

The Newsletter based on the theme  
**NATIONAL DOCTOR'S DAY**

# Medi-Update

ISSUE : 9 | JULY 2019



**PARUL SEVASHRAM HOSPITAL**

**PARUL INSTITUTE OF MEDICAL SCIENCES & RESEARCH**

# DOCTOR'S DAY- 1<sup>ST</sup> JULY 2019

## Introduction:

National Doctor's Day in India is observed on 1st July every year to raise awareness about the roles, importance and responsibilities of doctors and also to promote medical professionals to come closer and take their responsibilities delicately. National Doctor's Day is a day to thank physicians, doctors that they do for their patients, the communities they work in and for the society as a whole. No doubt it is their hard work that keeps us all healthy and so, this day provides an opportunity to thank our doctors that they do for us and for our loved ones. National

## Doctor's Day: History

National Doctor's Day is observed to honour the legendary physician and West Bengal's second Chief Minister, Dr. Bidhan Chandra Roy whose birth and death anniversary coincides in the same day. This day pays tribute to the whole medical profession and to highlight the value of doctors in our lives. In 1991, the National Doctor's Day was established by the Central Government to be recognised and observed every year on 1 July to pay honour Dr. Bidhan Chandra Roy. Dr. Bidhan Chandra Roy was born on 1 July, 1882 and also died on the same date in 1962. On 4 February, 1961, he was honoured with the India's highest civilian award Bharat Ratna. In different countries the Doctor's Day is observed on different dates. Like in the United States it is observed on 30 March, in Cuba on 3rd December and on 23 August in Iran.

### History

The first Doctors' Day observance was March 28, 1933, in Winder, Georgia. This first observance included the mailing of cards to the physicians and their wives, flowers placed on graves of deceased doctors, including Dr. Long, and a formal dinner in the home of Dr. and Mrs. William T. Randolph. After the Barrow County Alliance adopted Mrs. Almond's resolution to pay tribute to the doctors, the plan was presented to the Georgia State Medical Alliance in 1933 by Mrs. E. R. Harris of Winder, president of the Barrow County Alliance. On May 10, 1934, the resolution was adopted at the annual state meeting in Augusta, Georgia. The resolution was introduced to the Women's Alliance of the Southern Medical Association at its 29th annual meeting held in St. Louis, Missouri, November 19–22, 1935, by the Alliance president, Mrs. J. Bonar White. Since then, Doctors' Day has become an integral part of and synonymous with, the Southern Medical Association Alliance. The United States Senate and House of Representatives passed S.J. RES. #366 during the 101st United States Congress, which President Bush signed on October 30, 1990 (creating Public Law 101-473), designating Doctors' Day as a national holiday to be celebrated on March 30.

## National Doctor's Day 2019: Theme

The theme of National Doctor's Day 2019 is "Zero tolerance to violence against doctors and clinical establishment". Every year the theme was announced by the Indian Medical Association. The theme will raise

# DOCTOR'S DAY- 1<sup>ST</sup> JULY 2019

awareness about the violence happening with the doctors across India. The week of July 1 to Jul 8, 2019, will also be celebrated as 'Safe Fraternity Week'.

## **National Doctor's Day: Celebrations**

Since several years National Doctor's Day is celebrated by the Government and non-government healthcare organisations to get familiar with the doctors contributions. Healthcare organisations staff organises several events and activities on this day. Free medical check up camps are organised at various health care centers and public places by the health care organisations to promote quality medical services free of cost among public. Rotational medical services by the doctors are also promoted. Various discussion programs are organised across the country to make people aware about health check-up, prevention, diagnosis, proper treatment of the disease etc.

General screening test camps are also organised to assess the health status, health counselling, health nutrition talks and chronic diseases awareness among poor people and senior citizens.

Various activities are also organised to make people aware about the priceless roles of doctors in everyone lives like free blood test, random blood sugar test, ECG, EEG, blood pressure check up and etc.

Several activities at schools and college levels are also organised to encourage youth to choose and dedicatedly follow the medical profession.

# WHATS UP WITH MEDICAL FIELD

## NIPAH VIRUS DISEASE

### Introduction:

Nipah virus (NiV) infection is a newly emerging zoonosis that causes severe disease in both animals and humans. The natural host of the virus are fruit bats of the Pteropodidae Family, Pteropus genus. NiV was first identified during an outbreak of disease that took place in Kampung Sungai Nipah, Malaysia in 1998. On this occasion, pigs were the intermediate hosts. However, in subsequent NiV outbreaks, there were no intermediate hosts. In Bangladesh in 2004, humans became infected with NiV as a result of consuming date palm sap that had been contaminated by infected fruit bats. Human-to-human transmission has also been documented, including in a hospital setting in India. NiV infection in humans has a range of clinical presentations, from asymptomatic infection to acute respiratory syndrome and fatal encephalitis. NiV is also capable of causing disease in pigs and other domestic animals. There is no vaccine for either humans or animals. The case fatality rate is estimated at 40% to 75%. This rate can vary by outbreak depending on local capabilities for epidemiological surveillance and clinical management. The 2018 annual review of the WHO R&D Blueprint list of priority diseases indicates that there is an urgent need for accelerated research and development for the Nipah virus.

### Current scenario in Kerala

The Kerala government has confirmed one case of Nipah virus in the state. A 23-year-old man from Kochi's Ernakulam has been confirmed to be infected with the Nipah virus. Last year, in an outbreak in the state, Nipah virus had claimed 17 lives.

The state health department confirmed the Nipah case after receiving test results from the National Virology Institute in Pune. A group of 86 people have been kept under observation and asked to report to the nearest medical facility if they develop influenza-like symptoms like fever, headache, myalgia (muscle pain), vomiting and sore throat. The health department is on standby to handle any adverse situation. Four people, which includes two nurses, have been kept under observation after they showed symptoms of mild fever and throat pain. One has been shifted to the isolation ward.

This brings back the memories of 2018 when the virus triggered massive panic in Kerala as 17 of the 18 infected patients died in quick succession. The virus spreads from animals to humans and then to other humans. Last year after much investigation, fruit-eating bats were identified as the primary source of the infection and people were advised not to consume fruits partly eaten by bats.

### Transmission:

The disease can be transmitted by either consumption of fruits contaminated by animals or by coming in direct contact of the infected animals like bats or pigs. Human to human transmission is also found in the care givers and family of the infected humans.

### Clinical features:

The incubation period (interval from infection to the onset of symptoms) is believed to range from 4 to 14 days. However, an incubation period as long as 45 days has been reported. Human infections range from asymptomatic infection to acute respiratory infection (mild, severe), and fatal encephalitis. Most people who survive acute encephalitis make a full recovery, but long term neurologic conditions have been reported in survivors. Approximately 20% of patients are left with residual neurological consequences such as seizure disorder and personality changes. A small number of people who recover subsequently relapse or develop delayed onset encephalitis.



# WHATS UP WITH MEDICAL FIELD

## NIPAH VIRUS DISEASE

### **Treatment:**

There are currently no drugs or vaccines specific for Nipah virus infection although WHO has identified Nipah as a priority disease for the WHO Research and Development Blueprint. Intensive supportive care is recommended to treat severe respiratory and neurologic complications.

### **Prevention:**

If an outbreak is suspected, the animal premises should be quarantined immediately. Culling of infected animals – with close supervision of burial or incineration of carcasses – may be necessary to reduce the risk of transmission to people. Restricting or banning the movement of animals from infected farms to other areas can reduce the spread of the disease.

As Nipah virus outbreaks have involved pigs and/or fruit bats, establishing an animal health/wildlife surveillance system, using a One Health approach, to detect Nipah cases is essential in providing early warning for veterinary and human public health authorities.

Reducing the risk of animal-to-human transmission.

Gloves and other protective clothing should be worn while handling sick animals or their tissues, and during slaughtering and culling procedures. As much as possible, people should avoid being in contact with infected pigs. In endemic areas, when establishing new pig farms, considerations should be given to presence of fruit bats in the area and in general, pig feed and pig shed should be protected against bats when feasible.

Reducing the risk of human-to-human transmission.

Close unprotected physical contact with Nipah virus-infected people should be avoided. Regular hand washing should be carried out after caring for or visiting sick people

# WHATS UP WITH MEDICAL FIELD

## ACUTE ENCEPHALITIS SYNDROME

### Introduction

Defined as a person of any age, at any time of the year with acute onset of fever and a change in mental status (including symptoms such as confusion, disorientation, coma or inability to talk) and/or new onset of seizures. (excluding simple febrile seizures)

### Definitions

**Encephalitis:** An inflammation of the brain, usually caused by a direct invasion by micro-organism or hypersensitivity reaction to a micro-organism or foreign protein

**Encephalopathy :** A syndrome caused by disease, damage or dysfunction of the brain and may be attributed to infectious, toxic, immune mediated or metabolic causes

### Case definitions:

Laboratory-confirmed JE : Patient having any one of the following-

- i) Presence of IgM antibodies specific to JE virus in a single sample of Cerebrospinal Fluid (CSF) or serum, as detected by an IgM-capture ELISA specifically for JE virus.
- ii) Detection of a fourfold or greater rise in antibodies specific to JE virus as measured by Haemagglutination Inhibition (HI) or Plaque Reduction Neutralization Assay (PRNT) in serum collected during the acute and convalescent phase of illness. The two specimens for IgG should be collected at least 14 days apart. The IgG test should be done in parallel with other confirmatory tests to eliminate the possibility of cross-reactivity.
- iii) Isolation of JE-virus in serum, plasma, blood, CSF or tissue.
- iv) Detection of JE-virus antigens in tissue by Immunohistochemistry.
- v) Detection of JE-virus genome in serum, plasma, blood, CSF or tissue by reverse transcriptase Polymerase Chain Reaction (PCR) or an equally sensitive and specific nucleic acid amplification test.

**Probable JE:** A Suspected case that occurs in close geographic and temporal relationship to laboratory-confirmed case of JE, in the context of an outbreak.

**Acute Encephalitis Syndrome (due to agent other than JE):** A suspected case in which diagnostic testing is performed and an etiological agent other than JE virus is identified.

**Acute Encephalitis Syndrome (due to unknown agent):** A suspected case in which no diagnostic testing is performed or in which testing was performed but no etiological agent was identified or in which the test results were indeterminate.

# WHATS UP WITH MEDICAL FIELD

## ACUTE ENCEPHALITIS SYNDROME

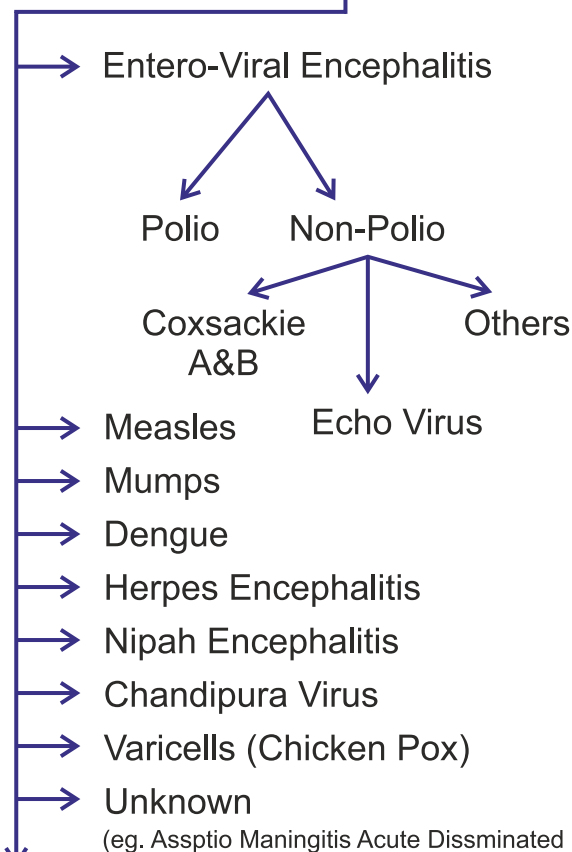
**Japanese Encephalitis**

**Know AES**

**Unknown AES**

**Viral Encephalitis (Except JE)**

**Non Viral Encephalitis**



- I) Infection :-
  - Bacterial (Pyoganio Maningitis)
  - TBM (Tubercular Maningitis)
  - Parasitic (Malarial Round Worm, NCC)
  - Toxoplasmosis
  - Leptospirosis
  - Rickettsial Infection (Sorub Typhus)
  - Protozoal (Amoobic)
  - Spirochetal (Syphirils)
  - Fungal (Cryptaocca)
  - Trypanosomiasis
- II) Hyper Pyrexia (Heart Stroke)
- III) Hypoglycemia
- IV) Chemicals (No fever)
- V) Toxins (Toxisclisma)
- VI) Dyselectrolytemia

- Arbovirus (a) → WINE (West Nile)
- VEE (nENE)
- Tick Borne Encephalitis & others
- Dawson Encephalitis

**Usually not Found in India**

Single Stranded RNA Virus of Flaviviridae family (Mosquito is vector)

# WHATS UP WITH MEDICAL FIELD

## ACUTE ENCEPHALITIS SYNDROME

### Current Scenario

Death toll has mounted to 112 due to acute encephalitis syndrome (AES) that has gripped Muzaffarpur and the adjoining districts in Bihar. At present, 418 people are admitted with complaints of AES as per various sources. Although most of the AES cases have been reported from Muzaffarpur, it has also been reported from adjoining districts like East Champaran and Vaishali.

Shri Krishna Medical College and Hospital (SKMCH) in Muzaffarpur has had 300 children who have been admitted with complaints of AES since June 1 and close to 90 of them died.

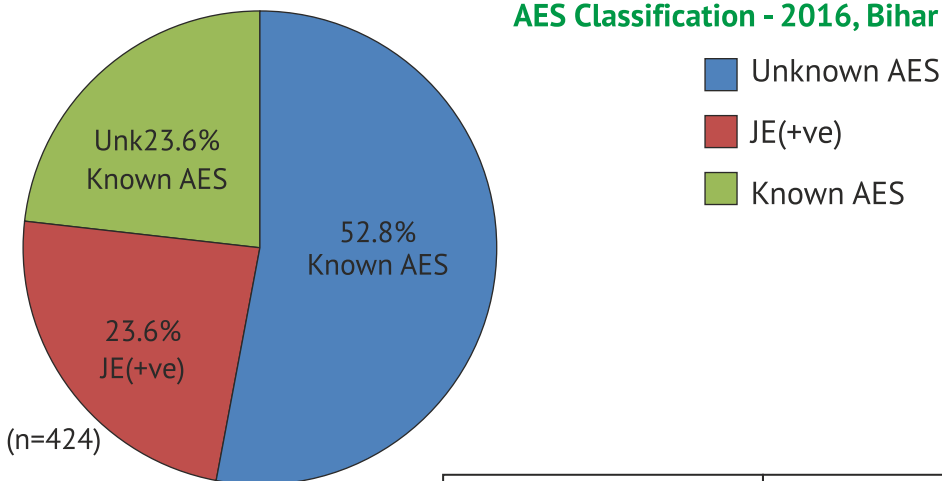
Officials of the Union health department had visited the district over the weekend and clarified that AES was an umbrella of symptoms, unlike a viral infection like Japanese encephalitis. The symptoms include high fever, convulsions, and extremely-low blood-sugar level. Among the factors said to trigger the syndrome are malnutrition. Moreover, the lychee grown in Muzaffarpur is said to contain a toxin that can cause a drop in blood-sugar levels if consumed by a malnourished child.

### AES classification along with cause specific prevalence of 2016 outbreak in Bihar

#### Cases of Acute Encephalitis Syndrome

Bases on AES Cases of Bihar in Year 2016

#### AES Classification - 2016, Bihar

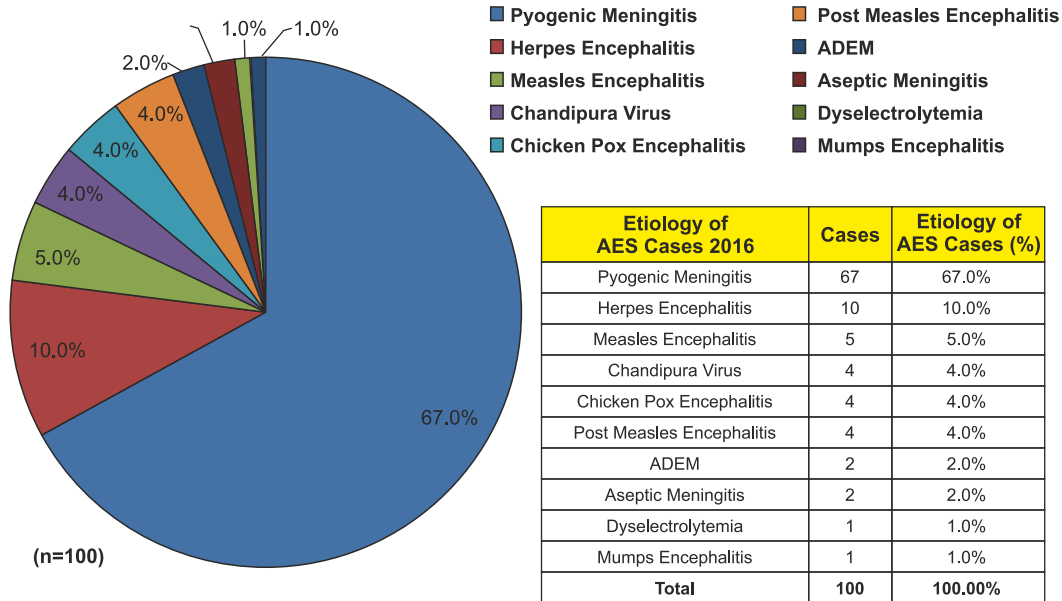


AES Classification	Cases	AES Classification (%)
Unknown AES	224	52.8%
JE (=ve)	100	23.6%
Known AES	100	23.6%
Total	424	100%

# WHATS UP WITH MEDICAL FIELD

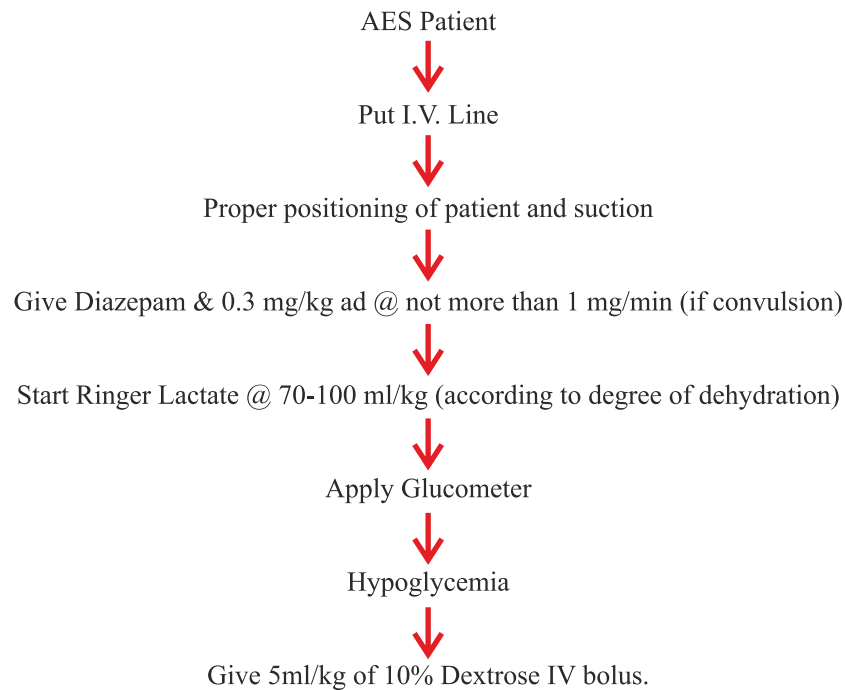
## ACUTE ENCEPHALITIS SYNDROME

### Etiology of Known AES Cases - 2016, Bihar



### Guidelines for Management of AES:

#### Management at PHC level:



**ALERT** - Never start with dextrose infusion, follow the above protocol and Treat as fever per protocol

# WHATS UP WITH MEDICAL FIELD

## ACUTE ENCEPHALITIS SYNDROME

Management at referral hospital/Medical College:

- Fever
  - Tap water sponging
  - Paracetamol
- Convulsions
  - Anti convulsants
- Secretion
  - Suction
- Nil orally
- Position of patient prone/semiprone with head on one side
- Oxygen if required
- I/V line-I/V fluids
- Correction of blood sugar - 5ml/kg of 10% Dextrose
- I/V anti convulsant if convulsions are not controlled
- Use of Ambu bag or ventilatory respiratory assistance if required
- Catheterization if required
- Use of Inj. Mannitol 20%
- Fluid intake/output chart
- Pulse, respiratory rate, temperature and B.P. monitoring every 4 hourly
- Management of unconscious Patients
- Management of other detected causes
- Management of shock and other complications if any

### Why is the litchi toxin causing deaths?

In 2017, an India-U.S. team confirmed the role of toxin called Methyl cyclopropyl Glycine (MCPG). Early morning it is normal for the blood sugar to dip after several hours of no food intake. This happens especially in case of undernourished children. Brain needs normal blood glucose levels for functioning which is provided by liver. Because of malnourishment liver is unable to do in case of undernourished children. So the alternate pathway of glucose synthesis, called fatty acid oxidation, is turned on. That pathway is blocked by MCPG. Litchi does not cause any harm in well-nourished children, but only in undernourished children who had eaten litchi fruit the previous day and gone to bed on an empty stomach.

In well-nourished children, reserve glucose is stored as glycogen (glucose polysaccharide) in the liver. Whenever the glucose level goes down, glycogen is broken down into glucose and circulated in the blood for use. But undernourished children lack sufficient glycogen reserve that can be converted into glucose. Therefore, the natural mechanism in undernourished children is unable to correct the glucose level in blood, leading to hypoglycaemia.



# WHATS UP WITH MEDICAL FIELD

## ACUTE ENCEPHALITIS SYNDROME

Normally, when glycogen reserve in the liver is exhausted or is not sufficient, the body converts the fatty acid (non-carbohydrate energy source) into glucose. But in the presence of the litchi toxin, the conversion of fatty acid into glucose is stopped midway. As a result, no glucose is generated and the low blood glucose level is not corrected by the body.

### **Can hypoglycaemic encephalopathy be prevented in undernourished children?**

By making sure that undernourished children do not eat plenty of litchi fruit, ensuring that they eat some food and not go to bed on an empty stomach this can surely be prevented.

### **Can hypoglycaemic encephalopathy be treated?**

Hypoglycaemic encephalopathy can be easily treated. A full and complete recovery can be achieved if children with hypoglycaemic encephalopathy are infused with 10% dextrose within four hours after the onset of symptoms.

Infusing 10% dextrose not only restores blood sugar to a safe level but also stops the production of amino acid that is toxic to brain cells by shutting down the body's attempt to convert fatty acid into glucose.

Together with dextrose infusion, infusing 3% saline solution helps in reducing oedema of the brain cells. The concentration of ions in the fluid outside the brain cells becomes more than what is inside the cell; this causes the fluid from the cells to come out thus reducing oedema and damage to brain cells.

Using 5% dextrose, as is the norm in cases of general low blood sugar level, may help children with hypoglycaemic encephalopathy recover from hypoglycaemia, but the accumulation of amino acid is not turned off. And so, even if children survive, they will have brain damage.

If dextrose infusion is not started within four hours after the onset of symptoms, the brain cells may not recover but will die. As a result, even if they survive, children suffer from various aspects of brain damage – speech getting affected, mental retardation, muscle stiffness/weakness and so forth.

# INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

## Case-1

### RANULA

A ranula is a mucus filled cavity, a mucocoele, in the floor of the mouth in relation to the sublingual gland. The name "ranula" has been derived from the Latin word "rana" which means "frog." The swelling resembles a frog's translucent underbelly or air sacs. Ranulas are characteristically large (>2cm) and appear as a tense fluctuant dome-shaped vesicle, sometimes with a blue hue. The most common site is the lateral floor of the oral cavity. Ranulas usually presents in children and young adults. We present a case report of a ranula in one and half yrs. old child causing difficulty in airway management during anaesthesia.

One and half year old male child presented paediatric OPD of PSH for swelling in mouth, which has been gradually increasing over 5-6 months, and now patient had difficulty in speech and swallowing food. The patient was diagnosed with ranula with tongue tie. Ranula is a cystic swelling present in the floor of the mouth when saliva cannot drain properly due to blockage of the duct, resulting in dome shaped cyst. Usually the swelling is asymptomatic and requires no active intervention and disappears on its own until complications like breathing difficulty, swallowing difficulty and infection occurs, then the choice of treatment becomes surgical removal, with removal of the parent gland. Carefully keeping airway patency during operation is required. In this case the patient was operated under general anaesthesia along with preoperative and post operative management by department of paediatrics and ICU team.

Patient was successfully discharged after post operative care and was doing well on follow up.

*Treating Consultants : Dr Siddharth Nayak (Paediatric Surgeon), Dr Ketan Vora (Paediatric Anesthetic)*



# INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

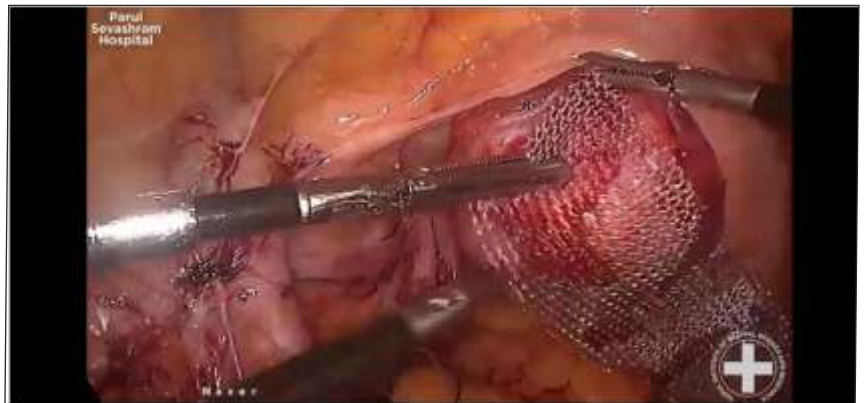
## Case -2

### LAPROSCOPIC SACROCOLPOPLEXY in case of third degree vault prolapse

Laparoscopy offers great exposure and surgical detail, reduces blood loss and the need for excessive abdominal packing and bowel manipulation making it an excellent modality to perform pelvic floor surgery. Laparoscopic repair of level 3 or apical vaginal prolapse may be challenging, due to the need for extensive dissection and advanced suturing skills. However, it offers the efficacy of open abdominal sacrocolpopexy, such as lower recurrence rates and less dyspareunia than sacrospinous fixation, as well as the reduced morbidity of a laparoscopic approach.

A 56 yrs old patient presented with complains of something coming out through vagina since 3-4 months. Patient underwent vaginal hysterectomy 10 yrs back. On examination there was 3rd degree vault prolapsed with cystocele, rectocele and enterocele. After preoperative work up and fitness patient posted for LAPROSCOPIC SACROCOLPOPLEXY. Under GA lithotomy position given, patient id drapped during sterile technique. Supra umbilical optical 5 mm port and 3 accesory 5 mm port placed. Intrabdominal bowel adhesion lysed. Vaginal vault lifted upward with the help of gauze held with allie's forceps from the vagina.

Peritoneal fold above the vaginal vault incised and urinary bladder was dissected away from the anterior wall of vaginal vault. Posterior peritoneal fold from vaginal vault to POD to anterior surface of sacrum on right side of rectum was opened vertically. A graft material propylene mesh was trimmed to size. A 'Y' shaped graft was fashioned from two pieces; a long arm placed anteriorly and a short posterior arm. The arms were fixed to each other using 2.0 non absorbable mono



filament suture. The posterior arm was fixed to the posterior wall in similar fashion. The graft is positioned along the retroperitoneal space cranial to the sacral promontory. It was sized to create tension free approximation. The graft was fixed to anterior longitudinal ligament close to sacral promontory with care to avoid any pre sacral vessels. The peritoneal reflexion was closed over the graft to maintain the graft in retroperitoneal location. Hemostasis was achieved. Pneumoperitoneum was released and posterior entry was closed. Patient was discharged without any complications.

*Treating Consultant : Dr. Komal Patel (Gynecologist & Laproscopic Surgeon), Dr. Chirag Parikh (General & Laproscopic Surgeon), Dr. Ujjwal Parikh (Gynecologist)*

# INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

## Case -3

### ANTERIOR COMMUNICATING ARTERY ANEURYSM

50 years old female patient from Ujjain presented to PSH for complaint of headache last since 10 days. She had a MRI brain report which was done in MP suggestive of Subarachnoid Haemorrhage.

On examination, she was conscious and vitally stable. In our hospital, CT brain angiography was done after admission and till report arrived we had put the patient on anti epileptic therapy and nimodipine with proper hydration.

CT brain angiography report was suggestive of an anterior communicating artery aneurysm measuring about 3.5 x 3.2 x 3.5 mm.

Hence neurosurgical opinion was taken after which the patient underwent a digital subtraction angio along with aneurysm coiling and was discharged successfully on oral medications.

On discharge the patient was haemodynamically stable with no active c/o headache.

*Treating consultant : Dr. Sandeep Mavani (Intervention Neurosurgeon)*





# What's new at PIMSR & PSH

## Center of Research for Development

Parul University has formed the Center of Research for Development to provide an interface between students and faculties in technical courses and the industry. Supported by the Management, Principals, Heads of Departments, Course Coordinators and other Senior Faculty Members, R & D reviews Projects of U.G. and P.G. students in final year

and identifies Projects for filing Patents or Copyrights. Our innovative methods in teaching and training, both faculty members and students, have created an environment that has given birth to 124 IPRs, just in three years. It is our constant endeavor to provide knowledge based technological services to satisfy the needs of the industry and the society and thus help in building our national potential in technology and research for the development of the country. We are ready to scale the 'Heights of Excellence' and contribute towards 'Global Competitiveness Index'.



## Certificate Course in Community Health (CCCH)

The Bridge Programme of Certificate in Community Health for Nurses/AYUSH doctors is being developed in collaboration with Ministry of Health and Family Welfare, Government of India. The programme aims at improving the knowledge, skills and competencies of in-service registered nurses (RNRN) and Ayurveda graduates (BAMS) to enable them to serve as competent human resource essential for strengthening the primary health care services at peripheral level. The development of this programme was undertaken with the involvement of nursing experts, medical experts, social scientists and educationists from various related disciplines.

PIMSR has officially signed an MOU to be a centre for the CCCH Program and 1st batch of the same has already commenced.



## Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Training

Department of Community Medicine with pediatric Department conducted IMNCI training of 3rd-year MBBS students. IMNCI is module based training regarding the identification and management of common childhood illnesses. It was 10 days of training. Faculty from PSM and Pediatric department taught students regarding IMNCI with the module and video presentation. They were taken to the Pediatric

# What's new at PIMSR & PSH

ward for hands-on exercise about filling of IMNCI form for 0-2 months and 2 months - 5 year child. At the end of training small assessment was kept for students to know how much they learned from training.

## Upgradation of facilities of Resident Doctors' Hostel

Hostel facilities for resident doctors has got latest update by opening of new hostel with great infrastructure and other facilities. Its a 5 floor building with 50 rooms in Parul university campus.



## Success full completion of 1 year of Mental Health Project

1st year of Mental health project undertaken by Dept. of Community Medicine in Chhota Udepur District was successfully completed in June 2019. The Project could achieve improvement in Health Care Delivery of



Mental Health Services in various villages of Chhota Udepur District. A research was also undertaken during this period to understand the perception regarding geriatric depression and common mental disorders amongst the local population.

## Commencement of ICMR Project in Sickle Cell Anemia

PIMSR (Dept. of Community Medicine) has been selected as an official part of the team of ICMR (Indian Council of Medical Research) National Task Force Project "Improving the capacity of health system and community for Sickle Cell disease screening & management : An Intervention Study in Chhotaudepur District, Gujarat." PI for the project is Dr. Shaily Surti.



# What's new at PIMSR & PSH

## Upgradation of Intensive care facilities



A renovated 35 bedded ICU Complex with separate provision of Medical ICU, Surgical ICU, Paediatric ICU, ICCU, Respiratory ICU and Isolation ICU was started at Parul Sevashram Hospital.

## Inauguration of Cardiology Department



A state of art Cardiology Department was inaugurated at Parul Sevashram Hospital by Dr Jigishaben Sheth, Mayor, Vadodara and Ms Seemaben Mohile, MLA Akota, Vadodara. The Cardiology department has the facilities of non-interventional cardiology, interventional cardiology and Cardiac Surgical procedures in a well-equipped Cardiac OT .

# EVENTS AT PIMSR & PSH

## KANGAROO MOTHER CARE

A continuing medical education (CME) program on kangaroo mother care (KMC) was held at Parul institute of Medical Sciences and Research (PIMSR) on the occasion of KMC awareness day on 15th May 2019. KMC is now considered a 'gold standard' of care for premature and growth retarded babies. Care of the premature babies does include NICU care involving state of the art equipments and technologies for very sick babies. However, in a vast country like India with 27 million deliveries and 9 million preterm and low birth weight (LBW) babies, KMC is the method to be promoted as it is the most effective, simple, low cost and is implementable at all levels of care. KMC foundation, an NGO promotes KMC and trains health care personnel for the same. KMC 'humanises' the newborn health care where presently only technology rules. Every year since 2011, 15th May is celebrated as the KMC awareness day so that the concept of KMC percolates into the community. Presently only 28% to 30 % of the eligible babies receive KMC and the vision is to reach a figure of 90% coverage by 2030. This year, a CME was organised at the PIMSR to celebrate the KMC awareness day. The event was organised by the Departments of Pediatrics and community medicine. Speakers at the event were Dr Shashi Vani, managing trustee of the KMC foundation and Prof Socorro de Leon Mendoza from the Philippines. Dr Geetika Madan Patel, Medical Director, PIMSR said that KMC is being promoted at our Parul Sevashram Hospital with mothers and LBW and premature babies in a special 'maternal and newborn care unit' (MNCU). Dr Uma Nayak from PIMSR shared her experience on 'KMC in public hospitals', Dr Shashwat Nagar spoke on 'KMC in the community' and the representatives from the Academy of Pediatrics Gujarat and Vadodara branch and from the National Neonatology Forum delivered lectures on how these organisations can help in KMC promotion at various levels. The CME was attended by a diverse group of audience, 450 in number, ranging from doctors and students of PIMSR and staff and students of the ayurved, homeopathy and nursing colleges of Parul University. On the occasion, a poster exhibition was inaugurated by the chief guest Prof Mendoza. The posters exhibited showed the methodology and advantages of KMC in a very lucid manner. The meeting ended with a strong resolve in all present to promote this simple, effective and low cost method of KMC at all levels of health care so that no eligible baby is deprived of KMC.



# EVENTS AT PIMSR & PSH

## CISP Training

First Curriculum Implementation Support Program (CISP) training was conducted at Parul Institute of Medical Sciences and Research, Vadodara on 1st May to 3rd May 2019.

It was conducted under observer ship of NHL Medical College, Ahmedabad, which is a nodal centre of MCI for CISP. During training participants were educated about new MBBS curriculum which is going to be implemented from August 2019. Participants were made aware about how to integrate different topics with other speciality, how to assess students for different skills, how to teach students about Attitude, communication and ethics, how & when to use different teaching learning methods, etc.



## CME ON CORONARY ARTERIES - ANATOMY AND THEIR CLINICAL APPLICATIONS

CME on Coronary Arteries - Anatomy and their clinical applications was organized by Department of Anatomy on 26/04/2019.

This CME focused on anatomy of the coronary arteries, Normal ECG patterns, angiography and angioplasty in coronary artery diseases and role of physiotherapy in various heart diseases. Dr Nirav Bhalani, a leading cardiologist from Rhythm hospital, vadodara was the guest speaker who made participants aware about the role of angiography and angioplasty in coronary artery diseases. CME was attended by more than 150 participants.



## CME ON LIVER DISEASES



CME on liver diseases was conducted on 15/06/2019 by department of medicine.

CME focused on various aspects of liver diseases such as Hepatitis B, Ascites, etc. Leading gastroenterologists like Dr Prashant Buch, Dr Suresh Zinzuvadia, Dr Rajiv Mehta were invited to deliver expert talk on above mentioned topics. They made participants aware about recent advances in Hepatitis B, Diagnostic work up for ascites and interpretation of liver function test in Hepatitis. CME was very interactive with active involvement of participants.



# EVENTS AT PIMSR

## LIVE WORKSHOP ON LAPROSCOPIC SURGERY AT PSH

Dept. of Minimal Access Surgery at PSH organized one day LIVE WORKSHOP ON LAPROSCOPIC SURGERY in association with Meril Endo surgery on 7th July 2019. The workshop received participation from all across Vadodara and nearby places.



There was aggressive training for an entire day and it was a wonderful learning opportunity for the young surgeons.

## CME ON HYPERTENSION

A CME on Hypertension was organised by department of Medicine on 22/06/2019.

In this CME speakers delivered and gave insight about various aspects of hypertension like complications of hypertension, renal hypertension, resistant hypertension as well as role of newer drugs in hypertension.

## HEALTH CHECK OF PARUL UNIVERSITY STUDENTS

A large scale study was conducted to explore trends and correlates of BMI, WHR, and Anemia among Parul University students. The study was done under the guidance of Dr. Geetika Madan Patel, Medical Director and supervised by two assistant professors of Community medicine department along with Mr. Kandarp Talati, Research coordinator, PIMSR. The study included all the new admissions in Parul University for the year 2018. Health checkup of all the students was done at Parul Sevashram Hospital which included General information of students, medical history, co-relation of medical history with height, weight, Waist and hip circumference and obesity prevalence. Students were also assessed for the dietary habits. It also included Screening for vision problems, hypertension and diabetes. Red Cross Society contributed in the study by conducting blood tests which included basic complete blood count, haemoglobin measurement to screen anemia and thalassemia screening tests. The study will have vast impact on the future health of students in terms of preventing obesity, anemia, diabetes and other non-communicable diseases. The student in need for further treatment was referred to the respective specialists in hospital. At the end of academic year around 3500 students were screened by the study.

# FACULTY ACHIEVEMENTS



**Dr. Kushal Shah** (Dept. of Orthopedics) received certificate of recognition as a moderator for 2nd International conference on Orthopedics and Advanced care 2019 which was held in Singapore.

The educational research project as a part of ACME of **Dr. Jaba Rajguru** (Associate Professor, Department of Anatomy) titled “Clinical anatomy for flip class room” was presented by **Dr. Shashwat Nagar** (Associate Professor, Department of PSM) on at NHL Medical College, Ahmedabad during the contact session. The educational project received a lot of appreciation from all the participants, resource faculties and Dean of the NHL Medical College as well.



Our faculty member **Dr. Hiren Patel** (Assistant Professor) & **Dr. Shaily Surti** (Tutor) from PSM Department had completed one week TOT of Skill Laboratory for Certificate course in Community Health (CCCH) at District Training centre, Vadodara.



The team of doctors includes cardiologists, surgeons Dr Agaveya Veidya (with 28 years of experience) and Part Solanki (2 years) besides interventional cardiologists Dr Arvind Sharma (31 years), Nitish Bhargava (18 years) and Dr Sankar Sanyal (5 years).

The team of doctors also includes vascular surgeon Dr Nitish Patel and neurosurgeon Dr Sandip Misra, both with 13 years of experience.

મહાત્મા ગાંધીના આશરે રહેવાની જગ્યા મળી નથી. તેથી સરકારે બોટોની સંખ્યામાં ગંભીર અમરીઓથી પિડિતા દુર્દિઓના કલેષને ધ્યાનમાં લઈ જવું શક્ય છે.

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વર્ણવેલિયાના પત્નિ સ્વેતલના સંપર્કમાંથી મળ્યાગયાના ત્રણમુઠા જિલ્લાના પેટાવાડાની ૩૦ વર્ષની વૃદ્ધા ૫૨ સર્જરી કરીને તેના અંદરના કોષ્ટકની ૬.૬ ડિગ્રીઓના કાઠા દુર કરાઈ હતી. કોમ્પિયુટરના તર્જીમોને પણ પ્રાથમિક નિદાનમાં જ મોટી ગાંઠ જણાવતો જણાવ્યું હતું. તબીબના કિટી લેન અને સોનોગ્રાફી કરાવવા હતા, જેના એક જખમને પછી સોનીયો પાત્ર પુરતું હતું. આ દુર્લભ કઠી રાક્ષણ તેથી સર્જરી વિશે સર્જરી દરમિયાન તેમણે જણાવ્યું છે, “આટલી મોટી કઠી હવે મહિલાને કેટલું બેનિફિટ થાય છે. આ પછી, સર્જરી દરમિયાન તેમણે કહ્યું, પેટી

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# STUDENTS CORNER



We **congratulate** to all the second year **MBBS students** who won first prize in Inter-college Blood Bank Quiz competition which was held in Sumandeep Medical college,Vadodara.

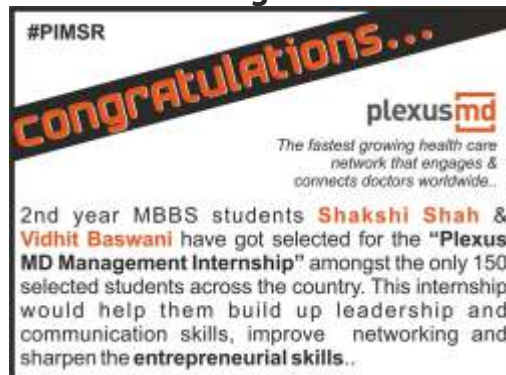
## ICMR-Short Term Studentship-2019

ICMR have approved the application for STS submitted by second MBBS student Miss Krishna Soni under the guidance of Dr. Ankita Parmar on the topic "A study on assessment of immunization coverage among 0-6 year children in rural area of Gujarat". The objective of this study is to assess the coverage of Immunization in 0-6 year children, to know the underlying attitude and response of rural population towards immunization and find out the barriers in achieving 100% immunization. It would be a community based cross-sectional study conducted among the 5 villages of Savli area of Vadodara district. All the under 6 year old children will be taken for the study. The award of Stipend Rs. 20,000/- and a Certificate will be given by ICMR on completion of the project.

**Principle Investigator:** Krishna Soni (Second MBBS student)

**Guide:** Dr. Ankita Parmar (Assistant Professor ,PSM)

## Plexus MD Management Internship



### A poem by Second year Medical student MY POETRY, MY PROSE

It's funny how she pulls it off.  
Every once in a while.  
Broaden this Smile  
The one that I'm having  
Now, with every word I'm writing  
She knows it not  
But does it a lot  
When she's around me  
Her words surround me  
Like the melody of a song unsung  
The chords of a broken violin unstrung  
Her thoughts fill my brain  
Every calming breathe, in vain  
My heart pounds  
With unheard sounds  
Shivers on my spine creep  
And eyes, happily, weep  
Noises fade away  
Distractions sway  
All these theatrical happenings  
Unreal, imaginary, misdoings  
That you cause  
Merely absent, when I write about you  
Take a Pause  
For YOU are my Poetry  
YOU are my Prose.

**Master Muntazir M.**  
2nd Year, MBBS, PIMSR

# MYTH AND FACTS

**Myth :** Most of the cases of AES reported are that of Japanese encephalitis

**Fact :** Only 30% of the AES cases reported are those suffering from Japanese encephalitis, others include Known AES like Pyogenic meningitis, herpes encephalitis, measles encephalitis and chandipura virus and also Unknown AES in which the cause is either not identified or not determined

**Myth :** Only fruit bats are capable of transmitting Nipah virus

**Fact :** Other animals infected by this virus can also become a cause or transmit the virus. After the bats, pigs are known to be the best infectors of Nipah virus

**Myth :** Litchi consumption is the main cause in the occurrence of AES

**Fact :** Litchi consumption is only the cause among malnourished children who sleep empty stomach (hypoglycemic) as it blocks the alternate pathway of glucose synthesis, called fatty acid oxidation. The pathway is blocked by MCPG. Litchi does not cause any harm in well-nourished children, but only in undernourished children

**Myth :** Nipah virus doesn't transmit from human to human

**Fact :** Animal to human transmission is usually seen but human to human transmission is also possible hence proper care must be maintained while caring for the patient. Anyone who is not responsible for care taking should maintain a considerable distance from the infected.

**Myth :** Certain homeopathy medicine can cure and prevent Nipah virus

**Fact :** There is NO identified treatment for the infection and only the reliable Medical Professionals must be trusted for consultation and care taking.

**Myth :** Nipah is an one time outbreak

**Fact :** Nipah virus outbreaks have been reported in the past as well and may be reported more and more in future due to deforestation. Only adequate care has to be exercised for the prevention of the disease.

# MEDI – QUIZ

**Q1. Nipah virus is transmitted by one of the following routes**

- A) Direct contact with infected humans/animals
- B) Tick borne
- C) Mosquito borne
- D) Water borne

**Q2. AES (Acute encephalitis syndrome) is commonly reported from which of following states in India?**

- A) Gujarat
- B) Maharashtra
- C) Rajasthan
- D) Bihar

**Q3. Hypoglycemia associated encephalitis is which one of the following forms of AES**

- A) Japanese encephalitis
- B) Viral encephalitis
- C) Non-viral encephalitis
- D) Unknown AES

**Q4. Mechanism of action of Methyl Cyclopropyl Glycine (MCPG) as a toxin in litchi fruit for causing Hypoglycemic encephalopathy in small children is:**

- A) Blocking conversion of fatty acid to glucose
- B) Causing hypoglycaemia by itself
- C) Slowing the breakdown of glycogen
- D) Mechanism unknown

**Q5. A full and complete recovery can be achieved if children with hypoglycaemic encephalopathy are infused with 10% dextrose within \_\_ hours after the onset of symptoms**

- A) Four
- B) Six
- C) Ten
- D) Within an hour

## Answers to MCQs in previous newsletter

1. (C)      2. (B)      3. (D)      4. (C)      5. (A)

This newsletter comes to you with the  
efforts of our literature club

Dr. Soeb Jankhwala  
Dr. Krunal Shah  
Dr. Nadeem Shaikh

Dr. Shashwat Nagar  
Dr. Nisarg Savjiani  
Dr. Hiren Patel

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