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HIGHLIGHTS

ORAL HEALTH NEEDS DURING PREGNANCY

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Dr. Archana M.S.

Good oral health during pregnancy is important to the overall health of both the expectant mother and the child. Knowledge regarding health promotion and disease prevention to improve oral health and total health of the child begins with prenatal care. There are several myths about dental health and pregnancy, for e.g. during every pregnancy there is loss of a tooth or that the baby will take calcium he or she requires from mothers tooth. These myths actually point the need for good care and nutrition.

Pregnancy and oral diseases:

Oral diseases are due to the formation of *plaque*- a sticky colorless film that forms on the tooth surface every day. Hormonal changes i.e. increased level of estrogens and progesterone makes the gingiva more susceptible to inflammation and bleeding. Eating patterns, lack of thorough oral hygiene practice causes increased plaque formation resulting in oral disease.

Gingivitis

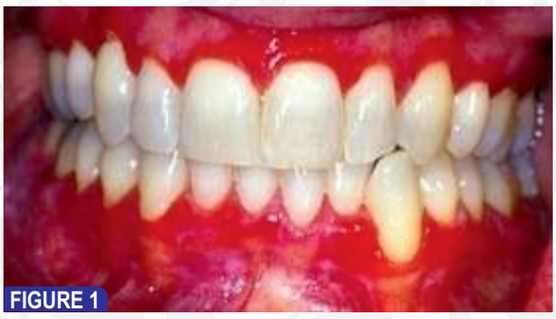


FIGURE 1

Gingivitis is the most common oral disease in pregnancy (Figure 1), with a prevalence of 60 to 75 %. Many expectant mothers notice bright red swollen tender gums that bleed easily when flossed or brushed. During pregnancy, it is aggravated by fluctuations in estrogen and progesterone levels in combination with changes in oral flora and a decreased immune response. It begins during 2nd or 3rd month, becomes severe at 8th month and decreases during 9th month. In 2nd month post partum there is reduction in gingivitis and after 1 year gingiva gets normal. Gingivitis progresses to *peridontitis.*

Periodontiti

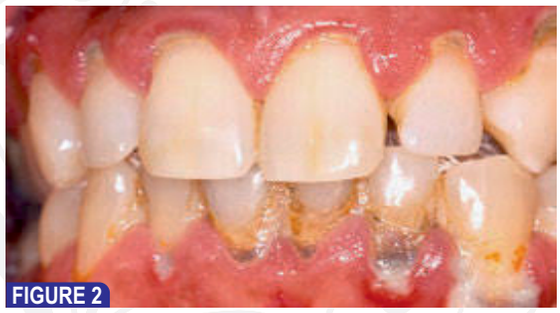


FIGURE 2

This condition (Figure 2) is a destructive inflammation of the periodontium affecting approximately 30 % of women during pregnancy. The process involves bacterial infiltration in the periodontium leading to elevated inflammatory markers in the amniotic fluid of women. It is probable that PGE2 restricts placental blood flow and causes placental necrosis and resultant intrauterine growth restriction and possible preterm labor. Few researchers have shown that there is an association between chronic gingival disease and pre-eclampsia. Prevention is the key. Thorough oral hygiene measures, including tooth brushing and flossing, professional scaling and use of antimicrobial mouth rinses is recommended.

Pregnancy tumor


FIGURE 3

Pregnancy oral neoplasia (Figure 3) occurs in up to 5% of pregnancies. This vascular lesion is caused by increased progesterone in combination with local irritants and bacteria. It is a benign mushroom like flattened sessile/pedunculated mass, red and smooth, lobulated growing up to 3/4th inch in size which bleed on brushing. They are painless located primarily on the gingiva, may also involve tongue, palate, or buccal mucosa. Management is usually observational. Unless the tumors bleed, interfere with mastication, or do not resolve after delivery, surgical excision is indicated.

Desk of the Dean

Dear reader,

The current issue of Spandan features clinical case reports from a variety of specialties, academic experiences, progress in medical education technologies and community outreach programs. The University has been organizing workshops and conferences. I extend my best wishes to the Editorial Board, who have been striving to create a wider circulation and increase readership of Spandan.

Dr. F. S. Mehta, Dean

Editor's Desk

Profuse Greetings and Good Wishes

My last writing mentioned about the quantum leap that was in the offing, has now become a reality, where in the present issue bring up the max of scientific articles from various faculties of our Geetanjali University. The good part is that so much of academic work is happening here that our hands are full of various interesting articles. Our Editorial Board is making efforts to re-jacket our Spandan and I hope that it shall please you all. Until then enjoy the reading and kindly do enlighten us by your valuable feedback.

Dr. Pankaj Saxena, Editor-in-Chief

FIGURE 4

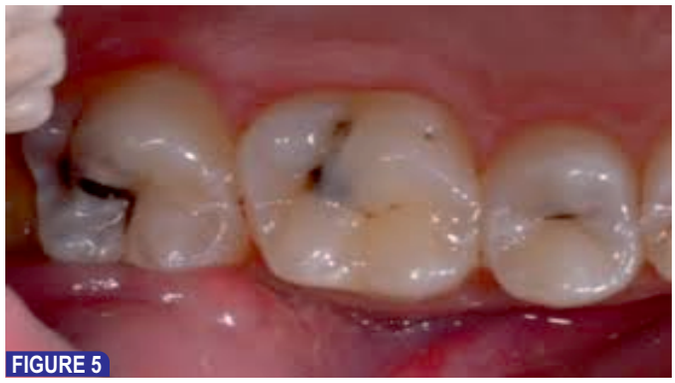


FIGURE 5

Dental caries

Pregnant women are at higher risk of dental caries (Figure 4) due to increased acidity in the oral cavity, sugary dietary cravings, and limited attention to oral health. It is an infectious disease leading to progressive destruction of tooth substance. It is now recognized that mothers are common source of transmission of bacteria to infants. The risk of caries can be decreased by brushing twice daily with fluoride toothpaste and limiting sugary foods. Decayed teeth should be restored as early as possible, preferably in the 2nd trimester. Use of nutritious and non-cariogenic foods such as boiled egg, cheese, milk and raw vegetables.

Dental hypersensitivity

Pregnancy is associated with craving to eat acidic food. Recurrent vomiting episodes are also frequent especially in the 1st trimester. These leads to erosion of the outer layer of teeth called “ENAMEL” and expose the inner layer called “DENTIN”- resulting in tooth sensitivity (Figure 5). Symptoms of this include sharp pain triggered by hot, cold, sour and sweet, brushing and flossing. Avoid eating sweet, sour and acidic food is advisable. Desensitizing mouth rises and tooth paste is indcated.

Tooth mobility

Tooth mobility increases in pregnancy due to physiochemical changes in periodontal tissues. Teeth stabilize on its own after delivery.

Ptylism/sialorrhea

Sialorrhea is a condition characterized by excessive secretion of saliva in the oral cavity. It usually begins 2-3 weeks of gestation and ceases after delivery.

Health care professionals should collaborate to develop comprehensive prenatal testing protocols, including complete treatment plans, which aim to prevent any problems and restore the pregnant woman's oral health.

A LESSON IN HEART

My little 10-year-old daughter, Sarah was born with a muscle missing in her foot and wear a brace all the time. She came home one beautiful spring day to tell me she had competed in “field day” – that's where they have lots of races and other competitive events.

Because of her leg support, my mind raced as I tried to think of encouragement for my Sarah, things I could say to her about not letting this get her down – but before I could say anything, she said, “Daddy, I won two of the races!” I couldn't believe it! And then Sarah said, “I had an advantage.” I knew it I thought she must have been given a head start…some kind of physical advantage. But again, before I could say anything, she said, “Daddy, I didn't get a head start…my advantage was I had to try harder.”

IMAGING OF DISSEMINATED CYSTICERCOSIS: MANY FACES TO IDENTIFY

Dr. Ravinder Kumar Kundu, *Professor,* Dept. of Radiodiagnosis, GMCH, Udaipur.

Dr. Ravinder K. Kundu

Introduction

Disseminated cysticercosis (DCC) is a rare complication of cysticercosis, which is caused by Cysticercus cellulosae, the larval form of the pork tapeworm, Taenia solium. It can involve any organ of the body. Fewer than 50 cases of DCC have been reported worldwide, the majority being from India. It is important to recognise this pleomorphic disease clinically; early radiological evaluation is warranted in cases of disseminated condition.

Case Report

A 31-year-old immunocompetent male, non-vegetarian, presented with a 2-month history of headache, vomiting and recurrent generalized seizures. He also complained of multiple palpable nodular lesions all over the body, progressive loss of memory and judgment since three months. A physical examination revealed several firm, well-circumscribed, non-tender subcutaneous nodules all over the body, predominantly seen over the neck, chest, back region, abdominal wall and extremities. The nodular lesions were well defined and varying in size from 0.5 to 3cm. The typical "Herculean" appearance, associated with muscular pseudohypertrophy was seen in all extremities. The differential leukocyte count (DLC) showed borderline eosinophilia (6%). He had stable vital signs and no focal neurological deficit was noted. All other investigations were within normal limits.

Diagnostic Work-up

Plain radiographs showed typical 'rice-grain' shaped or cigar shaped calcification in the soft tissues [Figure 1]. Ultrasound examination revealed multiple round to oval thin walled anechoic lesion of 8 to 10 mm with eccentric echogenic intralesional focus, representing scolex [Figure 2]. Magnetic resonance imaging (MRI) of the whole body revealed innumerable, hyperintense lesions, with longitudinal orientation along the muscle fibers, distributed in the brain, scalp, orbits, limb muscles and adjacent subcutaneous tissues of the neck, chest wall, forearms and arms, back, abdominal wall, thighs, calves, gluteal, pelvic as well as the paraspinal muscles [Figure 3]. A cystic lesion was also seen in right lung. This "starry sky appearance "is pathognomic of DCC. Magnetic resonance imaging (MRI) of the brain revealed diffuse hyperintense cystic lesions with eccentric hypointense scolex in the parenchymal,scalp tissue and retroocular regions [Figure 4(a)]. There was evidence of mild hydrocephalus, brain edema and signs of raised intracranial tension. The bilateral brain parenchyma, extraocular, facial and tongue muscles were involved [Figure 4(b)]. These imaging features along with patient's history of intractable epilepsy are characteristic of encephalitic form of neurocysticercosis.

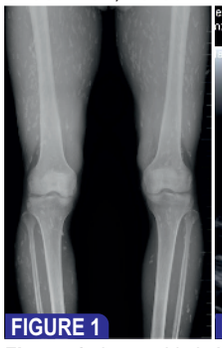


FIGURE 1

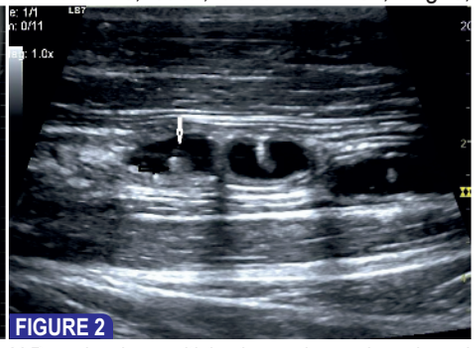


FIGURE 2

Figure 1. Lower Limb X-Ray showing multiple rice grain or cigar-shaped calcifications, lying parallel to muscle fibres, in limb muscles.

Figure 2. Ultrasound reveals a cystic lesion (white arrow) with hyperechoic scolex (black arrow) in the left calf region.

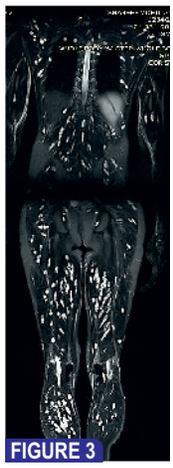


FIGURE 3

Figure 3. Whole Body Coronal STIR image shows innumerable intramuscular and few subcutaneous hyperintense foci throughout the body (multiple cysticerci involving almost all muscles of the axial and appendicular skeleton) suggestive of disseminated cysticercosis

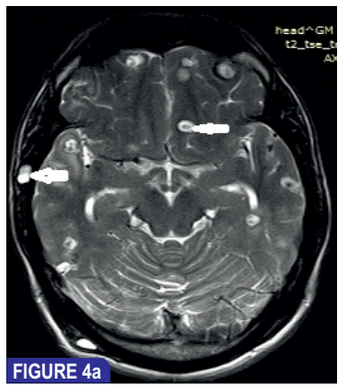


FIGURE 4a

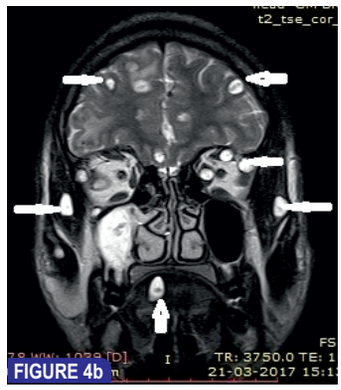


FIGURE 4b

Figure 4 (a & b) : Axial {Fig 4(a)} and Coronal {Fig 4(b)} T2W Image showing multiple cysticerci lesions (arrows) in the bilateral brain parenchyma, scalp, extraocular , facial and tongue muscles.

This patient was symptomatically managed with mannitol and glucocorticoids to decrease edema and inflammation. Antiepileptics were continued. Follow-up imaging showed improvement, and the patient was asymptomatic 3- months after treatment.

Discussion

The main features of DCC include dementia, confusion, intractable epilepsy, enlargement of the subcutaneous and lingual nodules, muscle hypertrophy and a relative absence of focal neurological signs or obvious raised intracranial pressure, at least until late in the disease. Painless diffuse enlargement of all muscle groups (Muscular pseudohypertrophy), a rare presentation, gives the patient a 'Herculean appearance'.

The diagnosis of cysticercosis is based on a constellation of (a) clinical findings; (b) noninvasive imaging findings (CT and MR imaging); (c) the cysticercus-specific IgG antibody level as determined with an enzyme-linked immunoelectrotransfer blot assay; and (d) an enzyme-linked immunosorbent assay in either serum or CSF, with a specificity and sensitivity of 100%

and 98%, respectively. Diagnosis of disseminated cysticercosis (DCC) can be considered to be confirmed if there are multiple vesicular cystic lesions present in the brain and cysts are demonstrated in at least two other body parts . However, widespread massive dissemination of the cysticercal infestation can result in the involvement of any organ in the body. DCC is not a single disease entity that can be managed uniformly.Treatment of DCC is controversial and depends on the location and cyst burden, the symptoms, and associated complications.Furthermore, cysticidal agents, such as albendazole and praziquantel ,may complicate the treatment as they themselves initiate a host inflammatory response that may result in raised intracranial tension, status epilepticus and generalized anaphylactic reaction, which may be due to demise of cyst and massive release of antigens. In a series by Wadia et al., all three patients died after treatment with praziquantel. All three patients, in fact, had encephalitic form of disseminated cysticercosis. Hence, these therapies should be advised with high degree of caution and should be individualized. Our patient, a case of encephalitic form of disseminated cysticercosis, was well managed by antiepileptics and steroids. He did not received albendazole and/or praziquantel, and was asymptomatic for the last 3-months.

LUNG CANCER : A STUDY OF 350 PATIENTS AT A TERTIARY LEVEL HOSPITAL IN SOUTHERN RAJASTHAN

Dr Rishi Kumar Sharma, *Professor,* Department of Respiratory Medicine, GMCH, Udaipur


Dr Rishi Kumar Sharma

Background and Aims

Lung cancer is very common in Indian population. This study reports the epidemiological profile of patients suffering from lung cancer at GMCH, Udaipur. Three hundred and fifty patients with lung cancer seeking treatment in the department of respiratory medicine, GMCH, were studied. Fiberoptic bronchoscopy (FOB) or computed tomography (CT) guided fine needle aspiration cytology (FNAC)/biopsy or both were emloyed to confirm the diagnosis.

Observations

Out of 350 patients, 313 (89%) were men and 37(11%) were women. Smoking and alcohol use was reported by 302 (86.28%) and 88(25.14%) patients respectively. Majority of patients (72%) were aged between 51 to 70 years. Predominant symptoms reported were cough (79.71%) followed by breathlessness (55.71%) and chest pain (49.42%). Clubbing, mediastinal lymphadenopathy and pleural fluid were present in 95 (27.14%), 186 (53.14%) and 109 (31.14%) patients respectively. Diagnosis of lung cancer was confirmed using CT guided FNCAC in 129 patients and using FOB in 221 patients. The histological types diagnosed were squamous cell carcinoma (169), adenocarcinoma (96), small cell carcinoma (35), metastatic (6), large cell carcinoma in (3). Anaplastic, oat cell carcinoma and bronchoalveolar cell carcinoma were the uncommon histological types in our study. Non small cell lung carcinoma, not falling into a specific category was found in 25 patients. Carcinoma lung not otherwise specified was found in 13 patients.

Conclusion

Squamous cell carcinoma tops the list followed by adenocarcinoma, at GMCH which provides health care services to many patients from the south western region of Rajasthan.

EFFICACY OF NEBULIZATION VERSUS TRANSTRACHEAL INJECTION WITH LOCAL ANAESTHETIC FOR AWAKE FIBEROPTIC INTUBATION

Dr. Anil Kumar Bhiwal, *Assistant Professor,* Department of Anaesthesiology, GMCH


Dr. Anil Kumar Bhiwal

Background and Aims

Awake fiberoptic intubation (AFOI) is the gold standard for anticipated difficult intubation in maxillofacial surgery. Topical anaesthesia of the airway is essential for AFOI. The aim of this study was to compare the efficacy of two techniques: nebulization and trans-tracheal injection by local anesthetic for AFOI.

Materials and Method

This prospective, randomized, double blind study was conducted on 60 patients ≥18 years of age, ASA PS I-III undergoing maxillofacial surgery requiring nasal intubation and anticipated difficult intubation. Patients were divided into two groups: Group T received trans-tracheal injection with 4ml of 4 % lidocaine and Group N received nebulisation with 4ml of 4% lidocaine. Time taken to intubate the patient, ease of intubation assessed by cough and gag reflex score, patient comfort score, patient satisfaction score and hemodynamic changes were recorded and compared. The data were presented as mean ± SD, median and range. Student t-test and chi-square test were applied appropriately. $P<0.05$ was considered statistically significant.

Results

Time taken to intubate the patient was significantly less in Group T (131.27±71.81 sec) than Group N (220.97±102.45 sec) ($P=0.00013$). Ease of intubation ($P=0.0023$), patient comfort ($P=0.0018$) and patient satisfaction score ($P<0.001$) were significantly better in Group T as compared to Group N.

Conclusion

Trans-tracheal technique is faster, easier with better patient comfort as compared to nebulization technique for providing topical anaesthesia for AFOI.

This paper was presented and awarded the Young Scientist Award at the 2nd Annual Conference of the Association for Medical Updates 2018 at GMCH, Udaipur.

EXSTROPHY BLADDER: A SURGICAL CHALLENGE

Dr. Atul Mishra

Consultant Pediatric Surgeon, GMCH, Udaipur.

Dr. Atul Mishra

Exstrophy bladder (syn. ectopia vesicae) is a relatively rare congenital anomaly. This embryological disorder is caused by incomplete development of the infraumbilical part of the anterior abdominal wall, associated with incomplete development of bladder wall owing to the delayed rupture of cloacal membrane.

The surgical treatment of bladder exstrophy is a highly specialized and difficult area of pediatric surgery. Accordingly, it is most appropriate for these cases to be referred to a specialist centre.

The incidence has been estimated to be between 1 in 10,000 to 1 in 50,000 live births. Male to female ratio is about 3:1.

It may be complete or incomplete, with the more common complete variety presenting with the deep red bladder mucosa protruding through the defect along with epispadias. The pubic bones are widely separated with the external sphincter represented only by a fibrous inter-pubic bar with no recoverable muscle function. The penis is short with upward chordee and anteriorly placed anus (Figure 1). In the incomplete variety, bladder exstrophy or epispadias alone may be present in an isolated fashion. In females, it is similar with a bifid clitoris and sometimes vestibular anus. In all except the most distal lesions, bladder neck and sphincter mechanisms are poorly formed and complete incontinence is usual.

On admission, the immediate management includes general supportive care with immediate starting of intravenous (IV) antibiotics – a cephalosporin, and IV fluids. The exposed mucosa should be covered with a clean plastic wrap (Figure 2). At least one parent should have a clear look to understand the complexity of the problem.

The initial surgical closure of bladder is the beginning of a series of surgical steps aimed at achieving satisfactory cosmesis, adequate capacity bladder, urinary continence, bladder emptying and an adequate penis by the time the child enters school.

The surgical approsteotomy at all. Immobilization in a plaster cast or each consists of the following:

1) Closure of the bladder within 24 hours. After 24 hours, pubic osteotomy has to be added. Latest approaches vary widely with many surgeons now not doing oxternal fixation is frequently done.

2) Late closure may be combined with epispadias repair with/without osteotomy (primary single stage exstrophy-epispadias repair is frequently done now a days).

3) The upper tracts (USG) and bladder capacity (cystogram) should be assessed annually

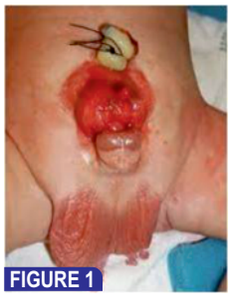
.4) Continence procedures at 4-5 year age, which consist of bladder neck reconstruction, with or without augmentation cystoplasty.

5) Bladder emptying is achieved by voiding or intermittent catheterization.

The case presented was operated on 3rd day of life and bladder closure was done as first stage (Figure 3). It was successful (Figure 4). Osteotomy was not done. Urinary diversion was done by ureteric stents for 14 days.

Epispadias (Figure 5) was repaired by Cantwell-Ransley technique at 2 year age (second stage) which was also successful (Figure 6, 7). He will undergo continence procedures roughly three years from now. All cases have a high risk of post-operative complications, the most common being infection and wound dehiscence.

Overall these cases need a lot of effort, patience, skill and care on the part of doctors, nurses and parents. Though complete normalcy is rare, they can have a reasonable quality of life.



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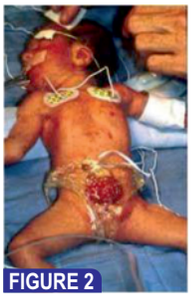
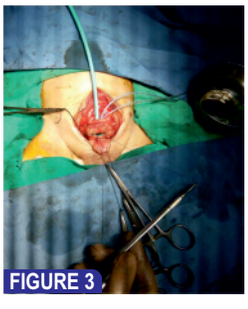


FIGURE 2



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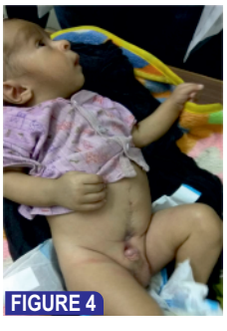

FIGURE 4

FIGURE 5

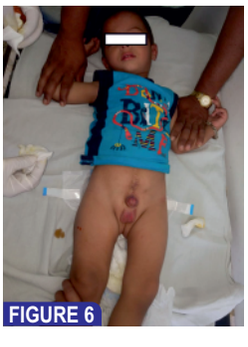

FIGURE 6

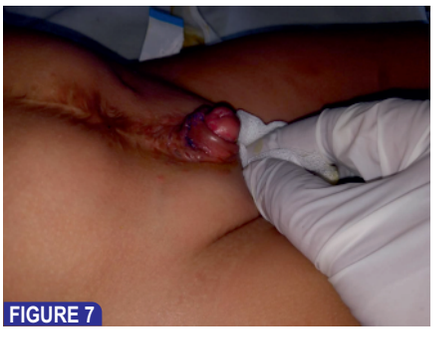

FIGURE 7

OUR EXPERIENCE OF ENDOSCOPIC AMPULLECTOMY AT GMCH

Dr. Pankaj Gupta, *Consultant Gastroenterologist,* GMCH, Udaipur.


Dr. Pankaj Gupta

A 52-year-old woman was admitted for treatment of an ampullary tumor. Upper gastrointestinal endoscopy revealed an ulcerated significant periampullary buldge with grossly dilated CBD with abrupt cut off at lower end. The patient underwent ampullectomy and the tissue was sent for histopathological examination. No post procedure complications were observed. The patient remains well with no evidence of recurrence after 10 months. A 65-year old woman referred for the management of post cholecystectomy biliary leak. Upper gastrointestinal endoscopy and cholangiogram revealed massively dilated CBD with large ampullary growth for which ampullectomy was performed. No post procedure complications were observed. The patient remains well with no evidence of recurrence over a follow up of 4 months.

These case reports are unique because this is possibly the first ampullectomy performed in Rajasthan and north Gujarat. This procedure (Figures 1,2 and 3) decreases the requirement for open surgery such as Whipple's, PPWP. Moreover, this procedure requires only day care and is least invasive.


FIGURE 1

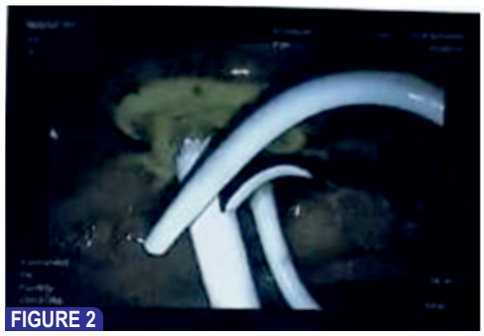
FIGURE 2

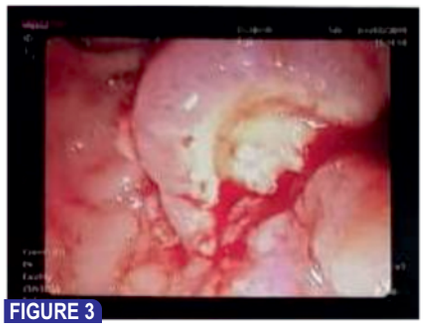
FIGURE 3

APPLICATION OF NEWER TEACHING LEARNING METHODS IN MEDICAL EDUCATION AT GMCH UDAIPUR

Dr. Anjana Verma
Assistant Professor, Dept. of Community Medicine, GMCH


Dr. Anjana Verma

The aim of medical education is to develop quality medical graduates to efficiently take care of the health needs of the society. Since ages, medical teachers have resorted to traditional methods of teaching but now effective modern teaching techniques have become a prerequisite in medical education. Medical Council of India (MCI) has introduced Competency-based medical education (CBME) curriculum which focuses on teaching–learning methods aligned with real-life medical practice in order to make a competent medical graduate. The medical education unit (MEU) at GMCH Udaipur regularly conducts medical educational research and training. Two educational projects were conducted in Department of Community Medicine as part of MCI - Advanced Course of Medical Education (ACME).

First project was "**Application of Hybrid Problem Based Learning (H-PBL) for imparting child nutritional assessment skills among 3rd year medical students in community setting**" It aimed at training medical students here to effectively conduct nutritional assessment in terms of improved: knowledge, performance, attitude and communication (K, P, A &C). Groups of 8 medical students each underwent a 3 session training program at rural practice area of department. In 1st session, students were encouraged to identify their learning needs and objectives. In 2nd session an interactive tutorial was held where teacher and students discuss the topic. Later in the 3rd session case discussion, post test assessment and feedback session was conducted. The project was very successful with a positive feedback from students and significant (p=0.003) overall improvement in their nutritional assessment skills in all domains (K, P, A & C). The Hybrid PBL is a very simple but effective approach to enhance active learning among students and can be easily emulated in the present teaching environment.

Second project was "**Using exemplars based feed forward to improve the learning of medical students in Community Medicine."** On regular basis, we assess the knowledge of the students at the end of the courses as summative evaluation [of the learning] instead of adequate weightage in formative assessment [for the learning]. Using exemplars, feed forward is given to students by showing them various graded responses to short answered questions (SAQs), essay type questions etc. from past examinations and aligning them to faculty's grade descriptors. To assess this method in our set up, an interventional crossover study was conducted among VII semester students. In the interventional group, didactic lecture (30 min) with exemplars (30 min) session was conducted. The discussions between teacher and students explored the structure for a good-quality response and allayed common misconceptions about constructing responses to questions. Students were also motivated to assign marks to 'ungraded' exemplars. The results were overwhelming, with significant

improvement (p <0.05) in performance of interventional group students and >90% of students appreciating this new teaching learning technique. Discussion of exemplars is a productive means of explaining tacit knowledge and guiding students into the requirements of academic writing.

These projects are precedents of the new educational philosophy i.e, not to be 'sage on the dais', but to be 'facilitators at the side of active learning.' Students can be greatly benefitted if we increase the hours of their self-directed learning (under supervision). Now is the time to replace outmoded teaching methods with interactive applied health care. The objective of our teaching should be imparting inquisitiveness to students, eagerness to know more and more about the topic after the teaching-learning sessions are over.

CORRELATION OF D-DIMER LEVEL WITH THE PRESENCE AND SEVERITY OF PULMONARY EMBOLISM ON COMPUTED TOMOGRAPHY PULMONARY ANGIOGRAPHY

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Navgeet Mathur

Introduction

Early diagnosis of pulmonary embolism can reduce morbidity and motility. D-dimer is well known parameter having high negative prediction value. This study focused on role of D-dimer in early prediction of presence and severity of pulmonary embolism.

Material and Methods

Thirty patients with clinical suspicion of pulmonary embolism along with high D-dimer value were included in this study. All selected patients underwent computed tomography pulmonary angiography assessment. D- dimer value was correlated with presence and proximity of pulmonary embolism.

Results

Out of thirty selected patients 50% had pulmonary embolism on computed tomography pulmonary angiography assessment. D-dimer value correlated well with presence and proximity of pulmonary embolism.

Conclusion

D-dimer value more than 4000 ng/ml had high positive prediction value (79%) in suspected clinical cases. Value more than 8000 ng/ml further improve value to nearly 100% in suspected cases.

Rawat N, Mathur N, Rawat K, Mathur M, Tinna R, Kakkar R, Didel L. Correlation of D-Dimer Level with the Presence and Severity of Pulmonary Embolism on Computed Tomography Pulmonary Angiography. Journal of The Association of Physicians of India. 2018 Oct;66:40.

RESIDENT AWARA PANCHI HAI, KHOLO PINJRA UDD JAAYE!

Dr Arpit Joshi

Post-graduate Resident, Department of General Surgery, GMCH

Dr Arpit Joshi

And this was the day, a newly hatched egg, a baby bird, just warming up on how to flap its wings, the 2nd year post graduate resident, who was under constant mentoring of his surgery professors, was released in to the wilderness to be a part of the flock of the surgical super speciality postings. Yes indeed, it seemed we were released from the chains of general surgery to go explore the ultimate M.Ch die hard postings. But suddenly the day arrived and it felt like doomsday when I realised there was no one to back me up, provide cover, and roger that commander was an empty echo. But indeed, it was a new dawn, a new day, a new life, where I was all set to explore the super speciality posting of surgery and for me it began with the dream line, neurosurgery. Yes, it was all about redefining my surgical skills to open up the cranial cavity and ponder upon the brain, its grey matter and white matter.

A hell of an experience intoxicating myself with the work. Damn, it was day or night, it just did not matter, when all it was about attending head trauma, analysing the basics of head injury. Very well mentored I observed a distinct work pattern and suddenly I could sense the freedom which was being backed up by the very calm and strong headed neurosurgeons. This free bird was feeling a sense of getting warmed up in the new nest. Some experience assisting major cases and next thing before the end of two months I was drilling the skull bone, and my eyes lay on the underlying brain tissue, and my heart could not help but skip a beat. I realized the importance of everything suddenly and why my mentor head had liberated me to purse these postings. It was just the beginning and I was already feeling the heat.

Before the blink of an eye it was the end of my beautiful posting with closing the spinal cord, an opportunity I would cherish for a life time. But if you are having a vision to pursue neurosurgery, I must say, one needs to evolve to a higher level of knowing how to balance personal and professional life. To my dismay, as a resident doctor I feel, personal life is absolutely a myth here.

Next was to step out from the hollow, dark, ever challenging trauma centre into the diverse field of urosurgery. It begins with understanding the basics of ward side management of genitourinary conditions, mainly genitourinary tract calculi, cruising through endoscopic urology only to have a turbulent landing into the core of conventional urosurgery. I am glad that I happened to assist in laparoscopic pyeloplasty, as well as,

nephrectomy. And now I realized I couldn't laugh anymore on the joke of selling a kidney to buy an iPhone. That laugh now turned into a mature smirk. It was humbling to experience the diversity and challenges in managing surgical renal pathology and the undeniable importance of fundamentals towards the end of my journey in urology. Still, as any mortal, I would not waste an opportunity to crib about the hectic workload and the day in and day out dedication I had to put in.

Next, I was opening up the abdomen of a 3 year old! Yes, how tiny the hands feet and the body of the infant were, and guess what? I was assisting a major operation. This innocent soul's abdomen was opened in front of me, and I had to keep embossing in my mind that I was a healer and not the opposite. Yes I am talking about paediatric surgery. A posting where after operating on a simple anorectal malformation, the next thing you know, she's in the lord's arms because of anaesthetic complications. I pray for the courage to deal with such tender situations, and yet again I felt, how abrupt endings can be. Oh god! How do I explain this to parents of the precious 5 year old girl? But that was unveiling my true strength, gathering courage to face the reality, the lion's heart was about to feel the agony. I was surprised about how I dealt with it. Any number of drinks or redemption cannot help you to gain that control, but this gigantic inner strength emerged from within.

Later, as I entered the world of gastrointestinal endoscopy, it seemed like an animated movie at the universal studious or magic kingdom, and 15 days was quite sufficient, to closely observe. It felt more like a vacation from the hectic schedule of previous postings.

Plastic and reconstructive surgery as fascinating as it sounds is not much of a rocket science. It is more about precision, dedication, punctuality and hard work. With all the nagging and the soul search for being a better human being with my mentor, here was a hell of an eye opening experience. One learns to speak up to and deal with all sorts of situations.

And by this time, I already started to miss my parent department, who had sent me on this roller coaster of a mission. This free bird was yearning to return to the nest from where it made its first attempts to fly. But yet it was one more immensely important posting, the intensive and critical care posting, where one obviously notices the patients lying unconscious and battling for life. I felt like catalyst trying to hasten this enzymatic reaction of recovery. A good exposure indeed but could have been academically sounder.

As they say, there is always light at the end of a tunnel, an imagination stepping towards reality. I was left with cardiothoracic and vascular surgery (CTVS) posting. It was just the first day and I was looking at a beating heart, opened up, revascularized, a still heart brought to life, and back and forth. Was this a joke! No, it was the craziest, most challenging and dedicated thing I have witnesses as a surgeon in training. I would pray for more inner strength to physically endure the entire surgery which may last upto 14-16 hours. Undoubtedly, CTVS is a tiring, hectic, challenging yet a useful experience in the end.

I humbly believe that general surgery residents need to realize the exposure to various surgical branches is extremely important in dealing with a variety of surgical patients and what one has to endure to become a better surgeon. It felt that the sparrow had undergone a metamorphosis into an eagle. I was returning to nest as an eagle! And I couldn't be happier about it for I was welcomed back warmly by our mentors, waiting to have his surgeons back; looking at them with a delightful eye.

AWARENESS

A man sat at a metro station in Washington DC and started to play the violin; it was a cold January morning. He played six Bach pieces for about 45 minutes. During that time, since it was rush hour, it was calculated that 1,100 people went through the station, most of them on their way to work.

Three minutes went by, and a middle aged man noticed there was musician playing. He slowed his pace, and stopped for a few seconds, and then hurried up to meet his schedule.

A minute later, the violinist received his first dollar tip: a woman threw the money in the till and without stopping, and continued to walk.

A few minutes later, someone leaned against the wall to listen to him, but the man looked at his watch and started to walk again. Clearly he was late for work.

The one who paid the most attention was a 3 year old boy. His mother tagged him along, hurried, but the kid stopped to look at the violinist. Finally, the mother pushed hard, and the child continued to walk, turning his head all the time. This action was repeated by several other children. All the parents, without expectation, forced them to move on. In the 45 minutes the musician played, only 6 people stopped and stayed for a while. About 20 gave him money, but continued to walk their normal pace. He collected $32. When he finished playing and silence took over, no one noticed it. No one applauded, nor was there any recognition.

No one knew this, but the violinist was Joshua Bell, one of the most talented musicians in the world. He had just played one of the most intricate pieces ever written, on a violin worth $3.5 million dollars.

Two days before his playing in the subway, Joshua Bell sold out at a theater in Boston where the seats averaged $100.

This is a real story. Joshua Bell playing incognito in the metro station was organized by the Washington Post as part of a social experiment about perception, taste, and priorities of people. The outlines were in a commonplace environment at an inappropriate hour: Do we perceive beauty? Do we stop to appreciate it? Do we recognize the talent in an unexpected context?

One of the possible conclusions from this experience could be:

If we do not have a moment to stop and listen to one of the best musicians in the world playing the best music ever written, how many other things are we missing?

LIFE'S CRITICAL LESSONS:
"KEEP COOL AND YOU COMMAND EVERYBODY"

Lord Buddha was sitting in lotus posture with his smiling face. Suddenly, an agitated person came and started abusing him, challenging him and talking all sorts of nonsense against him. The Buddha was unmoved like a lotus leaf unsoiled by mud all around. He remained a Silent observer throughout. The agitated man was taken by surprise. How can he remain so quite amidst such abuses? He asked, "Why are you so unmoved by my criticism?"

The Buddha replied by a counter question, "Suppose you offer a gift to someone but He declines to accept the same, then to whom the gift belongs?" The man answered, "Where is the question? Undoubtedly, it will remain with the giver only." The Buddha clarified, " Since I have not accepted your abuses, they remain with you only. Why should I be perturbed?"

More often than not we are always bothered by the criticism of others. Our time is unnecessarily wasted over what others are thinking about us. We suffer from mental agony and stress even due to imaginary criticism of others which no one has made. Remaining non-reactive witness to the situations and life at large can offer an instant solution to such self-created problems. The Buddhist meditation of mindfulness teaches us to be non-reactive observer of life.

This does not mean that we should not pay any head to the criticism. How can we progress without being alive to the feedback? The lesson is not against listening but against reacting. We should give every man a patient hearing but reserve our own judgment based on introspection.

Those who are deficient in self-esteem are usually carried away by criticism. Our own thinking must not be curbed under any circumstances. Lord Buddha never imposed his teaching on anybody. He wanted us to test, analyse and then only accept the same.

Under any circumstances, the best course In life is to observe the flux of phenomena As a non-reactive witness with absolute mindfulness either through surrender to the Almighty or through sublimation of self-pity.

"Keep cool and you command everybody"

-Louis de Saint-Just

"Niramaya" program was conducted under the aegis of the Department of Health & Family Welfare, Govt. of Rajasthan. The program involved 3rd semester MBBS students and Mentors (PG Residents and Interns) of **Geetanjali Medical College & Hospital (GMCH), Udaipur.** The students visited 34 villages and conducted health education sessions on the theme ***Adolescent Nutrition & Physical activity and Geriatric care at Community Level,*** and ***Non-Communicable Diseases: Diabetes, Cancer, Blindness & Mental Health*** under program motto ***"Healthy Villages: Healthy Rajasthan"*** on 13th and 20th December 2018 respectively.

The program was conducted under the guidance of Dr. F.S. Mehta (Dean, GMCH), Dr Mukul Dixit (HOD, Community Medicine) and supervised by Dr. Jitendra Kr. Meena (Nodal Faculty) and other faculty and staff of Dept. of Community Medicine, GMCH, Udaipur.

WORLD PHARMACIST'S DAY CELEBRATION

25th September, 2018

Geetanjali Institute of Pharmacy (GIP), Geetanjali University, Udaipur celebrated the World Pharmacists Day on 25th September, 2018 with the theme *"Pharmacists: Your medicines experts"*. The programme started with the invocation and welcome address by Dr. Ashok Dashora, Dean, Geetanjali Institute of Pharmacy. A variety of literary and cultural events were organized in which the students GIP actively participated.

A quiz competition was conducted in which the winners and first runner-up were Ms. Charul Agarwal & team (Pharm D II year) and Mr. Deepak Khandelwal & team (B.Pharm IV Year) respectively. Mr. Geet Godawat & team (B. Pharm III Sem) was the second runner-up. In the debate competition, Ms. Charul Agarwal (Pharm D II year) and Ms. Vimala Choudhary (B. Pharm III year) were adjudged best speakers. Ms. Tanuja Chouhan (D. Pharmacy II year) was awarded 1st place in solo singing and Ms. Pooja Padmawat (B. Pharm III year). Ms. Kimi & team (Pharm D-II year) and Ms. Mamta & team (D. Pharm 2nd year) won fist and second place in the group singing completion respectively.

GIP also organized a rally and blood donation camp at the blood bank of GMCH. More than 50 students and staff donated the blood during this camp. All competitions were based on the theme Pharmacist care towards patients.

National Workshop on
"STRESS FREE HEALTH CARE PROFESSIONALS: A SELF CARE AND WELLNESS WORKSHOP"

One day National Workshop on "Stress Free Health Care Professionals: A Self Care and Wellness Workshop", sponsored by Association of Pharmaceuticals Teachers of India (APTI) conducted by Geetanjali Institute of Pharmacy, Geetanjali University, Udaipur (GIP) on 18th August, 2018. The event brought together around 100 academicians, scientists, doctors, research Scholars, dentists, nursing staff, post-doctoral fellows, other health care professionals and post-graduate medical students from all over India. The workshop was inaugurated by the guests Dr. N. K. Sharma, GM at JK Tyres and corporate

trainer, Kishore Pujari (former CEO, Geetanjali Hospital), Dr. Ramesh Patel (Consultant Cardiologist, GMCH), Dr. Ashok Dashora (Dean, GIP & convenor of the workshop), Dr. Anju Goyal (Professor, BNIPS, Udaipur and Co-ordinator, APTI, Women Forum, Rajasthan Branch) and Dr. Udichi Kataria (organising secretary of workshop & Associate Professor, GIP).

The scientific session comprehensively covered the nature, effects, ways to cope and awareness regarding stress in health professionals. The scientific programme was followed by yoga session by a Master Trainer i.e. Dr. Guneet Monga Bhargava, Head of Department, Faculty of Yoga, Pacific University, Udaipur. Dr. Anju Goyal, delivered the vote of thanks.

2ND ANNUAL NATIONAL CONFERENCE OF AMUCON ORGANIZED AT GMCH

The Association for Medical Updates organized its 2nd annual national conference at Geetanjali Medical Colleg and Hospital between December 15-16, 2018 with the theme of *"Paradigm of Modern Medicine."* The conference was inaugurated by the chief guest Shri Ankit Agrawal, Executive Director (GMCH) and Dr Rashmikant Dave, Vice president and ED, National Board of Examination, Govt. of India. AMUCON 2018 was a multidisciplinary conference, focusing on advancement in medico-legal, psycho- social, therapeutic and diagnostic domain of present health care. A pre-conference work shop on "How to choose statistical tools for research and data analysis" was conducted on December 14 which involved researchers, medical statisticians, medical educationalists from all over the country. The conference was organized under chairmanship of Dr. F.S. Mehta, Dean (GMCH) and Dr. (Prof.) Ashish Sahrma,

Head, Department of Biochemistry was the organizing secretary. A team of highly enthusiastic, dedicated and learned faculties, which constitutes the executive council, namely, Dr. Manjinder Kaur, Dr. Jitender jeenger, Dr. Arvind Yadav, Dr. Apurva Agrawal, Dr. Savita Choudary, Dr. Manu Sharma, Dr. Lalita jeenger, Dr. Himanshu Patel were instrumental in the success of AMUCON 2018.

HAPPINESS COMES FROM GIVING

This story is about a beautiful, expensively dressed lady who complained to her psychiatrist that she felt that her whole life was empty; it had no meaning.

So the counselor called over the old lady who cleaned the office floors, and then said to the rich lady, “I'm going to ask Mary here to tell you how she found happiness. All I want you to do is listen.”

So the old lady put down her broom and sat on a chair and told her story: “Well, my husband died of malaria and three months later my only son was killed by a car. I had nobody…I had nothing left. I couldn't sleep; I couldn't eat; I never smiled at anyone, I even thought of taking my own life. Then one evening a little kitten followed me home from work. Somehow I felt sorry for that kitten in. I got it some milk, and it licked the plate clean. Then it purred and rubbed against my leg, and for the first time in months, I smiled. Then I stopped to think; if helping a little kitten could make me smile, maybe doing something for people could make me happy. Today, I don't know of anybody who sleeps and eats better than I do. I've found happiness, by giving it to others.” When she heard that, the rich lady cried. She had everything that money could buy, but she had lost the things which money cannot buy.

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से अधिक रोगी पा चुके है, उपचार

3000+

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- **2** समर्पित कैथ लेब
- **2** समर्पित मॉडयूलर ऑपरेशन थियेटर
- **2** समर्पित कार्डियक वॉर्ड
- समर्पित सी.सी.यू.
- समर्पित सी.टी.वी.एस. आ.ई.सी.यू.

विगत वर्षों में हृदय रोग विशेषज्ञों द्वारा किये गये सफल उपचार एवं विशेष उपलब्धियाँ

- दक्षिणी राजस्थान का पहला सफल टावी (TAVI) ऑपरेशन – गीतांजली ने किया बिना ओपन हार्ट सर्जरी के वॉल्व प्रत्यारोपण
- दुनिया में सबसे छोटे बच्चे को हार्ट सर्जरी कर बचाया
- 82 वर्षीय रोगी के दो जटिल हृदय ऑपरेशन सफल
- 12 साल की मासूम के मुख्य धमनी की जटिल एंजियोप्लास्टी
- हृदय एवं मस्तिष्क की मुख्य धमनियों में रुकावट का सफल उपचार
- राज्य में हृदय का पहला हाईब्रिड ऑपरेशन सफल

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