



# JSS Medical College

(A Constituent College of  
JSS Academy of Higher Education & Research, Mysuru)  
(Accredited 'A+' Grade by NAAC)



# ಸಾಮಾನ್ಯಾ? Samanthya

## COVID WARRIORS - HOPE IN ADVERSITY

2020-2021



### JSS MEDICAL COLLEGE

(A Constituent College of JSS Academy of Higher Education & Research, Mysuru)

(Accredited 'A+' Grade by NAAC)

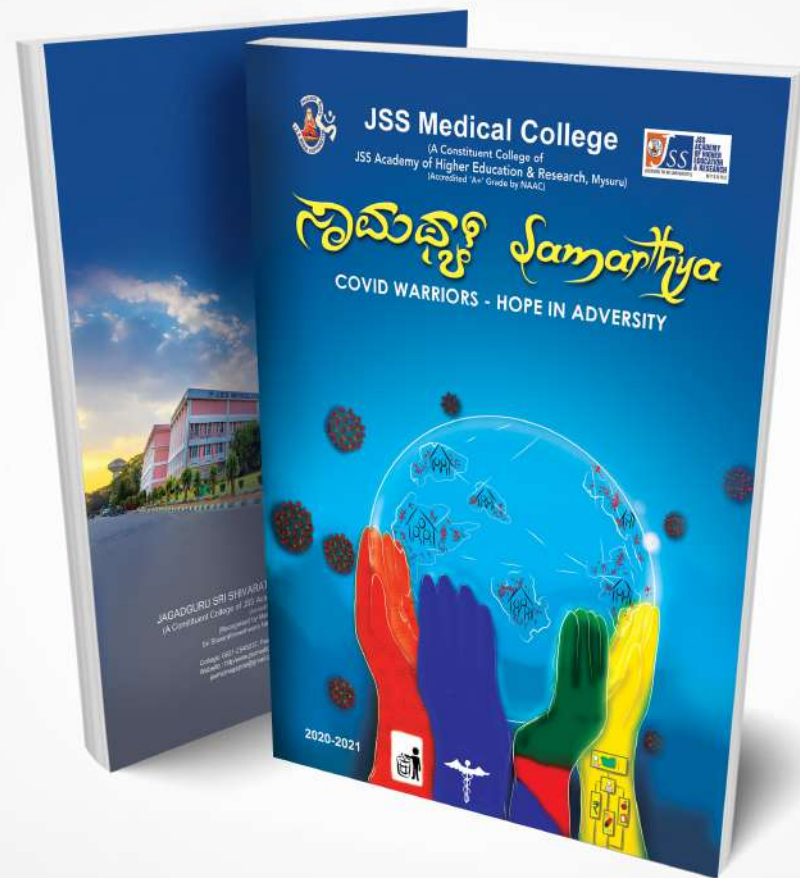
(Recognised by Medical Council of India, New Delhi)

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## Covid warrior - Hope in adversity

The theme chosen for Samartya 2021 is Covid warrior- hope in adversity. With the year 2020 Corona virus pandemic upending life on a global scale, this year's theme had to be undoubtedly regarding the struggles that our fraternity faced and battled against. We chose to be upbeat regarding this, trying to keep the hope bright in a time of adversity. The cover page was carefully curated highlighting the efforts of these heroes. The front line workers, guided solely by their unflinching dedication to humanity, had selflessly stepped in to flatten the curve. Their efforts and contributions, which some even gave their own lives to save the lives of others, to care for humanity in a dire time that history will mournfully remember for the years to come.



### Magazine cover entries by

1. Kapa Aishwarya (2017 Batch)
2. Pooitha Rajesh (2017 Batch)
3. Aima Pious (2019 Batch)
4. Muskan (2019 Batch)
5. Neelanshi Guptha (2018 Batch)
6. Dr. Surya Bamidipati
7. Dr. Anshika Tyagi

ರೋಗಿಗಳೇ ನಮ್ಮ ಬಂಧುಗಳು  
Patients are Our Dearest

H H Jagadguru  
Dr. Sri Shivarathri Rajendra Mahaswamiji  
Founder President



ಅ ವಸ್ ವಸ್ ಆಸ್ತೆ JSS HOSPITAL

ಜೆ.ಎಸ್.ಎಸ್. ಉನ್ನತ ವೈದ್ಯಕೀಯ ಕಾಲೇಜು  
J.S.S. MEDICAL COLLEGE

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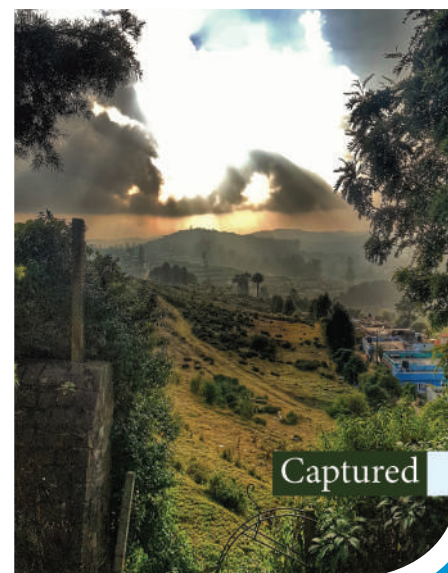


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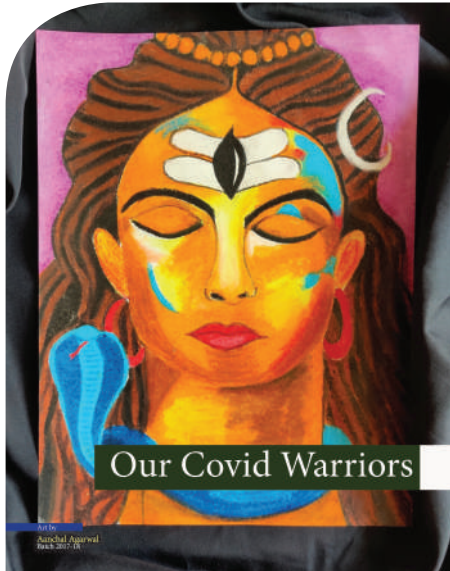


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# THE CREW

President	<b>Dr. H BasavanaGowdappa Principal</b>	
Chairperson	<b>Dr. Tejashree A Professor &amp; Head Dept. of Micro Biology</b>	
Member Secretary	<b>Dr. Pushpa NB Department of Anatomy</b>	
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Members	<b>Dr. Kishor M Department of Psychiatry Dr. Suchitha S Department of Pathology Dr. Sarika M Shetty Department of Anaesthesiology Dr. Sathish Raju N Department of Hospital Adminstration</b>	
Editor in chief	<b>Dr. Amita V Khatawkar</b>	
Editors	<b>Rohan Karkra Maaz Khan</b>	
Student Members	<b>Tanmay Sanjiv Tanuja K N Poorvika Babu Hema Pinnam Rhea Sahni Varun Siwach Anusha Garg Surya Narayan Reddy Gayathri Nair Jyotsna CR Pulastya Gangopadhyay Sabi Saji Simon</b>	<b>Neelanshi Anusha C Ashmika Maheshwari Ann Maria Dominic Varuni Pragya Nayan Mittal Aman Agarwal Parth Rangan Aayushi Dandekar Karthik Shankar Kaustubh Gaur Anushka Rao</b>
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Footer design	<b>Dr. Surya Bamidipati</b>	
Magazine Design	<b>Sandesh B theRangu 8105367007</b>	



# Erudite

Photo Credit

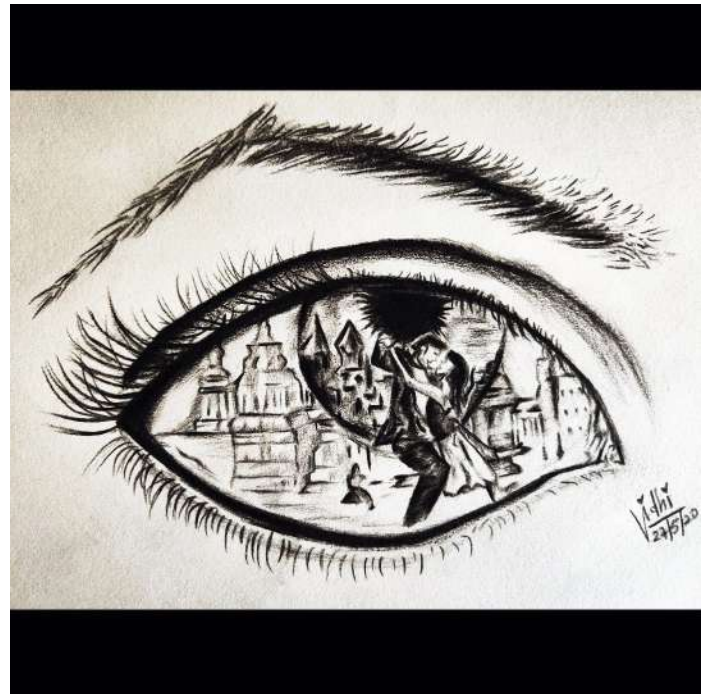
**Dr Nivetha B**  
Final year post graduate  
In anaesthesiology



Photo Credit Dr. Tony Jose First year PG, Hospital Administration



Sketch by Dr Vinitha K R Assistant professor  
Dept of Physiology, JSSMC



Sketch by Dr Vidhi K Anklesaria  
Dept of Ophthalmology 1st yr Postgrad student





|| SRI SHIVARATHREESHWARAYA NAMAHA ||

**JAGADGURU SRI SHIVARATHRI DESHIKENDRA MAHASWAMIGALU**  
JAGADGURU SRI VEERASIMHASANA MAHASASMSTHANA MATH SUTTURU SRIKSHETHRA 571 159

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SRI SUTTUR MATH (MYSORE BRANCH), MYSORE 570 025

22 December, 2020

## MESSAGE

Good things remain good only because they are always scarce. We are glad that JSS Medical College bringing out this magazine ‘Samarthya’ as an appreciation of the commendable efforts put forth by the team. It is always mistaken that the students of professional colleges are hard pressed for time and less enthusiastic to literary pursuits. Time and again it is shown that spontaneity in latent creative urge is universal which is in evidence in full-scale in Samarthya, where Diverse expression through various art forms are vividly sketched.

The theme ‘Covid Warriors - Hope in Adversity’ imaginatively captures the trauma humanity underwent due to the pandemic in last one year. The labors undertaken to bring about the magazine with the innovative content are and substantial. Our greeting to the editorial board to keep the good work. We wish them to experience victory in all of their future endeavours.

Om tat sat

In the Service of God,  
HH Jagadguru  
Sri Shivarathri Deshikendra Mahaswamiji

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No. GS 51 MSG 2020

**VAJUBHAI VALA**  
Governor of Karnataka

21 December, 2020

## MESSAGE

I am happy to know that 'JSS Medical College', Mysuru, has completed 36 years of its service in the field providing good medical education, research and health care. Further, it has proposed to bring out an annual College magazine "Samarthya" with the theme "Covid Warriors-Hope in Adversity" to provide platform for Staff and students to exhibit their talents.

My best wishes for the Students, Staff, Editors and Publishers for the grand success in their endeavor.

(VAJUBHAI VALA)

Raj Bhavan, Bengaluru - 560 001. (Karnataka)



samarthya



## MESSAGE

**Dr. C. G. Betsurmath**  
Executive Secretary,  
JSS Mahavidyapeetha, Mysuru



It is indeed a matter of immense pleasure that JSS Medical College, Mysore is bringing out its college magazine “Samarthya” on the theme “Covid Warriors-Hope in Adversity” highlighting the opportunities and challenges for the new generation doctors and featuring the literary works of the staff and students of the college.

2020 will undoubtedly be remembered as the year of pandemic and the greatest disaster. Masked living for almost ten months has massively disrupted our lives and has shaken the entire world. As of now, India has gone through many phases of lockdown and un-lockdown, with several restrictions, new guidelines and policies. Recovery from Covid-19 is a struggle.

The unprecedented war waged by the pandemic, is being fought unceasingly, day and night, since March 2020, by all our doctors, nurses and other healthcare officials to keep patients alive, to contain the spread of the virus — often getting infected themselves — to educate people on proper hygiene and social distancing norms, to allay their fears and doubts, and to offer both physical and psychological support. In the fight against corona virus, the brave medical army stands strong with thermometers, stethoscopes, and ventilators as their weapons.

Every day, the selfless warriors are cutting themselves off from their families and loved ones. They are also risking the lives of their family members, which indeed is a huge sacrifice. The sacrifice that they are making for the safety and welfare of humanity is priceless and deserves lifelong gratitude from our end. We are indebted to all the doctors, nurses and other health workers who have been continuously on the forefront of our fight against this virus. They deserve all the appreciation and support. The sacrifice of doctors and healthcare workers will not go to waste. Humanity will always be grateful to them for what they are doing during these unprecedented times. The respect for healthcare professionals has grown manifolds in the hearts of people. They are the hope in adversity. I take this opportunity to salute our heroic Corona warriors.

I hope that Samarthya will provide an opportunity to the students to exhibit their talents and be meaningful, enjoyable and memorable. My hearty congratulations to the Principal, faculty, staff and students and appreciate efforts of the entire editorial team for their creativity, untiring efforts and conceptualizing the idea of bringing out this magazine.

**Dr. C. G. Betsurmath**  
Executive Secretary,  
JSS Mahavidyapeetha, Mysuru



Dr. B.Suresh  
Pro-Chancellor

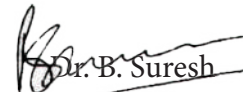
17 December, 2020

## MESSAGE

It gives me immense pleasure that JSS Medical College, Mysore is bringing out its college magazine “Samarthya” in the month of March 2021, showcasing various activities of the students, their achievements and other facets of their personalities.


I congratulate the Principal Faculty, staff and students for bringing out “Samarthya” and convey my good wishes and hope that this Issue of “Samarthya” would be meaningful enjoyable and memorable in achieving its objectives.




With best wishes

  
Dr. B. Suresh  
Pro-Chancellor



**JSS ACADEMY OF HIGHER EDUCATION & RESEARCH**

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**Dr. Surinder Singh**  
Vice-Chancellor

17 December, 2020

## MESSAGE

It gives me immense pleasure that JSS Medical College, Mysore is bringing out its college magazine “Samarthya-2021” -with the theme “Covid warriors - Hope in Adversity”. I am glad the magazine would be showcasing various activities of the students, their achievements and other facets of their personalities and also enlighten the hobbies, interest of activities of doctors beyond their profession.

I congratulate the Principal, The Chief Editor, Faculty, Staff and students for bringing out “Samarthya” and convey my good wishes and hope that this issue of “Samarthya” would be meaningful enjoyable and memorable in achieving its objectives.

With best wishes

**Dr. Surinder Singh**  
Vice-Chancellor



Dr. B. Manjunatha  
Registrar

30 December, 2020

## MESSAGE

I am extremely happy and proud to note that JSS Medical College, Mysuru is coming out with its College Magazine “SAMARTHYA” with the theme “Covid Warriors — Hope in Adversity”.

Our staff and students had voluntarily donned the role of warriors and served the COVID patients even while putting themselves and their families at risk.

I salute all the staff and students for their role during such adversity. I thank the entire editorial team and staff for bringing out this magazine in spite of not being on campus for many months.

With best wishes

Dr. B. Manjunatha



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Dr.H.BasavanaGowdappa  
Principal

30 December, 2020

## MESSAGE

Dear Students and faculty of JSS Medical College,

I am extremely happy to see the enthusiasm and commitment of our students and members of magazine committee in trying to bring out the next issue of our college magazine 'Samarthya' on the theme 'Covid Warriors-Hope in Adversity' during this year. The year 2020 has been a challenging one for everybody with lots of hardship in day today life as well as greater challenge to health care workers and health education faculty. All the colleagues at hospital have worked hard in covid care and all the faculty have executed the assignments of online teaching, very sincerely and effectively. I hope the magazine will bring out the creative talents of the Staff & students of our institute.

I take this opportunity to thank all faculty and supporting staff for setting an extraordinary example of commitment, professionalism, and solidarity during the coronavirus pandemic. The current difficult circumstances were made use as opportunity by our colleagues and they have contributed to the cause of humanity. We are united by a common culture of discipline, flexibility, and co-operation that makes us unbeatable in the face of events Like this, in the face of adversity.

I wish the magazine editorial committee a grand success in their efforts of bringing out a wonderful monumental illustrative publication the 'SAMARTHYA'.

With best wishes

Dr.H.BasavanaGowdappa

**Dr. (Col). M. Dayananda**

MBBS, MHA (AIIMS New Delhi)

Director JSS Hospital

Dean, Faculty of Management, Studies, JSS ASHER

Prof. & HOD. Dept. of Hospital Admin, JSS Medical College

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30 December, 2020

## MESSAGE

I am very happy to know that JSS Medical College is bringing out their annual college magazine 'SAMARTHYA' with the theme of "Covid Warriors- Hope in Adversity".

Firstly I would like to take this opportunity to congratulate all health care workers for their dedicated service rendered during this on-going COVID-19 pandemic. Their role in patient care has to be appreciated and placed on record.

Covid-19 Pandemic brought forward a unique challenge to the healthcare industry. The transition from reducing its services, to evolving as centre providing COVID care has provided the "Newest Lessons" to be learnt by the Healthcare industry.

The college magazine 'SAMARTHYA' will justify with articles related to present pandemic by distinguished experts, faculties and budding doctors. I wish the magazine all success. I send my felicitations and best wishes to all associates of "SAMARTHYA".

Dr. (Col ) M. Dayananda  
Director







**Dr. P A Kushalappa**  
Director (Academics)

17 December, 2020

## MESSAGE

I am pleased to be a part of 'SAMARTHYA' the magazine of JSS Medical College. This year's theme 'COVID WARRIORS- Hope in Adversity', aptly sums up the sacrifice made by various agencies in the fight against the pandemic. COVID has caused untold misery but has showed what grit and resilience can do when people decide to tackle a problem head on.

The doctors and other health workers especially nursing staff toiled hard and at great personal risk to mitigate the sufferings of the affected and no amount of praise can be enough for their untiring efforts.

I salute the COVID warriors and pray for their well-being.

Thanking you.

With best wishes



**Dr. P A Kushalappa**  
Director (Academics)  
JSS AHER

**JSS Medical College**

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S.R. Satish Chandra  
Administrative Officer

28 December, 2020

## MESSAGE

It gives me immense pleasure in writing this message for our Magazine SAMARTHYA-2021. JSS Medical college has a long and commendable tradition of nurturing talents and supporting creativity. The staff and students have a platform to express their skill of writing and art illustrating their observations and achievements through this magazine.

I am particularly happy to note that the theme for this year's magazine "COVID Warriors- Hope in Adversity" has been aptly chosen. Right now, our healthcare workers are on the frontlines of battling the novel coronavirus disease (COVID-19) that's spreading rapidly throughout our city, State and nation. They are putting themselves in the path of this virus in this unprecedented crisis. Our doctors, nurses, technicians, transporters, pharmacists and everyone who supports patients care are rising to the occasion and caring for our most vulnerable populations.

The backbone of every health system is well-trained and properly equipped medical professionals. If we educate our medical students solely or largely as mechanics of the body, providing the knowledge and the skill, we may leave them unprepared for the human encounter with the sick and desperate, the brave and dying, the healed and grateful. Even if we equip them with the best medical tools of the age, we may leave the physician partially naked on the wards. What is required is competence with compassion. Desire to help and heal the suffering people takes shape amid pragmatic concerns about fellowships and jobs, and within the shared system of praise and blame from one's colleagues and superiors.

A more humanistic education might heal the physician's deafness to the call of the ailing and the helpless and do justice to the Hippocratic Oath, the most well known admonition-"first, do no harm" I wish the magazine editorial committee a grand success in their efforts of bringing out a wonderful monumental illustrative publication the "SAMARTHYA"

With best wishes



S.R. Satish Chandra





Dr. Tejashree A  
Chairperson  
Magazine Committee

17 December, 2020

## PENNING'S OF THE EDITOR

I am immensely happy and proud that the magazine committee is coming out with the 2020-21 edition of Samarthyaa. I must applaud all the efforts undertaken to bring this magazine to fruition. I think the theme, 'Covid-19 - Hope in Adversity' is an appropriate representation of the struggles and challenges of the past year and the focus on what comes next and hope of a better world is of utmost importance at this point.

We have come a long way and there is still much to do. I congratulate the magazine committee for bringing out this magazine at a critical time when the world transitions from the pre-covid to the post-covid era.

With best wishes

Dr. Tejashree A  
Professor & Head  
Department of Microbiology

## Musings



There comes a moment in one's life when one is required to perform acts of extraordinary bravery. As with medical professionals we are often told and soon understand that such bravery is a prerequisite of our lives and all its peripherals. But no one could have predicted that such a requirement would amass every single one of us in the year 2020. Seeped deep into the veins of our community COVID-19, the whole of humanity was put through the ultimate tests of bravery and hope. But as the famous saying goes "when you have hit rock bottom there is no way to go but up" and none of us could have imagined going up if not for the helping hand extended by all the brave front line workers. They are the true COVID Warriors. Their efforts and contributions, which some even gave their own lives to save the lives of others, to care of humanity in a dire time that history will mournfully remember for the years to come.

This issue of the magazine, 'COVID Warriors - Hope in Adversity' is our humble effort to respectfully acknowledge the magnanimity of their selfless contribution in ensuring that we, as humanity, see the light at the end of the tunnel. Contained within the pages of this magazine are the thoughts, experiences, talents, and adventures of the participants of this College. This issue of SAMARTHYA, has new sections which include a wide variety of articles and photographs by students and professors alike and a section wherein the various departments of the College have shared their anecdotes about the challenges they are facing during this pandemic and how they are overcoming the same.

To the rest of the world, the contents of this magazine would seem like walking down a corridor in a history museum but I hope that when every participant of this College flips through the pages of this issue of the magazine they have trip down memory lane remembering our metaphorical (but sanitized) held together in shared determination.

On behalf of all the students of JSS medical College and Hospital I am extremely honoured to present SAMARTHYA 2021.

My sincerest of thanks to all those who have contributed to this issue of the SAMARTHYA, and the entire editorial team for their consistent support which made this possible.

Dr. Amita V Khatawkar  
Intern, Editor-in-Chief



# STRIVE TO EXCELLENCE

IR-D-C-2020-09	JSS Medical College	Dist	Mysore	Karnataka	54.32	20
		TLR (100)	IPC (100)	GC (100)	CI (100)	PERCEPTION (100)
		67.75	16.25	85.90	66.37	45.20
IR-D-C-7251	Kasturba Medical College	More Details	Mangaluru	Karnataka	93.83	21
IR-D-U-0107	Jamia Hamdard	More Details	New Delhi	Delhi	52.87	22

**JSS AHER is Awarded with IQ-GAUGE E-LEAD Certification (E-Learning Excellence for Academic Digitalisation)**

**JSS Academy of Higher Education & Research has been awarded DIAMOND University Rating**

**Certificate**  
**NATIONAL INSTITUTIONAL RANKING FRAMEWORK**  
**INDIA RANKINGS 2020**  
**JSS Medical College, Mysore**  
**Ranked 20 in Medical Category**

**CHANGES IN THE TOP 10**  
 The top 10 results for the Career 360 survey conducted by IQ-GAUGE.

Rank	Institution	Score	Change
1	Indian Institute of Technology Bombay	95.00	0
2	Indian Institute of Technology Delhi	92.00	0
3	Indian Institute of Technology Madras	90.00	0
4	Indian Institute of Technology Kharagpur	88.00	0
5	Indian Institute of Technology Gandhinagar	85.00	0
6	Indian Institute of Technology Roorkee	83.00	0
7	Indian Institute of Technology Patna	81.00	0
8	Indian Institute of Technology Varanasi	79.00	0
9	Indian Institute of Technology Bhubaneswar	77.00	0
10	Indian Institute of Technology Guwahati	75.00	0

**5<sup>th</sup> Rank at national level amongst Private institutions in the Career 360**

**ranked 3rd in India among private Institutions survey conducted for professional Colleges by Outlook I care**

Rank 2020	3
Institute Type	Pvt.
Name Of Institute	JSS MEDICAL COLLEGE, MYSURU
state	Karnataka
Academic & Research Excellence	222.09
Industry Interface & Placement	86.44
Infrastructure & Facilities	180.46
Governance & Admissions	65.3
Diversity & Outreach	64.82
Overall Score (1,000)	621.1

**IMPACT RANKING SDG GOAL 3- GOOD HEALTH AND WELL BEING**

**Overall Rank 201-300**

Participation Statistics:  
**766 Universities**  
**85 Countries**  
**79 from INDIA**

SDG 3 Score: **63.9** (RANK 20)  
 SDG 1 Score: **66.0** (RANK 60)  
 SDG 15 Score: **63.8** (RANK 73)

SDG - 3 Good Health and Well-being

Ranking in WORLD **RANK 20**  
 Ranking in INDIA **RANK 1**

**Appreciation letter received from Minister of state Electronics & Information Technology, Communications and Human Resource Development Govt. of India.**

We will miss you...



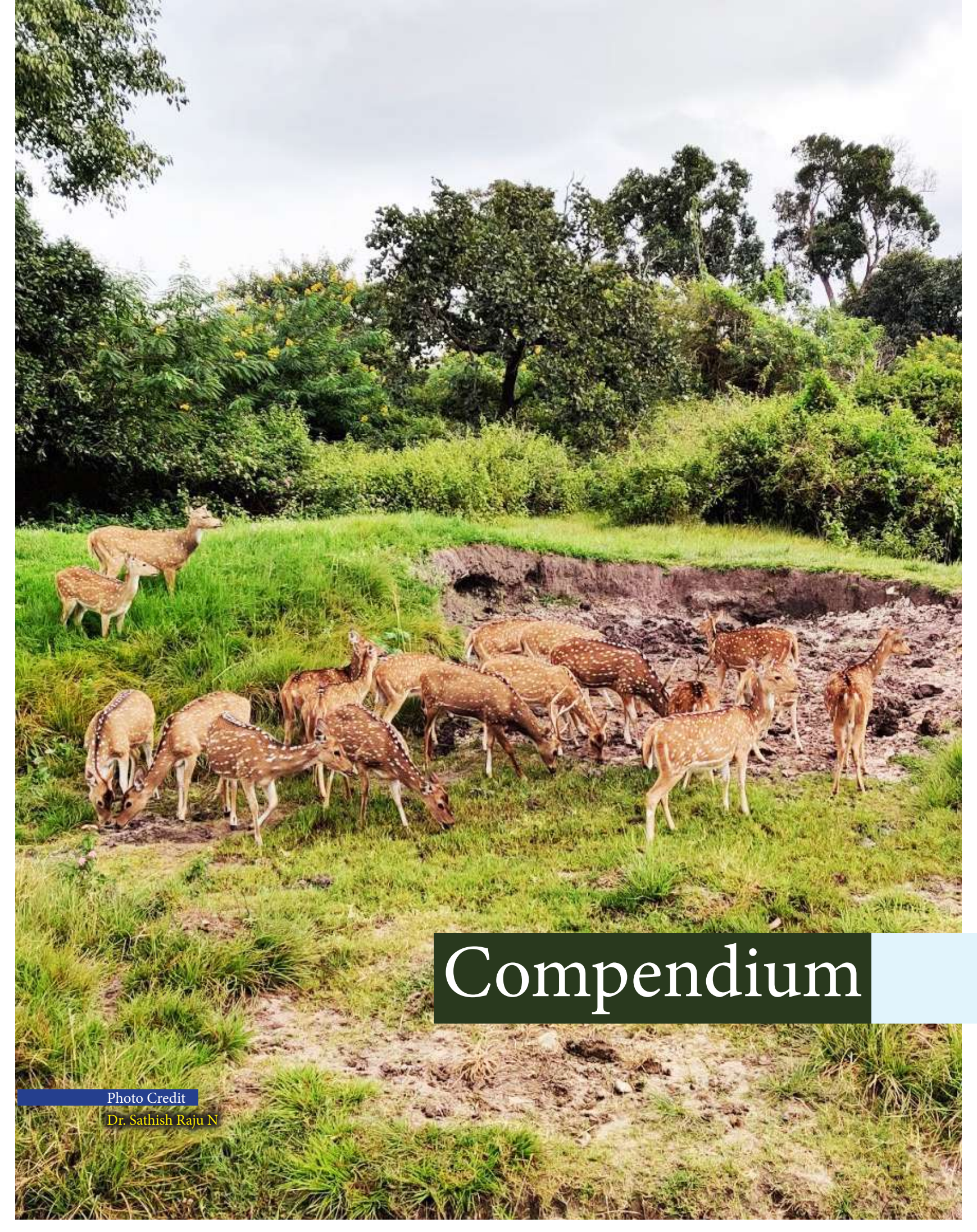
**Dr Deepika N**  
Second year postgraduate  
Department of Anaesthesiology

\*Those we love don't go away, they walk beside us every day;  
unseen, unheard, but always near, still loved, still missed, and very dear\*

Our beloved Dr Deepika N was full of charm and humour. Hardworking and fun filled, she stole the hearts of our staffs and students. Writing these words with deepest sadness in our hearts, we are especially fortunate to have known this gentle soul even for such a short time. We all miss her and that sadness and emptiness can never be made right. There are some who bring a light so great to the world that even after they are gone the light remains. Let one such soul rest in peace!



samarthya



# Compendium

Photo Credit

Dr. Sathish Raju N

## Awards & Achievements received by the faculty



Dr. N. M. Shamasundar Prof of Anatomy Was awarded best life time achievement award on 26.10.2019 from, People welfare forum °, Mys branch, on 16.11.2019.



Dr Vidya CS, Asso.Prof of Anatomy Received Best Paper award during Karnataka chapter of Anatomists, conference held at Bangalore Medical College, Bangalore on 21st Sept. 2019



Dr.Najma Mobin Asst.Prof of Anatomy has received the Best innovation & research award in Health care from Youth efforts for society trust, Govt of India on 26th Oct.2019



Dr.Bharath T, Asst.Prof of Physiology has bagged 2nd prize in oral presentation during CARDIOPHYSIOCON-2019 held at multi speciality Hospital, Omandurar, Che



Dr. Akila Prashant, Prof of Biochemistry has Won the Best paper at state conference of Association of Medical Biochemists of Karnataka organized by Mysore Medical College & Research Institute, Mysuru on 20th & 21st September 2019.



Dr.Y.S.Ravikumar, Prof of Medicine Has received Fellow of Euro-Asian Academy of Cardiology from Euro-Asian Academy of Cardiology in July 2019, Mumbai

Dr.Prashanth S N, Prof of Paediatrics has received FIAP National Award from Central IAP Indian Academy of Pediatrics, Mumbai on Jan 11th 2020 at Indore during National Pediatric Conference







Dr. Mahesh P A, Prof of Respiratory Medicine has Received ICR.O.A.Sarma Oration Award 2019 from Indian Chest Society on 23 Nov 2019 at Kochi



Dr. Narayanappa D, Prof of Paediatrics Was awarded Silver Jubilee Oration by IAP -IMA RK Foundation, Dharwad District On 1st Dec-2019



Dr. Bharathi M.B, Professor of ENT Received Dr. B.C Roy award from IMA, State Level conference on July 8th, 2019 IMA, Mysuru District



Dr. Premnath Raman, Professor of Ophthalmology received Best Glaucoma Paper award from Belagum Ophthalmic Association & JNMC Belagavi, on 08th -10th November 2019



Dr. Premnath Raman, Professor of Ophthalmology Received Best Free Paper Presentation award during "Retina" DOS Winter conference 2019 On 2nd & 3rd November 2019 at New Delhi



Dr. T.S. Sathyanarayana Rao, Professor of Psychiatry Has received Kannada Rajyotsava Award Lions Club Mandya on 1-11-2019 at Mandya



Dr. T.S. Sathyanarayana Rao, Professor of Psychiatry has received Excellence Award, IMA Mandya On 17-11-2019

Dr. Vidya.C.S., Professor of Anatomy received Best innovation and research in Health care, issued by Karnataka Health care, Bengaluru





Dr. Deepa Bhat- Asso.Prof. of Anatomy Felicitated for services offered towards awareness on rare genetic diseases issued by Devdaan Foundation on 16.02.2020



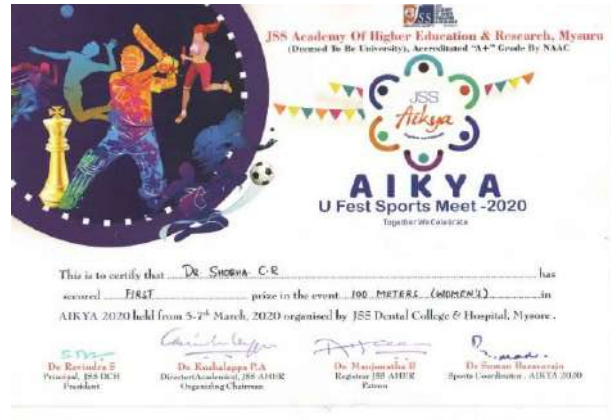
Dr. Hemamalini - Asso.Prof. of Anatomy received Best teacher award - 2020 issued by JSS Academy of Higher Education & Research, JSS Medical College on March 2020



Dr. Akila Prashant, Professor of Biochemistry received Best Presentation Pre Clinical Category, issued by Academic Society of JSS MC



Dr. Prasanna Kumar S, Asso.Prof. of Biochemistry received Best Interactor, from MKU Madurai on February 25-26, 2020



Dr. Shobha C R, Tutor in Biochemistry First place in 100 meters women's, First place in Shot Put women's, U Fest Sports Meet 2020 on 5th - 7th March 2020



Dr Suchitha S, Asso.Prof. of Pathology received Best Teacher Award, issued by JSS AHER, on 13th March 2020



Dr Smitha M C, Asst. Prof. of Comm. Medicine Sessions Best Presentation Award for paper presented at International 3rd Global Health Conference held on 13-14 February in Bengaluru.





Dr. Smitha Rani, Asst. Prof. of Forensic Medicine  
Best Presentation – Para Clinical Category  
Academic Society, JSS Medical College & Hospital, Mysuru



Dr. Prasanna Kumar H.R, Asso. Prof. of Medicine  
Fellow of Indian college of Physicians (FICP) issue by 75TH Annual Conference of the Association of Physicians of India - APICON 2020 on 07.01.2020



on 13.03.2020

Dr. Narayanappa D, Professor of Paediatrics received Life time achievement award issued by IAP Mysuru Dist.



Dr. Narayanappa D, Professor of Paediatrics  
Obtained first place in Best Chapter Award at the National Paediatrics Conference at Indore Jan 2020 as a president of National Infectious Disease Chapter.

Dr. Jayadev B. Betkerur, Professor of Dermatology

Took over as a Elected to President of Indian Association of Dermatologists Venereologists & Leprologists Academic



Dr. Madhu Srinivasa Rangan, Asst. Prof. of Emergency Medicine received Best Emergency Medicine

Department – South India issue by Economics Times Health Award 2020 on 13th March 2020, New Delhi



Dr. T S Sathyanarayana Rao, Professor of Psychiatry D.L.N Murthi Rao Oration Award – 2019-20, issued by Indian Psychiatric Society on 22nd – 25th January 2020, ANCIPS 2020 @ Kolkata



Dr. T S Sathyanarayana Rao, Professor of Psychiatry Elected as I P S General Secretary, Indian Psychiatric Society on 22nd – 25th January 2020, ANCIPS 2020 @ Kolkata

Dr. T S Sathyanarayana Rao, Professor of Psychiatry received Excellency Award in Psychiatry issue by Indian Psychiatric Society on 15.02.2020



Dr. Shyam Prasad Shetty, Asso. Prof of CTVS  
Post graduated Diploma in Medical Law and Ethics issued by National Law School India University on February-2020, Bangalore  
Completed a course on Global Health Quality and Safety issued by Harvard University on February-2020, Bangalore



- Dr. Sandhya D., Faculty from E.N.T. department has completed her fellowship in Implantation Otolaryngology at Madras ENT Research Foundation Private Limited.

# Meritorious Students



**RUDRA RUPESH REDDY N**  
BEST OUTGOING STUDENT

Highest marks in phase I  
Highest marks in -  
Anatomy (86.5%)  
Physiology(85.75%)  
Biochemistry (82%)  
Community medicine (81.75%)



**PADMAVATHY G**

Highest marks in forensic medicine and toxicology (75%)  
ENT (80.4%)



**ANAMTA SAYEED**

Highest marks in Phase II examination  
Highest marks in subjects pathology (77.5%)  
Microbiology (74%)



**RUTHVIK S**

Highest marks in OPHTHALMOLOGY (83.2%)



**ABHIJITH LAKSHMAN**

Highest marks in phase III part I examinations  
Highest marks in subject Medicine (73.6%)



**SHREYA CHANDRAN**

Highest marks in OPHTHALMOLOGY (83.2%)



**ASHOK KUMAR**  
**PREKSHA JAIN**

Highest marks in phase III part II examinations  
Highest marks in subjects paediatrics (79.2%)  
OBG(75%)



**SARITA SUNIL**  
**CHAMMANAM**

Highest marks in surgery (76%)



**ANANYA JENA**

Highest marks in pharmacology (81.75%)



**ANNA MARY BIJU**

Highest marks in OBG (75%)



**SAGARIKA BETKERUR**

Highest marks in Psychiatry





## STUDENT COUNCIL REPORT

The students council of JSSMC, comprises of Principal Dr. Basavan Gowdappa H. as Patron, Vice Principal Dr. G.V. Manjunath and Vice Principal Dr. M.N. Suma both as co-patrons, whereas Director of academics Dr. P.A. Kushalappa, Mr. S.R. Satish Chandra, Dr. Rajlakshmi, Dr. Chandrakant H.V., Dr. Shivanand Manohar, Ms. Brunda A. are the members of the advisory body with Dr. Nayana Shabadi, the student welfare officer.

Class representatives of all the batches of MBBS (from 1st year to Internship) are the student members of students council.

The student council helps to share ideas, interests, and concerns of the students with the authorities. They often also help introduce ideas of college wide activities, including social events, community projects, helping people in need and even sharing views and ideas on providing social reform.

The council and its members are always in synchrony and healthy dialogue in view of any issue brought up by the student members from their respective batches in front of the authorities and advisors. The aid as well is provided very efficiently.

Now in these hard times as well the council has tried to bring ease and comfort to all the students and keep harmony between the college authorities and the students and made sure the things keep running smoothly.

**Srishti Mishra**  
President, Students Council.

## Literary and magazine committee report

July- Dec 2020

e - collage competition by

Rajarajeshwari Medical College & Hospital, Bangalore

They say that pictures speak a thousand words and that was the essence took by JSS MEDICAL COLLEGE STUDENTS OF 1ST YEAR who secured the first position in an e - collage with

more than 70 entries from the state of Karnataka. Competition was organised by Rajarajeshwari medical college & hospital, Bangalore on 10th July 2020. The team consisted of -Kaustubh gaur, Pranav Balaji Kashyap, Harsh Pal, Shambhavigupta, Varunipragya.

### Ignite 2020

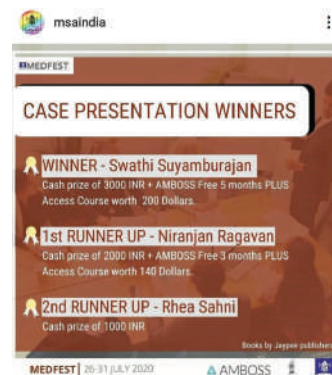
#### Skill & Creativity Unleashed

Assessment of result of state level e-collage competition was conducted by department of anatomy Rajarajeshwari Medical College & Hospital. 71 groups from different colleges of Karnataka state were participated in the competition. We are happy to announce the result and e-certificate will be sent to all the participants. Link for e-gift vouchers will be mailed to all winning teams.

Congratulations to all the participants & winners.  
1<sup>st</sup> prize - Group #55 from JSS Medical College, Mysore.  
2<sup>nd</sup> prize - Group #11 from Rajarajeshwari Medical College, Bangalore.  
3<sup>rd</sup> prize - Shared between Group #2 from JNMC, Belgaum and Group #30 from Sri Devi medical college, Tumkur.



## MSAI Conference



**M S . R h e a** Sahni, 1st year MBBS student of JSSMC, achieved 3rd position in the Med Fest case presentation competition organized by MSAI in July 2020. She worked under the

guidance of Dr. Deepa Bhat and presented a case on Osteogenesis Imperfecta. Competition had mainly final year and interns as participants and was a great learning curve.

"I gained a lot of experience in this event and securing a position amongst students from all over India was a great honour. I thank my guide and hope to participate in more such events in the future"- Rhea.

## WINNER TEAM



**ATHIRA PANKAJ**  
SOUTH ZONE



**GAYATRI GAUNS**  
SOUTH ZONE

### Polemic – The Final battle

Ms. Athira Pankaj of 3rd year MBBS had taken part in the National level online declamation competition “Talking Titans” conducted by AMSA India and won the 1st place from South zone. She later qualified for the national level debate competition “Polemic”. In the debate conducted on 16th August 2020 she and her teammate from Goa medical college won in the final round of the competition. The topic they received was “The beneficial effects of Cannabinoids outweigh its harmful potential.”

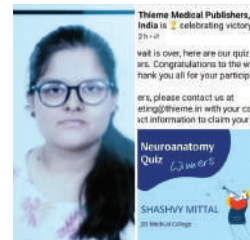
### BMS e-CON 2020

Vinayaka missions research foundation had organised International e- conference on “Emerging trends in research- Emphasis on Basic Medical Sciences” on 17-19th September 2020. Ms.Nimisha Sinha of 1st MBBS presented a paper on ‘Awareness among 1st year MBBS students on the practice of Hygiene and risk of infections including COVID -19 in dissection theatre under Young research scholar award.



### Neuroanatomy quiz by Thieme Publisher

Web Seminar followed by a quiz on “Blood Supply of Brain with Case Studies” organized by THIEME Publishers on September 17,2020 conducted on WebEx.



OBJECTIVES: To learn about

1. Blood supply of brain parts and its clinical correlation
2. OSPE/ Case scenario of Neuroanatomy related topics

Speaker: Dr.Vidya CS- MD-PhD Anatomy

5 Quiz winners were selected, Ms. Shashvy Mittal of 1stMBBS one among them. She was awarded with cash prize and certificate.

### Cover Design Competition - Samarthya 2020-21



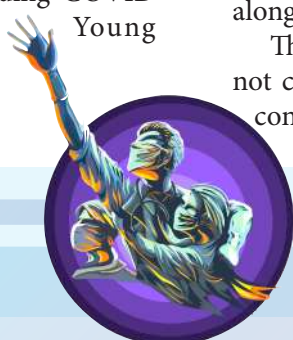
The magazine committee and Literary committee in the last week of September 2020 announced a cover design competition for the official cover page of the Samarthya 2020-21 magazine.

It was open to all batches and the response was outstanding. Over 16 registrations were received from across all batches, of which there were a total of 10 final submissions.

All entries were adherent to the theme of ‘COVID Warriors - Hope in Adversity’. There was a unique display of creativity and artistic prowess. All committee members were of the unanimous opinion that the entries were too good to choose one and therefore it was decided to adopt a ranked selection method where each committee member nominated three designs. The top 3 nominations were further submitted to the core faculty committee for opinion.

It was finally decided to forward the entries to the Principal, Dr. H Basavanagowdappa for his opinion along with remarks from the committee members.

The event was a success and all designs that were not chosen to be made into a cover were put into consideration for magazine artwork.





## SPORTS REPORT

### JSS Medical College Girls Throwball Team

The JSS Medical College throwball team has actively represented the college through out the years in various intercollege tournaments. Whether it be Manipal, or Mysore, the girls have always stood out as top competitors, depicting sisterhood and resilience in the throwball fraternity. What may appear as a solo sport, played in a group setting, the JSS girls have shown numerous times that they all have blind faith and respect for each other. Even in insurmountable odds, the team as never failed to show their grit and sportsmanship as the years have passed.

During the 2019-2020 session, the JSS Medical College Girls Throwball team participated in 3 intercollege throwball tournaments.

Between August 29th- 31st., 2019 the team visited Mandya Institute of Medical Sciences for their Magnus-2k19 Sports Fest.

From September 13th-15th,2019 our team participated in Mysore Medical College's Annual Sammscrithi Fest-2019. The team placed 2nd overall, but made its mark in the throwball community of Karnataka.

From March 6th to 8th,2020 our team also participated in AIKYA, the JSS University Fest and reached the semifinals which was played against JSS



The MMC Fest Team

College of Pharmacy, Mysore.

The Team Members Participating in MMC and MIMS:

Dr. Akshata L., Dr. T Gowthami, Dr. Jyothi R, Dr. Talluri Sree Suguna, Dr. Sreeraksha K. S. , Dr. Shivani Praveen, Dr. Hitha Suresh, Dr. Manisha N Swamy, Krishna Banafar, Gayathri S Nair, Gali Leela Madhuri, Hrithika Madhavan, Sinchana, Ananya.

The AIKYA Fest Team included:

Gayathri S Nair, Nikita George, Anupama Palakshaiyah, Ankita Drolia, Samiksha Rawat, Gali Leela Madhuri, Parvathi Premachandran, MP Harsha Deepa, Anusha C and Hritika Madhavan.



The AIKYA Fest Team

## ICMR STS 2020



Ms. A Anushka Rao



Pranav B. Kashyap



Rohan Karkra



Mehak Gera



Nivedya Krishnan C



Rohith R Nair



Shashwath G



Samyak Shah



Ritish Reddy Ankireddy



Shantvi Kumari



Riya Jain



Krishna  
Vishwanatha Kini



Manmohan Yash  
Mahajan



Shikha Agarwal



Poorvika K Babu



Reetu Arora



Rudrani Mukherjee







## NSS REPORT 2020

Amidst the pandemic, the NSS unit of JSSMC has shown their dedicated social commitment in the year 2020. The team worked tirelessly, showing immense involvement and effort, and has not let the country-wide lockdown affect their morale.

### 1. Awareness programme on Health care & Hand hygiene during CoVID 19

The NSS Unit of JSSMC, Mysuru to take initiative to organize health awareness programmes for students of various schools and colleges

Major topics discussed were :

- Risk factors, high risk areas, symptoms, signs, diagnosis, treatment, complications
- Busting the myths created on social media.
- The methods of prevention and precautions to be taken to safeguard oneself.
- Importance of hand hygiene, and the steps of proper hand washing.

They conducted this as follows:



#### i. Awareness among NSS volunteers and POs

About 150 NSS volunteers of 22 Universities from 6 States of India took part in the programme

#### ii. Awareness program at Government Primary School, Civil Police Quarters, Jalapuri, Mysuru, in association with Department of Physiology.

The team was headed by Dr. Bharath T., NSS Programme Officer of JSSMC unit accompanied by Dr. Vijaya Vageesh, Assistant Professor of Physiology and some student volunteers.

On special demand of school students, an on-the-spot lecture was given by Dr. Bharath T. on mosquito borne diseases like Dengue, Chikungunya and other vector borne diseases.

The Headmaster of the school appreciated the NSS unit for this initiative.

Talk on hand hygiene & demonstration of proper steps of hand washing.



#### iii. Awareness program at JSS High School, Ramapura, Hansur-

NSS unit headed by Dr. Bharath T., along with 3 NSS MBBS undergraduate volunteers – Ms. Simran Saluja, Mr. Mohamed Khasim and Ms. Tanuja K N conducted the programme attended by around 150 high school students.



#### iv. Awareness program at JSS Primary School, Ramapura, Kollegal

The NSS unit, headed by Dr. Bharath T. along with 3 NSS MBBS undergraduate volunteers – Ms. Simran Saluja, Mr. Mohamed Khasim and Ms. Tanuja K N. conducted the programme for around 150 primary school students.



v. Awareness program at JSS College for Women, Kollegal - The NSS Unit headed by Dr. Bharath T., along with 3 NSS MBBS undergraduate volunteers—Ms. Simran Saluja, Mr. Mohamed Khasim and Ms. Tanuja K N conducted the programme.

## 2. School health check-up at Jalapuri, Mysuru-

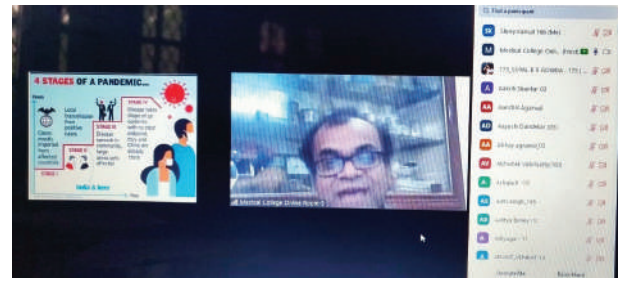


NSS Unit of JSSMC in association with Departments of Physiology and Community Medicine organized a health screening programme for students of classes 1 to 7 at Government Primary School, Civil Police Quarters, Jalapuri, Mysuru.

120 students were screened by Dr. Bharath, Dr. Vijaya Vageesh and postgraduates from Department of Community Medicine.

## 3. Online session on COVID-19 awareness

An online informative session was organized by the NSS unit of JSS Medical College for the students



and NSS volunteers of JSSMC, JSSDC and other University Departments of JSSAHER.

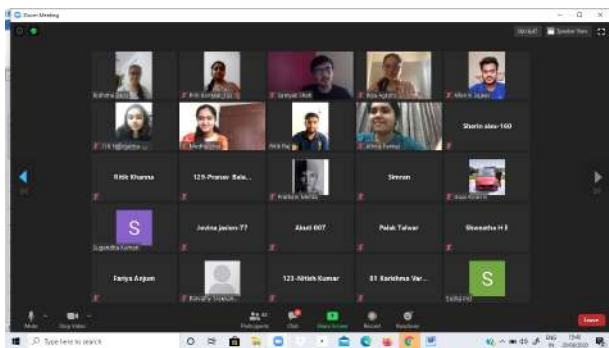
Dr Praveen Kulkarni, from the Department of Community Medicine of JSS Medical College spoke on “Spreading awareness and addressing queries regarding the COVID-19 Pandemic”.

The session discussed how the medical professionals are affected by this pandemic and how a vaccine is the need of the Arc. Role of Hydroxychloroquine prophylactic treatment for the medical professionals and family members taking care of CoVID patients was also discussed.

## 4. International yoga day

The volunteers of NSS unit of JSSMC participated in the ‘Yoga with family’ activity on the occasion Of International Yoga Day

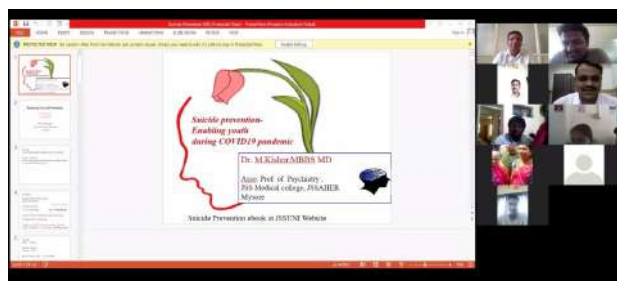




## 5. Sadhbhavana Diwas: Pledge Taking Ceremony -

Sadhbhavana Divas is the birth anniversary of former Prime Minister, Late. Rajiv Gandhi to encourage national integration, peace, communal harmony. NSS unit of JSSMC organised an oath taking ceremony participated by over 50 volunteers. The event was headed by Dr. Bharath T (NSS Programme officer, JSS Medical College) and coordinated by Gayathri S Nair (NSS Student coordinator). Dr. Raghu Ram Achar (Faculty of Life Sciences, JSSAHER) was also present to honour this event.

The pledge was taken by all the volunteers, followed by a short speech by Dr. Raghu Ram Achar and Dr. Bharath.



## 6. Management of stress during COVID 19-State level webference

NSS units of JSSAHER, Mysuru organised a state level Webference cum interactive session on “Management on Stress During Covid19” in association with Department of Youth Empowerment and Sports; NSS Cell, Government of Karnataka and Yuva Spandana, NIMHANS, Bengaluru.

- Welcome address : Dr. Raghu Ram Achar
- Chief guest :Shri. K V Khadri Narasimhaiah (Regional Director, Regional Directorate, Bengaluru)
- Presidential address : Dr. B. Manjunatha (Registrar JSS AHER, Mysuru)
- Session 1-Management of stress during Covid 19: Dr. Muthuraj (Project Coordinator, Yuva Spandana, Department of Epidemiology, Centre for Public Health, NIMHANS, Bengaluru).
- Session 2-Suicide Prevention- Enabling Youth during CoVID 19 : Dr. Kishor M (Associate Professor, Department of Psychiatry, JSS Hospital Mysuru).
- Remarks : Dr. B. Manjunatha (Registrar JSS AHER, Mysuru)



## 7. Symposium on CoVID19

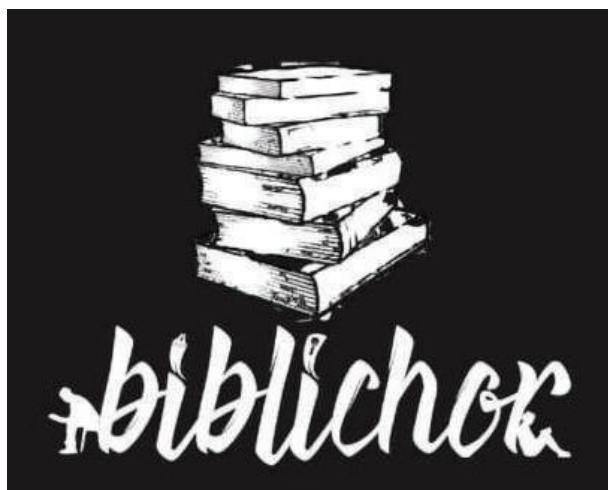
A symposium on CoVID19 which aimed to provide comprehensive knowledge to all was by the NSS unit of JSSMC in association with the Department of Physiology, JSS Medical College, Mysuru conducted on Zoom platform.

It was co-ordinated by Dr Bharath T (NSS Programme Officer, JSS Medical College Unit & Asst. Professor of Physiology) and Dr Vijaya Vageesh (Associate Professor, Department of Physiology).

- Welcome note : Dr Rajalakshmi R (Professor and Head, Department of Physiology)
- Session 1- Epidemiological aspects & the current scenario of the CoVID 19 : Dr Narayana Murthy (Prof and Head, Department of Community Medicine)
- Session 2- Pathophysiology of the Coronavirus infection : Dr Vijaya B (Professor and Head, Department of Pathology)
- Session 3-Structure of Sars CoV-2 virus & diagnostic procedure of CoVID 19 : Dr Vidyavathi B Chitharagi (Asst. Professor, Department of Microbiology)
- Session 4- Clinical Presentation of a CoVID19

Patient : Dr Nandini K (Asst. Professor, Department of General Medicine)

- Session 5- Treatment of CoVID 19 : Dr Venkatesh C R (Asst. Professor, Department of General Medicine)
- Session 6- Prevention & Control of CoVID 19 : Dr Shwethashree M (Asst. Professor, Department of Community Medicine)
- Vote of thanks :Dr Vijaya Vageesh



## Biblichor Annual Report

2019-2020

**Pandemic** - Participants were given a word/phrase, which later would be required by them to expand and create their own little 'Pandemic-microfiction' tale of less than 60 words.

**Harry Potter Week**- A whole week was dedicated to Harry Potter fans! It included open letters to the participants' favourite characters, daily quizzes and trivias.

- Vatsala Verma, 5th term
- Vidhya Vinodkumar, 7th term
- Hema Pinnam, 2nd term

**Marvel Marathon**- The marathon began with a short story competition where participants submitted short stories about the origin tales of superheroes. Quizzes and trivia nights were also conducted on WhatsApp:

- Manan Bajaj 5th term
- Gabriel Charles 5th term
- Maaz Khan 7th term



**F.R.I.E.N.D.S quiz**- A one-day non competitive event about the Friends TV show with trivia and 20 questions was conducted on WhatsApp.

**Hodge Podge**- A fun combo of quizzes, trivia, jeopardy from a host of pop culture shows, along with some classical books.

Winners were:

- Rhea Sahni 2nd term
- Sanskriti Shashank 5th term
- Kanishka 2nd term

**Book Exchange**- The idea was to anonymously send a book to another participant randomly allotted to you by the Core Committee and also anonymously receive a book in return. A Zoom meeting for all the participants was organized to reveal with whom they had exchanged the books!

**Aikya**: Students from our college participated in the annual JSSAHER university fest in which they won 1st place in Pictionary. The participants representing our college were:

- Anushka Rao, 5th term
- Shreyas Easwaran, 5th term
- Rhea Sahani, 2nd term
- Udisha, 2nd term

2nd place was achieved in debate by Shreyas Easwaran, 5th term whereas Kaustubh Gaur, 2nd term won 2nd place in Air Crash.

## Myriad



JSSMC students at AFMC, Pune

Myriad, the drama club of JSS MC, consists of students who have a keen interest in exploring a plethora of different forms of acting, like mime, street play, drama & mad ads etc. Silhouettes AFMC Pune Silhouettes conducted by Armed Forces Medical College. The play depicted the difficulties

that one faces and hurdles one has to cross to become a doctor, and showed the stark reality and pressure of dealing with people's lives and how doctors are now being treated in society.

Participants:

## Mime and Mad ads



Members of Myriad took part in the Mime and Mad ads competitions held as a part of AIKYA The Annual University Fest of JSSAHER organized by JSSDC.

In the Mime event, Myriad, representing JSSMC presented a powerful mime about the transgender people in our society, and the hardships they face at every stage of their lives simply because of who they are.



Myriad's Mime Performance at Akiya

The students of Myriad and Biblichor representing JSSMC were given the humble "razor" and 15 minutes to come up with an entertaining ad. They put up a great performance laced with humor and wit and it was met with a great response from the audience.



JSSMC Students at Aikya

Myriad conducted "Myriad Trivia" a Bollywood Quiz competition held over two stages. The purpose of the event was to encourage our members to watch more movies and hone and improve their budding acting/script writing talent. The winners of the event were :

- 1st-Nilanjana Dutta,2nd Term
- 2nd-Shubham Mishra,2nd Term
- 3rd-Nandini Gupta ,2nd Term



## Music Medicine Masti

### AIKYA U-FEST 2020

Aikya was the JSS University Fest organised by JSS Dental College this year. JSSMC represented the Music Band and Solo Singing Classical which were conducted. In music events, Dilna Divakar,5th Term secured Second place for solo singing classical and 'Fremitus', and the college band secured first place for Music Band's battle.



Music Band 'Fremitus' with judges on stage after securing first place.

### AFMC SILHOUETTES -2020

JSS MC represented a multitude of events such as Solo Singing Eastern, Solo Singing Wester, Music Band, Instrumental Solo and Duet Singing.



Madhav Muthu  
on Flute



Group photo of  
all Participants.

by Aishwarya Bhat.  
AFMC Duet Dance Participants - Aayushi Dandekar  
and Aishwarya Bhat



## ONLINE EVENTS ORGANISED BY THE CLUB DURING LOCKDOWN

- **REMINISCENCE** : An event organised by the club where participants would send in videos of previous covers or original songs, which would be posted on the club's official Instagram Page.
- **QUARANTINE CABARE**: An online event organised by the club using 'Finish the lyric' format.
- **MUSIC TRIVIA QUIZ** : An online quiz conducted using both Whatsapp and Instagram.



AFMC Eastern Dance Solo Participants - Aishwarya  
Bhat and Tanshi Anand



THANDAVAM

## Thandavam

### AFMC FEST- SILHOUETTES

The students of JSSMC participated in various dance competitions and gave a marvelous performance. Aayushi Dandekar & Aishwarya Bhat participated in the Duet Dance. Tanshi Anand and Aishwarya Bhat participated in the Eastern Dance Solo, in which the first place was won

## Aikya U-fest

JSSMC students represented the college in Classical Group Dance, Duet Dance and Dance Face-Off events and secured 2nd place in the dance face off.



### Dance face off

- Nishmita Biju- Won 2nd Place
- A still from the JSSMC students' Classical Group Dance performance.



## Genezens Online Dance Competition

- A display of crazy fast moves was shown by students from 2nd term who participated in a Group Dance Video competition organised by Creative U.

## Quarantine Dance Routine



• During the times of lockdown when the whole world was dealing with tough times our college dance enthusiasts of 5th term showed off

their stress busting dance routine and spread a message of positivity and happiness.

## Plexus 2020



Duet Dance Video by students of 5th Term (Simran Dhankar and Vibhuti Bharadwaj) They received a Special Mention Award in the online competition organised by Rajah Muthiah Medical College

## Sammscrithi Intercollege Online Dance Competition

Loop Group Dance video was made by students of the 7th Term. Their synchronised performance and innovative moves were well deserving of the Top Liked Award, which they later won at the national level.

## KALAKRITI

### 1. BEAT THE BOREDOM

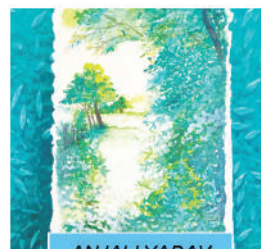
To bring out the creative side of students in the quarantine Kalakriti, the arts and photography club of JSSMC, organized a photography and art competition called “Beat the Boredom” from 10-17 June 2020. The students had to submit any artwork or a photograph clicked during the lockdown as an entry. All entries were put to vote on the club’s Instagram page. The results were announced on WhatsApp and the Instagram page of the club on 17th June. The event was a great success.



CHRIS MENON



SUGANDHA KUMARI



ANJALI YADAV



SWATI CHAUHA

### 2. CHITHRAM & PIXELS

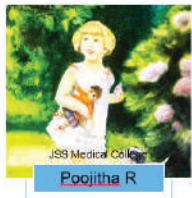


Kalakriti, the photography and fine arts club of JSS Medical College, organized a weekly photography and art competition named “Pixels and

Chithram” respectively from 1st-8th June 2020. The aim was to keep the club members involved and provide a creative break from the monotony of lockdown.

The topic for Art was ‘Back to Childhood’ and for photography was ‘Colours’.

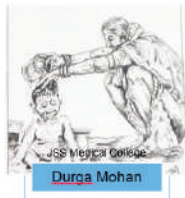
RESULT OF CHITRH



Poojitha R



Gaun N Nair



Durga Mohan

RESULT OF PIXELS



Nikhil Jain



Hemashree SU



Gautam Juneja

### 3. INTERCOLLEGIATE PARTICIPATION:

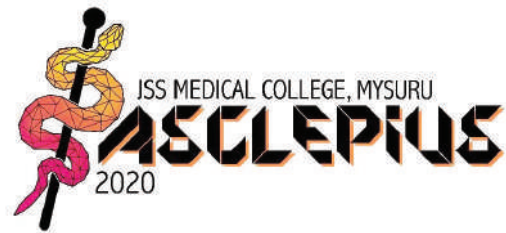
Several members of kalakriti actively participated in the AFMC fest and a good number of them bagged a prize for the house.



AFMC ENTRY PHOTOGRAPHY COMPETITION  
Deabrata Sahu (Term 2)



AFMC ENTRY PHOTOGRAPHY COMPETITION  
Deabrata Sahu (Term 2)  
AFMC POSTER MAKING- Mounya AND Harshitha (Term 2)



## Asclepius 3.0

(4th- 5th July 2020)

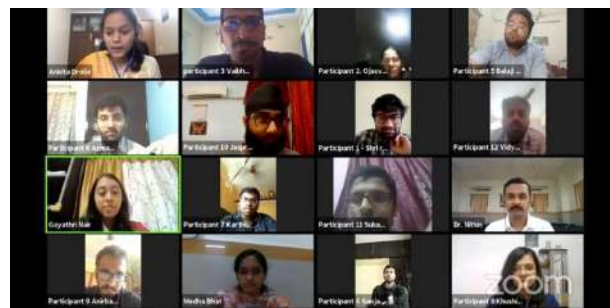


Asclepius was started in 2018 as a national level UG conference, hosted by our college, JSSMC and has only improved over the years, each time with newer additions and more success.

The 'Asclepius 3.0' event was nothing short of the previous benchmark conferences and turned out to be a huge success, making 2020 much more memorable.

The quiz spanned 2 days and had 4 rounds. Over 800 students participated from across renowned institutions in India and neighbouring countries like Nepal, Russia, China, and Phillipines

At the end of the four finals rounds, **Karthik B** from **Indira Gandhi Medical College and Research Institute, Puducherry** was declared the winner of the quiz.







*Surya Banidipati*

The next generation  
of doctors

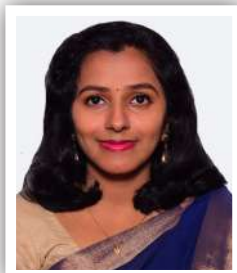
# THE NEXT GENERATION OF DOCTORS



AMAN JAIN



AIYSHWARYA K



AMRUTHA V NAIR



ALAKANANDA N



ABHIJITH LAKSHMAN



AKHIL REJI MEKKDEN



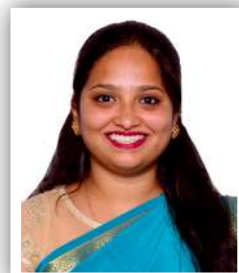
AKHIL S



AMITH CHANDRAN



ABDUL RAHIMAN



AMRUTHA K



AISHWARYA N



AMITA V KHATAWKAR



AKHILA SWARAJ S.L



AKSHAY PATIL



AISWARYA SURESH



APOORVA S



ANN MARYA JOSEPH



ARATHI KODAKKADAN



ATULYA NAIR



BHAVYA H.K



ANSSER VAHAB



ANISHA SUSAN TITUS



ANUSREE VELLOTT  
SREEDHARAN



ANNA MARY BIJU



ANANYA JENA



# THE NEXT GENERATION OF DOCTORS



ANAMTA SAYEED



ASHWIN S



ARJUN P



ANJALI B KRISHNA



ASHOK KUMAR  
PREKSHA JAIN



ANSHIKA TYAGI



ANUPAMA AJAY



ANIRUDH MUNJAL



AVANTIKA S



IREN E ELIZABETH KURIAN



CHINTAMANENI SUPRITHA



DEVIKA VASUDEVAN



CEREEN MARY JESWIN



HARAPRASAD S.U



DIVYA MEHTA



CYRIL BABU



EDWIN JOSEPH V.F



HARIHARAN VENKATARAMAN



GOPIKA RAVEEDRDRAN



HEMANTH V.S



DINESH KUMAR P.N



HITHA SURESH



GEETHU MARIAM SUNNY



HITHYSHI DATT



DURKHA DEVI K.P

# THE NEXT GENERATION OF DOCTORS



GAYATHRI K.N



KARAN MATHUR



JASLEEN KAUR HURA



MULLAPUDI SARVANI



KRITHIKA RAJKUMAR



JAKE JOLLY



NANDANA P ANAND



MARCUS GEORGE



KSHITIZ GUPTA



JITHIN PRAKASH



MUSKAN SHARMA



JOEL JAMES JOSEPH



KOLLIPARA SAI VAMSI



KODIDALA SRI  
CHARITHA



KAMALA NIVASINE V IYER



KOUSALYA K.P



MANJESH KUMAR N.M



KEEJIHA C



JYOTI SHARMA



PRAKHAR AGGARWAL



NIKITHA A



NEEDIYA MUHAMAD  
ASHRAF



NITA JOHN



PRAKRUTHI V GOPAL



NIMISHA TREESA  
THOMAS



# THE NEXT GENERATION OF DOCTORS



PRANAY PENMETS A



PRIYA ROY



SURABHI SANJAY



PADMANABHAN S



POOJA S.R



PALLU KRUTHI



NIVEDITHA R



PRANATI GROVER



PRAJWAL N



NIKITA N



NIKHITH B.N



PADMAVATHY G



RACHANA S



SHALINI RADHAKRISHNAN



RAMYASHREE  
REDDY N



RISHI KOCHUKOTTARAM  
JAYAMOHA N



RANJANA RAJ R



SANTOSH G



SAHIL GUPTA



SANJANA J.P



RAMASWAMY A



RAKSHITH N.R



SAMARTH H.S



RAJVANSHI ANISHA  
AMIT



SAREET PRIYA  
NANDEIBAM

# THE NEXT GENERATION OF DOCTORS



SARITA SUNIL  
CHAMMANAM



SAGARIKA BETKERUR



RUTHVIK S



RUDRA RUPESH REDDY N



SHYAM SANKAR H



SHREERAKSHA K.S



SHIVANI R KUNDUR



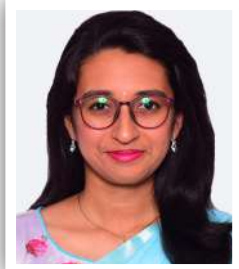
SIDHARTH D NAIR



SHANIS A.K



SONAL GOYAL



SHIVANGI G



SHASHIKANTHA  
MALLIKARJUNA ANGADI



SHIVANI PRAVEEN A



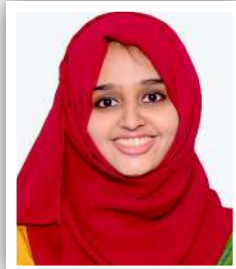
SIRI GANGADKAR S.P



SHREYA CHANDRAN



SREEJA D.C



SIMREN FAIZAL



SNEHA MODI



SREELAKSHMI RAJEEV



SHILPA MARY KOSHY



VISHWAPRIYANKA G



HEMAPRIYA T C



UDITH BATHLA



SWATHI ANNAPOORNA



SWATHI G



# THE NEXT GENERATION OF DOCTORS



VAISHNAVI S.G



TANVI NAGPAL



SUBHASHINI C



SURABHI SANJAY



SUDEEKSHA P



TALIYA GRACE CHERIAN



TALAMATI MEDHA



SURAJ R



TANYA JAIN



TANUSHREE SHARMA



VISHNU MAYA A K



DAMINENI RAVI TEJA



HARIPRIYA M.



BAREDDY YASHWANTH  
REDDY



SINCHANA RAMESH



SHEKHAR SREEKUMAR



CHANDRAKANT KADAM



SAHIL VERMA



SUHAS S



NAGPAVAN N



ANKIT PUNIA



PAVAN KUMAR REDDY Y



ANANYA PATEL S.G



HANESHFATHIMAK.J



JAYASHREE L

# THE NEXT GENERATION OF DOCTORS



MANISHA NANJUNDASWAMY



ARSHAQ K.T



LAKSHMI SAJITH



AISIRI MURTHY



DHANOOSH R



ELSA MARIA SOY



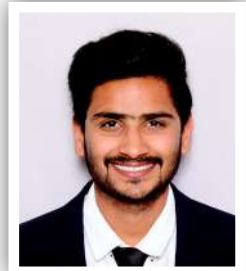
DEVENDU AGARWAL



BALLE GOWTHAM NAIDU



MEKAPOTHULA RISHI  
KIRAN



GOKANA THARUN



GUNDAVARAPU  
HARSHAVARDHAN



MUHSENA P



JASMINE SINSINWAR



ADITYA DHAKA



KSHITIJ SAJITH



NITIKA SHUKLA



VYSAKH S.VENUGOPAL



VYAS RAHUL



SAURAV SURESH



BOYAPATI HEMA SAI



ARJUN CHAUDHARY



SHUBHAM SAHU



RIHAN P



ROHIN RAGHU KURUVATH



PRAJWAL L.K





# THE NEXT GENERATION OF DOCTORS



RISHITHA RAO



SATISH C



SNEHA MARIA GEORGE



PRIYANKA JOSEPH



ELAVARASAN G



ROOPIKA PARAMESHWARAN  
SETHU



ARAVIND M



BALAJI K G



RAMTEJ



ROZA .A



UMMER KAMRAAN



VANGARA SHASHANK



ABHISHEK SUNDARA  
RAMAN B.V



MANU K.SAJI



SRIRAM M



SATYAM JAWA



ANVITHA SURESH



VISAGAN G



JIWESH KUMAR



YASHIKA GOEL



PUNITHA



TAMMANA



BRYAN



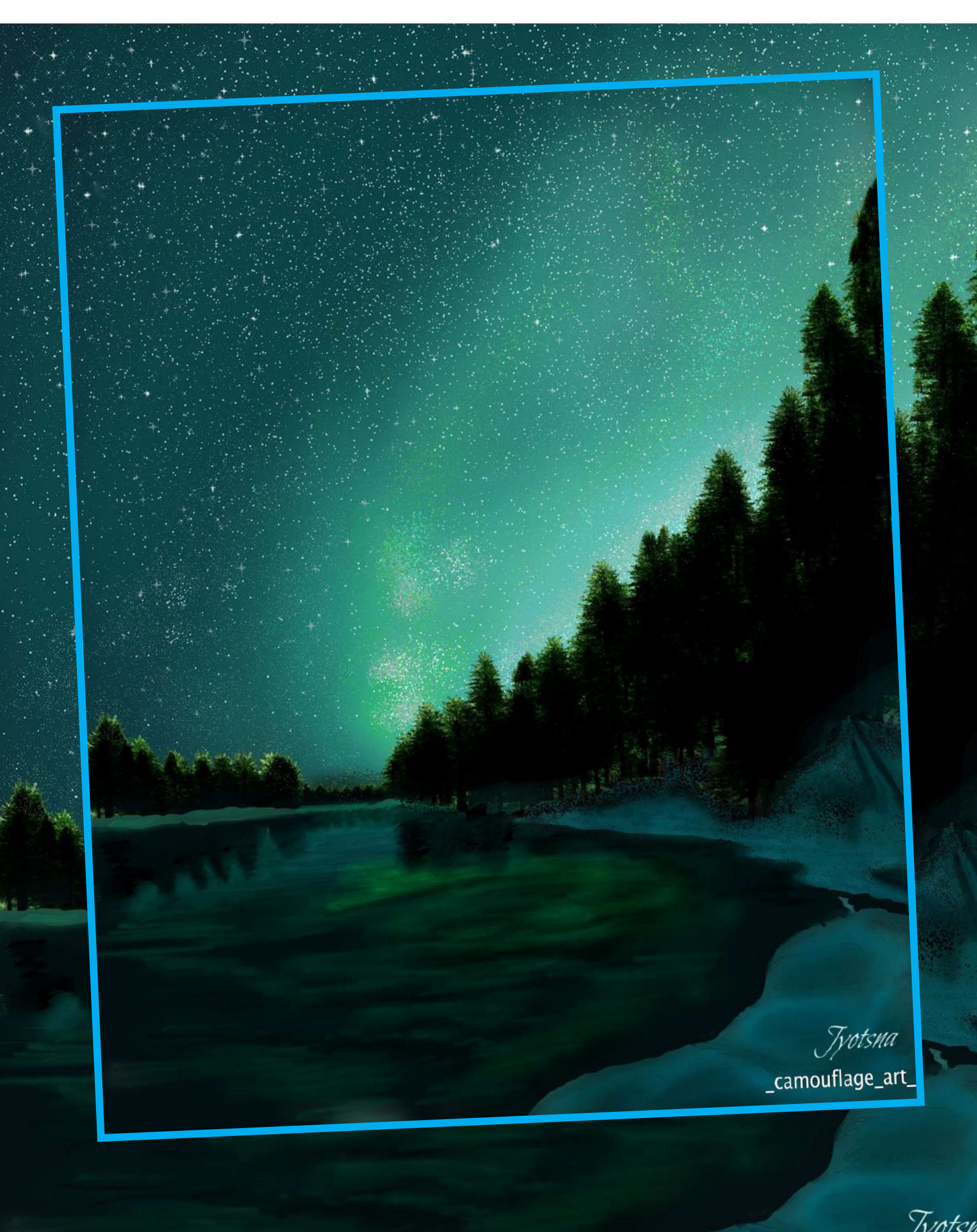
SHARANYA



MAYANK

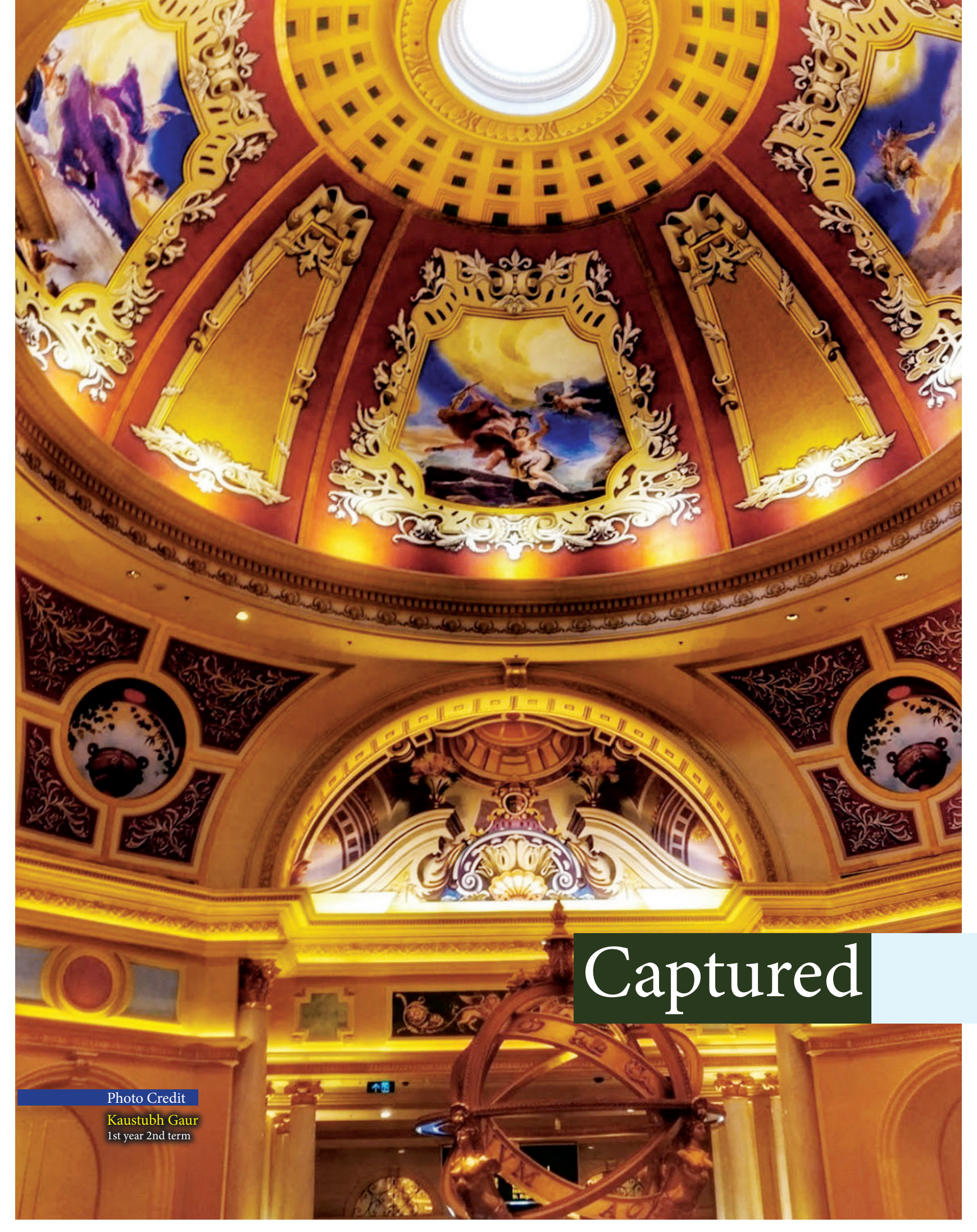


SRI LAKSHMI



*Jyotsna*  
\_camouflage\_art\_

*Jyotsna*



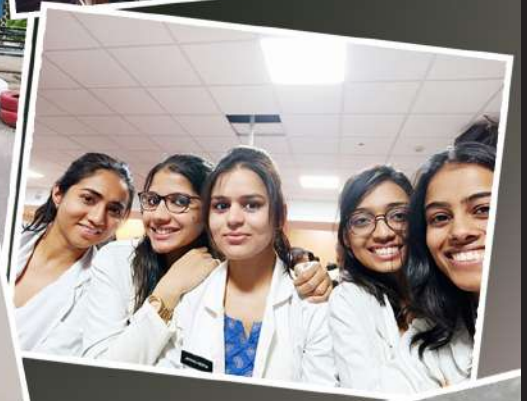
# Captured

Photo Credit  
Kaustubh Gaur  
1st year 2nd term





2015-2016



2016-2017



2017-2018



2018-2019





2019-2020



Photo Credit Dr Smitha M C Assistant Professor,  
Department of Community Medicine, JSSMC



Sketch by Meghna Arora 7th term



Sketch by Aanchal Agarwal  
Batch 2017-18



# Scribbles

Photo Credit

**Roshna S Robin**  
3rd Year, MBBS Batch 2017-18



Sunya Banidipati

# Penning's of the Editor The Year of the Pandemic



The year 2020 was one which proved not only to be a challenge for healthcare workers and organizations, but also was a cornerstone where we inspected the impact of our modern innovative scientific methods in practical application.

The SARS-COVID 2 virus held the world to a standstill in the first few months, with its infectivity baffling both microbiologists and epidemiologists alike. What started off as a minor outbreak soon manifested as a full blown “attack” on humanity as we know it. But the real scare apart from the virus itself was our easy susceptibility to fall prey to it, the so called ‘chinks in our armour’. What could have been contained quickly and without much ado in a utopian world, in reality was embraced with much rebelliousness and fearmongering and misinformation. Quarantines had to be imposed to control the spread of the disease and a generalized mistrust in the fellow human regarding their infection status was a common parlance. Many people heralded it as the end of times and the scientific community was kept tirelessly on their feet in the search for their answers.

But then again, we live in the most modernized age that this earth has ever experienced so far, and sane head do prevail. Within months the virus had been identified and cultured, and its genomic sequence prepared, feats that usually took years in the past pandemics. Different scientific organizations from all over the world all collaborated together to

complement each-others work, which is how we could start looking at solutions within months of facing the problem. People started paying more attention to the scientific community’s sermons and suggestions. Words like “Social distancing and self-isolating” gained attention soon, as people took it upon themselves to enforce strict scientific guidelines in their own homes. Handwashing and sanitization achieved a priority level akin to many normal clinical practices, and people paid more attention to their health than ever, much to the delight of the medical community, who had been demanding the same for aeons. While the inconvenience caused by the pandemic can never be ignored, a certain amount of pride does run in the midst of the medical community, for their expert and lifesaving handling of the situation, and with the quickest and expedited vaccine development against a newly discovered pathogen in the history of infectious diseases.

However, despite our handling of the pandemic, it is imperative that we learn from our shortcomings, mistakes and fallacies quickly, for there will be many more such instances in the future, and they need to be dealt with on the grassroots level before they begin to impose another serious threat to the global community.

A bend in the road is not the end of the road...  
unless you fail to make the turn.”

– Helen Keller

**Dr. Tejashree A**

Professor & Head, Department of Microbiology



# Doctors of Pandemic-2020

“Cure sometimes, treat often, comfort always.” - Hippocrates

I remember the Orientation Program from the first day of my MBBS course, a proud 18 year old taking the Hippocratic Oath, I was going around telling everyone that we will be the doctors of India 2020 and instead here we are as the Doctors of Pandemic, 2020, a war all of who are fighting never imagined we would witness. Dr. A. P. J. Abdul Kalam in his book India 2020- Vision for the New Millennium said “My 2020 vision for India is to transform into a developed Nation” That cannot be a abstract, it is a lifeline” not even in his wildest dreams could he have seen an India the way it stands with 6 million COVID-19 cases.

When the COVID-19 started to emerge in China in early November we were preparing for our final University exams, not yet doctors. We kept reading about this novel disease in the news trying to understand it but we never thought it would change the way we would do internships much less how it would change our perception of our profession and the world.

As the COVID-19 cases started increasing in India and the lockdowns were issued, undergraduates were sent home. As COVID peaked through the covers in Karnataka,



House Surgeons were asked to stay at home and stay safe. But as Giorgio Baglivi rightly said “Let the young know they will never find a more interesting, more instructive book than the patient himself” we were called and taught how to be a good doctor and serve during this pandemic in a matter of a few days. Paranoia was in the air; the masks we wore only while we were in the Operation Theatre and Isolation Wards now had to be worn everywhere, the healing hands which were always extended in kindness to provide comfort were now adorned in double gloves and were hesitant. But we still did what we do – treat the patients.

Being a doctor during these trying times was difficult but being a parent of a doctor was even more so. They went through even greater hardships without even being in a hospital; their lips said more prayers than a priest in the temple. I remember the initial days when my family was scared and my dad asked me to come back home to study for a year and do my internship in the next. And I said to him “If everyone called their children home, there wouldn’t be any doctors to treat the patients. You sent a warrior to war; you don’t call her home until it is over”. As a son of an 80 year old woman who needs biweekly dialysis and as a diabetic himself, he quickly understood what I meant but his fears are ever-present to date. He calls me multiple times everyday to ask whether I took steam, drank enough hot water or if I ate my food properly. He constantly Whatsapp-s me various updates on

samarthya

COVID-19 and any treatment for it. During my ICCU COVID-19 Documentation duty he insisted that I take my steamer along with me even though House Surgeons are only supporting staff to the doctors who were directly caring for COVID patients.

I was the first House Surgeon whose swab was taken for RT-PCR, as I was symptomatic after primary contact of two patients during my casualty postings. Those twelve hours of waiting for the results were hardest for my family and the negative result was no lesser than any victory. Soon many house surgeons had to be tested, we have had a few who turned positive and had to be treated.

It's been seven months of our internship right now and we all are sad that our internship has changed because of the pandemic but here we are trying to learn as much as we can about the treatment plans, the procedures, the patient care, and how to counsel. The staff and the post-graduates have been great teachers for us. Right now we are not posted directly to care for COVID positive patients, but hats off to the staff who have been posted and have to take utmost care not to carry the infection home to young kids and elderly parents and also to the post graduates who haven't seen their parents in more than a year. Some of them haven't seen their newborn child, some haven't been to attend their siblings' wedding, some haven't been able



to attend a family member's last rites but are still giving the patients the best care. Though as house surgeons we are the lowest in hierarchy and with least responsibilities, still a shout out to us, we are the Doctors of Pandemic 2020 and we are doing the best we can.

According to Indian Medical Association, 515 doctors have died due to COVID-19 in India as of September, 2020. The numbers are higher than every other country and to further rub salt in our wounds the Government says that it does not have any data on the healthcare staff- doctors, nurses, support staff and ASHA workers who have passed away because of COVID-19. The Indian Medical Association has raised its voice against the abandonment of these national heroes who stood up for our people. But here we are, still standing as Antonio Guterres, Secretary General, United Nations said "We are in this together and we will get through this together."

Adding to Sir William Osler's quote: "The practice of medicine is an art, not a trade; a calling, not a business in which your heart will be exercised equally with your head. Often the potions and powders, but with the exercise of an influence of the strong upon the weak, of the righteous upon the wicked, often wise upon the foolish"; practice of medicine is self- sacrifice, prioritizing your patients before yourself and family and most importantly, holding on to hope in face of grave adversities.

**Dr. Amita V. Khatawkar**  
Editor in Chief  
House Surgeon



# A tryst with resilience in a quest for hope

“Hope  
is the thing with  
feathers that perches in the soul and sings  
the tune without the words and never stops at all.”  
– Emily Dickinson

When the World Health Organization (WHO) declared a pandemic of the SARS Cov-2 virus in March 2020, most people found themselves at the precipice of a challenging situation. They did not know what was happening, nor did they understand what was to come next. In the months that followed, governments imposed strict restrictions, issued lockdowns, and in some cases, sanctioned the use of executive force to maintain law and order. Social media, television networks, and public personalities did little to dissuade fear and more often than not, fueled the mass hysteria, taking the situation from bad to worse. What better publicity than the looming scythe of death and suffering. It was Herman Melville, who in his great wisdom said, “Ignorance is the parent of fear.” Perhaps, there will be no better time than this to see the truth in his words. People’s deepest insecurities and qualms were prospects for the wicked, an opportunity in anguish. With gonzo journalism rampant, it was an impossible task for a layperson to differentiate between the truth and hype, between fact and rodomontade. The ignorance of the herd laying the foundation for a myth, a tool for the oppressor. The tool that has a pen-

chant for destroying ‘hope’.

The late 20th and early 21st century brought with them such advances in human knowledge that even the smartest of minds could not fathom what was to come next. When a young visionary, Mark Zuckerberg founded Facebook in 2004 or when a New York University graduate by the name Jack Dorsey founded Twitter in 2006, they probably had not expected to see their creations being used to spread mendacity, hate, and fear. Such vile ideas lurk on these platforms today; even Tartarus would appear bright in contrast to the metaphorical darkness of the content here. It is not that these platforms are inherently bad. On the contrary, they are powerful entities capable of bringing real-time positive changes to our world. Sadly however, these platforms have been abused to sow geopolitical discord among ethnic communities, influence elections, and share out-rightly fallacious, vesicant, and sometimes laughable conspiracies, often at the cost of innocent lives, harmony and tranquility of mind, body, and society. When the pandemic struck, those who prey on the gullible and bloom in the despair of others festinated to capitalize on the crisis and waged a war – a crusade against hope. Why? What could this mindless hunting of people’s reasons to live possibly achieve? It depends on where you are at that moment. Some are mere anarchists. Disciples of chaos. Some see it as a way of making a buck while others see an opportunity for propaganda. Vested interests often



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dictate reality, and for the unsuspecting, it could be the difference between eudaimonia and tribulation.

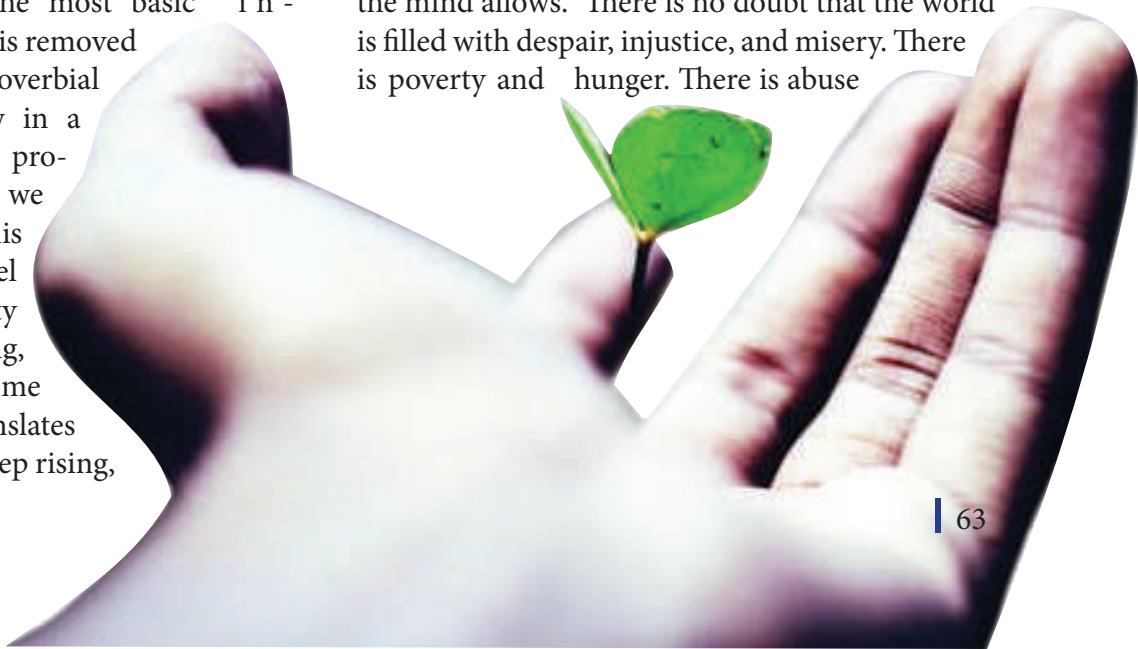
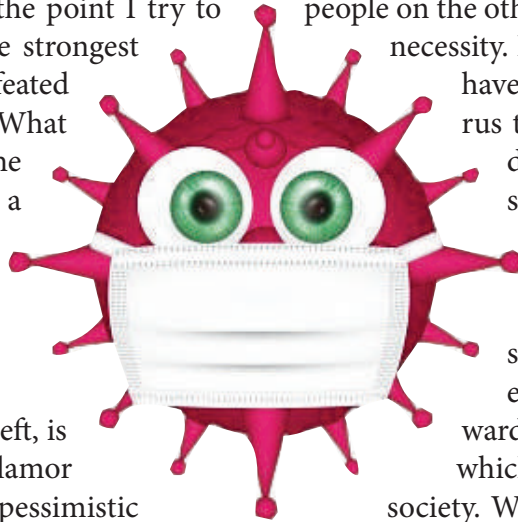
Greek mythology finds mention of Thetis, a sea nymph who dipped Achilles into the River Styx, and from that immersion, arose one of the mightiest warriors of Greece. He was invincible and a formidable adversary. His enemies were quick to lose hope. Some would argue rightfully so. But even this colossal hero had a limitation, his heel. While this analogy is far from perfect for the point I try to make, we must realize, even the strongest and relentless of forces can be defeated for everything has a weakness. What would be the key in this case? The answer might surprise you but is a fairly obvious one, people. Society. Our morals, our values, and our incessant obsession with faith, life, and beauty.

Milton said, “Where no hope is left, is left no fear.” Such perpetual clamor from all sides with destructive, pessimistic ideologies festering at every nook and corner often gives way to exhaustion. Eventually, it no longer triggers an alarming response as the being has essentially become immune to the fear. Has in a way, given up. Imagine a relentless hammer striking a metal rod. With each impact, the rod bends, building up stress, waiting for the sweet release of fracture. But at one point, it no longer bends. It no longer bears any effect. It either breaks or it stays where it is, essentially mocking the blower. It is interesting, that when, one of the most basic instincts that define life, ‘fear’ is removed from the equation, our proverbial brain juices seem to flow in a somewhat laminar fashion, providing more clarity than we had anticipated. It is at this time, we as a species feel more connected to reality and sense. When I was young, my grandfather used to tell me an Urdu proverb, which translates to, “When the difficulties keep rising,

there comes a time, when everything becomes easy.”

For a lot of people, the pandemic did not bring much change. It was barely worthy of attention when put next to the ‘real’ crises in their life. I talk about the poorest of the poor. 10% of our 7.6 billion large population. For them, hope is a luxury they cannot afford. Hope in a place where even food rarely comes by is a dangerous drug. But for the people on the other side of the spectrum, hope is a necessity. It is what drives them to work, to have families, and to live. When a virus that is invisible to the naked eye, does things they cannot understand and brings about consequences they are not prepared for, it is not surprising, that people suddenly find themselves either pulled towards the extremes of faith or pushed towards radical nihilism. Neither of which is conducive for a sustainable society. When every source of information in the 21st century is painted with disease statistics, images of the dead, and videos of societal collapse, most of which frequently lacks verisimilitude, the reminiscent hope begins to falter, like a candle in wind. It is no surprise that more people than ever before are being diagnosed with mental health conditions – particularly depression and anxiety.

There is a Japanese proverb, “Fear is only as deep as the mind allows.” There is no doubt that the world is filled with despair, injustice, and misery. There is poverty and hunger. There is abuse





and massacre. There is climate change and natural calamity. But is that all we have in this world? Is that all we see? I recently had the great privilege of listening to a talk by the famous author and physician – Hans Rosling. Intrigued by the legerity of his mind, I later read his best-seller- ‘Factfulness’. He plays with numbers and provides the simplest of examples to explain how the world is not as bad as it seems and there is plenty good that can and should ignite hope. It would be foolish to ignore the hardships of the world. Ignorance blooms collapse. But it would also be foolish to fixate only on that and not appreciate the beauty of our world. When you close your eyes and let nature’s mysticism take over you, hope is an expected guest.

If asked what was most important to me during this pandemic, I would have to say, the preservation of hope. It is in fact fundamental to life. If humankind has survived for thousands of years, it is only because there was hope that led them to fight every day. Hope is what leads me to wake up every morning and smile. It is what drives me through the day. As long as there is ‘hope’ of a better

future, of love, peace, calm, and happiness, there is a me, who will arise tomorrow with positivity and resilience. Hope drives us through any predicament we might find ourselves in. It has been and will continue to be a source of alimentionation for the soul. It is like the radiance of our sun that lets the flowers bloom. Like the constant stream of a river, nurturing all that comes in its path.

Before I put down my metaphorical pen, I’d like to quote a line from one of the most popular movies ever made, ‘Shawshank Redemption’. Andy Dufresne says, “Hope is a beautiful thing, maybe the best of things and no good thing ever dies.” Challenging times should not be a reason to hang up the coat and retire. It should be the fire to our desire for a better world and a sanguine future. All it takes is courage. All it takes is a ‘quest for hope’. The only question is, will you try?

**Rohan Karkra**

7th Term MBBS, Co-Editor



samarthya

# A message for the next generation of healers: “Hold onto hope”



“Murphy’s Law : Anything that can happen will happen”

The true worth of a boat is not in its shape or sheen, rather it is in its ability to withstand the storm. The past year had been a tough trial for the perseverance of mankind, and it gladdens me to know that the bulk of the challenge is past us. And yet, the job isn’t done, and while the tides may be rolling back, they do leave behind ripples of situations that will be lessons for us, as we move forward.

The pandemic and the subsequent lockdown it caused, is no alien topic to anyone reading this. Within a short span of days, we had all been cut off from each other and estranged and in our homes with a new word tumbling on our tongues, “Social distancing”. And yet as many would tell from their own experiences and even many of you would weigh in instances, where you braved through your struggles in the pandemic, and how it revealed itself to be a turning point in their lives. The “Pandemic of 2020” turned out to be our herculean labour, and it would certainly be remembered for long.

“Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning.” – Albert Einstein

Meanwhile, in a comparison dimensions apart, it would not be wrong to say that “Medicine”, the beautiful art in which we all immerse ourselves in, too is at an ‘interesting’ milestone in its journey. The

anecdotes that we grew up hearing about being a doctor still hold true, thou with a few adaptations. Gone are the days when a majority of cases ended with the patient being made comfortable, as his prognosis would be doomed despite the best efforts, and we have modern medicine to thank for that. With the advent of revolutionary imaging and diagnostic procedures and techniques, mortality is no longer a word associated with the most minor of pathologies and disorders.

And yet, as we stand here at our latest summit, we do notice a few aberrations in the path that lies ahead. In the 21st century, patients are empowered with the tools to access all sorts of known information, and this presented to us with the “Google doctors” situation, something that is not uncommon in today’s practices. While it definitely is annoying to see a patient confidently announce his diagnosis in front of a doctor who has spent years and years devoting his time to his work, it is something that will be inevitable in the days that lies ahead. One of the best ways to deal with such a patient would be to appreciate their effort to learn about the disorder bothering them, and to explain to them about how a doctor deduced their condition, and what could go wrong if they only relied on the internet to gain a diagnosis.

The above-mentioned solution comes under the vast umbrella of “Doctor-patient communication” something that needs reinvigorated emphasis

on, especially in these trying times when the rift between doctors and patients has never been greater. Similarly, the ease and quick access provided by modern medical equipment often, makes the traditional skills and clinical examinations lax, and this gets revealed only when the health system is burdened by great numbers and stresses, as was revealed in the latest pandemic. While learning to diagnose conditions based on clinical appearances and signs might seem tedious and slow as compared to the quick scans, it is necessary for the doctors of the new age to be confident in the absence of the best diagnostic tools. A dream is the bearer of a new possibility, the enlarged horizon, the great hope.” – Howard Thurman

Yet there, lies a silver lining to the modern health outlook, as we notice a gradual shift towards healthier practices in the populations. Not only does it mean that the most basic of diseases and disorders might soon become rare sightings, but also that a definite shift in the epidemiology of diseases throughout continents would be in order. And as has been true in every field of science, what we don't know is not even quantified, and we need to be prepared for whatever

curveball gets thrown at us. The race of “Keep -up” between modern medicine and disorders keeps on going on and on.

And so the next generations of doctors ,who are still studying and working to earn their wings, would need to be sharper, smarter and more cunning than their predecessors, for they are about to land at the precipice of the new age of medicine with new tools and new problems to deal with. The general paradigm that they need to learn to function under can simply be inspired from Murphy's law, “Anything that can happen, will happen”, and it is their duty, to take this into the reality as they set out to uncover new innovations and discoveries. And even so as they set out to become amazing healers, they must remember that the foremost person they should care for is the one who they see in the reflection in the mirror.

You are the hope that will light the way forwards, even if it is past the face of adversity.

**Maaz Khan**

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Co-editor

Photo Credit

Aayushi Dandekar  
V Term

samarthya





# HANUMANISM

Pull out all stops.....

into play.

Never in our lifetimes have the principles of partnership and collaboration; of compassion and kindness; and of equality and humility been so critical as they are in this moment, ‘solidarity’ as the foremost and vital weapon in the battle to safeguard humanity. Solidarity is not only a word, but also a realization that we are all in this together; not a feeling of indefinite compassion, but a firm and persevering. This pandemic has also highlighted the critical importance of community trust, and of having strong communications channels between health institutions and the general public.

The world is tussling with an issue of large scale and massive human impact, the Pandemic. This novel virus is unexpected in our lifetime and needs a befitting response.

When the whole world trembled at the pace with which the virus was engulfing the nations, everyone looked up to the doctors for help but the doctors had a clear idea of the situation, their own vulnerability to catching an infection, the effect of the infection, and the risk associated with being in a hospital. Responding to the call of duty is more like a face-off with your own internal fears. You know you are playing with fire that may scald your family members, the elderly, and the children. This is where mental strength comes



**S.R. Satish Chandra**  
Administrative  
Officer

It has been a display of the efforts to protect the most vulnerable, the ailing patients whose eyes repose the trust they have in the doctors and their families who look up to the doctors as God “Vaidyo narayano harihi”.

During the war between Rama and Ravana, when Lakshmana was injured, Hanuman was sent to fetch the medicinal herb from Sanjeevini mountain. On reaching there, Hanuman was not able to identify the required herb but what he did next is a testimony for the sense of responsibility and accountability. He carried the whole mountain back to the Warfield. Thus “Hanumanism” epitomizes selfless service beyond the call of

# SCRIBBLES

duty. And that is the quality that has been displayed by the “corona warriors” all around the world. That is why most of us have appreciated all those who have come to our aid during the havoc caused by COVID-19. Determination to commit oneself to the common good, to strengthen the community, and to promote a just society.

The backbone of every health system is well-trained and properly equipped medical professionals. If we educate our medical students solely or largely as mechanics of the body, providing the knowledge and the skill, we may leave them unprepared for the human encounter with the sick and desperate, the brave

and dying, the healed and grateful. Even if we equip them with the best medical tools of the age, we may leave the physician partially naked on the wards. What is required is competence with compassion. Desire to help and heal the suffering people takes shape amid pragmatic concerns about fellowships and jobs and within the shared system of praise and blame from one’s colleagues and superiors.

A more humanistic education might heal the physician’s deafness to the call of the ailing and the helpless and do justice to the Hippocratic Oath, the most well-known admonition — “first, do no harm”.

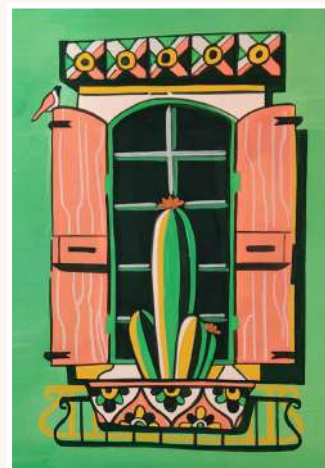


Photo Credit

Neelanshi Gupta



samarthya



Villedhelle, ( Betel leaf) fondly called in Kan-  
nada, is well known for its taste and used ex-  
tensively all over India as “paan” and also avail-  
able in most parts of Asia. The plant by itself is  
not that easy to grow as it requires good quality  
soil, especially red soil. Not many know that  
“villedhelle thoata” an area well known to My-  
soreans, is nothing but Betel leaf garden or  
plantation where the new JSS Hospital is situat-  
ed. One can still peep into those gardens on the  
east side of the hospital.

If you have tasted the fresh betel leaves “ paan”  
with sugar or rose honey, that is just plucked



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from the plants espe-  
cially after having a  
stupendous meal, you  
will realize the taste of  
the addicting villed-  
helle “paan”.

At home, we could  
never grow betel  
leaves well in our clay  
pots for many years.  
But things began to  
appear bright when  
we moved to a new  
house where there was a  
small patch of red soil surrounding the coco-  
nut tree. My mother, a die-hard fan of plants,  
immediately translocated some Betel leaf plants  
there. Bingo !! Within a few months, the plant  
grew healthy hugging the money plant nearby  
under the shadow of the coconut tree. Happily,  
my mom would Nibble young leaves now and  
then for some women guests as the tradition is  
to offer 2 leaves with areca nuts, at the time of  
send-off to guests !!

I would randomly pluck one or two tender  
leaves, add some sugar and chew, irrespective  
of time !! Just to relish the taste and joy of hav-  
ing one in our tiny garden, although it entirely  
belonged to the passionate efforts of my mom.

## SCRIBBLES

We recently moved to another house, considering the earlier house was too big and wild! My mother insisted that the betel leaf plant had to be rooted partially with its soil and shifted back to a clay pot at the new house. Reluctantly I did and things didn't work out well, in the next few days, the plant was nearly dead and I did not know what to do but I missed it dearly.

My mom saw that the betel plant was dying, she roped in my Dad as a two-wheeler ambulance driver and picked up the entire betel plant clay pot and took it to her "a kind of " plant hospital home!! She examined the pot, looked at the soil, and did some magical handwork, and brought back the plant pot to my home a few days later. I saw the pot, except for her passion and love for plants, there was nothing

in the betel plant except one or two dried leaves and pale reddish shoots about 7-8 inches. She warned me not to put too much water, too much shade, or sunlight, so I just left the pot outside in the compound.

In a miracle, a few weeks later green leaves began to appear from nowhere !! The plant just blossomed. I can't think how it rejuvenated but I realized my mother's passion that instilled spirit in the dying plant and bringing it back to life.

Out of blue, my mother invited half a dozen of her friends "in their fifties" to visit my house and as respect, we had to give a dozen betel leaves during their send-off. As we were running short of 2-3 betel leaves, I asked her what to do? Smiling, she said, " pluck it from your betel plant !!"



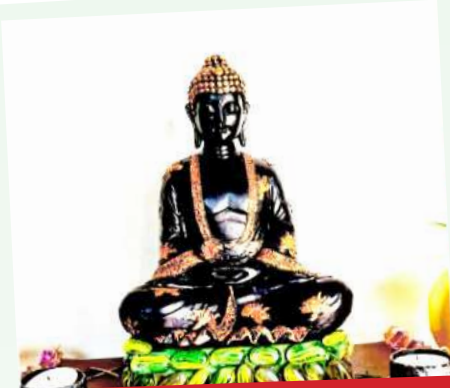
Photo Credit

**Dr. Aninditha Guraza**  
1st year anaesthesiology pg



samarthya





## Home Gardening During Covid lockdown 2020



On March 24th 2020, a Nationwide lockdown was ordered by the Honorable Prime Minister as a preventive measure against the COVID-19 pandemic in India. During the pandemic, everywhere there was negativity, but we had to search for a positive environment during the lockdown. This critical situation became an opportunity to expose our hidden talents to keep ourselves engaged in a difficult time.

**If you are losing your leisure, look out! -- It may be you are losing your soul." - Virginia Woolf**

Hobbies are an interesting pursuit during leisure time and a source of pleasure. For example, Madam Curie made her research in her free time and discovered Radium. Passion is one great force that unleashes creativity, because if you're passionate about something then you are more willing to take risks. Gardening is considered both as an art of arranging

plants harmoniously and also encompassing the principles of plant cultivation. House plants are incredibly good for our home and our health. For me, gardening provided zest in life and offered scope for self-expression. Every day morning I nurtured plants with the utmost care and colorful flowers brightened up the mood. Micro gardening of fresh herbs motivated me to switch over to a healthy diet. I realized that plants wiggle and giggle communicate much more beautifully than any other living being. A breath of fresh air, the mild scent of the blooming flowers, and all the greens around extremely helped in calming the mind and body which was very much essential during the lockdown. In short, gardening helped me to cultivate a strong will power and robust optimism during the pandemic situation. I am loving the change in me, gardening brought a lot of positive energy within myself.



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# Caffeine in Coffee

Coffee is a universal brewed beverage prepared from roasted beans of plants belonging to the genus *Coffea*. Coffee accounts for 54% of caffeine consumption in the world. On any given day, about 85% of Americans use caffeine products. The average daily consumption of caffeine by adults in the U.S. is about 300 mg per person. This is about three times higher than the world average. But it is still only half of the caffeine consumption in heavy tea-drinking countries such as England and Sweden. Coffee is referred to be one of the world's primary dietary sources of caffeine. Whereas, other sources include soft drinks, cocoa products, and medications. Caffeine is found in more than sixty species of plants. Apart from the beans (seeds) of several species like *Theobroma cacao* and *Coffea* plants, leaves of *Camellia sinensis* are also used in the production of caffeine-containing beverages.

## How Was Coffee Discovered? – Ethiopia And the Dancing Goats

It is believed that the coffee was discovered by a goat herder who noticed that goats became extremely energetic after eating certain berries. However, it was



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unknowingly attributed to caffeine, a rich constituent present in the beans consumed by goats. Further, caffeine, derived from natural caffeine-containing plants, has been consumed for centuries by various cultures. Consumption of tea was first documented in China in 350 AD, although there is some evidence that the Chinese first consumed tea as early as the third century BC. Coffee cultivation began around 600 AD, probably in what is now Ethiopia. Caffeine was first chemically isolated from coffee beans in 1820 in Germany. By 1865, caffeine had been identified in tea, maté, and kola nuts (the chestnut-sized seed of an African tree).



samarthya

Caffeine is incorporated in a variety of over-the-counter preparations marketed as analgesic, stimulant, cold, decongestant, menstrual-pain, or appetite-suppression medications. As an ingredient in analgesics, caffeine is used widely in the treatment of ordinary types of headaches, although evidence for caffeine's analgesic effects is limited: Caffeine may only diminish headaches that result from caffeine withdrawal, but it is also combined with an ergot alkaloid in the treatment of migraine. Caffeine may have some therapeutic effect in its ability to constrict cerebral blood vessels. The use of caffeine as a central nervous system (CNS) stimulant does have an empirical basis, but there is little evidence that caffeine has appetite-suppressant effects.

Because of various effects of caffeine on the respiratory system, caffeine is used to treat asthma, chronic obstructive pulmonary disease, and neonatal apnoea, although other agents, including theophylline, are usually preferred for the treatment of asthma and chronic obstructive pulmonary disease. Caffeine has been used medically to treat overdoses with opioids and central depressants, but this use has decreased considerably with the development of alternative treatments. Caffeine is a type of drug that promotes alertness, thus can act as a stimulant. It acts as an adenosine receptor antagonist, where adenosine is inhibited as a substance that promotes sleepiness. It blocks the adenosine receptor to keep us away from feeling sleepy. It is reported to affect the body very quickly. It reaches a peak level in your blood within 30 to 60 minutes. It has a half-life of 3 to 5 hours. The rest of the caffeine can stay in the human body for a long time.

Caffeine is also considered a moderately effective alerting agent. It can have a positive effect on reaction times, mood, and mental performance. It has long been believed that caffeine stimulates mood and behavior, decreasing fatigue and increasing energy, alertness, and activity. Although caffeine's effects in experimental studies have sometimes been subtle and variable, dietary doses of caffeine have a variety of effects on mood and performance. Doses below 200 milligrams have

been shown to improve vigilance and reaction time, increase tapping speed, postpone sleep, and produce reports of increased alertness, energy, motivation to work, desire to talk to people, self-confidence, and well-being. Higher doses can both improve or disrupt the performance of complex tasks, increase physical endurance, work output, hand tremor, and reports of nervousness, jitteriness, restlessness, and anxiousness.

The most expensive coffee in the world is Black Ivory Coffee. It can cost up to \$1,100 per kilogram. This coffee is produced from part-digested coffee cherries eaten and defecated by Thai elephants.

### **Coffee Health Benefits**

**Cut the Pain** Two cups of coffee can cut post-workout muscle pain by up to 48%.

**Increase your fibre intake** A cup of brewed coffee represents a contribution of up to 1.8 grams of fibre of the recommended intake of 20-38 grams.

**Protection against cirrhosis of the liver** Another more recent study also showed coffee's liver protecting benefits. Yet another study showed that both coffee and decaffeinated coffee lowered the liver enzyme levels of coffee drinkers.

**Lowered risk of Type 2 Diabetes** Those who consumed 6 or more cups per day had a 22% lower risk of diabetes. From the Archives of Internal Medicine. A recent review of research conducted by Harvard's Dr. Frank Hu showed that the risk of type II diabetes decreases by 9% for each daily cup of coffee consumed. Decaf coffee decreased the risk by 6% per cup.

**Lowered risk of Alzheimer's disease**

There is considerable evidence that caffeine may protect against Alzheimer's disease. From the European Journal of Neurology . A recent study also isolated the compounds in roasted coffee that may be responsible for preventing the build-up of the brain plaque believed to cause the disease.

**Reduces suicide risk and Depression** A 10-year study of 86,000 female nurses shows a reduced risk of suicide in the coffee drinkers. From the Archives of Internal Medicine . Another study conducted by the Harvard School of Public Health found that women who drink 4 or more cups of coffee were

20% less likely to suffer from depression

Protection against Parkinson's New research out of Sweden revealed that drinking coffee reduces the risk of Parkinson's even when genetic factors come into play. Yet another study found that caffeine combined with EHT (a compound found in coffee beans) provided protective benefits to rats that were genetically predisposed to developing Parkinson's.

Coffee drinkers have less risk of heart disease. Korean researchers found that study participants who consumed 3 to 5 cups of coffee a day were less likely to show the beginning signs of heart disease. Consume at least three cups of coffee a day tend to develop less calcification in their coronary arteries. coffee doesn't cause hardening of the arteries.

Coffee drinkers have stronger DNA. A study published in the European Journal of Nutrition showed that coffee drinkers have DNA with stronger integrity since the white blood cells of coffee drinkers had far fewer instances of spontaneous DNA strand breakage

Lower Risk of Multiple Sclerosis. Recent research showed that at least 4 cups of coffee a day may help protect against the development and reoccurrence of MS. It is believed that the coffee prevents the neural inflammation that possibly leads to the disease developing

## Conclusion

Coffee consumption is used for social activity, leisure, improvement of work performance, and well-being. Coffee is not only a medicinal alternative but also a beverage containing numerous potential health benefits. The results from many types of research suggest the positive effects of coffee consumption on various aspects of health, as mentioned above briefly. Despite the general good outcomes. It is emphasized that individual sensitivity to coffee and the biological effects of coffee among humans may vary because of personal single nucleotide polymorphic variants, as per literature review on genetic polymorphisms in apolipoprotein E.

This minireview covers just a few of the health benefits and adverse effects associated with drinking coffee. Further studies on the functionally significant polymorphisms are needed for a better understanding of the effects of coffee on personal health.

**Anything with good limitations is healthy so  
is coffee**





# Sanguinity in the Catastrophe!

“It was a long day! Eight hours in PPE and when I was about to doff when a voice came from behind, “Doctor, Doctor! I am having difficulty breathing, please help me!”

I was tired and drenched in sweat, but a small movement of me can help a person in need. My mind said to “Go-ahead, you are a COVID Warrior” and yes, I was happy that day for saving a life but the happiness didn’t last long when I started developing symptoms and turned out to be COVID positive.

After hearing that disturbing news, I started to get palpitations as my mind had an adrenaline rush of all possible complications that can happen in COVID. Somehow, I calmed myself by gaining all the courage and strength given by my well-wishers. It all started with an episode of fever and myalgia and somehow fever reduced in a day. I was better with a positive hope of less viral load. But I never knew that there was a volcano eruption of coronavirus in my body till I started developing a cough and a drop-in saturation.

I rushed to the hospital and oxygen was quickly set up, steroids, antibiotics, and all the necessary medications were given. I was settled but my cough did not let me sleep or sit, I felt like I am paralyzed. Slowly saturation started dropping again, I could see

sisters running around to shift me to ICU. That moment, on my way to ICU, I had tears in my eyes and had a feeling of “It’s OVER”. All of my past and present flashed in front of my eyes and I could not digest the thought that I might not have a future. Yet,

somewhere in a corner of my mind, I had a hope, a very little hope. My mind and heart desired a miracle to happen and yes, after a seven-day period of ICU care, with the collaborative effort by the dedicated doctors, nurses, and every person involved in the care, I finally survived and came out of the hospital with inexpressible joy and gratitude to all the people who let me come out of that state. Yes, I am back again as a COVID warrior and now continuing my COVID duties!”

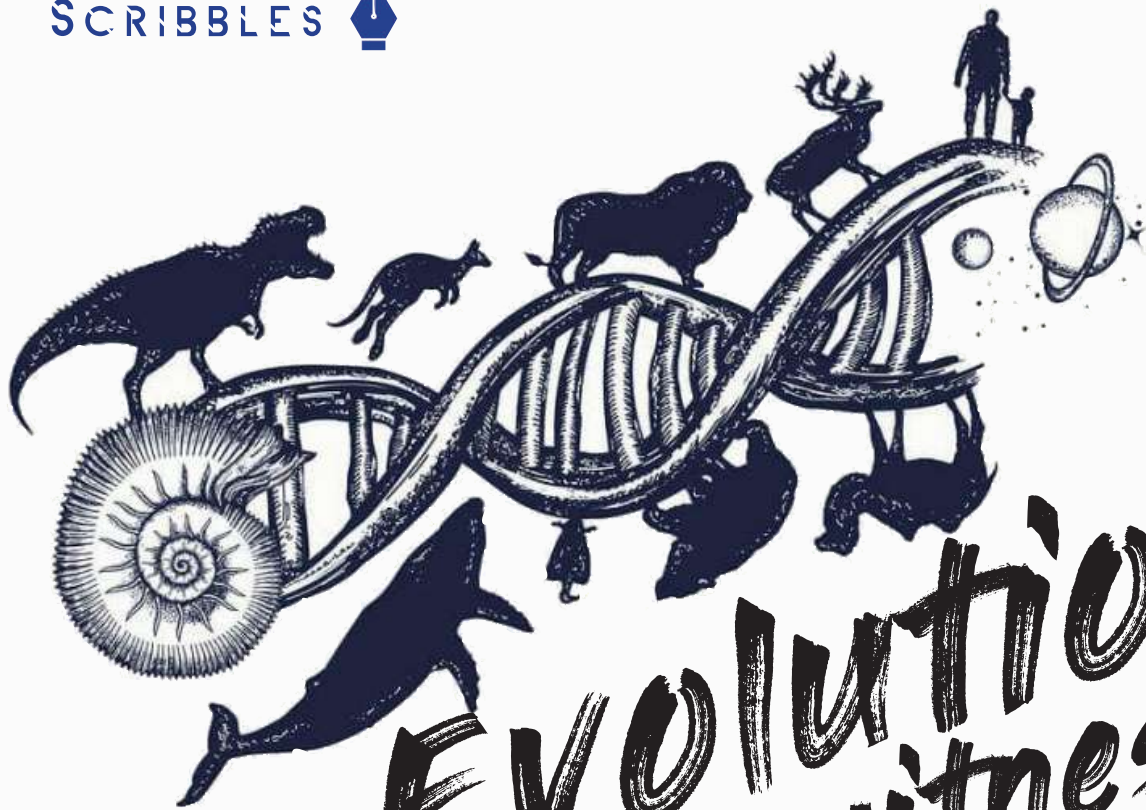
Above is the narrative of my friend’s experience who is back again with us now! I dedicate this to all doctors who acquired the infection and are continuing to help the

people after their recovery. COVID warriors to COVID carriers to COVID survivors and back to a COVID warrior!! It’s not only doctors but also every individual fighting against COVID is a COVID warrior. Big applause to all the people fighting against COVID.

In this catastrophe, let’s move ahead with the hope of having a world of “Happily hereafter” from the phrase “Once upon a time”.



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Second-year ENT postgraduate



# EVOLUTION... as witnessed

It was a quiet Sunday evening both mentally and physically with absence of webinars and household work respectively. Social or anti social visits have been long forgotten this year.

As part of the family time, with rotation of the TV remote, we were categorically surfing the shows on Netflix, amazon and then on you tube videos, something caught my attention and it read as “Best Indian Ads from the 90s”. That rang a bell in some corner of my brain, hippocampus in particular.....going back in time.....25 years ago.

For us youngsters of the 80’s and 90’s, few technical accompaniments like the mobile phones and computers were conceived or evolved in that period. At present, they can be considered as an extension of our body parts as they are inseparable, intruding both anatomically and

physiologically. The same generation was witness to a rapid mental and technical evolution accompanied by positive and negative repercussions, the expression of which is subjective. To my knowledge, the first inclusion of a modern gadget into our lives was that of a rectangular box called the “idiot box” or television in sophisticated terms or simply a TV. I would like to reminisce the features of an ancient television, which will be unimaginable to the present generation.

The TV occupied the prime location in the living room. To be the proud owner of a TV was a symbolic representation of wealth in that locality. The neighboring people would occupy all the available space in the living room to have a visual feast of their favorite programme.

Religious programmes were considered holy and watched with utmost devotion, sometimes converting the TV into an idol of worship



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samarthya

too. So, literally it was a community entertainment rather than individualistic as opposed to modern day trend of watching behind closed doors with a dedicated plush TV room or one member-one TV policy. The financial grading of the TV owner was also done based on whether he was the owner of a color screen or black and white television.

The most treasured idiot box, which was stunted in growth, but obese in size was well preserved in a wooden box, unlike the present day TV that is slimmer like an anorexic size zero Bollywood actress, may be flat or a little curved. There was no option of changing the channel, as there was no other channel. Yes, Doordarshan was the only channel available for 4 hours in the evening. During the day when there was no telecast of any programmes, there was only a mixture of black and white dots in the screen. A sudden change to a pattern of colors was a moment of intense joy heralding the beginning of programmes. As children, we stood in awe listening and watching the display of the word DOORDARSHAN.

There were intellectual and amusement programmes for all strata and age groups of society, obscenity was ruled out. Selected ordinary people who could think and talk in normal decibels, comprehensible by the general public, read out happenings around the country and abroad as decent news in Hindi and English. There was no verdict given, no accusations and no political gains. Any change in the volume had to be done by spending 2 calories walking up to the screen and manually rotating the volume knob. The possibility of having a remote controlled system was very remote those days. The display was directly proportional to the signals captured by another gadget called the antenna which was placed at the highest location of the house, could be on the terrace, water tank or on an adjacent tree. The young boys took pride in changing the direction of the antenna and getting the right quality of display on the TV screen. Believe me, the euphoria was like no other. We had never seen or imagined anything like that, however mundane the programme was we watched with 100% concentration because boredom was never mentioned in our dictionary.

Today the television can occupy the size of our

palm or a complete wall. Either the world is in our fingertips or we are around the world. We have virtually explored the unexplored parts of our planet. We have been exposed to the most primitive and urbanized societies of our universe. From the soft comforts of our lounges we watch the hard reality of survival in many parts of the world, at times the situation being similar or even worse in human population than in the animal kingdom. Entertainment is limitless, but do we have the space in our mind and body to enliven that amusement? Are we muddled between reality and fantasy?

Nostalgia gripping my brain, I thought let me replay those ads of 90's for my daughter and her smirky face said it all –“Ma, how could u watch this?”. That was the voice of a whole a new generation who was not part of this evolution.

Milestones Television was launched in New Delhi on September 15, 1959 as a part of the pilot project of AIR with a 1-hour programme twice weekly. In 1965, daily transmission of programmes in the morning and evening ensued and services extended to Mumbai and Amritsar. 1975- Doordarshan became a standalone department separating from AIR and programmes extended up to 4 hours. In 1982- nationwide telecast of services and color TV was introduced to the Indian population. Daily doordarshan programmes began with a signature tune composed by Pandit Ravi Shankar and Ustad Ali Ahmed khan in 1976.

Devashis Bhattacharya, as part of the logo designing competition in National Institute of Design in 1976 designed the classic logo, the revolving eye, symbolizing the far sightedness. Can u believe it? Krishidarshan was the longest running TV programme in India, which began in 1967 and continued up to 2015.





# Pandemics- Past, Present and Future, but there be hope

In the late days of November last year, news channels were busy broadcasting news of a strange pneumonia like illness killing people in Wuhan China, No one would have imagined that it would become so big. Finally, on 11 March 2020 the World Health Organization (WHO) declared it as a pandemic.

Was Coronavirus disease the first pandemic reported, I pondered. This made me search the internet for earlier pandemics reported.

The Past: The first reported pandemic dates to 430 BC., surprising isn't it? The disease originated in Athens and spread through Libya, Ethiopia, and Egypt. The symptoms included fever, Sore throat and skin lesions and was responsible for the defeat of Athens in the Peloponnesian War. This wiped out two thirds of its population.

The next reported pandemic was in 165 AD the Antonine plague that spread through the Huns to Germany and the whole of the Roman Empire. This continued for about 15

years. The next one was the Cyprian plague that started in Ethiopia and later spread to Egypt and continued its journey Northward. This outbreak recurred for the next two centuries and affected Britain in 444 AD. Justinian Plague, started in Egypt (541 AD) and spread through Palestine. Rome and Mediterranean and recurred for the Next 3 centuries and wiped out 26% of the total population of the world and it spread through rats and fleas. This seems to be the forerunner of the Bubonic Plague, which changed the course of World History.

Leprosy, that had always been present since the medieval period, spread rapidly through Europe in the 11th Century and since also mutilated the patients, led to ostracization of patients. The next known pandemic that wiped off about one third of the world's population was the Bubonic Plague. This originated in Asia and spread to Europe and was referred to as Black Death.

The quest for new worlds by the Europeans. spread diseases like smallpox. Plague and



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measles to the Caribbean people in the 14th and 15th centuries and wiped out 90% of the native population. Bubonic plague ravaged London in 1665 and resulted in the death of 20% of its population.

The Cholera that originated in 1817 in Russia and spread to India by British soldiers This led to the death of millions of people and spread to parts of Asia and Europe. This continued to kill millions for the next 150 years, even though a vaccine was invented in 1885.

The third wave of Bubonic plague that originated in China in 1855, spread to India and Hong Kong and resulted in loss of 15 million lives. In 1875 measles epidemic spread to Fiji from England and led to 40000 deaths.

The next era of pandemics belonged to influenza or Flu in short. Russian flu of 1889 originating in Russia, spread to Europe, Africa and North America , resulted in 3,60000 deaths. This was followed by the Spanish flu in 1918, that originated in Spain and spread to Europe, America, and Parts of Asia, resulting in millions of deaths. In 1957 the flu struck again, originating in Asia, and spreading to Europe and America, devastating them. It came to an end with the development of a vaccine.

In 2003, Severe acute respiratory syndrome or SARS for short, started in China and spread to 26 countries and resulted in 778 deaths.

The Present: SARS is now followed by COVID 19 which began in China and has spread to the entire World resulting in over one million deaths. This is a glum situation, as the way this pandemic spread is through air and heavily populated countries are the most affected. The main reason for panic is that unlike the earlier days where global connectivity was limited, nowadays the whole world is well connected making it aptly a global village .Unlike earlier pandemics, which took a very long time to spread, COVID 19 spread to the whole World in less than a year. The other aspect is that the virus survives on surfaces for a long period of time the mode of transmission is through air and the only way of protection is practicing Hand hygiene and wearing masks. Avoiding close contact

with fellow human beings is another way of preventing the disease. In India, a heavily populated country, limiting the spread is a great challenge.

. The Indian government has managed the pandemic quite well, considering the population and economic status. The whole country was Locked down at an early stage, thus limiting its spread. Though this resulted in an economic slowdown, it helped reduce mortality. As I am writing this the mortality rate is 87 per million population in India. which is much less compared to USA, UK, and other European countries. The lockdown brought out the best in people. Most of them helped the underprivileged. House maids were paid their wages in full. Many fed the daily wage workers, and several Non Governmental Organizations distributed grocery items. Individuals contributed their part by feeding stray animals and by donating money to the charity organizations. The administrative aspect was well organized so that there was no shortage of essential commodities like milk. medicines. food products including fresh fruits and vegetables.

Health care was taken care of by Doctors, Nurses, and para medical staff with great dedication. The civil service workers helped keep the city clean and safe. The police played a great rule in strictly imposing the Lock down. All these people were rightly called Corona Warriors by our Prime Minister. Even though these measures caused difficulties to the Private sector, Industries and Companies allowed employees to work from home wherever possible thus enabling social distancing to limit the spread of the disease.

Education system was affected as schools and colleges were closed. Here it is the social media, Internet that was of great help. Classes, tests, and exams were conducted online. The gadgets like Mobile phones and laptops became necessities. Here I would like to Quote Alexander Graham Bell, who invented the telephone,” When one door closes, another one opens”. This made us realise that there is hope in adversity. Both teachers and students quickly adapted to the change. As usual there were early hiccups and teething problems, but



eventually smooth functioning was possible.

As Winston Churchill once said, "Never waste a crisis" new opportunities were created, Webinars and online courses helped people to gain knowledge from educators and researchers worldwide. The campaign of make in India created opportunities for many startups. In these difficult times, E commerce and Digital banking played a major role and delivery agents helped smoothen our life.

The Future: The difficulty that we are experiencing now may end soon, as various vaccine trials are going on to search for a cure. These trials if successful will help prevent COVID infections. This disease has changed the way people live. Life will not be the same anymore. Taking a stroll, enjoying a movie, shopping will not be like earlier days. Social distancing will have to be followed till a definite cure is possible. This does not mean that

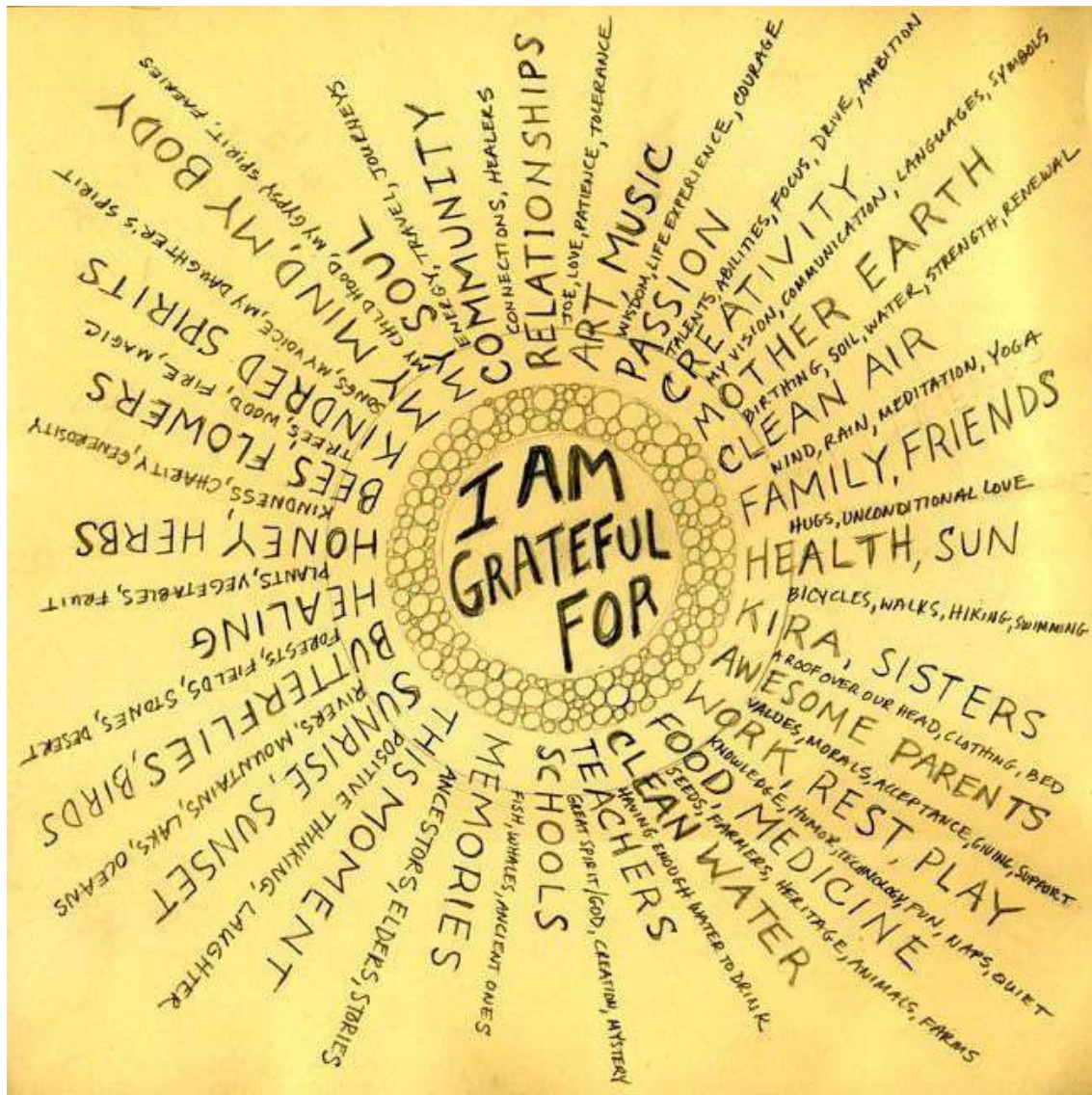
there will be no further pandemics. Newer organisms, mutated viruses may cause outbreaks, more dangerous than coronavirus infections. We should not lose hope as life continues despite many epidemics and pandemics. the lessons learnt should not be forgotten.

Finally, as the saying goes "Every Cloud has a silver lining" we should learn to see the brighter side of life. As we have seen in the past, nothing is permanent, and this too shall pass. I would like to end with a quote from Thich Nhat Hanh

"Hope is important because it can make the present moment less difficult to bear. If we believe that tomorrow will be better, we can bear a hardship today." and with my all-time favourite ending of Margaret Mitchell's "Gone With The Wind" protagonist Scarlet O'Hara's thought" After all tomorrow is another day.



# The importance of practicing GRATITUDE



“Gratitude is not goods delivered in response to payment. It is a response to a gift....Gratitude, as a response to gift, is also a form of generosity, of graciously crediting the other for something that was not strictly owed....”

Robert Emmons.

Gratitude is simply being grateful for the good things happening in our lives and paying a deep appreciation and being thankful for it. It is often

the simplest gestures that speak volumes in showing gratitude.

According to a renowned author, Lisa firestone, Gratitude is perhaps the most important key to finding happiness and success in the modern day. Knowing what we appreciate in life means knowing who we are, what matters to us and what makes each day worthwhile.

We can pay gratitude basically to everyONE to

everyTHING. Starting from the Almighty, the supreme power, we can pay gratitude for the persons who we come across in our lives – be it our family members, friends, teachers, doctors each and everyone who shows you kindness, serves you or brings happiness and makes your life better. We can be thankful to our cute pets, which

literally pour unlimited loyalty and love on us and make us feel being loved. We can be even

thankful for the Mother Nature, the air we breathe, the food we eat and it is an endless list if you think on.

We can practice gratitude everyday by simply maintaining a gratitude journal, where we can go

on enlisting the events for which we are thankful. Start by noting 1 or 2 positive things which

happened in a day and describe it. This practice helps and improves the way we perceive the

situations which we face. Whenever we feel low, just turning up these pages and reading these can bring back all the hopes and happiness back.

There are numerous benefits of practicing gratitude, which has been proved scientifically too.

Being grateful enhances our psychological well being, facilitates positive emotions, enhances optimism, improves our relationships which is the predominant key for happiness. It helps us to find the meaning and purpose of our lives and

make us effective managers of our own lives. It has been proved that the physical health too improves with less fatigue and improved sleep quality.

Especially in this era of social media buzz where advertising one's own materialistic life has

become a trend, the viewers will definitely have an impact. Few may even compare them with

others' life with an entirely different lifestyle and start getting disturbed and depressed. Gratitude

shifts our attention and disconnects from these toxic negative emotions and the rumination that often accompanies them.

We have been seeing so much and pain and losses in these difficult pandemic times, so let us

practice gratitude and pay our heartfelt deep appreciation and thanks to our COVID warriors who are currently a ray of hope.

“let us rise up & be thankful, for if we didn't learn a lot today, at least we learned a little, and if we didn't learn a little, at least we didn't get sick, and if we got sick, at least we didn't die; So let us all be thankful”

- Buddha.

So what are you grateful for, today?



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# THANK YOU

FOR BEING A LIFE SAVER!



# Suicide and Psychological Autopsy



‘Dharani manadala madhyadolage...meryuthiha Karnata Deshadi.’ (In the midst of the Globe, prospered the State of Karnataka)...Dr. Pandith stared out of the window of the bus by hearing to the waves of this most revered song that he himself and perhaps generations of children of Karnataka have by-hearted during their primary school days. His slumber continued while his auditory apparatus was faithfully trying its best to capture the song that was being sung by the children of a Government Primary School at the inner by-lanes of the Town, as his Bus moved on.

‘Tabbaliyu neenaade magane.. hebbuliya baayannu hoguvenu...’(You became orphan my son, I am going to be the prey of Wild Tiger), the chorus song continued. Now, Dr. Pandith, started humming to himself and concluded the song, as the bus had moved far ahead ‘ninna kondu yena padevenu??..ennutaa huli haari negedu tanna praanava bittitu’ (What do I get by killing you? Saying so, the Tiger jumped to death)

The fatigue of the previous days’ bus Journey was still hovering, as Dr. Pandith was getting ready to go to

his office and he gets a phone call.

‘Hello, Dr. Pandith here.’

‘Good morning sir, this is Police Inspector from Nagara Police Station. There is a case of suicide by fall from a hill. We are shifting the body to your mortuary for post-mortem. Please do the needful sir. The wife of the deceased is alleging that it is not suicide but murder. Kindly do the post-mortem with all your expertise and wisdom’

‘Ok..Ok..shift the body and prepare the inquest report. I will be there in next 30 minutes’

Dr. Pandith drove to his office and took note of the activities for the day. He called up the mortuary and enquired about the expected case. The attender told him that the Police Inspector is ready with the Inquest Papers and the wife of the deceased is inconsolably mourning and holding that her husband was killed and did not die on his own. Dr. Pandith told to himself, ‘nothing so unique..I have come across such claims umpteen number of

times. Anyhow, let me do my duty’

As soon as he entered the mortuary, the Police Inspector offered him a respectful salute and Dr. Pandith responded snugly to the greetings. While he



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took his seat and went through the inquest papers, he was terribly shocked, as the deceased was a TIGER !!

‘What is happening?? I am not a Veterinary Surgeon to conduct autopsy on the dead TIGER, he yelled at the Police Inspector, ‘Why are you wasting my time? Take this dead TIGER to a Veterinary Hospital for postmortem’

The inspector, in all his humility, folded his hands and told ‘Sir, I agree with you. You are a Forensic Medicine Professor and deals only with offences affecting human beings. But the wife of the dead TIGER is firmly insisting that the autopsy be held by a Forensic Specialist of the likes of your repute and hence we were compelled to bring the body of Mr. TIGER here to honor the plea of Mrs. TIGER.

Dr. Pandith was short of screaming aloud. ‘What am I listening to? Mr. TIGER is dead and Mrs. TIGER wants the autopsy to be done by me?? Will that ever be possible on earth?’ Then he took a deep breath. He shook his shoulders and decided to take this as a challenge and do whatsoever would be forthcoming from him. He signed and received the inquest papers and told to his helper ‘Cheluva...shift the body to the autopsy table’

Before proceeding to autopsy room, Dr. Pandith has his next share of misbelief. The Police Inspector came in and said, ‘Sir..I am sorry to disturb you again. Mrs. TIGER wants to speak with you regarding the death of her husband. She says that you have been doing a lot of research on suicide deaths and also do something called ‘Psychological Autopsy’ to ascertain the real motive for suicides. May I call her in?’

‘Oh my God. I will go mad. Doing autopsy on the dead Mr. TIGER and conducting psychological autopsy by interviewing Mrs. TIGER? This has never happened in my career of twenty years’ Dr. Pandith was slightly trembling now but mustered all his adrenaline and told the Inspector to let Mrs. TIGER inside his office.

‘Yes...please come in Mrs. TIGER..please be seated’

‘Thanks doctor. I am that unfortunate wife of the TIGER who jumped to death because of humiliation by Mrs. Punyakoti, the Cow’

‘Punyakoti, the Cow..? I guess, I have heard of her. Such an honest and dutiful Cow she was’

‘Let it be Doctor. Her honesty

has claimed my husband’s life. By the way, I have heard a lot about you and the interest you have on those who die by committing suicide. I had also read your work on psychological autopsies where you interview the kith and kin of the deceased and try to reconstruct the fatal events’

‘Err..uhh..you mean..you have actually read all those stuff..Mrs. TIGER..?’

‘Yes doctor. Of course I have read all of them. But never in my weirdest dreams, I had thought that I might be sitting in front of you as an interviewee after my husband Mr. TIGER jumps to death from a high-rise Hill’ (Sobs...sobs)

‘Please control yourself Mrs. TIGER. I can understand your agony. How can I help you now?’

‘Doctor, the police have found the dead body of my husband, Mr. TIGER at the footsteps of the hills and they are telling that he has jumped from the high-rise hill and committed suicide. They have also recovered a suicide note from him, which says that he was jumping to death, as he was made to feel so guilty when Mrs. Punyakoti, the cow, who was his rightful prey, came and stood in front of him and offered herself to be eaten.’

‘That is the point, Mrs. TIGER. You see, the suicide note is also confirming that your husband has jumped from height and committed suicide. Dont you think so?’ ‘Doctor, you are watching the entire incident with a narrow, biased and prejudiced focus. Let me tell you the unseen face of this incident’

‘It is really becoming interesting, Mrs. TIGER, please continue’

‘Doctor, the entire world knows that we are carnivores and to sustain our lives we need to eat animals like goats, deers and cows, right?’

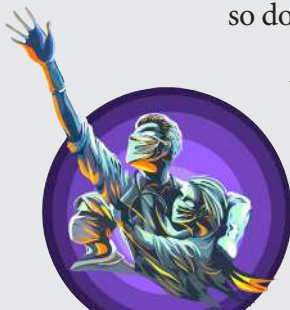
‘Yes yes..Mrs. TIGER, you need to eat to survive’

‘As the tigers, that we are, we cannot thrive on grass and leaves, correct doctor?’

‘Yes, you cannot survive without animal flesh’

‘You would also agree with the food chain of the eco-system, right doctor?? Where it is the nature’s rule that every animal devour the lower animal to exist and that is how the eco-biology is maintained. Is that not so doctor?’

‘Amazing you are, Mrs. TIGER!! Unbelievable!! You seem to be a well read erudite scholar I have ever seen’



'Thanks doctor. But I am in no mood to be elated with your praises as I have lost my husband, who was the sole bread winner of our family' (Sobs..sobs)

'Oh..I am sorry Mrs. TIGER. It is really a misfortune that has hit your family'

'But doctor, I want to sue that Cow, who made my beloved husband feel so humiliated and eventually made him to jump to death'

'Err..what..? Sue the cow?'

'Doctor, she has been getting all the accolades for being the epitome of truth. A lot of sympathies also flew down for her young calf that would otherwise go orphan, if she were to die'

'So, what is wrong in that Mrs. TIGER? She kept her promise and sought permission from your husband to go back to her home to feed her little one. She came back promptly and submitted herself as a sumptuous meal to Mr. TIGER'

'Oh no..stop it doctor. I can't take it anymore. While she was honest, my husband was not dishonest either. He had four Cubs back home to feed. Do you know doctor? The cubs were waiting hungry and thirsty with rays of hope on their little faces that their father would bring a good meal for them. Mrs. Punyakoti had used her cards of truth and duty. The entire Karnataka is appreciating her but not a single soul, had ever thought of my husband, his duties towards his family and the question of his very survival. Now my cubs have become orphans. Who will take care of them?' 'You are correct Mrs. TIGER. I had never thought of this aspect'

'Now, tell me doctor, .is it a crime to procure our food? Should we be made to jump to death if we catch our rightful prey for mere survival of ourselves and our tribes?'

'No..no Mrs. TIGER. It is not a crime to sincerely procure ones' own rightful food'

'So doctor, would you please give the post-mortem report of Mr. TIGER that he did not commit suicide but the Cow killed him?'

'Look Mrs. TIGER, commenting on the manner of death is the domain of Police Officer who investigates the case, based on circumstantial evidences. I can only give cause of death after my post-mortem examination. I will request the Investigating Officer to thoroughly examine the circumstances and proceed...

...and to add..Mrs. TIGER, this Psychological

Autopsy that I conducted has surely made me to conclude that it was an avoidable death. Punyakoti, the Cow has pushed Mr. TIGER to such an extreme that he had impulsively decided to kill himself by jumping from height. It surely comes as abetment of suicide as per Section 306 of IPC'

'No doctor..never...Punyakoti has killed my husband. She had made my cubs orphans. I need justice doctor..I need justice..'

Look Mrs. TIGER..please listen to me..Mrs. TIGER..oh..she is fainting..Cheluva..call the ambulance..we need to shift Mrs. TIGER to Emergency Room soon..'

Dad..wake up Dad..Is everything fine? Who is sick..? Why ambulance?' Dr. Pandith's Son, worriedly looking at his father, continued, 'Dad, you are so exhausted with yesterdays' bus journey. You need some sound sleep. Do not go to work and take rest today'. Dr. Pandith just opened his eyes, looked at his son and told, 'Beta..do you know..? I found yet another reason as to why some people who are as strong as TIGER commit suicide. It is the emotional guilt. The society needs to be cautioned. In an attempt to glorify one face of the coin, we might completely miss to appreciate the veracity of the other face. The need of the hour is to identify, counsel and educate all those vulnerable ones, who are likely to risk their lives impulsively. Instead of sacrificing one's life, one should think of one's beloved kith and kin and derive determination to live'

'You have got it right Dad. I am so proud of you. I will join with you and wish '.May the courage to live overpower the impulsive reflex to kill self'

This narrative is influenced from the famous folk song of Kannada, 'Punyakotiya Kathé' (The Story Punyakoti), which is about the honesty of a cow, named Punyakoti, who, when confronted by a wild Tiger, would promise to come back and offer herself to him after feeding her young calf at home. She keeps up her promise and promptly comes back to him. The Tiger feels so guilty about himself that he let go the cow and jumps from the top of the hills and dies. This narrative is a humble attempt from the authors' perspective to explore another possibility to the Tiger's death. An attempt is also made to highlight the ample scope to live in spite of reflexive urge to die, which is the need of the hour to check the alarming hike in suicide.



# World of simulation

Not so long ago, we, as budding young medical college undergraduates, much against our wish were forced to administer certain medication on a rabbit's eye, had to pith and dissect a live frog. The torment of a beating heart or the muscle contraction was not a pleasure to watch, but that was the easiest way to understand the anatomy and physiological functions of our organs. Pharmacological manipulations of these functions in animals enabled us to understand the effects of drugs in human subjects, ironically, sometimes necessitated the sacrifice of the functionality of organs or the animal itself. Fortunately, the later generations of budding doctors are witness to an evolution of humane method of applying theoretical knowledge into practice. Today we have sophisticated animal computer labs where these experiments are simulated and taught to medical students through software.

Human race, having evolved in recent years, does not accept any deliberate harm caused to

animals in the process of acquiring or deriving invaluable medical knowledge. Imagine the safety and compassion towards a fellow human being. These concerns have led to the incorporation of technology into medicine, thus leading to the conception of the use of skill trainers and simulators in the field of medicine, which is mandatory in present times too.

Medical education has undergone a tremendous transformation, which enables young training doctors to learn, probe and practice on skill trainers and simulators in a safe environment without causing any harm to real human patients. Importance of skill and simulation lab in enhancement of medical education cannot be better emphasized in this era of poor availability of study subjects and present COVID scenario. Most of the medical or surgical emergency management in all age groups are well rehearsed based on the protocol such that real life situations can be well managed by the medical trainees. Advanced training for postgraduates and consultants are an



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additional boon in keeping updated with the recent advancements and refining their existing skills. Next century belongs to the fascinating world of simulation... where imagination is close to the reality.

World becomes a family when you are in JSS medical college and our JSS family keeps expanding...

It was March 2020, and JSSAHER was adorned to incorporate a new family into the organization. The dilapidated structure of the old OPD block was converted into a huge luxurious state of the art mansion where the fortunate new simulation family was designated to reside.

The desperate wait to embrace each other by the extended families of JSS and Sim man and his family was exhaustingly over.

They had landed here all the way from Norway, and were waiting for their home to be inaugurated to settle here permanently. Sim-Man and his family were happily welcomed with a heart-warming reception on 14th march 2020, with the divine blessings of His Holiness, Shri Shivarathri Deshikendra MahaSwamiji and in the presence of MCI secretary general and other university dignitaries.

Fortunately or unfortunately, the nation wide lockdown due to COVID soon followed and the whole system of teaching, learning and training took a new dimension, unseen or unheard ever before.

Being the chief coordinator of this wonderful Simulation world, it is my pleasure to introduce all our SIM family members.....Sim man, Sim mom, Sim newborn, Sim baby and Sim junior... each designated a separate well designed room as per their requirement

and adding grace to our building.

Numerous skill trainers also accompany them so as to excel in the essential skills as necessitated by individual field of study. Simulation is incomplete without sophisticated virtual reality gadgets. We have such trainers for laparoscopy, ultrasound, endo bronchoscopy and urology.

Thus, the skill and simulation lab has been the latest jewel in the crown of JSS AHER with the most advanced modern day technology to impart better learning opportunities to the young health care professionals. The goal is to produce a new generation of empathetic, highly knowledgeable, well-educated and trained human beings.



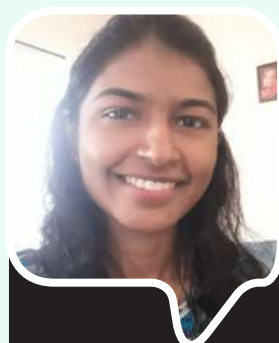
SCRIBBLES 

# Beyond one's Imagination



Yes, it's right. No one ever imagined our lives in masks, sanitizers, lockdowns, and being packed in PPE's and a lot more.

Yet living in this pandemic which has emerged for no reason, with no background and with no MERCY.



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We, the Doctors, healthcare workers who are frontline warriors are in crisis, in agony, and are stranded. My heart mourns for those who are victims of this cruelty and for unseen, unheard, and unprotected warriors.

Asking out the reator for being a mute pectator, for being so merciless, looking at the coffins

being stacked up, disturbing the sanity of lives and leaving us in the lurch. Is this the sign of human extinct, or is this what we deserve for our sins, is this an example of the "survival of fittest" theory? But above all, there exists a hope in the nook looking for a miracle that could be a vaccine, to get back our own beautiful life. Looking forward.....



## she wears a mask and she is a superhero in her own way!

Are masks a silver bullet against COVID-19?

Yes! Masks are the first line of defence as they help people keep their droplets to themselves.

Masks are a useful and effective tool we can add, alongside social distancing, frequent and thorough handwashing, and self-isolation when ill. Some might still be delusional about the importance of wearing a mask! You wouldn't drive a nail with a screwdriver or flip a steak with a garden hose. Having the right tool for the job makes all the difference and right now, the latest research and evidence points to masks being the tool we need to slow the spread of COVID-19.

Thanks to recently published studies, we now know that respiratory droplets from infected individuals even from those who show no symptoms or have yet to show symptoms are the main route the virus is transmitted



between people. Droplets can come from coughing, sneezing, talking or even just breathing. As we face increased community spread of COVID-19, mask wearing makes economic sense. We all want to keep our economy open and functioning. We can continue to

enjoy and support local businesses safely, if we are careful about hygiene and social distancing and if we all wear masks. Most importantly, wearing a mask can protect someone you know and love. It takes only one person in a household getting infected to bring the virus back home, potentially infecting an elderly or immunocompromised member of the family. A mask less outing to a store, restaurant or party is not worth putting mom or dad, grandma or grandpa, or your own infant in the hospital.

We each have responsibility for supporting public health in our communities to take care of ourselves and each other. Fortunately, research confirms that we all have simple tools for combatting COVID-19. Keep our physical distance. Stay home and isolated from others if we are ill. Wash our hands—more often than we think we need to.

And wear a mask! Be a Superhero!

| **Pushkal SR**, Ph.D. Scholar/CSIR-SRF, Centre for Excellence in Molecular Biology & Regenerative Medicine, Department of Biochemistry.

samanthya



Blue birds are tiny yet powerful creatures and their symbolism lives up to the concepts of loyalty, peace, serenity and innocence

## NOTE TO SELF

Being perfect is an impossible task to achieve in a lifetime. On the other hand, making mistakes and being reckless makes a person closest to being human.

It is never the mistakes we make that frightens us but the fear of consequences we might have to face after.

It is never the mistake that consumes us from within but the guilt that follows and scars that may never heal.

We have unpleasant memories that haunt us and would like to offer contritions for the decisions we once took. Remember that every lesson you learn through an experience is a part of your soul's journey to be a better version of yourself. Embrace your fears and own your mistakes with pride for it fills in courage. Drown in guilt for it helps you learn how to swim.

Believe in the law of positivity and everything can be manifested through your inner

magical energy. When you vibrate joy you radiate natural charm and attract support from the universe to banish insecurities. Life has a funny way to teach us lessons and that is precisely why you should never let

the past hold power over you or try to seek validation from others. Fly higher and see the bigger picture. Practice staying in the present, speak the language of love and, learn to take the leap of faith. Letting go will help things unfold in their own way and when you look back you will realize how much you have grown. Show strength in patience and have gratitude for it shields you from negativity. The road to success starts with the decision to try.

It is surprising what destiny has in store for you and how well self-command works. Every time you fall, rise up stronger and open a new door for yourself. Live the moment because you never know what gift the present has for you.



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anaesthesiology pg

# Time

Are you running out of time? Or is it the time running out of you?

2020!! Damn! What a year it has turned out to be for everyone! None of us had even the slightest idea that all our plans for this year and the future as well would be annihilated by merely a 30kb virus!

I started my 2020 in a really fantastic way! My resolutions for the year were very clear and I started following them right from the first day. My research was in right direction, family was about to get extended, fantasies fulfilled, I was looking ahead positively for my prospective endeavours.

Just when the whole nine yards seemed perfect, everything was brought to a halt! Nothing made sense all of a sudden. Each of us would have felt something similar in a different way of course. We all had plans right?! One had exams, one had a family vacation planned, someone had scheduled a romantic getaway with the long distance partner, some had their wedding dates fixed, and few of them were ready to take up a new job out of town or a new position out of the country. Some were tensed but ready to welcome new responsibilities; few were hoping to make their life better. But what most of us did was thinking that we had a lot of time! That's where none of us had a plan B!

The time has changed now. Everything has changed. The way we are going to lead the rest of

our lives are not the same as what we all planned last year. So can't we do anything about it?!

Yes WE CAN! It is nothing unusual to feel lost and hopeless.

Start rebuilding your thoughts and beliefs. If you were planning on getting fit this year, do it.

Get on with that new hobby you were thinking of. Stop



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JSS Medical College, JSS AHER



judging people. Continue to shower your love for your family. Keep your partner happy. Replace heated arguments with some warm cuddles. Say thank you, love you, and, sorry often. Always smile. Don't lose sight of your dreams. Give your 100% in the smallest things you do.

I'm not saying everything is going back to be normal, but it's going to definitely get better.

Sometime ahead in the future when the scientific community comes up with a cure, it is important that we all have emerged as better people too.

So start now. Because even though we feel time has briefly ceased, in reality it is racing away in all dimensions. You don't want to be sorry one day for all the unsaid things, undone activities, unexpressed emotions and all the unknown ventures. Don't ever run out of time. Grow with it.

samarthya

“Who...are...you?” The three spine chilling words uttered by an ageing mother, father, husband, wife or even a young member of a family can turn anyone pale and weak. To assure ourselves that they are not joking we ask them to stop fooling us and anticipate a broad smile. But the blank expression on their face makes us come to terms with the reality and think to ourselves...have they fallen prey to the nightmare of dementia? After taking them for the diagnosis and while awaiting the results we keep hoping it to be contrary to what was expected. Unfortunately our fears turn into reality when the heart wrenching news is broken and becomes more painful when told that it has already progressed to an advanced stage.

Dementia has become a major global concern with the prevalence of 4 million cases in India and 50 million cases worldwide with nearly 10 million cases being added every year. Dementia, the word and the person are usually stigmatised and are singled out and since it affects the older group, they are susceptible to a greater discrimination, amounting to a ‘double whammy’. The individual who is trying hard to fight and survive through this condition is already at a disadvantage of being robbed off their personality and communication skills, to which the added social rejection only plays as a catalyst to them feeling more anxious and stressed. They are overcome by a feeling of helplessness and dejection making them lose every bit of confidence they have in them to try and break the barriers and the handcuffs arresting them from showing their true self even when affected with dementia. Just a bit of motivation and inclusion into the society may work wonders to make them feel normal and turn their wish of living a compos mentis life rather than a discombobulated one, into a reality. Definitely it’s not an easy going for the individual and their family to cope up with a new and an unpredictable life

# Remembering the Forgotten



**Athira Pankaj**  
3rd year

lying before them. As the saying goes, “A spoonful of sugar helps the medicine go down”, we should prepare ourselves to be at their service and instill a feeling of optimism and hope. Rather than labelling them as diseased why not take them to be one among us who just need some assistance, if so the situation would be more acceptable and less challenging for them and the family. An understanding and a welcoming society would be of more help and support rather than the medicines they are heaped up with. If we being a succour to them can bring back their smile and mettle then we are ought to do it.

It all starts with the family being more supportive and inclusive by engaging them in all the occasions and conversations and not considering them as dead and pitiful victims. We can add fun filled and creative activities to their daily routine to get them out of the sphere of monotony and confusion. Help them feel safe and comfortable all the time and engage them in open conversations to speak their heart out.

Create a relaxing and an unwinding atmosphere to discover their hidden and masked emotions. We can establish a 24/7 hotline call centres to field calls from people who have been diagnosed or those who doubt that their loved ones might be having dementia in order to advise, prevent and educate them. The society needs to be educated on dementia so that the person and condition are not alienated and turned a blind eye but are accepted with a warm heart and open arms. “I want people to know that I have dementia but dementia does not have me. There is still hope and life before me with a supportive family and society.” Let this be the statement of every happy

and good soul with dementia or any condition and let us all try to make it a reality and turn dementia and its stigma into a subject of the past.





# Life and Perspectives



“Doctorji, can you give me some hot water to drink? I have a fever”, said the lady.

I looked at her face.

“Fever?”, I asked her.

“Howdhu, Madam. I’ve high fever and cough, and my throat is very sore too”, she replied.

I saw her at work yesterday. Though she is quite old, there was so much she could do. She could even build a house as well! She had probably worked even as a child. Yesterday, I had seen her clean our mess kitchen with such zeal and carrying rice sacks that were twice her weight. She worked relentlessly, never stopping even for a second.

When she had come to my room, she stumbled upon a small idol of Goddess Chamundeshwari on my table. Perhaps that was the only object that caught her attention – the recognition of something familiar, of something that connected her with home and family, unlike what one would usually find in other hostel rooms. This aspect of human nature always fascinates me - of how we try to find vestiges of familiarity wherever we go.

In that little moment when she said she had a fever, my mind had taken a long journey. I felt the unfairness of the social construct of this world. The poor did not have the luxury of taking a day off when they were ill. They cannot rest,

nor can they make time to see a doctor. I had some medicines that I could spare. I gave her the medicines and some hot water. I advised her to go to the hospital and gave her a mask that I could spare. I was also reminded of what the joy of the medical profession was all about. I sat down and thought a little more.

Was there a way to serve these poor factions of society- for instance, these labourers who would never bother to see a doctor for the little things and choose to suffer? Khushwant Singh couldn’t have said it better. He said it of death, but I suppose the same applies to illnesses as well. Illness doesn’t differentiate between the rich and the poor, but the poor handle it better.

It has only been a few days since the lockdown began. But I’ve been fortunate enough to see so many facets of human nature during these difficult times. The “unskilled” section of our community works the hardest, but there is very little humanity that they expect. The wages they get are all that they care about. They are in fact, surprised by any display of humanity at all.

Sometimes, when I dwell upon the real stories of suffering in the world, I realize how insignificant the day to day battles so often are. That odd colleague at work. The boss who refuses to understand. The friend who misunderstood. Sometimes, these tiny challenges take up so much of the precious space in the mind. We let ourselves be affected, but in



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the larger scheme of life, such attachment is futile.

Adversity. When it strikes, it exposes without warning the face of life we have been hiding from; the face we deny in the course of our all-too-comfortable lives.

Survival. It demands defences. We may be compelled to wear multiple masks in this world, but in our private moments, we must be able to remove these masks and converse with our souls. We must be able to feel. Sometimes, we act so much that we end up acting to ourselves. We lose ourselves. We die within ourselves and lose the opportunity to know life, to know ourselves- our nobility, our potential for the extraordinary.

Arthur Schopenhauer had once said; “We deceive ourselves into thinking that our beliefs and actions are subject to our conscience.” Nietzsche concurred suggesting that all the things we believe in at any time, reflect not the truth but someone else’s power over us. We human beings go through a partial metamorphosis most of the time; we change externally, we are greedy, who feign civility. Given the slightest chance, we would

steal, plunder, and bully, but rarely change internally.

One of the most powerful lessons that life - a magnanimous phenomenon that stuns you into silence with its profound revelations, has taught me was that things are not as they appear superficially;

Beneath simplicity, is deep complexity.

Beneath anger and aggression, is sheer vulnerability.

Beneath sorrow, are the seeds of happiness.

Beneath the strength of character, is fragility.

Beneath suffering, is meaning.

Beneath childish innocence, is deep wisdom.

A loveless world, so often is the outcome of not learning to uncover these hidden aspects of life.

The recent pandemic which has engulfed our globe is indeed a revelation of its own. There are a lot of lessons to be learnt from this epiphany by our mankind. But the most important among them all would be;

Life is about thriving responsibly, not just surviving.

Never stop being a good person.

Live and let live.



Photo Credit

**Saumya Raj**  
3rd year, MBBS Batch  
(2017-18)



# Colloquy

For as long as I can remember, I have always wanted to be a doctor. I used to daydream about walking around in a hospital, donning a sparkly white coat, a stethoscope around my neck, and a bright smile on my face. I would imagine the conversations I will have with my patients and could not wait to actually live those moments. After working hard relentlessly for years, I took the very first step towards that dream. I got into a medical college. But it wasn't exactly like what I expected, being a first-year MBBS student I had to spend most of my time in a classroom, gaining theoretical knowledge before actually seeing patients.

But one fine day I got this opportunity. I was very excited when we were taken to the hospital to have a conversation with patients admitted in various wards so that we can have a better understanding of 'What it's Like To Be a Patient.' As I rushed into the

ward, screaming internally with joy, a realization hit me- I do not know Kannada and most of the patients here don't understand Hindi or English, so I won't be able to converse effectively with anyone. I learnt four sentences from a friend and went and blurted those out in front of every patient, without understanding a word of what they said. But then I got what I was eagerly waiting for, I found out that there is a patient in another ward whose wife knows Hindi. I did not think twice before slyly escaping to that ward.

On reaching there I met an amiable lady who was probably in her early fifties, sitting beside her husband who was lying on the bed, and just by looking at him, I could tell that he was very weak and had been here for a long time. I greeted her with a smile and asked her basic questions like "Why is your husband admitted here?" "How long has it been?" and "Where are you from?" When I asked her "How did it feel to go through this experience



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## SCRIBBLES

of being a caretaker?” she broke down. She was sobbing uncontrollably, wiping off her tears with her scarf. I did not expect this reaction and was shocked. I was hit with immense guilt and cursed myself for asking that question and kept on apologizing to her. But it was all in vain, she wouldn't stop crying.

At that moment I was reminded of my grandfather who suffered from the same condition as this lady's husband, so I told her his story- how he suffered for one year but ultimately recovered and is now as healthy as a horse. Contrary to my expectations, it worked. I was finally able to console her and bring a smile to her face. Relieved, I continued to have a casual conversation with her. She really did open up to me and spoke to me as if we have known each other for months. I finally ended the conversation, apologized again, and left.

After getting over my guilt, I couldn't help but revisit the entire conversation again and again, and one thing I learnt was that along with the title 'Dr', the white coat, the stethoscope comes to a big responsibility, which I was oblivious to as a child. Having medical

knowledge is important, it is very important, but what differentiates between a good and a great doctor is empathy. What we need to do is to assure our patients that we do pay heed to what they are going through, only then will they open up to us and give us all the information we need without hesitation. They need to know that we care. It can make their hospital stay so much better. More importantly, it can make suffering from an illness a little less taxing.

As a 19-year-old, I never thought that I would be able to connect emotionally with someone who is over 50, that too in such a short span of time, but I was wrong. Turns out I can, and that too effortlessly. This incident made me realize the very purpose of being a doctor- to make a difference in our patient's lives, no matter how small it is. To do that we have to bridge the gap between us and our patients. We don't need to do an elaborate course on that, it just requires some empathy.

Empathy is all you need to bridge that gap.

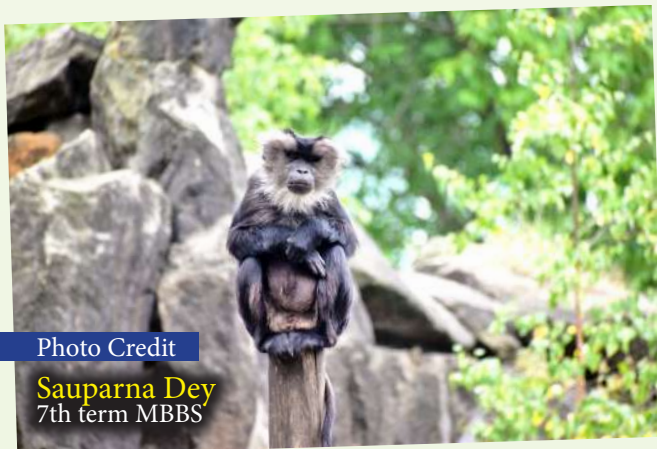
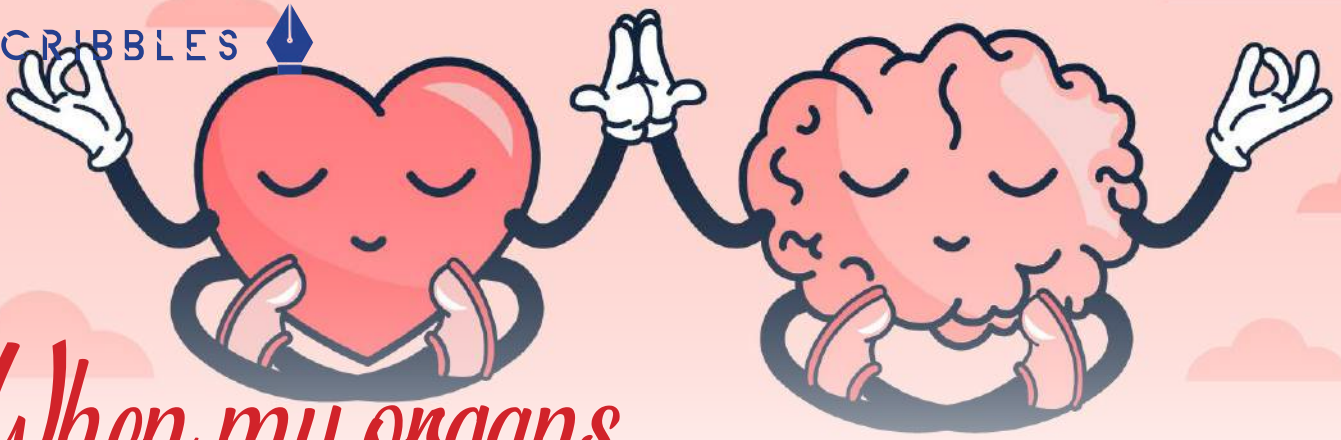


Photo Credit

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# When my organs Started talking

Organs are the best thing that evolution has bestowed. At its optimum performance, every organ could do so much to keep the body fit for survival. Could one imagine if they had a row over who is the greatest amongst all? Well, it happened to me the other day! After a busy schedule at college, I had to lend an ear to the tireless rant of my organs. A tussle broke out but it was rather enlightening. You could judge it for yourself. Here is how it went.

I was walking down the lane when a classmate brushed across me. He said, "Sorry. Oh, you look very good today". Well.. my charm is usually captivating.

Thus spoke my skin "Wow I'm so amazing. People judge as a whole by just looking at how healthy I am. I regulate body temperature, provide the first line of defence, and offer good looks. In fact, I'm the first indicator of several diseases."

"Ahem" interrupted the ears. "Of what use is just beauty? I offer to communicate with people. Imagine how slow the world would go with deaf people. Moreover, I provide balance to the body at all times."

There was a high pitched giggle. This time, it was the eyes. "Everyone had to look up to me, isn't it amazing. The world is totally doomed for those without me. I perceive the light to guide the whole body."

"You guys are probably in an illusion" interjected the heart.

"Without me all of you are nothing. I circulate the blood to feed each and every cell. No doubt I'm the greatest." Arguments broke from every side. The organs wanted to prove their superiority.

It was the legs turn. "How foolish you all are. I carry everybody all around. If you don't move, what use is hearing, seeing, and living paralyzed like a rock? Therefore I'm the best among all of you." There was a thumping wave of support from his skeletal friends Mr.

Bone and Mrs. Muscle. The brain had enough. "Shut up you guys. I'm the master of everything. Without me there is no thought, without thought there is no action. I decide each and every step of yours. I'm the most remarkable organ of the body."

There was pandemonium. The lungs and vessels sided with the heart, while the spine and nerves supported the brain. Poor mesentery, newly born and possibly frightened, didn't have a place to hide. Hell broke loose when the adrenals totally endorsed the kidney. The newcomer for the debate had lots to say, but it was drowned

by the quarrel. The clash continued with exchanges leading to insults. None were willing to compromise their worth and everybody asserted their supremacy. Alas, a reverberant burp boomed. Everybody was startled. It was the hungry stomach. Tired of hearing the quarrel, the stomach finally had to step in. In a thunderous tone it said: "Greatest are those who feed the hungry stomach and the rest need no mention". The message was clear. A momentary silence indicated that all organs were abashed by their silly tantrums. Seconds passed like hours. The brain backed off. The eyes shut down. The mouth dumbfounded and ears crestfallen. The heart skipped a beat. The legs stumbled while the hands clapped.



**Dr. Santosh G**  
(2015-16)



samanthya



## Lessons I learnt working as an intern at JSS Hospital

1. Life comes with an expiry date.
2. Take lessons from every medical fraternity whether it's from the consultants or the postgraduates or the nursing staff.
3. Work as hard as you can. But make sure you take a break in between
4. You win half the battle when you work as a team to save lives.
5. Don't ever lose hope. The happiness you get when you revive a patient is unfathomable.
6. Nobody is pain-proof. Be sensitive when you break the bad news to the patient's attendees.
7. Think before you complain. Thank before you complain.
8. Don't stress over things that are beyond your control.
9. Hold on to co-interns and postgraduates who can be your harshest critics and your loudest Cheerleaders.
10. When you go back home, hold your mother's hand for a few seconds more. It holds more meaning than a piece of poetry.



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## Mysuru's answer to COVID 19

While the world struggles with a pandemic illness

We Mysureans are convinced of our own wellness

Most masks protect a neck or a chin

Washing hands often is considered a sin

Most bikes have people sitting in threes

We descend on food carts like a swarm of bees

Distancing has never been in our mind

Groups of oldies on culverts you find

Quarantines really are worth ignoring

Staying at home, oh so boring

So off for a walk, a road or a park

Oh really? Is there a curfew after dark

Sanitizers remain in pockets or bags

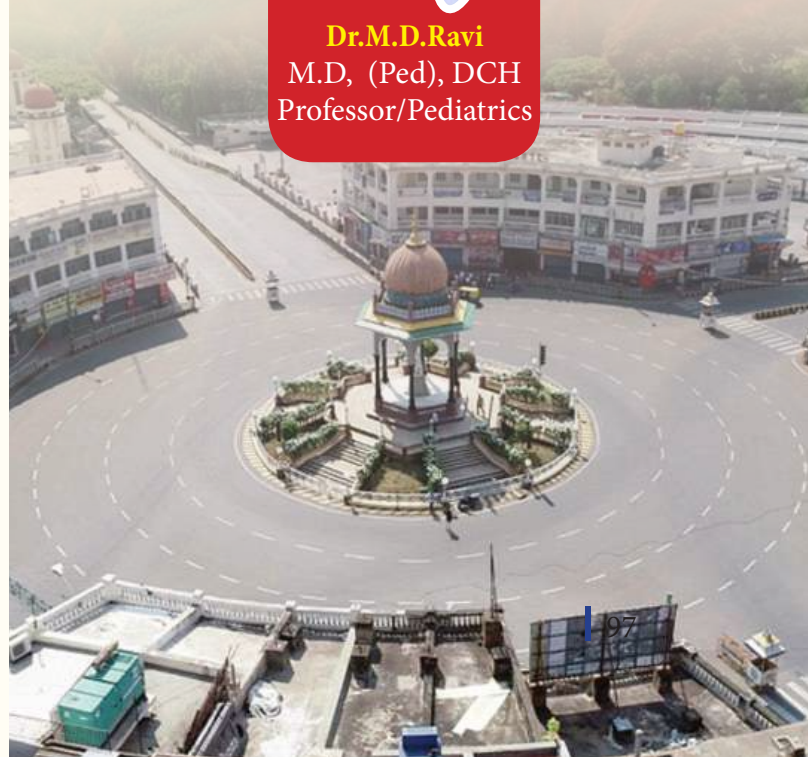
We stand in groups to enjoy our fags

The virus will hang its head in shame

We are Mysureans, you can't us blame



**Dr.M.D.Ravi**  
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## is having a patient in your family a woe?

Patient and family-centered care is something that is always promoted in the healthcare arena. And even though the general notion of family care would advocate higher comfort and fast recovery of the patient, the impact of the disease on families of patients are often unrecognized and underestimated.

It is fair to say that the physical and mental trauma undergone by the patient is unimaginable and crippling. But the fact that the patient's family is also burdened by sudden alterations in their life is not entirely undeniable.

Such scenarios are especially common with chronic diseases, where the disease is not struck on the patient alone but the entire family.

An acute, mild, or simple disease might just ignite the heartwarming care within the family members. While, chronic diseases eg. Alzheimer's, cancer, congenital disabilities, on the other hand, also start with the same drill.

However, as the problem proceeds, the situation often differs.

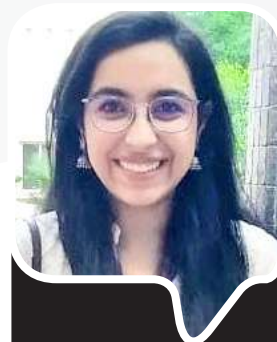
On a surface level, what we expect out of a patient's family is extensive care and emotional support. Sadly, the family's responsibilities do not end at care, there are multifarious other areas that need to be taken care of which may be emotional, financial, social, and countless others.

Actually, the kind of problems faced by the family members largely depends on the role played by the ill person originally. Accordingly, the family is forced to make adequate alterations to their daily lives, and these alterations might often differ for each member.

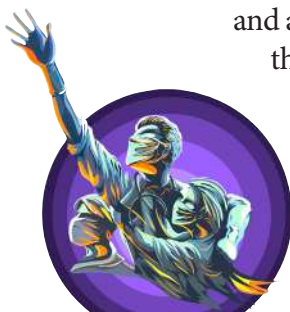
It all starts with the illness being detected. At this moment, the family and the patient himself are inflicted with too many emotions to handle. All they care about is to save their loved ones from the crisis. This phase goes a long way and often includes the initial visits to the doctor.

But, as the situation keeps getting more cumbersome and as the treatment and caregiving procedures start, the family starts to experience various other issues.

As mentioned earlier, these issues are often related to the original role of the patient in the



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family. For instance, if the patient is a homemaker who is usually

the one who performs tasks such as cooking and other daily chores; the other family members are given the responsibility to fill in, even though they might not be aware of how to go about these tasks.

The problem is not just about the inexperience of the family members in the extra tasks. The actual problem is that these tasks are burdening add ons to the already busy life that the alleged family member might be leading and regular medical visits that they might be giving to the patient. Another troublesome

question is, 'Who is supposed to fill in for the patient?', 'Who will take up this extra job on their shoulders?' Such issues are especially gruesome when the patient might be the sole breadwinner of the family. The other members might have to take up

menial jobs and the teenagers in such families might put aside their ongoing education to maintain the family's financial capability to pay for the daily house needs and of course for the patient's treatment.

Such stark changes might lead to inter family turmoil. Such happenings are common and, to an extent, understandable. However, this may affect the amount of care the patient receives from his members.

The patient's attitude might significantly affect the circumstance. It is often noted that when a person is struck upon by a severe chronic illness, the only thing they want is immense attention from all their loved ones. This is not just attention in terms of helping them to walk or taking care of timely medicine intake but also attending to the patient on an emotional level, that is listening to their grief or maybe being there for them when they are cranky. The patient might also get quirky about the fact that his/her role in the house is not being performed with the same efficiency as he/she used to. In such a dire situation, he/she is not expected to understand the consequent burden on the family. The family, however, veiled by their affection for the family member, tries to make every possible effort to make life comfortable for the loved one.



Photo Credit

**Dr Santosh G**  
Intern, 2015-16 batch



## *A letter to all the doctors out there*

The next highlight of medical history. Pandemics which hit us after every century. Isn't it remarkable to be a part of it? Who knew there would be shortcomings of medical equipment? Ventilators? Even masks and gloves? These pandemics are indeed an eye-opener for exposing the major cracks in our already feeble healthcare system.

Growing up, apart from a minority of those who feel better about staying at a distance far away from white coats and injections, the majority of us are awed by the honorable job of a doctor. Who hasn't played being a doctor with plastic toy kits and treated our stuffed teddy bear with fever? Only if our profession was that easy!

While we stayed at home watching news channels horrifying us all about falling of the best health care system, you woke up every day, even with a heavy heart, not knowing what new the day will bring, but the zeal in you kept you going because you are the only hope for the whole

family when wellness leaves the body. You are the warrior trained to fight death.

Beginning of the pandemic, 14 days of homecoming seemed like a lottery because we know the profession we dived into asks us to start learning sacrifice since day one of joining our med school. Because while "weekend" sounds convenient to a patient to have an appointment, they don't exist for a doctor. There are no long vacations. There are no festivals. There are no nights. You've got to attend your patient anxiously waiting for your presence and aid even at 2 am in an emergency. Furthermore, there's no running home while the hospitals are filled with life-threatening pandemic patients looking for you.

While our parents worry about colleges reopening and hospital duties, I wonder about your parents and family. As much as a caring mother, a protective father, a worried partner and a child missing his parent would not want you out there, they'll tell you to take care, follow all precautions and pray for you every single day. They couldn't be more proud

*samarthya*



right at this moment. And yet it fills us with rage when we ask about what did you get in return?

That while you remained humble when they praised you to be next to God, suddenly they stopped treating you even as a human.

Who knew you'd have to wear multi-layered plastic clothing from top to toe, drenching yourself in your own sweat for more than 12 hours while people out there are abandoning masks because they feel suffocated with a layer of fabric just around their mouth?

Attacked by bricks and stones, thrown at you when you decided to visit houses for testing. You had to run away to save your own life. Non-medical people screaming at you in ICU, teaching you how 'the dead body is breathing'. Neighbors stopping you to enter your own home because to them you are infected. You and your staff have been unpaid over the past 4 months. Trolled and harassed by trials held in social media for failing a surgery case of a 7-year-old which no one else took because of its complicity, that you took your own life. They made you believe you are a failure in your own eyes. And media covering everything except the mental torture a doctor experienced in this exhausting and back-breaking time.

Being a medical student, we learnt about COVID through the online seminars you took for us, and being a responsible citizen we did try our best to make people around us a tiny bit sensitized every day about the hardships you face. According to statistics by Indian Medical Association the infection risk and death count in Doctors and medical staff is 17 times higher than other people. And it would take no time for you to quit and take a vacation to your home from 24 hours duties at hospitals. That beating utensils for a day is just putting on an act for being part of a trend if in reality doctors are belittled for their sacrifices by the same crowd. That the doctors out there are the same you and me who decide to devote their lifetime treating the sick by gaining knowledge for the same. That being labelled as a 'loot' might be a part of their normal conversation within society but the job of a doctor ain't easy and how demotivating it is for our further generation to pick this as a career in the future, for the same society who are devoid of health workers.

Respected Doctors and all the medical staff out there, Ain't this the most historic yet challenging time of your lives and profession? Did you see this coming? Did emergency postings and 36 to 48-hour shifts in residency give you even a slight taste of what you are experiencing now? I saw videos of doctors revisiting their textbooks, attending numerous seminars and workshops. Indeed, it is a profession of lifelong learning even after 15 years of medical academics. As a student, it still remains a mystery to me about the efforts, dedication, and zest you got running in your veins and I feel thrilled on getting to know about the milestones you cross with your work.



The circumstances gave us enough evidence to feel disheartened and discouraged. Yet, I know and believe you all still work every day for the better half of society. The blessing of every single person who sees their loved one getting one symptom less every day keeps you going. From teaching us how to wear and use a stethoscope the right way to how to combat a pandemic, you all serve us by being our role model. The media and society might get over the trend of appraising you with the just you deserve, but we will forever be proud of our elder generation of warriors who made us feel delighted to be a part of this profession we just entered. While our achievement will be surviving a pandemic to tell boasted stories about it to our grandchildren, it is you out there, the real 'hope in adversity' who made our survival possible to even have grandchildren! Now, recalling a normal early January day while we were at the hospital for our mundane postings, our doctor asked us whether we heard about the novel virus trending in China. As clueless as we seemed, I did believe it would surely hit trivia questions in medical quizzes or maybe just one more topic to study in Microbiology for viva and that would be pretty much it. But the future had twirling plans for everyone, half of the world locked in their home and the other half of the essential services risking their lives, ensuring the well being of everyone else.

And here I am sure about COVID-19 being the utmost crucial topic for University papers of Microbiology, PSM, and Medicine!

From a proud medical student and a doctor-to-be.

# All We Have to **Fear** is Fear Itself



“The only thing we have to fear is fear itself,” the famous quote of Franklin D. Roosevelt has resonated with me in these days of fear over the Coronavirus infection. The world’s biggest economies were seen falling apart, deaths occurred at a speed never seen before, the fear crept amongst the world’s largest and most powerful countries. And till date there it has been causing an utter chaos in our lives. There seems a ray of hope but the fear of losing life and loved ones have been haunting a lot lately. The quote about fear was not just a rhetorical statement as it meant that we can accomplish great things if we look at problems face on rather than being held back by doubt and fear.

Fear is the nameless, unreasoning, unjustified terror which paralyzes needed efforts to convert retreat into advance.

Fear... yes, is a terrible sensation, one we never, ever want to feel. Fear is something everyone feels at some point in their life. It is a feeling that your body produces in dangerous or life-threatening situations. How lucky we are to live in a time and place where it’s so often possible to avoid the things that scare us most: violence, disease, natural disasters, dangerous animals, and, at least until the very end, death. Instead, we get to sit around on our widening behinds watching television shows...about violence, disease, natural disasters, dangerous animals, and death.

I noticed a long time ago that fear often comes packaged with enthrallment. We don’t look away from diseases (such as the one whole world is facing right now) or accidents or guns; we give them our rapt attention. This tendency has obvious evolutionary advantages—it’s safer to keep

deadly objects front-of-mind than to ignore them—and as a result, our brains seem to be hardwired so that scary experiences help us fight better in a similar situation.

One way to put more zest into your life, then, is to seek activities or situations where fear and overcoming the fear overlap. The problem is, when facing such situations, we often dither, advancing toward and then retreating from whatever has captured our attention. But with a little clarity and a few instructions, you can break through this kind of ambivalence, embracing experiences that alarm you even as they deeply appeal.

Fear is the ability to identify danger and make a choice to either confront that fear or flee from the situation. That choice is completely up to us, and depends on us. Although fear is handled differently by every living creature., but many seek to overcome their fear of being fearful and slowly start to challenge life and accept its ways and adapt to it in their day to day lives.

And now, almost a year has passed since Coronavirus pandemic has started, people now seem to have started to overcome their fears slowly and begun their work, started off with their daily chores, duties and activities and slowly everyone has started to adapt to this new normal along with taking care of all the precautions and all the rules as much as possible.

Yes, it’s still scary and crowds still feel like a threatening sight but one has to restart someday and somehow now the time feels so less for the things that need to be done.

Let us all just fight our fears and defeat this catastrophe of a pandemic with our will power and the biggest weapon we humans possess “HOPE”.



**Srishti Mishra**  
Final year MBBS



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# Coronavirus: How the tale unfolded in Italy and majority of Europe with an added sports perspective

**Part I:**

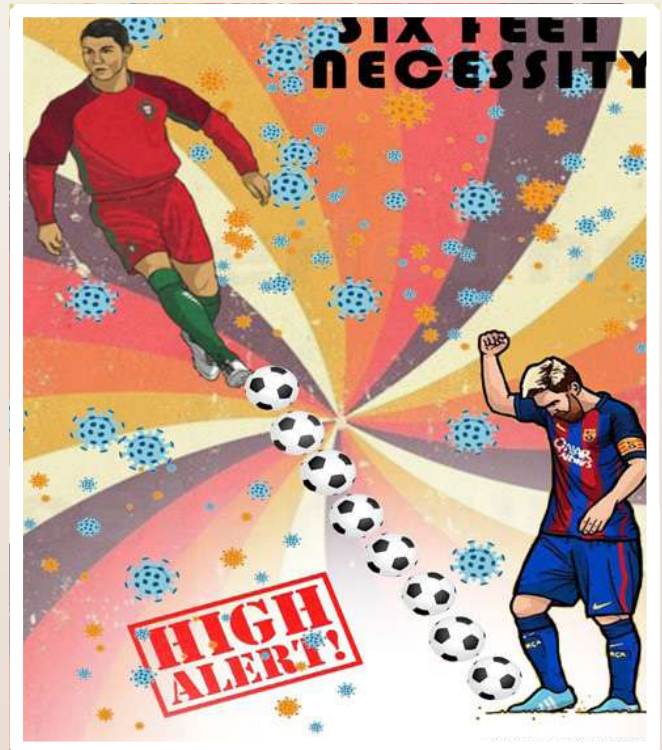
On a foggy, steel gray on a not so ordinary Monday night in Turin Ronaldo stands over a freekick and today it didn't feel as exhilarating as it was anticipated to be and how could it be, the spirit of the club the supporters in a usually fully packed Allianz stadium were not in attendance today just roughly after 40 days since the 1st case of novel coronavirus was detected in Italy This contest arrives in less than 20 days after the Atalanta vs Valencia Champions League fixture dubbed as Game Zero of virus spread, the highly charged UCL game that set an "home" attendance record for the debuting Atalanta in Europe's Premier club competition with the official attendance for the 19 February game 45,792. A third of Bergamo's population made a trip to Milan with around 2,500 fans joining in from Spain to witness the biggest football match in Atalanta's history. But since then, around 7,000 people in Bergamo have been tested positive for COVID-19 with more than 1,000 dying from the virus within a month. Whereas the Valencia region has witnessed more than 2,600 people being infected from the deadly Coronavirus.

Italy a member of European Union with one of world's diverse culture and a heritage that go back to the days of roman empire which lasted from 27 BC – 476 AD, is epicenter of artistic, cultural and cinematographic center of world joined the list of countries affected by coronavirus on 30 January with a report of 2 travelling Chinese tourists. It did not take much time for the situation to become dire as cases reached 59,138 on 23 March, marking it as one of the biggest coronavirus outbreaks outside Asia. Italy at one time became the second most affected coronavirus country in the world with the cases increasing at a higher rate than any other country.

The financial strain put on Italy which only recorded a 0.2 percent increase in GDP in



financial year 2019 due to Coronavirus was as expected was very immense as soon they were headed towards economic recession with increasing looming threat of German economy slowing down and Brexit even before the pandemic ever graced the country's footsteps. Italy, with further restricting travel bans on China, a major trade partner, made things even worse. Furthermore, virus-related cancellations have hit the country's tourism industry, which accounts for 14% of GDP at a very fierce rate.



Graphic Designed by Gaurattv Khari

Italy see a new crack of dawn despite a very floundering start from nothing short of being a pariah came with recording one of highest deaths per day of 969 in epitome around 10 April to just double digits of 25-50 per day in a span of 3 months is deserving of accolade of being a model however imperfect it might have been.

Nature extracts a cost for every achievement and the determination and sacrifices of Italian Covid Workers and the population did extract a heavy toll but lead

Italy to a new beginning which Italy deserved, a new reality where every dream is possible and people are again on track to achieve the collective happiness and prosperity of the great nation Italy. *lunga vita alla vita!!*

## Part II:

On the one end where Italy came to terms with novel coronavirus and was on very much its way to make ends meet, coronavirus was strangling rest of Europe next are, quite higher in affected hierarchy are the nations of Spain and Great Britain.

England having played a very significant part in shaping the history of the world, a part of the island of Great Britain like several other countries has undermined and miscalculated the threat of novel coronavirus pandemic and failed to release stringent guidelines was now in harm's way which crossed Italy in number in fatalities almost amounting to 32000 on May 5 with prime minister Boris Johnson testing positive on March 27 which as expected threw the country in chaos. With lockdowns announced by PM in place from March 23 did cause a dent in transmission but as Professor Neil Ferguson, who quit his role as a scientific adviser to the government in May, told the Science and Technology Committee that deaths would have been 50% lower if lockdown had been introduced a week earlier. Just 2 weeks before the lockdown became mandatory, the much-anticipated Cheltenham Festival started on 10 March. The following day, Liverpool FC play Atletico Madrid at home, bringing thousands of Spanish fans to the UK. The negligence in handling the situation has already thrown years behind in both Social and the Economic Crisis which the country is trying to recover from till the current day.

Meanwhile in Spain, one of the hardest-hit countries in the pandemic, the coronavirus spread quickly and widely without being detected, especially among the elderly. The

experts pointed to the country's sociable lifestyle and close ties between young and older family members as significant factors in the virus' spread. Lifestyle could also have played a role in a country where people spend a lot of time outside in groups eating out, having drinks, attending religious processions, protesting or just going for a walk. In Spain, as in Italy, people hug and touch each other a lot. In addition, Spain has the most people living in flats of any European Union country.

While Spaniards have a long average lifespan and the country has a high number of seniors who are more vulnerable to the virus, its share of the population over 65 is lower than other nations that have suffered fewer COVID-19 deaths, such as Germany.

It is common for several generations to live under the same roof in Spain. The average age a young adult moves out of the home in Spain is 29.5, compared to 18.5 in Sweden and 21.1 in Denmark, according to Eurostat. Families also frequently visit relatives who live in nursing homes, which became tragic focal points of the pandemic in Spain. Spain's public healthcare system is ranked in the top 10 in the world by the World Health Organization (WHO), but it has suffered deep spending cuts since the global financial crisis more than a decade ago.

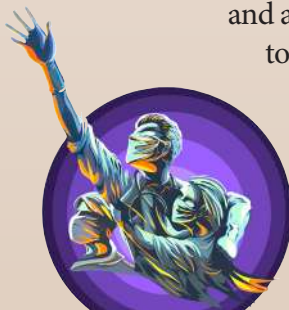
While it has a strong primary care network, hospitals have fewer beds than the European average, which forced them to improvise during the pandemic.

## Part III

We perhaps live in the best era of football as we are witnessing the 2 greatest players of all time in Messi and Ronaldo.

Sadly, the coronavirus pandemic means we live in a time of force majeure: circumstances that were beyond the control of the general people to prevent and are impacting massively on the life we have come to count on.

La Liga has been idle since March 10. The Premier League was suspended after Arsenal



samanthya

## SCRIBBLES

manager Mikel Arteta tested positive for the coronavirus on March 12. Struggle without sports, not only because it has a hypnotic effect, but because it genuinely stimulates something very close to ‘love’ in everyone. If you remove the endorphins, this wonderful, eccentric, frustrating, heartbreaking, uplifting and heroic sporting stimulant causes us, then we are going to get hurt badly.

Club finals and league climaxes were on pause with International Competitions like Euros 2020 and Copa America have been postponed to 2021.

Some Clubs, as feared will be on road to bankruptcy with the pandemic significantly impacting the Super Clubs like FC Barcelona and major franchises across the sports. The loss of revenue is enormous, unplanned and uninsured. But each franchise, un amounting to the size, is a myriad of people, and there will be heartbreaking, be employees, voluntary staff, part-time workers and above all fans who are going to be affected significantly while the virus is being fought.

The super-rich clubs of football are struggling with their finances which we saw in recently concluded transfer window. (If you would have told mega club like Real Madrid will go a summer without signing, I would have laughed.... But here we are). The players and staff have been forced to take a pay cut which many welcomed very well.

While some franchises like Arsenal were forced to cut a large number of club's working staff (Gunnerysaurus).

There was a time, not too long ago, when sports across all division would be bustling with deafening chants, whistles & hoots during the elimination stages of competitions. However, today the viewers can hear the individual calls by players during these games. The defining silence during these crucial

football matches has been a testament to the ‘new normal’ & has undoubtedly transformed spectators’ viewing experiences immensely. I don’t think with fans in the stadium we would have seen results like 8-2 between Bayern Munich and Barcelona and many other surprising results.

For teams across Europe, the home win percentage has dropped from 45% to a staggering 33% across major sports events.

While the circumstances are tough all around the globe with an unanticipated pandemic that has thrown world in chaos, but we take energy in and we disperse energy. What we see in front of us is an array of potential universes. We decide what sort of reality that we want to bring into being, and so we encounter potential like God did at the beginning of time when He made order out of chaos. The Chaotic potential is just a reality of life and how we manifest that into order is our true purpose. With the courage and strength manifested across the world, we are certain we are on the right track. We confront chaotic potential with our consciousness, and we cast that into reality. And potential of reality however bleak it might seem right now around the globe seems to have taken turn around for the good with the new realm arriving in existence will be the one of in order, the coin of chaos is turning and we are here to witness it.

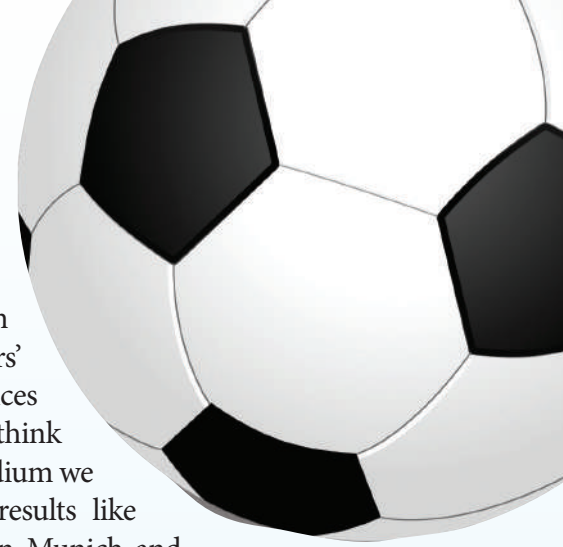


Photo Credit

**Kaustubh gaur**  
1st year 2nd term

# SCRIBBLES Triumphant Virago

I am dedicating this poem to all the female health care workers who are also young mothers.  
A fearless warrior  
Gave her selfless hand  
To many in pain  
Thought never of her gain  
Head held high  
Without a sigh  
In came the patients  
Treated all with patience  
Through her mask and shield  
She smiled with glee  
Walked up n down  
Without a frown  
At half past one  
Remembered her one year old son  
But did not mull  
Sparkle in her eyes  
Smiled the ailing mortals  
Was time to go home  
She walked with a heart of steel.



**Dr Amulya T M**  
Senior Resident,  
Department of  
ENT

## By and By

When goings get tough  
Look at that guy in the  
mirror,  
Right through the facade  
Of the haggard, lifeless form.  
See the dream, feel the  
energy,  
Grab it like you would a  
rope,  
While the bog conspires to  
ogle you.  
Think not of the day that has  
passed  
Work for what is to come,  
A myriad of opportunities,  
Legion of good times  
coming your way,  
For there are aeons to go  
before you say  
There's no tomorrow!



**Dr. Vidhi K  
Anklesaria**  
M S Ophthalmology

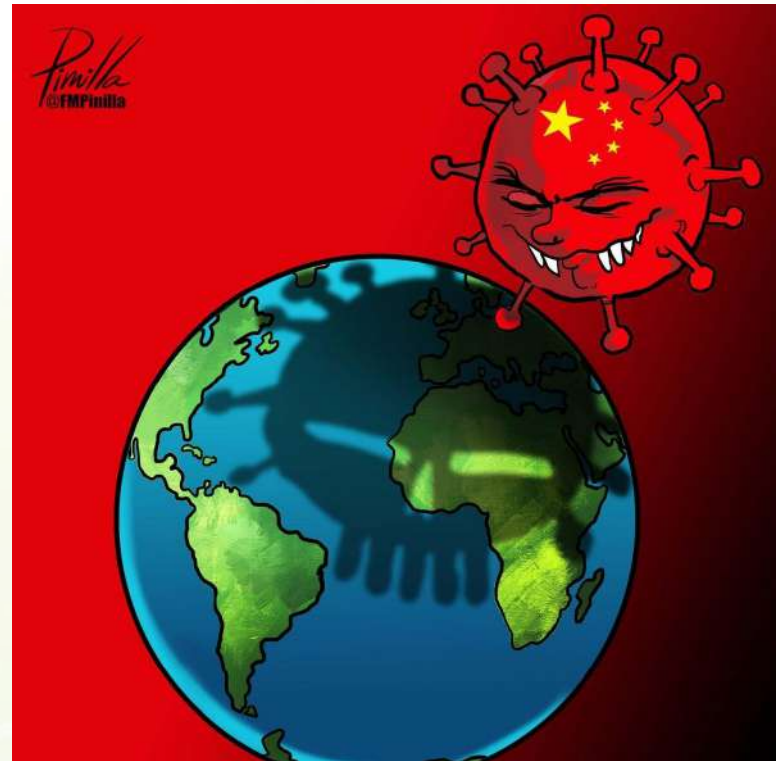


Sketch by

**Dr varsha Tandure**  
Assistant Prof  
Dept of Medicine

samarthya

# Clash of the mightiest



Emerging from a cell, through a saga of evolution  
 History beckons crossed myriads of civilization.  
 Consider me ultimate, any threat I dare  
 The sky is not my limit, nothing will I spare.  
 Charged with pride, grit, and hustle  
 Lack of fortitude, finding solace amongst the bustle.  
 Fear no species, for I govern the universe  
 Supreme is my status, my capability so diverse.  
 Mother nature endured my wrath in tranquility  
 Fellow human brandished dearth of civility.  
 An inexhaustible ton of treasure would not suffice  
 Nevertheless, peace and contentment were sacrifices.  
 Dawn of the new-year was utterly bizarre  
 The due appearance of a unique warning radar.  
 Strange perception of this dread apocalypse



**Dr. Sarika M Shetty**  
 Associate Professor  
 Dept of Anaesthesiology

Skepticism suspended over an impending eclipse.  
 An unseen enemy dispatched by the creator  
 Bonding with the prey like a lurking predator.  
 Thrusting man and machine to a grinding halt  
 Accepted willingly with nullity at fault.  
 Social distancing is the norm to follow  
 Fear and uncertainty shaped me hollow.  
 Carefree life is a distant dream  
 Constant caution is my only theme.  
 Avalanche of challenges, I shudder to wonder  
 Matchless mankind stroked by a mighty thunder.  
 Definition of essentials is acquainted in entirety  
 Discipline and allegiance are the essences of society.  
 Humanity displayed by umpteen, positivity is vital  
 Fantasize nature and mankind at its best, life's magical!!!

# Sing a little Song

Count all the little snow peas  
That you planted last winter  
And do a little time travel  
It was chilly, you remember perfectly  
There were lots of little fragile flakes  
Dropping from the sky  
You rubbed your cold fingers together  
And waited like you did every day  
For that bobbing head that'd appear  
by the horizon, waving like a little child.  
Green eyes just like the seas Poseidon  
once ruled over, and a splash of freckles  
On her tiny little nose which you'd pinch  
once a while, to make sure she's real.  
And she did come, as promised  
Wearing the same jumper you wore  
Pulling you into an embrace  
That you wouldn't trade for the world.  
Her little hands and yours worked side by  
side  
Synchronously, little flecks of dirt falling on your arms



**Hiba Aysha**  
2nd term, MBBS  
Batch 2019-20

Which neither you nor she cared about.  
You remember patting the soil deep  
With your little fists while she  
whispered your secret chant into the soil  
For Gaea to hear.  
Years had passed since then,  
Too many seasons passed in a blur  
My eyes sport crow's feet now,  
I smiled too much, they say  
I know better, I whisper under my breath.  
My eyes wanted to feast a little bit more  
Maybe see you again  
But it's time I left the stage  
And so I leave, keeping the memories  
Well tucked beneath my bosom  
I walk toward the pea, I stroke it  
And whisper the chant I heard her say,  
"Grow. Long, deep, and strong  
And meanwhile, sing a little song,  
For one gets to be up on stage only once  
So sing, and I'll be here, to dance along."

## Hope In Adversity

When there were no hopes of classes to be  
conducted,  
Our beloved teachers stepped out of  
their comfort zones.  
They learned how to teach online and  
got well-adjusted,  
And again proved that sticks and stones  
can't break their bones.

When the whole world was affected by  
the pandemic,  
There was a man who worked hard day  
in and day out.  
His name is Dominic,



**Shartaj Dubey**  
5th term, MBBS  
Batch 2018-19

The well deserved US Open champion, no doubt!  
When everyone could only see their "normal" shift,  
There was a lady who helped us solve our internal  
state of war.  
She is none other than Taylor Swift,  
Who released a masterpiece, Folklore.

When the entire world was scared of  
stepping outside,  
The brave doctors stood up in the name  
of humanity.  
They worked religiously and saved a  
million lives worldwide,  
And gave us a ray of hope in adversity.

# The River

A walk I take on nature's lane,  
 A river I see, roaming in glee,  
 sparkling bright, capturing scenes,  
 imageries cast on the sheen of life.  
 A tree I find near the roving flow,  
 alluring flowers waiting to dive,  
 winked and stunned in their charms  
 comes by, a gust of breeze, fooled by love.  
 The beauties beseech the gust with love,  
 but their love is thrust on the gushing  
 flow.  
 Dainty flowers hailing down,  
 withered, afloat on the raging tides.  
 I close my eyes in the swift of loss.  
 The pain I hear in the hymn breeze blows.  
 The perishable beauties withered in a

bunch,

the eternal river never concerned.  
 In pity, I leave the tree and hymn,  
 Following nature's lane.  
 Many trees apart, I break my pace,  
 haunting scenes, alarmed I found.  
 Clouding trash as black as tar,  
 dying fish in the stream once alive,  
 reeking smell of the toxic waste  
 but ghosts of withered not in blame.  
 Tears trickle down my cheeks in shame,  
 Devastated I gaze the river in rage.  
 Eternal river, I once thought in pride,  
 beau of flowers, unrequited in love.  
 Beauties of nature wronged and bruised,  
 in the hand of man, our staunch abuse.



**Dr. Musammil A Salam**

First-year hospital  
 administration PG  
 JSS



# CAGED

Her smiles are ravishing and light, cheering strokes for many clouded minds yet the clingy scars sneak through sometimes in her smile that parts her griefs untold.

Family is dear but she had to leave, the bride she was, seeking to please, to the knowns and nays of life's dire play, willed but scared she left her home. Armed with dowry, jewelry, and money, weapons to survive like the brides of her tribe. Legal stamped rape becomes his right on the crimson cladded bride of their night. Insensible values to satiate male lust. Uncouth traditions pocketing the wings, of the poor red bird trapped



**Dr. Musammil A Salam**

First-year hospital administration PG  
JSS

in the cage, the mortal cage of the single-bladed spike. Alone and frightened in the ring of new life, she becomes the wife amidst many lies, for the truth is sharp like the edged knife, the sole nemesis of her homemaker life. The marriage of lies honoring wrong, the brazen consent for mistreat by law. To shatter the cage of her confined dearth, the struggling bird prays for his death. The lingering longing of the spiteful broken, well-hidden contempt of many downtrodden.



# The souls' Yearnings

To the people of the world,  
we,  
weren't serious about the invisible monster,  
weren't aware that he was deadly,  
got warned to distance ourselves,  
didn't mind being so,  
didn't corner ourselves for corona,  
unknowingly took him home,  
didn't lockdown in our tunnels...



**Dr. Nivetha Devi Ganesan**

First-year ENT  
Postgraduate

corona,  
caught us through the air,  
made us, spread it to our loved ones,  
cornered us aside,  
pushed us serious in ICU then,  
proved its deadliness,  
locked us down in the coffin...  
let us,  
be the scapegoat  
to make your naked eye  
to see the invisible black sheep...

hereby,  
we reveal prevention is the best when there is no true cure.....  
you, the world,  
pray for us to rest in peace!...  
our souls ...,  
will never rest in peace  
until it sees  
the rest of the world living in peace!!!!!!....

samarthya



# an ode to the surgeon



I can see, I can feel  
I can sit, I can walk  
I can jump, I can play  
The only thing I can't is, I can't hear!

I can see someone moving their lips  
I can see someone trying to explain things  
I can see someone calling me  
The only thing I can't is, I can't hear!

The doctor said to me to try a hearing aid  
My heart said I will be able to hear  
I tried harder and harder  
The only thing I can't is, I can't hear!

Parents took me everywhere possible  
They tried everything they could  
Roamed here, there, and everywhere  
The only thing I can't is, I can't hear!

Happiness came into my life because of you  
You implanted a device in my ear  
Blessings of you, The Otorhinolaryngologist  
Now I can hear, I can hear!!

## Yes, you are a true **COVID warrior!**

(Dedicating to the nurses,  
porters, and all COVID caregivers)

You always stay by my side  
You give me medicines, you give me supplements  
You give your best and make sure I am getting better  
Yes, you are a true COVID warrior!



**Dr. Kavya  
Sivapuram**  
Second-year ENT  
postgraduate.

You attend me first without  
any apprehension  
You connect me to oxygen  
& fluids when I am sick  
You give me strength and  
make sure I am getting  
better  
Yes, you are a true COVID  
warrior!

You fulfill my basic needs,  
you make sure I eat  
You keep my surroundings  
clean and hygienic  
You give me hope and make

sure I am getting better  
Yes, you are a true COVID warrior!

I go out of the hospital with a smiling face  
It's time to acknowledge your generosity in my hard  
times  
You risked your life and made sure that I got better  
Yes, you are a true COVID warrior!





## trapped thoughts

Doors closed behind me  
The windows shut.  
Is this a trick?  
Or was I really stuck?

Detaching from reality A new world I unfurled,  
The earth dampened beneath me As it began to swirl.

Caught glimpses of green, A sapling? Or a seed? It went on to grow  
Into an enormous tree,

Became a forest now  
Vivid colours and all  
With trees and birds, A gigantic waterfall.

The sky turned pink,  
Then, a crimson hue  
Reflecting a state of mind  
As the ideas grew

Kept in quarantine,  
Caught up in my muse  
Some thoughts were forgotten,  
And some yet to be perused.



**Dr. Keerthana Srinivas**  
PG in Pediatrics

# ♥ Garden of Love

I woke up one day,  
Standing in front of the unfathomable land  
You received me with open arms,  
And walked me through your soil  
It was an unexplored garth,  
A beautiful unexpected paradise-like path  
I didn't realize cupid was over my head,  
I Felt lost as I sauntered on her clay bed.  
In a moment I felt dizzy, did I get hit by a flashbang?!  
Neurons started twitching and felt like you sang.  
Oh! Indeed it was you in the form of light,  
Clasping my soul tight!  
Did I wake up in my dream?!  
Or maybe the dream woke my embodiment.  
The fervor pierced my heart,  
Mind discerned the same from the start.  
You're the estate I visit to get some breathing space,  
Where I can get out of this meaningless mortal race  
Tears splashing so quietly, Heart trembling,  
Crying to set me free and heal every wound cracking inside me.  
You listen to my cry, to my moaning,  
To the deepest serenity of my heart  
You touched me,  
For the passion of my love murmuring intensely  
You talked to me,  
To the highest degree of my mind



You spoke and gave the wisdom to understand the devotion of your love.  
And then, you embraced me with your divine essence,  
Curing my soul with the panacea brewed in yours.  
The frustrations disappeared like bubbles on the wind,  
You lifted me up, cleansed, and healed me.  
You opened up and took your real form,  
You're love! So mysterious to occupy me.  
You gave me a new voice and a new song to sing.  
As I amble again, savvyng that I'm invited forever to this happy place.  
Au revoir, my healer  
My garden of love

**-Pushkal SR**  
Ph.D. Scholar

# Virus



# Humanity

## Hope in

# Adversity.!

When your dawns start bleak  
Of sorrows and exhaustions your dusks reek  
As the line between friends and foes blur  
In place of profits; losses is what you incur  
Loved ones in separation, isolation, pain  
Your heart breaks a little more seeing their suffering,  
fears, and tears.

Little joys long gone  
Hugs and rendezvous replaced by rants  
over the phone  
Countries playing the blame game  
Some say bioterrorism..some say an  
experiment gone haywire!  
As you wish so be the name  
But the calling remains to solve the  
situation so dire!  
A test of fire  
A question of life or pyre.!

Despite all the ache  
Purely for humanity's sake.  
Look; for the brilliant light at the end of the  
tunnel so long and dark  
Listen; to the sweet song of the little lark  
Nurture; that little voice in you of hope  
Climb out; of the deep pit of despair; with that faith  
rope.!  
Thrive; On your own inner power  
Affection and love you shower  
Compassion, empathy, and a little word of care  
Give freely anything you can share.!

Sing, laugh, and dance  
Work from home, write, freelance..!  
Protect yourself and all

Pick up those who fall  
And heed that safety call...

Remember like all situations in life; this too shall pass  
Now or later..stay strong-rooted like grass  
Love the rain, sun, and flowers  
Pursue a hobby, read novels of castles and towers;

Till our immunity takes over..

Home is fun, and social distance is life-  
saving, and our duties our calling..

Despite all..love freely, care deeply, and  
believe strongly..cause after all every  
night..

Is followed by bright bright daylight.!

By

A girl who believes in never ever giving  
up.



**Vaishnavi Prakas**  
1st Year Paediatrics  
PG, JSS





# You don't need Saving

On a weary evening  
in the 90s  
during a hiking trip  
I met a wise old woman  
wise, I call her now  
years ago  
I laughed at those things  
she said to me  
as the tin roof of our  
shelter  
played music with  
the incessant rain

she pointed at me  
with this strange  
squint  
as if she was trying  
to figure out my truth  
or maybe bookmark  
my lies

she called me  
asked me what I wanted  
a vague question  
isn't it?

I obviously made a face  
like all teenagers do

her expression was adamant  
she asked me again

what do you want the most?  
something about her steady gaze  
got me and I whispered, as if scared  
I want to save myself  
her face relaxed

and her lips curved into a familiar  
smile  
save yourself from what?  
-she said

from everything  
heartbreak

failure  
death  
pain  
from everything that  
can hurt me

I want to save myself  
because I want to be  
happy  
I want to live a life  
with no  
disappointments

she gently put her hand  
on my head  
and said

You can never Save yourself by  
protecting yourself

some things need to hit you  
some things need to break  
even if it's your own heart

you need to hear the crack in your  
soul because with no pain there's no  
joy

You need black ink to draw on your  
white sheets

you cannot expect yourself  
to fix everything  
some things are supposed to be  
Unfixable  
heartbreak will teach you  
that you can build your heart again  
with the bricks of your choice  
paint it with that teal color you love  
draw flowers and galaxies near its  
valves let the occasional ache  
remind you of how far you've come

failure will tell you  
that victory is transient  
and that only the foolish lose

The brave ones always learn  
death is a reminder  
that life might end anytime  
and the more time you spend  
denying this fact  
the more sunsets you miss  
be so courageous in life  
that death stops being a threat

a few scratches here and there  
won't kill you  
It's easier to slip on smooth floors  
you want to save yourself?  
Maybe saving is not what you need



**Nikita Singh**  
2nd Term, MBBS



# Doctors: Masks to Marks

Teary-eyed, I walk down the hospital corridor.  
Yet another life lost in front of me, jolting me to my  
core.

“I am sorry. I did my best, but your son is no more.”

12 years being a doctor but the hardest words to utter.  
But ever since the pandemic began, this is what I have  
routinely muttered.

The sheer disbelief, derision, and disdain in her eyes  
make me shudder.

She roars, “Oh! It’s easy for you to say  
this. After all, it’s your job, your bread,  
and butter.”

“I’ve lost my child on whom I used to  
dote.

Alas! You wouldn’t understand that in  
your white coat.”

I say, “I’m sorry but I did try.”

Hopelessly, I heave an incandescent  
sigh.

As I walk on by, various thoughts in my  
mind collide.

Not my first time breaking bad news.  
And certainly, not my first time being accused.  
Have heard worse. Been cursed and abused.  
More so, been hit, battered, and bruised.  
I still wear those marks underneath my mask.  
Marks of despise reminding me of a failed task.  
Of misapprehended anger culminating into scars.

These visible marks are treatable.  
But the ones in my subconscious are  
indelible.  
Marks of condescension and  
aversion.



Of detestation and repulsion.

Marks that are like battle wounds,  
All purple, scarlet, and maroon.

Yes, I am a doctor. I wear a mask, day in and day out.

And I am proud of what I do, without a doubt.

My mask is not always a respirator or  
surgical;

It often means putting up a brave front  
when the situation is inimical.

It is reassuring myself that the weather  
might be lousy; But the climate isn’t so  
drowsy.

It is reminding myself that this is my  
passion;

And I ought to keep it unadulterated despite  
the aggression.

My mask shrouds my despair like a veil;  
And it succeeds at doing so without fail.

It is a paradox how my mask reminds me of  
my marks and my marks of my mask.

Same story, just different lessons to bask.

My marks remind me of a battle well fought.

Maybe lost, but having done everything I ought.

And my mask tells me to tread and trot,

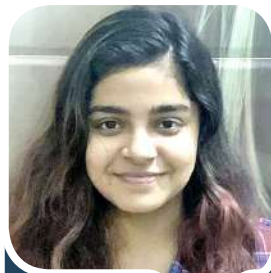
That this is what I burnt the midnight oil for.

That the journey at some roundabouts, like this  
pandemic, might seem bleak,

But my love for medicine is the elixir, the panacea.

That I have miles to go before I sleep.

And miles to go before I sleep.



**Nimisha Sinha**

2nd term  
Batch: 2019



samarthya

THANK YOU HEROES



# Warriors in White

They are the real warriors  
Draped themselves in white  
Faced the unfurled woes in a fatal fight  
But stood still devoid of any fear in  
those eyes

Day and night went through  
The whole world was caged inside  
But they worked tirelessly to ease our  
pain  
With that courageous smile that never  
faded once

In this invisible battlefield  
They shielded us like a mother  
protecting her new-born  
Constantly trying to ease our pain  
Whilst they forgot theirs

“Thank you”  
These two words are not enough  
To honor their hard work  
But they are enough to bring a smile  
After an 18-hr long tiring shift.



Name- Sruthi K  
MBBS V Term

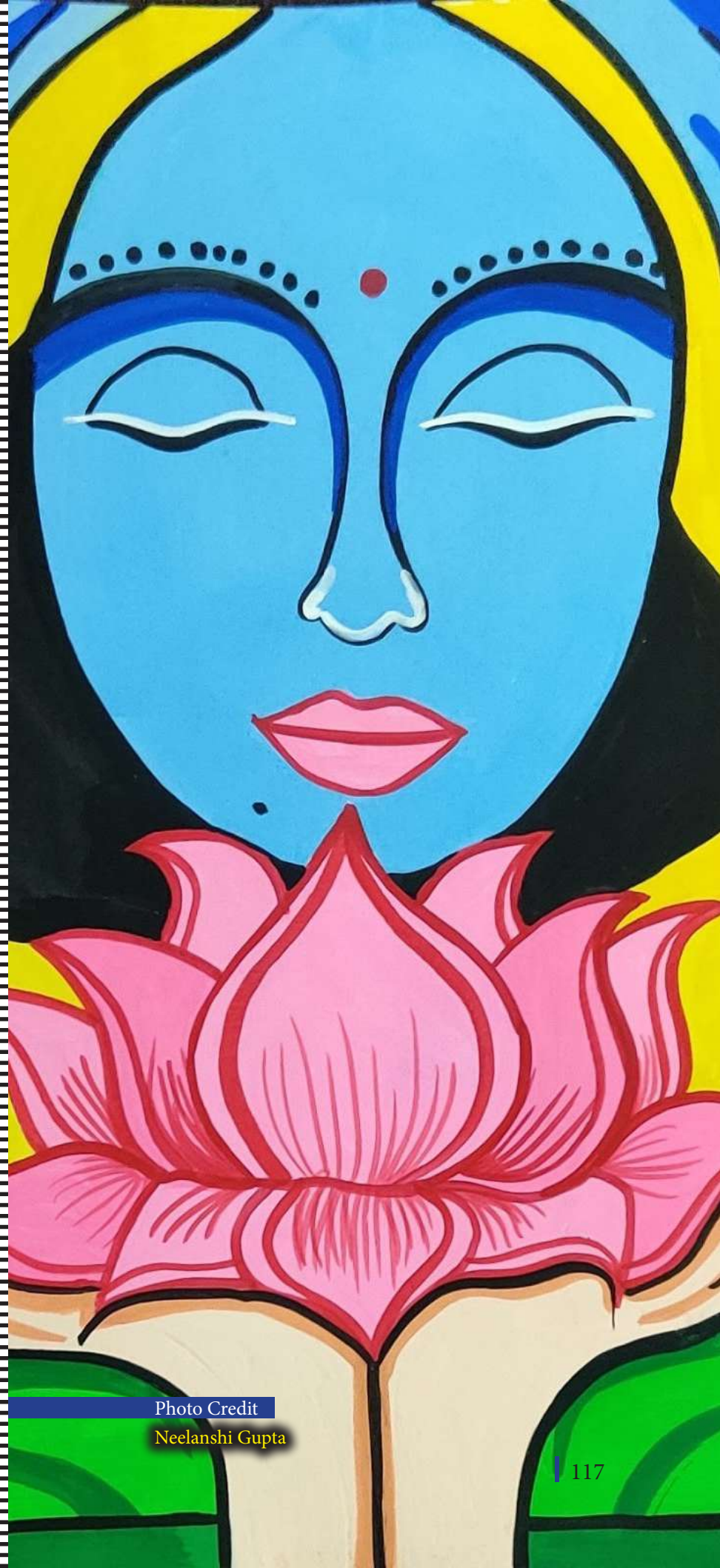


Photo Credit  
Neelanshi Gupta



# ಎತ್ತ ಹೋದರಿವರೆಲ್ಲರು

ಎತ್ತ ಹೋದರಿವರೆಲ್ಲರು  
 ಅಂಜನವ ಹಾಕಿ ಹುಡುಕಿದರೂ ಕಾಣಿವರು  
 ನೆನ್ನೆ ಮೊನ್ನೆ ಗಳಲಿ ಎಮ್ಮ ಶುಶ್ರೂಷೆ ಗೈದವರು  
 ಹಗಲಿರುಳೆನ್ನದೆ ಎಮ್ಮ ಸೇವೆಗೈದವರು  
 ಅಶನವ್ಯಸನಾದಿಗಳ ತೊರೆದು ಎಮ್ಮ ಪೊರೆದವರು  
 ಎತ್ತ ಹೋದರೀ ಮುಸುಕುಧಾರಿಗಳು?  
 ರೂಪ ಮರೆಸಿಕೊಂಡ ವೇಷಧಾರಿಗಳು  
 ಉಸಿರ ನಿಗ್ರಹಿಸಿಕೊಂಡ ಮುಸುಕುಧಾರಿಗಳು  
 ಸೇವೆಗೈದರೂ ಏನೇನೂ ಬಯಸದ ನಿರಭಿಮಾನಿಗಳು  
 ಸೋತು ಹೋದರೂ ಜೀವ, ಅನ್ಯಜೀವಿಗಳ ಬದುಕ ಕಟ್ಟಿದವರು  
 ಎತ್ತ ಹೋದರಿವರು ವೇಷ ಮರೆಸಿಕೊಂಡ ನಿಸ್ವಹಿಗಳು?  
 ಚಿತ್ರವಾದರು ಬಿತ್ತಿ ಪಟಗಳಲಿ!  
 ಮಾಸದ ನೆನಪಾದರು ಮನದಂಗಳದಲಿ!  
 ಕರುಣಾಮಯಿಗಳು, ಕಳಕೊಂಡರು ಎಲ್ಲವನು ನಿಮ್ಮ ಸಲುವಾಗಿ  
 ಏನ ನೀಡ ಬಲ್ಲಿರಿ ನೀವು ಅವರ ಸಲುವಾಗಿ,  
 ಎರಡು ಹನಿ ಕಣ್ಣೀರು !!?  
 ಎರಡು ಕೃತಜ್ಞತೆಯ ನುಡಿಗಳು!!?  
 ಏನ ನೀಡಬಲ್ಲಿರಿ ಹೇಳಿ ನೀವು ಅವರ ಸಲುವಾಗಿ?



ಡಾ. ವಿಜಯಾಬಸವರಾಜ್



# ಬಂದೆವು ಒಬ್ಬಂಟಿ, ಹೋಗುವುದು ಒಬ್ಬಂಟಿ

ಹತ್ತಿರ ಹತ್ತಿರಾ ಇರುವೆವು ಅವನಿಗೆ,  
 ಒಬ್ಬರ ಹಿಂದೆ ಒಬ್ಬರು ಸಾಲಲ್ಲಿ ಇಂದು.  
 ಖಚಿತವಿದು ಹೋಗುವೆವು ಅವನಲ್ಲಿಗೆ ಹಿಂದು  
 ಮುಂದು.  
 ಕೆಲವರಿಗೆ ಗೊತ್ತಿದೆ ನನ್ನ ಅಂತ್ಯ ಹತ್ತಿರವಿದೆ  
 ಎಂದು,  
 ಇನ್ನೂ ಕೆಲವರಿಗೆ ಪರಿವೆಯೇ ಇಲ್ಲ  
 ಮುಗಿಯುತ್ತಿದೆ ಬಾಳು ಎಂದು  
 ತಿಳಿದಿಹರು ಹಲವರು ಮುಗಿಸುವೆ ಆಯಸ್ಸು  
 ಪೂರ್ತಿ ಎಂದು,  
 ದುಖ್ವದಿ ಯೋಚಿಸುತ್ತಿರುವರು ಇರುವಷ್ಟರಲ್ಲಿ ಏನು  
 ಮಾಡಿ ಮುಗಿಸಲಿ ಎಂದು,  
 ಹಾತೊರಿಯುತ್ತಿಹರು ಕೆಲವೊಬ್ಬರು ಕೆಲಸವೆಲ್ಲವ  
 ಮುಗಿಸಿರುವೆ ನಿನ್ನಲ್ಲಿ ಬೇಗ ಬರುವೆನೆಂದು,  
 ಅರಿತೋ ಅರಿಯದೆಯೋ ಹೊಗಳೇ ಬೇಕು  
 ದಿನವೊಂದು,  
 ಬಂದೆವು ಒಬ್ಬಂಟಿ, ಹೋಗುವುದು ಒಬ್ಬಂಟಿ,  
 ಅಷ್ಟರಲಿ ಜೊತೆಗೂಡಿ ಮೆರೆಯಬೇಕು ಎಲ್ಲರೂ  
 ಇಂದೇ ಕೊನೆ ದಿನವೆಂದು



ಡಾ. ಅಕ್ಷಮಹಾದೇವಿ







# ಕರೋನಾ

ಕರೋನಾ..  
ಇಕೋ ನಿನಗೊಂದು  
ನಮನ,  
ಅಂಜದೆಯೇ  
ಅಳುಕದೆಯೇ,  
ಪ್ರಕೃತಿಯ  
ನಾಶಮಾಡುತ್ತಾ  
ಗೂಳಿಯಂತೆ  
ಮುನ್ನುಗುತ್ತಿದ್ದ  
ಈ ಮಾನವನಾ,  
ಅಹಂನ ಅಡಗಿಸಲು ಕಾರಣ  
ನೀನೇನಾ?

ಪ್ರಾಣಿ, ಪಕ್ಷಿ, ಮರಗಿಡಗಳು,  
ಪುಟ್ಟ ಕಂದಮ್ಮಗಳು ಹಾಗೂ  
ಭೂತಾಯಿಯು  
ಒಗ್ಗೂಡಿ ಮಾಡಿದರೇನು  
ಜಪತಪಗಳನ್ನಾ??

ಓ ಭಗವಂತನೇ ಎಮ್ಮನ್ನೆಲ್ಲಾ  
ಈ ದುರ್ಬುದ್ಧಿಯ ಲೋಭಿ  
ಮನುಷ್ಯರಿಂದ  
ರಕ್ಷಣೆಗೈದು ಕಾಪಾಡು

ಎಂದು ಕೇಳಿದರೇನು??  
ಕಾಡು ಕಡಿದರು, ನಾಡು  
ಕಟ್ಟುವೆಂದು  
ನಾಡು ಕಟ್ಟುತ್ತಾ, ದುರಾಸೆಯೋಳ್,  
ಪರ ಜೀವಿಗಳ ಜೀವಕ್ಕೆ  
ಉಂಟಾಯಿತು ಸಂಕಟ  
ಹಪಾಹಪಿಸಿದವು, ನರಳಾಡಿದವು,  
ಓ ಮನುಜರೇ! ಕೇಳಲಿಲ್ಲವೇ  
ನಿಮಗೆ  
ಯಾರೊಬ್ಬರ ಆಕ್ರಂದನ??

ಎಲ್ಲವೂ ನೆನಪುಂಟು,  
ನೆನಪಿನಲ್ಲಿ ಜಾಣತನದ  
ಮರೆವುಂಟು,  
ಹೆಚ್ಚು ಬೇಕೆಂಬ ದಾಹದಲ್ಲಿ  
ಮಾನವನು ತನ್ನ ಜೀವಕ್ಕೆ ತಾನೇ  
ಕಿಚ್ಚನ್ನು ಹಚ್ಚಿಕೊಂಡನಾ??

ಆಸೆಯೆಂಬುದು ಎಲ್ಲರ ಜೀವ  
ಭಾವಕ್ಕೆ  
ಆಸರೆಯು,  
ದುರಾಸೆಯು ಅದೇ ಜೀವಕ್ಕೆ

ಬೇಲಿಯೂ,  
ಈ ಮಾತಿನಲ್ಲಿ ಅಡಗಿರುವ  
ಸತ್ಯವನ್ನು ಅರಿಯಲಾರದೆ  
ಹೋದನಾ??

ಕ್ಷಮಯಾಧರಿತ್ರಿಯು ಕೆಂಡವಾದಳು  
ಮನುಷ್ಯರ ಕಳ್ಳಾಟಗಳ ನಿಲ್ಲಿಸಲು  
ಪ್ರಕೃತಿಯೊಂದಿಗೆ ವಿಲೀನಳಾದಳು  
ಮನುಷ್ಯರ ಹೇಣಗಳನ್ನು ತನ್ನೊಳಗೆ  
ಹುದುಗಿಸಿ ದಾಹ ತೀರಿಸಿಕೊಂಡಳು

ರುದ್ರಿಯ ರೂಪವ ಕಂಡರು,  
ತತ್ತರಿಸಿದರು ಮನುಷ್ಯರು  
ಬೇಡಿಕೊಂಡರು ಕ್ಷಮೆಯನ್ನು  
ತೊಟ್ಟರು ಪಣವನ್ನು  
ಬದಲಾಯಿಸಿ ಕೊಳ್ಳಲು ತಮ್ಮನ್ನು  
ತಾವು, ದೂರಮಾಡಿಕೊಳ್ಳುತ್ತಾ  
ದುರಾಸೆಯನ್ನು  
ಹಂಚುತ್ತಾ ಪ್ರೀತಿಯನ್ನು  
ಎಲ್ಲರೊಳಗೊಂದಾಗಿ ಮನುಷ್ಯರು  
ಬದಲಾದರೇನು???

# ಜೆಲುವಿನ ನಾರಿ



ಚೆಲುವಿನ ನಾರಿ  
ಏನಿದು ನಿನ್ನ ನಗುವಿನ ಮಾರಿ.  
ನಿನ್ನಯ ಮನದ ಸಂತಸ  
ಸಂಪಿಗೆಯ ಘಮಲ ಸೂಸುತ್ತಾ,  
ನವಿಲಿನ ನರ್ತನದಂತೆ ಲಾಸ್ಯವಾಡುತ್ತಾ,  
ತುಟಿಯ ಅಂಚಲಿರುವುದು  
ಚೆಂದದ ಮಂದಹಾಸ.

ಕರ್ಣಗಳಲ್ಲಿ ಓಲಾಡುತ್ತಿರುವ  
ಆ ನಿನ್ನ ಲೋಲಾಕು,  
ಕೊಳಕಾದ ಈ ನಿನ್ನ ಪೋಷಾಕು,  
ಓ ನೀರೆ,  
ತಾರೆಗಳಂತೆ ಮಿಂಚುತ್ತಿರುವುದು  
ನಿನ್ನ ಕಣ್ಣುಗಳಾ ಹೊಳಪು.

ಕಷ್ಟದಲ್ಲೂ ಸುಖವ ಕಾಣುವೆ  
ನಮಗೂ ಸ್ಫೂರ್ತಿಯ ಸೆಲೆಯಾಗಿರುವ  
ನಿನಗೆ ನಮಿಸಬೇಕೋ,  
ಯಾ ನಿನ್ನ ನಗುವಿನ ಮಾರಿಯ  
ಸೆರೆ ಹಿಡಿದವನಿಗೆ ವಂದಿಸಬೇಕೋ  
ತಿಳಿಯುತ್ತಿಲ್ಲವೇ ನಾರಿ  
ಆಗಿರುವೆವು ನಿನ್ನಯ ನಗುವಿಗೆ  
ದಾಸಿಯರೇ ಪೋರಿ...



**ಡಾ. ಕುಸುಮ. ಕೆ. ಎಸ್**  
ಸಹಾಯಕ ಪ್ರಾಧ್ಯಾಪಕರು  
ಜೀವರಸಾಯನ ಶಾಸ್ತ್ರ ವಿಭಾಗ  
ಜೆ.ಎಸ್.ಎಸ್ ವೈದ್ಯಕೀಯ  
ಕಾಲೇಜು  
ಜೆ.ಎಸ್.ಎಸ್.ಎ.ಹೆಚ್.ಈ.ಆರ್  
ಮೈಸೂರು

# ಮಣಿಯಮ್ಮ



ಮುತ್ತಿನ ಅಜ್ಜಿಯೇ,  
ಆರದೋ ಮುದ್ದಾದ ದಾದಿಯೇ,  
ಮುತ್ತಿನ ಮಣಿಗಳ ಪೋಣಿಸಿ,  
ಮಹಿಳಾ ಮಣಿಗಳ ರಮಿಸಿ  
ಗೌರವದಾ ಬಾಳನು ದೂಡುವ ಅಜ್ಜಿಯೇ  
ನಿನಗಿದೋ ನನ್ನ ನಮನ  
ಮಕ್ಕಳ ಆರೈಕೆ ಮಾಡಿದ ನೀನು



**ಡಾ. ಕುಸುಮ. ಕೆ. ಎಸ್**

ಸಹಾಯಕ ಪ್ರಾಧ್ಯಾಪಕರು  
ಜೀವರಸಾಯನ ಶಾಸ್ತ್ರ ವಿಭಾಗ  
ಜೆ.ಎಸ್.ಎಸ್ ವೈದ್ಯಕೀಯ  
ಕಾಲೇಜು  
ಜೆ.ಎಸ್.ಎಸ್.ಎ.ಹೆಚ್.ಈ.ಆರ್  
ಮೈಸೂರು

ಕೇಳಲಿಲ್ಲ ಅವರಾರನ್ನು  
ನೋಡಿಕೊಳ್ಳಿ ಎನನ್ನು ಎಂದು  
ಜೀವನವಿರುವುದೇ ಜೈಸಲೆಂದು  
ಚಳಿ ಮಳೆ ಗಾಳಿ ಬಿಸಿಲಿನ ಝಳವನ್ನು  
ಸಹಿಸಿ  
ಬಾಳನು ಸಾಗಿಸುತ್ತಿರುವ  
ನಿನಗಿದೋ ಮತ್ತೊಂದು ನಮನ  
ಬಣ್ಣಬಣ್ಣದ ಮತ್ತು ಮಣಿಗಳ ಜೋಡಿಸಿ  
ಕೇಳಿದವರಿಗೆಲ್ಲಾ ಅವುಗಳನ್ನು ಕಾಸಿಗೆ  
ಕೂಡಿಸಿ  
ಎಂದೂ ಮಾಸದ ಕಿರು ನಗೆಯೊಂದನು  
ಹೊತ್ತಿರುವೆ  
ಮತ್ತೆ ದಾರದಿ ಮಣಿಗಳ ಪೋಣಿಸಲು  
ಕುಳಿತಿರುವೆ  
ಯಾರು ಕೊಡುವರೇ ನಿನಗೀ ಶಕ್ತಿಯೇ??  
ನಿನ್ನೀ ಶಕ್ತಿಗೆ ಇದೋ ಎನ್ನ ಮಗದೊಂದು  
ನಮನ

ನೋಡಿದವರಿಗೆ ಸ್ಫೂರ್ತಿಯ ಸೆಲೆ ನೀನು

ನಿನಗಿಂತಾ ಕಿರಿಯರಿಗೆ ದಾರಿ ದೀಪವು ನೀನು  
ನಿನ್ನನ್ನು ನೋಡಿಯೂ ಕಲಿಯದವರ ಬಾಳು ಕೇಡು ಕಾಣು  
ಇರಬೇಕು ಇದ್ದು ಜೈಸಬೇಕು ಎಂಬ ಗಾದೆಯನ್ನು  
ನಿನ್ನನ್ನು ಕಂಡೆ ಮಾಡಿದರೇನೋ ಅರಿಯೆನು ನಾನು  
ಇನ್ನೊಂದು, ಮತ್ತೊಂದು, ಮಗದೊಂದು  
ಸಲ್ಲಿಸುವೆ  
ನನ್ನ ನಮನಗಳನ್ನು



samarthya



# ಮನುಷ್ಯನು ಕಾಲಕ್ಕೆ ತಕ್ಕಂತೆ ತಂತ್ರಜ್ಞಾನವನ್ನು ಅಳವಡಿಸಿಕೊಳ್ಳದಿದ್ದರೇ ನಶಿಸಿಹೋಗಬೇಕಾಗುತ್ತದೆ “ಜಾಗ್ರತೆ”



ಮನುಷ್ಯನು ಆಯಾ ಕಾಲಕ್ಕೆ ತಕ್ಕಹಾಗೆ(Adapting) ತನ್ನನ್ನು ಉತ್ತಮಗೊಳಿಸುವ ಜಾಯಮಾನವನ್ನು ಹೊಂದಿರುತ್ತಾನೆ.

ಇಂದು ತಂತ್ರಜ್ಞಾನವು ಎಲ್ಲಾ ಕ್ಷೇತ್ರದಲ್ಲಿಯೂ ಕಾಲಿಟ್ಟಿದೆ ಹಾಗೂ ತನ್ನದೇ ಭಾಷು ಮೂಡಿಸಿದೆ. ಇದರ ಮಹತ್ವ ಎಷ್ಟಿದೆ ಎಂದರೆ ಮಕ್ಕಳು, ವೃದ್ಧರು, ಮಹಿಳೆ-ಪುರುಷರು, ಟೆಕ್ನಿಗಳು, ಕೃಷಿಕರು ಹೀಗೆ ಎಲ್ಲಾ ವರ್ಗದವರು ತಂತ್ರಜ್ಞಾನದ ಜ್ಞಾನವನ್ನು ಹೊಂದುವ ಅನಿವಾರ್ಯತೆ ಉಂಟಾಗಿದೆ. ಇಲ್ಲವಾದಲ್ಲಿ ಭೂಮಿಯ ಮೇಲೆ ಬದುಕಲು ಅಸಮರ್ಥರು ಎನ್ನುವಷ್ಟು ಜಗತ್ತು ಬದಲಾಗಿದೆ. ಒಂದು ವೇಳೆ ಕಲಿಯಲು ಆಸಕ್ತಿ ಇಲ್ಲದಿದ್ದಲ್ಲಿ ಇಂದಿನ ಸ್ಪರ್ಧಾತ್ಮಕ ಜಗತ್ತಿನಲ್ಲಿ ಹಿಂದೆ ಸರಿಯಬೇಕಾಗುತ್ತದೆ. ದಶಕಗಳ ಹಿಂದೆ ಅನೇಕ ಬೃಹತ್ ಮತ್ತು ಪ್ರತಿಷ್ಠಿತ ಕಂಪನಿಗಳು ತಂತ್ರಜ್ಞಾನ ವನ್ನು ಅಳವಡಿಸಿಕೊಳ್ಳದ ಕಾರಣ ನಷ್ಟವನ್ನು ಅನುಭವಿಸಿ ಶಾಶ್ವತವಾಗಿ ಅಧಃಪತನಕ್ಕೀಡಾದವು. ಉದಾ: ಒಂದು ವರದಿಯ ಪ್ರಕಾರ, ತಂತ್ರಜ್ಞಾನದ ಅವಿಷ್ಕಾರಕ್ಕೆ ಹೆಸರುವಾಸಿಯಾದ ಜಪಾನ್ ದೇಶದಲ್ಲೇ ಪ್ರತೀ ವರ್ಷವೂ ತಂತ್ರಜ್ಞಾನವನ್ನು ಅಳವಡಿಸಿ ಕೊಳ್ಳದಿರುವುದರಿಂದ(Updated) ನೂರಕ್ಕೂ (100) ಹೆಚ್ಚು ಕಂಪನಿಗಳು ನಶಿಸಿಹೋಗುತ್ತಿವೆ(Obsolete).

ಇಂದಿನ ಕಾಲದಲ್ಲಿ ಸಾವಿರಾರು ಕಡತಗಳ ಮಾಹಿತಿಯನ್ನು ಒಂದು ಕಂಪ್ಯೂಟರ್‌ನಲ್ಲಿ ದಾಖಲಿಸಿ ಸಂಗ್ರಹಿಸಿ ಇಟ್ಟುಕೊಳ್ಳಬಹುದು. ತಂತ್ರಜ್ಞಾನ ಬಳಕೆಯಿಂದ ಪತ್ರವನ್ನು ಕ್ಷಣಮಾತ್ರದಲ್ಲಿಯೇ ದೇಶ ವಿದೇಶಗಳಿಗೆ ರವಾನಿಸಬಹುದು ಹಾಗೂ ವಿನಿಮಯ ಮಾಡಿಕೊಳ್ಳಬಹುದು.

ಪ್ರಸ್ತುತ ಅಔಗಿಗು-19 ಸೋಂಕು ಎಲ್ಲಾ ದೇಶಗಳನ್ನು ಆವರಿಸಿಕೊಂಡಿದೆ, ಸುರಕ್ಷತಾ ದೃಷ್ಟಿಯಿಂದ ಡಿಜಿಟಲ್ ಆನ್‌ಲೈನ್ ಮೂಲಕ ವರ್ಚುವಲ್ ಪದ್ಧತಿ, ವೇಬಿನಾರ್ ಕಾರ್ಯಕ್ರಮಗಳಿಗೆ ಒತ್ತು ನೀಡಿದ್ದು, ಇದರಿಂದಾಗಿ ಎಲ್ಲಾ ಕ್ಷೇತ್ರಗಳಲ್ಲೂ ಅಂದರೆ ವೈದ್ಯಕೀಯ, ಕೃಷಿ, ಗೃಹಬಳಕೆ ಮುಂತಾದವುಗಳಲ್ಲಿ ತಂತ್ರಜ್ಞಾನವನ್ನು ಅಳವಡಿಸಿಕೊಂಡು ಸಂಬಂಧಪಟ್ಟ ವ್ಯಕ್ತಿಗಳನ್ನು ತಕ್ಷಣ ಸಂಪರ್ಕಿಸಬಹುದು ಹಾಗೂ ಮಾಹಿತಿ ಪಡೆದುಕೊಳ್ಳಬಹುದು.



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ಆಡಳಿತಾಧಿಕಾರಿಗಳು

ಒಂದು ಮೊಬೈಲ್ ನಲ್ಲಿ ನಾವು ಅನೇಕ ಅಪ್ಲಿಕೇಶನ್ ಗಳನ್ನು ಅಳವಡಿಸಿಕೊಳ್ಳುವುದರಿಂದ ಅನೇಕ ಉಪಕರಣಗಳಿಗೆ ಬದಲಾಗಿ ಮೊಬೈಲ್ ಒಂದನ್ನೇ ಬಳಸಬಹುದಾಗಿದೆ. ಉದಾ: ಟೆಲಿಫೋನ್, ಕ್ಯಾಮೆರಾ, ಕ್ಯಾಲ್ಕುಲೇಟರ್, ಕೈಗಡಿಯಾರಗಳು, ದಾಖಲೆಗಳ ಅಡಕಗಳು, ನಕ್ಷೆ ಹೀಗೆ ನೂರಾರು. ನಮ್ಮ ದೈನಂದಿನ ಬದುಕಿನಲ್ಲಿ ಮೊಬೈಲ್ ಫೋನ್ ಒಂದು ಅವಿಭಾಜ್ಯ ಅಂಗವಾಗಿದೆ ಎಂದರೆ ತಪ್ಪಾಗಲಾರದು. ಇದರ ಬಳಕೆ ತಿಳಿದಿಲ್ಲ ಎಂದರೆ ಅವನನ್ನು ಅಜ್ಞಾನಿ ಎಂದು ಕರೆದರೂ ಆಶ್ಚರ್ಯವಿಲ್ಲ. ತಂತ್ರಜ್ಞಾನ ಬಳಕೆಯಿಂದ ಎಷ್ಟು ಅನುಕೂಲಗಳವೆಯೋ, ಅಷ್ಟೇ ಅನಾನುಕೂಲಗಳು ಇವೆ.

ಮೋಸದ ಜಾಲಕ್ಕೂ ತಂತ್ರಜ್ಞಾನವು ವರದಾನವಾಗಿರುತ್ತದೆ. ಉದಾ: ನಮ್ಮ ಬ್ಯಾಂಕ್ ಖಾತೆಯನ್ನು ಹ್ಯಾಕ್ ಮಾಡಿ ನಮಗೆ ಗೊತ್ತಿಲ್ಲದೆ ನಮ್ಮ ಹಣವನ್ನು ದೋಚುವುದು, ಎಟಿಎಂ ಕಾರ್ಡ್ ಬಳಕೆ ಗೊತ್ತಿಲ್ಲದಿದ್ದರೆ ಸಹಾಯ ಮಾಡುವ ರೀತಿಯಲ್ಲಿ ಮೋಸ ಮಾಡಿ ನಮ್ಮ ಹಣವನ್ನು ಲಪಾಟಿಸುವುದು ಇಂತಹ ಘಟನೆಗಳು ದಿನನಿತ್ಯದ ಬದುಕಿನಲ್ಲಿ ಸಂಭವಿಸುತ್ತಿದೆ. ನಮ್ಮ ಆಸ್ತಿ, ಹಣ ಸುರಕ್ಷಿತವಾಗಿ ಇಟ್ಟುಕೊಳ್ಳಲಿಕಾದರೂ ನಾವು ತಂತ್ರಜ್ಞಾನದ ಜ್ಞಾನವನ್ನು ಪಡೆದುಕೊಳ್ಳುವುದು ಅತ್ಯವಶ್ಯಕವಾಗಿದೆ.

ಕಲಿಕೆಗೆ ಕೊನೆಯಿಲ್ಲ, ವಯಸ್ಸಿನ ಮಿತಿಯಿಲ್ಲ, ಇಂದಿನ ಆಧುನಿಕ ಜಗತ್ತಿನಲ್ಲಿ ಮಾಹಿತಿ ತಂತ್ರಜ್ಞಾನ ಬಳಕೆಯು ಅನಿವಾರ್ಯವಾಗಿರುವುದರಿಂದ ಎಲ್ಲಾ ವರ್ಗದ ಜನರು ಇತರರ ಮೇಲೆ ಅವಲಂಬಿತರಾಗದೆ ತಂತ್ರಜ್ಞಾನವನ್ನು ಅಭಿವೃದ್ಧಿಪಡಿಸಿಕೊಂಡು ನಮ್ಮ ಅಗತ್ಯ ಕೆಲಸಗಳನ್ನು ತಂತ್ರಜ್ಞಾನದ ಮೂಲಕ ನಾವೇ ನಿರ್ವಹಿಸುವ ಸಾಮರ್ಥ್ಯವನ್ನು ಹೊಂದಬೇಕು.

ವೇಗವಾಗಿ ಸಾಗುತ್ತಿರುವ ಇಂದಿನ ತಂತ್ರಜ್ಞಾನ ಯುಗದಲ್ಲಿ ನಾವು ನಮ್ಮ ಶಕ್ತ್ಯಾನುಸಾರ ತಂತ್ರಜ್ಞಾನದ ಅರಿವು ಮೂಡಿಸಿಕೊಂಡು ಕೇವಲ ತಂತ್ರಜ್ಞಾನವನ್ನೇ ಜೀವನವನ್ನಾಗಿಸಿಕೊಳ್ಳದೆ ಎಲ್ಲರ ಜೊತೆ ಸ್ನೇಹ ಸಂಬಂಧಗಳನ್ನು ಉಳಿಸಿಕೊಳ್ಳೋಣ, ಜೀವನದಲ್ಲಿ ಮೌಲ್ಯಗಳಿಗೆ ಒತ್ತುಕೊಟ್ಟು ಸೌಹಾರ್ದಯುತವಾಗಿ ಸಹ ಬಾಳ್ವೆ ನಡೆಸೋಣ.



## ಕೊರೊನಾ ಮತ್ತು ಸಾಮಾಜಿಕ ಸ್ಥಿತಿ-ಗತಿ ಒಂದು ಓರೆನೋಟ

‘ಬದುಕು ಜಟಿಲವಾಯಿತು, ವಿಧಿ ಅದರ ಸಾಹೇಬ, ಮದುವೆಗೋ ಮಸಣಕೋ ಬೇಕೆಂದ ಕಡೆಗೋಡು ಮಂಕುತಿಮ್ಮ’ ಎಂಬ ಡಿ.ವಿ. ಜಿಯವರ ಮಂಕುತಿಮ್ಮನ ಕಗ್ಗದ ಮಾತು ಕೊರೊನಾದ ಅಬ್ಬರವನ್ನು ನೋಡಿದಾಗ ನೆನಪಾಗುತ್ತಿದೆ. ಕೊರೊನಾ ಎಲ್ಲರ ವಿಧಿ ಬರೆಯುತ್ತಿರುವ ವಿಧಾತನಾಗುತ್ತಿರುವುದು ಈ ದಿನಗಳಲ್ಲಿ ಸಾಮಾನ್ಯವಾಗಿದೆ. ಎಲ್ಲರ ಮನಸ್ಸು ಭಯದಿಂದ ತಲ್ಲಣಗೊಂಡಿವೆ.

ಕೊರೊನಾ ಬಂದು ಸುಮಾರು 9-10 ತಿಂಗಳುಗಳು ಉರುಳಿದವು. ಹಲವಾರು ಸಾವು-ನೋವುಗಳು ಸಂಭವಿಸಿದವು. ದೇಶದಾದ್ಯಂತ ಜನರು ಅನೇಕ ಕಷ್ಟ-ನಷ್ಟಗಳನ್ನು ಅನುಭವಿಸಿದರು. ಇನ್ನೂ ಈ ಮಾರಿ ದೂರವಾಗಿಲ್ಲ. ನಮ್ಮ ರಾಜ್ಯದಲ್ಲಿ ಇದುವರೆಗೆ(ಸೆಪ್ಟೆಂಬರ್ 2020) ಸುಮಾರು 7 ಲಕ್ಷ ಜನ ಕೊರೊನಾ ಸೋಂಕಿತರಿದ್ದಾರೆ ಎಂದರೆ ಭಯವಾಗುತ್ತಿದೆ. ದಿನೇದಿನೇ ಈ ಸಂಖ್ಯೆ ಹೆಚ್ಚುತ್ತಿರುವುದು ಆತಂಕಕಾರಿಯಾಗಿದೆ.

ಸಮಾಜದ ಎಲ್ಲ ಕ್ಷೇತ್ರಗಳಾದ ವಾಣಿಜ್ಯ, ಉದ್ಯಮ, ಕೈಗಾರಿಕೆ, ಶಿಕ್ಷಣಕ್ಷೇತ್ರ, ಚಿತ್ರರಂಗ ಹೀಗೆ ಪ್ರತಿಯೊಂದು ಕ್ಷೇತ್ರದಲ್ಲೂ ಅಭಿವೃದ್ಧಿ ಎಂಬುದೇ ಇಲ್ಲ. ಎಲ್ಲ ಕುಂಠಿತಗೊಂಡಿವೆ. ಕೊರೊನಾ ರೋಗಿಗಳ ಆರೈಕೆಯಲ್ಲಿ ತೊಡಗಿದ್ದ ಅನೇಕ ವೈದ್ಯರೇ ಕೊರೊನಕ್ಕೆ ಬಲಿಯಾಗಿದ್ದಾರೆ ಎಂದರೆ ನಿಜಕ್ಕೂ ವಿಷಾದವಾಗುತ್ತಿದೆ. ರಾಷ್ಟ್ರಪತಿ ಪ್ರಣಬ್ ಮುಖರ್ಜಿ, ಪ್ರಸಿದ್ಧ ಗಾಯಕ ಎಸ್.ಪಿ.ಬಾಲಸುಬ್ರಹ್ಮಣ್ಯಂ ಮತ್ತು ಹಲವಾರು ಪ್ರಮುಖ ವ್ಯಕ್ತಿಗಳು ಕೊರೊನಾದಿಂದ ಕೊನೆಯುಸಿರೆಳೆದದ್ದು ಅತ್ಯಂತ ದುಃಖದ ಸಂಗತಿ.

ಅದೆಷ್ಟೋ ಕುಟುಂಬಗಳಲ್ಲಿ ಬಹಳ ಹತ್ತಿರದ ಸಂಬಂಧಿಗಳು, ತಂದೆ-ತಾಯಿ,

ಸೋದರ ಸೋದರಿಯರು, ಆಪ್ತಸ್ನೇಹಿತರು, ಬಂಧುಗಳು ಕೊರೊನಾಕ್ಕೆ ತುತ್ತಾಗಿದ್ದಾರೆ. ಇದರಿಂದಾಗಿ ಅನೇಕರಿಗೆ ಅನಾಥ ಪ್ರಜ್ಞೆ ಕಾಡುತ್ತಿದೆ. ಹೆಚ್ಚು ವಯಸ್ಸಾದವರು, ಚಿಕ್ಕ ವಯಸ್ಸಿನ ಮಕ್ಕಳು ಹೊರಗೆ ಹೋಗುವಂತಿಲ್ಲ. ಮನೆಯ ಒಳಗೆ ಇರಬೇಕು ಎಂಬ ನಿರ್ಬಂಧಕ್ಕೆ ಒಳಗಾಗಿದ್ದಾರೆ. ಕೊರೊನಾ ಹೇಗೆ ಆವರಿಸಿಕೊಳ್ಳುವುದು ಎಂದು ಭಯಭೀತರಾಗಿದ್ದಾರೆ.

ಬಡವರ ಬದುಕು ಸರಿಯಾದ ದುಡಿಮೆ ಇಲ್ಲದೆ ಬೀದಿಗೆ ಬಿದ್ದಿದೆ. ಊರಿಂದ ಊರಿಗೆ ಉದ್ಯೋಗ ಅರಸಿ ಬಂದವರ ಗೋಳಂತೂ ಹೇಳತೀರದು. ಅನೇಕರು ದಿನನಿತ್ಯದ ಊಟಕ್ಕಾಗಿ, ಆಶ್ರಯಕ್ಕಾಗಿ ಪರದಾಡಿದ್ದಾರೆ, ಅಲೆದಾಡಿದ್ದಾರೆ. ಅವರು ಅನುಭವಿಸಿದ ಕಷ್ಟ ನಷ್ಟಗಳನ್ನು ಹೇಳಲು ಸಾಧ್ಯವಿಲ್ಲ.

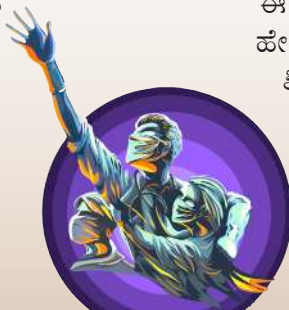
‘ಲಾಕ್ ಡೌನ್’ ತೆರವುಗೊಳಿಸಿದ ನಂತರ ಕ್ರಮೇಣ ಸಾಮಾಜಿಕ ಜೀವನ ಸುಧಾರಿಸುತ್ತಿದೆಯಾದರೂ, ಕೊರೊನಾದಿಂದ ಉಂಟಾದ ಹಾನಿಯಿಂದ ಚೇತರಿಸಿಕೊಳ್ಳಲು ತೊಳಲಾಡುತ್ತಿರುವುದಂತೂ ನಿಜ. ಶಿಕ್ಷಣ ಕ್ಷೇತ್ರದಲ್ಲಿ ಉಂಟಾದ ನಷ್ಟವಂತಿರಾ, ಬಹಳ ದೊಡ್ಡದು ಎಂದೆ ಹೇಳಬಹುದು. ಕೊರೊನಾ ಪ್ರಾರಂಭವಾದಾಗಿನಿಂದಲೂ ಮುಚ್ಚಿದ ಶಾಲಾ-ಕಾಲೇಜುಗಳು ಇದುವರೆಗೂ ಬಾಗಿಲು ತೆರೆದಿಲ್ಲ. ಹೇಗೋ ಪಿ.ಯು.ಸಿ ಮತ್ತು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ ಪರೀಕ್ಷೆಗಳು ಮುಗಿದುಹೋದವು. ಉಳಿದ

ವಿದ್ಯಾರ್ಥಿಗಳನ್ನು ಪರೀಕ್ಷೆಯೇ ಇಲ್ಲದೆ ಉತ್ತೀರ್ಣಗೊಳಿಸಿದ್ದಾಯಿತು. ಈ ವರ್ಷವೂ ಹಾಗೆಯೇ ಆಗುವುದೋ ಏನೋ ಹೇಳಲಾಗುವುದಿಲ್ಲ, ಅಂಥ ಪರಿಸ್ಥಿತಿ ಉಂಟಾಗಿದೆ. ‘ಆನ್ ಲೈನ್’ ಶಿಕ್ಷಣ ಎಷ್ಟರಮಟ್ಟಿಗೆ ಸಾರ್ಥಕವಾಗುತ್ತಿದೆ ಎಂಬುದು ಸಂಶಯ. ಚಿಕ್ಕ ಮಕ್ಕಳಿಗಂತೂ ಇದೊಂದು ಹೊರೆಯೇ ಸರಿ. ಜೊತೆಗೆ



**ಡಾ. ಕಿಶೋರ್ ಎಂ**

ಸಹಾಯಕ ಪ್ರಾಧ್ಯಾಪಕರು  
ಸೈಕಿಯಾಟ್ರಿ  
ಜಿ.ಎಸ್.ಎಸ್ ವೈದ್ಯಕೀಯ  
ಕಾಲೇಜು



samarthya

# SCRIBBLES



ಬಡ ವಿದ್ಯಾರ್ಥಿಗಳ ಬಳಿ ದುಬಾರಿ ಬೆಲೆಯ ಮೊಬೈಲ್ ಗಳಾಗಲೀ, ಲ್ಯಾಪ್ ಟಾಪ್ ಗಳಾಗಲಿ ಇರಲು ಸಾಧ್ಯವೇ? ಅಲ್ಲದೆ ಶಾಲೆಯಲ್ಲಿ ಗೆಳೆಯರೊಂದಿಗೆ ಬೆರೆತು ಕಲಿಯುತ್ತಿದ್ದ ಮಕ್ಕಳಿಗೆ, ಇಂದು ಬಂಧನದ ಕಲಿಕೆಯಾಗಿದೆ. ಮನೆಯೇ ಅವರಿಗೆ ಸೆರೆಮನೆಯಾಗಿದೆ. ಈಗಲೂ ಹೊಲ-ಗದ್ದೆಗಳಲ್ಲಿ ದುಡಿಯುವ, ಕೂಲಿ-ನಾಲಿ ಮಾಡಿ ಮಕ್ಕಳ ಶಿಕ್ಷಣಕ್ಕಾಗಿ ಶ್ರಮಿಸುತ್ತಿರುವ, ಮಕ್ಕಳ ಸುಂದರ ಭವಿಷ್ಯದ ಕನಸು ಕಾಣುತ್ತಿರುವ ಪೋಷಕರ, ತಂದೆ-ತಾಯಿಯರ ಬವಣೆ ಬಣ್ಣಿಸಲು ಸಾಧ್ಯವಿಲ್ಲ. ಇಷ್ಟಾದರೂ ಶೈಕ್ಷಣಿಕ ಪ್ರಗತಿಗಾಗಿ ಸರ್ಕಾರ ಅನೇಕ ಯೋಜನೆಗಳನ್ನು ಕೈಗೊಂಡು ಶ್ರಮಿಸುತ್ತಿದೆ (ಉದಾಹರಣೆಗೆ, ವಿದ್ಯಾಗಮ ಯೋಜನೆ). ಆದರೂ ಯಾವ ಸುಧಾರಣೆಯೂ ಕಂಡುಬರುತ್ತಿಲ್ಲ ಎಂದರೆ ತಪ್ಪಾಗಲಾರದು. ಇತ್ತೀಚೆಗೆ ಕೆಲವು ಶಿಕ್ಷಕರೂ,

ಮಕ್ಕಳೂ ಕೊರೊನಾ ಸೋಂಕಿತರಾಗಿರುವುದು ವರದಿಯಾಗಿದೆ. ಕೊರೊನಾದಿಂದ ಸಾಮಾಜಿಕ ಆರ್ಥಿಕ ಸ್ಥಿತಿ ತುಂಬಾ ದುರ್ಬಲಗೊಂಡಿದೆ. ಜನ ಆರ್ಥಿಕವಾಗಿ ಬಡವರಾಗಿದ್ದಾರೆ. ಎಲ್ಲರಿಗೂ ಇದು ಚಿಂತೆಗೀಡು ಮಾಡಿದೆ. ಕೊರೊನಾದಿಂದ ಮುಕ್ತರಾದರೆ ಸಾಕು ಎನಿಸಿದೆ ಕೊರೊನಾದಿಂದ ಬಿಡುಗಡೆ ಯಾವಾಗ, ಇದರ ಕೊನೆ ಹೇಗೆ ಎಂಬುದೇ ಪ್ರಶ್ನೆಯಾಗಿದೆ.

ಕೊರೊನಾವನ್ನು ಹೊಡೆದೋಡಿಸುವ ನಿಖರವಾದ ಪರಿಹಾರ ಇನ್ನೂ ಹೊಳೆದಿಲ್ಲ. ಹಲವೆಡೆ ಲಸಿಕೆಯ ಪ್ರಯೋಗಗಳು ನಡೆಯುತ್ತಿವೆ. ಅದರಲ್ಲಿ ನಮ್ಮ ಜಿ.ಎಸ್.ಎಸ್ ಮಹಾವಿದ್ಯಾಲಯ ಕೂಡ ಒಂದು ಎಂಬುದು ಹೆಮ್ಮೆಯ ವಿಚಾರ. ಆದಷ್ಟು ಬೇಗ ಒಳ್ಳೆಯ ಫಲಿತಾಂಶವು ಹೊರಬರಲಿ ಎಂದು ಆಶಿಸೋಣ.

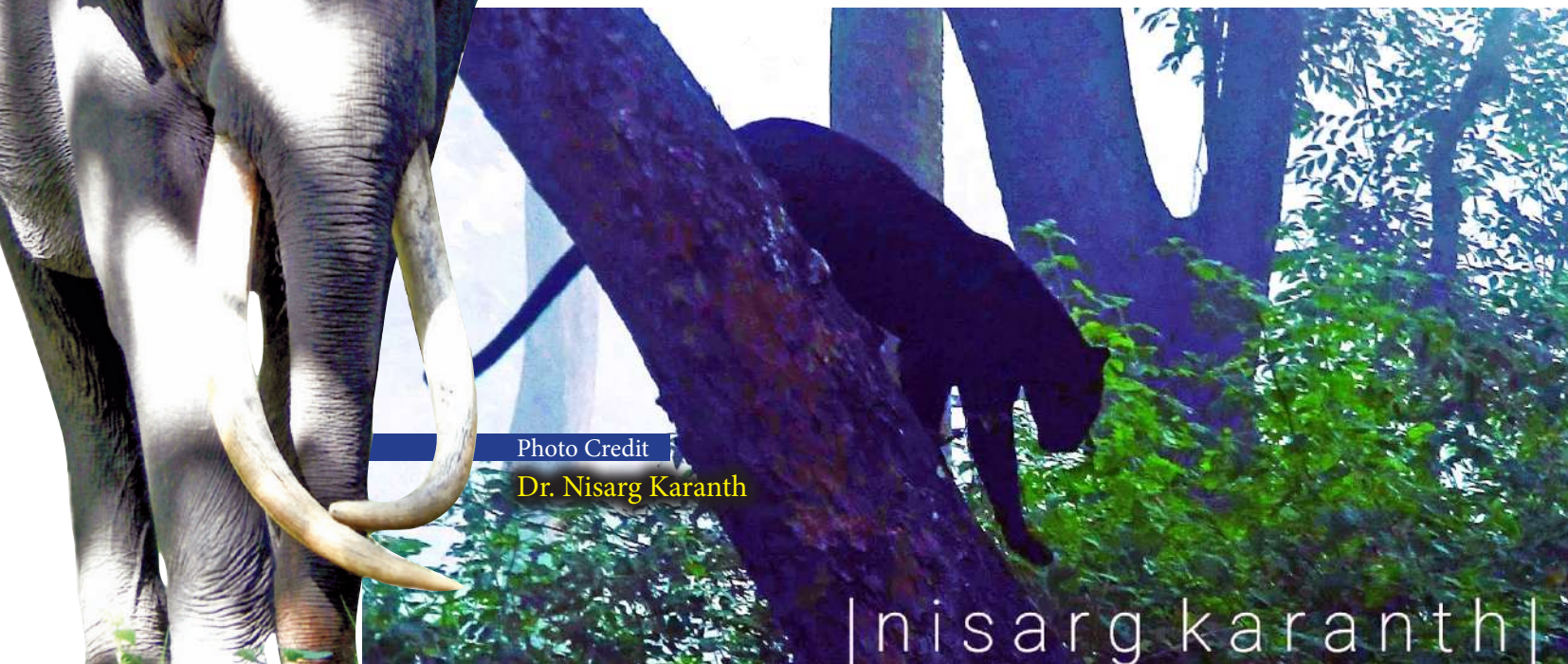


Photo Credit

Dr. Nisarg Karanth

|nisarg karanth|



# ಮುಖಗವಸು

ಈ ಶತಮಾನದ ಪ್ರಮುಖ ಜಾಗತಿಕ ದುರಂತ ಕೋವಿಡ್-19. ಈ ಸಾಂಕ್ರಾಮಿಕ ರೋಗವು ಮನುಕುಲದ ಮೇಲೆ ವಿನಾಶಕಾರಿ ಪರಿಣಾಮಗಳನ್ನು ಬೀರಿದೆ. ಕೋವಿಡ್-19 ಗೆ ಕಾರಣವಾದ ಕರೋನ ವೈರಸ್ ಕುಟುಂಬದ ಸಾರ್ಸ್ COV2 ವೈರಸ್ ವ್ಯಕ್ತಿಯು ಸೀನುವಾಗ / ಕೆಮ್ಮುವಾಗ ಹೊರಹಾಕಲ್ಪಡುವ ಸಣ್ಣ ಏರೋಸಾಲ್ ಹನಿಗಳ ಮೂಲಕ ಇತರರಿಗೆ ಹರಡುತ್ತದೆ. ವಿಶೇಷವಾಗಿ ಒಂದು ಮೀಟರ್ ಗಿಂತ ಕಡಿಮೆ ಅಂತರದಲ್ಲಿರುವ ವ್ಯಕ್ತಿಗಳಿಗೆ ಹರಡುವ ಸಂಭವ ಹೆಚ್ಚಾಗಿರುತ್ತದೆ. ಅಲ್ಲದೆ ವೈರಾಣುಗಳು ವಸ್ತುಗಳ ಮೇಲ್ಮೈಗಳಿಂದ ಸ್ವಯಂ ಇನಾಕ್ಟಿವೇಷನ್ ಮೂಲಕ ಪ್ರಸಾರವಾಗಬಹುದು.

WHO ಮತ್ತು ರೋಗ ನಿಯಂತ್ರಣ ಮತ್ತು ತಡೆಗಟ್ಟುವಿಕೆ ಕೇಂದ್ರಗಳಿಂದ ಈವರೆಗೂ ಯಾವುದೇ ನಿರ್ದಿಷ್ಟ ಅಥವಾ ಖಚಿತವಾದ ಚಿಕಿತ್ಸಾ ವಿಧಾನಗಳನ್ನು ಕಂಡುಹಿಡಿಯಲು ಅಥವಾ ಅನುಮೋದಿಸಲು ಸಾಧ್ಯವಾಗದ ಕಾರಣ ಸಾಮಾಜಿಕ ಅಂತರ ಕಾಯ್ದುಕೊಳ್ಳುವಿಕೆ, ಮುಖಗವಸು [ಮಾಸ್ಕ್] ಧರಿಸುವುದು, ಕೈ ಮತ್ತು ಮುಖ ಶುಚಿತ್ವ ಕಾಯ್ದುಕೊಳ್ಳುವಿಕೆ ಮುಂತಾದ ಕ್ರಮಗಳು ಸೋಂಕು ಹರಡದಂತೆ ತಡೆಯುವಲ್ಲಿ ಪ್ರಮುಖ ಪಾತ್ರ ವಹಿಸಿವೆ. ಈ ಮೂರು ಅಭ್ಯಾಸ ಕ್ರಮಗಳಿಂದಲೇ ವೈರಾಣು ಹರಡುವುದನ್ನು ಶೇ 91 ರಷ್ಟು ಕಡಿಮೆ ಮಾಡಬಹುದಾಗಿದೆ.

ಹಿಂದೆಲ್ಲಾ ಮುಖಗವಸುಗಳು ಕೆಲವು ನಿರ್ದಿಷ್ಟ ವಿಭಾಗದ ಕಾರ್ಯಕರ್ತರಿಗಷ್ಟೇ ಸೀಮಿತವಾಗಿದ್ದವು. ಕೋವಿಡ್ ತರುವಾಯ, ಅಧ್ಯಯನಗಳಿಂದ ತಿಳಿದು ಬರುವುದೇನೆಂದರೆ “ಮುಖಗವಸು ಧರಿಸುವಿಕೆ” ವೈರಾಣುವಿನ ಸಮುದಾಯ ಪ್ರಸಾರವಿಕೆಯನ್ನು ಗಮನಾರ್ಹವಾಗಿ ಕಡಿಮೆ ಮಾಡಲು ಸಹಾಯಕವಾಗಿದೆ. ಹಾಗಾಗಿ ಕೋವಿಡ್-19 ವಿರುದ್ಧ ಮಾನವನ ಹೋರಾಟಕ್ಕೆ ಮುಖಗವಸು ಒಂದು ಉತ್ತಮ ಆಯುಧವಾಗಿದೆ.

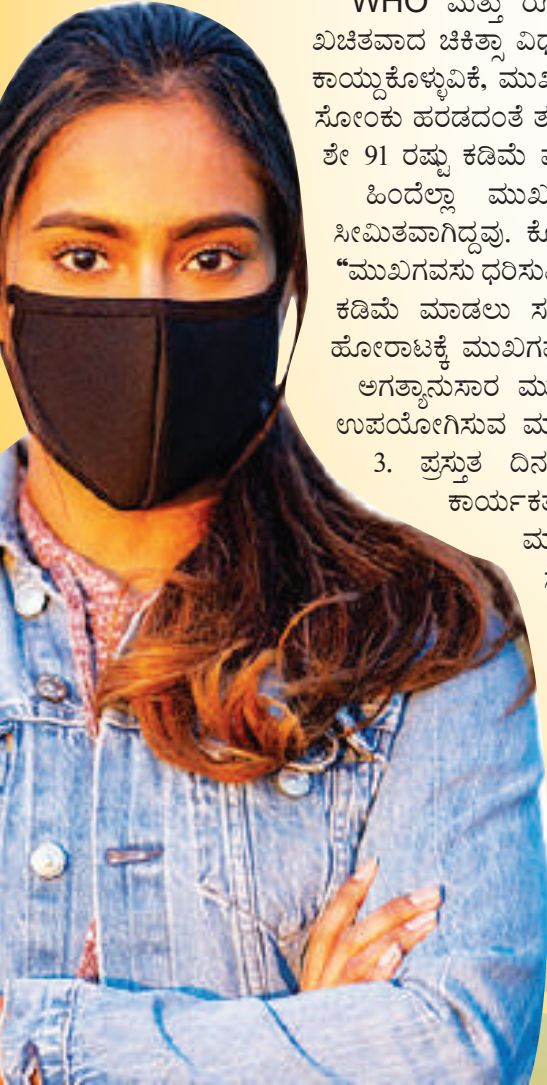
ಅಗತ್ಯಾನುಸಾರ ಮುಖಗವಸುಗಳಲ್ಲಿ ಅನೇಕ ವಿಧಗಳಿವೆ 1. ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಉಪಯೋಗಿಸುವ ಮಾಸ್ಕ್‌ಗಳು, 2 ಕಾರ್ಮಿಕರು ಉಪಯೋಗಿಸುವ ಮಾಸ್ಕ್‌ ಗಳು ಮತ್ತು 3. ಪ್ರಸ್ತುತ ದಿನ ಬಳಕೆಯ ಸಾಮಾನ್ಯ ಮಾಸ್ಕ್‌ಗಳು ಸಾಮಾನ್ಯವಾಗಿ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಉಪಯೋಗಿಸುವ ಮಾಸ್ಕ್ ಗಳನ್ನು ವೈದ್ಯಕೀಯ/ಸರ್ಜಿಕಲ್ ಮಾಸ್ಕ್ ಎಂದು ಕರೆಯುತ್ತಾರೆ. ವೈದ್ಯರು /ಕಾರ್ಯಕರ್ತರು ಚಿಕಿತ್ಸಾ ಸಮಯದಲ್ಲಿ ಈ ಮಾಸ್ಕ್ ಗಳನ್ನು ಉಪಯೋಗಿಸುವುದರಿಂದ ರೋಗಿ ಮತ್ತು ಚಿಕಿತ್ಸಕರ ನಡುವೆ ರೋಗಾಣು ವಿನಿಮಯವನ್ನು ತಡೆಯಬಹುದಾಗಿದೆ. ಕೋವಿಡ್ ದೆಸೆಯಿಂದ ಆರೋಗ ಇಲಾಖೆ ಸಿಬ್ಬಂದಿ ವಿಶೇಷ ಮಾಸ್ಕ್ ಗಳನ್ನು ಬಳಸುವಂತಾಯಿತು.

ಮೂಲತಃ ರೆಸ್ಪಿರೇಟೋರಿ ಮಾಸ್ಕ್ ಗಳನ್ನು ಗಣಿ ಕಾರ್ಮಿಕರು,

ಬಣ್ಣ ಹೊಡೆಯುವವರು, ಕಟ್ಟಡ ನಿರ್ಮಾಣ ಕೆಲಸಗಳಲ್ಲಿ ತೊಡಗಿರುವವರು ಉಪಯೋಗಿಸುತ್ತಿದ್ದರು. ಈ ಮಾಸ್ಕ್ ಗಳು ಮುಖದ ಮೇಲೆ ಅಚ್ಚುಕಟ್ಟಾಗಿ

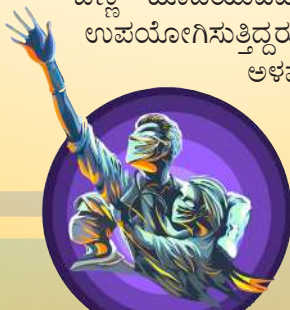
ಅಳವಡಿಕೆಯಾಗುವುದರಿಂದ ಅದರ ಬದಿಗಳಿಂದ ಗಾಳಿಯು ತಪ್ಪಿಸಿಕೊಳ್ಳಲು ಕನಿಷ್ಠ ಅವಕಾಶವಿರುತ್ತದೆ ಅಷ್ಟೇ. ಈ ಮುಖಗವಸುಗಳನ್ನು ಬಿಗಿಯಾಗಿ ನೇಯಲಾಗಿರುತ್ತದೆ.

samarthyaa



ಡಾ.ಪುಷ್ಪ ಎನ್.ಬಿ.

ಸಹಾಯಕ ಪ್ರಾಧ್ಯಾಪಕೆ,  
ಅಂಗ ರಚನಾಶಾಸ್ತ್ರ ವಿಭಾಗ,  
ಜೆ.ಎಸ್.ಎಸ್. ಮೆಡಿಕಲ್  
ಕಾಲೇಜು



ಅವುಗಳ ಪದರದ ಸ್ಥಾಯೀ ವಿದ್ಯುತ್ವಿನ ವಿದ್ಯುದಾವೇಶಗಳು ಸೂಕ್ಷ್ಮ ಜೀವಿಗಳು, ಹಾನಿಕಾರಕ ವಸ್ತುಗಳು ತೈಲ ಮತ್ತು ಅನೀಲ ಕಣಗಳಿಂದ ರಕ್ಷಣೆ ನೀಡುತ್ತವೆ. ಸಾಮಾನ್ಯವಾಗಿ ಪಾಲಿ ಪ್ರೊಪಿಲೀನ್ ನಿಂದ ಮಾಡಲ್ಪಟ್ಟ ಈ ಮಾಸ್ಕ್ ಗಳು ತಮ್ಮ ತೈಲ ಕಾನಾ ನಿರ್ಬಂಧಿಸುವ ಸಾಮರ್ಥ್ಯದ ಮೇಲೆ 'ಪಿ', 'ರ್' ಮತ್ತು 'ನ್' ಮಾಸ್ಕ್ ಗಳೆಂದು ಕರೆಯಲ್ಪಡುತ್ತವೆ.

'ಪಿ' ಮತ್ತು 'ರ್' ರೆಸ್ಪಿರೇಟೋರ್ ಮಾಸ್ಕ್ ಗಳು ಹೆಚ್ಚಾಗಿ ಕೈಗಾರಿಕಾ ಪರಿಸರದಲ್ಲಿ ಉಪಯೋಗಿಸಲ್ಪಡುತ್ತವೆ ಮಾತು 0.3 ಮ್ ಗಿಂತ ಹೆಚ್ಚಿನ ಗಾತ್ರದ ಕಣಗಳನ್ನು ತಡೆಯಬಹುದಾಗಿದೆ. ಸೂಕ್ಷ್ಮ ಕಣಗಳನ್ನು ತಡೆಯುವ ಸಾಮರ್ಥ್ಯಕ್ಕನುಗುಣವಾಗಿ ಅವುಗಳನ್ನು ನ್ಯೂ95, ನ್ಯೂ99 ಮತ್ತು ನ್ಯೂ100 ಮಾಸ್ಕ್ ಗಳೆಂದು ಹೆಸರಿಸಲಾಗಿದೆ. ನ್ 95 ಮಾಸ್ಕ್ ಗಳು ಶೇ 95% ಕಣಗಳನ್ನು ತಡೆಯುತ್ತದೆ. ನ್ಯೂ99 ಮತ್ತು ನ್ಯೂ100 ಮಾಸ್ಕ್ ಗಳು ಕ್ರಮವಾಗಿ ಶೇ 99% ಮತ್ತು 99.97% ಕಣಗಳನ್ನು ತಡೆಯುತ್ತದೆ. ಕರೋನ ವೈರಸ್ ಗಾತ್ರವು ಅತೀ ಕಡಿಮೆ, ಅಂದರೆ. 06-014 ಮ್ ಇದ್ದರೂ ಬೈನಿಯನ್ ಚಲನೆಯಿಂದಾಗಿ ಸುಲಭವಾಗಿ ಈ ಮಾಸ್ಕ್ ಗಳಲ್ಲಿ ನಿರ್ಬಂಧಿಸಲ್ಪಡುತ್ತದೆ.

ತೊಂಬತ್ತರ ದಶಕದಿಂದಲೂ ವೈದ್ಯಕೀಯ/ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಯ ಮಾಸ್ಕ್ ಗಳ ಉಪಯೋಗ ಪ್ರಚಲಿತದಲ್ಲಿತ್ತು. ಸಾಮಾನ್ಯವಾಗಿ ಫೇಸ್ ಮಾಸ್ ಎಂದು ಕರೆಯಲ್ಪಡುವ ಈ ಮಾಸ್ಕ್ ಗಳು ಧರಿಸುವ ವ್ಯಕ್ತಿಯನ್ನು ದೊಡ್ಡ ಕಣದ ಹನಿಗಳಿಂದ ರಕ್ಷಿಸುತ್ತದೆ. ಮುಖ್ಯವಾಗಿ ಇವು ರೋಗಿಯನ್ನು ಧರಿಸಿರುವ ವ್ಯಕ್ತಿಯ ಲಾಲಾರಸ ಮತ್ತು ಉಸಿರಾಟದಿಂದ ಸ್ವಿಸುವ ಸೂಕ್ಷ್ಮ ಜೀವಿಗಳಿಂದ ರಕ್ಷಿಸುತ್ತದೆ ಮತ್ತು ಧಾರಕನು ತನ್ನ ಮೂಗು ಬಾಯಿಗಳನ್ನು ಕಲುಷಿತ ಕೈಗಳಿಂದ ಸ್ಪರ್ಶಿಸುವುದನ್ನು ತಡೆಯುತ್ತದೆ. ಇವುಗಳ ಸಡಿಲ ನೇಯ್ಗೆಯ ಸ್ವಭಾವ ಮತ್ತು ಸಣ್ಣ ಕಣಗಳನ್ನು ತಡೆಯಲು ಅಸಮರ್ಥವಾದುದರಿಂದ ಕೆಮ್ಮುವಾಗ ಹಾಗು ಸೀನುವಾಗ ಹೊರ ಹಾಕಲ್ಪಡುವ ಸೂಕ್ಷ್ಮ ಜೀವಿಗಳಿಂದ ಅಷ್ಟಾಗಿ ರಕ್ಷಿಸುವುದಿಲ್ಲ. ಬಳಸಿದ ತರುವಾಯ ಸರಿಯಾದ ಕ್ರಮದಲ್ಲಿ ವಿಸರ್ಜಿಸುವುದು ಮುಖ್ಯವಾಗುತ್ತದೆ.

ಪರಿಣಾಮಕಾರಿ ಚಿಕಿತ್ಸೆ ಮತ್ತು ನಿರ್ದಿಷ್ಟ ಲಸಿಕೆಯ ಅಲಭ್ಯತೆಯಿಂದಾಗಿ ಸಮುದಾಯ ಮಟ್ಟದಲ್ಲಿ ರೋಗ ಹರಡುವುದನ್ನು ತಡೆಯಲು ಪ್ರತಿಯೊಬ್ಬರು ಸಾರ್ವಜನಿಕ ಸ್ಥಳಗಳಲ್ಲಿ ಮಾಸ್ಕ್ ಧರಿಸುವುದು ಉಚಿತವಾಗಿದೆ. ಈ ನಿಟ್ಟಿನಲ್ಲಿ 50 ಕ್ಕೂ ಹೆಚ್ಚು ದೇಶಗಳು ಸಾರ್ವಜನಿಕ ಸ್ಥಳಗಳಲ್ಲಿ ಮಾಸ್ಕ್ ಧರಿಸುವುದನ್ನು ಕಡ್ಡಾಯಗೊಳಿಸಿದೆ. ಎಲ್ಲರೂ ನ್ 95/ವೈದ್ಯಕೀಯ ಮಾಸ್ಕ್ ಗಳನ್ನು ಪಡೆಯಲು ಸಾಧ್ಯವಿಲ್ಲದ ಕಾರಣ ಸುಲಭವಾಗಿ ಕೈಗೆಟುಕುವ ಸಾಮಾನ್ಯ ಬಟ್ಟೆ ಮಾಸ್ಕ್ ಪ್ರಸ್ತುತ ಹೆಚ್ಚು ಬಳಸಲ್ಪಡುತ್ತಿವೆ. ಆದಕಾರಣ ಸರ್ಕಾರವು ವಿವಿಧ ಬಗೆಯ ಬಟ್ಟೆಯ ಮಾಸ್ಕ್ ಗಳ ತಯಾರಿಕೆಗೆ ಮತ್ತು ಬಳಕೆಯ ಬಗ್ಗೆ ಕೈಪಿಡಿಯನ್ನೇ ಬಿಡುಗಡೆ ಮಾಡಿದೆ. ನ್ಯೂ95 ಮಾಸ್ಕ್ ಗಳಷ್ಟೇ ಪರಿಣಾಮಕಾರಿಯಲ್ಲದಿದ್ದರೂ ಸಾರ್ವಜನಿಕ ಸ್ಥಳಗಳಲ್ಲಿ ವೈರಾಣು ಪ್ರಸಾರವಾಗುವಿಕೆಯನ್ನು ತಡೆಯುವಲ್ಲಿ ಸಾಮಾನ್ಯ ಮಾಸ್ಕ್ ಗಳು ತುಂಬಾ ಸಹಾಯಕವಾಗಿವೆ.

ಮುಖಗವಸು ಧರಿಸುವುದರಿಂದ ನಕಾರಾತ್ಮಕ ಪರಿಣಾಮಗಳು ತೀರಾ ಕಡಿಮೆ. ಸರಿಯಾದ ಅಳತೆಯ ಮುಖಗವಸನ್ನು ಸರಿಯಾದ ಕ್ರಮದಲ್ಲಿ ಧರಿಸಿದರೆ ಮಾತ್ರ ಪರಿಣಾಮಕಾರಿ. ಮಾಸ್ಕ್ ಗಳು ಮೂಗು ಮತ್ತು ಬಾಯಿಯನ್ನು ಗಲ್ಲದವರೆಗೆ ಪೂರ್ಣವಾಗಿ ಆವರಿಸುವಂತಿಲ್ಲದಿದ್ದರೆ ಮಾಸ್ಕ್ ಧಾರಣೆ ವ್ಯರ್ಥವಾಗುತ್ತದೆ.

ಮಾಸ್ಕ್ ಧರಿಸಿ, ಆರೋಗ್ಯವಾಗಿರಿ !!



# ಮಾನವ IN RED ZONE

ದೇವರು ಕಳಿಸಿದ ಭುವಿಯೆಂಬ  
ಗ್ರೀನ್ ಜೋನ್‌ಗೆ,  
ಆದರೇ ನಾವು ಬಂದಿದ್ದೇವೆ ದುರಾಸೆಯಿಂದಾ  
ರೆಡ್ ಜೋನ್‌ಗೆ.  
ಇತರ ಪ್ರಾಣಿ ಪಕ್ಷಿ ಪರಿಸರದಿಂದ ISOLATE ಆಗುತ್ತಾ,  
ಕಾಂಕ್ರೀಟ್ ಸಿಟಿಗಳಲ್ಲಿ  
AC ಗೋಡೆಗಳೊಳಗೆ  
Quarantine ಆಗುತ್ತಾ,  
ಪ್ರಾಯಶ್ಚಿತ್ತದಾ steriliser  
ನಿಂದ ಭವಿಷ್ಯಕ್ಕೆ  
ಕೈ ತೊಳೆಯುತ್ತಾ,  
ಹತ್ತಿರವಿದ್ದರೂ social distance  
ನಿಂದ ದೂರ ದೂರ  
ನಿಲ್ಲುತ್ತಾ,  
ಪ್ರಕೃತಿಯ  
ನೋಡಲವಮಾನದಿಂದ  
ನಾಚಿಕೆ ಎಂಬ ಮಾಸ್ಕ್  
ಹಾಕಿಕೊಳ್ಳುತ್ತಾ,  
ನಡೆಯುತ್ತಿದ್ದಾನೆ ಮಾನವ  
Population  
evolution ಎಂಬಾ  
ವಿಜ್ಞಾನಮಲಿನಲಿ ಇನ್ನೆಷ್ಟು  
Virus ಗಳ ಕೇಣಿಕೆ  
ಕಂಗಾಲಾಗುತ್ತಾ,  
Lock down ಬೇಕು  
ಆಸೆಗೆ  
Seal down ಬೇಕು  
ದುರಾಸೆಗೆ.  
ಮೈಸೂರು ತಿಮ್ಮ



**ಡಾ. ಶಶಿದ್ಧರ ಕೆ.ಸಿ.**  
ಪ್ರಾಧ್ಯಾಪಕರು  
ಜನರಲ್ ಮೆಡಿಸಿನ್  
ಜೆ.ಎಸ್.ಎಸ್. ಮೆಡಿಕಲ್  
ಕಾಲೇಜು

# ಭರವಸೆಯ ಬೆಳಕು

# ನಕ್ಷತ್ರಗಳು ಕತ್ತಲನಲ್ಲಯೇ ಕಾಣಿಸುವುದು

-ಮಾರ್ಣನ್ ಲೂಥರ್ ಕಿಂಗ್ ಜೂನಿಯರ್



ಜೀವನ ನಾವೆದುಕೊಂಡಂತೆ ಅಲ್ಲ. ದಾರಿಯಲ್ಲಿ ಹಳ್ಳಕೊಳ್ಳಗಳು, ಪರ್ವತಗಳು, ಬಿರುಗಾಳಿ-ಮಳೆಗಳು ಇವೆ. ನಮ್ಮನ್ನು ಬಡಿದು ಬೆಂಡಾಗಿಸುತ್ತವೆ. ಸೋತು ಕೈಚಲ್ಲಿ ಕೂತಾಗಲೇ ಕಾಣುವುದು “ಭರವಸೆ”.

ಕತ್ತಲು ಕಳೆದು ಹಗಲು ಬರುವುದು ಎಂಬ ನಂಬಿಕೆಯೇ ಭರವಸೆ.

ಇಲ್ಲೊಂದು ಕಥೆ... ಮರಳುಗಾಡಿನಲ್ಲಿ ಅರಳಿದ ಭರವಸೆಯ ಹೂವು... ವಾರಿಸ್ ಡಿರಿ...

“ನಮ್ಮದು ಸೊಮಾಲಿಯಾದ ಮರಳುಗಾಡಿನಲ್ಲಿ ಅಲೆದಾಡುವ ಕುರಿಗಾಹಿಗಳ ಕುಟುಂಬ. 1965ರಲ್ಲಿ ನಾನು 12 ಮಕ್ಕಳಲ್ಲಿ ಒಬ್ಬಳಾಗಿ ಹುಟ್ಟಿದೆ. ಕಡುಬಡತನ, ಕಷ್ಟದ ಜೀವನ.... ನಾನು 5 ವರ್ಷದವಳಾಗಿದ್ದಾಗ, ನನಗೆ ನಮ್ಮ ಪೈಶಾಚಿಕ ಬರ್ಬರ ಸಂಪ್ರದಾಯದ ಅನುಭವವಾಯಿತು. Female Genital Mutilation (FGM)... ಹೆಣ್ಣುಮಗುವಿನ ಜನನಾಂಗ ಎರೂಪ...

ಯಾರೋ ಮುದುಕಿ ಬಂದು ಮು- ರಿದ, ತುಕ್ಕು ಹಿಡಿದ ಬ್ಲೇಡಿನಿಂದ ನನ್ನನ್ನು ಕತ್ತರಿಸಿ ಬಿಸಾಕಿದಳು. ಜಾಲಿ ಮುಳ್ಳುಗಳಿಂದ ಚುಚ್ಚಿ ಹೊಲೆದಳು. ಊರಾಚಿಗಿರುವ ಗುಡಿಸಿಲಿನಲ್ಲಿ ನನ್ನ

ವಾಸ... ಬದುಕಿ ಉಳಿದಿದ್ದೇ ಪವಾಡ...

ಭರವಸೆ...

ಹೆಣ್ಣು ಮಕ್ಕಳು ಸಂಸಾರಕ್ಕೆ ಭಾರ... ನನಗೆ 13 ವರ್ಷ ಆದ-

‘ಕೂಡಲೇ ನನ್ನಪ್ಪ ನನ್ನ ಮದುವೆ ಗೊತ್ತು ಮಾಡಿದ.

60 ವರ್ಷದ, ಬಿಳಿಗಡ್ಡದ, ಕೋಲೂರಿ ನಡೆಯುತ್ತಿದ್ದ

ಮುದುಕ, ನನ್ನನ್ನು ಮೂರನೇ ಹೆಂಡತಿಯಾಗಿ

ಸ್ವೀಕರಿಸುತ್ತಿದ್ದ. ಬದಲಿಗೆ ನನ್ನ ತಂದೆಗೆ 5 ಒಂಟೆಗಳು.

ನನಗೆ ಇಷ್ಟವಿಲ್ಲ. ಕೇಳುವವರು ಯಾರು? ಅಮ್ಮನಿಗೆ

ಹೇಳಿದೆ. ಮದ್ಯರಾತ್ರಿ ಮನೆಬಿಟ್ಟು ಓಡಿದೆ;ಕತ್ತಲಿನ

ಮರಳುಗಾಡಿನೊಳಕ್ಕೆ, ದಿನಗಟ್ಟಲೆ ಓಟ...

ಹಿಂಬಾಲಿಸಿದ ತಂದೆಯಿಂದಲೂ ತಪ್ಪಿಸಿಕೊಂಡು

ಓಡಿದೆ... ಅಲೆಮಾರಿಗಳು ಕೊಟ್ಟ ಊಟ, ಪುಡಿಗಾಸು.

ಮೊಗದಿಶು ಪಟ್ಟಣಕ್ಕೆ ದಾರಿ ಕೇಳುತ್ತಾ ಓಡಿದೆ.

ಒಂದು ಮಧ್ಯಾಹ್ನ ನಿತ್ರಾಣಗೊಂಡು ಮರದಡಿ

ಮಲಗಿದ್ದೆ. ಕಣ್ಣು ಬಿಟ್ಟಾಗ ಸಿಂಹವೊಂದು ನನ್ನನ್ನೇ

ನೋಡುತ್ತಾ ನಿಂತಿತ್ತು. ಮೂಳೆ ಚಕ್ಕಳವಾಗಿದ್ದ

ನನ್ನನ್ನು ತಿನ್ನಲೊಪ್ಪದೆ ಬಿಟ್ಟು ಹೋಯಿತು... ನನ್ನ

ಭರವಸೆ ಇಮ್ಮಡಿಯಾಯಿತು. ಮೊಗದಿಶು ಪಟ್ಟಣದ

ಕೊಳಗೇರಿಯಲ್ಲಿ ಅಕ್ಕನ ಮನೆ ತಲುಪಿದೆ. ಅವಳ

ಬಾಣಂತಿತನ, ಮನೆಗೆಲಸ ಮಾಡಿದೆ. ಅವಳಿಗೆ ನಾನು

ಭಾರವಾದೆ. ಇನ್ನೊಬ್ಬರ ಮನೆಯಲ್ಲಿ ಕೆಲಸದವಳಾದೆ...



**ಪೂರ್ವಿಕಾ. ಕೆ. ಬಾಬು**

ಎಮ್. ಬಿ. ಬಿ. ಎಸ್

ವಿದ್ಯಾರ್ಥಿ(2016 - 2017)

ಜೆ. ಎಸ್. ಎಸ್ ವೈದ್ಯಕೀಯ

ಕಾಲೇಜು



samarthya





ಮೈಮುರಿಯುವ ದುಡಿತ... ಕಾಸಿಲ್ಲ...

ಅದೊಂದು ದಿನ... ಮನೆಗೆ ಮೊಹಮ್ಮದ್ ಚಾಮ ಫರಾ ಬಂದಿದ್ದರು. ಅವರು ಸೊಮಾಲಿಯಾದ ರಾಯಭಾರಿಯಾಗಿ 4 ವರ್ಷ ಲಂಡನ್ನಿಗೆ ತೆರಳಲಿದ್ದರು. ಅವರಿಗೆ ಮನೆಗೆಲಸದ ಸೇವಕಿ ಬೇಕಾಗಿತ್ತು. ನಾನು ಬೇಡಿಕೊಂಡೆ... ಒಪ್ಪಿದರು. ಪಾಸ್ ಪೋರ್ಟ್... ಕಾಗದ ಪತ್ರಗಳು ಬಂದವು. ನನ್ನ ಹೆಸರನ್ನು ಮೊದಲಸಲ ನೊಡಿದೆ.

ಲಂಡನ್ ನಲ್ಲಿ ನಾಲ್ಕು ಅಂತಸ್ತಿನ ಮನೆ... ಬೆನ್ನು ಮೂಳೆ ಮುರಿಯುವಂತ ಕೆಲಸ... ಅಡುಗೆ, ಪಾತ್ರೆ, ಬಟ್ಟೆ, ಮನೆ ಮತ್ತು ಮಕ್ಕಳು... ಬೆಳಿಗ್ಗೆ 5 ಗಂಟೆಯಿಂದ ರಾತ್ರಿ 12ರವರೆಗೆ ದುಡಿತ. ಒಂದು ದಿನ ಮಕ್ಕಳ ಶಾಲೆಯಲ್ಲಿ ಓರ್ವ ಮಗುವಿನ ತಂದೆ, 40ರ ಬಿಳಿ ಮನುಷ್ಯ ಮಾತನಾಡಿಸಿದರು. ಭಾಷೆ ಬಾರದು... ಅವರು ಕೊಟ್ಟ ಕಾರ್ಡ್ ತೆಗೆದುಕೊಂಡು ಓಡಿಬಂದೆ.

4 ವರ್ಷಗಳ ನಂತರ ಚಾಮಾರವರು ಹಿಂತಿರುಗಿ ಹೊರಟರು. ಮರಳುಗಾಡಿಗೆ ಹಿಂದಿರುಗಿದರೆ ಮತ್ತೆ ಕತ್ತಲು... ಲಂಡನ್ನಿನಲ್ಲಿಯೇ ಉಳಿಯಲು ನಿರ್ಧರಿಸಿದೆ... 'ಹಲವು' ಎಂಬ ಆಫ್ಟಿಕನ್ ಮಹಿಳೆ ನನ್ನ ಭರವಸೆಯಾದಳು. Mc Donald's ನಲ್ಲಿ ಪಾತ್ರೆ ತೊಳೆದೆ..... ಇಂಗ್ಲೀಷ್ ಕಲಿತೆ. ಜನರೊಡನೆ ಬೆರೆತೆ.

ಒಂದು ದಿನ ಹಳೆಯ ವಿಸಿಟಿಂಗ್ ಕಾರ್ಡ್ ಸಿಕ್ಕಿತು. ಅವರು ಮೈಕೆಲ್ ಗಾಸ್... ಮಾಡೆಲಿಂಗ್ ಫೋಟೋಗ್ರಾಫರ್..... ಅಲ್ಲಿಂದ ಹಿಂದಿರುಗಿ ನೋಡಲಿಲ್ಲ.... ರೆವಲಾನ್, ಗೂಚಿ, ಪ್ರಡಾ, ವೈ, ಎಸ್.ಎಲ್ ಕಂಪನಿಗಳಿಗೆ ಮಾಡೆಲಿಂಗ್ ಮಾಡಿದೆ. ಲಂಡನ್,

ಮಿಲನ್, ಟೋಕಿಯೋದಲ್ಲೂ ಮಾಡೆಲಿಂಗ್ ಮಾಡಿದೆ. ಆದರೆ ನನ್ನ ಭೂತಕಾಲ ಇನ್ನೂ ನನ್ನೊಡನೆ ಇತ್ತು. ಎಫ್.ಜಿ.ಎಮ್(F-GM)ನಿಂದ ನರಳುತ್ತಿದ್ದೆ... ಮೂತ್ರವಿಸರ್ಜನೆಗೆ 15 ನಿಮಿಷ.... ಹಿಂಡುವ ನೋವು... ಹನಿಹನಿಯಾಗಿ ಬೀಳುವ ಮೂತ್ರ.... ಋತು ಚಕ್ರವಂತೂ... ನರಕ ಯಾತನೆ...

ಗಟ್ಟಿ ಮನಸ್ಸು ಮಾಡಿ ಡಾಕ್ಟರ್ ಮೈಕೆಲ್ ಮೈಕ್ ಕ್ಲೇ ಅವರನ್ನು ಭೇಟಿಯಾದೆ. ಅವರ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯಿಂದ ನಾನು ಮೊದಲಿನಂತಾದೆ... "ವೂಷ್" ಎಂದು ಮೂತ್ರ ವಿಸರ್ಜಿಸುವ ಸಂತೋಷಕ್ಕೆ ಬೆಲೆಕಟ್ಟಲಾಗದು. ನಾನು ಬೆಳೆದೆ. ಬಿ.ಬಿ.ಸಿ ಮಾಡಿದ ಡಾಕ್ಯುಮೆಂಟ-ರಿಯಿಂದಾಗಿ, ನನ್ನ ತಂದೆ-ತಾಯಿ ಸಿಕ್ಕಿದರು. ದಿಟ್ಟ ಮನಸ್ಸಿನಿಂದ "ಮೇರಿ ಕ್ಲೇರ್" ಮ್ಯಾಗಜೀನ್ ಗೆ ನನ್ನ ಸತ್ಯಕಥೆ ಹೇಳಿದೆ. ಹೆಚ್ಚಿನ ಪ್ರಪಂಚಕ್ಕೆ ಗೊತ್ತಿಲ್ಲದ (FGM) ಬಗ್ಗೆ ಹೇಳಿದೆ, ವಿರೋಧಿಸಿದೆ. ನನ್ನ ಬೆಂಬಲಕ್ಕೆ ಜನ ನಿಂತರು. UN ರಾಯಭಾರಿಯಾಗಿ ಎಫ್.ಜಿ.ಎಮ್ ವಿರುದ್ಧ ಕೆಲಸ ಮಾಡಿದೆ. ನನ್ನಂತಹ ಸಾವಿರಾರು ಹೆಣ್ಣುಮಕ್ಕಳ ಧ್ವನಿಯಾದೆ. ಎರಡು ಮಕ್ಕಳ ತಾಯಿಯಾದೆ. ಈಗ ಆಸ್ತಿಯ ದೇಶದ ಪ್ರಜೆಯಾಗಿ ವಿಯನ್ನಾದಲ್ಲಿ ನೆಲೆಸಿದ್ದೇನೆ... "Desert flower" ಎಂಬ ಸಂಸ್ಥೆಯನ್ನು ನಡೆಸುತ್ತಿದ್ದೇನೆ.

ಕಡುಕಷ್ಟದ ಕಗ್ಗತ್ತಿನಲ್ಲಿ ಭರವಸೆ ಕಳೆದು ಕೊಳ್ಳಲಿಲ್ಲ ನಾನು...

"ನ ಕದಾಪಿ ಖಂಡಿತಃ" (Never broken)

"ಅಹಂ ಅಸ್ಮಿ ಯೋಧಾಃ " (I am a fighter)

# ಅಭಿಮಾನಿ

ಭೂಮಿಯನ್ನೆಲ್ಲಾ ಒಂದು ಸುತ್ತಿ ಸುತ್ತಿ ಕಾಲುಗಳು ಸೋತಾಗ ಈ ಊರಿನಲ್ಲಿ ಪ್ರಾಧ್ಯಾಪಕ ಹುದ್ದೆ ಪಡೆದು ಕಾಲೇಜಿನ ನನ್ನ ಕಛೇರಿಯಲ್ಲಿ ಲಿಯೋ ಟಾಲ್‌ಸ್ಟಾಯ್ ನ "ವಾರ್ ಅಂಡ್ ಪೀಸ್" ಮತ್ತು ಫ್ರೋಡೊರ್ ದೊಸ್ತೊಯೋವ್ನಿಯ "ಕ್ರೈಂ ಅಂಡ್ ಪನಿಶ್ಮೆಂಟ್" ಕೃತಿಗಳನ್ನು ಹರಡಿಕೊಂಡು ತರಗತಿಗಳಿಗೆ ಸಿದ್ಧನಾಗುತ್ತಿದ್ದೆ. ಮೊಬೈಲು ಫೋನ್ ರಿಂಗಣಿಸಿತು. ಯಾವುದೋ ಅಪರಿಚಿತ ನಂಬರ್. "ಹಲೋ ಯಾರು?" ಅಂದೆ. "ನಾನು ನಿಮ್ಮ ಅಭಿಮಾನಿ. ನಿಮ್ಮನ್ನು ಭೇಟಿಯಾಗಬೇಕು. ಹೊರಗಡೆ ಇದ್ದೇನೆ, ಒಳಗೆ ಬರಲೇ?" ಎಂದಿತು, ಅದು ಒಂದು ಮಹಿಳೆಯ ಸುಂದರವಾದ ಮತ್ತು ಅಷ್ಟೇ ಇಂಪಾದ ಧ್ವನಿ. ಆ ತಕ್ಷಣವೇ ಅದು ತುಂಬಾ ಪರಿಚಿತವಾದ ಧ್ವನಿ ಎಂದು ಅನಿಸಿತು. ದೇಶ ಸುತ್ತಿ, ಕೋಶ ಓಡಿ, ಪುಸ್ತಕಗಳನ್ನು ಬರೆದು ಲೇಖಕನಾಗಿ ಜನ ನನ್ನನ್ನು ಗುರುತಿಸುವಂತಾದಾಗ ಆಕಾಶದಲ್ಲಿ ತೇಲುತ್ತಿದ್ದೆ. ಬಾಗಿಲನ್ನು ತೆರೆದು ಒಳ ಬಂದಳು. ಕುಳಿತುಕೊಳ್ಳಲೇ? ಅಂದಳು. ಧಾರಾಳವಾಗಿ ಎಂದು ಮುಂದಿನ ಮೆತ್ತನೆಯ ಚೇರುಗಳನ್ನು ತೋರಿಸಿದೆ. ಅವಳು ಗಾಂಭೀರ್ಯದಿಂದ ಕುಳಿತುಕೊಂಡಳು. ಆ ಮುಖ ಜನ್ಮ ಜನ್ಮಾಂತರದ ಆಚೆಗೆ ಎಲ್ಲಿಗೋ ಕರೆದುಕೊಂಡು ಹೋಯಿತು. ಆ ಮುಖವನ್ನೇ ನೋಡುತ್ತಿದ್ದೆ. ಅದೇ ಕೋಪ, ಅದೇ ಬೆಕ್ಕಿನ ಕಣ್ಣುಗಳು,



ಡಾ. ಪ್ರಶಸ್ತ ಸಂತೇಕಡಾರು  
ಜೀವ ರಸಾಯನಶಾಸ್ತ್ರ ವಿಭಾಗ

ಅದೇ ಮುಂಗುರುಳು, ಅದೇ ಗತ್ತು. ಎಂತಹ ಜ್ವಾಲಾಮುಖಿಯನ್ನು ಕರಗಿಸಿ ನೀರಾಗಿಸುವಂತಹ ಅಪರೂಪದ ಸೌಂದರ್ಯ. ಅವಳು ನನ್ನನ್ನು ಹಾಗೆ ದಿಟ್ಟಿಸಿ ನೋಡುತ್ತಿದ್ದಳು.

"ಅವಳನ್ನೇಕೆ ಅನ್ಯಾಯವಾಗಿ ಕೊಂದಿರಿ?" ಎಂಬ ಪ್ರಶ್ನೆಯ ಬಾಣ.

"ಇಲ್ಲ, ಅವಳು ಸಾಯಲೇ ಬೇಕಿತ್ತು" ಎಂಬುದು ನನ್ನ ಉತ್ತರ.

"ಅದು ನಿಮ್ಮ ಪುರುಷ ಅಹಂ"

"ಅವಳು ಸತ್ತದ್ದಕ್ಕೆ ಒಂದು ಉತ್ತಮ ತಿರುವು ಸಿಕ್ಕಿದ್ದು"

"ಇಲ್ಲ, ಅದು ನಿಮ್ಮ ಅಹಂ. ಈ ನಿಮ್ಮ ಟಾಲ್‌ಸ್ಟಾಯ್‌ಗೂ ಆ ಪುರುಷ ಅಹಂ ಇತ್ತು. ಆ ಕಾರಣದಿಂದಲೇ ಅವನು ಅನ್ನಾಕರೆನೀನಾಳನ್ನು ಕೊಂದದ್ದು. ತನ್ನ ಇಳಿ ವಯಸ್ಸಿನಲ್ಲಿ ಹೆಂಡತಿಯೊಡನೆ ಜಗಳವಾಡಿಕೊಂಡು ಮನೆ ಬಿಟ್ಟು ಓಡಿ ಹೋಗಿ ರೈಲ್ವೆ ಸ್ಟೇಷನಿನಲ್ಲಿ ಸತ್ತದ್ದು" ಎಂದು ಮೇಲೆಯೇ ಇದ್ದ "ವಾರ್ ಅಂಡ್ ಪೀಸ್" ಕಾದಂಬರಿಯನ್ನು ಎತ್ತಿ ಟೇಬಲ್ಲಿನ ಮೇಲೆ ಕುಕ್ಕಿದಳು. ನಾನು ಅವಳನ್ನೇ ದಿಟ್ಟಿಸಿ ನೋಡುತ್ತಿದ್ದೆ.

"ಅವಳನ್ನು ಸತ್ತಿಲ್ಲ, ನಿಮ್ಮ ಮುಂದೆಯೇ ನಿಂತಿದ್ದಾಳೆ", ಎಂದು ಆ ಪಾತ್ರ ಜೋರಾಗಿ ಕೂಗಿಕೊಂಡು ಎದ್ದು ಹೊರಟೆ ಬಿಟ್ಟಿತು. ಹೋಗುವಾಗ ಬಾಗಿಲನ್ನು ಜೋರಾಗಿ ಹಾಕಿಕೊಂಡಿತು. ಆ ಶಬ್ದ ಪ್ರತಿಧ್ವನಿಯಾಗಿ ನನ್ನ ಹಳೆಯ ಪ್ರೇಮಲೋಕವನ್ನೆಲ್ಲಾ ಮನಸಿನ ಅಂತರಾಳದಿಂದ ಹೊರತಂದಿತು. ಕನಸಿನಿಂದ ಎದ್ದು ಕುಳಿತೆ.

# अमर भारत माँ है तू!

जब मुघलों ने किया अभिग्रहण, सोने की चिड़िया थी तू,  
सजा था तेरा अंग- अंग जैसे कोई नयी-नवेली बहु,  
वीर राजपूतों और मराठों ने संरक्षित रखी तेरी आबरू,  
हज़ारों पद्मिनियों ने अंगारों को त्यागा अपना जिस्म, संचित की अपनी रूह,  
अमर भारत माँ है तू।



लिए आँसू,  
कश्मीर की हो जंग, पाकिस्तान का आतंक,  
या चीन का कोई बम परमाणु  
तेरी विविध आबादी पे कभी आँच न आने देंगे हम, तेरी युवा पीढ़ी में है यह जादू,  
क्योंकि हमारी अमर भारत माँ है तू!

अंग्रेज़ों ने जब किये तुझपर अत्याचार,  
हुई आज़ादी की जंग शुरू,  
स्वाधीनता के लिए जलाई हमने उनकी किताबे, प्रारंभ किया उनका काल राहु,  
चतुर स्वतंत्रता सेनानी थे हमारे गांधी, शास्त्री, बोस, पटेल व नेहरू  
ब्रिटिश को तेरी मिट्टी से निर्वासित जवान करके, लोकतांत्रिक देश की उन्होंने पूरी की आरजू,  
अमर भारत माँ है तू।

हर रोज़ तेरे लिए सरहद पे,  
वीर न्योछावर करते हैं अपना लहू,  
जाने कितनी माँएं बहाती हैं अपने शहीद बच्चों के





## JAAGO BHARAT JAAGO

हमारी समाज में कई समस्याएं देखने को मिलती है। इन्हीं कई समस्याओं में से एक समस्या है बलात्कार। अब आप यह कहेंगे कि बलात्कार क्या है और यह जानना भी बहुत जरूरी है। जब कोई भी व्यक्ति किसी अन्य व्यक्ति के साथ जबरन शारीरिक व मानसिक संबंध बनाता है तो उसे बलात्कार कहा जाता है। और आजकल हमारे देश में इस बलात्कार की समस्या ने बहुत ही खतरनाक रूप धारण कर लिया है।

बलात्कार की घटनाएं आए दिन टीवी, इंटरनेट, अखबारों के माध्यम से हम लोगों तक पहुंचती है।

बलात्कार के बढ़ते स्तर को लेकर यह कहा जाता है कि टीवी इंटरनेट आदि के माध्यम से इस समस्या को बढ़ावा मिल रहा है। कहा जाता है कि महिलाओं के संग पहनावे से भी इस समस्या को

बढ़ावा मिल रहा है क्योंकि छोटे कपड़े पहनने की वजह से पुरुषों का ध्यान उनकी ओर आकर्षित होता है।



**Dr Sonal Goyal**  
Intern

मेरा मानना है कि अगर यह पहनावा पुरुषों को इतना आकर्षित करता है तो क्या यदि 6 माह या 5 साल की बच्चियों को 6 मीटर की साड़ी में लपेट दिया जाए तो क्या हमारे समाज को इस समस्या से निजात मिल जाएगा? “नहीं “ क्योंकि जिन पुरुषों की मानसिक सोच ही गंदी है, उनकी मानसिकता पर ग्रहण लगा हुआ है उन्हें इस बात से कोई फर्क नहीं पड़ता की उन महिलाओं का क्या पहनावा

है। यदि पुरुष नारी को सम्मान की नजर से देखना शुरू कर दें तो बलात्कार जैसी समस्याओं का अंत निश्चित है।

जिन महिलाओं के साथ ऐसा दुष्कर्म होता है उनका जीवन नर्क के समान बन जाता है। समाज

उन्हें अच्छी दृष्टि से नहीं देखता लोग उन्हें सहानुभूति के स्थान पर तरह-तरह के ताने देते हैं।

यह समाज में अच्छी तरह से नहीं जी पाते और तो और उनके परिवारों को भी यह प्रताड़ना सहनी पड़ती है। बलात्कार की शिकार महिलाओं को समाज,परिवार,सगे संबंधी,रिश्तेदारों, सभी से खुद को अलग रखना पड़ता है। उन्हें किसी से भी सहानुभूति नहीं मिल पाती, परिणाम स्वरूप कई बार आत्महत्या जैसे कदम उठा लेती हैं और अपने जीवन को समाप्त कर देती हैं ।

यदि देखा जाए तो चंद असामाजिक तत्वों के द्वारा ही बलात्कार नहीं किया जाता इसमें उच्च पद अधिकारी,बड़े-बड़े संत नाम जारी, पुलिसकर्मी ,वकील, डॉक्टर ,शिक्षक, जब ,परिजन ,दोस्त, प्रेमी, पिता, भाई, चाचा, मामा, सभी

यह समस्या सम्य व असम्य ,अनपढ़ व पढ़े-लिखे ,अमीर व गरीब, शहरी व ग्रामीण सभी लोगों की तरफ से जन्म ले सकती है। इस समस्या से निजात पाने के लिए सहानुभूति वअहिंसा का पालन करना होगा। सहानुभूति का अर्थ है कि दूसरे को कैसा महसूस होता है इसे हम खुद को उसके स्थान पर रखकर समझें , पीड़िता के स्थान पर उस स्त्री को रखकर सोचें जो उन्हें सबसे अधिक प्रिय हैं।

पीड़ित महिला जब मुकदमा दर्ज करती है तो वह

डॉक्टर, वकील द्वारा जो रवैया होता है उस से तंग आकर अकसर अपना मुकदमा वापस ले लेती है और कई तो रिपोर्ट तक नहीं कराती। यदि वे न्यायिक अधिकारी थोड़ा भी सहानुभूति व सम्मानभूति रखे और पीड़िता से ऐसे ग्रहण सवाल ना पूछे जो उस दुष्कर्म होने वाले समय से भी अधिक पीड़ा दें , तो इस तरह दुष्कर्मियों को सजा देना थोड़ा सरल हो जाएगा। मेरा यह मानना है की कानून द्वारा बलात्कारी को फांसी देने या नपुंसक बना देने से इस समस्या को रोका नहीं जा सकता।

न्यायिक दंड के साथ-साथ हमें अपने बच्चों एवं पुरुषों की मानसिकता में बदलाव लाना आवश्यक है। नारी को सम्मान की नजर से देखना आवश्यक है। हमारा भारत देश जहां पर नारी को देवी का अवतार समझा जाता है, वहां पर हर महिला को बहन एवं मां का दर्जा देना चाहिए। नारी की रक्षा करना अपना धर्म समझना चाहिए। तभी हम इस समस्या को जड़ से उखाड़ सकते हैं अन्यथा नहीं।

बलात्कार कभी छोटे कपड़ों की वजह से नहीं बल्कि छोटी सोच की वजह से होता है।

वह कहते हैं ना, दृश्य तब तक अश्लील नहीं हो सकता जब तक दृष्टि अश्लील ना हो।

-डॉ सोनल गोयल



# ज़रा मैं जी के देखूं

आज ज़रा मैं जी के देखूं।  
कर लिया बहुत मौत का सामना,  
आज ज़रा मैं जी के देखूं।

रो लिया बहुत, बहा दिए सैलाब,  
आज ज़रा मैं हंस के देखूं।  
कर ली बहुत और ने मनमानी,  
आज ज़रा एक कदम  
खुद से मैं चल के देखूं।

बना गए मार्ग सफलता का  
कैसे-कैसे महान दुनिया के लिए  
ज़रा एक रास्ता मैं भी बना के देखूं।

बनाकर एक नया रास्ता  
ज़रा उस मार्ग पर मैं चल के देखूं  
क्यों है सफलता की एक ही कुंजी  
ज़रा मैं भी एक बना के देखूं

क्यों नहीं भरते सब अपने मन की उड़ान  
एक उड़ान ज़रा मैं भी भर के देखूं,  
ज़रा उड़ के देखूं।

क्यों आज बदल दूं मैं अपनी सोच  
बिता बिता के जीवन अपना  
इस कठोर ज़माने में,

खो दिया है मैंने सब  
एक अनसुने फसाने में।



प्रज्ञा मिश्रा

बदल के कोई अपनी सोच  
नहीं बदल सकता इस ज़माने को  
परवाह नहीं रहती अपनी कभी  
बस समय मिलता है दूसरों को सताने  
को।

लगने लगा था कि नहीं कोई बुराई इस  
ज़माने में

पर खुशी होती है कि सब जान लिया है  
मैंने अनजाने में।

इसी बात से खुश, आज जरा मैं जी के देखूं  
सारे गम भुला के जरा मैं जी खोलकर हंस के देखूं  
ज़रा मैं जी के देखूं।



# कोरोना के योद्धा - विपत्ति में उम्मीद

# माँ

हो किसी की गलती या हो कोई रचेया इसका, पर मासूमों ने भी मोल चुकाया

लोगों के मुस्कुराते चेहरों पर, विपत्ति का ये बादल छाया  
कोरोना नाम की बीमारी ने, हर इंसान को जब घर के अंदर बैठाया  
कुछ इंसानों ने थामी उंगली, आगे बढ़ने का रास्ता दिखाया



प्रखर गोयल  
(पांचवीं सत्र)

फैलती गरीबी, पस्त व्यापार, बढ़ती बेरोजगारी का भी अंधियारा छाया  
उम्मीदों के घर, मंदिर, मस्जिद और गिरजाघर पर भी ताला पड़ा नजर आया

खुदा को भी अविश्वसनीयता का हमने तब बोध कराया

जब इंसानियत ने एक सुर में एक लय में दुआ मांगी, एक साथ सिर उठाया

नामुमकिन ने सामने अब अभूतपूर्व को खड़ा पाया  
गुणवत्ता बनी हथियार, फिर वीरों से बलिदान का चयन कराया  
किसी ने आला पहना, किसी ने पहनी खाकी, किसी ने घर बैठकर धर्म निभाया  
कोरोना के योद्धाओं ने लड़ी जंग, एक अद्भुत दृश्य नजर आया

लाखों ने जान दी, और ना जाने कितनों ने अपना घर गवाया  
इम्तिहान चुनौतीपूर्ण था, और हर बलिदान के लिए सम्मान जगाया

जंग अभी जारी है और लक्ष्य दूर, पर कम से कम नजर आया  
इसी हौसले के चलते बहुत जल्द ऐलान होगा, हमने देश को कोरोना मुक्त कराया।।



वो डांटती भी है वो समझाती भी है,  
वो मुस्कुरा कर गले से लगाती भी है।

वो रुठती भी है वो मनाती भी है,  
वो मूक कर मुझे समझ जाती भी है।

वो छोड़ती भी है वो अपनाती भी है,  
वो पोअंछ कर अशक मुझे हंसाती भी है।

वो संसार से घबराती भी है पर  
वो मेरे सपनों को अपना मानती भी है,  
हर हाल में पूरी हो मेरी आशाएं ऐसी मन्नत मांगती भी है।

वो जानती भी है वह बताती भी है,  
वो मेरे मासूम से सवालों पर खिलखिलाती भी है।

वो टूटती भी है वो शर्माती भी है,  
वो अक्सर अपनी बातों को मुझसे छुपाती भी है।



-सृष्टि मिश्रा  
अंतिम वर्ष

वो गौरी भी है वह काली भी है,  
वो दुर्गा भी है वो वीणा धारिणी भी है।

वह मेरा कण-कण है,  
मेरे रग-रग में बसी है वही।

उसी का अंश हूं मैं वही शक्ति और भक्ति मेरी।

मेरी माँ है वो।

samarthya

## JSS HOSPITAL - STEPPING UP TO THE CHALLENGE

The COVID-19 pandemic has posed numerous challenges to hospitals and hospital administrators: equipment shortages for both patients and health care workers; steep declines in revenue; and attendant staffing concerns.

### KEY CHANGES THAT HAPPENED DURING LOCKDOWN

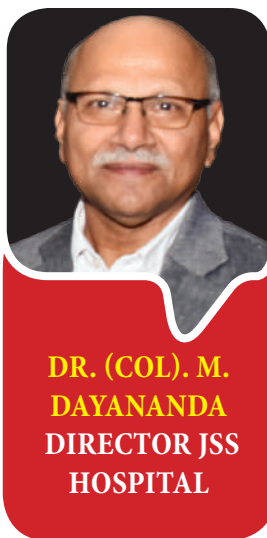
#### 1. INFRASTRUCTURAL CHANGES:

a) Modifications in infrastructure to ensure complete segregation between areas provide care to COVID-positive and COVID-suspected patients, including those coming in for emergency medical conditions. These were not only essential, but had to be achieved literally in a very short span of time, by utilizing our resources.

b) Managing emergency visits to the hospital came with additional challenges, as treatment could not be delayed or denied, pending the availability of reports to indicate the COVID status of the patient.

c) Creating areas of isolation entailed interventions to the air-handling units and creating rooms with negative air pressure to achieve maximal protection of all concerned.

#### 2. POLICIES, PROTOCOLS AND PROCESSES:



a. Creating and continuously refining/ updating protocols (given frequent modifications) based on the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Indian Council of Medical Research (ICMR) and the Government of India. All of these guidelines were central to:

- Minimizing the Impact of the Disease.
  - Preventing Transmission to Staff, Patients And Their Attendants.
    - Updating/ Modifying Treatment Protocols.
    - Reporting Compliance to Government Bodies.
    - Analyzing Data for Research Purposes, Etc.

b) Clarity in Communication:  
- Frequent and appropriate communication at all levels was essential to:

- Keep the staff constantly motivated.
  - Ensure adherence to protocols and laid-down processes.
- Allay the fears of possible breaches and their implications for the healthcare workers and their families.
- Dispel the varied fears and apprehensions of a heterogeneous group of people, who feared contraction of the viral disease more with families in mind rather than the self.
- In addition to standard methods of communication, including emails, WhatsApp, Zoom meetings, personal communication proved to be of great value.

c) The life of a healthcare administrator is

also constantly walking on the edge. Tackling challenges like restriction of movement and availability of materials, gathering additional manpower and ensuring travel safety of the staff, all required special arrangements. The ability to find quick solutions during these daily interactions was a true testament to the innovative abilities of every individual involved. We were able to organize emergency back-up accommodation, provision for delivery of food and beverages, and rapid rearrangement of shifts in order to meet the crisis. Even extremely unlikely scenarios were taken into consideration during the planning.

d) The commitment from all levels of staff was evident from their ability to assume responsibilities beyond their normal schedules and expertise. Flexibility in assuming different roles, and often at short notices and beyond the existing rota, was something that the nursing and junior medical staff handled with tremendous

willingness and courage. Senior clinicians and administrators also demonstrated an immense spirit of volunteerism.

### 3. VARIOUS CHALLENGES FACED:-

a) Postponement / Cancellation of elective surgical/diagnostic Procedures – many of which are often for care that is potentially life-saving, necessary to alleviate pain and suffering, or to restore individuals to full health. Due to this pandemic there was 70-80 per cent drop in patient footfalls and , test volumes

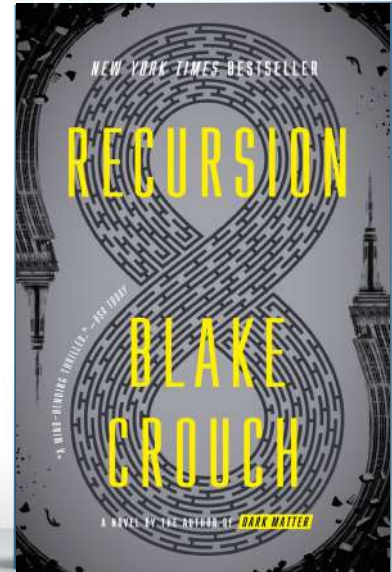
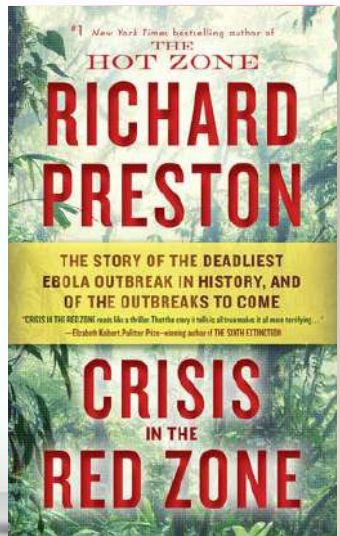
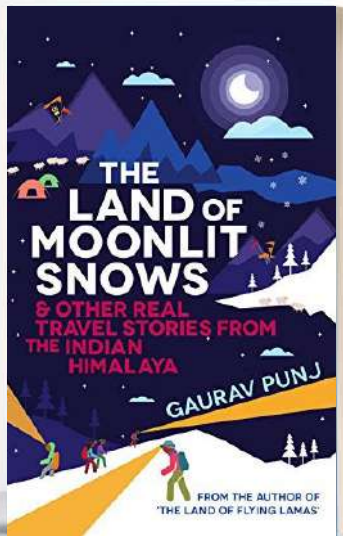
b) The hospital has not laid off any team members. In fact, overworked team members are experiencing burnout, because of the high demands of treating COVID-19 patients and working long hours.

c) Limited resources like PPEs – few consultants and volunteers stepped up and helped with some innovative models and were made available with the help of government interventions, but costs are high.



samarthya





Bookshelf...  
a treasure chest  
for the curious  
mind

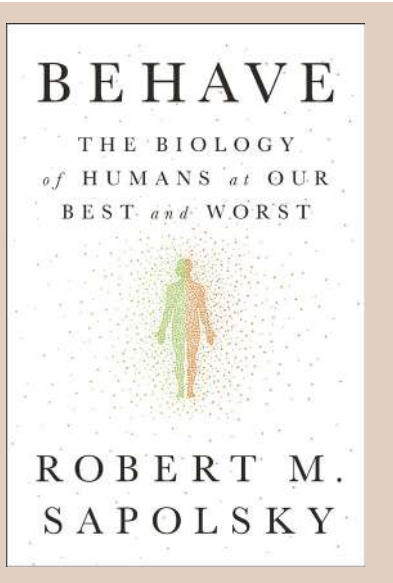


TANUJA.K.N  
(7th Term)

# Behave: The Biology of Humans at Our Best and Worst

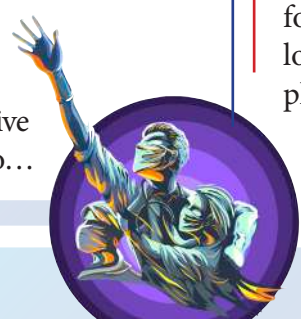
Book by Robert Sapolsky

Why do we do the things we do? The starts by looking at the factors that bear on a person's reaction in the precise moment a behavior occurs, and then hops back in time from there, in stages, ultimately ending up at the deep history of our species and its evolutionary legacy. What went on in a person's brain a second before the behavior happened? Then the author pulls out to a slightly larger field of vision, a little earlier in time: What sight, sound, or smell caused the nervous



system to produce that behavior? And then, what hormones acted hours to days earlier to change how responsive that individual is to the stimuli that triggered the nervous system? By now the author has increased our field of vision so that we are thinking about neurobiology and the sensory world of our environment and en-

docrinology in trying to explain what happened. The author keeps going: How was that behavior influenced by structural changes in the nervous system over the preceding months, by that person's adolescence, childhood, fetal life, and then back to his or her genetic makeup? Finally, the author expands the view to encompass factors larger than one individual. How did culture shape that individual's group, what ecological factors millennia old formed that culture? And on and on, back to evolutionary factors millions of years old. The result is one of the most dazzling tours d'horizon of the science of human behavior ever attempted, a majestic synthesis that harvests cutting-edge research across a range of disciplines to provide a subtle and nuanced perspective on why we ultimately do the things we do...

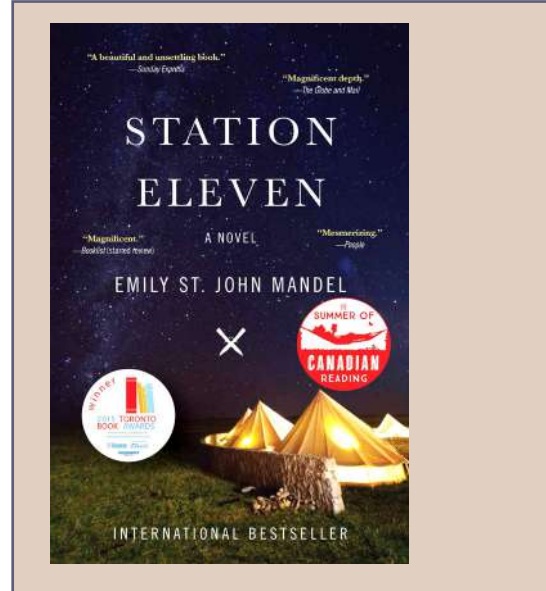


# Station Eleven

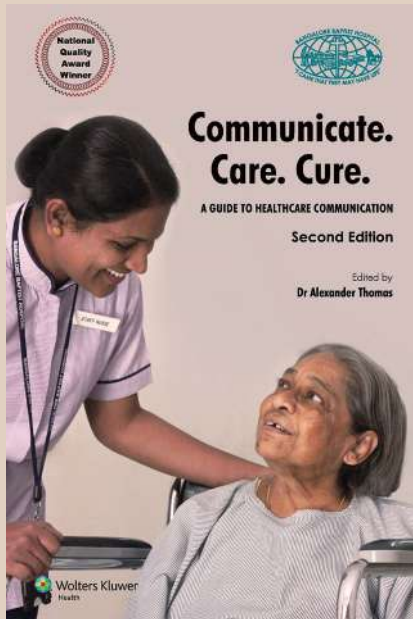
By Emily St. John Mandel

It's an audacious, darkly glittering novel about art, fame, and ambition set in the eerie days of civilization's collapse. One snowy night a famous Hollywood actor slumps over and dies onstage during a production of King Lear. Hours later, the world as we know it begins to dissolve. Moving back and forth in time—from the actor's early days as a film star to fifteen years in the future, when a theater troupe known as the Traveling Symphony roams the wasteland of

what remains—this suspenseful, elegiac, spell-binding novel charts the strange twists of fate that connect five people: the actor, the man who tried to save him, the actor's first wife, his oldest friend, and a young actress with the Traveling Symphony, caught in the crosshairs of a dangerous self-proclaimed prophet. Sometimes terrifying, sometimes tender, Station Eleven tells a story about the relationships that sustain us, the ephemeral nature of fame, and the beauty of the world as we know it. In Year Twenty, Kirsten, who was eight when the flu hit, is interviewed about her memories, and says that the new reality is hardest to bear for those old enough to remember how the world was before. "The more you remember, the more you've lost," she explains – a sentiment that could apply to any of us, here and now.



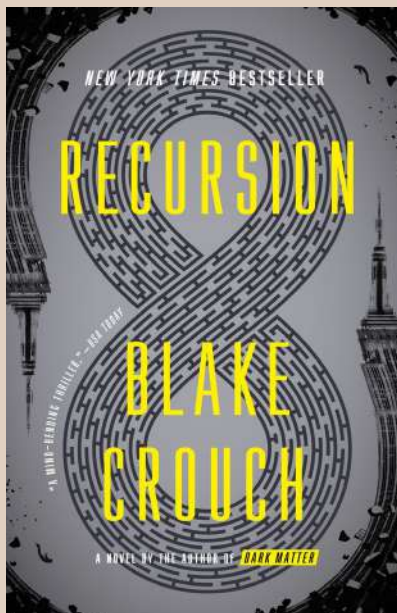
samanthya



# Communicate.Care.Cure.: A guide to Healthcare Communication

**Book by Alexander Thomas**

This book aims to increase awareness about the importance of communication in health care. Written by healthcare professionals and Communication experts, it is replete with real-life scenarios that readers can identify with, and will serve as a guide to effective and efficient communication that affects the most important stakeholders in health care – The patient. The authors have brought in their unique way of smooth amalgamation of law, ethics and behavior into dealing with patients into this book. It aims to increase awareness about the significance of communication in healthcare and will serve as a guide to effective and efficient communication that keeps in mind the interests of the most important Stakeholder in health care- the patient.



# Recursion

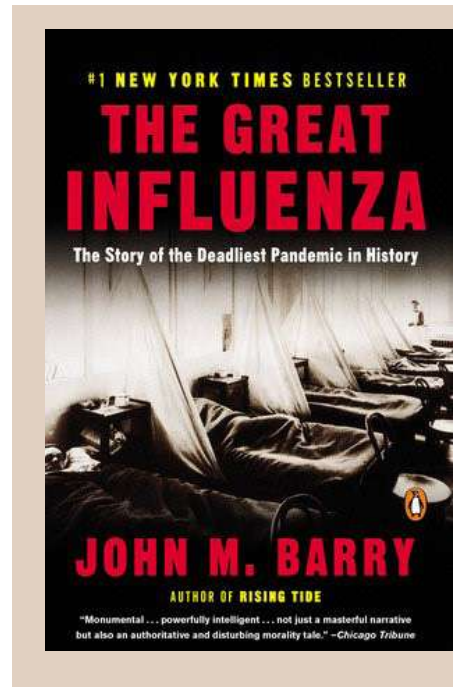
**Book by Blake Crouch**

A breath-taking exploration of memory and what it means to be human, Recursion is a suspense thriller about time, identity, and memory. That's what New York City cop , Barry Sutton is learning as he investigates the devastating phenomenon the media has dubbed False Memory Syndrome—a mysterious affliction that drives its victims mad with memories of a life they never lived. At first, it looks like an epidemic that spreads through no known means, driving its victims mad with memories of a life they never lived. What if someone could rewrite your entire life? 'My son has been erased.' Those are the last words the woman tells Barry Sutton, before she leaps from the Manhattan rooftop. Deeply unnerved, Barry begins to investigate her death, only to learn that this wasn't an isolated case. All across the country, people are waking up to lives different than the ones they fell asleep to. Are they suffering from False Memory Syndrome, a mysterious, new disease? Or is it something far more sinister behind the fracturing of reality all around him? Miles away, neuroscientist Helena Smith is developing a technology that allows us to preserve our most intense memories, and relive them. Barry's search for the truth leads him on an impossible, astonishing journey, as he discovers that Helena's work has yielded a terrifying gift - the ability not just to preserve memories, but to remake them...at the risk of destroying what it means to be human.

# The Great Influenza: The story of the deadliest pandemic in history

**Book by John M. Barry**

At the height of World War I, history's most lethal influenza virus erupted in an army camp in Kansas, moved east with American troops, then exploded, killing as many as 100 million people worldwide. It killed more people in twenty-four months than AIDS killed in twenty-four years, more in a year than the Black Death killed in a century. But this was not the Middle Ages, and 1918 marked the first collision of science and epidemic disease. The pandemic began in 1918 and ended in 1920. Worldwide, the virus itself caused an estimated 20 to 100 million deaths most of which occurred between September 1918 and early 1919. The Author also describes the remarkable transformation of U.S. medical education just prior to 1918. That transformation not only helped America cope with the pandemic but also continues to influence medical research and practice today. Magisterial in its breadth of perspective and depth of research, *The Great Influenza* provides us with a precise and sobering model as we confront the epidemics looming on our own horizon. The author has now written a new afterword for this edition that brings us up to speed on the terrible threat of the avian flu and suggests ways in which we might head off another flu pandemic.

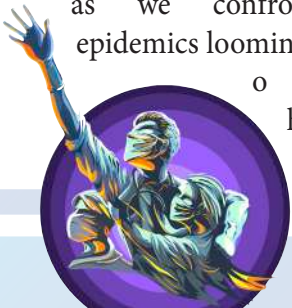
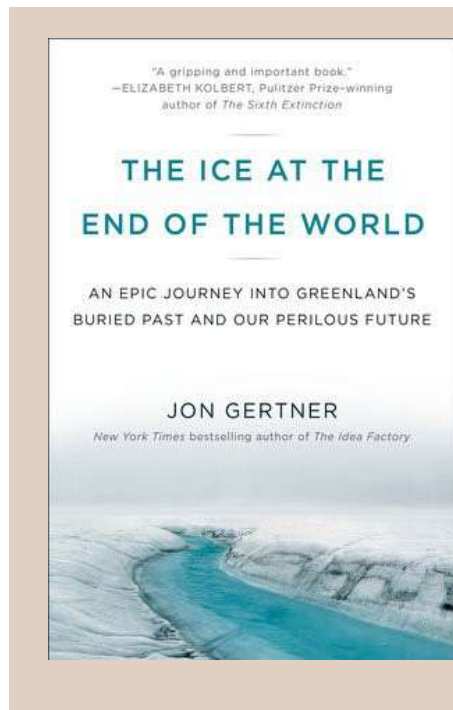


# The Ice at the End of the World: An Epic Journey Into Greenland's Buried Past and Our Perilous Future

**Book by John M. Barry**

At the height of World War I, history's most lethal influenza virus erupted in an army camp in Kansas, moved east with American troops, then exploded, killing as many as 100 million people worldwide. It killed more people in twenty-four months than AIDS killed in twenty-four years, more in a year than the Black Death killed in a century. But this was not the Middle Ages, and 1918 marked the first collision of science and epidemic disease. The pandemic began in 1918 and ended in 1920. Worldwide, the virus itself caused an estimated 20 to 100

million deaths most of which occurred between September 1918 and early 1919. The Author also describes the remarkable transformation of U.S. medical education just prior to 1918. That transformation not only helped America cope with the pandemic but also continues to influence medical research and practice today. Magisterial in its breadth of perspective and depth of research, *The Great Influenza* provides us with a precise and sobering model as we confront the epidemics looming on our own horizon.



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# Soaring high is our nature:

## Achievements of a JSS Almu

My medical journey started from JSS Medical College, Mysore University, went to UK for post graduate training, I did my Fellowship in Anaesthesia from the College of Anaesthetist, Ireland and Membership from the Royal College of Anaesthetisa, UK. I secured the prestigious medical training program of the Northern Ireland, Deanery. During my tenure as a trainee in a medical rotation, I led the Cardiac Arrest Team, the Mobile Cardiac ICU and has lysed the patients in the community, and successfully resuscitated cardiac arrests in the community.

I gained extensive experience working in the Tertiary Intensive Care Unit in Belfast for three years which mainly deals with trauma. I was associated with Europe's leading Air ambulance company, based out of Oxford and transferred Level 2 to Level 3 patients across the world. I have retrieved patients from 5 countries, 2 continents in 72 hours and has undeteringly airlifted patients from Libya, Mauritania in midst of the turmoil. I did my ECMO specialist program from Leicester Glenfield Hospital UK, (June 2015) and launched the first ever Airborne ECMO in India.

I returned back to India and started this service 5 years ago and we have achieved quite a few important milestones. India is 30 years behind in Pre-hospital Emergency Services especially using HEMS (Helicopter Emergency Medical Services). We are working very hard and striving towards starting this service of primary HEMS free of cost for every citizen of India.

During the Kerala floods, for the first time ever in India history, a fully loaded ICU chopper was pressed into action by a private player, ICATT air ambulance, air-lifting patients from relief camps creating a command centre in the Chengannur National Health Mission hospital and creating a "Track and Trigger" system, which was done free of cost. I am also the Chairperson for ICATT Foundation, and Founder Volunteer for Covid INDIA Campaign, wherein we did 4cr worth of donations of N95, PPE to the front line and second line and headed the Mission COPE for the Convalescence Plasma donation with HCG and Karnataka Govt.



**DR SHALINI NALWAD**  
**MBBS.,FCAI., MRCA(UK)**  
**Chairperson ICATT Foundation**  
**Co-Founder Director ICATT Air ambulance Services**  
**Director PHEM Education Pvt Ltd**

The pinnacle of my career and the most unforgettable transfer was when I flew the WALKING GOD, Shri Siddaganga Swamiji from Tumkur Mutt to Chennai and back.

I am the creative director for NODAC (National Organ Donation Awareness Campaign), an initiative to educate medical students and doctors on organ retrieval, perfusion, transport and airlifting, I am very passionate about organ transplant.

COVID Crisis: Since the lock-down in March this year, ICATT got into the struggle against the Covid Crisis in its own unique way. They did Multiple Ground break Aero-Medical retrievals during this period:

- First Aero-Medical transport of an Indian patient from Afghanistan to Hyderabad after lock-down
- Longest ever Aero-Medical transport of an Indian patient by an Indian Air ambulance from South-Africa to Chennai done by a single team.

- First Covid recovered patient Airlifted from Delhi to Chennai for Lung transplant.
- First Active Covid patient Airlifted in Isolation pod from Kolkata to Chennai
- First Covid patient, Indian national, initiated on ECMO abroad (Kathmandu) and airlifted back to India on ECMO.
- First Active Covid patient on ECMO in an Isolation pod (first in the world) from Ranchi – Chennai.
- Maximum number of ECMO Aero-Medical transfers done in a month (20) by anyone in the world.

DHOOP, Dhakka Entrepreneurship by design, a book authored by Arun Lal & Deepa Ghadge dedicates an entire chapter on ICATT.

I strongly relate to JSS Medical College and have taken some strong learnings from my Alma Mater and the Dean Sri Basavana Gowda that is hard work and humility. My medical college days of discipline and hardwork and Swamiji's blessings has always been a guiding light towards taking challenges head-on in this green field project of India.

Perspective of a JSSMC alumni

# COVID-19: What next? Personal protective equipment for our mental health



As the world is pushing itself out of the Novel Coronavirus disease (COVID-19) pandemic, we need to assess the damage it has done. This should be done not only through morbidity and economic effects but also from the psychological viewpoint at various levels: at the levels of an individual, family, society and human beings as a whole. A few understood effects at the individual level are the obvious health and financial burden, with post-COVID-19 sequelae, loss of jobs, and uncertainty of employment. At the family level, many have lost their beloved ones and are stranded alone and helpless. At the level of society, we may understand how collective responsibility works to protect one another, how society stigmatizes anything alien to it until the majority themselves experience it. It shows what we have prioritized as a society and how healthcare burden remains exposed to its inadequacy. It shows us how politics is closely associated with the public health-related decisions taken, their

## Dr. Swarna Buddha Nayok (Alumni)

After graduating from JSS Medical College, Mysore in 2014, I completed Diploma in



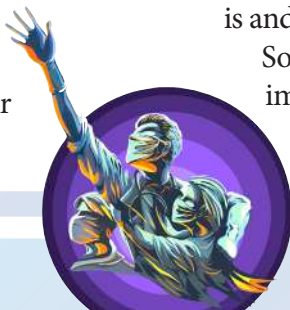
Psychological Medicine (DPM) at Kasturba Medical College, Manipal (2017) and then finished MD in psychiatry from Sri Siddhartha Medical College, Tumkur (2020). Now, to pursue my research interest, I have joined

the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore as a PhD Scholar in Clinical Neurosciences. My interests span from understanding the etiopathogenesis of schizophrenia to the effect of media and culture in psychiatry.

implementation and outcomes. At the level of a species, we now realise how vulnerable our existence is and how little we have progressed in our survival.

Something that cuts across these levels and remains important throughout is our will and wish to fight back adversities. During this tough period, our

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resilience is being tested every day. Resilience is a term borrowed from physics while retaining its exact meaning: it is the ability of an object to spring back to its original conditions. However, as humans, we can never go back to where we were before the pandemic as experiences and events do not disappear. The economy, the healthcare, the individual health status, all may return to pre-pandemic condition, but we will not. That is not as bad as it sounds, as now we are trying to overcome the pandemic through our resilience. It changes our perspectives, our outlook and our priorities. We may come out bruised, but we will be stronger. We now need to understand that scars are not going to be erased, but be a part of us. All of this is related to our psychology. On one hand, we are staring at the possibility of overwhelming the mental health care system with emerging psychological and psychiatric problems.

What did we do when the pandemic peaked and

healthcare broke down? We used personal protective equipment. We need the same of our mental health too, we need to find our masks, shields and sanitisers. We need to wash our minds regularly, just like we washed our hands. We need to build us and this shall be our mask, nothing adverse can penetrate it. A calmer and calculated approach to problems shall be our mind-shield, which will give us further protection. We should not lose hope, this is our sanitiser, which will rinse out the negativity. When we adhere to these, we bring about changes as all the previously mentioned levels. Our mind is not just an individualised possession, it is often shared through the society. We need to learn from this pandemic that how easy it is to lose all that is precious to us, helplessly. This is not to scare, but to alert. We certainly do not need to panic about pandemics each decade, but we should be aware of what to do if it comes. That will be our continued resilience and extended hope.



Photo Credit

**Ann Maria Dominic**  
2nd Term

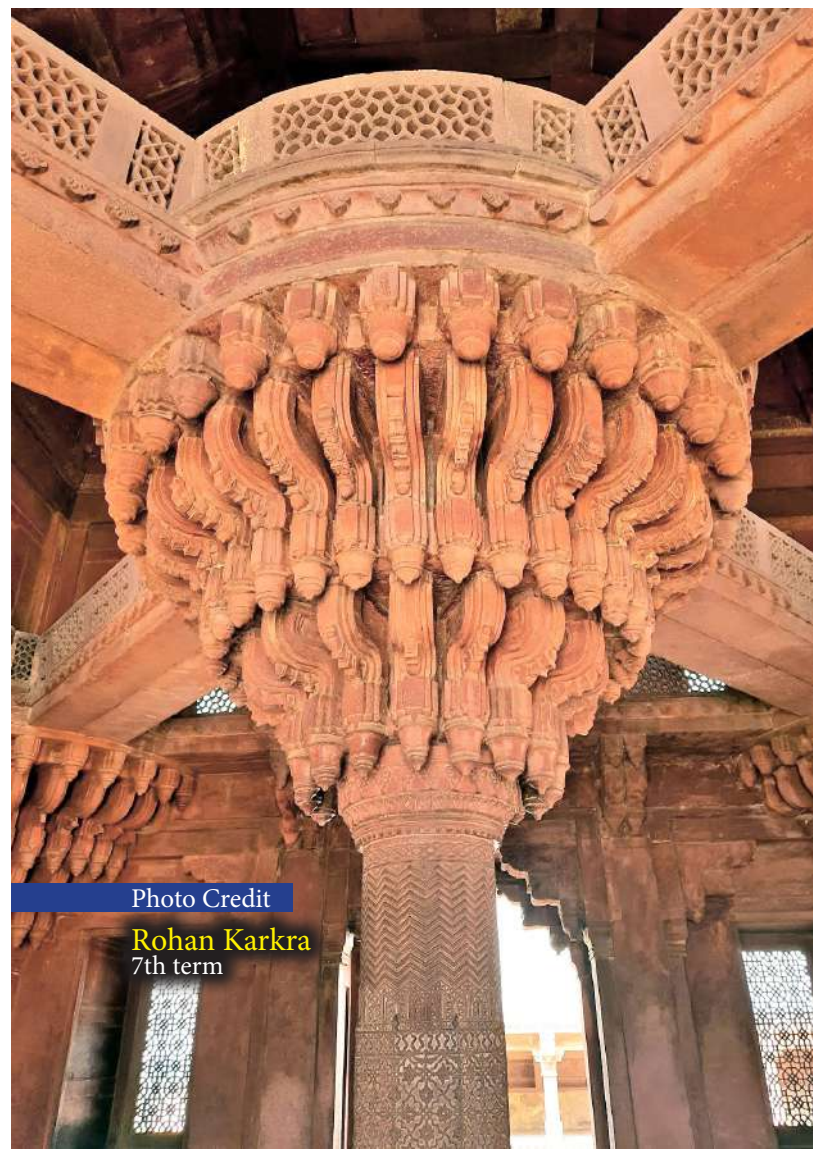


Photo Credit

**Rohan Karkra**  
7th term



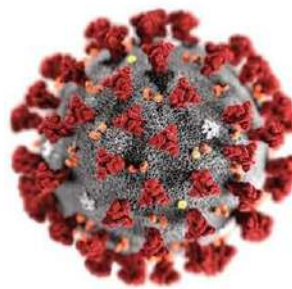
Novel corona virus infection has produced a devastating impact on human life and economy of the world. The outbreak which started its journey in November 2019 from Wuhan province of China, has taken world tour and caused difficulties in more than 215 countries. Corona viruses are a large family of viruses, that cause illness ranging from common cold to more severe diseases. The middle east respiratory syndrome (MERS), Severe acute respiratory syndrome (SARS) are the examples of serious outbreaks, that have occurred in the past. The present Corona virus infection is caused by a new strain, which had not been reported earlier in humans.

The present pandemic has spread rapidly beyond the capabilities of present-day health care system of containing or handling. It has enormously



**DR. H. BASAVANA-GOWDAPPA**  
 Professor of Medicine & Principal,  
 JSS Medical College  
 Dean faculty of  
 Medicine, JSS  
 AHER, Mysuru

# Medical education and COVID-Pandemic



Novel Coronavirus, 2019-nCoV  
 is now officially called  
**COVID-19**  
 CO - Corona  
 VI - Virus  
 D - Disease



impacted every component of human life. It has proven to be a great equaliser-affecting the developed, developing, and under-developed countries alike. The health care systems were put in to testing time and caused impact in terms of jeopardised care for Covid and non-Covid illness.

The overall impact of Covid-Pandemic had

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### Impact of lockdown in COVID -19 Era

#### positive

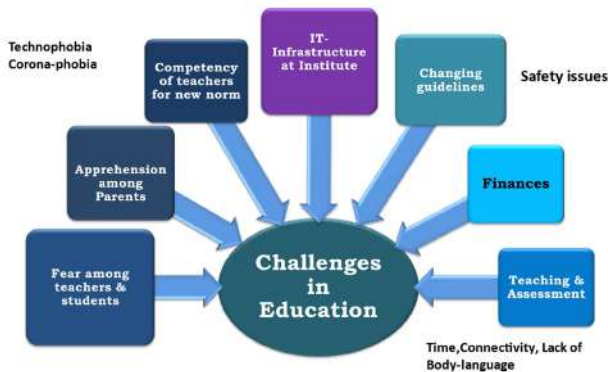
- ▶ Detoxification of earth
- ▶ Least accidents
- ▶ More connectivity
- ▶ Domestic harmony ?!
- ▶ More time-to do the things which you wanted to do
- ▶ **Less stress ?WhatsApp's worriers**
- ▶ Opportunity-for exceptional activities

#### Negative

- ▶ **Anxiety & Stress**
- ▶ Job at jeopardy
- ▶ Social isolation
- ▶ Dis-harmony/ disputes ?!
- ▶ **Misuse of time and harm**
- ▶ Professional work distress
- ▶ High risk for sedentariness and wt gain
- ▶ **Social Stigma**

several positive and negative components. During the lock-down the pollution load was lesser and the earth got detoxified mainly in cities like Delhi and Bangalore by more than 80%. There were lesser accidents, people had more connectivity and more time for innovative work. Domestic harmony and interpersonal relationships improved in some families while worsened in few. The pandemic gave rise to a lot of anxiety, job insecurity, social isolation, work distress and some degree of social stigma. Education system was affected to great extent. The Impact on entire education system was enormous. The practical aspects and clinical training form the key components of medical education. But, this was missing as it cannot be executed on online mode since it requires the exposure of students and teachers to the patients in the hospital, which is a risky proposition for both in contracting the disease in the current scenario.

### Challenges in Medical education:



### Undergraduate education:

The basic challenge in entire education system was, prevention of congregation of people in the classrooms

and practical sessions, both during lockdown period as well as in unlock-1,2,3 and 4. Soon after the lock down was announced all the UG students were sent home and all of them were asked to be connected in digital mode for online teaching. JSS medical College, with drive and design of JSS AHER slogan “Learning never stops at JSS AHER” was one among the few institutes which started online teaching very quickly after the lockdown was announced and even online internal assessments were done. More than 2000 online classes were conducted with dedicated efforts of all the teachers in a span of 9 months. Most of the theory teaching were covered in advance than the scheduled time. Technophobia for teachers who were not well versed with digital teaching was overcome and they learnt the process and executed it well. The second most challenging point was internet disruption, or unstable net connectivity for teachers as well as students. This problem was also overcome by improved bandwidth and adequate power back-up at the institute The teachers were given formal guidelines in handling digital mode.



The feedback was obtained from the stake holders of medical education.

1. **Students-** 80% of the students gave very good-to-excellent rating for learning process through online teaching and 10% of them gave average rating and 10% of them were not happy with it. Attendance of the students for online classes was excellent (95-98%), however attentiveness was questionable. The lack of visible body language, and lack of physical classroom charm, was one of the important reasons for average and low rating by some students. Many students expressed that the clinical skill learning was not satisfactory with digital case

1. scenario.
2. **Teachers** – 60% of the teachers were happy with online classes, 25% of them were unhappy due to technical problems as well as problem of difficulty in assessing the instant response as well as questionable attentiveness. 15% of them were uncomfortable, altogether about the process. Most of the teachers, expressed that the practical and clinical teaching cannot be done satisfactorily, and students will have inadequate skills in clinical examination.
3. **Parents** – There was mixed opinion among the parents, regarding online teaching. Some of them were very happy that their children were safe and are under their supervision but many of them were apprehensive about the future of their children education process. More than 50% of the parents were not happy to send the students, back to the campus for fear of safety issues, when we interacted with them in the month of November 2020.

There was enormous delay in conducting National eligibility test for MBBS admissions. The course which should have begun in August 2020 is now scheduled to start in February 2021. There is delay by nearly 5 months, and this puts the very second batch of CBME curriculum in to disarray.

## COVID Pandemic & Internship:

Internship is one of the important uninhibited phases of learning clinical skills and therapeutic knowledge. Covid pandemic has put them in to hardship of extended working for Covid-care and inadequate exposure to non-Covid illness. There was interruption in their compulsory rotatory postings and fear of ineligibility for PG NEET due to delay in completion. Thankfully the NMC has extended the eligibility period up to 30th June instead of 31st March.

The stress and anxiety in the minds of interns came down with some degree of counselling support. Some of the interns got infected with Covid, however there were no mortality or morbidity.

## Postgraduate training:

The post graduate training got disrupted as most of them were compelled to work for Covid care, either in Flu-Clinic or the Covid wards. Their learning process of speciality related activity was blunted. Many PG students and their parents were in distress and anxiety with fear of Covid infection. The dissertation work got affected and delayed. These facts were considered, and the national medical commission gave some relief measures and guidelines to help the PG students by allowing them to downsize the sample size and gave more time to submit their dissertation. Most of the PG departments conducted virtual mode of case discussion, journal clubs and subject seminars. The outcome of these teaching programmes was not very satisfactory, and the charm of group discussions and knowledge pool is missing. Now that the incidence of Covid infection has come down and Vaccine is made available, we hope to see the normalcy in 2 more months and only wish, not to have any further out breaks of this nature.

## Conclusions:

Covid-19 pandemic has totally modified the lifestyle and behaviour of mankind. The education system was affected enormously leading to distress and anxiety among both students and parents. The teaching faculty as well as the administrators of the education system were put to test during the hard times. The pandemic has also tested the capacity of adaptability among students and teachers. Let us pray for better times ahead, better preparedness and hope to not see such pandemics.



# Medical Oriented Shows



Medical oriented shows are televised shows that have a setting of a hospital, or surgery room, and typically has characters acting as doctors or nurses. During these medical shows more events happen beyond the medical part, and goes further than the events that pertain to the characters' job. Besides the professional life, it also portrays some aspects of characters' personal lives including their love lives, finances, etc.



**ANUSHA C**  
2nd term MBBS

Nowadays, these shows have gained more popularity and have grown so much within past few years.

## 1. Grey's Anatomy



This show is about a group of surgeons and interns who work at Seattle Grace Hospital. The series emphasizes on a group of doctors who fight to save their patient's lives while contending to become the head surgeon. Aside from the competition, they go through a lot of heartbreak; either relationships problems or family crises throughout each of their lives. The series began with Dr. Meredith Grey (Ellen Pompeo) starting her career as a medical intern with other interns, who became her friends and roommates later on. Being on air every Wednesday, the show has drawn a beautiful fantasy world, among hospital life. They are scripted to be interesting and be involved in a little of the type of drama the audience does not have or wishes they had more of. It deceives most people since the show is still airing with an impressive amount of viewers.

### 1. The Good Doctor



It is a series in the genre of medical drama, based on the Korean drama of the same name, that tell a story about a young man, called Shaun Murphy, who has been diagnosed with autism, yet has a Savant syndrome, which makes him have an above average memory, who aspires to be a successful surgeon. The show presents Shaun's life in the hospital, as a surgical resident, his communication with colleagues, people's attitude towards him and his disease.

### 2. Scrubs



This show has a varied genre, as with many other TV soap operas. It has comedy and drama, which blend together effectively. The main character is JD who has joined a hospital after finishing medical school. A narrative technique used, is the 'spoken thought' this is diegetic sound as it is the thoughts of the main character. The narrative is quite traditional it starts with several problems that are eventually solved by the end of the show.

### 3. House MD



The main theme of this show is 'humanity'. Although Dr. Gregory House is a fictional character in this show, his life on screen touches upon so many angles of human nature. In fact, House MD steps to the next level and ends up being a very interesting if not genius way of analyzing humanity as a whole.

### 4. The Resident



"The Resident," is a surprisingly cynical look at human nature and corporatized healthcare. That's a refreshing, dark underside to what is otherwise a pretty run-of-the-mill story: Handsome young professionals, dramatic medical emergencies, and feverish hookups in empty exam rooms. Matt Czuchry plays lead Conrad Hawkins, a third-year rock-star resident who in the premiere episode is assigned first-year, fresh-faced newbie Devon Pravesch (Manish Dayal).



samarthya



## Mental Health During Covid

Mental Health has had a stigma associated with it for years and even though we have come a long way since then, it still doesn't get the attention it deserves. In comparison to other issues, mental health has always been considered trivial but with the pandemic and lockdown, people have started to realize its importance.

The past year has been a tough and challenging time for the entire world. Being stuck indoors for months with not much to do and nowhere to go, gets a person thinking and brings out all kinds of insecurities, worries, and other issues that had been buried and forgotten for good. Along with the constant fear of contracting the disease which of course has had a major toll on everyone's mental state, these buried feelings and the frustration of not being able to get out of the four walls of our houses have been extremely distressing.

In the fast running lifestyle, where we are constantly chasing either money or power or success, the pandemic, despite causing hardships has given us

time and opportunity to spend some quality time with our family and loved ones and also get to know ourselves. While, some people have been utilizing this time to explore various new skills and maybe rekindle some old hobbies, the others have just taken some time for themselves to relax and destress.

This time has meant different things for everyone. Even though it has been a great time-out for some of us, a lot of people have been struggling during this time. Along with physical health issues, people have been facing mental health problems more often than before the pandemic. These problems have become more frequent and long-lasting now that we have so much free time on our hands. Be it stress, anxiety, loneliness, depression, or any such ailment they have all shown their ugly heads during this time.

There has been a significant decline in productivity for a lot of people which is another major cause of stress and anxiety. However, just remember that not every day has to be productive. It's okay to take a day or two for yourself and just destress. The lack of human contact, even though everyone is still connected through phone calls and video conferencing, brings about a feeling of loneliness in a person. This further accelerates the anxiety factor.



**ASHMIKA  
MAHESHWARI**  
2nd term MBBS

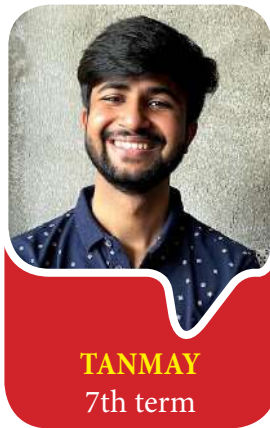
Fortunately, despite all this, in the past few months, we have come a long way towards giving mental health the recognition it needs and deserves. This one year has done so much more than decades of fighting for the importance of this issue. The awareness about mental health has increased manifold in the past year and a lot more people have started coming forward and seeking help.

Be it through a social media presence or through actively stepping up to help people, a majority of the population has become more aware of the importance of mental health and its consequences. There might have been a point in all of our lives where we needed someone to just be there for us, where all we needed was just a little support from someone and this is the time for us to be that someone and help out people. Do it not just by saying that we will be there for them or that they can talk to us, but by actually being there for them when they need us.

# Nobel Prize in Physiology or Medicine 2020



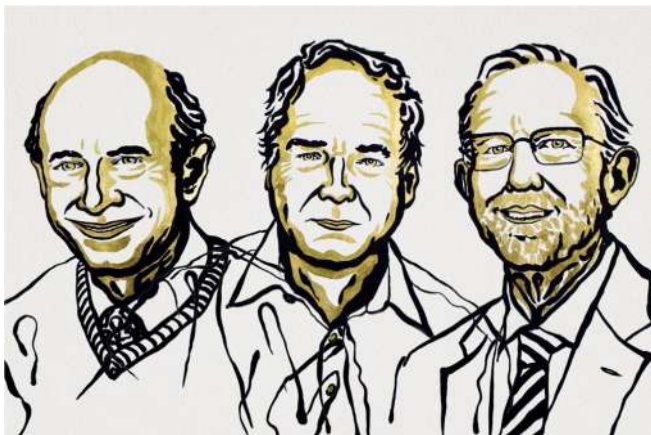
The 2020 Nobel Prize in Physiology or Medicine was awarded jointly to Harvey J. Alter, Michael Houghton and Charles M. Rice “for the discovery of Hepatitis C virus”. Hence, highly sensitive blood tests for the virus are now available and these have essentially eliminated post-transfusion hepatitis in many parts of the world, greatly improving global health. It also allowed the rapid development of antiviral drugs directed at hepatitis C. For the first time in history, the disease can now be cured, raising hopes of complete eradication of Hepatitis C virus.



1976 for this discovery.

At that time, Harvey J. Alter was studying the occurrence of hepatitis in patients who had received blood transfusions. Although blood tests for the newly-discovered Hepatitis B virus reduced the number of cases of transfusion-related hepatitis, Alter and colleagues worryingly demonstrated that a large number of cases remained. Tests for Hepatitis A virus infection were also conducted and it became clear that Hepatitis

A was not the cause of these unexplained cases. Subsequent studies also demonstrated that the unknown infectious agent had the characteristics of a virus. Alter’s methodical investigations had hence, defined a new, distinct form of chronic viral hepatitis. The mysterious illness became known as “non-A, non-B” hepatitis.



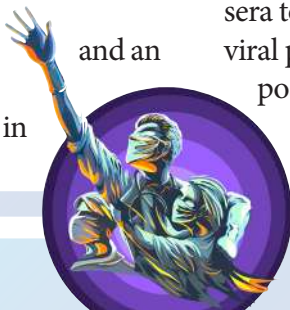
From left to right- Harvey J. Alter, Michael Houghton and Charles M. Rice

## History

In the 1960’s, Baruch Blumberg determined that one form of blood-borne hepatitis was caused by Hepatitis B virus, and the discovery led to the development of diagnostic tests and an effective vaccine. Blumberg bagged the Nobel Prize in Physiology or Medicine in

## Identification of Hepatitis C virus

The “virus hunt” was done meticulously but still it eluded isolation for over a decade. Michael Houghton and his co-workers created a collection of DNA fragments from nucleic acids found in the blood of an infected chimpanzee (since it is the only other susceptible host). These fragments came majorly from the genome of the chimpanzee and some from the unknown virus. On the assumption that antibodies against the virus would be present in blood taken from hepatitis patients, the investigators used patient sera to identify cloned viral DNA fragments encoding viral proteins. Following a comprehensive search, one positive clone was found. Further work showed that this clone was derived from a novel RNA

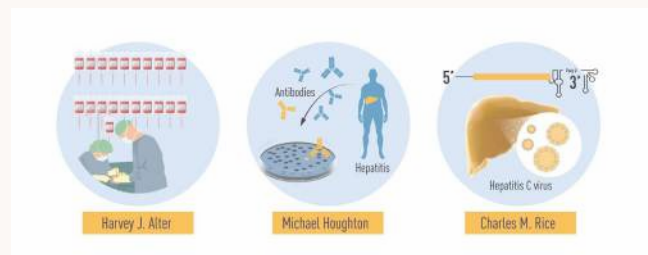


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virus belonging to the Flavivirus family and it was named Hepatitis C virus. The presence of antibodies in chronic hepatitis patients strongly implicated this virus as the missing agent.

To find out if the virus alone caused hepatitis, scientists had to investigate if the cloned virus was able to replicate and cause disease. Charles M. Rice along with other groups working with RNA viruses, noted a previously uncharacterized region in the end of the Hepatitis C virus genome that they suspected could be important for virus replication. Rice also observed genetic variations in isolated virus samples and hypothesized that some of them might hinder virus replication. Through genetic engineering, Rice generated an RNA variant of Hepatitis C virus that included the newly defined region of the viral genome and was devoid of the inactivating genetic variations. When this RNA was injected into the liver of

chimpanzees, virus was detected in the blood and pathological changes resembling those seen in humans with the chronic disease were observed. This was the final proof that Hepatitis C virus alone could cause the



unexplained cases of transfusion-mediated hepatitis.

Alter demonstrated that an unknown virus was a common cause of chronic hepatitis. Houghton isolated the genome of Hepatitis C virus. Rice provided the final evidence showing that Hepatitis C virus alone could cause hepatitis.



Photo Credit

Saumya Raj  
3rd year, MBBS Batch  
(2017-18)

# SCRIBBLES Social Media Medical Influencers

## 1. America Revere MD

She is a social media star who has gained fame for her self-titled YouTube channel. She has earned massive popularity for sharing her personal lifestyle as a medical student at the Paul L. Foster School of Medicine alongside beauty and fashion vlogs. She graduated from the University of Texas at Austin in 2016 with her degree in nutritional sciences and is now a general surgeon in Augusta, Georgia. She began vlogging on YouTube in March 2015 and has amassed more than 176K YouTube subscribers and 44.6K Instagram followers.

Youtube Channel - America Revere, MD  
Instagram Handle - americarevere



## 2. Kharma Medic

Nasir Kharma, who passes by the name Kharma Medic via web-based networking media is a famous YouTuber. He is presently considering medication and basically does video blogs on his life as a clinical understudy. He is a King's College London University 5th year medical student who is from Canada. He began presenting his recordings in 2018 and has since gained a 558K Youtube subscribers and 85.5K Instagram followers.

Youtube Channel - Kharma Medic  
Instagram Handle - kharmamedic



## 3. Dr. Ali Abdaal

He is a Cambridge University medicine graduate, now working as a junior doctor in the UK's National Health Service (NHS). He used to make videos about life as a medical student and now vlogs about life as a doctor. He also does study videos, tech reviews and the occasional video of him and his friends singing. On the side, he writes a weekly email newsletter and blog posts on his website, and runs a small business called 6med, that helps students applying to medical school. Apart from being a successful Youtuber with 1.17M subscribers and hosts a weekly podcast called "Not Overthinking".

Youtube Channel - Ali Abdaal  
Facebook page - Ali Abdaal



## 4. Dr. Buck Parker

Dr. Buck Parker is a Board Certified General Surgeon practicing in St Mark's Hospital in Salt Lake City, Utah. This channel is dedicated to making surgical disease processes easy to understand for non-medical and medical people. He also makes a lot of videos to help students understand what it takes to become a doctor and how to get there. He is a self-proclaimed "tech-nerd" and entrepreneur since 2007 when he built a million-dollar web-business using internet marketing and Google search algorithms. He now has a Youtube channel with 150K subscribers and an instagram page with 134K followers.

Youtube Channel - Buck Parker, M.D.  
Instagram Handle - drbuckparker



## 5. Dr. Mike Natter

He goes by the title Artist, Humanist and Doctor and has done medical school at Jefferson Medical College and is doing Endocrinology at NYC Academic Hospital. He is known for his art of drawing comics in the most relatable way. He was diagnosed with Type 1 Diabetes at age nine

samanthya







and it was his goal to make a comic book for recently diagnosed diabetic children to help explain the complex pathophysiology of the disease in a language that they could understand.

His comics are available on Instagram page which has 105K followers and also on twitter with 28.6K followers.



Instagram Handle – mike.

natter

Twitter Handle - @mike\_natter

### 6. Dr. Mike (Michael Varshavsky)

Dr. Mikhail “Mike” Varshavski is a actively Practicing Board Certified Family Medicine Doctor living in NYC. #1 Health/Medicine Influencer w/

11,000,000+ followers. His Instagram

account went “viral” after he was featured in BuzzFeed and in People magazine’s 2015 issue of The Sexiest Doctor Alive and has now a 3.9M followers. He also has

a YouTube channel that provides

medically themed entertainment with a

whopping 6.36M subscribers.

Youtube Channel – Doctor Mike

Instagram Handle - @Doctor.Mike



### 7. The Strive to Fit (Jamie)

Jamie is an American social media star who has gained popularity through the eponymous

Instagram account. With over 88799+

followers, Jamie is deemed as one

of the popular influencers in the

United States. She is a 3rd year

Emergency Medicine resident in

NYC and also a content creator of

the YouTube channel known for

her vlogs and tip videos. She has two

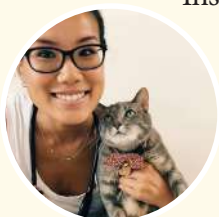
Youtube channels – TheStriveToFit with 398K

subscribers and TheStrive Studies with 288K

subscribers.

Youtube Channel – TheStriveToFit, TheStrive Studies

Instagram Handle - @thestrivetofit



### 8. Dr. Cellini

Dr. Michael Cellini is currently a Senior Diagnostic & Interventional Radiology Fellow

(PGY-6) living in NYC. His posts

mostly consist of medical stuff like

his life as doctor along with some

travel vlogs, and Radiology

related topics. He has a Youtube

channel with 168K subscribers and

a Instagram page with 113K

followers.

Youtube Channel – Dr. Cellini

Instagram Handle - drcellini



### 9. Violin MD

Her actual name is Siobhan. She is currently a 4th year resident in Canada specializing in

rheumatology. Before medicine, she was a

violinist so we get to hear some of

her music in her videos. In her

Youtube channel she tries to show

- what medicine is really like

inside hospital and her

experiences as a junior doctor. She

recently did a collaboration with

internationally acclaimed violin Joshua Bell as a

musical tribute to healthcare workers during

COVID-19 pandemic. Currently she has 734K

subscribers on Youtube and 57.9K followers on

instagram.

Youtube Channel – Violin MD

Instagram Handle – violin.md



### 10. A med students journey

She is a 5th year medical student in a 6 year

(European) program who is enjoying and loving

every minute of it. She made this YouTube channel

mostly to share some complex resources that would

benefit others and the channel now has about 8.68K

subscribers. She also has an Instagram account,

where in she share’s daily snippets of life in medical

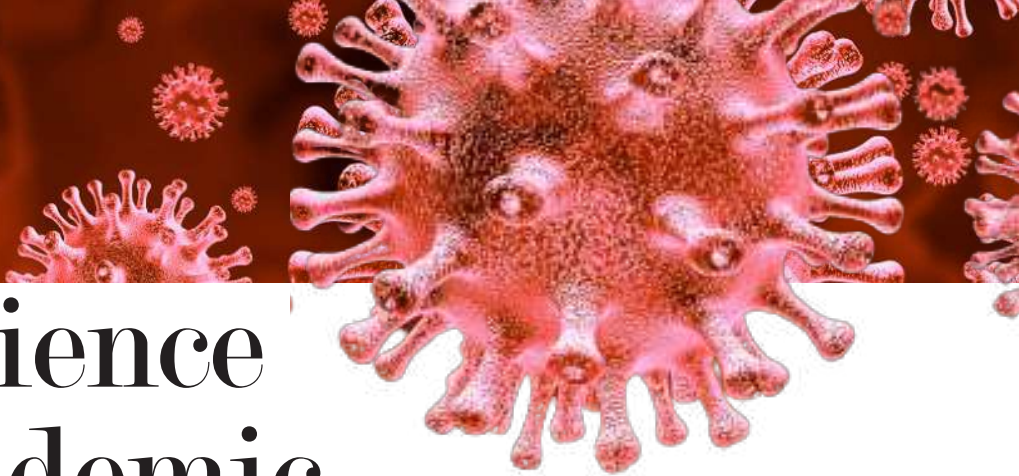
school and does giveaways, this has 58.7K followers.

Apart from these she gives more tips and advice for

medicine in her blog.

Youtube Channel- A Med Student’s Journey

Instagram Handle – a.medstudents.journey



# my experience with Pandemic

## -Srishti Mishra (2016-17)

Initially the holidays seemed fun. But after like one and a half months I started to feel sad, lonely and as more and more awful thoughts kept creeping inside my head, I started overthinking. By the time I realised something as such was happening, I was already anxious and stressed out, and no matter what I would do nothing seemed to cheer me up. I had to keep up by speaking with my best friend, my family members and at times just calm myself down. Thus, all I have learnt all this while is to have hope and cherish what I have with me in this moment.



will have to watch us making the seniors tech- savvy too. Just lockdown things.

## -Avantika Sriram (2015-16)

It's been a terrifying experience. No one cares about wearing masks. I'm worried about catching the virus and spreading it to patients every day.



## -Rohan Karkra (2017-2018)

I think being locked inside my house with minimal social contact, far from friends and relatives, I realised the importance of our relationships. I often have a hard time socializing and being more out-going so I used my time in this lock- down to strengthen my friendships and tried to move one step closer towards being a better person.



## -Dr. Nirav Jain (2019-20)

Tough times don't last, tough people do.



## -Rhimjhim Lahoti (2017-18)

A salute to all the 'Moms/ Tayis/ Ammiis/ Mummies'. They make everything look so simple which we got to realize during the lockdown that it is really tough when we ourselves stepped into their shoes. Also, Mental Health is an actual thing, the toughness of mental health is equally crucial than physical health.



## -Aman Raj (2017-18)

Please be safe and stay at home. This is the time we have to show how equality works. It's a challenge we have to accept, and face it strongly.



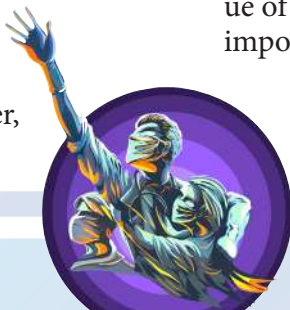
## -Poorvika K Babu (2016-17)

As we entered pandemic, it was fun to enjoy our holidays but sooner did we realize that this fun would turn into a burden and give rise to a stressful mindset. On the other hand, we could observe the changes in the perception and way of thinking among people. Now it is time to adjust to the new normal and I can't believe that we needed a virus to make us realize the value of family, relationship, environment and most importantly ourselves.



## -Nivedya Krishnan C (2017-18)

Boon or bane? Hard to tell. But this pandemic has surely been a time which I could share with my family after a long while. Never knew that a house that had only witnessed the older generation teach the younger,





## -Jasleen Kaur Hura (2015-16)

The satisfying part of our professional duty is that we are in the position to make a difference and we must embrace it. The fear of getting infected by this novel COVID virus is always there and we have to live with it. But we don't have any other option, it's a fight of our lifetime, a fight for those eyes who look upon us as next to Almighty.



## -Nivetha (2019-20)

(ENT Postgraduate 1st Year)

To be static for a moment, thinking of being unemployed to losing life due to corona, though it feels, it is no way good, it proved that, in this fast forward life towards goals, this living of peaceful life, that we held before, itself is a gift, without the fear of invisible monsters, without the fear of life being lived, without losing our loved ones.



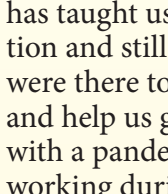
## -Ananya (2015-16)

The experience of internship during COVID 19 has taught us to be prepared for any kind of situation and still be able to act wisely. Our professors were there to guide us through this tough time, and help us gain knowledge and tactics of dealing with a pandemic. I consider myself lucky to still be working during this time and helping people.



## -Akhila Swaraj S L (2015-2016)

The experience of internship during COVID 19 has taught us to be prepared for any kind of situation and still be able to act wisely. Our professors were there to guide us through this tough time, and help us gain knowledge and tactics of dealing with a pandemic. I consider myself lucky to still be working during this time and helping people.



## - Santosh G (2015-16)

Covid-19 was a total disaster that spoilt this year. Work might have seemed easier for a few months but mentally it made very less difference. On a positive note, I learnt cooking for the first-time during lockdown.



## -Saranshi Nagpal (2017-18)

The Covid -19 Pandemic changed our definition of 'normal'. While we together, from the shelter of our homes fought through the lockdown, we also woke up each day with a realisation of whether our previous normal was actually justified. This year has not only opened our eyes but also made us believe in our strength to fight the worst of times if we have the will to.



## -Shashank C (2017-18)

I used to feel like a stranger in the mirror. I was never happy with myself. With who I was. As the days went by, I realized – I didn't have to be perfect. I'm me. And I'm unique. I'm talented. And that's why I can fall in love with myself.



## -Pranjalee Verma (2018-19)

Initial months went loafing around and covering pending previous sleep schedules. Later when reopening looked far away, all childhood hobbies of artwork, creative writing filled the aimless days. The quality "me" time, spent doing Yoga helped reconnecting with myself. There were plenty of days when lockdown seemed suffocating, but I'm sure now everyone has learnt something and are better version of themselves in some way or the other.



## -Sruthi K (2018-19)

During this pandemic, I have learnt more than what life taught me in these 19 years. Since I couldn't go back home, I stayed with my relatives. Surprisingly it was a wonderful experience. It felt good to get in touch with my roots, meet my extended family and learn something beyond books.




## -Neelanshi (2018-19)

This pandemic definitely taught something to every person. But for me these six months of lockdown in my own house made me realise the importance of simple pleasures of life and cherish the things we have in the present. From embracing old hobbies to indulging in some new ones, this roller coaster life got its much-needed break.



# Telemedicine: a new horizon in healthcare



Telecommunication has always been there. But, over the past several decades as the use of wireless broadband technology has become more and phone and Internet use has become ubiquitous there has been an expanding need to facilitate health care facilities to patients at a distance.

Telemedicine is Defined broadly by WHO as “the delivery of Healthcare services at distance using electronic means for the diagnosis of treatment and prevention of diseases and injuries, research and evaluation, education of Healthcare providers to improve health.” It comes under the umbrella term ‘telehealth’ along with other facilities such as education, research, health surveillance and Public Health Promotion. The common types of telemedicine include tele visits, teleconsultation, tele-interpretation, tele-monitoring, and tele-supervision. While many advancement in the field of medical researchers are happening, remote technology for research in education cannot be counted in telemedicine because of no patient involvement.

The history of telemedicine goes back to 1960s when Health Care Centres used to share information via telephone and radiological images were transmitted. In earlier times phones were used to connect doctors working with patients in one location to specialists working somewhere else. Over the time, with proliferation of smart devices and high quality video transmission, telemedicine has expanded its web to online video consultations, prescriptions, follow-up routines all at the comfort of our homes.

Metova’s July 2020 telemedicine survey concluded that 81% would choose telemedicine for their next consultation if given the option and 79% have wanted to connect with a medical professional using video conferencing.

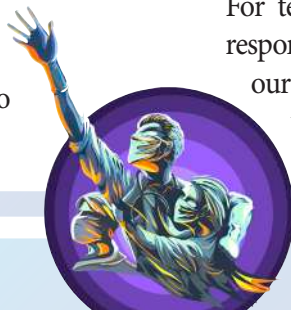
In 2017 survey of 184 health care executives conducted by the American Telemedicine Association, 88% believed that they would invest in telehealth in the near future and 98% believed that it offered a competitive advantage. While some people still prefer face to face doctor consultations, the benefits and increasing need of telemedicine can’t be overlooked. With the help of newest Technology it is possible to provide healthcare facilities to patients in remote areas which can also reduce the cost of patient transportation. Telemedicine solutions can come handy to people facing childcare/eldercare challenges. Telemedicine in health care setups helps in critical care monitoring where it is not possible to transfer the patient. Also, it increases the probability of second opinion and complex interpretations. Newest technology can be used as a tool for disaster management and public awareness about various diseases. With the development of fitness and Healthcare apps, disease surveillance and tracking has become easy. While

telemedicine promises to grow rapidly over the next decade and has clear benefits, it still poses some technical problems for the Healthcare providers. On one hand purchasing technical equipments may not prove cost effective for peripheral and small Healthcare centres; training forms a crucial part of an effective telemedicine system. Poor broadband connection can further hamper the setup and can reduce the patient care continuity. According to a recent survey, 60% of people still believe that technology’s limitations can lead to “patient mismanagement.” Moreover tricky policies and reimbursement rules and lack of proper infrastructural setup has led to the reduction in the effectiveness of this development.


Nevertheless, the current coronavirus (COVID-19) pandemic has reminded us of the importance of using telehealth to deliver care, especially as means of reducing the risk of cross-contamination caused by close contact. For telehealth to be effective as part of an emergency response it first needs to become a routinely used part of our health system. Hence, it is time to step back and ask why telehealth is not mainstreamed.



**NEELANSHI**  
5th term



samarthya



# BC to AC - A glimpse into the future of Medicine

Dr. Ahmed Ali Khan is a former MBBS student of the JSS Medical College from the 2011-12 batch from Hyderabad, India. During his college days, he was a member of the Student council, sports council, and Cultural committee. He has represented JSSMC and won numerous accolades in basketball, football, athletics, debates, photography, and movie making. He is currently working in research Neurology (USA) and hopes to specialize and excel in the field of Neurology and Public Health.

What does the world After Corona look like?

We are living in defining times. Never in the history of living memory has the world seen something like the Covid-19 pandemic and the disruption that it has caused all over the world. There have been pandemics in the past, but they didn't get the same uniform global reaction as Covid-19. Many people are talking about, 'Getting back to normal'. But what is the new 'normal'? That is why this article is titled, BC to AC - Before Covid to After Covid.

The world AC (After Covid) will be the beginning of an Age of everything remote. We have been moving in this direction for a while but now it will be at a much faster rate. A world where working from home will become more and more popular. There will be a major change in the way we communicate, and technology will dominate to shrink the world even more. Remote meetings, teaching and learning, sharing ideas and work, collaborative research across geographies, you name it. If it can be done without a physical meeting, it will.

So what does all of this mean for the world of Medicine? One word - Telemedicine.

Telemedicine is the practice of caring for patients remotely when the provider and patient are



**DR. AHMED  
ALI KHAN**  
2011-12 MBBS  
batch, Hyderabad,  
India.

not physically present with each other. It uses information and communication technologies (ICTs) to address some of the challenges faced by both developed and developing countries in providing accessible, cost-effective, high-quality health care services. One of the biggest problems faced by underdeveloped nations today in terms of healthcare is the lack of expertise and in some of the developed nations, is the scarcity of medical professionals and the lack of affordability that proves to be a major challenge. Here is where I truly believe that a country like ours can come out on top as a global leader in Telemedicine. Think about

it, where countries from the polar opposites of the development spectrum lack, we excel. India is well known for its experts in medicine and an affordable healthcare industry overall. I still remember when I was a medical student and the new JSS Hospital had just come up, if I can remember correctly, on one hand, we had a 3 Tesla MRI scanner and on the

other hand, the OP card was (and I believe still is) a mere 50 rupees. A sophisticated pneumatic tube system carried lab reports and medical samples of both the socioeconomically sound and also those that weren't so fortunate. Affordable and technologically up to date.

We can use Telemedicine to overcome geographical barriers and increase access to health care services. Imagine a highly specialized doctor from Mysore remotely treating a patient from a small village in rural Uttar Pradesh or a patient thousands of kilometers away in sub-Saharan Africa and other such population groups that traditionally suffer from a lack of access to specialized health care. Of course, this requires the development of medical infrastructure at both ends but this is still far more achievable than waiting for a whole society to develop. India is also already a very popular destination for healthcare tourism. I have come across numerous patients from well-developed countries who fly-in for treatment as it is far more affordable here even after including logistics and accommodation costs without compromising on quality. With further advancements in Telemedicine, these patients may not even need to come down for treatment. We have already seen the advent of robotic-assisted surgical systems like the "Da Vinci" that allows the surgeon to operate from a distance. A distance that can soon increase exponentially. So how do we prepare ourselves for these imminent changes?

There is an endless list of things we can do to get with the program but to keep it short I believe there are 5 key areas of competence we must work on as Doctors.

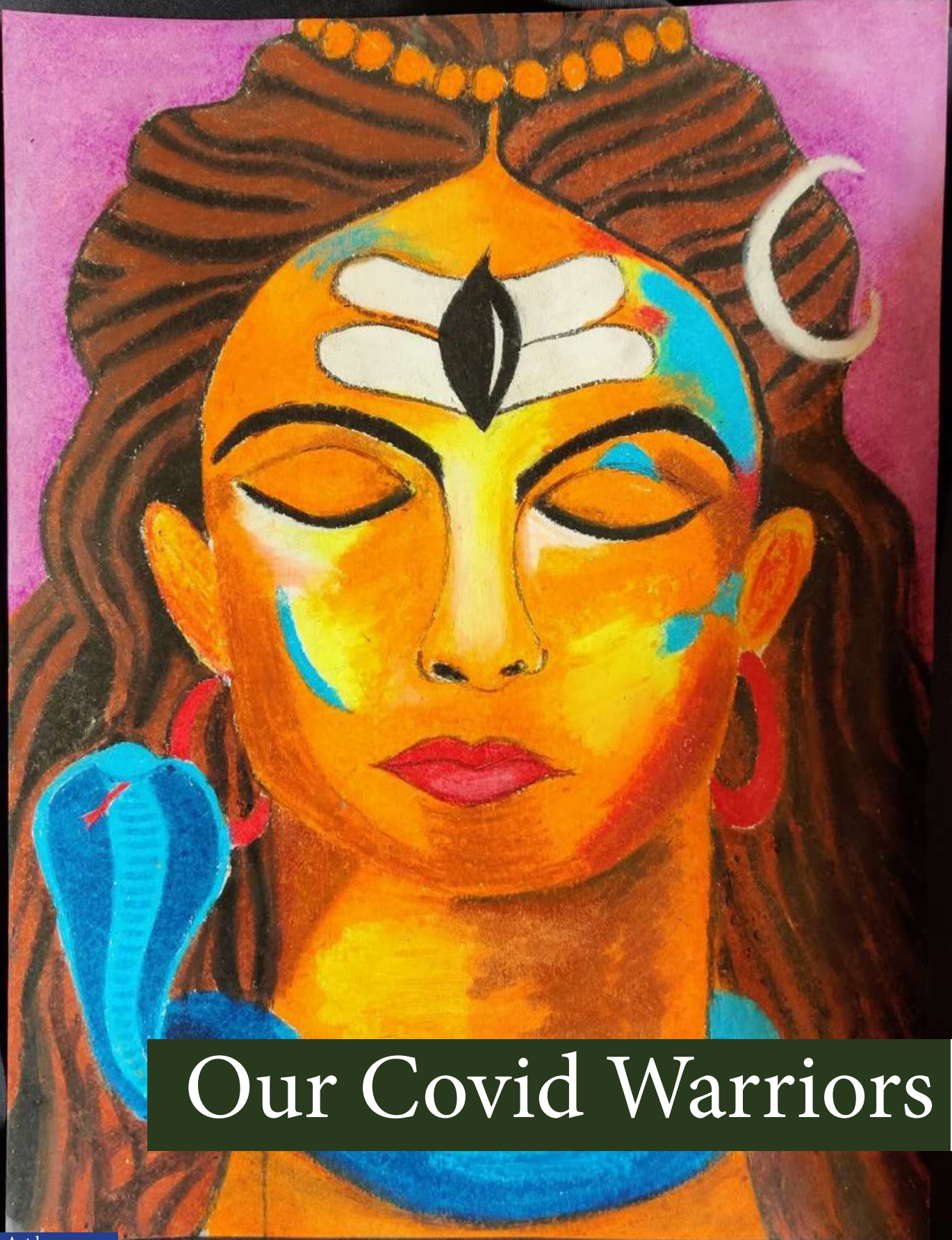
1. Assess your skills and make yourself stand out by learning new ones. Not only in the field of medicine but in other areas as well. Technology will be the game changer which means that we will need to learn to use it. In addition, we will need to learn new skills of communicating and relating. Which may even mean learning a few widely spoken languages.
2. Learn to be flexible. Be flexible in everything except your principles and quality. Don't fear "the

new", embrace it.

3. Focus on Quality. Quality will help you to differentiate yourself from others. As my mentor always says - "Differentiation creates Brand. Brand inspires Loyalty. Loyalty enables Influence." Quality is reflected in everything you say and do. Above all, it is reflected in how you treat people.
4. Develop creativity. Traditional schooling very successfully hinders creativity and imagination at a very early age. We will need to resurrect our creativity and learn to break out of the fear of imagining things.
5. And last and most important - Don't lose the "Human touch". We humans are very touchy, feely creatures. We like to sit close to those we love. We lend each other shoulders to cry on, then hug to comfort. We see eye to eye and speak heart to heart. We lend our ears to others and have changes of heart. We shake hands to seal agreements or makeup after disagreeing. We turn cold shoulders to those we don't like and stand shoulder to shoulder with those we support. So the question we must constantly ask ourselves is, "How will we be able to benefit from technology that makes distant communication easy while not allowing that to create distance between us?"

In short, we are looking at a very different world from the one we were locked out of. We are like zoo-raised tigers being released into the wild. The ones with the greatest chance of survival (success) are those who acquire the appropriate skills for a world that is as far different from the zoo we once knew.





# Our Covid Warriors

Art by

Aanchal Agarwal  
Batch 2017-18



## Anatomy

COVID 19 lockdown came as shocking news for us, as we were apprehensive how to complete the syllabus and how to conduct an internal assessment. All faculties were trained regarding the zoom app and had a demo session. A student what's app group was created and was informed about online classes.

Anatomy learning is not complete without dissection, so our team came up with an innovative way of teaching dissection. Specimen demonstration was done in zoom using mobile phone focussing from the top with the help of mobile stand. Even surface marking and embryology model demonstration was done. Histology slide discussion was done in zoom focussing the slide on an LCD screen and faculty demonstrating the microscopic structures. We took feedback & on-line teaching was well appreciated by students. We also have online vertical integrated classes once a week along with regular horizontal classes. Complete anatomy is taught. Learning never stops at JSSAHER!!!!!!!!!!







## Physiology

In Spite of this adverse situation, our teaching and learning continued using novel training techniques, which were initially not a cake walk for us. There were initial glitches in rapidly adapting to the paradigm shift towards online teaching. The workload for faculty was intensified as they had to move teaching contents into an online portal and become sufficiently adept in navigating the requisite software. During “Unlock” the apprehension of contracting COVID prevailed which was efficiently alleviated by following standard protocols. Innovative teaching methodologies like SGD, CBL, PBL were adapted. Students & faculty interactions were enhanced by creating WhatsApp groups for individual learner involvement. Awareness about COVID -19 & how to cope with it was created among all the students by conducting a Symposium involving faculties from different departments. Research activities and knowledge enrichment of faculties through virtual conferences, webinars & online courses remained uninterrupted during this phase. In this roller-coaster ride, unfortunately, we lost one of our non-teaching staff as a victim of COVID. “Progress is impossible without change and those who cannot change their minds cannot change anything”. All of us are now geared up for the “New Normal” with hopes of silver lining on the cloud in near future.



## Biochemistry

Department of Biochemistry, JSS Medical College, took active steps to continue our activities, be it academics, research or diagnostics.

**ACADEMICS:** Despite the sudden and complete lockdown in the country, it did not take much time for us to resume academic activities. Classes were conducted using various online platforms like ZOOM and Google Meet. Students were informed of the activities with the help of Whats App groups and Emails. Assessments were online too, and students were evaluated based on written tests and small group discussions.

**RESEARCH:** With the lockdown been called in Karnataka state at the end of March, the research activities at the bench came to a complete halt in the department. Making the best use of this opportunity, all the faculties and research scholars got involved in the literature review and experimental design that can be carried out post-lockdown period. During this COVID-19 period, 5 research scholars graduated with PhD degrees. 2 of our research scholars received the Senior Research Fellowship (SRF) from ICMR, and 1 of them also received a Post Doctoral Fellowship (PDF) from Global Health Equity Scholars Fellowship Program (GHES). It was also a great moment as 2 of our research scholars got selected for the frugal science- BioE271 course conducted by Dr. Prakash at Stanford University, USA.

**DIAGNOSTICS:** Amidst lockdown and sudden increase in the number of COVID cases, the faculty members and the technical staff rose to the occasion in supporting the COVID team members to facilitate the timely treatment of patients. The department also supported every other member with proper care emotionally and psychologically to combat their fear and anxiety, generating a feeling of oneness and family bonding amongst the staff.





## Pathology



As soon as our hospital became one of the designated hospitals in the fight against COVID, we as community of doctors knew the gravity of the situation and the impending challenges that we were about to face which meant all the departments would require coming together and coherently facing this challenge. Whilst on duty, there were several challenges that we encountered, including but not limited to being in the PPE kit for 6-8 hours at a stretch, drenched in sweat, thoughts about our own personal safety etc. But as frontline health workers, we had to ignore all of this and ensure that we were delivering appropriate patient care at all times. The task at hand involved, noting down the history of the patients, categorising them into pre-defined groups according to the SOP and sending them to the designated personnel for further management. Also at the same time, we made sure that the patients were aware of the dos and don'ts related to the pandemic, hence acting as a vital cog in the overall response team of the hospital against COVID 19. Being on COVID duty also meant that the department was short of hands for routine work but the department as a whole managed the situation in such a way that the regular deliverables were not hampered. Also the department made sure that the academics was not compromised with and conducted online classes as per the schedule. It was once in a lifetime experience that started with a lot of doubts and fears in our minds but concluded with the satisfaction of having being the part of the effort for the good of the community in the fight against this pandemic. In these testing times we tried our best to conduct activities so that we could live a near normal life amidst the pandemic.



## Microbiology

JSS hospital, a tertiary care health centre situated in the heart of Mysore has taken a major responsibility in the management of patients affected with COVID-19 as the institute was equipped with state-of-the-art equipment and technology to combat the pandemic. All the departments worked in tandem and supported in their own possible ways in managing and controlling COVID-19. The Department of Microbiology, which is mainly involved in teaching, research and diagnostic services has played a pivotal role in this pandemic. Initially the department faculty was involved in sample collection, triple packing of the samples and transport. It all started with few samples and had a gradual increase eventually. Constant internal training and following the guidelines recommended by ICMR made the faculty ready to take things head on come hell or high water. One of the major challenges faced was obtaining the results in time. The idea of establishing COVID-19 testing laboratory was suggested by the department which has undergone virtual accreditation for NABL and stood as the first laboratory in JSS hospital to get NABL accreditation for RNA RT-PCR testing. The teaching staff and non-teaching staff of the department started to work round the clock in two shifts in the COVID-19 laboratory. Initially the laboratory used to test around 100 samples in 2 batches which was done manually. Juggling non COVID diagnostic work, COVID work and teaching proved to be a daunting task, however, due to concerted effort the department was able to shoulder various responsibilities. The department faculty has managed to do its best during such challenging times. All this was possible due to dedication and team work that was exhibited by each individual who have at times gone beyond their call of duty to ensure swift sample collection, testing and reporting.





## Pharmacology

Department of Pharmacology leads from teaching fronts and geriatric patient care. The academics for various medical and paramedical courses were continued using the novice zoom platforms with designated staff uploading their teaching contents including MCQs well in advance before the commencement of scheduled topics. Assigned topics were covered well ahead of time including internals. From the therapeutic aspect, it was indeed an unexpected comeback of repurposed drugs for the treatment of COVID cases which were once thought to be near-extinct from their primary indications. Various groups of drugs ranging from nutraceutical supplements to anthelmintics have been highlighted for their role in the current COVID pandemic. The usage of these reemerging and repurposed drugs like HCQ, Doxycycline, Ivermectin, Zinc, etc exposed the locked hand state of medical science in the management of clueless pandemics, especially with new viruses. Students are also inquisitive regarding the mechanistic principles behind the use of these repurposed drugs and supplements used for COVID therapy. From the therapeutic front, our team of pharmacologists who are a part of comprehensive geriatric care also escalated their geriatric postings to meet the increasing demand aroused due to the pandemic. We are actively involved in geriatric care and simultaneously harmonizing clinical research with patient care.

Various online courses, webinars, virtual classes, geriatric care, research papers, and projects along with relaxing hobbies are keeping us engaged during the pandemic days. The current scenario has opened up new opportunities and thereby learning new lessons at every stage.





## Forensic Medicine

COVID 19 Pandemic has literally affected every sphere and walks of life and the worst afflicted are the front-line COVID warriors. Offering a respectful salute to them, the Forensic Medicine Department makes a sincere attempt to identify itself with its duties delivered and responsibilities shared amidst this pandemic. The duties of the Forensic Medicine Department were albeit different from the rest of the doctors who dealt with their routine activities during the crisis. Three stages of progression could be identified that the department had trodden in these times. Mid-March to early May 2020: The lockdown was strictly in force and the institution too had declared holidays. But, the medico-legal services were not stopped. Autopsy work and examination of sexual offenses cases were made on the call. There was no reliable or authentic guideline or protocol to conduct forensic services. However, all works were managed by adopting Universal Precautions and of course with immense stress and strain! Apart from medico-legal work, online classes for UG students were engaged and faculty were actively involved in various scientific activities to keep abreast with recent advancements. Early May to Early June 2020: The institution was reopened with restricted activities. The medicolegal work took a relatively better picture with safety guidelines being put on board. The online classes continued and formative assessments were conducted in online mode. Early June onwards till date: A well-defined guideline for conducting autopsies was released by the Government of Karnataka. Accordingly, it brought more solace to the department that, a partial autopsy would suffice to give the cause of death. Theory classes were completed and a blueprint for the conduct of online practical classes was drafted. In nutshell, the department feels proud to share that, the medicolegal services and academic activities were not compromised but sustained at the cost of the safety of the faculty, true to the spirit of the Hippocratic Oath. This would not have been possible without the infrastructural and moral support received from JSS Medical College and JSS Academy of Higher Education and Research, which the department acknowledges with great reverence.



## ENT, Head and Neck Surgery



From the time the pandemic commenced, we the frontliners of various departments in the medical field are battling against the invisible virus. In this context, the Department of ENT, Head and Neck surgery took a step forward to accomplish many activities in this fight against COVID 19. Six of our postgraduate students, Dr. Akash,

Dr. Debayan, Dr. Kumar, Dr. Nitish, Dr. Adhyasha and Dr. Sriram made an opening move as the forefront Covid 19 warriors by collecting around 1400 swabs of primary and secondary contacts of all the cases from Jubilant Pharma company, Nanjungud.

Dr. Bharathi M B and Dr. Pranshu Mehta published an article titled “Proposed drug interventions for SARS CoV 2 infection in the International Journal of Research in Medical Science accepted on 04.04.2020. Dr.Sandeep S, Dr.Shilpa C, Dr.Nitish Agrawal published a case report on – “Psychosocial impact of COVID 19 lockdown – suicidal cutthroat injury”

We also conducted a survey through google forms among undergraduate students regarding online vs conventional classroom classes and an article was published by Dr. Sandeep S, Dr.Shilpa C Dr. Debayan, Dr. Kavya

Dr. Amulya T.M. is a part of the Covid 19 rapid response team at our hospital which set up the flu clinic, isolation ward, and ICUs.

Dr. Bharathi M.B devised a cost-effective face shield which can be used regularly in the outpatient department.

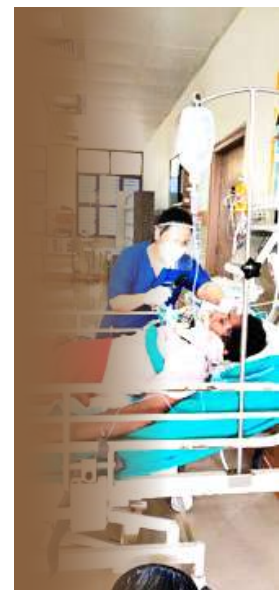
ENT consultations are being carried out by all the staff members in OPD and also through teleconsultation.

Being an Otorhinolaryngologist with the greatest amount of exposure, the department also went through a psychological trauma when three of our postgraduates and one of our staff members tested positive.



## Ophthalmology

An ophthalmologist is definitely at a higher risk for infection during the examination of the patient. Hence, it is ensured that all patients and surgeons wear masks compulsorily during examination in addition to breath shields adapted to all the microscopes and other equipment to create a barrier between the patient and the doctor. Many studies have demonstrated the reduction in the spread of the novel virus with face shields. Again, being in ophthalmology doesn't allow wearing face shields since the view is blurry and smudged which would hinder in the diagnosis of conditions. Fundus examination especially in people with conditions like Diabetes, Hypertension, pregnant women, and neuro-ophthalmic cases form an important aspect of an ophthalmologist's job. All funduscopies were done using indirect ophthalmoscopy which would give a gross picture of the fundus. There were few studies which have questioned about the release of aerosols during phacoemulsification for cataract which may prove harmful. However, it was found to be very inconclusive and not proven. Hence, both Phacoemulsification and Small Incision cataract surgery are being done with all due precautions. Glaucoma care- Glaucoma diagnosis and treatment forms an important part of comprehensive ophthalmic care. All standard precautions are being taken before the procedure. Cornea collection for eye donation/ keratoplasty has been affected to a large extent due to COVID. Home collections of the cornea have been stopped. Corneal retrieval/ distribution from other hospitals are also not available. Therefore, the HRCP (Hospital corneal retrieval program) is now being encouraged. Cornea for therapeutic keratoplasty is available but for optical purposes, they are less. Emergency keratoplasties are being referred to in higher centers.







## Community Medicine

The Department of Community Medicine along with the School of Public Health conducted various activities related to COVID-19. During the initial days of the pandemic, we sensitized schools and colleges on COVID-19 and conducted Panel Discussions. We got involved in the advocacy meetings of the District Commissioner. We sent our PGs to volunteer in the DC control room to address the concerns of the people. Our faculties and students conducted a SWOT analysis for the preparedness of the JSS hospital for COVID-19. Our PGs and faculties volunteered in District COVID hospital for screening and health system strengthening activities – infrastructure, manpower, equipment, training, and services. The DH COVID hospital's protocol development, layout preparation, training, monitoring, and ensuring the quality of activities were undertaken. Our PGs also volunteered in Contact Tracing by district authorities. Interns and PGs were also sent to conduct Fever Clinic and do house to house survey for suspected COVID cases. Faculties were also trainers for Unicef, NIRDPR and NSS led training for NSS Program officers, PRIs, Community Social Radio. Also, ATI and SIUD led training for health inspectors, environmental engineers of urban local bodies. Amidst these lock-down, internal assessments, seminars, journal clubs were conducted regularly. We also conducted PG exams – both theory and practical. Recently our department is involved in conducting Vaccine trials related to COVID-19 (COVishield, Novovax, and BCG vaccine trials for elderly to assess effectiveness against COVID-19); and has been selected as one of the multicentric study sites for the WHO Unity study. We have also published 21 research articles during the Lock-down. Our department is also taking part in community surveillance activities for COVID-19. Identifying the high-risk groups and referring them for testing is being done throughout Mysore.

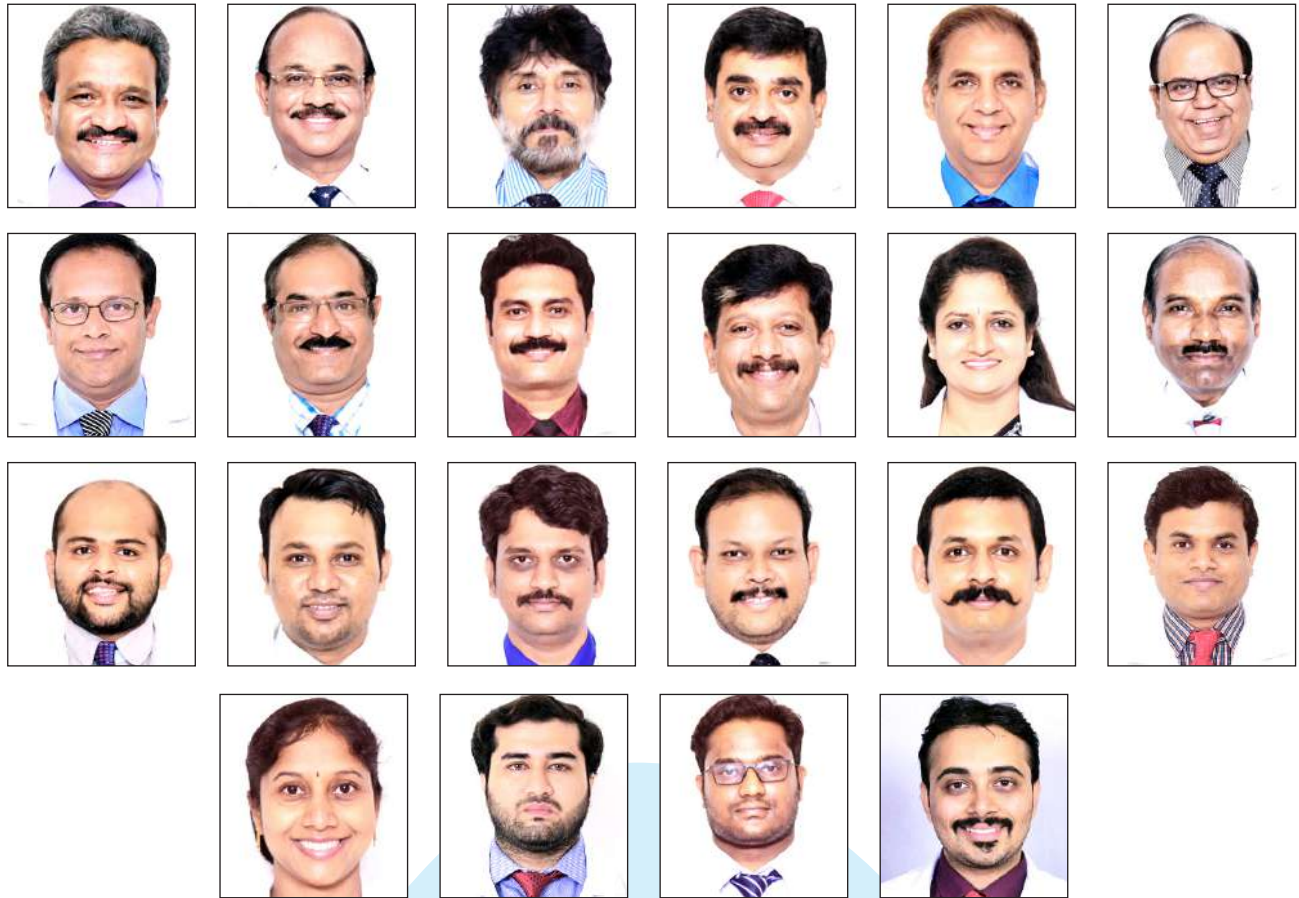


## General Medicine

Hearty greetings to all the readers.

I would like to share our experiences in managing COVID19 cases. I will not bore you by giving them information on the Origin of Covid19. Since it was vibrantly depicted in audio-visual media, social media and scientific platforms. Department of General Medicine is on the frontline in managing Covid19 cases in the JSS hospital since the inception of services. Department is taking care, 80 to 85% of Covid cases (mild to moderate and less severe) in JSS Hospital. Our PGs and faculties (Senior Residents, Assistant Professors, and Associate professors) are tirelessly giving their services in Flu clinic, Green Zone 24x7 and Professors are taking care of Covid isolation ward patients by doing daily rounds. Department has faced Challenges at various levels viz Human resources, Interdisciplinary cooperation and administrative participation, Management of patients, Patient and relative cooperation and participation, Adherence to MOHE, and the Government of Karnataka guidelines. Since Covid 19 is a highly infectious disease, all health care personnel (HCP) including physicians were afraid and panic in attending to patients. Nevertheless, few health care personnel are actively involved in managing Covid 19 patients by wearing recommended protective measures. Indeed few of our Physicians are so panic in discharging their duties nonetheless repeated appraising and counseling. The most challenging part is donning and doffing PPE, doing rounds with PPE, and difficult interactions with patients and their attendants. The mainstay of treatment is Steroids – Inj Dexamethasone 6mg OD or Inj Methylprednisolone 60mg OD. Inj Remdesivir, Inj Low Molecular Weight Heparin, Oxygen, Treatment of Co-morbidities if any, and Other supportive treatment. I take this opportunity to appreciate and complement all my PGs and faculties for their solidarity and commitment to the society, institution, and department in managing Covid19 cases. Across the globe medical fraternity are in the process of learning about this disease and trying to identify interventions that could slow this pandemic and we are no exception to this.





## General Surgery

The first COVID 19 case in mysuru was confirmed on march 21st. The entire city went into lockdown with all but essential services. The virus being extremely infective, having exposure to suspected patients was itself a high risk. Clinical examination of patients became difficult. Subjecting them to general anesthesia in itself is an extremely risky task. Added to this was a massive shortage of PPE and scarcity of RT PCR testing kits. All this made the decision of deciding to operate in emergency cases far more complicated. What was the ideal N95 mask? How protective were they? What were respirators? We started experimenting with different PPE, seeking inputs from latest articles and colleagues who were but slightly more educated with these new contraptions. Admitting elective cases was out of question and the patient numbers in wards started to dwindle. Everything and every conversation was about COVID-19. Many of our post graduate students, nursing staff and surgeons tested positive, but fortunately all recovered. As more and more knowledge about the virus came into light and clear cut guidelines on managing cases started emerging, things took a turn towards normalcy. In spite of rising number of cases, the paranoia decreased. Getting pre operative RT PCR tests became easier. We are operating on COVID and non COVID cases with due care and precautions. We are eagerly waiting for normalcy to return to have normal lifestyle and work schedule.



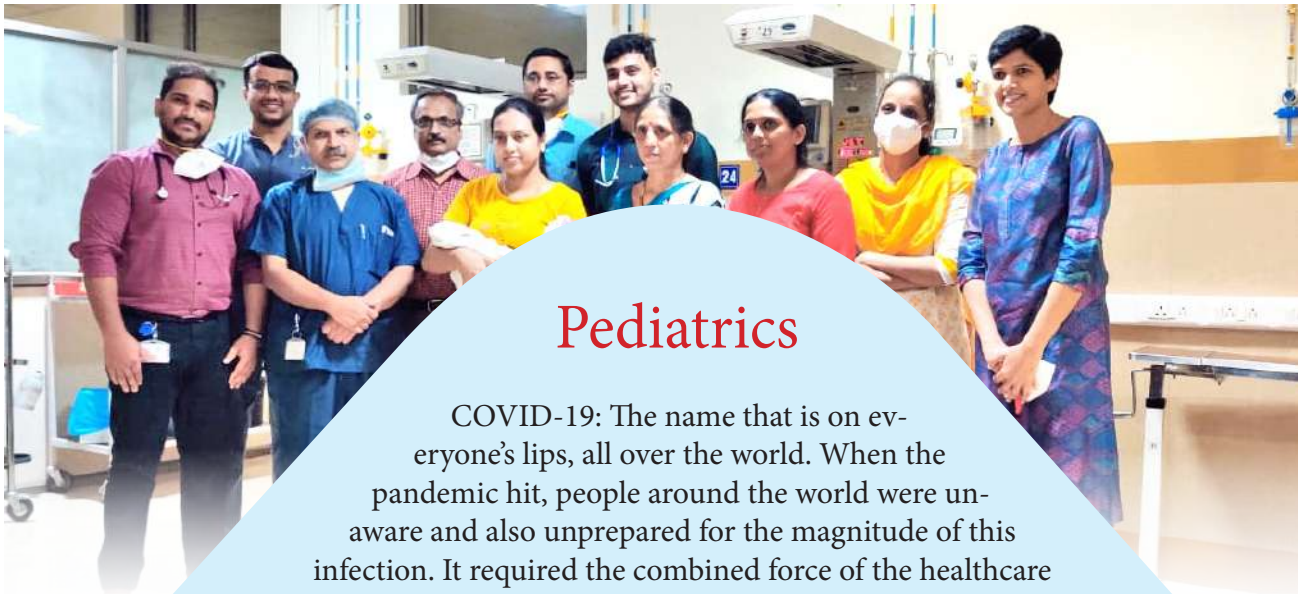
## Orthopaedics

The covid -19 global pandemic presented a challenge to orthopedic education and practice. Elective surgeries being deferred for certain time, faculty/residents were asked to make drastic changes to their daily routine. Certain priorities were laid down.

1. To maintain our health and well being. Practicing COVID-19 preventive measures strictly.
2. Treatment prioritization concurrent to the circumstances.
3. Aiding overflow care of emergencies.
4. Continuing orthopedic education for residents and undergraduates.
5. Evidence based conservative orthopedics was practiced with good results.
6. Minimally invasive techniques were practiced in surgeries.

The department faculty got well adopted to the situation for the smooth functioning. Challenges are inevitable, sometimes beyond the scope of science, but appropriate planning and execution will be handy. Unity, integrity, human values and good communication skills will work. Common sense, humility and maturity to the circumstances is a good lesson learnt from the pandemic.



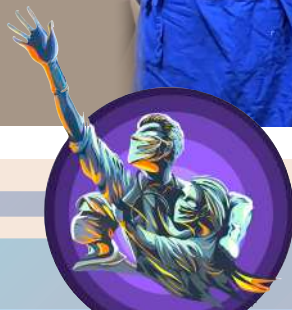


## Pediatrics

COVID-19: The name that is on everyone's lips, all over the world. When the pandemic hit, people around the world were unaware and also unprepared for the magnitude of this infection. It required the combined force of the healthcare community and the national governments to face this war. Covid-19 infection gradually started to creep into Mysuru city, largely affecting the adult population. As the numbers increased, even children and pregnant women were not spared of this deadly virus. This led to lot of anxiety among the parents about their little ones. The Department of Pediatrics rose to the challenge by creating a separate Pediatric ward and Neonatal Covid ICU, with all the necessary equipments to handle the situation. It was not only the numbers that were alarming, but also the varied range of presentation among children was a concern. The entire department pitched in with inputs from the senior faculty to form a separate pediatric guideline which eased the management. In the advent of this pandemic, Faculty of the Department of pediatrics have also taken their up their social responsibility by training various sections of people about the Covid infection and also preventive measures to curb the spread in the society. As Paediatrics is always in the forefront in research activities, lockdown period lead to many publications. Emergence of new ideas have resulted in the innovation of new medical devices. Around the world, the doctors and scientists are actively working to combat the pandemic infection to keep up with every new piece of information that emerges. Amongst all of this, it is imperative that we remain positive and dedicated to the cause, and continue these integrated efforts to disrupt and contain the spread of Covid-19 infection at the earliest.

## Paediatric Surgery

COvid-19 came as a surprise to the whole unprepared world with induced fear like no other illness. At the beginning of the pandemic we were also filled with fear and scepticism. However the care for children for emergencies never stopped. Quite a number of newborn babies were operated upon, so also procedures considered risky in covid scenario like bronchoscopy. Thoraco-laparoscopy etc. The concept and use of PPE's were almost unknown before the pandemic and getting acclimated to the new normal was a challenge. Few ingenious designs of UV-C based disinfection chambers with 270 degree beam angle, low cost quantitative UV-C watt meter, powered air purifying respirator for hospital setting was designed by Dr Sudhamshu. Dr Anil Kumar M G contacted COVID from a surgical case and recovered with mild symptoms. The pandemic has made us more prepared to anticipate for the unknown problems, be more frugal with our resources and innovate as per the need of the hour.





## OBSTETRICS AND GYNAECOLOGY

COVID-19 pandemic- such a scary word COVID-19 as pandemic on 11th march 2020 and Government of India declared lockdown from 23rd march 2020. It dominated and ruled the whole world in 2020 ofcourse, all of us have learnt the lesson-“what life is about.” So, I had to gear up all my staffs, postgraduates, interns, and staff nurses including security staff and support staff Taking care of the safety of all of them was my responsibility including myself and my family.

Initially, a group was made in the department consisting of Professors, Associate professors, Assistant professors and Senior residents to prepare the protocol to be followed in different areas of the department like OPD, Antenatal, gynec and postnatal ward and labour ward and OT complex. We made arrangements in the labour ward to segregate non covid and suspected covid patients. In outpatient, arrangements were made to avoid overcrowding. Restricting visitors was really a challenge and security staffs were given training to handle the aggressive attendants. All the staff nurses were given online training organized by Karnataka OBG Association. All the interns were sensitized periodically about the safety measures to be followed against COVID-19. Dr Sahana K, Senior resident was made one of the member of the covid task force of the hospital and was a bridge between the department and hospital administration.

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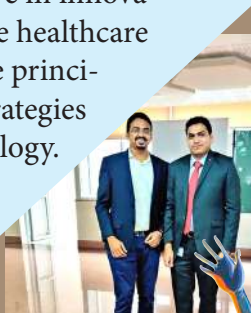


## Hospital Administration

The department of Hospital Administration, with its faculty has always worked to achieve the best, both in the academic front and administrative front. The theme of hospital administration practice is based on the triad of evidence-based science, cost-effective strategies and health-care quality. During the pandemic times, the Department of Hospital Administration as a team was

- Serving as liaison among governing boards, medical staff, and departmental heads.
- Organizing, directing, controlling, and coordinating services as set forth by the hospital management,
- Overseeing the creation and implementation of programs and policies for patient services, quality assurance, public relations outreach, and departmental activities.
- Developing and expanding programs and services for recent advances and upto date evidence-based guidelines.

Thrust areas of research of our department are planning, designing and establishments of new speciality / sub-speciality services, Hospital Infection Control, Quality Assurance, efficient delivery of medical services, Hospital policies and protocols etc. We believe in innovations towards affordable healthcare delivery by utilizing the principles of cost-effective strategies and appropriate technology.

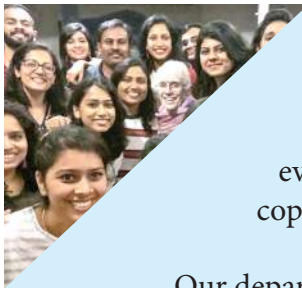






## Anaesthesiology

Our lives took a sudden change with the unwelcome entry of “COVID-19” The challenge was to divide the staff between the OTs and the ICUs. Strategies were devised under the able leadership and guidance of our HOD. Our efficient team of young and dynamic intensivists outlined the nuances of dealing with the deadly virus to the entire team. Another challenge was with the continuation of academic activities for the Medical & B. Sc students. The tiring schedule didn't deter us and the classes continued with the help of a virtual medium. And so did the research work and the seminars. Our dear Post Graduates deserve a special mention, they swung into action like true heroes. A bunch of our soldiers did fall to the enemy's attack and came down positive but that didn't deter the rest. They only bounced back, stronger and tougher!! ICUs were overfilled, ventilators were in short supply, the tough work got tougher with the magnitude of sick patients piling up. As perioperative and critical care physicians we pride in our skills of handling patients in a time of extreme vulnerability. All these experiences have not only been exhausting physically and emotionally but have also served as humbling experiences and reminded us to stand for each other and for humanity at large and emerge as tough but loving humans with empathy, compassion and love.



## Dermatology

COVID-19 has become a challenge for each and every one. There's no other choice other than to deal and cope with it, as we learn how to. All the gestures and efforts have brought us a long way.

Our department made it clear that a virus will not hold us back from becoming the professionals we are destined to be.

While we were busy being anxious and sulking about the 'NEW NORMAL', we were being pushed forwards and our limits were being tested.

From REAL classes, everything became VIRTUAL where a set of questions would serve as a reminder of our long journey in the field of Dermatology or it could be a set of relaxed brain teasers for which we bubbled with enthusiasm. Some routines never change.

Amidst all this, we got to play a role in the care of those affected, thereby getting an opportunity to unite with other colleagues in this exhausting battle. We were lost as we were displaced from our arena. But we gave it our best and it was definitely a learning experience.

During these times, they empathized with our worries and concerns but never let us fall back in our growth. For this, I am truly grateful!

It's not over! We have a long way to go before we can look back.

As we wait with eagerness for the buzz of our old normal, we shall continue to stay together (with distance, of course) and stay strong."





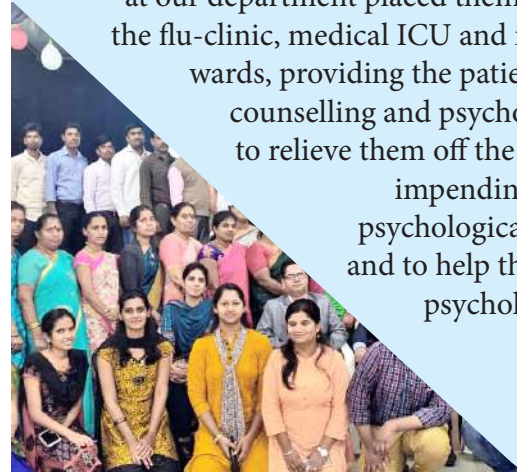
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## Clinical Psychology

Like everybody, the psychologists were succumbed into the negative impact of the COVID-19 and reacted to the situation at hand like everyone did. As a department, we saw a surge of people having difficulties due to the pandemic. We were aware that there were numerous shortcomings ahead of us. Social distancing and lockdown led to several changes in the daily functioning of the department, majorly the clinics. The routine clinical work, psychological assessments and therapeutic interventions were not being carried out, fearing the proximity and spread of the disease. Clinical psychologists had to regain their confidence, refine their skills and equip themselves better by adding new techniques, new skills and learning new therapeutic approaches, as advocated by experts in the field. We resorted to tele-psychotherapy as means to provide psychological relief to those in trouble. Therapies like Hope therapy, solution-focused therapy, supportive psychotherapy; additional counselling skills, to name a few, became handy to counter patient's problems through safe distance. Having gained the therapeutic knowledge and experience, the trainees and faculty at our department placed themselves at the flu-clinic, medical ICU and isolation wards, providing the patients with counselling and psychotherapy to relieve them off the stress of impending doom, psychological shocks and to help them heal psychologically.





## Psychiatry

COVID-19 pandemic has had an impact on everyone at every level. The interns, postgraduate students and staff have all had to bear the brunt of it all. The postgraduate students have been in the frontline fighting COVID-19 and it is only imperative to protect their mental health in the wake of the adverse situation. Hence the following sessions were conducted for about 150 postgraduate students of all the departments of JSSAHER over 6 sessions on 14th, 16th, 18th, 21st, 23rd and 25th of July of 2020

Covid Anxiety and your Emotions' -- Dr Bindu Annigeri  
'Resilience in the Covid Pandemic' -- Dr Shivananda Manohar  
'Looking Ahead and the Mindset for working as a Doctor in the Pandemic' - Dr Rajesh Raman

The department was also involved in managing the mental health of the patients admitted in the COVID isolation ward and COVID intensive care units. This was carried out through video calls with the help of an electronic device (tablet) which was provided to the COVID patients inside the wards. Many patients complaining of anxiety, depressive symptoms, substance dependence and delirium were helped through this means.



## Rheumatology



## CTVS



## Surgical Oncology



## Plastic Surgery



## Emergency Medicine



## Intensivists



## PULMONOLOGY



## GERIATRICS



## NEPHROLOGY



## SURGICAL GASTROENTEROLOGY



## CARDIOLOGY



## RADIOLOGY

