



VELNEWS

Voice of Velammal Medical College Hospital & Research Institute

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Our Honourable Chairman, Sri M.V. Muthuramalingam, handing over the Cheque for ₹ 25 Lakhs for Chennai flood relief to Madurai district collector, Sri L. Subramanian, IAS. Vice Chairman, Dr. S. Asokan and Mr. Ganesh Natarajan nearby.

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Editorial**Effective doctor -patient communication:
Need of an hour**

Effective doctor patient communication is a "central clinical function" the value of which can not be neglected. Better communication practices helps the doctor to identify the problem appropriately and at the earliest, thereby preventing the complications and high cost of treatment resulting in better clinical outcome and better satisfaction among the patients. Several epidemiological studies, including randomized controlled trials, have demonstrated the positive impact of the effective communication on patient's medication adherence, better psychological adjustment, pain control and early recovery from illness. However the domain of communication has remained a neglected entity both in clinical practice and medical education without proper evaluation system.

In recent years, the steepest rise is seen in incidence of complaints and violence against doctors additionally contributing to job stress and dissatisfaction. Miscommunication leads to a feeling of discord, frustration, confusion and uncertainty among the patients. Much can be prevented by identifying and addressing the barriers of effective communication.

Improving doctor -patient communication

Assess thoroughly : Apart from routine history, assess patient's knowledge about the disease and information needs of the patient. Use open ended questions to explore the information. This can be a good opportunity to correct the myths and misconceptions about the disease among the patients. Also, patient's socio-demographic and behavioral factors are important contributors for patient's health and are needed to be evaluated.

Give sufficient time: Providing adequate information in a slow and deliberate manner will help patient to conceive the information and clarify doubts.

Use simple language: Provide information to the patients in their own language to make sure that they understand. Avoid unnecessary medical jargons and long monologues.

Body language: Facial expressions, gesture, eye to eye contact, speech pattern are some of the important forms of non verbal communication which must be considered for ensuring effective communication. Respect patient's autonomy; avoid being judgmental or scolding patients.

Ensure adequate privacy: Try to reduce the auditory and visual distraction during the encounters. Listen carefully and give sufficient attention to patient's questions.

Be truthful: Do not lie to your patient but do not deny the hope.

Empathy: Understanding patient's emotion and providing psychological support can facilitate healthy bonding and supportive care to the patients.

Shared decision making: It is a collaborative process which involves both doctor and patient as active and essential contributors. Ideal role of a doctor is to help the patients to explore their health related values and choose the treatment based on those values.

Breaking bad news: This is an extremely complex and stressful task. Doctors must anticipate and be prepared for the task. A step by step approach involves exploring patient's perceptions and expectations, sharing information in a caring manner and addressing patient's emotions are some of the important aspects of breaking bad news.

I am sure that practicing this will help in establishing effective doctor-patient communication and better clinical outcome.

Dr. Samir Bele

Professor and head, Department of Community Medicine

VICE CHAIRMAN'S MESSAGE

Greetings,

The new year 2016, has brought a lot of hope for all of us at Velammal Medical College.

In the end of 2015, the 'Chennai Floods' have caused a lot of hardships to the people of Chennai. The coastal districts of Cuddalore and Tuticorin were also affected much with the hyperactive monsoon. It was heartening to see the spontaneous response of the humanity to alleviate the sufferings of the compatriots.

The staff of Velammal Group of Institutions donated their one day salary for the flood relief and our Honourable Chairman handed over the cheque for Rs. 25 Lakhs to the District Collector Mr. L. Subramanian, IAS, on all our behalf. The medical team from Velammal conducted several medical camps at Chennai and the following have very enthusiastically participated in the camps and rendered noble services:-

Dr. John Rajpathy, Professor, Dept. of Physiology.
Dr. E. Muthu Rajesh, Asst. Prof, Dept. of Community Medicine.
Dr. S. A. Rizwan, Asst. Prof, Dept. of Community Medicine.
Dr. J. Robinson, Asst. Prof, Dept. of Community Medicine.
Dr. Dinesh Murugan, Junior Resident, Dept. of Anaesthesia.
Dr. Deepa Lakshmi, Junior Resident, Dept. of General Medicine.
Mr. Athinarayanan, Pharmacist.
Mr. Siva Sankar, Pharmacist.
Mr. Raju, Male Nurse.
Mr. Kabilan, Male Nurse.
Mr. Mari Kannan, Ward Boy.
Mr. Ganapathi, Ambulance Driver.
Mr. Arumugam, Van Driver.
Mr. Gubera Ejaman, Marketing Dept.
Mr. Karthik, Marketing Dept.

In the forthcoming academic year 2016 – 17, we are going to have our Velammal Nursing College functioning.

At VMC Speciality Hospital all the other departments also have been started.

I am sure, you are all happy to be part of the all around improvements that are taking place.

I once again request you all to march together unitedly to achieve our goal of providing affordable, ethical, evidence based health care to people and creating doctors and technicians with strong ethics and sound knowledge.

Thanking you,

Yours sincerely,

Dr. S. Asokan

Vice Chairman



Dysphagia is not always mechanical - Elucidation with an interesting case

A.C. Arun,¹R. Narendranath,²M. VirginJoena,³R. Sudhakar,⁴M. Muthaiah⁵

¹Assistant professor, departments of Gastroenterology, ² Resident, General Medicine, ³Assistant professor, departments of General Medicine, ⁴Assistant professor, departments of pathology and ⁵ professor and head, departments of General Medicine.

ABSTRACT

Dysphagia is commonly due to mechanical disorders, however there are many non-mechanical causes that can cause dysphagia, Eosinophilic esophagitis (EoE) being one among them. EoE is a chronic inflammatory condition of esophagus, that affects both children and adults, men more than women. The major symptom is dysphagia for solid foods. This disorder stiffens the oesophagus so that solid foods have difficulty passing through the esophagus. The diagnosis of EoE usually is suspected on clinical grounds and confirmed by histopathology. Common treatment options include Proton pump inhibitors (PPIs), steroids and oesophageal dilatation. We report a case of EoE in our hospital, a 65-year-old female who presented with dysphagia, diagnosis confirmed by histopathology and treated with systemic corticosteroids.

Keywords : Dysphagia, Eosinophilic esophagitis

INTRODUCTION

Dysphagia is a common manifestation of various clinical disorders. In routine clinical practice, when a patient complains of dysphagia, mechanical causes are the common differential diagnoses. But this case report emphasizes the fact that the non-mechanical causes should be kept in mind while evaluating a patient with dysphagia. This patient presented to us with dysphagia and ultimately found to have Eosinophilic Esophagitis (EoE) after exhaustive investigations. EoE is a chronic inflammatory condition characterized by esophageal dysfunction and eosinophilic infiltrate in the oesophageal epithelium in the absence of other potential causes of eosinophilia.¹ It is thought to be immune mediated with food or other environmental antigens, stimulating a T-helper inflammatory response. Classical symptoms include dysphagia, food bolus impaction, gastroesophageal reflux type symptoms, PPI responsive oesophageal eosinophilia, perforation and allergic diathesis.²

CASE REPORT

A 65 year old female patient presented with the complaints of epigastric pain, heartburns and difficulty in swallowing. She did not have any previous comorbid illnesses. Upper gastrointestinal endoscopy was done, which showed normal esophagus. There was no narrowing, stricture or growth. Biopsy was taken from the middle one-third of the esophagus. Chest x-ray, barium swallow study and CT thorax were within normal limits. Histopathological examination showed tissue eosinophilia with more than 15 intraepithelial eosinophils in a high power field and eosinophilic micro abscesses. She was diagnosed to have EoE based on the clinical and histopathological features. Patient was treated with oral corticosteroids (Prednisolone 40 mg/day) and proton pump inhibitors. Patient became asymptomatic after the initiation of therapy. At 3 months follow up, patient is completely symptom free.

DISCUSSION

During the last two decades, a new entity called Eosinophilic Esophagitis has emerged as one of the leading cause of food impaction and dysphagia in adults and vague reflux symptoms in children. Eosinophilic Esophagitis is a distinct clinic-pathological condition characterized by symptoms of esophageal dysfunction and dense esophageal epithelial eosinophilia.³ Although Gastro Esophageal Reflux Disease (GERD) was thought to be the predominant cause of eosinophilia for years,⁴ several case series began to report clinical

features that were completely different from those associated with classic GERD.⁵ Associations have included atopy, allergy, peripheral eosinophilia, and recurrent food-bolus obstructions. A number of endoscopic features have been described, including strictures, mucosal rings (often multiple), mucosal ulceration, linear furrows, small caliber esophagus and multiple white papules (eosinophilic micro abscesses). Our patient did not have any endoscopic manifestations. The suspicion of EoE was based on clinical grounds.

Treatment approaches include elimination diet, elemental diets, antihistamines, sodium cromoglycate, systemic and topical corticosteroids, leukotriene receptor antagonists and anti-IL-5 monoclonal antibody. Dietary treatment offers the prospect of inducing and maintaining prolonged disease remission without the potential complications associated with pharmacologic therapy.⁶ The most commonly used drugs in clinical practice are fluticasone and budesonide.⁷ Inhalation and swallowing of steroid preparations designed for inhalational treatment for asthma has been used for a long time. Oral viscous preparation of Budesonide is being used recently with satisfactory results.

CONCLUSION

Eosinophilic Esophagitis is an uncommon cause of dysphagia. Clinical suspicion is the key to diagnose this rare entity. Histo-pathological evidence is a must to make a definitive diagnosis of EoE. Once diagnosed, this entity can be treated with simple drugs with gratifying results.

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INAUGURATION OF PAINLESS LABOUR CLINIC



Inauguration of painless labour clinic by our honorable Chairman

The Department of Obstetrics and Gynecology offers holistic services for the reproductive health and gynecological needs of women in a comprehensive, compassionate, sophisticated and dedicated manner with highest emphasis on patient safety.

We proudly announce that our honorable Chairman along with VC, Dean, MS, HOD'S of other departments and our colleagues has inaugurated the new unit of painless labor in our department on 01.12.15.

For many women, labor may be the most painful experience they encounter. The experience of labor including pain severity is different for each women and the measure taken

to relieve pain remains the choice of the individual. We provide epidural analgesia and inhalational analgesia (entonox) for painless labor. They are extremely effective and popular treatment for labor pains.

First patient who received epidural analgesia delivered vaginally on 04.12.15 successfully with the team of doctors.



First patient delivered with epidural analgesia Dept. of OB&G, Anaesthesia and Pediatrics

MEGA ANTENATAL CAMP



The HOD of OB&G explaining the importance of antenatal care

An antenatal camp was held here in the department of Obstetrics and Gynecology on 01.12.15, in which expectant mothers were imparted information on pregnancy, related issues and care required after delivery. The camp was attended by 150 expectant mothers with their spouses

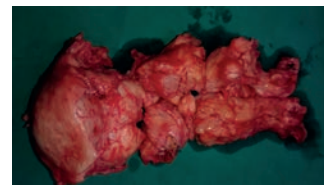
who were told about the information like Importance of preconception counseling, antenatal visits, immunization, importance of healthy food intake like foods rich in iron, calcium, folic acid, proteins, fruits etc., Unhealthy food items to be avoided in pregnancy, Importance of yoga and exercise in pregnancy, Iron and calcium supplementation, Screening for fetal anomalies, screening for disease including diabetes, hypertension, infections, std etc., Importance of monitoring fetal movements and misconceptions on pregnancy related issues, labor, painless labor, post delivery care, importance of breastfeeding and postnatal exercise. The information was delivered through speeches, audio visual presentations, charts and demonstration. The antenatal patients were given healthy snack. Free supplements of iron, calcium and multivitamins were given.



Dietician explains the expectant mother the importance of healthy diet

Vaginal hysterectomy for large fibroid uterus

- Despite the advent of new treatment modalities, newer technology and patient education, vaginal hysterectomy will continue to have a major role in the treatment of the large symptomatic fibroid uterus.
- Increased uterine size should not be an automatic deterrent to the vaginal approach for hysterectomy. Vaginal hysterectomy is very efficient in terms of equipment cost, operating time, Post-operative comfort, length of hospital stay, overall use of resources and patient safety. The decision to perform hysterectomy vaginally, should be based on clinical evaluation i.e the findings on bimanual examination (size and mobility). A mobile uterus of up to 20 weeks size can be safety considered for vaginal hysterectomy.
- Minimally invasive gynecology surgery is not synonymous with laparoscopy, electronic morcellators, sophisticated energy sources and robotics.
- ACOG recommends vaginal hysterectomy as the approach of choice whenever feasible based on its well documented advantages and lower complication rates. When it is not feasible the surgeon must choose between laparoscopic hysterectomy, robot assisted hysterectomy or abdominal hysterectomy.
- Multiple RCT's have shown that the mean operating time and intra operative blood loss was significantly lesser in VH than LAVH.
- In the past year 2014-2015, we have performed 125 cases of Vaginal Hysterectomies for large sized uterus. In our institute we perform vaginal hysterectomy for uterus size up to 20 weeks.



Dr. Raja Rajeswari

OB&G Department - VMCH & RI, Madurai.

World Arthritis and Osteoporosis day 2015

"Its in your hands, take action"

On 12th October 2015, World Arthritis Day was organized across the globe uniting the people to increase the awareness on rheumatic and musculoskeletal disorders. Rheumatoid arthritis (RA) is an extremely painful and debilitating disease with a very high prevalence rate in general population. However the awareness about this disease is low, this poses a significant challenge in early detection, treatment and slowing the disease progression.

In India, almost 9 million patients are suffering from Rheumatoid arthritis. People with arthritis are limited in their ability to do daily activities, for example, individual can become unable to lift objects, walking can be difficult etc. Rheumatoid arthritis is the major cause of disability in working-age men and women.

Early RA diagnosis and early treatment is critical to slow down the progression of disease. The three S-factors viz. Joint Stiffness, Persistent Swelling & Squeezing of joints leading to pain, may indicate rheumatoid arthritis. Delay may cause damage to joints, and long term disability. The early treatment may provide control of symptoms including inflammation, pain, swelling, joint dysfunction and also prevent damage to joints and related structures.

Apart from DMARDs, we now have biologic response modifiers, which are commonly used in developed countries, but also being increasingly initiated in India to control the inflammatory arthritis and come at affordable cost. Ultimately as any inflammatory long term disease is considered a cardiovascular risk, it is imperative to control them effectively to improve the quality of life.

Coping with Rheumatoid Arthritis

Taking best care of yourself can help you cope with rheumatoid arthritis.

Make your health and healthcare a priority, being vigilant with preventive care.

Avoid smoking and drinking alcoholic beverages.

Eating a healthy diet is even more important when a person has Rheumatoid arthritis,

Rheumatoid arthritis can make you prone to fatigue and muscle weakness.

Osteoporosis is characterized by low bone mass with micro architectural deterioration of bone tissue leading to enhance bone fragility, thus increasing the susceptibility to fracture.

In order to increase the awareness of arthritis and osteoporosis among the public, patients and students, Dr. N. Subramanian, our



Rheumatologist had organised the Medical Student Quiz and patient awareness meeting on 8th October 2015 in our hospital auditorium. Five teams from 3rd year students participated in the final round and Prof. Muthiah, HOD Medicine distributed the prizes to the winner teams. Dr. N. Subramanian briefly discussed with the patients about the impact of arthritis and osteoporosis, regular follow up, medication compliance, and also addressed the concerns and questions. Sponsors distributed special gifts and leaflets to all the patients.

Dr. N. Subramanian MD, MRCP (UK),
MRCP CCT (Rheumatology),

AP Medicine and Consultant Rheumatologist.

Ultrasound in Anaesthesia – A VMCH&RI Experience

Karthik AR

Assistant Professor, Department of Anaesthesiology, Velammal Medical College Hospital and Research Institute, Madurai.

INTRODUCTION

The usage of ultrasonography has been in the diagnostic armamentarium of radiologists for years. It is also being widely used by obstetricians and cardiologists. But not many people, even among the medical fraternity, know that ultrasonography is being used by anaesthesiologists and critical care physicians for varied indications.

The department of anaesthesiology at VMCH&RI is equipped with a dedicated USG machine for the operation theatres. A variety of procedures have been performed using it.

USG in Regional Anaesthesia – The success of regional anaesthesia lies in the deposition of the anaesthetic agent very near to the nerve, but not into the nerve. Many techniques have been used to accomplish this delicate task. They are anatomical landmark technique, paraesthesia technique, nerve locators/stimulators, ultrasonography, real-time radiography (C-arm).

The advantages of use of ultrasonography in regional anaesthesia include precise

visualization of nerves and tissue planes, real-time visualization of needle and drug spread, avoiding injury to adjacent structures, reduced drug dosage and toxicity, increased speed of onset and duration of block, no radiation hazard, very minimal risk of nerve injury, no stimulation of nerves.

Any method or procedure in medicine carries disadvantages or risks. Ultrasonography is no exception. The disadvantages of its use in anaesthesia are a steep learning curve, initial cost of investment, cannot differentiate nerves from similar looking structures like tendons, potentially dangerous in inexperienced hands.

Apart from regional anaesthesia, ultrasound can be used to aid central venous access, arterial cannulation, point of care ultrasound in the OT and ICU etc.

OUR EXPERIENCE IN VMCH&RI

We have done approximately 160 ultrasound guided procedures in anaesthesia in a span of 9 months. They include supraclavicular brachial plexus block (Fig. 1), axillary block, interscalene brachial plexus block (Fig. 2), femoral nerve block, obturator nerve block, transverse abdominis plane (TAP) block (Fig. 3), superficial cervical plexus block, radial artery cannulation, central venous access and PECS block.

Figure 1



Figure 2

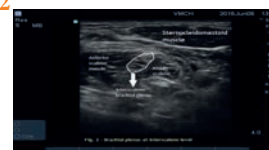


Figure 3



CONCLUSION

VMCH&RI is one of the few hospitals to have a dedicated ultrasound for anaesthesia during its early years of inception. Not many anaesthesiologists in India are familiar with ultrasound usage. Thus we are at an advantage to train the anaesthesia postgraduate students in ultrasound during their course of study in future.

Acknowledgement –All surgical disciplines.

Training cum induction programme on Pharmacovigilance and Vigiflow - Programme Report



Dr. Raj kishore Mahato (extreme right) and Dr. M. Brahadeesh (in the middle) while attending a training programme

We, Dr. Raj kishore Mahato (Professor of Pharmacology) and Dr. M. Brahadeesh (Assistant professor of Pharmacology) attended the 'Training cum induction programme on Pharmacovigilance and Vigiflow at Ghaziabad on 3rd and 4th September 2015'. We as a faculty of Velammal Medical College Madurai are proud to be recognised as our Adverse

Drug Reaction Monitoring Centre (AMC) is one among the 11 AMCs in medical colleges in Tamil Nadu and the third private college next to Sri Ramachandra university and SRM within a span of 2 years.

It was a good experience for us. We are enlightened by informative



Participants and resource persons of the training programme

lectures by eminent faculties from all over India. Basic concept of Pharmacovigilance were discussed by Dr. Prathiba Nadig chairperson of IPC, Role of AMC s and its coordinators in developing effective Pharmacovigilance by Dr H.S. Rehan of Lady Hardinge Medical college , Vigiflow and data entry were discussed by Mr. Ranvir Kumar ,Technical Associate, Integration of AEFI - in vaccine safety Monitoring were discussed by Ms. Jyothijoshi.

Some of the eminent points of the training programme are

1. Essential details in ADR form are patient initials, date of onset of reaction, reaction problem details and reporter details.
2. A term "signal" is used in case of more than one ADR report.
3. "Rechallenge" is required for causality assessment to be determined as certain as per WHO grading.
4. Roles of the coordinator is distribution of forms to clinical departments, clinical rounds, collection of forms, causality assessment and sending ADR report.
5. Vigiflow soft ware will be issued by within 30 days and data entry has to be done in this.
6. Other medical colleges and hospitals can report to us and their reports can be send through vigiflow.
7. Sensitisation programme has to be conducted involving physicians, doctors, nurses and pharmacists.
8. Reporting has to be done by all physicians apart from treating the patients.
9. Batch number, brand name has to be mentioned by the reporter if the ADR is fatal.
10. Issuing warnings, relevant indications, contraindications based on ADR report will be done on "package inserts" by the manufacturer under the guidance of Drug Control Authority.

Dr. Raj kishore Mahato (Professor),

Dr. M. Brahadeesh (Assistant Professor)

Department of Pharmacology, Velammal Medical College and
Research Institute,
Madurai – 625009, Tamil Nadu.

Pharmacovigilance Update Organized by Department of Pharmacology

The Department of Pharmacology, VMCH&RI organized an update programme on Pharmacovigilance activities on Wednesday the 2nd December 2015 in Lecture Hall 3 in the Medical College Building, between 2 pm to 4 pm. The programme was presided by our MS Dr. Rajamuthaiah. Lectures were given by Dr. Mathevan on "Adverse Events Following Immunization", Dr. Bharath on "Adverse drug reactions: an ICU perspective", and Dr. M Brahadeesh on "Orientation to Pharmacovigilance". Dr. S. Thamilarasu welcomed the gathering, and Dr. J Mohan delivered Vote of Thanks. The programme was attended by clinical and non-clinical teaching faculty, junior residents, and 3rd MBBS students.

Report by: Dr. B. N. Vallish,

Asst. Professor, Dept. of Pharmacology

Know Your Rights as a Patient

1. You have a right to be told all the facts about your illness; to have your medical records explained to you; and to be made aware of risks and side effects (if any) of the treatment prescribed for you. Do not hesitate to question your doctor about any of these aspects. The physician should neither exaggerate nor minimise the gravity of a patient's condition.
2. When you are being given a physical examination, you have a right to be handled with consideration and due regard for your modesty.
3. You have a right to know your doctor's qualification. If you cannot evaluate them yourself, do not hesitate to ask someone who can.
4. You have a right to complete confidentiality regarding your illness.
5. If you are doubtful about the treatment prescribed and especially an operation suggested, you have a right to get a second opinion from any specialist.
6. You have a right to be told in advance what an operation is for and the possible risks involved. If this is not possible because of your being unconscious or for some other reasons, your nearest relatives must be told before they consent to the operation.
7. If you are to be discharged or moved to another hospital, you have a right to be informed in advance and to make your own choice of hospital of nursing home, in consultation with the doctor.
8. You have a right to get your case papers upon request.
9. Know, in advance of services, the cost of services and any applicable payment policy.
10. Refuse care, treatment and services, to the extent permitted by law. You will be fully informed of possible consequences of such refusal.

- Venkatesh Karthikeyan,

2nd Year MBBS Student, VMCH&RI.

The Hare and the Tortoise

Part 1 : Once upon a time a tortoise and a hare had an argument about who was faster. They decided to settle the argument with a race. They agreed on a route and started off the race.

The hare shot ahead and ran briskly for some time. Then seeing that he was far ahead of the tortoise, he thought he'd relax for some time. He sat under a tree and soon fell asleep. The tortoise plodding on overtook him and soon finished the race, emerging as the undisputed champ. The hare woke up and realized that he'd lost the race.

Moral of the story: Slow and steady wins the race.

Part 2 : The hare was aghast that he lost the race. He did some soul-searching and realized that he'd lost the race only because he had been overconfident, careless and lax. If he had not taken things for granted, there's no way the tortoise could have beaten him.

So he challenged the tortoise to another race. The tortoise agreed. This time, the hare went all out and ran without stopping from start to finish. He won by several miles.

Moral of the story :Fast and consistent will always beat the slow and steady. It is good to be slow and steady, but it's better to be fast and reliable.

Part 3 : It was now the tortoise's turn to do some soul-searching. He realized that there's no way he can beat the hare in a race the way it was currently formatted, and thought of ways to change the outcomes.

He then challenged the hare to another race, but on a slightly different route. The hare agreed.

They started off. In keeping with his self-made commitment to be consistently fast, the hare took off and ran at top speed until he came to a broad river. Though the finishing line was visible - just a few kilometres on the other side of the river - the hare could not proceed, because he could not swim. The hare sat there wondering what to do. In the meantime the tortoise trundled along, got into the river, swam to the opposite bank, continued walking and finished the race.

Moral of the story: First identify your competency and then change the playing field to suit your competency. Working to your strengths will not only get you noticed, but will also create opportunities for growth and advancement.

Part 4 : The hare and the tortoise, by this time, had become pretty good friends and they did some thinking together. Both realized that the last race could have been run much better. So they decided to do the last race again, but to run as a team this time.

They started off, but this time the hare carried the tortoise till the riverbank. There, the tortoise took over and swam across with the hare on his back. On the opposite bank, the hare again carried the tortoise and they reached the finishing line together. They both felt a greater sense of satisfaction than they'd felt earlier.

The moral of the whole story is very much applicable to our day-to-day situations. It is good to be individually brilliant and to have strong core competencies; but unless you are able to work in a team and harness each other's core competencies, you will always perform below par because there will always be situations at which you will do poorly and someone else does well.

When we stop competing against a rival and instead start competing as a team against the situation, we perform far better!

Source : Internet

Compiled by : **Dr. B. N. Vallish,**
Assistant Professor, Dept. of Pharmacology.



bashes....

JANUARY

- 4 January - Dr. Trupti Bodhare, Professor, Community medicine
- 5 January - Dr. Dhaval Mahadevvala, Associate Professor, Community Medicine
Dr. P. Vijayakumar, Assistant Professor, General Surgery
- 6 January - Dr. M. SankaraNarayanan, Sr. Resident, Radiodiagnosis
- 7 January - Dr.S. Chentilnathan, Sr. Medical officer, Corporate Relations
Dr. T. Ashok Kumar, Sr. Resident, General Surgery
Dr. B. Princely Jayakumar, Junior Resident, Orthopaedics
- 12 January - Dr. S. Somasundaram, Professor, General Surgery
Dr. P. Prem Ananth, Assistant Professor, Chest & TB
Dr. C. Cherman Pandi, Sr. Resident, Ophthalmology
- 14 January - Dr. Amudhanilavan, Sr. Resident, General Medicine
Dr. V. Harshavarthanan, Junior Resident, General Medicine
- 19 January - Dr. S. Selva Kadungo Vazhiyathan, Sr. Resident, Ophthalmology
- 23 January - Dr. P. Indra Priyadharsini, Sr. Resident, General Surgery
- 25 January - Dr. S. Selva Kumar, Tutor, Anatomy
- 27 January - Dr. V. Rajagopalan, Assistant Professor, General Surgery
Dr. V. Poornima, Consultant, Anaesthesiology
- 31 January - Dr. Mahesh Babu, Junior Resident, Casualty

FEBRUARY

- 2 February - Dr. M. Gopi, Sr. Resident, Orthopaedics
- 5 February - Dr. J. S. Thomas Xavier paul Singh,
Assistant Professor, General Medicine
- 6 February - Dr. S. P. Meenakshi Sundaram, Professor, Anaesthesiology
- 7 February - Dr. J. Jenish Rajma Arun, Assistant Professor, Paediatrics
Dr. G. Rajalakshmi Preethi, Assistant Professor, Radiodiagnosis
- 8 February - Dr. A. MuhilVannan, Junior Resident, General Surgery
- 10 February -Dr. T. Rajaram Manoharan, Professor, Anaesthesiology
- 14 February - Dr. G. Ganesh Prabhu, Assistant Professor, General Surgery
Dr. A. Sivakumar, Assistant Professor, Orthopaedics
- 15 February - Dr. P. Yuri Gagarin, Assistant Professor, General Medicine
- 16 February - Dr. S. Ganesan, Resident medical officer
Dr. Rathna Ramamurthy, Associate Professor, Gynaecology
Dr. M. Nirmala, Medical officer, General Medicine
- 18 February- Dr. M. Selvaganesh, Assistant Professor, General Medicine
Dr. Rajeswari, Sr. Resident, Dermatology
- 19 February - Dr. S. Shunmuga Arumugasamy, Sr. Resident, Paediatrics
- 20 February - Dr. Benita Florence, Emergency Physician, Casualty
- 21 February - Dr. P. Lakshmi Priya, Junior Resident, General Medicine
- 22 February - Dr. E. Balaji, Sr. Resident, Anaesthesiology
- 25 February - Dr. R. Sudhakar, Assistant Professor, Pathology
- 27 February - Dr. P. Krishna Rajan, Sr. Resident, General Medicine
- 28 February - Dr. K. Eswari, Junior Resident, Gynaecology

MARCH

- 1 March - Dr. Prashanth Varkey Ambooken, Professor, Plastic Surgery
- 2 March - Dr. K. Benisha, Sr. Resident, Gynaecology
Dr. P. Palanivel, Junior Resident, Intensive Care Unit
- 3 March - Dr. M. Vijay Ganesh, Sr. Resident, General Surgery
Dr. G. Kalaipriya, Junior Resident, General Medicine
- 5 March - Dr. V. Kabeer Dass, Medical officer, General Medicine
- 6 March - Dr. K. M. Prabhu Swamy, Assistant Professor, General Medicine
Dr. S. Jansibanu, Sr. Resident, General Medicine
Dr. P. Rajasekaran, Professor, ENT
- 11 March - Dr. T. K. Sridhar, Junior Resident, General Surgery
- 12 March - Dr. S. R. Sankarasubramanian, Assistant Professor, General Medicine
Dr. N. Rajavani, Junior Resident, General Medicine
- 13 March - Dr. R. Kumaran, Assistant Professor, Radiodiagnosis
Dr. P. R. Karthigaa, Tutor, Dentistry
- 15 March - Dr. K. Suresh Kumar, Junior Resident, General Medicine
- 19 March - Dr. P. Venkatesh, Assistant Professor, Paediatrics
Dr. U. Pallavi Rathi Vanthitha, Assistant Professor, Dermatology
Dr. M. Paramaguru, Assistant Professor, Paediatrics
- 20 March - Dr. M. VirginJoena, Assistant Professor, General Medicine
- 21 March - Dr. R. Dhanalakshmi, Junior Resident, Gynaecology
- 26 March - Dr. Abilash, Junior Resident, Intensive Care Unit
- 27 March - Dr. V. Deneshkumar, Assistant professor/Statistician,
Community Medicine
- 31 March - Dr. K. Sasikala, Sr. Resident, Gynaecology



Mr. Aravindan (3rd year medical student) receiving certificate from the Dean, Dr. A. Srinivasan (extreme right) for successful completion of Indian Council of Medical Research - Short Term Studentship (ICMR-STs) 2014 project. Dr. M. Saravanan, guide for the project stands on extreme left.

News Snippet

VMCH&RI student's research paper has been accepted for poster presentation in an international conference in Germany. Ms. Jane S, presently in the third clinical year MBBS, undertook a study titled "Correlation of clinical profile with immunological markers in common rheumatological disorders in medical college hospital, South India" under the guidance of Dr. N Subramanian, Rheumatologist, VMCH&RI. This paper has been accepted for poster presentation in the 10th International Congress on Autoimmunity, Leipzig, Germany, which will be held from 6th to 10th April 2016.

Team VelNews congratulates Ms. Jane for her significant achievement, and wishes her all the very best for her poster presentation!

Man made ecological disturbances leading to emerging/re-emerging infectious diseases

In spite of all the scientific advancements in early detection, prevention, and availability of effective antibiotics against microorganisms causing human diseases, infectious diseases continue to haunt human race. If sometimes it is the already known microbial agent, other times it is completely unexpected pathogen that poses challenge. We are constantly facing the threat of new emerging infections, resurgence of hitherto controlled infections and the much bigger threat of antimicrobial resistance.

Emerging infectious diseases are diseases that (1) have not occurred in humans before (difficult to establish and rare); (2) have occurred previously but affected only small numbers of people in isolated places (Ebola haemorrhagic fever); or (3) have occurred throughout human history but have only recently been recognized (Lyme disease). Recent examples include Influenza A (H5N1, H1N1), Severe Acute Respiratory Syndrome (SARS), coronavirus, Middle-East Respiratory Syndrome (MERS) coronavirus and many others. Re-emerging infectious diseases are diseases that were once major health problems globally or in a particular country, and then declined dramatically, but are again becoming health problems in a significant proportion of the population (malaria and multidrug resistant tuberculosis). Apart from these diseases there are a host of other rare pathogens that cause sporadic outbreaks throughout the world.

Several such emerging and re-emerging diseases are caused in part by human activity, i.e., due to disturbance caused to the delicate ecological balance. Even when outbreaks such as dengue, chikungunya, malaria and other infectious diseases occur, we often fail to see the underlying causes and are unaware of the true picture of its emergence.

In this context, we participated in a competition recently conducted by microbiology department, at K.A.P. Vishwanathan government medical college, Trichy and presented a model on the topic 'Role of ecological disturbance in emerging and re-emerging diseases'. The model was jointly designed by Aravindan K and Shreedher Priyan N. In this model we had depicted several diseases and their epidemiological basis of occurrence. Most importantly, Ebola and Malaria have been depicted in detail because of the heavy toll they impart on human life. Using the model as a medium we were able to point out the fact that ecological disturbance caused by human activity plays a major role in the rise of these infections. Some of the examples of such activities shown in the model include rapid and unplanned urbanisation, illegal animal trade, cultural practices, global warming, poor water management, interference with natural forest enzootic cycle and deforestation. This exhibit won the 3rd prize in the competition.

For a country like India, the emerging and re-emerging infections remain a real challenge. A comprehensive national strategy on infectious diseases addressing the challenges of emerging and re-emerging infections is needed. Rapid response mechanisms are required to detect public health threats and respond quickly. The medical fraternity and the general public should be made aware of the importance of such diseases and their control measures.



- Shivani Baskar Kuttuva,
2nd Year MBBS student, VMCH&RI, Madurai.

VELMED 2015

It was our first seminar in Medicine by the medical students themselves. This was conducted in our hospital on 5th November and inaugurated by our Vice chairman, Dean and HOD Medicine. Third year medical students talked about various clinically relevant topics and all students participated in the deliberations. The HOD Medicine distributed prizes to the speakers and winners of the Medical Quiz, which evoked a big applause. There was a talk on tips to teach medical students too. The department of Medicine and assistant professors have contributed immensely to support this venture and it was well received by the Dean and Vice Principal. Students are enthusiastic and already planning to conduct intercollegiate event next year.

- Report by Department of Medicine



Undergraduate Medical Students Seminar

Date: 5th Nov 2015

Session 1

Topics discussed

- | | | | |
|-----------------------------|--------------|-----------|-------------------|
| a. Multi drug resistance | by Ranjith | moderator | Dr. Krishna Rajan |
| b. Adult Immunization | by Krishnika | moderator | Dr. Joena Xavier |
| c. Splenomegaly | by Anu Tresa | moderator | Dr. Sandhya |
| d. Blood Pressure | by Sowmiya | moderator | Dr. Yuri Gagarin |
| e. Corticosteroids | by Shivani | moderator | Dr. Thomas |
| f. Anti Tuberculous therapy | by Jaishree | moderator | Dr. Prabhusamy |

Session 2

Quiz- Medicine and Basic science

Dr. Sangeetha

Session 3

Art of teaching medical students -Lecture

Dr. Subramanian



Velammal Medical College Hospital and Research Institute

MEDICON 2015

The department of Medicine in Velammal Medical College Hospital and Research Institute has been growing leaps and bounds with the support of all super specialities in the management of complex patients. The department had organised the first annual update- named MEDICON 2015, held at Hotel Sangam on 13th September, with distinguished speakers from the region delivering the key aspects to raise the awareness of recent updates. The Chairman and Vice chairman have been supporting the various educational activities for the students and medical staff.

Prof. Muthiah

Organising Secretary and HOD

Department of Medicine, VMCH & RI, Madurai

It was inaugurated by the famous and well known Neurologist Prof. K. S. Srinivasan in the presence of Dr. S. Asokan, Vice Chairman, Velammal Medical College hospital and Dr. A. Srinivasan, Dean, VMCH&RI. We hope that this conference would have improved the understanding and management of newer concepts and different spectrum of diseases.

This was well attended and about 110 delegates had participated in the deliberations and shared their experience. Medical students also attended and gained valuable knowledge.

Dr. Ramesh

Registrar

Department of Medicine, VMCH & RI, Madurai

We are proud to announce that this MEDICON conference had the accreditation by both the Tamil Nadu Dr. MGR Medical University and the Tamil Nadu Medical Council, Chennai.

I am sure this would add another feather in the cap of department of Medicine.

We thank all those who helped to make sure this is successful.

Dr. Subramanian

AP in Medicine and Rheumatology



Rhythm 2015 – CME on ECG

16th December 2015, was a marvellous day for the students of VMCH&RI. They had golden opportunity to attend a CME and learn the basic concepts of ECG from eminent cardiologist through the program RHYTHM 2015 organized by the department of Physiology. The program commenced by 8.30am in the VMCH auditorium with the welcome address of Prof. Dr. P. D. Dixit, head of the the department of physiology. Followed by the inaugural address of the Vice-chairman and Dean the scientific session began.

Dr.Chenniappan, leading cardiologist from Ramakrishna nursing home, Thituchirappalli beautifully explained the very basic concepts of ECG like history, leads, axis, wave-forms, segments, intervals of ECG, cardiac vector and systematic reading of ECG. The sessions were made interesting by clickers where the audience were allowed to give responses for the multiple-choice questions at the end of each sessions. The morning sessions was fun and knowledge packed with delicious high tea in between.

In the afternoon session, Dr. Mathavan, senior cardiologist from Velammal speciality hospital dealt the ECG changes in ischemic heart diseases in simple terms for the better understanding of the students. This session was followed by the brain-storming session on ECG arrhythmias by Dr.Shanmugasundaram, consultant electrophysiologist from VMC speciality hospital, Madurai.

The program was concluded at 4.00 pm by the vote-of-thanks by Dr. Saravanan, Assistant professor, department of physiology.

More than 100 doctors from inside and outside Velammal Medical College Hospital and 300 undergraduate medical students and 20 allied health science students attended the CME. The CME was awarded with 10 credit points under category II by Tamil Nadu Dr. MGR Medical University. All the arrangements were nicely planned and executed by Dr. Anu, Dr. Johnrajpathy, Dr. Laxmi, Dr. Saravanan, Dr. Kaniethapriya, Dr. Rekha and student volunteers under the organizing secretary Dr. Dixit with the support of the management of Velammal Medical College Hospital. IPCA laboratories were courteous in sponsoring the show.



Laboratories

Inaugural ceremony

Welcome address and
preamble by Dr. P. D. Dixit,
Professor and Head,
Department of Physiology

Inaugural speech by
Vice-chairman, Dr. Asokan

Inaugural speech by
Dean, Dr. Srinivasan

Lecture by
Dr. Chenniappan

CME on "Dengue Virus Infections"

Department of Community Medicine, VMCH&RI had conducted a CME programme on "Dengue Virus Infections" on 28.11.2015, at the hospital auditorium of VMCH&RI. Dr. Paramasivam Rajaiah, Deputy Director of Centre for Research in Medical Entomology (ICMR institute) accepted the invitation and attended the CME as a guest of honor. Our beloved chairman, Thiru. M.V. Muthuramalingam, graced the occasion with his presence along with Vice chairman, Dr. S. Asokan and Dean, Dr. A. Srinivasan.

The programme started formally by lighting of the lamp. In his speech, honorable chairman emphasized that doctors should work in the community to increase awareness about preventing not only dengue but various other communicable and non-communicable diseases. He encouraged the undergraduate medical students to actively participate in academic activities so that they can bloom into competent doctors in the future. Our honorable Vice chairman, Dr. S. Asokan in his speech mentioned that last year around 200 dengue patients were treated at Velammal Medical College Hospital and all had recovered without any mortality. He congratulated the doctors of VMCH&RI for their remarkable efforts in bringing down the morbidity and preventing mortality due to dengue. Dr. A. Srinivasan, respected Dean, in his speech noted the public health importance of preventing dengue infections and motivated the students to take part in community awareness programmes.

After the inaugural ceremony the scientific session begins with Dr. Trupti Bodhare talking about the epidemiology of dengue virus infections. She discussed about the global and national burden of dengue and how dengue had emerged as an important public health problem in the last decade. Dr. Paramasivam Rajaiah presented about dengue vector, virus and laboratory diagnosis. He was very gracious to share his experience and extensive knowledge about the recent advances in laboratory methods for diagnosis of dengue. He encouraged the students for active interaction during his session and answered the questions from delegates very patiently and clearly. The next session was by Dr. Dhaval Mahadevvala in which he discussed about the patho-physiology of dengue virus infections. Dr. M. Muthiah, Professor and Head, Department of General Medicine discussed about the clinical management of dengue in adults. He explained the different grades of dengue hemorrhagic fever and how each grades have specific treatment very patiently so that the undergraduate students attending the CME can understand. He was followed by Dr. G. Mathevan, Professor and Head, Department of Pediatrics who talked about the clinical management of dengue in children. In his speech he focused on the signs and symptoms of dengue specific to children and danger signs of dengue shock syndrome in children. Finally Dr. Samir Bele, Organizing Secretary of the CME and Head, Department of Community Medicine discussed about the prevention and control of dengue virus infections. He talked about various vector control measures for dengue which is the key strategy in prevention of dengue.

The entire CME session was anchored by Dr. Christa and Dr. Piyusha. At the end of the programme vote of thanks was delivered by Dr. Muthurajesh. The CME was attended by doctors from various specialties and undergraduate medical students. It was also awarded ten credit points by the Tamil Nadu MGR Medical University in category II.

Report compiled by – Dr. MuthuRajesh.E, Assistant Professor,
Dept of Community Medicine, VMCH & RI

CME on "Dengue Virus Infections"



Chairman's address



Vice chairman's address



Dean's address



Dr. Paramasivan Rajaiah's lecture



Delegates and students



Dean honoring the chief guest



Dr. Trupti discussing epidemiology of dengue



Dr. Dhaval discussing about pathology of dengue



Dr. Samir discussing about prevention of dengue



Dr. Mathevan speaking on management in children



Dr. Muthiah's session on management of dengue



Certificate distribution to guest speaker

CME on ECG - "Rhythm 2015"



Lecture by Dr. Mathavan



Lecture by Dr. Shanmugasundaram



Vote of thanks by Dr. Saravanan



Delegates in situ



Students in sincere learning



Organizing committee