

What's Up? @St John's Hospital

Issue 45, February 1st, 2021



Happy
71st
REPUBLIC
Day

COVID 19 Vaccination inaugural day – St. John's Centre on 16th January 2021. In the Pic Rev. Dr. Paul Parathazham (Director, SJNAHS), Dr. K. Sudhakar (Honorable Minister of Health and Family Welfare & Medical Education, Karnataka) and Dr. Ramakrishna Goud (Professor, Dept. of Community Medicine)

PC: Dr. Rakesh Ramesh

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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!

We are pleased to release the forty fifth issue of “What’s Up? @ St John’s Hospital” magazine today. We welcome Mr. Sreenivasan N, senior medical laboratory technician, blood bank to our editorial team.

Wish you all a very happy Republic Day. The present issue of the magazine is themed for 71st Republic day, an occasion to celebrate the freedom and sovereignty of our Motherland, to remind ourselves of our duty as citizens to safeguard our freedom, to remember with gratitude the sacrifice of the freedom fighters, and to pray for our Nation.

January 2021 was a month where we stand together to fight back COVID with the national vaccination drive. It was a proud moment for the St. John’s family, being a national inaugural vaccination site.

We thank Dr. Carol Lobo (Senior Resident, Dermatology), Dr. Ramakrishna Goud (Professor, Community Medicine), Dr. Premalatha TS(Professor, Gynaecologic Oncology), Dr. Ranjini Srinivasan (Asst. Professor, Pediatrics), Dr. Fulton D’Souza (Professor, Pediatrics) and Mrs. Noella (Secretary, ADH) for contributing to various sections of the present issue.

Do not miss the section ‘Team of the month’ where we highlight the Electrical department.

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



WORLD LEPROSY DAY

End The Stigma

- Dr Carol Lobo (Senior Resident,
Department of Dermatology)

Leprosy is a chronic granulomatous disorder caused by Mycobacterium Leprae which was discovered by Gerhard Henrik Armauer Hansen in 1873. India attained the elimination figure of less than 1 case of leprosy per 10,000 people in December 2005. Despite this, India still accounts for the largest number of new leprosy cases in the world, maintaining more than 50 per cent of the leprosy burden of the world. Multibacillary Multidrug therapy (MDT) is central to the Leprosy Elimination program. It includes Dapsone, Rifampicin and Clofazimine administered for a duration of 6 months and 12 months for Paucibacillary and Multibacillary Leprosy respectively. Second line drugs like clarithromycin, ofloxacin and minocycline are used in resistant cases. Complications of leprosy include Type 1 and Type 2 Lepra reactions and disabilities. Vaccines like Mycobacterium indicus pranii, BCG and killed M.Leprae, ICRC bacilli can be used as adjuvants with MDT in patients and as prophylaxis in high risk contacts.

World Leprosy Day is observed on 30 January in India to coincide with the death anniversary of Mahatma Gandhi. It focuses on the target of zero cases of leprosy related disabilities. Early detection, treatment and rehabilitation can help achieve this target along with strengthening interventions to prevent leprosy transmission as well as to end the stigma associated with this disease.



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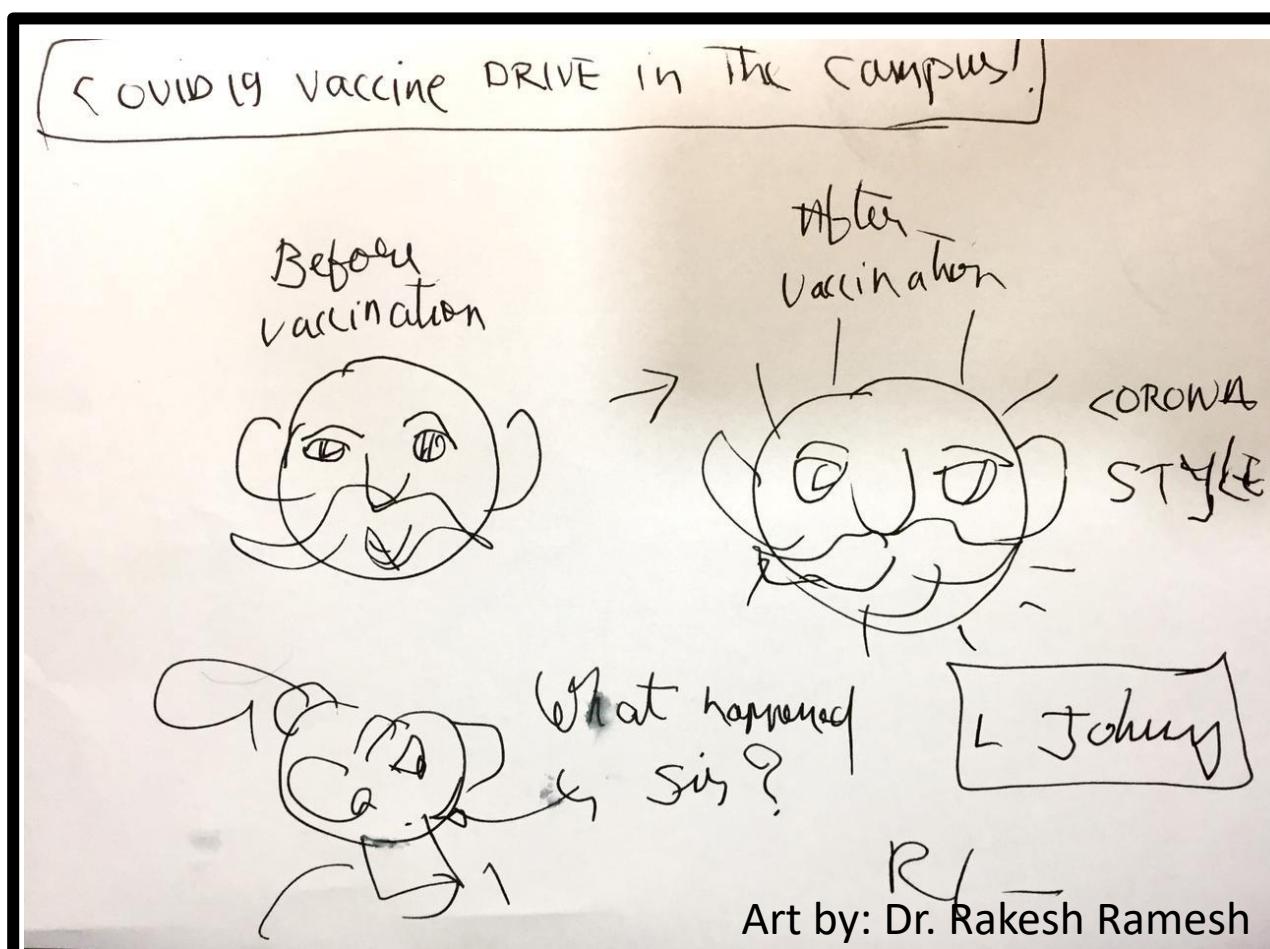
Happy 71st REPUBLIC Day



26th January 2021 - Republic Day is an occasion to celebrate the freedom and sovereignty of our Motherland, to remind ourselves of our duty as citizens to safeguard our freedom, to remember with gratitude the sacrifice of the freedom fighters, and to pray for our nation.

The celebration was organized in front of the OPD entrance. The chief guest of the program was Dr. Ramakrishna Goud (Professor & Head, Dept. of Community Medicine) who hoisted the flag and delivered a message. The occasion was graced by the executives of the Academy. The program was live streamed.

L Johny



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Child For Life (CFL) Run 2020

31st December 2020

A couple with a simple vision, motivated by an urge to help underprivileged sick children began a fund in 1998 to be utilized in “medical life saving emergencies”. This fund, which is employed solely by the faculty of the Department of Pediatrics at St John’s Medical College, Bangalore, has currently aided in the care of more than 2000 children since its inception. Children who require emergency lifesaving interventions and drugs which are cost effective, children with acute illnesses (medical/surgical) or acute on chronic illness with anticipated favorable prognosis and children who are below the age of 18 and are from lower socio-economic strata of society are beneficiaries.

The Child for Life run for the year 2020 was held on 31st December 2020. This year apart from the run for a cause in the campus, the alumni across the world shared their pictures. Dr. Maya Therattil planned to conduct the run virtually amidst the pandemic situation. There was a food fest for 3 days (31st Dec 2020, 1st and 4th Jan 2021) and lucky draw in collaboration with student executive committee (2021-22). Dr. Sherlyn Ambrose from the department of surgery prepared cupcakes for the food fest. The funds collected were donated towards CFL.



Acknowledgement: Dr. Ranjini Srinivasan (Asst. Prof, Pediatrics) & Dr. Chitra Dinakar (Prof, Pediatrics)

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National Girl Child Day

24th January 2021

Department of Pediatrics

Department of Pediatrics organised National Girl Child day on 24th January 2021. The day signifies the importance of a girl child who plays a crucial role in the society and development of a country. The program was intended to orient the parents and children about the importance of this day and how in unity, we can make a difference and help in improving the holistic development of a girl child and equality of rights. This program had series of interesting talks in 3 different languages viz., Kannada, Tamil and Telugu.

Importance of nutrition and immunisation were covered by Dr. Archana Varghese. Adolescent health for girl children was highlighted by Dr. Christi and Dr. Viji. Dr. Rashmika and Dr. Naveen spoke about the education of girl child. There was a small session to assess the level of understanding of the parents gathered, their views on girl child and their role in the upbringing of girl child, and holistic development.



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COVID-19 Vaccination Drive – St. John’s

16th January 2021

St. Johns Medical College and Hospital has geared up for 7000+ COVID-19 Vaccinations for all staff, both medical and support staff as well as students beginning from 16th January 2021. We will be running nine parallel vaccination session sites in our exclusive spacious modular former Covid Care center in the hospital. Arrangements have been made for maintaining cold chain for vaccines with dedicated ice lined refrigerator (ILR) and vaccine carriers. Teams are led by Community Health doctors with support from competent nurses, pharmacists, general physicians, anesthesiologist and Emergency Physicians for the duration of the activity. Education including webinars, education booklets and posters have been the strategy to build confidence. Senior leaders are to lead the vaccination campaign as volunteers. Vaccinations will be provided with all aseptic precautions and beneficiaries will be stringently monitored for Adverse Effects Following Immunisation as per GOIs standard protocols and guidelines related to COVID-19 Vaccination. We thank Governments of India and Karnataka and BBMP for selecting St John Medical College to be one of the National Launch Sites for COVID-19 vaccination. We thank the BBMP for their solid support and guiding us in this endeavor. From 16th to 28th January 2021, 4127 health care workers were vaccinated.



Brand New ILR Procured by
St.John’s for COVID-19
Vaccination



Nursing team on the field

Acknowledgement: Dr. Ramakrishna Goud,
Professor, Department of Community Medicine

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COVID-19 Vaccination Drive – St. John’s



GoK-BBMP Officials made multiple inspections of the National Launch Site-St.John’s



WHO Team visited and video documented the systems for replication and orientation for other health centres



Undergraduate volunteers handling verification desk in attendance learning the precautions and contraindications for COVID-19 Vaccination

Acknowledgement & PC: Dr. Ramakrishna Goud, Professor, Department of Community Medicine



Rev. Dr. Paul Parathazham, Director, St. John’s National Academy of Health science availed vaccine on 23rd Jan 2021

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Cervical Cancer Awareness - Program

16th January 2021

Department of Gynaecologic Oncology

Cervical Cancer is a preventable disease if detected early and treated adequately. Majority of the women affected are young, poor and uneducated. The World Health Organization has planned a global strategy to eliminate cervical cancer and has put forward a mathematical model of 90-70-90 target by 2030 in low and low middle-income countries. 90% of girls to be vaccinated before 15 years age, 70 % of women to be screened with high performance tests by 35-45 years age and 90% women identified with cervical disease to receive treatment.

Elimination of cervical cancer requires health promotions and awareness at all levels. Awareness among the general public is very important. January being a cervical cancer awareness month, the department of Gynecologic Oncology in collaboration with the College of Nursing had organized a poster competition for the nursing students on 22nd January 2021. The posters were displayed in the MRD foyer, for creating awareness among patients and their care givers. The students came out with colorful posters with their creative ideas and won prizes. A virtual cervical cancer awareness talk was organized on 23, January 2021 for the college of nursing staff and students. Together we can strive to eliminate this disease.

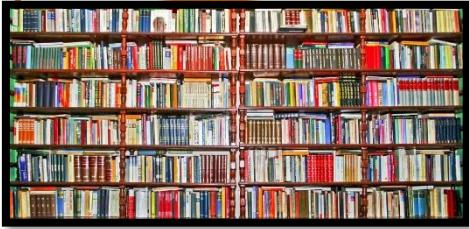


Acknowledgement: Dr. Premalatha TS, Professor & Head, Department of Gynaecologic Oncology

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PEARLS OF WISDOM

The chief happiness for a man is to be what he is.
- Desiderius Erasmus



©Jinc.com & Pinterst

A single conversation across the table with a wise man is worth a month's study of books.
- Chinese Proverb

Just love life and it will love you back.
- Madeline



© Youngisthan

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

Did You Know?

There was a transition from Boxy shaped cars prevalent in 1970s to Curvy shaped cars in 1980s.

There were three inter-related reasons for this – The European style trends, mandatory push by the governments on fuel economy and newer technology that allowed the manufacturers to design curvy cars!



1977 CHRYSLER LEBARON



1993 DODGE NEON

© <https://www.vox.com/>

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Team of The Month

ELECTRICAL DEPARTMENT

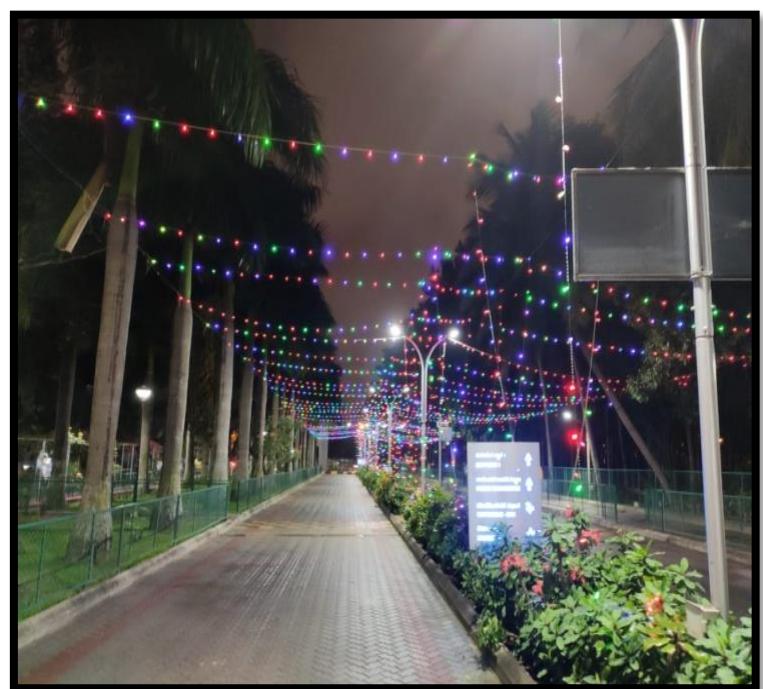
Maintenance & facilities management includes a wide variety of tasks. It encompasses a great deal of “behind the scenes” work to ensure that a facility or building remains functional and comfortable for its users.

Here, in this write-up we describe the maintenance of electrical facilities. It can involve inspecting, repairing, and maintaining electrical systems and other related utility services. Workers are typically divided by experience and responsibilities.

Maintenance technician: They inspect, repair, and maintain the electrical systems of the building. Tasks are typically assigned by work orders and maintenance workers report to supervisors who oversee their tasks.

Maintenance Supervisor: They plan, assign, and manage a team of maintenance workers for a particular shift. They review incoming work orders as well as short and long term objectives to prioritize the maintenance department’s work for the day or week. Maintenance supervisors also handle personnel issues such as interviewing, hiring, and training maintenance workers.

The maintenance department handles all the systems, repairs, and ongoing tasks to keep the facility running every day. A hospital complex is one example of an area that has varying needs. Management wants to ensure supply of electricity round the clock in hospital, hostels and related facilities. In addition to that following are the scope of works to be handled by the technicians.



Team of The Month

Electrical Department

Maintaining the sub-stations on a regular basis and attend any defects/problems in case of shut down. Similarly the following activities has to be performed round the clock.

- Maintaining Transformers, DG Sets, HT Breakers, LT Switch Gears/Breakers.
- Providing UPS Power and maintenance for essential departments and their equipment.
- Attending all complaints & requests regarding repairs and defects from hospital, hostels, medical college, utility building and throughout the campus round the clock.
- Providing electrical services during the renovation of each departments or wards.
- Providing audio/video system wherever necessary and maintaining the same.
- Maintenance of Televisions, TV cables and repairing the same if needed any time.
- Additional electric works in different areas inside the campus as per the requirement and approval from the Associate Directors.
- Preventive maintenance of electrical installations in the hospital, hostels and all the amenities inside the campus.
- Maintenance of pneumatic tube transport (PTT) systems that propel cylindrical containers through networks of tubes by compressed air or by partial vacuum. They are used for transporting small solid objects like urgent packages (such as mail, paperwork) over relatively short distances, as opposed to conventional pipelines which transport fluids.
- Electric works for Christmas decorations, cribs and New Year eve to keep the campus yard brightly lit during night hours by ensuring overloaded circuits and electrical shorts.

The above list is a set of tasks for the maintenance team while they also run into constraints like, working with old equipment, spare parts inventory, lack of historical data.

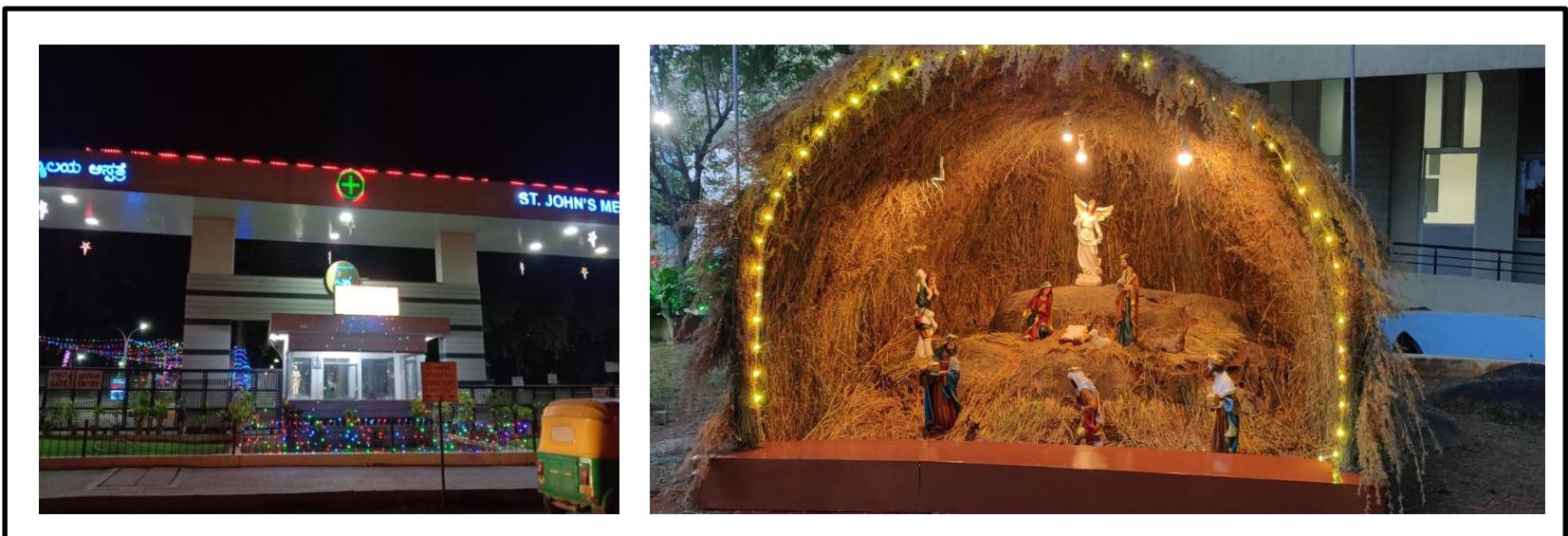


Team of The Month

Electrical Department



The Team (Left to Right)– Irudayaraj, Manjunath, Venkatesh, Yellappa, PremKumar, Shaju, Santhosh Kumar, Arun Kumar, John Baskaran, Vinod Kumar.



Acknowledgement: Mr. Rajesh,
Project Manager



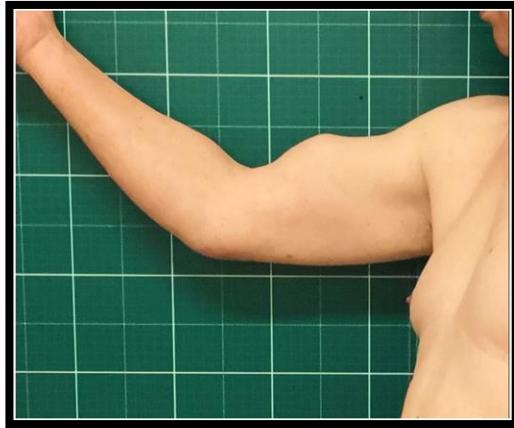


GREY Matters!



DISORDERS/SYNDROMES AND FICTIONAL CHARACTERS

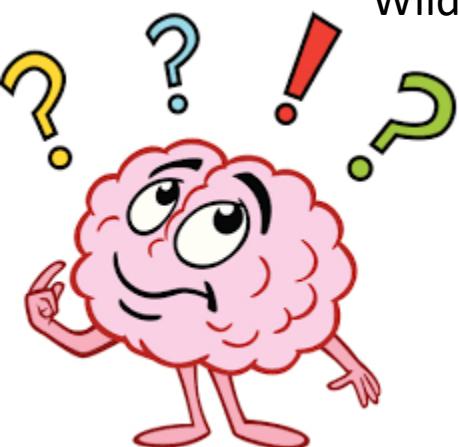
1. Name this entity. Neither olive oil nor spinach can cure this!



2. A fictional character purported to be suffering from this disorder missed the American revolution as he slept through it! Name the character, the syndrome and two of its alternative names.
3. What is the association between these pictures?



4. Which is the syndrome characterised by rebellious nature evolving into absenteeism and frequent job changes, probably caused by parental neglect- named after the titular character in one of S.L.Clemens's novels.
5. Sufferers of this syndrome leave no stone unturned to keep the wellspring of youth eternally flowing! Which is this disorder named after a vain, self-obsessed character in one of Oscar Wilde's plays?



[CLICK HERE FOR ANSWERS](#)

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Rhyme Chime...

A winged windfall

- Dr Jyothi Idiculla
(Professor and Head, Dept. of Medicine)



Walking with the smart phone on my ear
Deep in conversation with someone dear

My eyeballs spotted you in camouflage
Amidst mixed colors of bushy foliage

Shiny, diamonds, topaz, corals and onyx
Embedded on thy wings in a magical fix

A rare sight of the flamboyant Jezebel
Studded with gemstones as in a jewel!!!

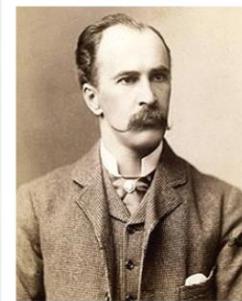
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THE QUOTABLE OSLER

Be aware of your own frailties.

Dealing as we do with poor, suffering humanity, we see the man unmasked, or so to speak, we see him in his uniform, exposed to all the frailties and weaknesses, and you have got to keep your heart pretty soft and pretty tender not to get too great a contempt for your fellow creatures.



SIR WILLIAM OSLER



© leadershipfreak



Say nothing if not complimentary.

If you cannot say anything good about a man, say nothing.

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



MEDICINE THIS MONTH

A Bird's Eye View.....

Life Expectancy after Bariatric Surgery in the Swedish Obese Subjects Study.

In a study that followed participants in the Swedish Obese Subjects study and a random sample of the general population for over 20 years, the adjusted median life expectancy of obese individuals who underwent bariatric surgery was 3 years longer than that of those who received usual obesity care, but 5.5 years shorter than that in the general population.

- Carlsson et al. NEJM 2020.

Refeeding inpatients with anorexia nervosa.

Nutritional rehabilitation for anorexia nervosa often begins with lower-calorie diets to mitigate the risk of the refeeding syndrome, but these diets may lead to poorer outcomes. A multicentric randomized trial compared higher-calorie with lower-calorie refeeding in 111 malnourished, medically unstable inpatients with anorexia nervosa (mean age 16 years). The higher-calorie group began at 2000 kcal/day and increased by 200 kcal/day, whereas the lower-calorie group began at 1400 kcal/day and increased by 200 kcal every two days. Higher-calorie refeeding reduced the mean time to medical stability (7 versus 10 days) and increased weight gain; the incidence of electrolyte abnormalities was similar for both groups.

- Garber AK et al. JAMA Pediatr. 2021. Uptodate



REFERENCE 1: MEDICINE THIS MONTH

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Life Expectancy after Bariatric Surgery in the Swedish Obese Subjects Study

Lena M.S. Carlsson, M.D., Ph.D., Kajsa Sjöholm, Ph.D.,
Peter Jacobson, M.D., Ph.D., Johanna C. Andersson-Assarsson, Ph.D.,
Per-Arne Svensson, Ph.D., Magdalena Taube, Ph.D.,
Björn Carlsson, M.D., Ph.D., and Markku Peltonen, Ph.D.

ABSTRACT

BACKGROUND

Obesity shortens life expectancy. Bariatric surgery is known to reduce the long-term relative risk of death, but its effect on life expectancy is unclear.

METHODS

We used the Gompertz proportional hazards regression model to compare mortality and life expectancy among patients treated with either bariatric surgery (surgery group) or usual obesity care (control group) in the prospective, controlled Swedish Obese Subjects (SOS) study and participants in the SOS reference study (reference cohort), a random sample from the general population.

RESULTS

In total, 2007 and 2040 patients were included in the surgery group and the control group, respectively, and 1135 participants were included in the reference cohort. At the time of the analysis (December 31, 2018), the median duration of follow-up for mortality was 24 years (interquartile range, 22 to 27) in the surgery group and 22 years (interquartile range, 21 to 27) in the control group; data on mortality were available for 99.9% of patients in the study. In the SOS reference cohort, the median duration of follow-up was 20 years (interquartile range, 19 to 21), and data on mortality were available for 100% of participants. In total, 457 patients (22.8%) in the surgery group and 539 patients (26.4%) in the control group died (hazard ratio, 0.77; 95% confidence interval [CI], 0.68 to 0.87; $P < 0.001$). The corresponding hazard ratio was 0.70 (95% CI, 0.57 to 0.85) for death from cardiovascular disease and 0.77 (95% CI, 0.61 to 0.96) for death from cancer. The adjusted median life expectancy in the surgery group was 3.0 years (95% CI, 1.8 to 4.2) longer than in the control group but 5.5 years shorter than in the general population. The 90-day postoperative mortality was 0.2%, and 2.9% of the patients in the surgery group underwent repeat surgery.

CONCLUSIONS

Among patients with obesity, bariatric surgery was associated with longer life expectancy than usual obesity care. Mortality remained higher in both groups than in the general population. (Funded by the Swedish Research Council and others; SOS ClinicalTrials.gov number, NCT01479452.)

From the Institutes of Medicine (L.M.S.C., K.S., P.J., J.C.A.-A., P.-A.S., M.T., B.C.) and Health and Care Sciences (P.-A.S.), Sahlgrenska Academy at the University of Gothenburg, and Early Cardiovascular, Renal, and Metabolism (CVRM), Biopharmaceuticals Research and Development, AstraZeneca (B.C.), Gothenburg, and the Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Solna (M.P.) — both in Sweden; and the Public Health Promotion Unit, National Institute for Health and Welfare, Helsinki (M.P.). Address reprint requests to Dr. Carlsson at SOS Secretariat, Vita Stråket 15, Sahlgrenska University Hospital, S-413 45 Gothenburg, Sweden, or at lena.carlsson@medic.gu.se.

N Engl J Med 2020;383:1535-43.

DOI: 10.1056/NEJMoa2002449

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REFERENCE 2: MEDICINE THIS MONTH

JAMA Pediatrics | [Original Investigation](#)

Short-term Outcomes of the Study of Refeeding to Optimize Inpatient Gains for Patients With Anorexia Nervosa

A Multicenter Randomized Clinical Trial

Andrea K. Garber, PhD, RD; Jing Cheng, PhD; Erin C. Accurso, PhD; Sally H. Adams, PhD, RN; Sara M. Buckelew, MD, MPH; Cynthia J. Kapphahn, MD, MPH; Anna Kreiter, PsyD; Daniel Le Grange, PhD; Vanessa I. Machen, MS, RD; Anna-Barbara Moscicki, MD; Allyson Sy, MS, RD; Leslie Wilson, PhD; Neville H. Golden, MD

[+ Supplemental content](#)

IMPORTANCE The standard of care for refeeding inpatients with anorexia nervosa, starting with low calories and advancing cautiously, is associated with slow weight gain and protracted hospital stay. Limited data suggest that higher-calorie refeeding improves these outcomes with no increased risk of refeeding syndrome.

OBJECTIVE To compare the short-term efficacy, safety, and cost of lower-calorie vs higher-calorie refeeding for malnourished adolescents and young adults with anorexia nervosa.

DESIGN, SETTING, AND PARTICIPANTS In this multicenter randomized clinical trial with prospective follow-up conducted at 2 inpatient eating disorder programs at large tertiary care hospitals, 120 adolescents and young adults aged 12 to 24 years hospitalized with anorexia nervosa or atypical anorexia nervosa and 60% or more of median body mass index were enrolled from February 8, 2016, to March 7, 2019. The primary analysis was a modified intent-to-treat approach.

INTERVENTIONS Higher-calorie refeeding, beginning at 2000 kcal/d and increasing by 200 kcal/d vs lower-calorie refeeding, beginning at 1400 kcal/d and increasing by 200 kcal every other day.

MAIN OUTCOMES AND MEASURES Main outcomes were end-of-treatment outcomes; the primary end point of this trial will be clinical remission over 12 months. Short-term efficacy was defined a priori as time to restore medical stability in the hospital, measured by the following 6 indices: 24-hour heart rate of 45 beats/min or more, systolic blood pressure of 90 mm Hg or more, temperature of 35.6 °C or more, orthostatic increase in heart rate of 35 beats/min or less, orthostatic decrease in systolic blood pressure of 20 mm Hg or less, and 75% or more of median body mass index for age and sex. The prespecified safety outcome was incidence of electrolyte abnormalities; cost efficacy was defined as savings associated with length of stay.

RESULTS Because 9 participants withdrew prior to treatment, the modified intention-to-treat analyses included 111 participants (93%; 101 females [91%]; mean [SD] age, 16.4 [2.5] years). Higher-calorie refeeding restored medical stability significantly earlier than lower-calorie refeeding (hazard ratio, 1.67 [95% CI, 1.10-2.53]; $P = .01$). Electrolyte abnormalities and other adverse events did not differ by group. Hospital stay was 4.0 days shorter (95% CI, -6.1 to -1.9 days) among the group receiving higher-calorie refeeding, which was associated with a savings of \$19 056 (95% CI, -\$28 819 to -\$9293) in hospital charges per participant.

CONCLUSIONS AND RELEVANCE In the first randomized clinical trial in the US to compare refeeding approaches in patients with anorexia nervosa and atypical anorexia nervosa, higher-calorie refeeding demonstrated short-term efficacy with no increase in safety events during hospitalization.

TRIAL REGISTRATION ClinicalTrials.gov Identifier: [NCT02488109](#)

JAMA Pediatr. doi:10.1001/jamapediatrics.2020.3359
Published online October 19, 2020.

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

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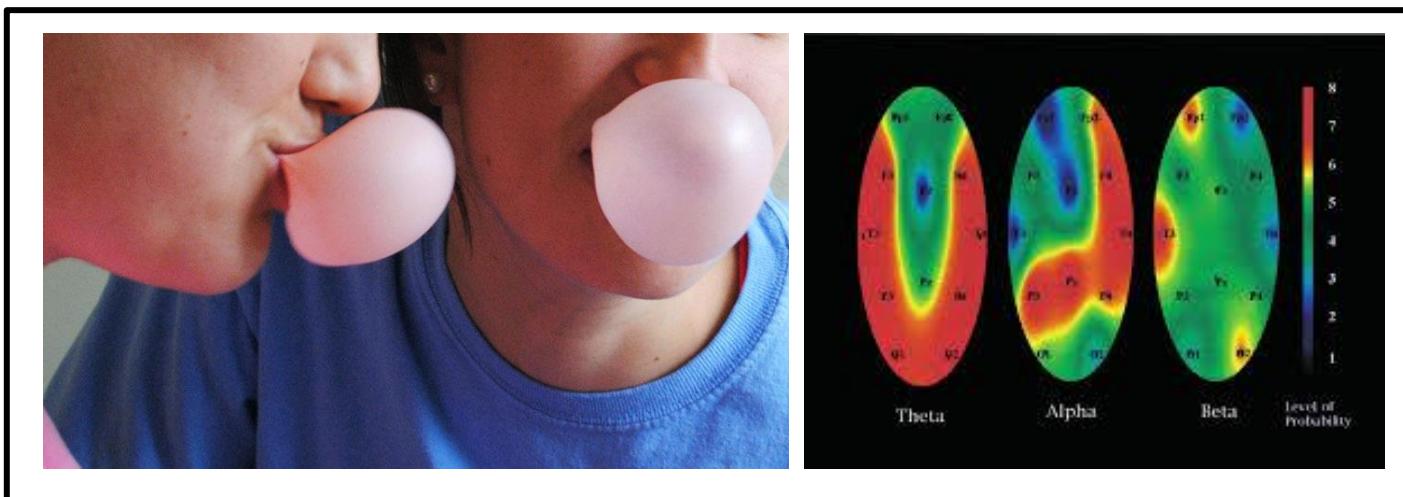
IG NOBEL

1997 – BIOLOGY



T. Yagyu, J. Wackermann, T. Kinoshita, T. Hirota, K. Kochi, I. Kondakor, Thomas König, and Dietrich Lehmann

T. Yagyu, J. Wackermann, T. Kinoshita, T. Hirota, K. Kochi, I. Kondakor, Thomas König, and Dietrich Lehmann, from the University Hospital of Zurich, Switzerland, from Kansai Medical University in Osaka, Japan, and from Neuroscience Technology Research in Prague, Czech Republic, for measuring **people's brainwave patterns** while they chewed different flavors of gum.



One- minute, 19 channel, eyes-closed electroencephalograms (EEG) were recorded from 20 healthy males before and after using 3 types of chewing gum: regular gum containing sugar and aromatic additives, gum containing 200mg of theanine (a constituent of Japanese green tea), and gum base (no sugar, no aromatic additives). Brain electric activity was assessed through Global Omega Complexity and Global Dimensional Complexity (GDC).

Global Omega complexity was found to be sensitive measure for subtle, central effects of chewing gum with and without flavour!

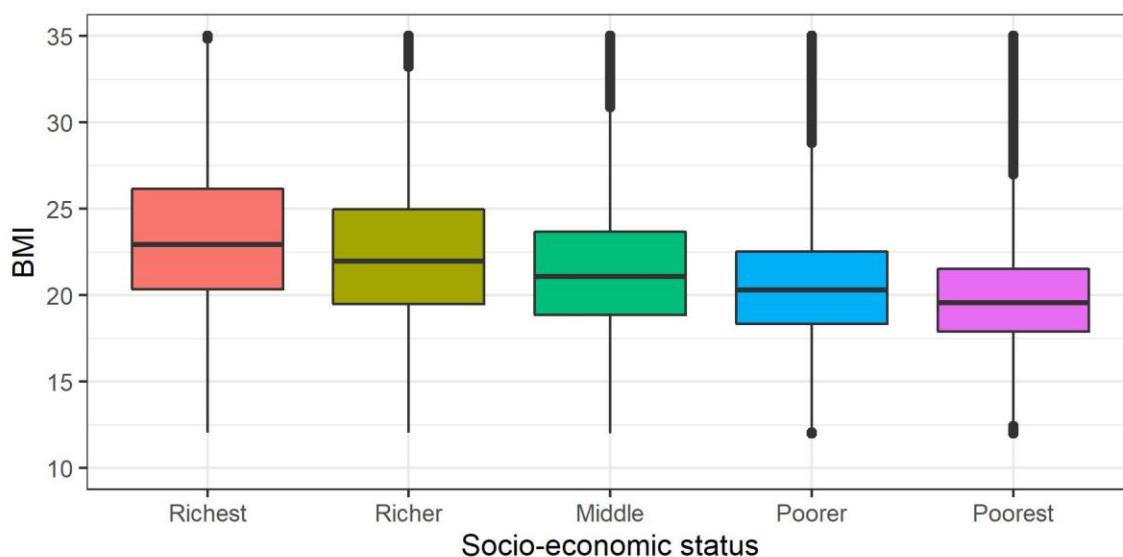
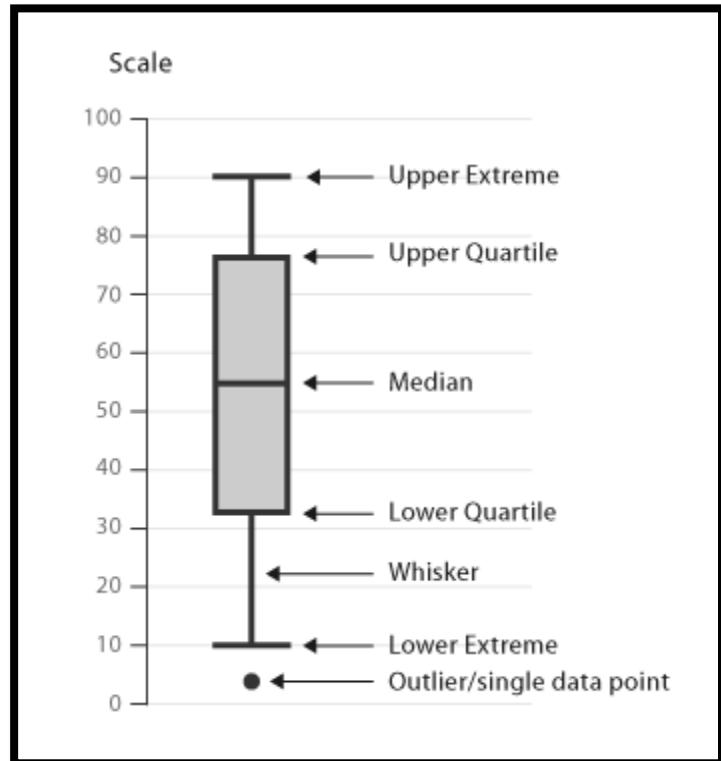


RESEARCH SNIPPETS

Box-whisker plot: a way of visual display of measured data

A Box and Whisker Plot (or Box Plot) is a convenient way of visually displaying the data distribution through their quartiles

1. The Middle line is the median which is the average.
2. The height of rectangle is the interquartile range (IQR); bottom line represents lower quartile and top line stands for upper quartile.
3. The lower extreme of the whisker stands for lower plausible range and upper extreme line is the upper plausible range. Statistically it is 95% confidence interval of median.
4. The dots outside the whisker is considered as outlier or inconsistent data point.
5. If the median line is at the middle of the rectangle then data is symmetric; if it is closure to lower quartile line, it is positively skewed; if closure to upper quartile line then it is negatively skewed.



The figure compares the BMI of India women of reproductive age across socioeconomic groups by box-whisker plots. Data from NFHS 4.

Early Greece: Origins of resorts and spa healing

The transition from magic to science was a gradual process that lasted for centuries, and there is little doubt that ancient Greece inherited much from Babylonia and Egypt and even from India and China. The divine Asclepius who lived about 1200 BCE and is said to have performed many miracles of healing.

To his resorts, or hospitals, sick persons went for the healing ritual known as incubation, or temple sleep. They lay down to sleep in the dormitory, or abaton, and were visited in their dreams by Asclepius or by one of his priests, who gave advice. In the morning the patient often is said to have departed cured. There are at Epidaurus many inscriptions recording cures, though there is no mention of failures or deaths.

Diet, baths, and exercises played their part in the treatment, and it would appear that these temples were the prototype of modern health resorts. Situated in a peaceful spot, with gardens and fountains, each had its theatre for amusements and its stadium for athletic contests. The cult of incubation continued far into the Christian era.



Ivory Diptych

Asclepius, from an ivory diptych, 5th century CE; in the Liverpool City Museum, England.
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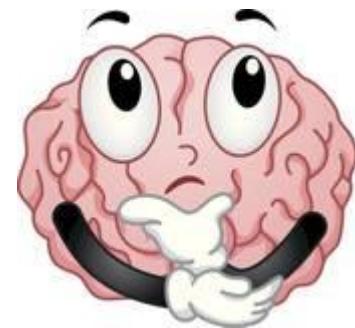
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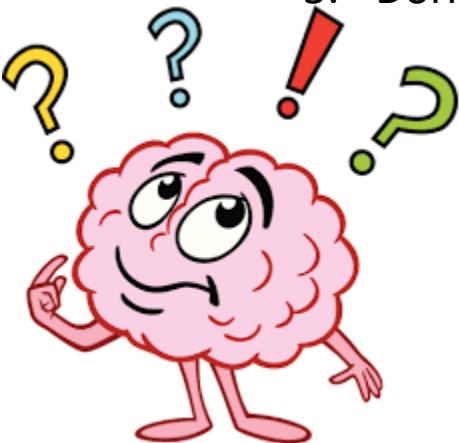
GREY Matters!



DISORDERS/SYNDROMES AND FICTIONAL CHARACTERS

ANSWERS

1. Popeye's sign/deformity. Rupture of biceps tendon
2. Rip van Winkle/ Sleeping beauty/Kleine-Levine Syndrome characterised by hypersomnolence
3. Trichotillomania and trichophagy causing a trichobezoar- Rapunzel syndrome
4. Huckleberry Finn syndrome
5. Dorian Gray syndrome



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