



PARUL SEVASHRAM HOSPITAL

**PARUL INSTITUTE OF MEDICAL
SCIENCES & RESEARCH**

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Medi-Update

Happy National Doctors' Day!!!

The National Doctors' Day is a day celebrated to recognize the contributions of medical doctors to individual lives and communities. The date may vary from nation to nation depending on the event of commemoration used to mark the day. In some nations the day is marked as a holiday. Although supposed to be celebrated by patients in and benefactors of the healthcare industry it is usually celebrated by health care organizations. Staff may organize a lunch for doctors to present the physicians with tokens of recognition. Historically, a card or red carnation may be sent to physicians and their spouses, along with a flower being placed on the graves of deceased physicians.

Doctor's Day can be traced back to March 30, 1933. This is when it was first observed in Winder, Georgia. Originally started by Eudora Brown Almond, the wife of a prominent Georgian doctor, who wanted to create a day just for recognizing and honoring doctors, she decided the best way to do that was to mail greeting cards to all of the doctors she knew of and to place flowers on the graves of deceased physicians. The flowers that she placed on the graves of these doctors were red carnations – a flower that is still used to this day for National Doctor's Day celebrations.

Celebrating nations

India : In India, the National Doctors' Day is celebrated on July 1 all across the country to honour the legendary physician and the second Chief Minister of West Bengal, Dr Bidhan Chandra Roy. He was born on July 1, 1882 and died on the same date in 1962, aged 80 years. Dr Roy was honoured with the country's highest civilian award, Bharat Ratna on February 4, 1961. The celebration of the Doctors' Day is an attempt to emphasise on the value of doctors in our lives and to offer them our respects by commemorating one of their greatest representatives. India has shown remarkable improvements in the medical field and July 1 pays a perfect tribute to all the doctors who have made relentless efforts towards achieving this goal irrespective of the odds.

United States : In the United States, National Doctors' Day is a day on which the service of physicians to the nation is recognized annually. The idea came from Eudora Brown Almond, wife of Dr. Charles B. Almond, and the date chosen was the anniversary of the first use of general anesthesia in surgery.

Nepal : Nepal also celebrates Nepali National Doctor Day on Nepali date Falgun 20 (4th March).

Iran : In Iran, Avicenna's birthday (Iranian Month: Shahrivar 1st=August 23) is commemorated as the national day for doctors

Brazil : In Brazil, National Doctors' Day is celebrated as a holiday on October 18, the day on which the Catholic Church celebrates the birthday of Saint Luke.

Not too long ago, there was a time when doctors in Asia were bestowed upon a divine status. Rural and urban peoples alike, revered medical personnel and blindly trusted them with the lives of their loved ones. Alas... times have changed and how! The current situation is an alarming one. It speaks of rising incidents of violence against doctors, with some ending in fatal outcomes. According to an ongoing study by the Indian Medical Association, more than 75% of doctors have seen violence at work. National newspapers constantly report doctors being abused, bullied, manhandled, and even killed by the patient's relatives.

Violence against doctors behoves ill for society. It is important for all medical practitioners to be aware that this can occur. We hope no more healthcare personnel lose their lives to violence before action is initiated by their associations and the government.

Happy National Doctors' Day – and THANK YOU for all you do!

Measles Rubella Campaign

India has attained impressive milestones through immunization and continues with its efforts to achieve comprehensive immunization coverage for a birth cohort of 27 million children through the Universal Immunization Programme (UIP). Immunization is one of the most effective public health interventions for protection of children, especially under 5 years of age, from life-threatening conditions which are preventable. Despite high vaccination coverage levels for individual vaccines, India's full immunization coverage has plateaued around 65% (RSOC 2013-14) in the last few years with slow progress, thus contributing to continued high burden of morbidity and mortality in children from vaccine-preventable diseases (VPDs).

Measles is one of the most common vaccine-preventable diseases among the under-five children in India, for which the country has been providing vaccination under UIP, since 1985 across all states. Although it has been more than 2 years post introduction of measles-containing vaccine second dose (MCV2) across the country, the HMIS administrative reported national average for MCV2 is ~66% (in 2014), whereas routine immunization monitoring data shows the MCV2 coverage to be ~40% , which is far below the expected 95% in an elimination setting.



Most measles-related deaths are caused by serious complications including blindness, encephalitis, severe diarrhoea and related dehydration, ear infections, or severe respiratory infections such as pneumonia. In addition, rubella transmission is highly prevalent across the country, which can affect susceptible pregnant mothers in communities and may lead to CRS in children. CRS is a complex of congenital anomalies that can affect multiple organ systems, causing spontaneous abortions and still-births as well as lifelong disabilities in a child.

Although there is no specific treatment for both measles and rubella, these diseases can be very well prevented by immunization and National Technical Advisory Group on Immunization (NTAGI) in June, 2014, had recommended the introduction of measles-rubella vaccine in routine immunization program, following a nationwide MR campaign. India, along with ten other WHO South East Asia Region member countries, have resolved to eliminate measles and control rubella/congenital rubella syndrome (CRS) by 2020. In this direction, Ministry of Health & Family Welfare has initiated measles-rubella (MR) vaccination campaign in the age group of 9 months to less than 15 years in a phased manner across the nation. The campaign aims to cover approximately 41 crore children across India and 1.8 crore children in Gujarat.

What's new at PIMSR & PSH

1. Skill lab for medical and paramedical students commenced at PIMSR building.

A Skill laboratory having facilities for excellent learning opportunities for the medical and para medical students to practice basic and specific clinical skills either independently or mediated by teaching staff and the provision of computer aided teaching programs was inaugurated at PIMSR. The models and manikins that are available in the skill lab are designed to support the clinical skills that are required to be learned during the medical training. It will also help to inculcate psychomotor, cognitive and affective domain to attain effective clinical competency



2. Establishment of Center of Research for Development

Center of Research for Department division of Health & Allied Sciences has been established with a vision of inspiring students and faculty members to engage into community-centered, evidence-based, translational research with significant socio-developmental value. The center is incorporated in line with Parul University's commitment for fostering research, innovation and entrepreneurship. This division was established with an aim to facilitate and promote interdisciplinary and action research that is academically and socially responsible. It also seeks to facilitate an interface between the society, government, industry and academia, to foster participatory learning and action research for development. It is also responsible for campus-wide initiatives focusing on research sensitization and capacity building. Its focus remains on sensitizing Parulites towards research thinking – which can help find answers for some of the most pressing developmental challenges in the field of medicine, public health and allied sciences. Subject experts will also offer research mentorship/consulting services to pursue social and developmental challenges on the foundation of socio-behavioral, health, and implementation sciences.

3. Mental Health Project

PIMSR has signed MOU with Government of Gujarat, Dept. of medical service for Implementation of Mental Health Project in chhota Udaipur district. In first phase two talukas bodeli and pavijetpur have been selected. Training cum sensitization of health staff is being carried out and mental health OPD will be run by psychiatrist of ParulSevashram Hospital and IEC by Preventive & Social Medicine Department.



4. Commencement of Vascular and endovascular surgery OPD at Parul Sevashram Hospital.

Vascular and Endovascular surgical services like Bypass Surgery, Angiography, laser treatments etc have been started at PSH by Vascular Surgeon Dr. Hiten Patel.

OPD timings: 9:00 am to 12:00 pm (Every Friday)

4. Commencement of GI and Advanced Laproscopy Department at Parul Sevashram Hospital.

Advanced laproscopy services for Surgeries like Laproscopic cholecystectomy, laproscopic fundoplication, laproscopic hernia repair have been started at PSH under Dr. Nitin Patel, GI, Laproscopic & HPB Surgeon.

OPD timings: 2:00 pm to 4:00 pm (Every Saturday)

Events at PIMSR & PSH

1. World TB day celebration by 2nd year MBBS students, guided by PSM department, PIMSR, Vadodara.

World TB Day was observed on 24th March in full sprits by students and faculty of PSM Department, PIMSR through several activities like Role Plays, Awareness Sessions etc. in community.



2. Training & certification program on good clinical practices

Good Clinical Practices training was conducted for all the members of institutional ethical committee of PU on 17th May, 2018 by Department of Pharmacology, PIMSR.



3. CME on Sleep & its Disorders

CME on Sleep & its Disorders was conducted by Department of Physiology on 01-03-2018. One Credit Hour was allotted by Gujarat Medical Council



4. CME-cum-Workshop on “Role of Essential Newborn Care (ENBC) in reduction of Neonatal Mortality Rate”

The CME was conducted by Department of PSM and Department of Paediatrics on date 5th and 6th March, 2018. Around 230 delegates participated in the CME across the different Medical Colleges of Gujarat. The CME was followed by a workshop and hands on training for Medical Officers and Staff Nurses from different PHCs and CHCs. Eminent speakers were invited from Gujarat as well as out of Gujarat. Participants were also allotted 5 credit hours by Gujarat Medical Council. This CME was supported by Government Gujarat and MCI.

5. CME on “Tackling Multi drug Resistant Organisms – Battle goes on....”

Department of Microbiology had organized one day CME programme “Tackling Multi drug Resistant Organisms – Battle goes on....” on 13-04-2018 at seminar hall, administrative block, Parul university. Dr. Surabhi Madan, Infectious disease specialist, CIMS hospital, Ahmedabad was chief guest and she has addressed a topic on “Treatment of MDRO – playing a game in narrow lane”. Other speakers were Dr. Anant Marathe, Professor & Head, Department of Microbiology and Dr. Kamna Gandhi, Pediatric ID specialist, Parul Sevashram hospital. Programme was successful and attended by 126 delegates.



6. National level Workshop on “Basic Molecular Biology Techniques Relevant to Clinical Perspective Research” – Hands on Training

CME cum workshop on Basic Molecular Biology Techniques Relevant to Clinical Perspective Research was conducted by Department of Biochemistry on 20th & 21st April, 2018. Around 64 delegates participated in the CME and 7 Credit Hours were allotted by Gujarat Medical Council. This CME was supported by GUJCOST and MCI.

7. CME on “Breast Pathology-Clearing the Haze”

CME on “BREAST PATHOLOGY- CLEARING THE HAZE” was conducted by Department of Pathology on 11th may 2018. Apart from the head of the department Dr. Delwadia and professor Dr. Amrishi Shah, two guest lecturers- Dr. Madhavan, Professor Surgery and Dr. Udayan Kachchhi (Histo and Cytopathologist) also delivered interesting and informative talks. The CME was well attended by students, faculty and external guests as well.



8. Health Camps at Jhabua, Madhya Pradesh, Chhotaudepur and several other rural areas.

INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

Case 1 - Malignancy of Lip

A 60 years old male with history of tobacco chewing presented with ulcer involving entire lower lip. He required excision of entire lower lip from angle to angle and bilateral neck node dissection. After excision of the lesion, reconstructive plastic surgery was needed to make lower lip with preservation of all functions.

Patient had consulted many cancer surgeons in Rajkot, Ahmedabad and Vadodara. He was advised surgery but estimated expenses was very high. Some centres offered to do excision of lesion without functional reconstruction to reduce cost.

At Parulsevashram hospital, team of onco surgeon and plastic surgeon performed the surgery. The entire lower lip was excised along with bilateral neck node dissection. Radial artery based free flap was taken from the left forearm. Microvascular anastomosis was done in the neck and new lower lip was constructed. Patient was discharged within seven days of the surgery. Post-operatively at the end of one month, patient regained his ability to speak, chew and drink without any difficulty.

Treating Doctors : Onco surgeon – Dr. Dipayan Nandy, Plastic surgeon – Dr. Mithun Panchal



Case 2 - Bowen's Disease

A 37 years old muslim female attended skin OPD with itchy skin lesion over left loin for past five years. It was not a sun exposed area and arsenic ingestion was ruled out by history (contact with fungicides, weed killers, pesticides, occupational hazard in smelting industries). There was no evidence of internal malignancies (lung and bladder papillomas).

There was a single painless, minimally scaly, erythematous plaque with hyperpigmented nodular mass of size 5 cm x 4cm X 1 cm over left lateral aspect of loin. Examination of hairs, nails and oral mucosa reveals no abnormality. No abnormality was detected on systemic examination. Clinically, differentials of Bowen's disease, Melanoacanthoma, Pigmented Basal cell carcinoma and epidermal verrucous nevus were placed.

On histopathological examination findings of atypia throughout epidermis were evident. Features like nuclear hyperchromasia and multinucleation, individual cell dyskeratosis, increased mitotic figures and atypical mitotic figures were noted. There were also cytoplasmic vacuoles, markedly altered maturation, some surface keratinisation was present weighing on diagnosis of Bowen's disease. Basement membrane was intact.

Lesion was excise with 2 cm margin by plastic surgeon and follow up is set up for one year as the margins are clear of atypical keratinocytes.

Bowen's disease is usually seen as a solitary lesion on sun exposed areas and in unexposed areas are due to arsenic ingestion. It is of the class of in-situ malignancies. Due to its histopathological features showing total disarray, It has been said to be a 'biological minefield'.

Treating Doctors : Dermatologist – Dr Krunal Tralsawala, Plastic surgeon – Dr. Mithun Panchal



Case 3 - Cutis Verticis Gyrata

A 10 years old Hindu Male patient from Dhar district MP visited to Parul Sevashram Hospital with complaints of scalp skin redundancy & deep cerebriform folds and wrinkles, located in parietooccipital regions from birth, which had grown gradually to current size. No any comorbidities were found. No similar family history & consanguinity. No history of usage of anabolic drugs as well as skin & scalp inflammatory disease.

We made provisional diagnosis of Cutis verticis gyrata. In primary cutis verticis gyrata, folds are usually symmetric; in secondary cutis verticis gyrata, folds are asymmetric. For the exclusion of secondary causes like Acromegaly and pachydermoperiostosis, skull X-ray, CT skull, Growth hormone levels were done. For Myxedema:-TSH, free T4, for Leukemia:- complete blood count, for Acanthosis nigricans:- total cholesterol and fractions, for Diabetes mellitus:- fasting blood glucose, for Syphilis:- VDRL were done. We ruled out all secondary causes of the disease.

Patient underwent wide surgical excision, and plastic reconstruction in the form of skin grafting was done. Excision biopsy sent to pathology department for detailed evaluation. Pathologist confirmed the pathological diagnosis of Cerebriform intradermal nevus.

Treating Doctors : Dermatologist – Dr Krunal Tralsawala, Plastic surgeon – Dr. Mithun Panchal



Faculty Achievements



- Dr. Jagdish Gohel (Professor, Department of Obs & Gynaecology) participated as Guest Lecturer & Panelist in Panel Discussion on Adherent placenta in “Perinatology CME” held on 8th of July, 2018 which was held in Ahmedabad.



- Dr. Uma Nayak (Professor & Head, Pediatrics Department) was awarded the degree certificate of Advance Course of Medical Education at NHL Medical College, Ahmedabad.

- Dr. Soeb Jankhwala (Assistant Professor, Department of Microbiology) presented poster on his educational research project Titled “Assessment of Impact of Revised Basic Course Workshop in medical Education Technology on trained Teachers during Advance course in medical Education at NHL Medical College,



Ahmedabad.

- Dr. Swati Mahajan (Associate Professor, Department of Physiology) , Presented poster on “Impact of group study and self-study sessions in Learning in first Professional Medical Students” in medical Education at NHL Medical College, Ahmedabad.



- Department of PSM (Preventive & Social Medicine) from Parul Institute of Medical Sciences & Research has been enrolled for RMT (Regional Monitoring Team) for supportive Supervision of various National Health Program under Government of Gujarat.

STUDENTS CORNER

CONFLUENCE '18

The students of Parul Institute of Medical Sciences & Research organised First annual MediFest, a cultural and sports event especially for medical students to relax and stress out themselves from their everlasting studies. This event was not restricted to only PIMSR but extended for all the medical colleges of Gujarat. Enthusiastic participation was observed from students. Idea behind organising the event, was not only to have innovation but also to bring out best form the students.

Events included were

- Literature: Poetry, Elocution, Lecturatte , Group discussion
- Dance: Solo, Theme Dance
- Music: Group singing, Solo
- Art: Poster making, Model making, Rangoli
- Drama: Mono acting, Advertisement making, Skit
- Scene Stealer: Mr & Ms Confluence, Dr Chef, Brainstormer
- Sports: Cricket, Badminton, Table tennis, Athletics, Volleyball, Chess
- Informal games: Housie, Clash royale

Educational workshops & exhibitions were also organized during the event

Workshops :

- Criminal investigation by Forensic Medicine department
- Cardiopulmonary resuscitation (CPR) by Anaesthesia department
- ECG by Medicine department
- Microsoft Excel by PSM department

Exhibitions :

- Human organs by Anatomy department
- Models of Microorganisms by Microbiology department
- Pathological specimens, Blood group & Haemoglobin testing by Pathology department
- Pulmonary function testing by Physiology department
- Blood sugar testing and Blood Pressure measurement by Biochemistry department



Myths & Facts

MEASLES RUBELLA CAMPAIGN

A) **Myth:**

Measles-Rubella shot in the MR campaign is not needed in children who have already taken Measles containing vaccine (MCV) in the routine schedule

Fact:

Measles-Rubella shot must be given to all children aged 9 months to 15 years irrespective of previous immunization schedule as the sero-conversion of the vaccine improves with each subsequent shot of the measles-rubella vaccine and a higher cohort of children remain protected thereby accentuating the herd immunity

B) **Myth:**

If the child has taken MMR vaccine from the pediatrician, he/she need not take the MR vaccine during the campaign

Fact:

MR vaccine during the campaign must be taken by all children 9 months to 15 years of age irrespective of the previous immunization schedules

C) **Myth:**

Measles-Rubella shot in the MR campaign leads to sterility among children and affects their sexual life

Fact:

This is completely false and baseless. MR vaccine doesn't have any such side effect and must be taken by all children 9 months to 15 years without any fear

D) **Myth:**

If 4 weeks have not elapsed after the previous MCV dose, the child need not be given vaccine during the MR campaign

Fact:

Even if 4 weeks have not elapsed all children must be given the vaccine during the MR campaign as we are not sure about the sero conversion of the previously given MCV dose

E) **Myth:**

Serious AEFI or adverse effects can occur after MR dose and hence must be avoided

Fact:

Serious AEFI can occur but the incidence of such event is very less and the vaccinator shall come prepared with the adequate treatment (AEFI kit) kit to ensure timely initiation of the treatment of AEFI. The campaign has been successfully carried out in various states across India and has not caused many serious AEFIs. The vaccine however, does protect the children against serious complication of measles and rubella which can be life threatening.

2) Antibiotic resistance

Myth 1:

Only if you use antibiotics incorrectly will it lead to antibiotic resistance

Fact 1:

Microorganisms can develop antibiotic resistance not only due to incorrect antibiotic use but also they have some in built mechanisms which leads to resistance to antibiotics as well as some outer environmental factors also leads to antibiotic resistance.

Myth 2:

Antibiotics are great for common cold

Fact 2:

Antibiotics are effective against infections caused by bacteria, fungi, and some parasites. They don't work against viruses - which cause colds, flu and most coughs and sore throats.

Myth 3:

It's OK to Take Antibiotics Prescribed for Someone Else

Fact 3:

The best antibiotic for you depends upon the specific illness you have. An antibiotic prescribed for someone else might not work, and may actually make the illness worse and increase antibiotic resistance.

Myth 4:

Antibiotics Are Worth Taking Just in Case

Fact 4:

Some consumers think it's a good idea to take antibiotics even if there's little chance they will help which is not true. Antibiotics can cause side effects, including diarrhoea and rash, in a significant number of people. The overuse of antibiotics may cause bacteria to become resistant to antibiotics - making them harder to treat in the future.

Myth 5:

Myth: It's OK to Stop Early

Fact 5:

If your doctor prescribes antibiotics, it's best to take all the prescribed doses - even if you feel better. Stopping early could mean the infection hasn't yet been fully eliminated - and could continue to make you sick and increase chances of antibiotic resistance.

Medi Quiz

- 1. Which physician discovered that contaminated water was the source of the cholera epidemic in London in 1854?**
 - a) Robert Koch
 - b) Alexander Fleming
 - c) Jhon Snow
 - d) Thomas Hodgkin
- 2. Which of these endocrine glands is responsible for sleep?**
 - a) Pineal gland
 - b) Pituitary gland
 - c) Suprarenal gland
 - d) Parotid gland
- 3. What Is Not True Regarding Erythropoietin?**
 - a) Hypertension is a side effect
 - b) Produced in renal cortex
 - c) No increased risk of thrombosis
 - d) Increased red cell survival and development of precursor cells
 - e) Useful in management of anaemia secondary to chronic renal failure
- 4. A 70 Year Old Female With Heart Failure On Ramipril, Furosemide And Bisoprolol Presents With Increasing Shortness Of Breath. What Is The Most Appropriate Management?**
 - a) Add Isosorbid Mononitrate
 - b) Add digoxin
 - c) Add spironolactone A
 - d) Increase furosemide
 - e) Stop bisoprolol
- 5. In Sickle Cell Anaemia, Which Of The Following Organisms Is Not Commonly Associated With Infection In These Patients?**
 - a) Staphylococcus aureus
 - b) Haemophilus influenzae
 - c) Streptococcus pneumoniae
 - d) Neisseria meningitidis
 - e) Chlamydia trachomatis

MCQs answer of Medi update on swine flu

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

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

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