

# What's Up? @St John's Hospital

Issue 55, January 1<sup>st</sup>, 2022



Candy Christmas tree in front of Dean's office. (PC: Dr. Rakesh Ramesh)

## Merry Christmas Happy New Year 2022

### EDITORIAL TEAM:

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St John's National Academy of Health Sciences  
St John's Medical College Hospital, Bengaluru



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\* We now present a fully interactive menu. It works best with Adobe reader application (on computers, mobile phones, and tablets)





## MESSAGE FROM THE EDITORIAL TEAM

**Dear All!**

We are pleased to release the fifty fifth issue of “What’s Up? @ St John’s Hospital” magazine today. We wish all our readers Merry Christmas and Happy New Year 2022.

The present issue commemorates International day of Persons with Disabilities which is observed every year on 3<sup>rd</sup> December. We thank department of Physical Medicine and Rehabilitation for providing us a lot of content to commemorate this. We also thank many of our readers who actively contribute and oblige our requests for reports of various programs in the academy.

This time in survivor’s corner, we present an interesting story of Mrs. U, whose determination with the dure efforts of Department of PMR and Physiotherapy made her walk. And the orthotic and prosthetic section is the team of the month.

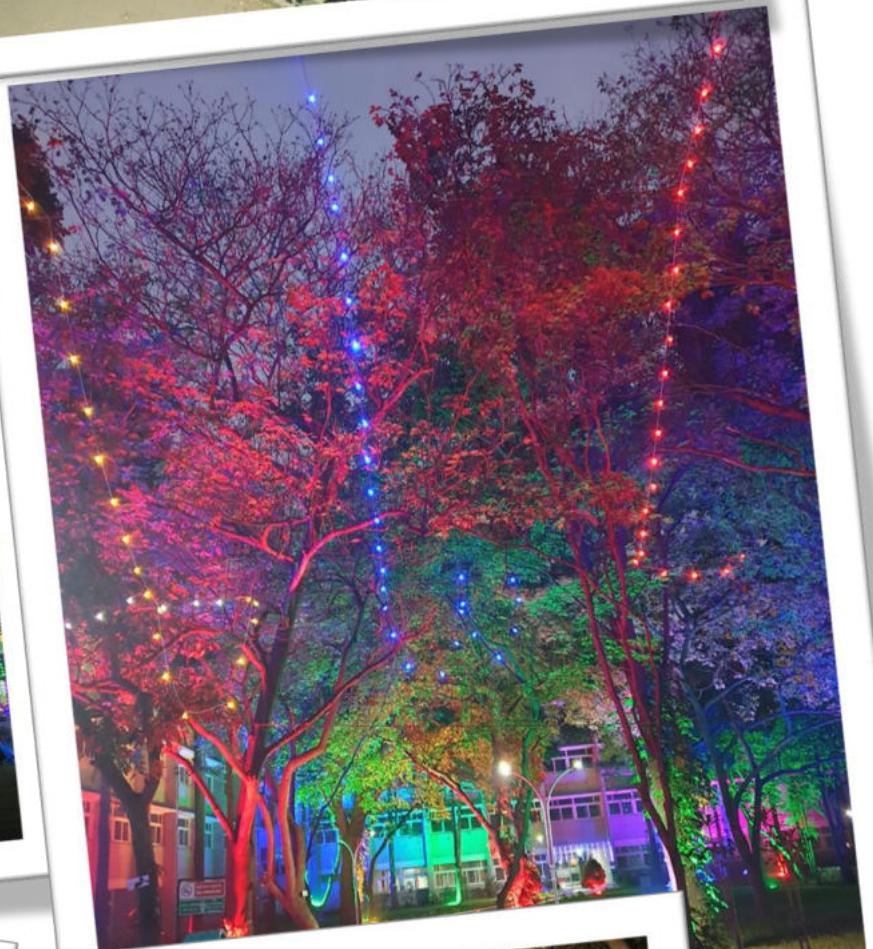
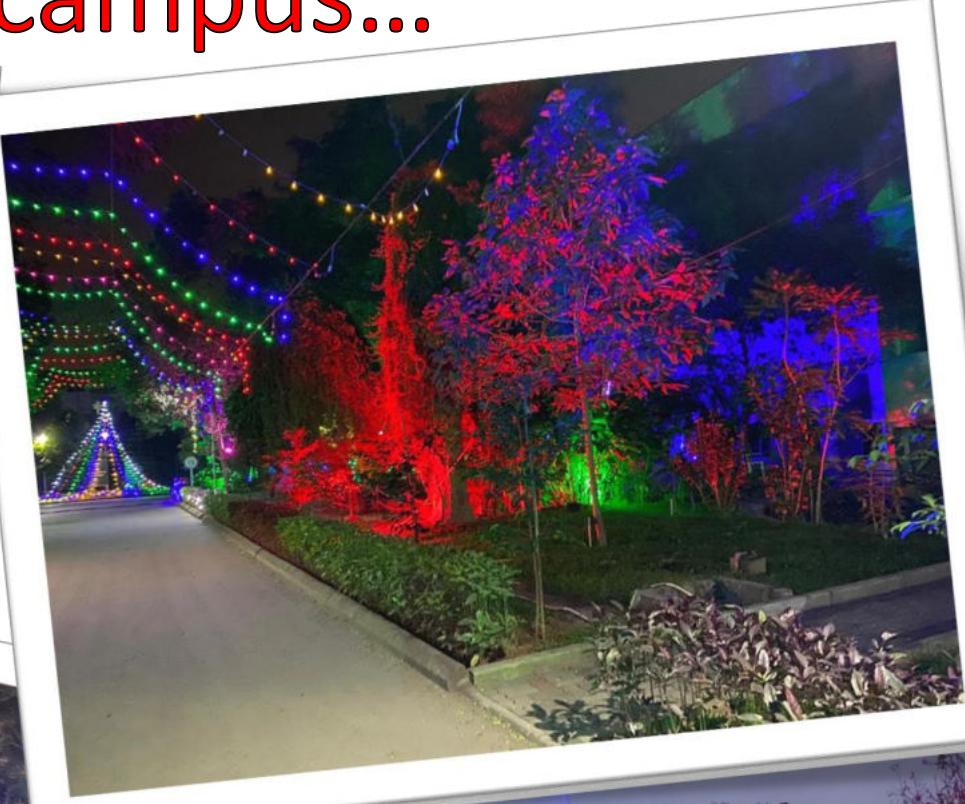
It is indeed a pleasure to publish an exclusive interview of Dr. Denis Xavier (Professor, Department of Pharmacology) who was ranked among the top 2% of Global Scientists in recent Stanford rankings.

Please feel free to communicate with us to publish your achievements. Feedback on any section of the magazine is welcome. We are happy to evolve to meet the needs of our beloved readers. Happy Reading!!

**Editorial Team**



# It's Christmas time on campus...



*Health related day...*

# International Day of persons with Disabilities

- Dr Ria Sabrene Fernandes (Senior Resident, PMR)

**3<sup>rd</sup> December 2021**

The International Day of Persons with Disabilities is observed annually on December 3<sup>rd</sup>. It is dedicated to promoting awareness about disability issues and to improve support for rights of persons with disability. It aims to raise an understanding about the importance of integrating persons with disability in every aspect of social, economic and cultural life.

This year the theme is to focus on ‘Fighting for rights in the post-COVID era.’ Ever since the COVID-19 pandemic, each individual has been impacted by the drastic social, economic and political changes in the world and the people with disabilities are among the most affected populations.

The persons of disability face problems of inaccessibility and discrimination in all spheres of life. In addition, reduced access to routine health care and rehabilitation services, social isolation and inadequate mental health services have posed extra challenges to this subset of population

The Department of PMR has been working with persons with disability with a holistic approach for the last two decades and we strive to convert them from “resource burners to resource earners”.

This day is celebrated every year with the inpatients, but due to COVID restrictions we could not have our annual social gathering



*Health related day...*

## International Day of persons with Disabilities

*Tell me,  
didn't you ever wonder  
whether Stevie Wonder  
could have made such  
wonderful music  
... if he wasn't born blind?*

*Let me tell you,  
you are the only one  
that God has, of you  
...or didn't you know?*

*From the beginning of time and history,  
my child, you were meant to make music.  
God doesn't make duplicates.*

*- Dr Kurian Zachariah*



# International Day of Persons with Disabilities was celebrated in Mugalur

International Day of Persons with Disabilities was celebrated in Mugalur on 15<sup>th</sup> December 2021. Rev. Fr. Charles Davis (Associate Director College), Dr Bobby Joseph (Professor and Head, Department of Community Health), Mr. Narayanswamy (Panchayat President), Mr. Kumar (Multipurpose Rehabilitation Worker) and Mrs. Vasantha (Block Education Officer, Dept of Education, Anekal taluk) were the guests on stage. The program was attended by around



100 persons with disability, their care givers, ASHAs, Community elders, Women's group representatives. The function went on well with games, songs and the formal customary function.



Acknowledgement: Dr. Deepthi Shanbhag,  
Department of Community Health

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# World Stroke day

29<sup>th</sup> October 2021



On 29th October 2021, an awareness program on stroke was conducted for the public on account of World Stroke day by the 3rd year B.Sc. nursing students of St. John's College of nursing in collaboration with Department of Neurology. The program was held in the OPD foyer. The main aim of the program was to propagate the theme of the day "**Minutes can save life**". The event was graced by Rev. Dr. Paul Parathazham (The Director, SJNAHS), Rev. Fr. John Varghese (Associate Director, Hospital), Rev. Fr. Jesudoss Rajamanickam (Associate Director of Finance), Rev. Sr. Ria Emmanuel (Chief of Nursing Services).

Welcome speech was given by Dr. Raghunandan (Professor, Department of Neurology). The program began with a lamp lighting ceremony after which Rev. Dr. Paul Parathazham, addressed the gathering about the importance of early recognition and diagnosis of stroke. The events of the program included an informative speech about stroke by Dr. Raghunandan. He stressed about the importance of time in the treatment of stroke following which a role play was performed by 3rd year B.Sc. nursing students to emphasize the importance of the golden hour in stroke. Videos and a mime exhibiting the symptoms and busting the myths about stroke was projected to reinforce the message.

An exhibition was conducted by 3rd year B.Sc. nursing students to educate the mass. Applause filled the foyer with Dr. Saikanth (Interventional Neuroradiology) proposing the vote of thanks.

Acknowledgement: Mrs. Reena Menon,  
Principal, St. John's College of Nursing

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# World Diabetes day

29<sup>th</sup> October 2021



An awareness program on diabetes was conducted for the public on World Diabetes Day on 15<sup>th</sup> November 2021, by 2<sup>nd</sup> year GNM students from the St. John's College of Nursing. The program was held in the OPD foyer. The main aim of the program was to propagate the theme of the day "**Access to Diabetic care**". The event was graced by Rev. Fr. Jesudoss Rajamanikam (Associate Director Finance), Rev. Fr. Vimal Francis (General Manager), Dr. Ganapathi Bantwal (Professor and Head, Department of Endocrinology) and Rev. Sr. Ria Immanuel (Chief of Nursing Services).

Chief Guests were honored with a welcome speech by Ms. Suchitra, 2nd year GNM student. The program began by watering a sapling by all the dignitaries. The events of the program included a role play performed by 2nd year GNM students on the importance of treatment for diabetes, followed by an informative speech about diabetes mellitus by Dr. Ganapathi. Videos and mime exhibiting the symptoms of diabetes was projected to reinforce the message.

An exhibition was conducted by 2<sup>nd</sup> year GNM students to educate the public. Vote of thanks was given by Ms. Suchitra. Free GRBS testing drive for the public was organized as a part of this program in the OPD foyer. A total of 430 people availed this benefit.

Acknowledgement: Mrs. Reena Menon,  
Principal, St. John's College of Nursing

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Children's day was celebrated by the department of Medical Social Workers (MSW) for all the inpatients and outpatients on 17<sup>th</sup> November 2021



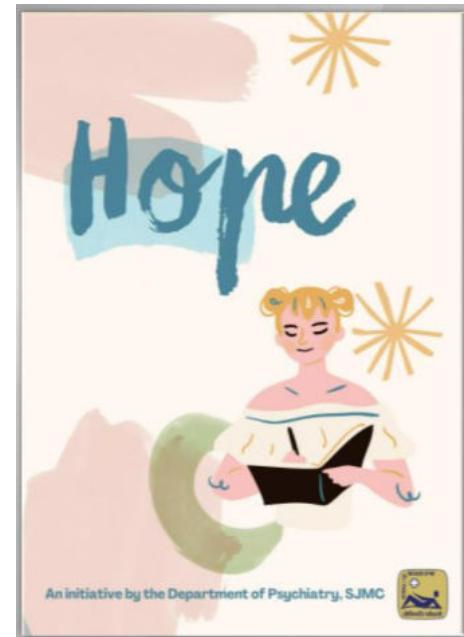
## WORLD THALASSEMIA DAY!!

World Thalassaemia Day was observed by the Department of Paediatrics in coordination with Division of Paediatric Hematology and Oncology on 17<sup>th</sup> November 2021.



# WORLD MENTAL HEALTH DAY-2021

The Dr. H. S. Subrahmanyam Memorial Artwork Competition was held in October by the Department of Psychiatry, St. John's Medical College Hospital to commemorate World Mental Health Day 2021. Students from all courses across the academy were invited to send in posters, paintings, sketches, digital art, doodles, comics, and other forms of art with either of the two themes of 'Mental Health in an Unequal World' or 'Elderly Mental Health' by October 10th.



The competition saw enthusiastic participation from students from all courses and all years. The results were declared on 8th November. The best entries were then compiled into a flipbook titled 'Hope', along with selected verses also written by students, and released on 30th November.



Click  
on  
Picture

# AWARDEE

## Dr. SUMAN RAO P. N

Dr. Suman Rao PN., Professor (Neonatology) SJMCH, was honored with prestigious Fellow of National Neonatology Forum (FNNF) award.

We congratulate her on this outstanding accomplishment.



## INAUGURATION OF OT COMPLEX (2<sup>ND</sup> FLOOR)

The newly renovated 2<sup>nd</sup> floor OT complex was inaugurated and dedicated for patient services on 14<sup>th</sup> December 2021.



## 'Mano De Dios'

- by Sona B Soni, MBBS 2020

As I took my place among strangers in that large auditorium on my first day, I saw a mic travelling from one seat to the next seeking an answer to the question 'Why did you choose out to be a doctor?'. A no-brainer, I thought. 'I want to dedicate my existence to the service of humanity!' was my obvious answer. But after the session, I couldn't help but contemplate the question. I want to become a doctor to save people, to be a hero. As classes started, I realized my hero's journey was much steeper a climb than I would have anticipated.

I was in a time-loop stuck between lectures and practicals for months on end. When the ECE (early clinical exposure) visits were finally announced, my shoes were dancing without me. I would finally get to help patients and be a hero in someone's eyes! But on that fateful day that I was looking forward to from the first day I set foot on campus, I overslept. A sharp chill shot down my spine as I finally heard my alarm go off. The rest was a blur as I scrambled to the blood bank. I was welcomed by a smiling Dr. Elvis who thankfully took no notice of me as I sat down at the back.

What followed was an hour-long session on the blood collection and storage techniques, which was certainly captivating. But the Q/A session afterwards sparked my curiosity. The National Blood Transfusion Services Act has outlawed monetary compensation for blood donation, but contrary to all my expectations the number of donors increased. Dr Elvis specifically mentioned a very frequent donor who is the current dean of a prestigious business college in Bangalore who takes time out of his schedule to donate regularly. The whole experience opened a whole new world of perspectives.

The image of Mother Theresa flashed before my eyes '***We cannot all do great things, but we can do small things with great love***'. I fell in love with my vocation all over again when I realized medicine goes much beyond classroom lectures and practical labs. I realized that I wanted to be a doctor to make a valuable change in another's life. But one does not need to be a doctor to do that. Yet if you can grind putting away a lot of your own desires for the wellbeing of patients who may or may not come to you in the future, then this is your calling, and I am sure now that it is mine.



# Lee Silverman Voice Treatment (LSVT)- BIG

Lee Silverman Voice Treatment (LSVT) – BIG is a technique which is practiced by neuro-physiotherapists who specialize in assessing and managing patients with neurological conditions. The technique was first described in 1987, it was originally developed to improve the loudness of voice in patients with Parkinson’s Disease (PD).

LSVT protocols have been studied for over 25 years. LSVT-BIG was initiated only after 2002 and hence is relatively a newer approach. There are numerous publications on the use of LSVT- BIG and its effects on patients especially Parkinson’s. The technique is said to work based on inducing proprioceptive recalibration and neuroplasticity. There are various theories on how it facilitates areas of the brain affected especially in conditions like PD; the depth of its effect is still being studied. The therapy has been shown to improve scores of Unified Parkinson’s Disease Rating Scale (UPDRS)” which is the gold standard to measure the progression in PD. Research shows improvement even in outcome measures such as Time Up and Go test (TUG) and Gait speed to name a few. The technique has to be customized to each patients’ goals, stage, and severity. The best time to start therapy and yield the best results is before the start of significant deficits, but it can even be started at later stages.

The physiotherapist starts with assessing the patient, which includes identifying the deficits, grading the deficits using outcome measures, reading through investigations, and the drug chart. Aligning therapy time in line with the peak effective time of certain medications often assists recovery. LSVT-BIG is now being studied in different populations like stroke, though the lack of sufficient literature inhibits discuss its effects. A Neuro-PT has the capabilities to administer LSVT-BIG. LSVT experts undergo special training and are called “LSVT-BIG Certified Clinicians” by LSVT Global. The prescription of the therapy and the protocol to be administered varies from patient to patient. The general prescription guideline is 4weeks, 4times/week, and then a home program at least once a day for 10-15mins.

This technique has helped many PD patients regain their mobility, improve their quality of life, and to some extent assist in delaying the progression. One of the many techniques under a Neuro PT’s sleeve!! In upcoming editions, we will discuss various interesting and beautifully constructed techniques that PTs use on daily basis!!



# Interview: The Purpose of research must be to make a difference to humanity...

*Dr. Denis Xavier is Professor of pharmacology and Head of the Division of Clinical Research and Training at the Research Institute. With about 200 publications and an H index of 62, he is one of the top researchers in the world. Irene Agnes of 2018 batch with Dr. Archana S interviews Dr Denis for this article wherein he discusses about his research journey, inspiration and idea about clinical-scientists along with some tips for students.*



## **What kind of student were you in medical school?**

During my MBBS days, I was, well, an average student, and managed to pass all exams in the first attempt. I played at least half a dozen sports through the year, except a week or two before final exams! I remember running to the mess after classes and then to the playground. MBBS days were full of sports and cultural activities; also spent a lot of time with my classmates, many of whom are my close friends now. I loved clinical medicine and thoroughly enjoyed the brutal schedule as an intern. But never thought of research at that time. As students, those days we were not exposed much to research.

## **What sparked your research interest?**

After my internship, I went to do my rural service. There was no telephone, radio or TV in the village where I stayed. Those days we used to communicate by inland letters. That's 30 years back. I got a lot of time to think and considered doing something different. Around that time, I heard about the very good basic research ongoing in the department of Pharmacology. Also, knew about the high-quality research in Physiology. Some of us were volunteers for research projects which late Dr. Prakash Shetty had initiated. As I loved clinical medicine too, I took pharmacology for postgraduation.

As a postgraduate student for research our department was very supportive. I had a very nice guide, Dr. Nagarani. She always said positive things about me that was very encouraging. We have this great respect for each other, and we are still in touch. I was the second postgraduate student to do clinical research in the department for dissertation.



# Interview...

I enjoyed my research so much that I began another project as a PG itself. Was so enthusiastic about the second project that I forgot to tell my HoD, Dr. Thangam Joseph. Later, on hearing about this from a clinician, she 'lovingly rebuked' me. It is important for faculty and the department to create an environment for PGs to enjoy doing research. Because once you enjoy something, you want to do more of it.

Once I finished post-graduation, I joined here as faculty in 1998. At that time, Dr. Prem Pais (former Dean and alumnus from the second batch) was a Professor in the Department of Medicine. I heard that he was doing some clinical research. So, I met and expressed my interest in joining him. He welcomed me, and that's how I started off clinical research. I read protocols and started work in clinical epidemiological projects. My first project was the INTERHEART study (Lancet 2004). Here I learned how large projects are done, how to collaborate, work with a team and take care of logistics. So, I was lucky to be at the right place at the right time and work with the right people.

## **Can you tell us a bit about your collaborations?**

In October 1999 Dr. Salim Yusuf (alumnus, batch of 1975, second Rhodes Scholar from St. John's) wrote to Dr. Prem Pais. He had just moved from the NIH in the US to McMaster University, Canada. By then, Dr. Yusuf had started collaborations in North America and Europe and wanted to do research in India. Earlier, during the St. John's Silver Jubilee celebration in 1988, he urged St. John's to excel in research and mooted the idea of a research institute. He also made a substantial donation from his personal research funds (not sure, but it was a few crores) for the research institute to be used for faculty development.

Anyways, back to 1999, Dr. Prem Pais sent me a copy of a letter from Dr. Salim Yusuf. It was inviting us to conduct a large clinical trial in India to test low molecular weight heparin (LMWH) and glucose, insulin potassium in patients with acute myocardial infarction. The plan was to recruit 10,000 patients from 100 hospitals in India with a global sample size of 20,000 from about 5 other countries. It is important to note that at that time there was no large multi centre clinical trials being done in India.

There was note from Dr. Prem Pais to me, that said: What do you think? I quickly responded: 'Yes' we should go ahead. I had no clue about such research. All I had was enthusiasm. And thankfully, under the guidance of Dr. Prem Pais and Dr. Salim Yusuf, with support from colleagues at McMaster University, I learned quickly.



# Interview...

Long story short, the name of the trial was CREATE. It was also a verb, 'to create' a culture of collaborative clinical research in the country. I had no clue how to do this because nobody was doing anything like this when we started. It's like I was pushed into the pool without knowing how to swim. I swam and reached here so far. In this trial we recruited 8060 patients from 65 centres in India, and globally over 20,000. We showed a benefit of LMWH and that glucose insulin potassium infusion was harmful (JAMA 2005). This I think is the largest cardiovascular clinical trial done in India to date.

At the same time, we also conducted an observational study in acute coronary syndromes with the same name - The CREATE registry (Lancet 2008). Here we recruited close to 21,000 patients from 89 centres in 50 cities around the country. Since then, we went on and conducted over 40 large multi-centre studies in more than 210 centres across India and two other Asian countries and recruited over 1.4 lakh participants. Some trials had a follow up period as long as 7 years.



*(From L-R) Dr. Prem Pais, Dr. Salim Yusuf and Dr. Denis Xavier (at Acropolis, Athens in the year 2000)*



# Interview...

## How did all this happen?

We had this enthusiasm to initiate large multi-centre clinical research. Thanks to Dr. Salim Yusuf's belief in us and support in many ways. Fortunately, we also managed to find good collaborators from across the country, who are now our good friends. In the 1990s and even early 2000s, we only had prevalence figures and guidelines on treatments from Europe, America, or Australia but little from India. Every time we collaborators met, we said that we must generate our own data and evidence.

So, our collaborators also were enthusiastic. We contacted friends from 9 other cities and invited them to the first Indian CREATE steering committee meeting. While the meeting was in a hotel, we arranged a nice dinner here at St. John's on the lawns of our Amphitheatre in April 2000. I remember using a mobile phone for the first time during this dinner meeting (laughs!) At the meeting all of them were excited to undertake this trial in acute MI. We asked each of them to contact about 10 colleagues in and around their city. That is how we built this initial network of 112 centres.

An important development took place in a few years. In 2005 I got the Canada-HOPE scholarship to undergo training in clinical research. I also got admission into a Master's program at McMaster University. Over 2 years I did the MSc course in clinical epidemiology and biostatistics as well as got to work at the Population Health Research Institute (PHRI) led by Dr. Salim Yusuf.

This was life changing for me. Thanks to St. John's for giving me leave and also my wife for holding the fort at home with two very young daughters, I managed to get some incredible training and exposure. In addition to the masters course, I worked on the INTERSTROKE study (Lancet 2010) and the polypill trial (TIPS, Lancet 2008). The protocol for the TIPS trial was also my master's thesis. TIPS was a nine arm, partial factorial, non-inferiority, along with superiority and reciprocal comparisons. Yes, it was complicated, but very exciting.

McMaster University is the place where clinical epidemiology and evidence-based medicine originated. I was fortunate to learn from legends such as Drs. David Sackett, Gordon Guyatt etc.



# Interview...

**As a continuation of this, can you please tell us some highlights of your research career?**

I returned from Canada with two things: confidence to undertake large research of our own as well as a determination to train researchers in India. Within a few months of returning, I got this opportunity. We got a large NIH grant of approx. 24 Cr. that involved both research and training.

For research we undertook three studies. The SPREAD study was a RCT that evaluated non physician health workers-based interventions to improve outcomes after acute MI (Lancet DE 2016). PREPARE was a cRCT in rural areas evaluating primary prevention (AmH J) done in collaboration with our dept of community health led by Dr. Twinkle, Dr. Farah, and Dr. Dominic. We also did an observational study called INSPIRE to study treatments and outcomes in strokes and recruited over 11,000 patients.

The UK MRC funded the PROGRESS study, where we evaluated peer mentored interventions in primary prevention at worksites in India, Sri Lanka, and Bangladesh. These have been incredible experiences, and we are glad for the opportunities and the contributions we were able to make. We also initiated training in 2009 and to date have run over 25 courses/ workshops and trained over 2,000 from across India. The UG research mentorship program is also funded by this program.

**Can you tell us how your research helped formulate clinical guidelines?**

The CREATE registry documented that only 5.4% of people with a heart attack at that time used an ambulance to come to the hospital. Three days later, the health minister said we need better ambulance services (The Hindu). We also showed that inferior treatments accounted for 60% of the higher mortality in the poor compared to the rich. The CREATE trial was the first to document that low molecular weight heparin is useful in acute MI (JAMA 2005). This is in the guidelines now.

There were several treatments, which we showed did not work. For example, glucose, insulin, potassium infusion in MI is harmful. So, it went off the guidelines. We showed that using beta-blockers during surgery to reduce ischemia actually increased mortality (POISE, Lancet). So that went off the guidelines. In other studies we proved that new drugs work such as fondaparinux (OASIS, NEJM), dabigatran (RELY, NEJM), or apixaban (ARISTOTLE, NEJM & Lancet). These are in the guidelines now.



# Interview...

## **Was there any time in your career where you had any self-doubt?**

There was no self-doubt at any time. As I mentioned earlier, I've been lucky. If I go back in time, would I do this all over again? Yes, with a slight modification, by being able to also do clinical practice. We now need more clinician-scientists.

## **What is your idea of clinical scientists?**

For clinicians in India, to do high quality research work is not easy. For example, OPD is non-negotiable and the patient load is huge. I have seen friends in north America who go early morning to the cath lab, then to the wards. In the afternoon sitting in their office, they are submitting a paper to the NEJM or Lancet or writing a grant for several million dollars. Then in the evening, they're taking a flight to attend an international meeting. So, that's the kind of clinician-scientists I am talking about. They're doing clinical work and simultaneously doing high quality clinical research. Their system allows them time and has a mechanism to financially compensate too. The Indian government is talking about the concept of clinician scientist these days. I am aware that in some institutions in India, including here at St. John's few clinicians are undertaking high quality research. But these are highly motivated people, and the numbers are few. We need systematic changes for their numbers to increase quickly.

## **Can you describe how you manage time?**

Most of my research work happens after I return home. As I told you earlier, our work is collaborative and late evening is when we have long meetings with colleagues in North America when they wake up. Communications and other scientific writing is late night and early mornings. So, I have a very long day. Also, there is no true vacation for researchers where you can cut-off completely.

## **In your opinion, how has the support system for research in India changed?**

It has changed hugely. Previously, ICMR, DST, DBT, and a few other agencies did provide grants, but these grants were not large. Also, there was a lot of uncertainty about these grants. All of this is has changed. There is more clarity now, and the grant money has increased. For example, the ICMR has started the INTENT clinical trials network, and I'm on their advisory committee. They will give grants to centres with the required infrastructure to build networks for high-quality research.



# Interview...

## **How can we encourage students to recognize the importance of research work?**

St. John's proactively encourages undergraduate research. I have had the good fortune of working with several bright and driven students. In 2009, we started the undergraduate research mentorship program with Dr. Ramesh from ENT. We had ten students every year who were selected based on their proposal. From our research division (DCRT) at SJRI we will give up to Rs.10,000 as a grant per student. Students will be mentored throughout this process. Over 6 years all 60 students completed their project, and many presented and published their work. After a break of few years, we have restarted this year on a slightly different format. Those selected high-quality projects will get an opportunity to present at our annual research day in our research Institute. From the Dean to the management, everyone has supported this endeavor.

## **Who or what was your inspiration?**

I would say three people. One is Dr. Prem Pais, who continues to be my mentor and a father figure in a way. Dr. Salim Yusuf, who is rated as the top cardiology researcher globally. He is one of the most intelligent and hardworking people I know. He is a visionary, sets very high standards and provides many opportunities. I have taken many long walks with them in different countries – lots of learning, more than in meeting rooms! The third gentleman is a cardiologist from McMaster University, Dr. P J Devereaux who is a global leader in peri-operative medicine. He's just a couple of years older than me, but he is also my mentor and a good friend. These people inspired and mentored me over two decades, and they continue to do so.

In my family, my grandfather, a schoolteacher, and a Siddha practitioner was my inspiration to become a doctor in the first place. Finally, my father, Dr. Francis Xavier PhD, a hardworking academician and author. He received a gold medal for securing the first rank in his masters course from the then Prime Minister Shri Lal Bahadur Shastri and has authored over 50 books. He maintained very good health and suddenly passed away just a few months back at the age of 85.



# Interview...



*Dr. Denis Xavier with Dr. P J Devereaux at Cape Breton, Canada in the year 2018*



*Dr. Francis Xavier PhD (Father of Dr. Denis) receiving gold medal from then PM Shri Lal Bahadur Shastri*



## What do you love most about your work?

I love to work with people rather than instruments in a lab, and in my work, there are so many wonderful people I get to interact with. I have been lucky and have travelled to 48 countries, several Universities and had high level scientific discussions. Met and/or worked with world class researchers such as late Dr. Dave Sackett, Dr. Gordon Guyatt, Dr. Chris Granger, Dr. Eugene Braunwald, Dr. Deborah Cook, Dr. Brian Haynes, apart from the people at McMaster who I already mentioned. Also in India, Dr. Rajeev Gupta, Dr. Srinath Reddy and Dr. Prabhakaran. All of this is very enriching.



*Left: Dr. Denis Xavier with Dr. Gordon Guyatt, Brantford, Canada (2016); Right: with Dr. Eugene Braunwald, New Orleans, USA at the AHA meeting (2004)*



# Interview...

## **Is there anything that you want to say to us students as future researchers?**

Simple, get exposed to research early on and work with positive people. Alongside, importantly, find the right purpose to do research, and in my opinion, your purpose must be to make a difference to humanity and not just to get papers for your CV or an award. I think as medical professionals, it is our responsibility to do high quality research. St. John's is a fantastic place to do this, and all faculty are encouraging. Make the best of it.

## **Please tell us what comes to your mind when you hear these words.**

### *Top 2% global scientists in the world:*

I am very grateful. Honestly, it is not my work alone. It's teamwork and the fruit of several national and international collaborations.

### *Collaboration:*

It is the only way to do high-quality research. If you don't figure out that magic, you may work hard and publish papers, but it may not be impactful. For collaboration, you need to like people and learn to work with different kinds of people.

### *Vacation:*

I'm both a beach person and a mountain person. These days I seem to like quiet vacations because life is so hectic. With my children growing up too, they are fine with a relaxing holiday, rather than one filled with lots of activities.

### *Lancet:*

Top journal in the world, although NEJM has a higher impact factor. As a journal and as an organization, Lancet is doing some incredible work with advocacy.

### *Are you an early riser or night owl?*

Early riser.



# Interview...

## ***What are your hobbies?***

I enjoy different types of music. At one time it is hard rock and jazz, sometimes santoor of Shiv Kumar Sharma. I played drums in college for Western and Indian music. Tennis is my favorite sport and in MBBS our class won all years, and that's because my two other classmates were very good. I lost the inter medics finals to a guy who was over 6.4! Still remember that. Nowadays, I read books on philosophy, religion and history; been also listening to Yuval Harari's Sapiens. I am also trying to understand different other religions.

## ***Which is your favourite quote?***

There are many, but I would choose the one my dad used to say to me; "***Be like a tennis ball, the harder you hit on the ground, the higher you should rise.***"

## ***Any historical person that you admire?***

Mahatma Gandhi and Nelson Mandela. These two gentlemen changed history, and their life was so difficult. And both worked for the vulnerable. I was fortunate to visit Sevagram and Sabarmati Ashram where Gandhi spent a lot of time. One can still feel the peace there. In Geneva there is a statue of Gandhi on which is inscribed – my life is my message. I also visited Robben island in Cape Town where Mandela spent 18 of his 27 years in prison. Profound experiences.

---





# SURVIVOR'S CORNER

## *“Ms U’s determination made her walk”*

The story is about Ms. U, a 39-year-old schoolteacher. On 22<sup>nd</sup> May 2021, she complained of extreme weakness of all four limbs. She further had two episodes of vomiting and following which she was taken to a nearby clinic. The weakness kept progressing and she was unable to walk without support and gradually was unable to speak. After multiple hospital stays, she came to St John’s on 10<sup>th</sup> June 2021 with a tracheostomy. Her previous MRI scan showed pontine myelinolysis, repeated scan showed infarcts and was under evaluation for locked in syndrome. She was then referred to Physiotherapy for rehabilitation.



On initial assessment the strength right upper limb was 2/5 the left upper limb was 1/5 and the bilateral lower limb was 1/5. The patient could understand and respond to commands. The therapy started with concentrating on maintaining bronchial hygiene, preventing secondary complications, and introducing verticality. Patients’ tolerance and compliance to therapy gradually improved. The therapists started using multiple approaches like Rood’s Proprioceptive Neural Facilitation (PNF), and Central Pattern Generators (CPGs) activation. Daily evaluation and collective efforts of therapists brainstorming on further management helped accelerate recovery. The patient was shifted to Dept. of Physical Medicine and Rehabilitation (PMR) on 24<sup>th</sup> June 2021 for further rehabilitation. In PMR the patient continued to receive physical therapy and additionally received occupational therapy and swallowing therapy. Following intensive rehabilitation, she was able to achieve standing with support. The patient then got discharged on 18<sup>th</sup> August 2021 and the Dept. of Physiotherapy provided the patient with a Physiotherapy program and insisted to continue PT. The patient underwent rigorous physiotherapy in a nearby clinic daily and now is able to walk without any support and has near normal function of upper limb. From being able to barely move her lower limbs to being able to walk independently, she has come a long way! Ms. U, her determination to recover, her caregivers who were extremely supportive, and the approach that we undertook at SJMCH helped Ms .U to her road to recovery. Ms. U religiously follows up with Physiotherapy and PMR OPDs in SJMCH and we couldn’t be prouder.

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# Rhyme Chime...

## NATURE'S MELODIES

- Dr Srilakshmi Adhyapak

The sea in low tide hums a chant sonorous,  
Waves contained in reverberations wondrous.

Wind flutes through a conch shell's spirals,  
Echoing sea's hum within its portals.

Foliage nestle in zephyrs clasp maternal,  
Leaves ruffled in the bountiful Carmel.

Rhythmic honks of sea gulls in flight,  
A symphony of notes in a symmetry bright.

Crows join in a melee raucous,  
Notes mingle, smoothening rough edges in a sway cautious.

A hum rhythmic, a murmur divine,  
Melodies unheard, in an unfurling petal sublime.

Sounds in vibrations multitudinous teeming,  
Its origins from the chant tri-syllabic all encompassing.

Background painting By: Dr. Deepthi Shanbhag,  
Department of Community Health.

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# Team of The Month

## Orthotic and Prosthetic section

*Department of PMR (Physical Medicine and Rehabilitation)*

The orthotic and Prosthetic section is a rehabilitation centre under the PMR team consisting of Mr C. Paulraj, Mr N. Samuel Jebakumar, Mr U.P. Ravindran and Mr R. Suresh.



Top left: Mr. Suresh  
(Cobbler)  
Top right: Samuel  
Jebakumar (Prosthetist &  
Orthotist)  
Bottom left: Mr.Ravindran  
(Technician)  
Bottom right: Mr C. Paulraj  
(Prosthetist & Orthotist)

They are experts in fabricating and manufacturing orthosis and Prostheses. To prevent and treat diabetic ulcers, they make special orthotics devices and diabetic and orthopaedic footwear. They collaborate with doctors, nurses, physiotherapists apart from patients to get the inputs and understand to make best for the patient comfort. The team give total care to patients with complex disorders with their wide range of knowledge and skills. Understanding the roles and responsibilities of each one in the team makes the ability of the rehabilitation team members to function effectively to provide comprehensive care for the patient.





# IG NOBEL

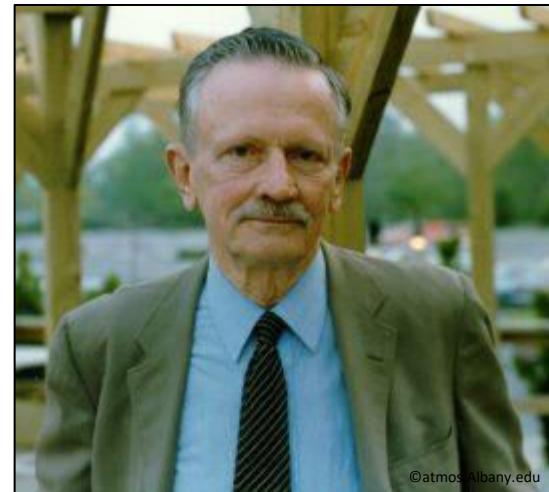


## 1997 – METEOROLOGY

### Bernard Vonnegut

Bernard Vonnegut of the State University of Albany, for his revealing report, “Chicken Plucking as Measure of Tornado Wind Speed.”

One way of estimating the wind in a tornado vortex is to determine by experiment what air speed is required to blow all the feathers off a chicken, a phenomenon known to occur in these storms.



©Pixar videos

However, It was found that the force with which the feathers are held by the follicles is highly variable and in the circumstances of a tornado might be greatly reduced. It depends not only on the bird’s health and molting period, but also the state of its nervous system. A response known as ‘flight-molt’ is recognized in which during conditions of stress the bird’s follicles relax so that the feathers can be pulled out with far less force than is normally required. Possibly this may be a mechanism for survival, leaving a predator with only a mouthful of feathers and permitting the bird to escape.





# GREY *Matters!*



## MEDICAL MOVIES FOR THE HOLIDAYS- SOLVE 'EM 'N' SEE 'EM!

1. In this movie, 'Dr.Malcolm Sayer' uses a wonder drug to wake patients who have been 'asleep' for decades. Name the movie and the author on whose book the movie is based on.
2. In this 2015 movie, a forensic pathologist discovers an injury related neurological illness on autopsy of a football player . Name the movie and the lead actor.
3. This movie, based on a real life controversial, semi-qualified doctor who advocates humour and compassion in medicine. Name the movie and the versatile actor who played the lead role.
4. The events in this movie produced over a decade ago bear an uncanny resemblance to the current global scenario. Name the movie and the actor who plays the character who is unscathed by the disaster unfolding around him.
5. This movie depicts the travails of a vascular surgeon accused of murdering his wife and sentenced to death. Name the movie and the actor who plays the titular character



[CLICK HERE FOR ANSWERS](#)

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# PEARLS OF WISDOM

Your best takes your time.

- Thomas



©Inc Magazine



©Facebook

Thousands of candles can be lit from a single candle, and the life of the single candle will not be shortened. Happiness never decreases by being shared.

- Bukkyo Dendo Kyokai, The teaching of Buddha

The man who moves a mountain must start by moving small stones.

- Chinese Proverb



© financialreports

REF: 365 Days of Wonder: R.J.Palacio.

## Did You Know?

The world's longest pizza, which ended up spanning over 6,333 feet, was produced by a team of chefs at Auto Club Speedway in Fontana, Calif.

Previous record was of course by Italian Chefs (6082.2 feet/1.15 miles), which was made out of sweat of 250 chefs and about 4,409 pounds of flour!

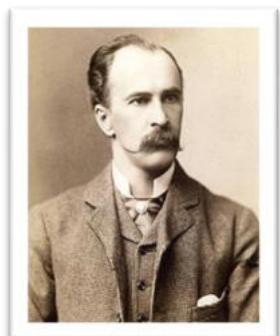
(Ref: Readers Digest and Fox news)



© Fox News

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SIR WILLIAM OSLER

## Do not judge one's colleagues by a patient's remarks.

Do not judge confreres by the reports of patients, well meaning, perhaps, but often strangely and sadly misinterpreting.

## Never believe a patient's criticism about a colleague.

From the day you begin practice never under any circumstances listen to a tale told to the detriment of a brother practitioner. And when any dispute or trouble does arise, go frankly, ere sunset, and talk the matter over, in which way you may gain a brother and a friend. Very easy to carry out, you may think! Far from it; there is no harder battle to fight.

REF: The Quotable OSLER: Edited by Mark E Silverman, T. Jock Murray, Charles. S Bryan



## MEDICINE THIS MONTH

*A Bird's Eye View.....*

### No role for aspirin in inpatients with COVID-19

The RECOVERY trial, which randomly assigned nearly 15,000 individuals hospitalized with COVID-19 to receive standard care with or without aspirin 150 mg, found no benefit of aspirin in reducing mortality or progression to mechanical ventilation. The aspirin group had a small reduction in thrombosis (4.6 versus 5.3 percent) and a small increase in major bleeding (1.6 versus 1.0 percent).

- RECOVERY Collaborative group, Lancet. Nov 2021.

### Carotid stenting versus endarterectomy for asymptomatic carotid stenosis

Earlier trials comparing transfemoral carotid artery stenting (TF-CAS) with carotid endarterectomy (CEA) for asymptomatic carotid stenosis reported that the periprocedural (30-day) stroke or death rate is higher for TF-CAS, while long-term outcomes are similar. In the recent ACST-2 trial, the periprocedural rate of death or any stroke was slightly higher with TF-CAS compared with CEA, but the difference was not statistically significant. The five-year rate of periprocedural death or any fatal or disabling stroke was similar for TF-CAS and CEA (3.3 versus 3.5 percent). The long-term effects of these two carotid artery procedures on fatal or disabling stroke are comparable.

- Halliday A et al, Lancet. Sept 2021.



# Aspirin in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial



RECOVERY Collaborative Group\*

## Summary

**Background** Aspirin has been proposed as a treatment for COVID-19 on the basis of its anti-thrombotic properties. We aimed to evaluate the efficacy and safety of aspirin in patients admitted to hospital with COVID-19.

**Methods** In this randomised, controlled, open-label, platform trial, several possible treatments were compared with usual care in patients hospitalised with COVID-19. The trial took place at 177 hospitals in the UK, two hospitals in Indonesia, and two hospitals in Nepal. Eligible and consenting adults were randomly allocated in a 1:1 ratio to either usual standard of care plus 150 mg aspirin once per day until discharge or usual standard of care alone using web-based simple (unstratified) randomisation with allocation concealment. The primary outcome was 28 day mortality. All analyses were done by intention to treat. The trial is registered with ISRCTN (50189673) and ClinicalTrials.gov (NCT04381936).

**Findings** Between Nov 1, 2020, and March 21, 2021, 14 892 (66%) of 22 560 patients enrolled into the RECOVERY trial were eligible to be randomly allocated to aspirin. 7351 patients were randomly allocated (1:1) to receive aspirin and 7541 patients to receive usual care alone. Overall, 1222 (17%) of 7351 patients allocated to aspirin and 1299 (17%) of 7541 patients allocated to usual care died within 28 days (rate ratio 0·96, 95% CI 0·89–1·04;  $p=0\cdot35$ ). Consistent results were seen in all prespecified subgroups of patients. Patients allocated to aspirin had a slightly shorter duration of hospitalisation (median 8 days, IQR 5 to >28, *vs* 9 days, IQR 5 to >28) and a higher proportion were discharged from hospital alive within 28 days (75% *vs* 74%; rate ratio 1·06, 95% CI 1·02–1·10;  $p=0\cdot0062$ ). Among patients not on invasive mechanical ventilation at baseline, there was no significant difference in the proportion meeting the composite endpoint of invasive mechanical ventilation or death (21% *vs* 22%; risk ratio 0·96, 95% CI 0·90–1·03;  $p=0\cdot23$ ). Aspirin use was associated with a reduction in thrombotic events (4·6% *vs* 5·3%; absolute reduction 0·6%, SE 0·4%) and an increase in major bleeding events (1·6% *vs* 1·0%; absolute increase 0·6%, SE 0·2%).

**Interpretation** In patients hospitalised with COVID-19, aspirin was not associated with reductions in 28 day mortality or in the risk of progressing to invasive mechanical ventilation or death, but was associated with a small increase in the rate of being discharged alive within 28 days.

**Funding** UK Research and Innovation (Medical Research Council), National Institute of Health Research, and the Wellcome Trust through the COVID-19 Therapeutics Accelerator.

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## Introduction

Thrombosis is a key feature of severe COVID-19, with 5–30% of hospitalised patients (depending on illness severity) having a major venous thromboembolic event (mostly pulmonary embolism) and up to 3% of patients having an arterial thromboembolic event, particularly myocardial infarction and ischaemic stroke.<sup>1,2</sup> The risk of thromboembolic complications is reported to be higher in COVID-19 than in other acute medical illnesses and viral respiratory infections, and is associated with worse prognosis.<sup>3,4</sup>

Anti-platelet therapy might have beneficial effects in severe COVID-19 through several mechanisms, including inhibition of platelet aggregation, reduction of platelet-derived inflammation, and blocking of thrombogenic

neutrophil extracellular traps.<sup>5</sup> Aspirin is an affordable, globally available drug which at low doses irreversibly inhibits the cyclooxygenase-1 enzyme, which is responsible for production of thromboxane A<sub>2</sub> and proinflammatory prostaglandins. Aspirin can reduce both arterial and venous thrombotic events and has been shown to prevent in-vitro hyperactivity in platelets from patients with SARS-CoV-2.<sup>6,7</sup> Existing evidence from randomised trials has shown that 75–150 mg aspirin per day is as effective as higher doses in preventing cardiovascular events.<sup>6</sup>

Seven clinical trials of aspirin in COVID-19 are registered, but none have yet reported on the effect of aspirin therapy in COVID-19. Here we report the results of a large randomised controlled trial of aspirin in patients hospitalised with COVID-19.

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\*The writing committee and trial steering committee are listed at the end of this manuscript and a complete list of the members of the Randomised Evaluation of COVID-19 Therapy (RECOVERY) Collaborative Group is provided in the appendix

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See Online for appendix



## Second asymptomatic carotid surgery trial (ACST-2): a randomised comparison of carotid artery stenting versus carotid endarterectomy



Alison Halliday\*, Richard Bulbulia\*, Leo H Bonati, Johanna Chester, Andrea Craddock-Bamford, Richard Peto†, Hongchao Pan‡, for the ACST-2 Collaborative Group‡



### Summary

**Background** Among asymptomatic patients with severe carotid artery stenosis but no recent stroke or transient cerebral ischaemia, either carotid artery stenting (CAS) or carotid endarterectomy (CEA) can restore patency and reduce long-term stroke risks. However, from recent national registry data, each option causes about 1% procedural risk of disabling stroke or death. Comparison of their long-term protective effects requires large-scale randomised evidence.

**Methods** ACST-2 is an international multicentre randomised trial of CAS versus CEA among asymptomatic patients with severe stenosis thought to require intervention, interpreted with all other relevant trials. Patients were eligible if they had severe unilateral or bilateral carotid artery stenosis and both doctor and patient agreed that a carotid procedure should be undertaken, but they were substantially uncertain which one to choose. Patients were randomly allocated to CAS or CEA and followed up at 1 month and then annually, for a mean 5 years. Procedural events were those within 30 days of the intervention. Intention-to-treat analyses are provided. Analyses including procedural hazards use tabular methods. Analyses and meta-analyses of non-procedural strokes use Kaplan-Meier and log-rank methods. The trial is registered with the ISRCTN registry, ISRCTN21144362.

**Findings** Between Jan 15, 2008, and Dec 31, 2020, 3625 patients in 130 centres were randomly allocated, 1811 to CAS and 1814 to CEA, with good compliance, good medical therapy and a mean 5 years of follow-up. Overall, 1% had disabling stroke or death procedurally (15 allocated to CAS and 18 to CEA) and 2% had non-disabling procedural stroke (48 allocated to CAS and 29 to CEA). Kaplan-Meier estimates of 5-year non-procedural stroke were 2.5% in each group for fatal or disabling stroke, and 5.3% with CAS versus 4.5% with CEA for any stroke (rate ratio [RR] 1.16, 95% CI 0.86–1.57;  $p=0.33$ ). Combining RRs for any non-procedural stroke in all CAS versus CEA trials, the RR was similar in symptomatic and asymptomatic patients (overall RR 1.11, 95% CI 0.91–1.32;  $p=0.21$ ).

**Interpretation** Serious complications are similarly uncommon after competent CAS and CEA, and the long-term effects of these two carotid artery procedures on fatal or disabling stroke are comparable.

**Funding** UK Medical Research Council and Health Technology Assessment Programme.

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### Introduction

Severely stenosed carotid arteries predispose to stroke, and either carotid artery stenting (CAS) or carotid endarterectomy (CEA) can restore patency and reduce the long-term risk of stroke. Open carotid artery surgery completely removes the atheromatous material, but stenting is less invasive. In North America, some 100 000 surgery or stenting procedures are done each year to treat carotid artery narrowing,<sup>1</sup> and numbers are similar for Europe.<sup>2,3</sup> About half are to prevent recurrent stroke in symptomatic patients and half are for primary stroke prevention in asymptomatic patients (ie, those whose stenosis has not caused any recent ipsilateral symptoms), but this proportion varies from one country to another.<sup>2</sup> Among asymptomatic patients with severe (eg, 70–99%) stenosis, successful CEA approximately halves the long-term stroke risk.<sup>4,5</sup>

Both CAS and CEA, however, carry a short-term risk of stroke, which is about twice as great for symptomatic as for asymptomatic patients.<sup>3</sup> When carotid procedures first became common, these risks were substantial, but nowadays they are much lower, particularly among asymptomatic patients. In Germany, for example, where all carotid procedures must, by law, be registered, during 2014–19, the in-hospital risk of disabling stroke or death among asymptomatic patients undergoing CAS ( $n=18\,000$ ) or CEA ( $n=86\,000$ ) was 0.7% for each procedure (appendix p 9); the additional in-hospital risk of non-disabling stroke was 1.1% for CAS and 0.7% for CEA. These rates are below the conventional 3% safety threshold, although only about two thirds of procedural strokes occur before hospital discharge. In this large German registry, the in-hospital risk of stroke after a carotid procedure was reliably shown to be unrelated to

*Lancet* 2021; 398: 1065–73

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See [Comment](#) page 1025

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†Contributed equally

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See Online for appendix



# RESEARCH SNIPPETS

## Confounding Bias

Confounding is one type of systematic error that can occur in epidemiologic studies. Confounding is an important concept in epidemiology, because, if present, it can cause an over- or underestimate of the observed association between exposure and health outcome.

### What is confounding?

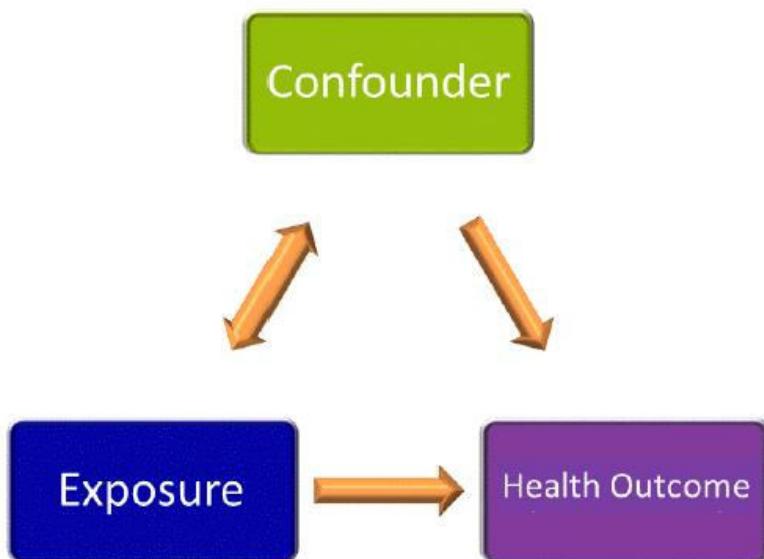
Confounding is the distortion of the association between an exposure and health outcome by an extraneous, third variable called a confounder. Confounding is also a form a bias. Confounding is a bias because it can result in a distortion in the measure of association between an exposure and health outcome. Confounding may be present in any study design, but ecological studies are the most susceptible to confounding, because it is more difficult to control for confounders at the aggregate level of data.

### Assessing confounding

Each potential confounder must meet two criteria before they can be confounders:

**Criterion 1:** The potential confounder must be a known risk factor for the health outcome or disease.

**Criterion 2:** The potential confounder must be associated with the main exposure, but not as a result of the exposure.



A few examples of research questions in which you would like to consider confounding are listed below:

- a) Does being overweight increase the risk of coronary heart disease (CHD) -independently of cholesterol, hypertension, and diabetes?

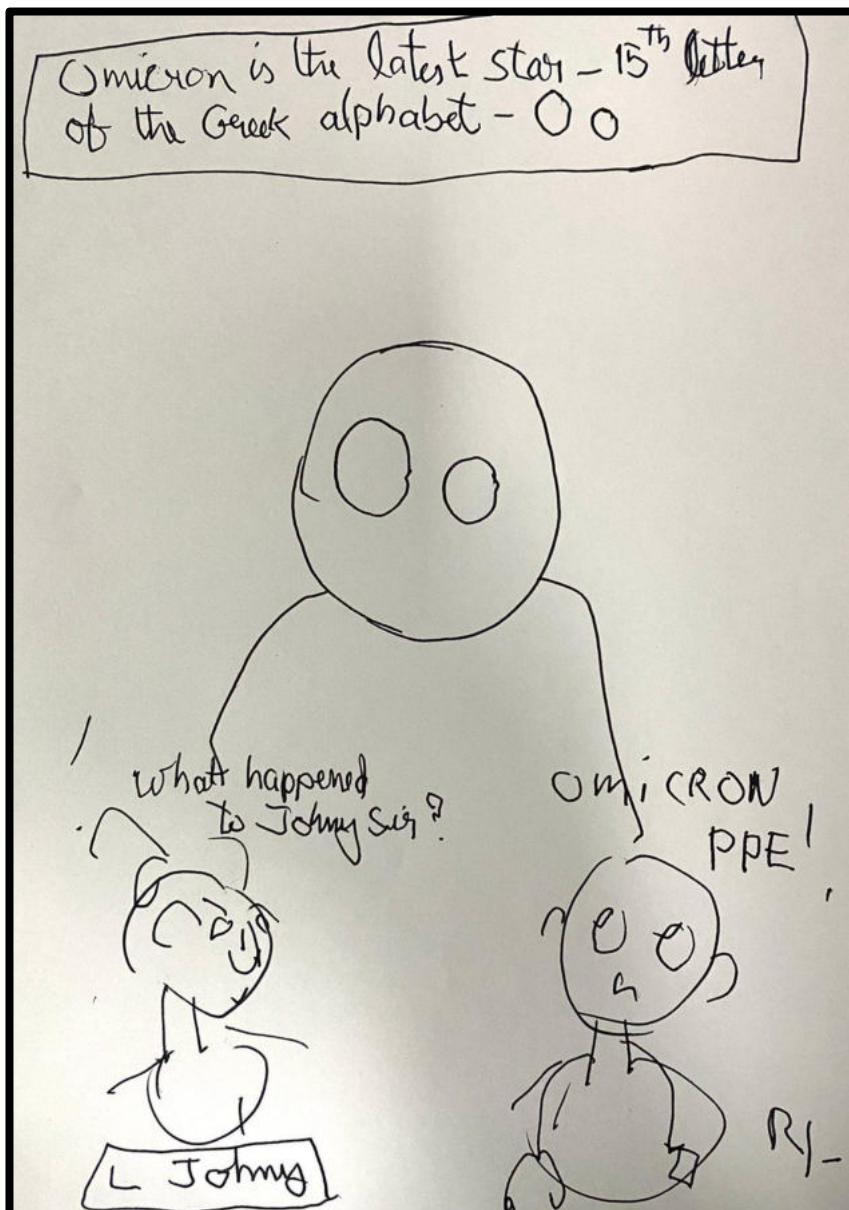
# RESEARCH SNIPPETS

## Confounding Bias

b) Does tobacco advertising entice adolescents to experiment with tobacco independently of whether their parents smoke?

### How to overcome?

1. A known strong confounding should be controlled by matching or blocking. For example, if age is confounder in any association, one can focus on testing hypothesis only among children or young adult or older adults.
2. Otherwise, they should be measured and adjusted by multivariate statistical model.



L Johnny

Art by: Dr. Rakesh Ramesh

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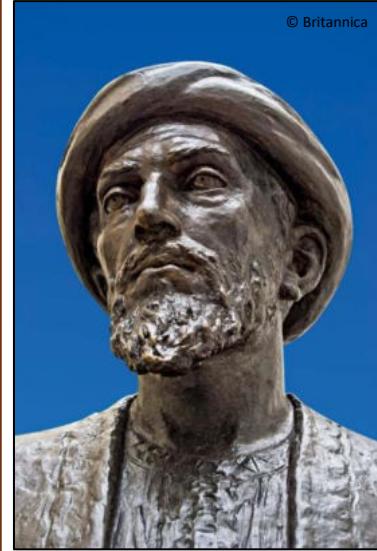


## Arabian Medicine

The greatest contribution of Arabian medicine was in chemistry and in the knowledge and preparation of medicines. The chemists of that time were alchemists, and their pursuit was mainly a search for the philosopher's stone, which supposedly would turn common metals into gold. During their experiments, however, numerous substances were named and characterized, and some were found to have medicinal value. Many drugs are of Arab origin, as are such processes as sublimation.

In that period, and indeed throughout most historical times, surgery was considered inferior to medicine, and surgeons were held in low regard. Renowned Spanish surgeon Abū al-Qāsim (Albucasis), however, did much to raise the status of surgery in Córdoba, an important centre of commerce and culture with a hospital and medical school equal to those of Cairo and Baghdad. A careful and conservative practitioner, he wrote the first illustrated surgical text, which held wide influence in Europe for centuries.

Another great doctor of Córdoba, born in the 12th century, just as the sun of Arabian culture was setting, was Jewish philosopher Moses Maimonides. Banished from the city because he would not become a Muslim, he eventually went to Cairo, where the law was more lenient and where he acquired a reputation so high that he became physician to Saladin, the Saracen leader. (He was the original of El Hakim in Sir Walter Scott's *Talisman*.) A few of his works, written in Hebrew, were eventually translated into Latin and printed.



Moses  
Maimonides



Córdoba



# Background Picture – Rhyme Chyme



Painting By: Dr. Deepthi Shanbhag, Department of Community Health.

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# ANNOUNCEMENTS



## Biju Mercy Siju Memorial Prize 2021

Constituted by Mr. Siju Thomas Panicker in memory of his late wife.

**Theme of the prize: "Social Consciousness"**

*"Social consciousness" in pandemic times is the response of individuals to matters beyond themselves and that address societal concerns particularly the social determinants of health*

**THIS YEAR THE PRIZE WILL FOCUS ON THE QUESTION-  
DID THE COVID 19 PANDEMIC HELP TO BUILD EMPATHY?**

**Eligibility:** Any member of the academy, irrespective of their level of employment, age, educational qualification etc.

**Please make the effort to nominate those who are unsung. No deed is too small.**

**Any entries of plagiarized content will be disqualified.**

Individuals can be nominated or can submit an entry on their own.

**CATEGORY A:** Individuals who embody social consciousness beyond the call of duty can be nominated by a peer, colleague, or department by filling in the nomination form and attaching supportive material.

**CATEGORY B:** Individuals can submit creative works that address social consciousness and empathy in COVID times. This can take the form of paintings, reflective writing, poetry, photography, posters, videos of dance / drama etc.

**Please note: There is a single prize (not one in each category)**

You can submit the application online by clicking on the key below or scanning this QR code to fill in the form.



[CLICK HERE](#)



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# ANNOUNCEMENTS



## Biju Mercy Siju Memorial Prize 2021



CLICK HERE



In case you are unable to fill up the online form, you can send an email to

[humanities\\_events@sjri.res.in](mailto:humanities_events@sjri.res.in)

**Last date for submission of entries is January 27, 2022.** The prize will be awarded during the Graduation/ College Day 2022 function.

*This prize is coordinated and administered by the Health and Humanities Division, and we wish all in the Academy a Blessed Christmas and a safe, meaningful and COVID free New Year 2022!*





# GREY Matters!



**MEDICAL MOVIES FOR THE HOLIDAYS- SOLVE 'EM 'N' SEE 'EM! ANSWERS**

1. AWAKENINGS, based on the book of the same name by OLIVER SACKS
2. CONCUSSION, Will Smith
3. PATCH ADAMS, Robin Williams
4. CONTAGION, Matt Damon
5. THE FUGITIVE, Harrison Ford



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