



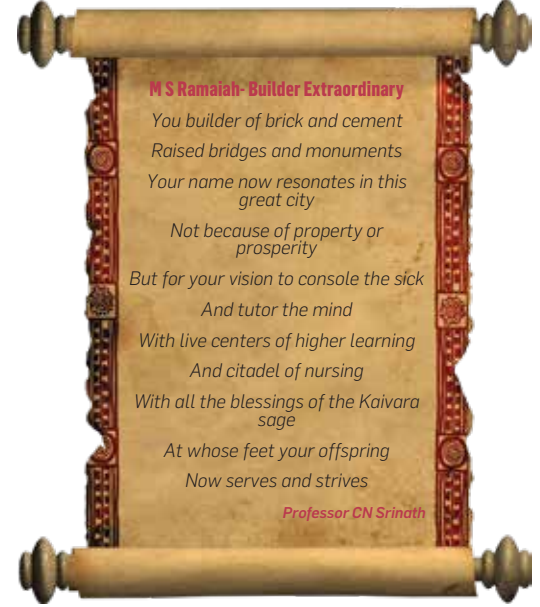
## Awe and Inspiration: a note By Professor CN Srinath

Professor CN Srinath is an internationally recognized scholar and critic, poet and translator in English and Kannada, and the author of several works in English. After his discharge from Ramaiah Memorial Hospital on October 18, 2020, he has written a note to our Chairman Dr. MR Jayaram which speaks of our quality health care with compassion. His few lines of jottings were an inspiration and show our dedication in the field of health care. His lines depict our growth story and a summary of our vision in spreading health care and education cut across populations.

Professor Srinath, a renowned scholar in Kannada and English is a son of a great scholar of our time, Padmabhushana Professor CD Narasimhaiah, who conceptualised a literary center called Dhvanyaloka in Mysuru. Professor Srinath is now the Chairman of Dhvanyaloka which has rolled over four decades spreading literature, culture, and development across continents. His lines are not only awe-inspiring but also a caution to continue our good work keeping in tune with the Ramaiah philosophy of Inclusive Excellence.

Dhvanyaloka conceived by Prof. C. D. Narasimhaiah, the center has been established for promoting the study, research, and development of Indian Culture, Fine Arts, Literature, Performing and Traditional Arts, Ayurveda, Yoga, Dance, and Music in India as well as overseas countries, which are influenced by Arts and Culture.

In his short write-up, where Professor Srinath said "Your name now resonates in this great city, not because of property or prosperity but for your vision to console the sick and tutor the mind with live centers of higher learning and citadel of nursing with all the blessings of the Kaivara sage at whose feet your offspring now serves and strives," is a significant statement of our commitment towards health and education.



Dear Dr. Srinath,

Your note dated October 18, 2020, is a great inspiration to all of us at Ramaiah group of Institutions. I thank you for the good words you have written about Ramaiah. This appreciation goes long way in furthering the treatment to those who may be less fortunate than others. With the benign blessings of Yogi Narayana, we are, as a group focusing on reaching to the economically weaker sections of our society.

We are now focusing on fighting the unknown enemy with all our might. At the time of Covid -19 which is gobbling up the lives of people, we were the first to offer to set up 200 beds to the state government to treat the people affected with Corona. We have now 500 beds and established a protocol to treat the patients suffering from the Coronavirus. Our doctors and paramedical staff have been at the forefront of the fight against the virus.

Dr. Srinath, your words are a reassurance in our endeavour to reach out to the lowest strata of the people in society. As you rightly said we are fully into assuaging and console the sick with our full capabilities. Ramaiah group has taken an oath to reach out to the people who are in need of health care support.

As the founder of these great institutions and my father Dr. Ramaiah said "Acts done for ourselves die with us but those done for others, they live on." Your note is also a caution and we strive to take our work to a new level in alleviating the pains of the people who require health care.

As a philosophy of the group, we believe "Inclusive Excellence" is part of our growth story. Once again thank you for your kind words about Ramaiah.

Best Regards  
**Dr. MR Jayaram**  
Chairman  
Gokula Education Foundation



**RAMAIAH**

October - November 2020

## Hope grows for a vaccine to fight the virus

After the second world war which took more than 56 million lives, the Covid-19 pandemic has wiped out more than 1.33 million population across the globe in over eleven months. In India which has seen a steep rise of Covid 19 cases has so far infected 8.8 million cases. The death toll so far in India is 131000 with a recovery rate of 98 percent, roughly which amounts to 8,290,370 in a population of 1.2 billion. As the world is witnessing a second wave of the pandemic, people are hoping for an early vaccine to halt the spread of this deadly virus. However, the Covid 19 dashboard is growing day by day leaving a population in the lurch.

Many vaccines for viruses and bacteria save millions of lives across the world. According to WHO Immunisation currently prevents 2-3 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza, and measles. It is a hope against hope situation that a fast-tracked vaccine could come to market anywhere from the end of 2020 to the middle of 2021.

According to available statistics, there are currently more than 100 COVID-19 vaccine candidates under development, with a number of these in the human trial phase. WHO and many government agencies and health bodies are working in collaboration with scientists, business, and global health organizations through the accelerator to speed up the pandemic response.

The major challenge for the agencies and the state is that once the vaccine is found, equitable distribution of the vaccine across the population prioritising the people most at risk.

However, there are important ethical considerations that must be addressed – particularly for a new disease like COVID-19, which we do not yet fully understand and are still learning how to treat.

To date, just two coronavirus vaccine has been approved. Sputnik V – formerly known as Gam-COVID-Vac and developed by the Gamaleya Research Institute in Moscow – was approved by the Ministry of Health of the Russian Federation on 11 August. Experts have raised considerable concern about the vaccine's safety and efficacy is given it has not yet entered Phase 3 clinical trials. The second vaccine in Russia, EpiVacCorona, has also been granted regulatory approval, also without entering Phase 3 clinical trials.

The COVAX initiative, part of the World Health Organization's (WHO) Access to COVID-19 Tools (ACT) Accelerator, is being spearheaded by the Coalition for Epidemic Preparedness Innovations (CEPI); Gavi, the Vaccine Alliance; and WHO. The goal is to work with vaccine manufacturers to offer low-cost COVID-19 vaccines to countries. Currently, CEPI's candidates from companies Inovio, Moderna, CureVac, Institut Pasteur/Merck/Themis, AstraZeneca/University of Oxford, Novavax, University of Hong Kong, Clover Biopharmaceuticals, and University of Queensland/CSL are part of the COVAX initiative.

India is also gearing up for the covid vaccine. The national expert group on the Covid-19 vaccine is banking on five vaccine candidates that are currently undergoing clinical trials in India.

The candidates include three that are in advanced stages of trials in India - the Oxford-AstraZeneca candidate for which Pune-based Serum Institute is conducting phase 3 clinical trials, Bharat Biotech's Covaxin which is also in phase 3, and Russia's Sputnik V which is expected to start phase 2/3 trials next week. The other two candidates include Cadila's shot which has almost completed phase 2 and a candidate by Biological E which is in Phase 1/2. Apart from these union government is also banking on two global candidates from Pfizer and Moderna. The vaccine to fight Covid -19 virus is a hope against hope and a challenge to researchers and scientists to save humanity.

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**Jnana Vahini**

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Design and Printing

**DIGITAL ART WORKS**

Contact

+91 2218 2822/3205/7

+91 2360 5190, Extn. 315

[gokulagnanavahini@gmail.com](mailto:gokulagnanavahini@gmail.com)

[www.ramaiah-india.org](http://www.ramaiah-india.org)

## Global Medical Education – A New Dimension for Indian Students

The appeal of choosing medicine as a career is a strong one. A career in medicine empowers you to help people, to be respected by others and to gain a feeling of job satisfaction that is impossible to find in any other profession. The financial rewards are great and the opportunities for career advancement are vast and varied. Medicine also allows the student to choose a specialty which means something to them, whether that is surgery, pediatrics, oncology, neurology, gynecology and many others, the options are endless.

However, for many students in India, gaining their MBBS (Bachelor of Medicine & Bachelor of Surgery) degree in their home country is plagued with problems. Of the 874 universities in India, only twenty to thirty are considered to be 'high-standard', and many of their MBBS degrees are not recognized internationally, which prevents qualified medical graduates from moving abroad and experiencing healthcare innovations in other countries as well as participating in international research projects.

Only seven Indian universities were ranked in the world's top 400 universities in the 2019 QS World University Rankings, with six of these being Indian Institutes of Technology (IITs).

The historical lack of funding in education, from pre-school to university level, in India also means around 40% of teachers and lecturers work on a temporary or limited-contract basis, resulting in a high turnover of staff and a lack of stability in education.

For those looking to study medicine, there are also limited seats available in Indian medical institutions, with approximately 1.5 million students taking their NEET exams hoping to obtain one of the around 65,000 medical seats available every year. For this reason, around 300,000 Indian students are currently study abroad, with an estimated 10,000 leaving India every year to study medicine. Some get admitted to well-respected and globally recognized universities abroad while many apply and get admitted to unrecognized institutions. However, the ideal scenario for many would be to remain in India for as long as possible and study for a medical degree which is recognized and highly respected internationally, especially in countries where healthcare is well-advanced, innovative, and well-funded, like the USA.

We have considered the issues facing medical students in India and decided to seek an international partnership between The Ramaiah Group of Institutions and St Georges University (SGU) Medical School. Our Collaboration with the Management and Science University, Malaysia since

the past fourteen years has made us to be part of global churning in medical education.

SGU is the largest international provider of physicians to the US and the second largest provider of doctors in the US overall. The University's Medical School, established over 40 years ago, has an exceptional US residency match rate of 91% for non-US residents - vital for international students who are looking to live and practice in the United States.

The two organizations recently signed a Memorandum of Understanding (MoU), and are offering a joint pathway to studying medicine in India and in the US, aimed at practicing medicine in the US on graduation. The signing of the MoU allows students to study the first of SGU's five-year medical program at Ramaiah International Medical school in Bangalore, India and the final four years of their Doctor of Medicine program at SGU in Grenada with options of doing residency in the US, Canada, or in the UK.

A medical degree from a joint association of SGU and Ramaiah takes only 5 years and allows students to attain a prestigious postgraduate MD degree from St. George university that is recognized in the US and also by the Medical Council of India, which is an important consideration for those who are planning to return home after gaining experience in the US.

While studying at Ramaiah, students will be able to get used to the SGU culture before their move by taking part in online lectures broadcast from SGU in Grenada, receiving visits from future lecturers and teachers, and visiting SGU in Grenada as part of their group familiarization trip in their first year.

The collaboration between Ramaiah and SGU will open up new frontiers for Indian students, who will be exposed to both Eastern and Western culture and benefit from a truly global perception of healthcare.



**Dr. Naresh Shetty**  
President  
Ramaiah Memorial Hospital



**Dr. Sudha Suresh**  
Associate Dean  
International Medical School

## Musings of a Covid Warrior

It was a proud moment to get an opportunity to be a covid warrior. For me it was also quite emotional as I had to stay away from home and family members, especially my children.

On the first day of my duty I prepped both mentally and physically. I donned the PPE kit and along with my post graduate students, I was all set to enter the covid ward. I felt as though I was entering a battle field with sweat trickling down my forehead. As I entered the ward and did my rounds, each patient had their own psychological stress and nonetheless, followed the protocol accordingly.

Like in the war field, I was struggling to visualise the operation site with fogging goggles with each heavy breath I took. My only aim was to complete the task as quickly as possible while taking care of myself, the mother and the baby.



The Herculean task was to do an LSCS. It was indeed a test for my surgical skills, stamina and patience to withstand the psychological, physical stress and as well as the electrolyte

imbalance and hypoxia caused by excessive sweating because of PPE.

At the end of my 6 days of covid duty, came quarantine days which in turn is a huge task to complete for an extrovert like me. It was a horrible feeling of emptiness. I had plenty of time but I did not know exactly what I could do. I spent my first two days battling sleepless night. I must admit that although I felt isolated from the entire family, my life companion stood beside me like a rock.

Finally came the day to get tested for covid and to see who had won the battle. Late in the evening, I got my test report as NEGATIVE. As eager as I was to meet my kids and family members, I was also worried about their health. Despite testing negative, I was slightly worried about meeting my 67 years old mother. However, my mother welcomed me as normal as pre-covid duty days.

Indeed it was a great opportunity that, a doctor is no less than a warrior on the battle field eager to deliver his/her duties with dignity and selfless service to humanity.

**Dr. N. V. Manjula**

Associate professor  
Dept. of OBG  
Ramaiah Medical College



ನಾನು ದಿನಾಂಕ 28.08.2020 ರಿಂದ 04.09.2020 ರವರೆಗೆ ಕೋವಿಡ್ ವಾರ್ಡ್‌ನಲ್ಲಿ ಲ್ಯಾಬ್ ಟೆಕ್ನಿಷಿಯನ್ ಆಗಿ ಕಾರ್ಯನಿರ್ವಹಿಸಿದ್ದೇನೆ. ಸೇವಾ ಅವಧಿ ಮುಗಿದ ನಂತರ ಏಳು ದಿನಗಳ ಕಾಲ ಕ್ವಾರಂಟೈನ್ ಅವಧಿಯನ್ನು ಮುಗಿಸಿರುತ್ತೇನೆ. ಮೊದಲ ಬಾರಿಗೆ ಕೋವಿಡ್ ವಾರ್ಡ್‌ನಲ್ಲಿ ಕೆಲಸ ಮಾಡಲು ಹೋಗುವಾಗ ಭಯವೆನಿಸಿತು ಆದರೆ ಸಂಪೂರ್ಣ ಆತ್ಮಸ್ಥೈರ್ಯದಿಂದ ಕೆಲಸ ನಿರ್ವಹಿಸಿದ್ದರಿಂದ ಕೆಲಸ ನಿರ್ವಹಿಸಲು ಸಾಧ್ಯವಾಯಿತು. ಪಿಪಿಇ ಕಿಟ್ ಅನ್ನು ಧರಿಸುವುದು ಒಂದು ಅನುಭವ, ಕಿಟ್ ಅನ್ನು ಸರಿಯಾಗಿ ಧರಿಸುವುದರಿಂದ ನಮಗೆ ಯಾವುದೇ ತೊಂದರೆ ಆಗುವುದಿಲ್ಲ. ಆಡಳಿತ ವರ್ಗದವರು ಊಟ ಮತ್ತು ವಸತಿ ವ್ಯವಸ್ಥೆಯನ್ನು ಚೆನ್ನಾಗಿ ಮಾಡಿದ್ದರು. ಸಹೋದ್ಯೋಗಿಗಳ ಸಹಕಾರ ಉತ್ತಮವಾಗಿತ್ತು. ಕೋವಿಡ್ ಸೇನಾನಿಯಾಗಿ ಮನುಕುಲದ ರಕ್ಷಣೆಗೆ ನನ್ನದೇ ಆದ ಅಳಿಲು ಸೇವೆಯನ್ನು ಮಾಡಿದ ಆತ್ಮತೃಪ್ತಿ ನನ್ನದಾಗಿದೆ. ಗೆಳೆಯರೇ ನಾವೆಲ್ಲರೂ ಕೋವಿಡ್ ರೋಗದ ವಿರುದ್ಧ ಹೋರಾಡೋಣ..



**ರಾಜಶೇಖರಪ್ಪ ಎ.ಎಲ್**

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ರಾಮಯ್ಯ ವೈದ್ಯಕೀಯ ಕಾಲೇಜು



**Prof. M allikarjuna HB**, Dept. of Pediatrics has been appointed as Joint National Coordinator for the Nutrition Education Program Committee of Central Indian Academy of Paediatrics 2020. He is also the International Course Director & National Trainer for Infant and Young Child Feeding Practices, WHO/Unicef modules.

On October 5, 2020, the Indian Academy of Paediatrics conducted a webinar on Allergic Rhinosinusitis, which was moderated by **Dr. Somashekhar A.R**, Professor and HOD, Dept of Paediatrics, Ramaiah Medical College Hospital. He also moderated a similar discussion on October 11, 2020 conducted by the Academy on Climate Awareness.



## YSR Aarogyasri office inaugurated at Ramaiah Hospital



To provide health care to people of Andhra Pradesh mainly from the border areas, the Andhra Pradesh government led by its Chief Minister Shri Y.S. Jagan Mohan Reddy has established a branch office of Dr. YSR Aarogyasri Health Care Trust at Ramaiah Medical College Hospital, Bengaluru. Dr. MR Jayaram, Chairman, Gokula Education Foundation inaugurated the trust office on Monday September 21, 2020. MR Sreenivasa Murthy, Chief Executive of Gokula Education Foundation (Medical) and Dr Harish K, Associate Dean, Ramaiah Medical College and dignitaries from

Andhra Pradesh were present during the inaugural ceremony. Ramaiah group of institutions are providing health care and education to a large section of the population across the state.

AP Government wants to provide Universal Health Coverage to BPL families of the state. In the field of Health Insurance, this scheme has been tailor-made for economically weaker section and provides end-to-end cashless services for identified diseases under secondary and tertiary care through a network of service providers from Government and the private sector.

According to officials those who are in need of super-specialty care, which includes Cardiology, Neurology, Nephrology, Urology, Vascular surgery and others are benefitted from this arrangement. Paediatrics, Gynaecology, and other general medicine will also be integrated into the purview of treatment. Ramaiah Medical College Hospital provides super speciality care and this is recognition in its endeavour to help the needy.

On September 25, 2020, Ramaiah Memorial Hospital in association with CAHO observed World Patient Safety Week 2020. In a webinar organised here, the opening remarks were delivered by **Dr Arun Mavaji**, AHA, RMH. **Dr Naresh Shetty**, President, Ramaiah Memorial Hospital and **Dr Nandakishore Alva**, Professor of Pathology, RMC also spoke at the webinar.

**Dr. Chetan Singai**, Deputy Director, Ramaiah Public Policy Centre and Associate Professor, Ramaiah University of Applied Sciences (RUAS) has been a Special Invitee on the Expert Group constituted by UGC to implement NEP, 2020.

## Managing Covid 19: Experiences in Ramaiah peripheral hospitals

Covid 19 has affected smaller size hospitals more across the country. Bengaluru is no exception to this trend. Most of these small size hospitals would serve as the first point of contact for mild and moderate ailments managed by Visiting Consultants and with minimum support staff.

Ramaiah Peripheral Hospitals comprising of Ramaiah Harsha at Nelamangala, Ramaiah Leena at Devanahalli and Ramaiah Neha Prakash were one of the earliest among small size hospitals to manage Covid patients.

**“With bed strength of 130 between the three units, we have managed 800 Covid patients and case fatality rate lower than 1.5%. During the same period, we have performed 3000 dialysis, 200 surgeries and treated over 500 non Covid patients”.**

We have followed all the protocols to ensure staff safety, patient safety and good clinical outcomes. Flu clinics were set up to screen patients. We ensured all staff, new and old were

adequately trained on essentials of PPE. Fortunately till date, only two junior doctors and 4 nursing staff across all three units have been infected. This is a testimony to the best safety protocols followed for staff safety. A medical advisory board comprising Administrator, Physician and Nursing In-charge was constituted to review and advice on current clinical protocols to be followed for testing, care management and discharge. Physicians at our unit hospitals were of great support at this time of crisis. They have single handedly managed the sudden surge in cases. The patients' positive feedback on social media platforms are a testament to the hospital's commitment towards providing the best of services despite the various hurdles we may be facing. We are fighting the virus as a team to win.

**Bhargavi Manne**  
Administrator, Ramaiah Leena Hospital  
Devanahalli

## A Surgeon's perception in the Covid battle

Getting to share my experience as a frontline corona warrior is quite thrilling as the real intensity of this pandemic is truly felt by those who got involved directly in corona treatment. I hope my account will inspire others to work positively in the corona wards.

Present day corona pandemic caused disturbance in an individual's personal and professional life and it has changed us from our comfortable routine and into an inevitable situation which we need to accept.

Working in corona suspect ward is extremely challenging when compared to the rest of the corona wards as the suspect ward patients are usually in critical condition with multi organ involvement which needs to be addressed immediately from different specialty. The turnover of patients in this ward is very high.

After my first day on duty, I was in a disturbed state of mind and also worried as there were so many lacunae in the suspect ward. Haphazard way of admission protocol, the lack of proper coordination with Accident Emergency (A/E) department, general medicine department and with the fever clinic etc. worried me greatly. In addition to that, knowing that the posted faculties were surgeons, pre and para clinical staff brought down my morale and I wondered whether I was doing justice to my job.

Next morning, I turned up to work and noticed that things were totally different. I was surprised to see a medicine department post graduate posted in our ward, an ICU trained nurse was also present, and more importantly, our medicine department Dr. Srikanth N., Associate Professor personally took charge of the treatment. A separate war room for suspect ward and ophthalmology OPD was also created. Within 24 hours, all things were in place and the credit for

ensuring the smooth and systematic process goes to Dr. Harish, to whom I would like to express my sincere gratitude and appreciation.

Our job entailed having to coordinate with the A/E department where patients used to come directly for admission, counseling patients' relatives and directly updating and working with BBMP officials. Performing all these tasks while wearing the PPE kit where the goggles would constantly fog, masks would get wet and we would be sweating profusely did hinder our work and concentration level to a certain extent. Being a non covid faculty and team leader, one needs to make sure that everything will be taken care of and that the show runs smoothly. Each feedback was treated as an utmost priority to provide us immediate corrective measures.

By the time I finished my corona duty at the end of the week, the facilities in the suspect ward was indeed more than expected. I truly felt privileged to be part of this great institute and I would like to thank our administration and management for all their efforts to make our work easier for us.

As a plastic surgeon, I was slightly apprehensive initially but upon completing my corona duty, I was extremely happy and proud to have been a frontline corona warrior. Having gained firsthand experience I can now safely state that we have now reached a stage where a mind without fear is the most important weapon against this pandemic, and we will definitely emerge victorious.



**Dr. Shantakumar**  
Associate Professor  
Dept. of Plastic Surgery  
Ramaiah Medical College Hospital



**Aayudha Pooja celebrations in Ramaiah Memorial Hospital on October 24, 2020.**

## Pandemic and Dermatology

The skin manifestations of Covid-19 are not widely known. Early in the pandemic, in patients hospitalized in Lombardy, Italy, it was reported that approximately 20% had skin manifestations. Erythematous rashes, widespread urticaria and vesicular lesions resembling varicella zoster (chicken pox) were noted. However, there was no correlation noted with the disease severity. Covid-19 can present with a petechial rash resembling that seen in dengue. In fact, such cases diagnosed as dengue, later turned out to be Covid positive.

Covid-19 cases have been seen with signs clinically suggestive of small blood vessel occlusion. There are a few unpublished reports of skin manifestations such as transient livedoid eruptions, pseudo frostbite (pernio - like) and painful erythema. These suggest vasoocclusion. Whether it is because of neurogenic cause, due to micro thrombosis or immune complex mediated, is not exactly clear at the present time. The important inference to be made is that these skin signs can help physicians recognize Covid-19 cases early so that the intervention can be timely.

Many chronic skin diseases require immune suppression for long periods. In such patients, the presence of Covid-19 infection can have negative outcomes. Hence, in the present scenario they are a challenge to the dermatologist and the Covid treating physician alike. The dermatologist has to weigh the risk/ benefit ratio carefully, on case to case basis regarding the continuation and dosage of treatment. In high risk cases, alternative non immunosuppressive modalities may have to be explored. The patients have to be given adequate counseling regarding the risks.

Covid-19 patients are receiving several systemic drugs including antibiotics, antivirals such as Remdesivir, Ritonavir and Immuno modulators like Mycophenolic acid, Hydroxychloroquine and Cyclosporine to name but a few. Many of these medications are known to cause drug eruptions, which may range from generalized skin rash to severe drug hypersensitivity reactions such as DRESS (Drug Reaction with Eosinophilia and Systemic Symptoms). Severe drug reactions may further, involve other organ systems and thus may complicate Covid-19 infection. An important consideration for the dermatologist is the possibility of fever with rash being caused by several other viral infections such as Parvovirus, Zika virus, Rubella, Measles, Coxsackie and Dengue fever.

Skin lesions have been reported following frequent hand washing and the use of hand sanitizers. In Atopic patients there is a real concern of developing contact dermatitis and hand dermatitis. In order to reduce the chances of damage to the skin due to the personal safety measures for the hands, it is advisable to use thick emollients and barrier creams in between washes.

Several cases of skin problems related to PPE suits have been reported in health care workers. This is thought to be caused by the hyperhydration effect of PPE, friction, epidermal barrier breakdown and contact reaction.

Aggravation of the already present dermatitis has been noted in those wearing PPE. Skin lesions such as contact and pressure urticaria and contact dermatitis have been noted after prolonged wearing of goggles and masks. Conditions of heat and humidity existing in several parts of our country can, of course, add to the skin problems- causing eruptions such as prickly heat. India is already reeling under the effects of rapidly spreading atypical dermatophytosis (superficial fungal infections), thanks to the widespread and unregulated availability and misuse of topical corticosteroids. Corticosteroid usage in cases of such fungal infections can cause the disease to spread rapidly. Personnel running beauty parlours, wellness centres and drug stores become self- styled dermatologists, prescribing topical corticosteroids with impunity. Superficial fungal infections can spread to alarming proportions under the restricting air tight compartment of the PPE suit.

In the uprising era of Covid-19, dermatologists can contribute their knowledge and professional skills in healthcare. Continuous development of optimized Telemedicine and Artificial Intelligence (AI) in hospital information systems provides a good clinical and academic platform for dermatologists to devote themselves to help the regional and global society to combat the novel Coronavirus.



**Dr. Sumathy T K**  
Professor  
Dept. of Dermatology  
Ramaiah Medical College Hospital

## Into the Unknown

I sit to write this with a mixed feeling, I don't know what to say- I'm lost, I'm disappointed with myself, I am proud that I am trying. I don't know. I am an Ophthalmologist and have long forgotten other branches of medicine. The modern day medicine has laid emphasis on specialization, super specialization, and super-super specialization. The trend has been that way for quite some time now and we were all happy to have a horse's view to patient's problems and getting everybody's opinion for even a small deviation which we didn't understand and never gave heed to anything beyond our subject and further super-specialized in our own subjects.

I went into COVID duty with a sense of responsibility; I knew that only few departments could not take the brunt of the pandemic and being in a medical college I can say GOD had given me the opportunity to be of help to humanity. But the first day I realized I was in fact inutile. I was working with four residents, two of them were medicine and emergency medicine residents and the other two were like me, I would call it non- medicine specialty. I was overwhelmed the first day with eight sick patients and each different from the other. I was in the COVID suspect ward and each case was different from the other. I was flustered. I must thank the residents they made it seem smooth. But the next day got worse. This was the day of realization- I wanted to do well but I didn't know nor did my non-medicine residents, we tried our best but I was hurt irreparably. There was a sudden arrest in the ward and we couldn't revive the patient. What was happening? All the anxiety of entering the COVID ward, treating unknown diseases and the disturbed sleepless nights trying to coordinate beds and now this death had left me totally exhausted and depressed.

I had joined medicine with passion, seeing doctors on TV treating sick patients with beeping monitors, I had never been able to live that dream because I chose Ophthalmology. Not that I don't like my specialty, I thoroughly enjoy operating and to see old patients get back their vision. But now I had to remember all that passion and zeal to be in the adrenaline rush and get myself going. I had to forget I am an Ophthalmologist and remember that I am only a doctor. A DOCTOR is also not the word; I had to tell myself I am a HEALER. I had to push myself to complete the task that I had without second thought. When all my colleagues were complaining why they were put on this duty, I had never once complained and always told everybody that we all had to work together because the pandemic was of a huge scale and only if all of us worked together we would be able to tide over this crisis.

On the third day, I asked every person from A& E, flu clinic or whoever was shifting patients to Suspect ward as to what the treatment was. I told them I don't know but I will follow whatever they say and I also relied on my reading and intuitive abilities to identify when something was wrong and asked relevant departments to comment about it. For the patient's sake I started asking for opinions from all departments.

Maybe I am getting too emotional here, but when I think of all the faculty of non-medicine specialties who are working in COVID, I am left with only more respect for them. Their efforts will all be forgotten when the pandemic gets over and only the core specialties will be celebrated but truly the fear, anxiety and distress that the other specialties are going through to reduce the burden on the system is commendable. I like to take this opportunity to salute the entire non-medicine faculty did COVID duty. I would say they are justified if they rant about the difficulties because the stress levels for these faculties cannot be compared to that of the core specialties. I hope this pandemic ends soon.



**Dr. Thanuja G.P**

Associate Professor  
Dept of Ophthalmology  
Ramaiah Medical College Hospital

It is true that we all did feel sad for being unable to do much for some patients during our Covid postings. You really brought out many important points. The problem also lies somewhere in the curriculum and system, where, in the process of specialization we lose touch with basic clinical practice. We choose our specialization on what works best for us. Most of us in the process also become more used to the routine work allotted to us, rather than being doctors over the years. With whatever memory we could recall, each of us boldly went for the posting, and tried to do our best. For me, it was a mixed feeling at the end, and also the helplessness you feel that you can't do much to change the basic design of

medical curricular system. This is my viewpoint.

Whatever it is, we are learning lots of lessons learnt with actual ground experience due to Covid pandemic. And all we can do is hope that it ends soon. During a pandemic, it is expected that all of us have to be healers/doctors, at least practicing doctors, wherein we hadn't lost touch with patients. A post covid dissection, feedback and modifications could really help in understanding how things could be modified for the benefit of the society, rather than sticking to age old practices. Thanks Thanuja for summing it up for all of us non-medicine faculty.



**Dr. Keerthana**  
Assistant Professor  
Dept of Physiology  
RMCH

in their thoughts and knowledge into the care of Covid patients the support and show of hands by the others is commendable. I am proud to be a member of the team of Ramaiah.

Two doctors, one from the core team and another from a different specialty.

One looking confident, the other looking lost

One gauging the treatment had gone so far, the other feeling the hopelessness of not able to help.

One will look at the lungs scarred; the other will carry a scarred heart

But hats off to every member of the team and also for putting your thoughts eloquently.

The two women warriors Vijayshree and Thanuja with their team had to fight the

same invisible enemy .They have come out with experience which will remain a lifetime lesson.

How can we forget Our Bond Avinash and team for their efforts

Truly Covid has broken our self made barriers. Lessons have been learnt by the core team but we the noncore team have learnt so much medicine than any time in our life.

We really hope the pandemic ends and we go back to our work. But we certainly will be better human beings after this is over.

May we all be blessed.



**Dr Naresh Shetty**  
President  
Ramaiah Memorial Hospital

Well written Thanuja. You have penned down the voices and thoughts of many pre and ParaClinical and non Medicine faculty and residents. While the core clinical teams have put

**Dr. Ramesh D**  
Professor and HOD  
Dept of Urology, RMCH





## World Diabetes Day 2020: The Nurse and Diabetes

Every year November 14 is celebrated as World Diabetes Day. The theme for World Diabetes Day 2020 is "The Nurse and Diabetes". The campaign aims to raise awareness around the crucial role that nurses play in supporting people living with Diabetes. Diabetic Nurse Educators are the people who educate others about Diet, Exercise, Stress, Insulin technique and also extend support to those who need it. Nurses currently account for over half of the global health workforce. They do outstanding work to support people living with a wide range of health concerns. People who either live with diabetes or are at risk of developing the condition need their support too.

People living with diabetes face a number of challenges, and education is vital to equip nurses with the skills to support them. As the number of people with diabetes continues to rise across the world, the gap between the prescriptions from the doctor to the wellness of the patient is a crucial part where the role of nurses and other health professional support staff becomes increasingly important in managing the impact of the condition. Healthcare providers and governments must recognise the importance of investing in education and training. With the right expertise, nurses can make the difference for people affected by diabetes.

Several steps are taken across the world to fight against diabetes such as campaigns involving schools and meetings with parents. Interactions with the public in these help spread awareness about nutrition and about the early preventive steps to take that make sure kids don't get diabetes early on. Blood tests and free consultations in campaigns help scan patients for diabetes.

In a way social media campaign has changed the way they look at the disease. Diabetics share their photos on Instagram and other social media apps and write two or three sentences telling what life like living with diabetes. Some of these photos are meant to inspire others and show that life doesn't stop with diabetes. Campaigns and outreaches educate the children. When the impact spreads to schools and the neighborhoods on this day, many people become aware of it.

The inference is that research has proven that 50% which translates to about 212 million of those living with diabetes remain undiagnosed. Thus we believe that through awareness creation, diabetes/glucose screening with various health policies in place, this percentage and number of those who are undiagnosed would be reduced while the lifestyle and the general health and wellbeing of those identified diabetic would be expected to improve.

Life doesn't end with diabetes and there is still hope. Although the condition is not reversible and once you get it, you have to live with it, that doesn't mean you have to compromise on your quality of life. With good

self-management and health professional support, people with diabetes can live a long, healthy life.

Over 425 million people are currently living with diabetes globally. According to International Diabetes Federation (IDF) Diabetes Atlas (7th Edition), India has 7.29 cr. diabetes cases. World Diabetes Day is the primary global awareness campaign focusing on diabetes mellitus and is held on 14 November each year led by the International Diabetes Federation (IDF). World Diabetes Day was launched in 1991 by the International Diabetes Federation and the World Health Organization (WHO) in response to the rapid rise of diabetes around the world. By 2016, World Diabetes Day was being commemorated by over 230 IDF member associations in more than 160 countries and territories, as well as by other organizations, companies, healthcare professionals, politicians, celebrities, and people living with diabetes and their families. Activities include diabetes screening programmes, radio and television campaigns, sports events and others. Type 2 is a largely preventable and treatable non-communicable disease that is rapidly increasing in numbers worldwide. Type 1 diabetes is not preventable but can be managed with insulin injections.

The World Diabetes Day campaign aims to:

- Be the platform to promote IDF advocacy efforts throughout the year.
- Be the global driver to promote the importance of taking coordinated and concerted actions to confront diabetes as a critical global health issue.

The campaign is represented by a blue circle logo as a global symbol for diabetes awareness and signifies the unity of the global diabetes community in response to the diabetes epidemic. Most of the cases of type 2 diabetes, the families have a key role in the management and prevention of diabetes by promoting healthy life style. 1 in 2 people currently living with type 2 diabetes is undiagnosed. Diabetes self-management, education and support should be accessible to all people with diabetes and their families to reduce the emotional impact of the disease.



**Dr. Mala Dharmalingam**  
Professor and HOD  
Dept. of Endocrinology  
Ramaiah Medical College Hospital



**Dr. Meenu Vasudevan**  
CRC Diabetology CTN  
Ramaiah Medical College

## Cardio and Corona

Clinical studies have reported an association between COVID-19 and cardiovascular disease. Pre-existing cardiovascular disease seems to be linked with worse outcomes and increased risk of death in patients with COVID-19, whereas COVID-19 itself can also induce myocardial injury, arrhythmia, acute coronary syndrome and venous thromboembolism. Potential drug-disease interactions affecting patients with COVID-19 and comorbid cardiovascular diseases are also becoming a serious concern.

- The presence of underlying cardiovascular comorbidities in patients with COVID-19 is associated with high mortality.
- COVID-19 can cause cardiovascular disorders, including myocardial injury,
- The interaction between the viral spike (S) protein and angiotensin-converting enzyme 2, which triggers entry of the virus into host cells, is likely to be involved in the cardiovascular manifestations of COVID-19.

Although the predominant clinical manifestation of COVID-19 is viral pneumonia, COVID-19 can also cause cardiovascular disorders such as myocardial injury, arrhythmias, ACS and thromboembolism.

Some patients who present without the typical symptoms of fever or cough have cardiac symptoms as the first clinical manifestation of COVID-19. Myocardial injury during the course of COVID-19 is independently associated with high mortality. Furthermore, a possible link between COVID-19 and a Kawasaki disease-like syndrome has been described in children.

### **Myocardial injury and myocarditis:**

Acute myocardial injury, as evidenced by elevated levels of cardiac biomarkers or electrocardiogram abnormalities, was observed in 7–20% of patients with COVID-19 in early studies in China. The presence of myocardial injury was associated with a significantly worse prognosis.

Myocardial injury is not only a common manifestation of COVID-19, but also a risk factor for poor prognosis. At present, we do not understand the mechanisms underlying COVID-19-related myocardial injury. However, on the basis of the available clinical evidence, myocardial injury seems

to be largely attributed to advanced systemic inflammation. SARS-CoV-2 might also infect the myocardium directly, resulting in viral myocarditis in a small proportion of patients with COVID-19.

### **Heart failure:**

In an early study from Wuhan involving 799 patients, heart failure was one of the most commonly observed complications of COVID-19, heart failure might be the result of an exacerbation of these pre-existing conditions, whether already diagnosed or unknown, or the uncovering of subclinical cardiac dysfunction.

Acute myocardial injury and ACS triggered by COVID-19 can also aggravate pre-existing heart disease or provoke contractile dysfunction. In the advanced stages of COVID-19, the response of the immune system to infection might trigger the development of stress-induced cardiomyopathy or cytokine-related myocardial dysfunction, as with sepsis-associated cardiac dysfunction

### **Arrhythmias and sudden cardiac arrest:**

Arrhythmias and sudden cardiac arrest are common manifestations of COVID-19. Heart palpitations have been reported to be the main presenting symptom of COVID-19 in patients without a fever or cough. In a cohort of 138 patients with COVID-19 in Wuhan, China, the presence of cardiac arrhythmia was reported in 17% of all patients (44% of patients in the ICU),

### **Immunocompromised patients:**

In general, patients with depressed immunity are at a higher risk of infectious diseases. The effect of COVID-19 on the cardiovascular system in immunocompromised patients, such as those with cancer or those who have undergone organ transplantation, is largely unknown. Heart transplantation recipients might be at higher risk of COVID-19 owing to their immunosuppressed state combined with their baseline cardiovascular disorders. COVID-19 has been reported in two heart transplantation recipients from China, both of whom made a full recovery.



**Dr. Nagamalesh U. M**  
Sr. Consultant cardiologist  
Ramaiah Narayana Heart Centre

## The Unknown status

It all started off as a panic-panic situation.  
Some staying indoors and some moving out of their location.  
The streets seemed empty and the traffic seemed to die,  
Very few ventured outside, sometimes with a genuine reason and sometimes a lie..  
It all started in China they say and migrated to other countries,  
Unfortunately taking a toll on the lives of people in plenty!  
People unknowingly started infecting one another like wildfire,  
Leaving even the scientists of the medical field with no time to backfire..  
People started dying in great numbers and life came to a standstill.  
Many simply giving up largely to nature's will.  
Slowly and slowly CORONA NOVEL VIRUS finally entered our country,  
Yes silently, despite lockdown, it had made its grand entry.  
The uninvited guest managed to enter a crowd,  
Silently though, eventually it announced its arrival aloud.  
Seemed like a pack of people started the chain.  
Eventually taking it across the country by bus, plane or train.  
In view of the rising situation we started our preparation to fight the virus too.  
Unaware of the STATUS of the patients we saw few.  
Donning our PPE, our only armour, Sew got ready to fight  
Mostly fighting our own fears considering the situation was tight.  
My first case I operated in covid OT was a LSCS of 'unknown status' with some element of suspicion.  
Clearing all doubts came the result as COVID POSITIVE leaving us all in apprehension.  
Having started the war against this virus, there was no looking back.  
We continued with our duty leaving fear behind in the rack.  
Yet again a baby we delivered in emergency with status unknown.  
She too turned positive they said, many a people's spirits torn...  
I seemed to have the 'MIDAS TOUCH' I thought as everything I attended to, turned COVID POSITIVE!  
Unfortunately not gold, but perhaps something to forbid..  
Apprehension seemed to kill many, than the virus itself,  
It's the vulnerable population of near and dear ones they

feared, more than self.  
Cases seemed to rise and the UNKNOWN STATUS became a guessing game.  
As the number of covid cases kept rising so did its fame..!  
Through this pandemic, we saw many eminent people of our fraternity die.  
Sadly leaving us only with questions asking the almighty, HOW and WHY.  
Leaves us pondering if we did really underestimate the virus's strength..  
Maybe! As we still continue to research on it at length..  
As we see people come out of lockdown, we desperately wish to know...  
A force to stop the pandemic or at least to make it reasonably slow.  
We are positive as we continue to discover- new and effective treatment as of now.  
Considering the massive deaths we saw in the initial phases and how!!  
Wishing to destroy our enemy reaching out to its core..  
We do hope to treat our patients fearlessly as before..  
For as long as the pandemic continues to make history..  
The UNKNOWN STATUS will remain the biggest mystery!!

**Dr. Nivedita Reshme**

Assistant Professor  
Dept. of OBG  
Ramaiah Medical College Hospital



## OUR CORONA WARRIORS



## Coronavirus and Diabetes: A complex relationship

### Introduction:

The COVID19 pandemic is one of the greatest health challenges that humanity has witnessed in recent times. People with pre-existing medical conditions (such as diabetes, hypertension, heart disease, and kidney disease) and elderly persons appear to be more vulnerable to becoming severely ill with the COVID19. The reasons for this may be that the immune system is compromised, making it harder to fight the virus and likely leading to a longer recovery period. Secondly, the virus may thrive in an environment of elevated blood glucose. Also, individuals with diabetes and hypertension are likely to have underlying undetected kidney or heart issues which can affect recovery.

Another challenge faced is the fact many metabolic diseases like hypertension or diabetes (up to 2 /3rd) is undetected or undiagnosed. Hence, the first step towards optimising our health is to assess our risk for diabetes and hypertension. Any individuals of Indian Ethnicity, with a family history of diabetes, or who is overweight, or leads a sedentary lifestyle is at risk for these conditions. A brief screening test to measure Blood pressure and Hba1c along with a creatinine test will suffice to identify these conditions.

As the world races towards the progress in vaccine development, we have now to come to accept the new normal and brace to return as best to normalcy is a world where Covid19 coexists. There is now evidence to suggest that individuals with well controlled diabetes and may be at lesser risk of severe illness

Following are the precautions for persons living with diabetes and or Hypertension to reduce the chances of developing COVID19.

COVID-19 is spread through air-droplets that are dispersed when an infected person talks, sneezes or coughs. The virus can survive from a few hours up to a few days depending on the environmental conditions. It can be spread through close contact with an infected person or by contact with air droplets in the environment (on a surface for example) and then touching the mouth or nose (hence the common advice circulating on hand hygiene and social distancing).

### General precautions:

**Presume that every individual you meet could potentially be positive and transmit the virus to you. A large proportion of individuals infected with COVID 10 have no symptoms or have mild symptoms. Hence, keep your guards up at all time.**

- Avoid being exposed to this virus, by maintaining physical distance from other people (recommended distance is 6 feet)
- Wash your hands often with soap and water (for at least 20 s)
- If soap and water are not available, use a hand sanitizer with at least 60% alcohol
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Practice good hygienic practices (eg, coughing or sneezing into one's own flexed elbow)
- Avoid close contact with people who are sick
- Cover your mouth and nose with a cloth face cover or mask when around others. With newer evidence coming in about aerosol spread of the virus, make sure you wear a well fitting mask the minute you are in contact with people and remove it only when you are back home or alone.
- Resist the temptation to touch your mask or move it down. There is no need to remove mask to speak. Please speak through the mask
- Clean and disinfect any objects and surfaces that are touched frequently.
- There is lesser risk of fomite transfer, hence sanitising or disinfecting objects bought from grocery stores or shops is not recommended.
- One should not share food, glasses, towels, tools, etc., with another person
- Gatherings in closed spaces like temples, marriage halls are high risk from transmission.
- Eating together in closed spaces, even home at distances less than 6 feet is high risk for transmission.

### Patients can keep in touch with their physicians via teleconsultations

In case a person with diabetes develops symptoms of fever, cough or difficulty in breathing, it is appropriate to immediately contact a doctor

The patient must constantly be monitored by a team of physicians after hospitalisation or through video if home isolation is recommended.

If in case, use of steroids is recommended, please note that they can cause blood glucose levels to go high and we might need to add insulin to keep the same under check.

Once the steroid therapy is stopped, we will need to reduce

the dose of insulin gradually.

Certain medications that are used to treat diabetes might need to be stopped during moderate to severe illness for eg metformin, SGLT2 inhibitors and in some instances, sulphonylureas and gliptins.

Conclusion: Diabetes continues to be a very significant and growing public health problem across the world and in India. In PWD and COVID19, the morbidity is greater. Maintaining good glycaemic control is very important during the COVID-19 pandemic.

**Dr Chitra S**

Dept. of Endocrinology  
Associate Professor  
Ramaiah Medical College Hospital



**Smt. Gowramma, a member of Karnataka Women's Commission has written a letter to the Minister of Medical Education, Government of Karnataka appreciating the services she was given at our Hospital. Here is an excerpt from her letter:**

Respected sir,

I am writing this letter as a Covid survivor, treated under the care of Dr. Anil Kumar and his team in Ramaiah Medical College Hospital. I was diagnosed with Covid on 14.10.2020 and was brought to the hospital by a BBMP Ambulance. By the grace of god, I only had a mild infection and therefore, I was able to observe in detail the brilliant work done by the healthcare workers in Ramaiah Hospital.

They all work tirelessly, effectively and selflessly. In spite of having to don PPE kits for 6-8 hours, they work diligently without food and water or even bathroom breaks. Everyone in the team, starting from Doctors, Nurses, Dieticians, and lab technicians etc work very hard to ensure the patient is well cared for.

Dr. Anil Kumar has put together a capable team, trained them well and leads by example. I wholeheartedly express my gratitude for their services.

Yours sincerely  
**Gowramma**

Dear Dr. Gurudev,

I, C S Venkata Krishna, aged 70 years tested Covid positive on the 18<sup>th</sup> Sep.2020 along with my 56 year old wife, Veena Saraswathi. My wife was asymptomatic and I had fever and mild breathing difficulty. We sought your help and advice through my daughter. As advised by you, we got admitted at the Covid facility at RAMAIAH

MEDICAL COLLEGE HOSPITAL on 19<sup>th</sup> Sept. 2020 and we were accommodated in a Special ward for the two of us.

We had heard much about Covid patients going from Hospital to Hospital seeking admission and how difficult it was to find a bed in a Covid facility. At Ramaiah, our experience was very different. When we were waiting at the Triad for completing paperwork, we heard that no patient was turned away.

The same evening all tests including CT were completed and medication was started immediately, including Remdesivir the very next morning.

The attention we received during the seven days in the Hospital was exemplary; we could not believe it. Right from the Senior Doctors who visited us twice a day who knew our status without looking at a chart, to the duty Doctors and Nursing staff who checked on our condition many times - always there for us, they gave us courage, cheered us on and helped us get over our fear and anxiety. I also wish to make mention of the Dietician, Mrs. Arvind, who called me every day to take care of my diet, particularly in view of my Gluten intolerance.

Their dedication to their divine act of service in the face of threat to their health and the extreme discomfort and difficulty working in their Personal Protection Gear makes us bow to them in all humility.

I would like to thank each of them individually and wish to mention a few whose names are etched in my memory, namely, Dr. Kartik, Dr. Rahul and Senior Nurse Ms. Renuka.

Dear Dr. Gurudev, I have no adequate words to express my gratitude to you for guiding and helping us in getting over our ordeal. Thank you very much. May god bless you, your Doctors and other Staff and whoever has put in place the Covid facility at your Hospital to treat the needy.

Best Regards  
**Venkata Krishna**

**In response to this mail, Dr. Naresh Shetty, President, Ramaiah Memorial Hospital wrote to Dr. Gurudev in order to personally congratulate him and the covid staff. Here is an excerpt from his mail:**

Dear Gurudev

I am happy to note some extraordinary positive comments given by many of our patients including Mr Venkata Krishna.

My sincere appreciation to Dr Sanjay Kulkarni, Dr Karthik, Dr Rahul and you for all your efforts.

Also, I would like to make a special mention of Our Chief dietician for her wonderful work and the Nursing staff for the sincere dedication.

Let us celebrate these small joys in a world of discontent.

Warm regards  
**Dr. Naresh Shetty**

I express my hearty thanks and gratitude to the entire team at Leena Ramaiah. Particularly to Dr. Prithvi, Vijaya Madam, brother Sam, brother Govind and the sisters and technicians, the canteen team. I shall be failing in my duties if I do not thank you all profusely for the great care and support the entire team at Leena Ramaiah has done to make me recover from such critical conditions that I was in. I salute Leena Ramaiah for their great efforts.

**Shantanu Guha**  
Project Manager - L & T

Hats off to Ramaiah Group for coming to our rescue at this hour of distress. I am an officer at an august institution viz., the Central Bank. M S Ramaiah group has carved a niche in my heart for doing a yeomen service to humanity at MS Ramaiah Hospitals and Institutions, Bangalore. I appreciate your timely and proactive support to us. I thank you all at M S Ramaiah Hospital Management and Staff, from the bottom of my heart, for the unstinted help and support given to us at this hour of scare due to the pandemic. A million thanks to Dr. Bhargavi and MSR.

**Sheela Christina**  
Central Bank

My heartfelt thanks to Ramaiah Leena hospital Miss. Bhargavi, Dr. Raghu, Dr. Rahul and the nurses. In this pandemic situation my husband and I tested positive. One week we admitted in this hospital really they are treating like their family members the treatment is good all the staff members sisters are doing great job in this situation.

**Mrs. Girija**  
Senior Vice President  
Global School

My sincere and heartfelt thanks to the entire COVID team of MSR for taking care of my father. It truly was a learning experience for medicos and non medicos in our family highlighting the difference between 'Abhinaya' and 'Anubhava'.

May God continue to inspire each one of you to put in the best we can against this pandemic. We thank Dr Anil and his entire team for the constant support. Special thanks to Dr Ashwin who was polite to me even in the early hours of the morning when I repeatedly disturbed his sleep. I express my apologies and heartfelt gratitude to the doctors.

Also happy to have had my batch mates, Taranath and Sujatha to promptly respond to my sudden 'literature review'

Many thanks. Sincere apologies if we caused any inconvenience. I am hopeful for a smooth phase 3 and phase 4 for my Dad.

**A Family Member**

Dear Naresh anna,

With your help my colleague's father has been saved. You have mine and my colleague's deep sense of gratitude. You may recall that he was fighting for his life in an ambulance in Shimoga with no hospital ready to admit him. With your help he was admitted to MSR. He was tested positive for COVID-19. He was in ICU for many days and then in general wards. He is now fully recovered and has been discharged. Thank you once again.

**Shyam**

Namasthe Nareshanna

It was a great experience for me in MS Ramaiah hospital. My 16 days experience in hospital has given me new "Jeevana Darshana".

I found the real GODs - doctors, sisters, house keeping people who are serving continuously on PPE kits with all risks. My Pranam to them.

The way patients welcomed, accommodated, treated, and counseled have left us speechless and in awe. I have seen patients who are over 75 years recovering so fast with all care taken by nurses and doctors. I saw one patient fall down in toilet, as I was there, I called for the nurses immediately. The way 3 sisters rushed there, treated him and helped him to walk made me feel safe as well.

I learnt so much patience from doctors and sisters - the way they tolerate few troublesome patients.

All patients whom I met have expressed their gratitude and runa (ಋಣ) for sisters and doctors. Many became emotional while explaining the love they got in hospital. Kudos to your team. I salute you all. Thanks to Ramaiah Hospital.

**Discharged Patient**



## An Emotional Testimony

We wanted to express our heartfelt gratitude to all the medical and non-medical staff that supported us through this incredibly difficult journey that our family just went through. I would like to start with the phenomenal support provided by Dr. Shalini. She is one of the most amazing people I have ever met, and the sheer professionalism that she demonstrated while being empathetic to my parents' situation has been truly a blessing of the highest order. While I do not doubt the care and support that was provided by the hospital staff, I do not think that we would have survived through this emotionally or psychologically if it weren't for her continued guidance, communication, and authority. She was with us every step of the way and was available 24x7 to help answer any questions, grease the wheels, and make the overall situation as palatable as possible.

I would like to move on and continue my testimonial with lauding the efforts of Dr. Mohan and everyone in the basement D block COVID ward. I cannot begin to imagine the sacrifices that you folks have made (and continue to make) to help Bangalore deal with this awful pandemic. You are all truly angels and I am confident that karma will find its way to show its appreciation for all your selfless efforts. We especially appreciated the open communication channel that Dr. Mohan established to continue giving us periodic updates (while maintaining a positive outlook) and assuage any of our concerns/questions in the treatment plan.

This brings me to my new favorite doctor - Dr. Palani, who took over from Dr. Mohan and has changed my expectations of doctor-family interactions for life! Dr. Palani went above and beyond so many times that it's hard to enumerate how much of an impact he made during this overall situation. He would check in with us at least twice a day and be available to answer any questions in between. Even after his shift was over, we kept in touch and he helped me with the discharge and other formalities. I especially appreciate the support we received to discharge my mother so we could take care of her at home. My only hope is that I get to meet him sometime in the future and thank him in person.

I also wanted to give a huge shout out to Dr. Nandakishore Alva at the plasma bank who left no stone unturned to procure the plasma required for my father's plasma therapy. I had heard horror stories about family members having to scrounge about to procure it and because of Dr. Alva's efforts, we were spared that angst. Also, special thanks to the Ramaiah hospital student whose selfless donation gave us a glimmer of hope. It is so comforting to know that despite the state of the world today, there are such upstanding citizens who are selfless enough to help without any hesitation!

This testimonial is going to take a morbid turn now, but the profound appreciation continues. As my father was taken to the ICU, Dr. Radha and her staff scrambled and tried everything they could to keep him alive despite the rapid degeneration of his vitals. Knowing that the ICU staff were diligent in their approach, despite the outcome, does soften the blow a bit as we now deal with the reality of my father's demise. Thank you all for trying your level best to help him recover while trying to fight a losing battle with his co-morbidities. I can't begin to envision the emotional maturity you will all need to have to deal with this on a daily basis. You folks are also angels in my eyes and I sincerely hope that you get some rest periodically to decompress before you have to come back at it.

I would now like to move on to the second-most harrowing experience for me, after my father's passing, of course- the mortuary. I have never had to deal with this situation before and was petrified with the task ahead of me. There were many times when I broke down, not just with what happened, but with a feeling of helplessness. Dr. Girish stepped up and guided me through the entire process. Even when I reached the hospital and did not know what I was doing, he patiently guided me to the right people. I think he sensed my panic and understood exactly how to help me proceed.

This brings me to Mr. Manjunath in the mortuary who was conscientious to notice a mistake in the name on the death certificate and immediately stepped up to shepherd me to the different departments involved in rectifying the issue. I will be forever grateful for his diligence in ensuring that we fixed the issue before we left the hospital as it would have truly been a nightmare if it hadn't been fixed. In fact, seeing my obvious discomfort and lack of understanding of the process, he took over completely and talked to each individual official to ensure that the change was made correctly. I honestly would not have been able to do it myself, even if I tried. After that, he even helped us get the requisite copies of the documents and helped us with the ambulance to the crematorium. As I was walking away, I noticed that he made sure that I got into my cousin's car before he went on with his day. To say that his empathy moved me is an understatement. The level of understanding is nothing short of exemplary!

With this, I would like to end my testimonial with another shout out to you all and will continue to stay in our eternal gratitude, as will the rest of the amazing staff at Ramaiah Hospital. THANK YOU!

**Rahul Satyanarayan**

Presently working in Amazon (USA)

## White coats bring hope

I, Esturi L Shraavan, am deeply indebted to and highly appreciate the professionalism with which the doctors conducted themselves and the emotional concern they had towards me during my complete stay at MS Ramaiah hospital as a covid patient.

Even on admission for Covid positive, in a critical stage, the Hospital staff took immediate actions and administered the necessary treatment on guidelines of the Super specialty team for Covid Support, Department of Medicine, Dr Anil Kumar, HOD of Medicine and Dr Likitesh, Consultant of Medicine.

I extend my deep and heartfelt thanks to the Doctors who were constantly in touch with me on phone and online by monitoring every minute detail and treating with care and moral support which is the strongest medicine and most important for any Covid affected person to fight and survive.

I render my special thanks to lord almighty for putting me under Dr Likitesh, who guided me on how to analyze and balance myself when far from family and friends with lots of patience, attending my every panic call. I owe my life to him and thank him on this platform for providing me another life to live and spend with love with my loved ones.

I thank again to the Duty Doctors, nursing staff, canteen staff, ICU staff, housekeeping staff, maintenance staff, security staff, brothers and many more who work on the background by putting their lives in risk to save ours.

Hats off to MS Ramaiah Hospitals and Medical College for rendering such efficient and professional Doctors.

Stay home stay safe.

I would like to thank Dr. Anuradha for her timely advice, guidance & continuous follow-up, Dr. Mukunda for daily feedback and Dr. Vinayak for his follow-up and coordinating with treating Doctor during the hospitalization of my wife & daughter at M. S. Ramaiah for Covid. Thanks once again to the "Trimurty's". And special thanks to Dr. K. C. Gurudev for his care, concern and continuous follow-up with the treating Doctor and guidance. Hats off to each and every one giving their service inside the Covid center. There are no words to thank or describe their selfless service. I salute all the Warriors.

Rajesh Ambekallu.

I was admitted in M S Ramaiah Hospital on October 26<sup>th</sup>, 2020 as I was tested positive for Covid. The doctors treated me and I was recently discharged. The service rendered by the medical staff is very much appreciated. All doctors i.e. Gen physician, Cardiologist, Pulmonologist & Physiotherapy dept continuously keep tabs on the patients. I must appreciate the Nursing staff, housekeeping staff and ward boys as they were constantly available to check on each of us and made us feel comfortable and safe while we recuperated.

B S Srinivasa Murthy

## World Breastfeeding Week 2020



Ramaiah Medical College Hospital was awarded the Certificate of Achievement for celebrating World Breastfeeding Week by the Breastfeeding Promotion Network of India. The Department of Community Medicine celebrated the World Breastfeeding Week coordinated by Dr Priyadarshini in the field practice areas and health centres of RMC by organising awareness campaigns on the benefits and importance of breastfeeding amidst the global COVID pandemic. All sessions were conducted strictly maintaining precautions against COVID-19.



On October 14, 2020, Rotary Club, Bengaluru donated 5000 PPE kits to Ramaiah Memorial Hospital. The kits were handed over to Dr. Naresh Shetty, President, Ramaiah Memorial Hospital on behalf of the hospital staff.



## Good news in dark times



Dr. Shabari Girishan and team performed the first case of Vagal Nerve Stimulation in Ramaiah Hospital for drug refractory epilepsy on a 9 year old child. The VNS therapy is a well tolerated, safe and an effective strategy for focal epilepsies with no localisation and generalised epilepsies in adults and children. Though this procedure is in vogue for decades, it is grossly under-utilised due to the lack of awareness, especially in paediatric population. Pediatric population will benefit with comparable results and tolerance as in adults. This should be considered as a palliative procedure and should not replace the definitive resective surgeries.



Dr Kalaivani V, Associate Professor, Department of Surgery has been elected as Executive Member, Karnataka State Chapter, Association of Surgeons of India 2021 -2023.



A multi slice CT scanner was inaugurated at Ramaiah Harsha Hospital on October 19, 2020. Dr Naresh Shetty, President, Ramaiah Memorial Hospital and Sri Shivakumar, Chairman, Harsha group of Institutions. Dr Arun Mavaji, Dr Satish Ramanna and Mr. Naresh were present on the occasion.



Department of Respiratory medicine started EBUS FNA, which is done to sample mediastinal lymph nodes through airways.



The third franchise branch of The Ramaiah Indic Specialty Ayurveda (RISA) Restoration Clinic at Badrappa Layout was inaugurated on October 19, 2020. MR Sreenivasa Murthy, Chief Executive, Gokula Education Foundation (Medical), inaugurated branch in the presence of Prof. Dr. G G Gangadharan, Director, RISA, Dr. Krishna, Dr. M Solamani and Smt Kannan Solamani of Tekri Wellness Centre and others.



Dr Jithendra C, Junior Consultant, Department of Critical Care Medicine, Ramaiah Memorial hospital has completed " Certificate Course in Medicine & Law - For Doctors" conducted by the Institute of Medicine & Law in the month of October 2020.



**Dr. Avinash B**  
Associate Professor  
Dept of Gastroenterology  
RMCH

**Dr A R Nitin Rao**, Surgical Gastroenterology and **Dr Avinash B**, Gastroenterology delivered online lectures titled: 'Gut Microbiome changes in Disease and Interventions' and 'Probiotics in GIT/GUT Microbiome in Health and Disease' at the recently held "Science Academies Lecture Workshop – OMIC Sciences in the Times of Covid Pandemic" conducted by IAS/INSA/NAS academies jointly at St Joseph's College, Bengaluru on 9 – 10 October, 2020.



**Dr. A R Nitin Rao**  
Surgical Gastroentology  
RMCH



**Dr. Sanjay C Desai** Prof & Head, Department of Vascular & Endovascular Surgery Ramaiah Medical College Hospitals has become Treasurer for the national venous society.

## ಕಲೆ ಮಾಸದ ಹೆಮ್ಮೆಯ ಉದ್ಯೋಗಿಗಳು



**ವೀಣಾ ಕೆ**

2008ರಲ್ಲಿ ಮೆಡಿಕಲ್ ಟ್ರಾನ್ಸ್‌ಕ್ರಿಪ್ಷನಿಸ್ಟ್ ಆಗಿ ರಾಮಯ್ಯ ಮೆಮೋರಿಯಲ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ವೃತ್ತಿ ಆರಂಭಿಸಿದ **ವೀಣಾರವರು** ಪ್ರಸ್ತುತ ಖರೀದಿ ವಿಭಾಗದಲ್ಲಿ ಸಹಾಯಕರಾಗಿ ಕೆಲಸ ಮಾಡುತ್ತಿದ್ದಾರೆ. ಪದವೀಧರರಾಗಿರುವ ಇವರು ಆನೇಕ ಕಾರ್ಯಾಗಾರ ಮತ್ತು ತರಬೇತಿ ಕಾರ್ಯಕ್ರಮಗಳಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದು, ತಮ್ಮ ಸೇವೆಯಿಂದ ಎಲ್ಲರ ಮೆಚ್ಚುಗೆಗೆ ಪಾತ್ರರಾಗಿದ್ದಾರೆ. ಇವರಿಗೆ ಅನೇಕ ಪ್ರಶಸ್ತಿ ಪತ್ರಗಳು ದೊರೆತಿವೆ. ಇವರ ಪತಿ ಖಾಸಗಿ ಮಾಹಿತಿ ತಂತ್ರಜ್ಞಾನ ಕಂಪನಿಯಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಸಂಗೀತ ಕೇಳುವುದು ಇವರ ಹವ್ಯಾಸ.



**ದಾಕ್ಷಾಯಣಿ. ಬಿ.ಎಂ**

2007ರಲ್ಲಿ ಒಪಿಡಿ ಸಹಾಯಕರಾಗಿ ರಾಮಯ್ಯ ಮೆಮೋರಿಯಲ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ವೃತ್ತಿ ಆರಂಭಿಸಿದ **ದಾಕ್ಷಾಯಣಿರವರು** ಪ್ರಸ್ತುತ ಬಿಲ್ಲಂಗ್ ವಿಭಾಗದಲ್ಲಿ ಕೆಲಸ ಮಾಡುತ್ತಿದ್ದಾರೆ. ಪದವೀಧರರಾಗಿರುವ ಇವರು ಆನೇಕ ಕಾರ್ಯಾಗಾರ ಮತ್ತು ತರಬೇತಿ ಕಾರ್ಯಕ್ರಮಗಳಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದು, ತಮ್ಮ ಸೇವೆಯಿಂದ ಎಲ್ಲರ ಮೆಚ್ಚುಗೆಗೆ ಪಾತ್ರರಾಗಿದ್ದಾರೆ. ಇವರಿಗೆ ಅನೇಕ ಮೆಚ್ಚುಗೆ ಪತ್ರಗಳು ದೊರೆತಿವೆ. ಇವರ ಪತಿ ಸರ್ಕಾರದ ತಾಂತ್ರಿಕ ಮಂಡಳಿಯ ರಿಜಿಸ್ಟ್ರಾರ್ ಹುದ್ದೆಯಿಂದ ನಿವೃತ್ತರಾಗಿರುತ್ತಾರೆ. ಇವರಿಗೆ ಇಬ್ಬರು ಮಕ್ಕಳಿದ್ದು, ಮಗಳು ಎಂ.ಟಿ.ಎಸ್ ಮತ್ತು ಮಗ ಬಿ.ಇ ಮಾಡಿ ಕೆಲಸದಲ್ಲಿದ್ದಾರೆ, ಸಂಗೀತ, ಯೋಗ ಇವರ ಹವ್ಯಾಸಗಳು.



**ಪ್ರೇಮಾವತಿ**

2007ರಲ್ಲಿ ಸ್ಟಾಪ್ ನರ್ಸ್ ಆಗಿ ರಾಮಯ್ಯ ಮೆಮೋರಿಯಲ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ವೃತ್ತಿ ಆರಂಭಿಸಿದ **ಪ್ರೇಮಾವತಿರವರು** ಪ್ರಸ್ತುತ ತೀವ್ರ ನಿಗಾಘಟಕದ ಶಿಫ್ಟ್ ಇನ್‌ಚಾರ್ಜ್ ಆಗಿ ಕೆಲಸ ಮಾಡುತ್ತಿದ್ದಾರೆ. ಜಿಎನ್‌ಎಂ ಪದವೀಧರರಾಗಿರುವ ಇವರು ಆನೇಕ ಕಾರ್ಯಾಗಾರ ಮತ್ತು ತರಬೇತಿ ಕಾರ್ಯಕ್ರಮಗಳಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದು, ತಮ್ಮ ಸೇವೆಯಿಂದ ಎಲ್ಲರ ಮೆಚ್ಚುಗೆಗೆ ಪಾತ್ರರಾಗಿದ್ದಾರೆ. ಇವರ ಪತಿ ಖಾಸಗಿ ಕಂಪನಿಯಲ್ಲಿ ಕೆಲಸ ಮಾಡುತ್ತಿದ್ದು, ಇವರಿಗೆ ಇಬ್ಬರು ಮಕ್ಕಳಿದ್ದು, ಮಗ ಎರಡನೇ ತರಗತಿಯಲ್ಲಿ ಓದುತ್ತಿದ್ದು ಮಗಳಿಗೆ ಮೂರು ವರ್ಷ, ಸಂಗೀತ ಕೇಳುವುದು ಇವರ ಹವ್ಯಾಸ.



Ramaiah Blood Bank conducted a Plasma Blood Donation Camp at Karnataka State Reserve Police anniversary programme. Many policemen donated plasma.



Our student **Dr Sharbani Sharma** donated Convalescent COVID plasma today. Incidentally, she is also the First Lady Donor for the Plasma Bank. Generally we don't get lady donors as they have additional strict donor rejection criteria.

**Amaresh Tumbagi**, Additional Drug Controller, donated COVID Plasma at the Convalescent Plasma Bank at Ramaiah Memorial Hospital.



## How an 84-year-old tennis player beat the virus



The story of an octogenarian tennis player who beat the virus is making an interesting read amid the pandemic which has gobbled up everything on its way. Papanna Reddy a Bengaluru-based retired bureaucrat not only came out of the clutches but tells the world positivity will help overcome the virus. He stands tall as a success story at the

time of the pandemic. Papanna Reddy who is a known personality among his peer says one has to live with the virus as a new normal. The cheerful young at heart Papanna Reddy now recovered from the infection says win over the virus as an Ace served.

"Despite taking necessary precautions, I was still tested positive for the coronavirus," said 84-year-old Papanna Reddy who was recently discharged after making a speedy and successful recovery. Reddy, who was the Joint Director of Social Welfare in 1995 lives alone as his children are settled abroad. He said that for the past few months he has strictly avoided going outside and meeting people, so much so that he even cooks for himself.

However, despite taking so much care, he was still down with the flu in late September. He soon came to Ramaiah Hospital to get tested for the Coronavirus. Upon being tested positive, he immediately got admitted here. Reddy thanks the doctors and nurses for taking such good care of him. He also appreciates the efforts made by Ramaiah's medical staff in treating patients with immense care. The doctors were also pleased to see the octogenarian responding well to the treatment. Reddy, who has been playing tennis from 1960-61 and continues to this day, said that except for general fatigue and fever, he did not have any other symptoms. He said that he does not have

hypertension or diabetes, rather common ailments most people develop over time. "Both blood pressure and diabetes are hereditary but no one in my family has it. That is also another reason I was able to recover quickly, as those who have these ailments are more likely to get serious symptoms" he added. Reddy attributes his immunity to a disciplined lifestyle he has been following since his youth. A heavy breakfast would get him by for the whole day and with just snacks and tea in the evening and filling dinner was all he used to eat, he said. "I never indulged in unnecessary things. I used to eat lots of fruit, which I still do, and I used to avoid junk food. That's all I ever did. Nothing else" he said as he discussed his dietary habits.

During his college days, he used to play volleyball and excelled in the sport. An ardent sports fan, he does follow cricket, but tennis will always be his favourite sport and he has even attended the Wimbledon matches thrice. He also exercised regularly, playing sports and going for walks. He does not think himself to be strong but he admits that he does maintain a simple, healthy lifestyle.

"The virus is now spreading like fire with thousands of cases being reported everywhere. People need to take precautions such as maintaining social distancing and wearing masks. They may be infected but unaware of it. We must be more careful" Reddy said. He added that we must, however, face the virus bravely. As there was considerable hype during the initial period with the lockdown and many people dying because of Covid-19, that fear persists to this day amongst the public, said Reddy. He advises people to not be afraid and to face it head-on. "Be bold and receive treatment. During my 9-10 days in the hospital, I did not see any serious cases or deaths being reported. Everything will be alright" advised the young at heart tennis player.

### WELCOME



**Dr. Tilak N.**  
Senior Resident  
General Medicine



**Dr. Shristi J. Shetty**  
Senior Resident  
General Medicine.



**Dr. Nishchit Hegde**  
Assistant Professor  
Neurosurgery

### FAREWELL



**Dr. Satish C.**  
Senior Resident  
Surgical Oncology



**Mr. B. Muniraju**  
Mortuary Attender  
Forensic Medicine



**Mr. Venkataramaiah A.S.**  
Attender  
Forensic Medicine

## Some Insight for your Eyesight

The new normal since March 2020 has locked down the freedom of movement and spirit of the human race.

I will discuss three age group categories, starting with children. As high-speed running was the usual norm in school playgrounds, now the child is confined to a not-so-large home.

Injuries to the eye are on the rise with sharp household objects and chemical solutions which are used for household cleaning.

As screen time of online classes has increased manifold, parents should encourage board games, yoga and floor exercises at homes than going back to computers for entertainment. A small refractive error which was unnoticed normally shows up as headache and eye strain because of increased screen time. Early detection and corrective glass wear constantly is very prudent.

For adults, mostly the IT professionals working from home, there is an extended period of screen time matching with work hours of Eastern and Western world. So, taking frequent breaks in between computer use, to follow the 20/20/20 rule:

Every 20 minutes look at 20 meters for 20 seconds, and then get back to computers.

If there is tiredness at the end of the day, check with the ophthalmologist for refractive errors/ dry eye disease treatment. Conscious effort to blink frequently will do good during computer work.

Borderline diabetic, hypertension and other systemic diseases because of sedentary lifestyle can become established. So frequent check of lab parameters is

emphasized during the pandemic. If not diagnosed early, it will affect the eye eventually.

In elderly population- the vulnerable group for Covid infection and bad outcome, regular monitoring at home by glucometer and digital BP apparatus is a must. It is advisable to not venture outside for these tests unless it is a must.

Severe eye pain, sudden loss of vision, intolerable photophobia and continuous watering are the red flags needing immediate consultation with the ophthalmologist. All other mild conditions like itching in the corner of the eyes, dull headache, wetting of the eye can wait for 2-3 days before meeting an ophthalmologist and yearly refractive error status can be postponed to 2 to 3 months on appointment basis to avoid crowding at the eye hospital. In the waiting period at home, one should not use household remedies, native medicines and eye drops prescribed for others which may be available at home. If used will cause further damage to the eye.

Drinking plenty of water all through the day will avoid eyelid styes and swelling which is very common once we start wearing masks.

To conclude, this is the new normal for the whole world and not for you and me alone. Let's have a healthy smiling!

**Dr. Ananth S Bhandary**

Professor and Head  
Department of Ophthalmology  
Ramaiah Medical College Hospital



## Executive Advisory Meeting of Gokula Education Foundation



The First Executive Advisory Meeting of Gokula Education Foundation was held on October 21, 2020. Dr. MR Jayaram, Chairman, GEF, Dr MM Pallam Raju, former Union Minister, Dr. Indira Rajaraman, MR Sreenivasa Murthy, Chief Executive (GEF-M), BS Ramaprasad, Chief Executive (GEF T&S) and all other heads of the units took part in this meeting.