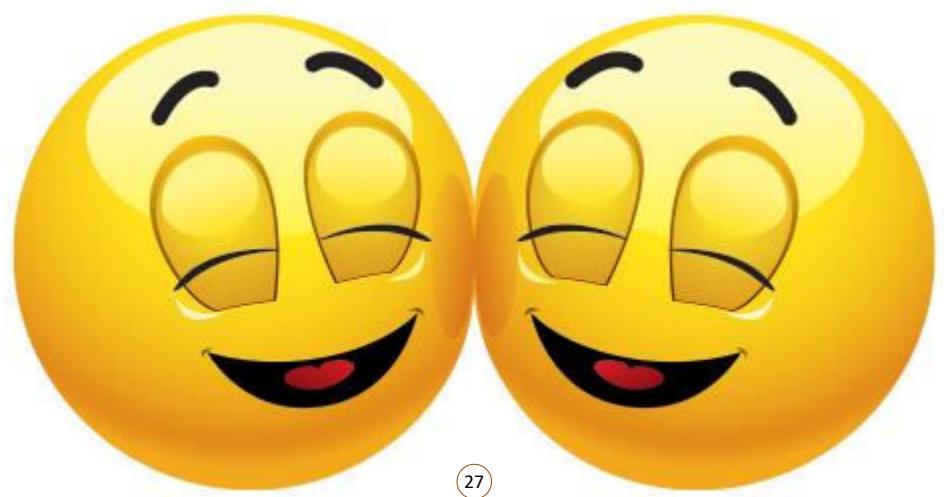


LAUGHTER IS THE BEST MEDICINE...



Sheer exhaustion from taking a stand, making quick decisions, asserting his power...

Be careful about what you eat- a lot of poisoning cases these days...



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Best of RK Laxman,
Times of India



New Section!!!

**“ST. JOHN’S
FOUNTAINHEAD”**

We will publish Abstracts of your
published research.....

Based on criteria laid down by the
Editorial Board.....

Email your Full Articles at the earliest to
Dr. Santu Ghosh

santu.g@stjohns.in

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Oral Provocation Testing in Cutaneous Adverse Drug Reactions to Antiretroviral and Antitubercular Therapy: A Study at a Tertiary Care Hospital in South India.

Kaimal S, Madhukara J.

Department of Dermatology, St John's Medical College Hospital, Bangalore, Karnataka, India.

Abstract

AIM:

To collect data pertaining to oral drug provocation testing (DPT) in hospitalized patients with antiretroviral (ARV)/antitubercular agent-induced rashes.

METHODS:

Patients with cutaneous adverse drug reactions (ADRs) to ARV/antitubercular drugs and who underwent oral DPT during a 5-year period were included in this study.

RESULTS:

Data were collected from the records of 21 patients. Of the 21, 19 had HIV infection. The most commonly implicated drug was nevirapine (NVP), followed by cotrimoxazole and antitubercular agents. Of the 11 ADRs that occurred on rechallenge, the ADR on rechallenge was similar in clinical presentation to the initial ADR in 6 patients, while a different rash was elicited in 5 patients.

CONCLUSION:

Oral DPT is a safe and effective tool to accurately diagnose ADRs, especially in patients on multiple drugs and in situations such as HIV infection and tuberculosis where second-line agents are expensive and/or not easily available through the national AIDS control/tuberculosis programs.

J Int Assoc Provid AIDS Care. 2018 Jan-Dec;17:2325958218760195. doi: 10.1177/2325958218760195

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Are 'fruits and vegetables' intake really what they seem in India?

Minocha S¹, Thomàs T², Kurpad AV³.

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Abstract

BACKGROUND/OBJECTIVES:

Fruits and vegetables are integral parts of a healthy diet. This study evaluated the quantity and diversity of the fruit and vegetable intake in India, with a focus on its distribution across sectors and wealth quintiles.

SUBJECTS/METHODS:

A secondary data analysis on the nation-wide NSSO Household Consumer Expenditure Survey 2011-2012 was performed to estimate the amount (g/capita/day) and diversity of household intake of fruits and vegetables in the rural and the urban sectors of India. Using the expenditure data, households in both the sectors were further divided into wealth quintiles and differences in the diversity of intake was evaluated across these quintiles separately for each sector.

RESULTS:

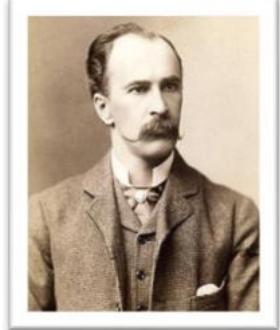
The per capita household vegetable and fruit intake was found to be 145 and 15 g, respectively, for rural India, and 155 and 29 g for urban India. A significant portion of this intake came from energy-dense food items; potatoes and bananas for vegetable and fruit intake respectively. Further, while wealth marginally improved the diversity in vegetable intake, no such trend was observed in fruit intake.

CONCLUSIONS:

Given the high proportion of energy-dense fruits and vegetables in the Indian total intake, the focus should be on improving the diversity of vegetables, as well as on increasing the intake and diversity of fruits.

Eur J Clin Nutr. 2018 Apr;72(4):603-608. doi: 10.1038/s41430-018-0094-1

THE QUOTABLE OSLER



SIR WILLIAM OSLER

View life from two points.

From two points of view alone have we a wide and satisfactory view of life - one, as amid the glorious tints of the early morning, ere the dew of youth has been brushed off, we stand at the foot of the hill, eager for the journey; the other, wider, perhaps less satisfactory, as we gaze from the summit, at the lengthening shadows cast by the setting sun. From no point in the ascent have we the same broad outlook, for the steep and broken pathway affords few halting places with an unobscured view.



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



MEDICINE DIS WEEK

A Bird's Eye View.....

Benefit of Split Dose Bowel Preparation for Colonoscopy.

Split-dose bowel preparation leads to superior colon cleansing for colonoscopy. However, the magnitude of benefit in detecting colonic polyps is uncertain. In a meta-analysis of 7 randomised controlled trials, comparing split-dose vs day-before bowel preparation regimens, there was an increased detection rate of adenomas (risk ratio (RR) 1.26, 95% confidence intervals (CIs): 1.10-1.44; 4 trials; 1,258 participants), advanced adenomas (RR 1.53, 95% CI: 1.22-1.92; 3 trials; 1,155 participants), and Sessile serrated polyps (SSP) (RR 2.48, 95% CI: 1.21-5.09; 2 trials; 1,045 participants). Compared with day-before bowel preparation regimens, split-dose bowel preparations regimens increase the detection of adenomas, advanced adenomas, and have the greatest benefit in SSP detection.

- Zawaly K et al. Am J Gastroenterol. 2019;114(6):884. .

Surgery versus conservative treatment for cerebellar hemorrhage.

The association of surgical hematoma evacuation with clinical outcomes in patients with cerebellar intracerebral hemorrhage (ICH) has not been established. In a metaanalysis of observational studies, the adjusted analysis, propensity score-matched groups included 152 patients with surgical hematoma evacuation vs 152 patients with conservative treatment surgical hematoma evacuation was associated with improved survival at three months (78 versus 61 percent) yet similar rates of a favorable functional outcome.

-Kuramatsu JB et al., JAMA. 2019;322(14):1392.



The Efficacy of Split-Dose Bowel Preparations for Polyp Detection: A Systematic Review and Meta-Analysis

Kathleen Zawaly, BSc¹, Colin Rumbolt, MD², Ahmed M. Abou-Setta, MD, PhD^{1,3}, Christine Neilson, MLIS⁴, Rasheda Rabbani, PhD^{1,3}, Ryan Zarychanski, MSc, FRCP, MD^{1,2,5} and Harminder Singh, MD, MPH, FRCP(C)^{1,2,5}

INTRODUCTION: Split-dose bowel preparation leads to superior colon cleansing for colonoscopy. However, the magnitude of benefit in detecting colonic polyps is uncertain. We performed a systematic review to synthesize the data on whether using a split-dose bowel preparation regimen improves the detection of polyps when compared with other dosing methods or regimen products.

METHODS: We searched MEDLINE, EMBASE, and CENTRAL databases (from the inception to June 2017) for randomized controlled trials that assessed the following: split-dose vs day-before, split-dose vs same-day (as colonoscopy), or different types of split-dose regimens for patients undergoing colonoscopy. We excluded studies limited to inpatients, children, or individuals with inflammatory bowel disease. We compared the number of patients undergoing colonoscopy with recorded detection of polyps, adenomas, advanced adenomas, sessile serrated polyps (SSPs), right colonic adenomas, right colonic polyps, or right colonic SSPs.

RESULTS: Twenty-eight trials fulfilled the inclusion criteria (8,842 participants). Of the seven trials comparing split-dose vs day-before bowel preparation regimens, there was an increased detection rate of adenomas (risk ratio (RR) 1.26, 95% confidence intervals (CIs): 1.10–1.44; 4 trials; 1,258 participants), advanced adenomas (RR 1.53, 95% CI: 1.22–1.92; 3 trials; 1,155 participants), and SSPs (RR 2.48, 95% CI: 1.21–5.09; 2 trials; 1,045 participants). Pooled estimates from 8 trials (1,587 participants) evaluating split-dose vs same-day bowel preparations yielded no evidence of statistical difference. For various split-dose vs split-dose trials, 14 fulfilled the criteria (5,496 participants) and no superior split-regimen was identified.

CONCLUSIONS: Compared with day-before bowel preparation regimens, split-dose bowel preparations regimens increase the detection of adenomas, advanced adenomas, and have the greatest benefit in SSP detection.

SUPPLEMENTARY MATERIAL accompanies this paper at <http://links.lww.com/AJG/A68>

Am J Gastroenterol 2019;114:884–892. <https://doi.org/10.14309/ajg.000000000000155>

INTRODUCTION

Colorectal cancer (CRC) is the third most common cancer and cause of cancer-related deaths among both men and women in North America (1). Colonoscopy is associated with a reduction in CRC through the removal of precursor lesions, which include adenomatous polyps and sessile serrated polyps (SSPs) (2). However, the effectiveness of a colonoscopy is highly dependent on the quality of bowel preparation (3). Adequate bowel preparation allows for the detection of CRC and CRC precursor polyps while reducing the risk of colonoscopy associated complications, delays in diagnosis, and the need for a repeat procedure (4,5).

Historically, the most commonly used bowel preparation laxative regimens have included polyethylene glycol (PEG) in high-volume (≥ 3 L), PEG in low-volume (< 3 L), sodium phosphate (NaP), oral sulfate solution (OSS), or sodium picosulfate magnesium oxide and citric acid (SPMC). Although the high-volume of preparation of PEG is preferentially used by many practices, it does not always improve cleansing; some studies indicate that using low-volume preparation regimens increase bowel cleansing, as patient compliance is increased (6–8). Although NaP and OSS are no longer recommended for bowel preparation for colonoscopy in North America, they continue to be available.

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Association of Surgical Hematoma Evacuation vs Conservative Treatment With Functional Outcome in Patients With Cerebellar Intracerebral Hemorrhage

Joji B. Kuramatsu, MD; Alessandro Biffi, MD; Stefan T. Gerner, MD; Jochen A. Sembill, MD; Maximilian I. Sprügel, MD; Audrey Leasure, BS; Lauren Sansing, MD; Charles Matouk, MD; Guido J. Falcone, MD; Matthias Endres, MD; Karl Georg Haeusler, MD; Jan Sobesky, MD; Johannes Schurig, MD; Sarah Zweynert, MD; Miriam Bauer; Peter Vajkoczy, MD; Peter A. Ringleb, MD; Jan Purrucker, MD; Timolaos Rizos, MD; Jens Volkmann, MD; Wolfgang Müllges, MD; Peter Kraft, MD; Anna-Lena Schubert, MD; Frank Erbguth, MD; Martin Nueckel, MD; Peter D. Schellinger, MD, PhD; Jörg Glahn, MD; Ulrich J. Knappe, MD; Gereon R. Fink, MD; Christian Dohmen, MD; Henning Stetefeld, MD; Anna Lena Fisse, MD; Jens Minnerup, MD; Georg Hagemann, MD; Florian Rakers, MD; Heinz Reichmann, MD; Hauke Schneider, MD; Jan Rahmig, MD; Albert Christian Ludolph, MD; Sebastian Stösser, MD; Hermann Neugebauer, MD; Joachim Röther, MD; Peter Michels, MD; Michael Schwarz, MD; Gernot Reimann, MD; Hansjörg Bänzner, MD; Henning Schwert, MD; Joseph Claßen, MD; Dominik Michalski, MD; Armin Grau, MD; Frederick Palm, MD; Christian Urbanek, MD; Johannes C. Wöhrle, MD; Fahid Alshammari, MD; Markus Horn, MD; Dirk Bahner, MD; Otto W. Witte, MD; Albrecht Günther, MD; Gerhard F. Hamann, MD; Manuel Hagen, MD; Sebastian S. Roeder, MD; Hannes Lücking, MD; Arnd Dörfler, MD; Fernando D. Testai, MD, PhD; Daniel Woo, MD; Stefan Schwab, MD; Kevin N. Sheth, MD; Hagen B. Huttner, MD, PhD

IMPORTANCE The association of surgical hematoma evacuation with clinical outcomes in patients with cerebellar intracerebral hemorrhage (ICH) has not been established.

OBJECTIVE To determine the association of surgical hematoma evacuation with clinical outcomes in cerebellar ICH.

DESIGN, SETTING, AND PARTICIPANTS Individual participant data (IPD) meta-analysis of 4 observational ICH studies incorporating 6580 patients treated at 64 hospitals across the United States and Germany (2006-2015).

EXPOSURE Surgical hematoma evacuation vs conservative treatment.

MAIN OUTCOMES AND MEASURES The primary outcome was functional disability evaluated by the modified Rankin Scale ([mRS] score range: 0, no functional deficit to 6, death) at 3 months; favorable (mRS, 0-3) vs unfavorable (mRS, 4-6). Secondary outcomes included survival at 3 months and at 12 months. Analyses included propensity score matching and covariate adjustment, and predicted probabilities were used to identify treatment-related cutoff values for cerebellar ICH.

RESULTS Among 578 patients with cerebellar ICH, propensity score-matched groups included 152 patients with surgical hematoma evacuation vs 152 patients with conservative treatment (age, 68.9 vs 69.2 years; men, 55.9% vs 51.3%; prior anticoagulation, 60.5% vs 63.8%; and median ICH volume, 20.5 cm³ vs 18.8 cm³). After adjustment, surgical hematoma evacuation vs conservative treatment was not significantly associated with likelihood of better functional disability at 3 months (30.9% vs 35.5%; adjusted odds ratio [AOR], 0.94 [95% CI, 0.81 to 1.09], *P* = .43; adjusted risk difference [ARD], -3.7% [95% CI, -8.7% to 1.2%]) but was significantly associated with greater probability of survival at 3 months (78.3% vs 61.2%; AOR, 1.25 [95% CI, 1.07 to 1.45], *P* = .005; ARD, 18.5% [95% CI, 13.8% to 23.2%]) and at 12 months (71.7% vs 57.2%; AOR, 1.21 [95% CI, 1.03 to 1.42], *P* = .02; ARD, 17.0% [95% CI, 11.5% to 22.6%]). A volume range of 12 to 15 cm³ was identified; below this level, surgical hematoma evacuation was associated with lower likelihood of favorable functional outcome (volume ≤12 cm³, 30.6% vs 62.3% [*P* = .003]; ARD, -34.7% [-38.8% to -30.6%]; *P* value for interaction, .01), and above, it was associated with greater likelihood of survival (volume ≥15 cm³, 74.5% vs 45.1% [*P* < .001]; ARD, 28.2% [95% CI, 24.6% to 31.8%]; *P* value for interaction, .02).

CONCLUSIONS AND RELEVANCE Among patients with cerebellar ICH, surgical hematoma evacuation, compared with conservative treatment, was not associated with improved functional outcome. Given the null primary outcome, investigation is necessary to establish whether there are differing associations based on hematoma volume.

JAMA. 2019;322(14):1392-1403. doi:10.1001/jama.2019.13014

← Editorial page 1355

+ Supplemental content

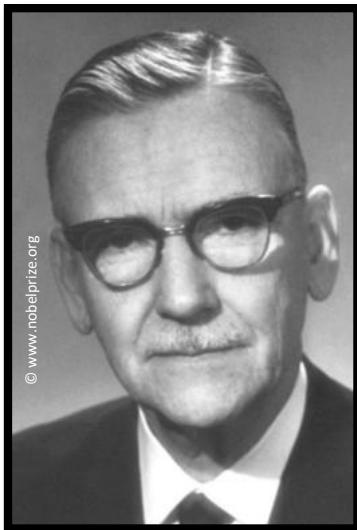
Author Affiliations: Author affiliations are listed at the end of this article.

Corresponding Author: Hagen B. Huttner, MD, PhD, Department of Neurology, University of Erlangen-Nürnberg, Erlangen, Germany (hagen.huttner@klinik.uni-erlangen.de).

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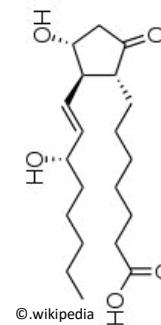
PROSTAGLANDINS



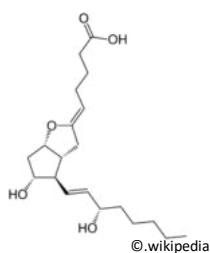
UIF VON EULER

The Swedish scientist Ulf von Euler (who has won, Nobel prize for his work on nerve transmission in 1970) had discovered that a protein substance in human semen causes the smooth muscle of the uterus to contract.

Because he thought this was produced by a man's prostate gland, he had named the substance prostaglandin, although it was later found that other tissues in the body produce it, including the lining of the uterus itself.



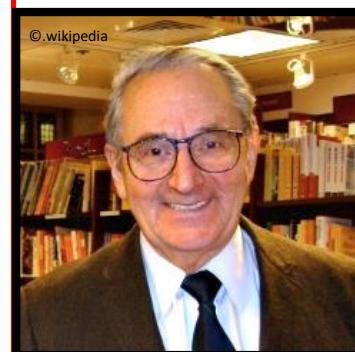
ALPROSTADIL



PROSTACYCLIN

The first total syntheses of prostaglandins were reported by Elias James "E.J." Corey in 1969, an achievement for which he was awarded the Japan Prize in 1989.

In 1971, it was determined that aspirin-like drugs could inhibit the synthesis of prostaglandins.



ELIAS JAMES COREY

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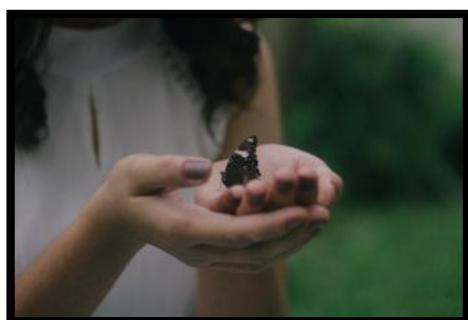
PEARLS OF WISDOM

Do all the good you can, By all the means you can, In all the ways you can, In all the places you can, At all the times you can, To all the people you can, As long as you ever can.

- John Wesley



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There is nothing stronger in the world than gentleness.

- Han Suyin

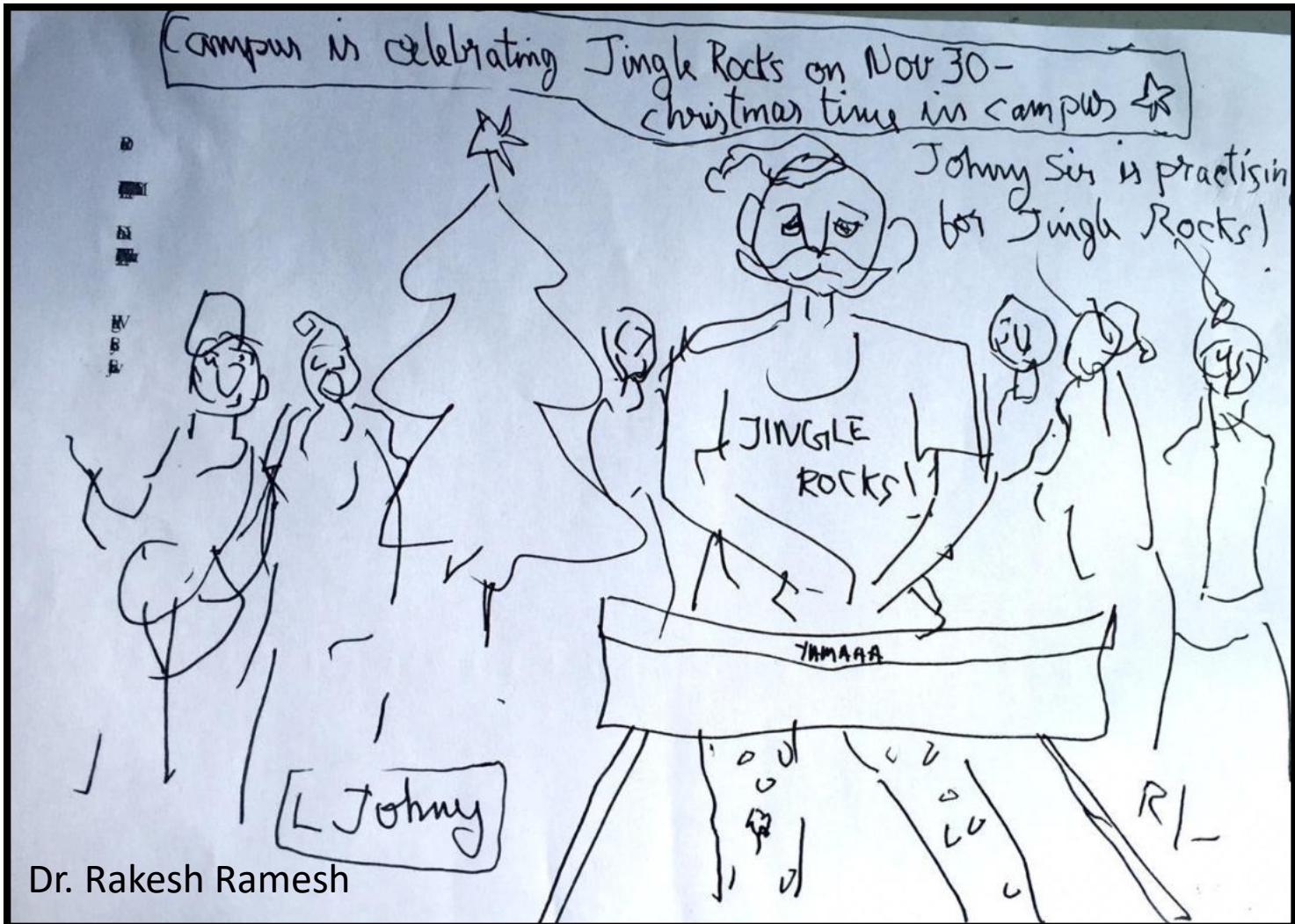
A single act of kindness throws out roots in all directions, and the roots spring up and make new trees.

- Father Faber



© SMA News Today

L Johnny



Did You Know?

Americans purchase nearly 600 million pounds of candy a year for Halloween. An incredible 90 million pounds of chocolate candy is sold during Halloween week, taking a strong lead compared to other holidays. That amounts to one quarter of all the candy sold annually in the US.

REF: Mobile-cousin.com



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DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?

Write to Dr. Avinash. H. U: avinash.hu@stjohns.in



GREY *Matters!*



QUIZ ANSWERS

1. Drunk driving!
2. Pharmacy, Hygeia
3. Chinese-95% of Chinese infants are lactose intolerant by 1 year of age!
4. Blood plasma, Japanese and British soldiers were administered coconut water IV during WW-II as it closely resembled blood plasma in its composition!
5. They suffered Mercury poisoning from the use of felting material.

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A Musical by Jimmy & Carol Owens

SCRIPTED & DIRECTED BY

WENDY M DICKSON

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