



THANK YOU DOCTORS



Celebrating National Doctors' Day at the time of pandemic is very significant. These warriors have contributed immensely to save humanity. The Chairman, Vice-Chairman, all the Directors, Chief Executive and all of us salute their contributions to save people during this crisis.

Full story on page 14.





RAMAIAH

June - July 2021

Epilepsy and Robotic Surgery

More than 70 million people worldwide are suffering from epilepsy. Out of this 90 percent of the population is found in developing countries alone. In India 12 million people have epilepsy. This contributes to nearly one sixth of the global burden. This neurological condition imposes heavy burden on individuals, families and health care systems. Medical fraternity has taken serious note on this condition which has a history of hundreds of years. The researchers are making all efforts to deal with this condition which is taking a heavy toll on the society. Experts say it is necessary to understand the disease in order to organize preventive, promotive, curative, and rehabilitative services for people with epilepsy. According to experts the increasing burden of epilepsy in India in coming years due to socio-demographic and epidemiological transition warrants public health community to give priority for this eminently preventable and manageable condition in healthcare delivery. Epilepsy surgery is a procedure that either removes or isolates the area of the brain where seizures originate. The surgery works best with patients who endure seizures that originate in the same area of their brain.

Understanding the need and urgency to treat this condition, Ramaiah Hospitals have started an exclusive Ramaiah Centre of Excellence for Epilepsy (CoEE). Both Ramaiah Medical College Hospital and Ramaiah Memorial Hospital have taken this as a need of the hour in health care sector and started state of the art robotic surgeries. These centres at Ramaiah have a professional team of neurosurgeons and epileptologists who are in the forefront of dealing with this condition. Recently the Neuroscience and Neurosurgery team performed a surgery on an eighteen year old person suffering from severe epileptic attacks. The surgery was the first of its kind performed in Karnataka and only the fourth in India. Robotic technology was used to identify the part of the brain from which the seizures were originating. This was a two part surgery and both surgeries have proved to be successful with the patient making a full recovery and now living seizure free. By using a robot, the operation time was reduced considerably and the patient recovered quickly taking the treatment protocol to new heights in treatment of epilepsy.

CoEE is foremost a centre for the comprehensive neurosurgical treatment of all types of adult and paediatric epilepsies, including epilepsies caused by lesions visible on MRI (mesial temporal sclerosis, cortical dysplasia, neurodevelopmental brain tumors, cavernous malformations, etc) and epilepsy where the seizure onset location is not obvious and must be localised by intracranial monitoring, including stereo-electroencephalography (SEEG). Part of this Comprehensive Epilepsy Centre, the surgery program is one of the busiest and most renowned programs offering the latest less invasive and conventional surgical treatments, including deep brain stimulation and radio frequency thermo coagulation.

Epilepsy Surgical Program, under Dr. Shabari Girishan, Dr. Pradeep and Dr. Ann Agnes Mathew at the Ramaiah Centre of Excellence for Epilepsy encompasses the treatment of medically intractable epilepsy disorders in both adult and paediatric patients. For this complex disease successful medical or neurosurgical treatment requires an expert understanding of the involved brain networks and their potential for modulation by functional neurosurgical procedures, as well as multidisciplinary teams that deliver medical & surgical care to these special groups of patients. Ramaiah always in the forefront to address the health issues and also reach the needy and have-nots.

ಜ್ಞಾನವಾಹಿನಿ

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ಅವನು ಅವಲಾಗಬೇಕೆಂದರೆ?



2004 ರಿಂದ ಇಲ್ಲಿಯವರೆಗೆ ಸುಮಾರು 200ಕ್ಕೂ ಹೆಚ್ಚು ಲಿಂಗ ಬದಲಾವಣೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡಿರುವ ರಾಮಯ್ಯ ಆಸ್ಪತ್ರೆಯ ಮೂತ್ರಕೋಶ ವಿಭಾಗದ ಹಿರಿಯ ಪ್ರಾಧ್ಯಾಪಕ ಡಾ. ಎಚ್.ಕೆ. ನಾಗರಾಜ್ ತಮ್ಮ ಅನುಭವಗಳನ್ನು ಕಾರ್ಪೋರೇಟ್ ಕಮ್ಯೂನಿಕೇಷನ್ ವಿಭಾಗದ ಚಂದ್ರು ರವರೊಂದಿಗೆ ವಿವರಾಗಿ ಚರ್ಚಿಸಿದ್ದಾರೆ.

ಹುಡುಕಿಕೊಂಡು ಬಂದರು. ಆಕೆಯನ್ನು ವಿಚಾರಿಸಿದಾಗ, ಆಕೆಗೆ ಈಗಾಗಲೇ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯಾಗಿದ್ದು, ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಸರಿಯಾಗಿ ಮಾಡದೆ ಮೂತ್ರನಾಳ ಮತ್ತು ಮಲ ಹೋಗುವ ನಾಳ ಎರಡು ಒಂದಾಗಿ ಮೂತ್ರದಲ್ಲಿ ಮಲ ಹೋಗುತ್ತಿತ್ತು. ಹಾಗಾಗಿ ಆಕೆಗೆ ಸೋಂಕು ತಗುಲಿ ಆರೋಗ್ಯ ಹದಗೆಟ್ಟಿತ್ತು. ನಂತರ ಆಕೆಯ ಸೋಂಕನ್ನು ಕಡಿಮೆ ಮಾಡಿ, ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡಿ ಗುಣಪಡಿಸಲಾಯಿತು.

2004 ರಿಂದ ಇಲ್ಲಿಯವರೆಗೆ 200ಕ್ಕೂ ಹೆಚ್ಚು ಲಿಂಗ ಬದಲಾವಣೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡಿದ್ದೀರಿ, ಹೇಗೆ ಅನಿಸುತ್ತಿದೆ? ಬರುವ ಎಲ್ಲರಿಗೂ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡಲಾಗುವುದೇ?

ಹೌದು ಎಲ್ಲರಿಗೂ ಮಾಡಲಾಗುವುದು ಆದರೆ ಅವರು ಪ್ರಾಪ್ತ ವಯಸ್ಕರಾಗಿರಬೇಕು ಅಷ್ಟೇ.

ಇದು ನನ್ನ ದಿನನಿತ್ಯದ ಕೆಲಸ, ಹಾಗಾಗಿ ಯಾವುದೇ ಬೇಸರವಿಲ್ಲದೇ ನನ್ನ ಕೆಲಸವನ್ನು ಮಾಡುತ್ತಾ ಹೋದೆ, ಎಷ್ಟು ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡಿದ್ದೇನೆ ಎಂದು ಲೆಕ್ಕ ಆಕಲು ಹೋಗಿಲ್ಲ. ನಾನು ಈ ಕೆಲಸ ಮಾಡಲು ಮುಖ್ಯ ಕಾರಣ ನಮ್ಮ ವಿದ್ಯಾರ್ಥಿಗಳು. ಏಕೆಂದರೆ ನಮ್ಮದು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಕಾಲೇಜು ಹಾಗಾಗಿ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಹೊಸತನ್ನು ಕಲಿಸಬೇಕಾದ ಅವಶ್ಯಕತೆ ಇದೆ ಹಾಗಾಗಿ ನಾನು ಈ ಕೆಲಸವನ್ನು ಇಷ್ಟಪಟ್ಟು ಮಾಡುತ್ತಾ ಹೋದೆ.

ಜೊತೆಗೆ ನಮ್ಮ ಹತ್ತಿರ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡಿಸಿಕೊಳ್ಳಲು ಬರುವವರಿಗೆ ಇಲ್ಲ ಎಂದರೆ, ಅವರು ಮತ್ತೊಬ್ಬರ ಬಳಿ ಹೋಗಿ ಸೋಂಕು ತಗುಲಿಸಿಕೊಳ್ಳುವ ಸಾಧ್ಯತೆ ಹೆಚ್ಚು. ಜೊತೆಗೆ ಅನೈಸರ್ಗಿಕ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡಿಸಿಕೊಳ್ಳಲು ಹೋಗುವುದರಿಂದ ಅವರ ಪ್ರಾಣಕ್ಕೆ ಕುತ್ತು ಬರುವ ಸಾಧ್ಯತೆಗಳಿರುತ್ತವೆ. ಹಾಗಾಗಿ ಯಾರೇ ಬಂದರು ಇಲ್ಲ ಎಂದು ಇಲ್ಲಿಯವರೆಗೂ ಕಳುಹಿಸಿಲ್ಲ.

ಕೆಲವೊಮ್ಮೆ ಹೆಚ್‌ಐವಿ ಸೋಂಕು ಪೀಡಿತರಿಗೂ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯನ್ನು ಯಶಸ್ವಿಯಾಗಿ ಮಾಡಿ ಕಳುಹಿಸಿದ ಉದಾಹರಣೆಗಳು ಇವೆ. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡಲು ಬೇಕಾದ ಮುಂಜಾಗರೂಕತೆಗಳನ್ನು ಮಾಡಿಕೊಂಡು ಮಾಡಲಾಗಿದೆ.

ಒಂದು ಹೆಣ್ಣು ಹೆಣ್ಣಾಗಿರುವುದು, ಗಂಡು ಗಂಡಾಗಿರುವುದು ಒಂದು ಸಾಮಾನ್ಯವಾದ ವಿಷಯ, ಇದು ದೈವದತ್ತವಾಗಿ ಪ್ರತಿಯೊಬ್ಬರಿಗೂ ಸಿಗುವ ಕೊಡುಗೆ. ಆದರೆ ಒಂದು ಗಂಡು ಅಥವಾ ಹೆಣ್ಣು ತಮ್ಮ ಲಿಂಗ ಬದಲಾವಣೆಯಾಗಲು ಬಯಸಿದರೆ ಅದೊಂದು ಅನೈಸರ್ಗಿಕವಾದುದು ಎಂಬುದು ಎಲ್ಲರ ಭಾವನೆ. ಆದರೇನು ಮಾಡುವುದು ಹುಟ್ಟಿನಂತೆ ಇರಲು ಮನಸ್ಸು ಮಾತ್ರ ಒಪ್ಪುವುದಿಲ್ಲ, ದೇಹವು ಕೂಡ ಸಹಕರಿಸುವುದಿಲ್ಲ. ಇಂತಹ ಸಂದರ್ಭದಲ್ಲಿ ಏನು ಮಾಡುವುದು ಎಂದು ಆಲೋಚಿಸಿದಾಗ ಅವರಿಗೆ ಸಿಗುವ ದಾರಿ ಲಿಂಗ ಬದಲಾವಣೆ ಅನ್ನುವ ವೈದ್ಯಕೀಯ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ. (ಹೆಣ್ಣಾಗಿ ಹುಟ್ಟೋದು ಕಷ್ಟ ಅಲ್ಲ, ಆದರೆ ಹುಟ್ಟಿದ ಮೇಲೆ ಹೆಣ್ಣಾಗೋದು ತುಂಬಾ ಕಷ್ಟ, ಏಕೆಂದರೆ ಹುಟ್ಟು ಹೆಣ್ಣಾದರೆ ಆಕೆಯನ್ನು ಯಾರು ಏನು ಅನ್ನುವುದಿಲ್ಲ, ಅವರಿಗೆ ಸಿಗಬೇಕಾದ ಗೌರವಮನ್ನಣೆ ಎಲ್ಲವೂ ಅವರಿಗೆ ಸಿಗುತ್ತದೆ. ಆದರೆ ಹುಟ್ಟಿನಿಂದ ಗಂಡಾಗಿ, ಹೆಣ್ಣಾಗಿ ಬದಲಾವಣೆಯಾದ ಮೇಲೆ ಅವರನ್ನು ಸಮಾಜ ನೋಡುವ ದೃಷ್ಟಿಕೋನವೇ ಬೇರೆ)

ರಾಮಯ್ಯ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಮೊದಲು ನಡೆದ ಲಿಂಗ ಬದಲಾವಣೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಅನುಭವ ಹೇಗಿತ್ತು? ಯಾವರೀತಿ ತಯಾರಿ ಮಾಡಲಾಗಿತ್ತು?

ಇದು ಅನಿರೀಕ್ಷಿತವಾಗಿ ಆದ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಎನ್ನಬಹುದು. ಯಾಕೆಂದರೆ, ಪಕ್ಕದ ರಾಜ್ಯದಲ್ಲಿ ಲಿಂಗ ಬದಲಾವಣೆ ಮಾಡಿಸಿಕೊಂಡು ವ್ಯಕ್ತಿಯೊಬ್ಬರು ನನ್ನನ್ನು

ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗೆ ಬರುವವರ ಮಾನಸಿಕ ಸ್ಥಿತಿ ಹೇಗಿರುತ್ತೆ, ಅವರನ್ನು ಹೇಗೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗೆ ಸಜ್ಜು ಮಾಡಲಾಗುತ್ತದೆ?

ಈ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗೆ ಬರುವವರ ಮಾನಸಿಕ ಸ್ಥಿತಿ ಚೆನ್ನಾಗಿರುತ್ತದೆ ಮತ್ತು ದೃಢವಾಗಿರುತ್ತದೆ. ಏಕೆಂದರೆ ಅವರು ಇಲ್ಲಿಗೆ ಬರುವ ಮುನ್ನವೇ ಮಾನಸಿಕವಾಗಿ ಮತ್ತು ದೃಢವಾಗಿ ನಾನು ಹೆಣ್ಣಾಗಬೇಕು ಎಂದು ನಿರ್ಧರಿಸಿ ಬಂದಿರುತ್ತಾರೆ ಹಾಗಾಗಿ ಅವರದು ದೃಢ ಸಂಕಲ್ಪ ಎಂದು ಹೇಳಬಹುದು. ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗೆ ಏನೇನು ಬೇಕು, ಏನನ್ನು ಮಾಡಲಾಗುವುದು ಎಂದು ಮೊದಲೇ ಅವರಿಗೆ ತಿಳಿಸಿರುತ್ತೇವೆ, ಜೊತೆಗೆ ಮನೋಶಾಸ್ತ್ರಜ್ಞರೊಂದಿಗೆ ಆಪ್ತ ಸಮಾಲೋಚನೆ ಮಾಡಿಸಿ ತಯಾರಿ ಮಾಡಲಾಗುವುದು.

ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಹೇಗೆ ನಡೆಯುತ್ತೆ ಮತ್ತು ಯಾರ್ಯಾರು ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯಲ್ಲಿ ಪಾಲ್ಗೊಳ್ಳುತ್ತಾರೆ. ಹಾಗೂ ಎಷ್ಟು ಕಠಿಣವಾಗಿರುತ್ತದೆ.

ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯ ಸಂದರ್ಭದಲ್ಲಿ ಮೂಲ ಜನನಾಂಗವನ್ನು ತೆಗೆದು, ಅಲ್ಲಿ ಕೃತಕ ಜನನಾಂಗವನ್ನು ಮಾಡಲಾಗುವುದು. ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಸಂದರ್ಭದಲ್ಲಿ ಸ್ವರೂಪ ತಜ್ಞರು (ಪ್ಲಾಸ್ಟಿಕ್ ಸರ್ಜನ್) ಮತ್ತು ನಾವು ಒಟ್ಟಾಗಿ ಸೇರಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡುತ್ತೇವೆ. ನಾವು ಜನನಾಂಗದ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡುತ್ತಿದ್ದರೆ, ಸ್ವರೂಪ ತಜ್ಞರು ಕೃತಕ ಸ್ತನ ಕಸಿ ಮಾಡುತ್ತಿರುತ್ತಾರೆ. ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯ ನಂತರ ನಿರ್ನಾಳ ಗ್ರಂಥಿ ವೈದ್ಯರು ಹಾರ್ಮೋನ್ ಚಿಕಿತ್ಸೆಯನ್ನು ನೀಡುತ್ತಾರೆ, ಚರ್ಮರೋಗ ತಜ್ಞರಿಂದ ಅವರು ಕೂದಲು ಬೆಳೆಯದಂತೆ? ಲೇಸರ್ ಚಿಕಿತ್ಸೆಯನ್ನು ಪಡೆಯುತ್ತಾರೆ. ಒಟ್ಟಾರೆ ಈ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗೆ 3 ರಿಂದ ನಾಲ್ಕು ಗಂಟೆಗಳು ತಗುಲಬಹುದು.

ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಏನು ಕ್ಷಿಪ್ಪಕರವಾದುದು ಅಲ್ಲ, ಇದು ನಾವು ದಿನನಿತ್ಯ ಮಾಡುವ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗಳಂತೆ ಇರುತ್ತದೆ. ಆದರೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡುವ ವಿಧಾನ ಕಠಿಣವಾಗಿರುತ್ತದೆ. ಏಕೆಂದರೆ ನಾವು ಏನನ್ನು ತೆಗೆಯಬೇಕು, ತೆಗೆಯಬಾರದು ಅನ್ನುವುದು ತಿಳಿದಿರಬೇಕು. ಇಲ್ಲವಾದರೆ ನಾನು ಮೊದಲೇ ಹೇಳಿದಂತೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗೆ ಒಳಗಾದವರು ಬೇರೆ ರೀತಿಯ ತೊಂದರೆಗೆ ಈಡಾಗಬಹುದು. ಸರಿಯಾಗಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಮಾಡದಿದ್ದ ಸಂದರ್ಭದಲ್ಲಿ ಮೂತ್ರನಾಳದ ಸೋಂಕು, ಹೊಟ್ಟೆನೋವು, ಕೃತಕ ಜನನಾಂಗ ಸಂಕುಚಿತವಾಗುವುದು ಮುಂತಾದ ತೊಂದರೆಗಳು ಆಗಬಹುದು.

ಲಿಂಗ ಬದಲಾವಣೆಗೆ ಒಳಗಾದವರ ಲೈಂಗಿಕ ಜೀವನ ಹೇಗಿರುತ್ತೆ, ಅವರು ಸಂತಾನ ಪಡೆಯಬಹುದಾ?

ಈ ರೀತಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗೆ ಒಳಗಾದವರ ಲೈಂಗಿಕ ಜೀವನ ಉತ್ತಮವಾಗಿರುತ್ತದೆ, ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಸಂದರ್ಭದಲ್ಲಿ ಸೂಕ್ಷ್ಮಜಾಗಗಳನ್ನು ಮತ್ತು ನರಗಳನ್ನು ಶೇಖರಿಸಿ ಪುನಃ ಜೋಡಿಸಲಾಗುವುದು. ಹಾಗಾಗಿ ಸಮಾನ್ಯರಿಗೆ ಹೇಗೆ ಆಗುತ್ತೋ ಹಾಗೆಯೇ ಅವರಿಗೂ ತೃಪ್ತಿ ಸಿಗುತ್ತದೆ.

ಇಂತವರಿಗೆ ಮಕ್ಕಳು ಆಗುವುದಿಲ್ಲ ಏಕೆಂದರೆ ಅವರಿಗೆ ಗರ್ಭಚೀಲ ಇರುವುದಿಲ್ಲ ಮತ್ತು ಹೆಣ್ಣು ಗಂಡಾಗಿ ಲಿಂಗ ಪರಿವರ್ತನೆಗೆ ಒಳಪಟ್ಟಿದ್ದರೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಸಂದರ್ಭದಲ್ಲಿ ಆಕೆಯ ಗರ್ಭಚೀಲ ಮತ್ತು ಗಂಡಿನಿಂದ ಹಣ್ಣಾಗಿ ಪರಿವರ್ತನೆಯಾದರೆ ವೃಷ್ಟಿಗಳನ್ನು ತೆಗೆಯಲಾಗಿರುತ್ತದೆ. ಹಾಗಾಗಿ ಮಕ್ಕಳನ್ನು ಮಾಡುವ ಮತ್ತು ಪಡೆಯಲು ಸಾಧ್ಯವಿರುವುದಿಲ್ಲ.

ಈಗ ಪಾಶ್ಚಿಮಾತ್ಯ ದೇಶಗಳಲ್ಲಿ ಕೃತಕ ಗರ್ಭಕೋಶ ಮಾಡುವ ವಿಧಾನ ಬಂದಿದೆ, ಮುಂದೆ ನಮ್ಮ ದೇಶದಲ್ಲೂ ಆಗಬಹುದೇನೋ ಕಾದು ನೋಡಬೇಕಾಗಿದೆ.



ಬಹುರೂಪಿ ಪ್ರಕಾಶನ, 2021 ರಲ್ಲಿ ಪ್ರಕಟಿಸಿರುವ ಅಕ್ಕಯ್ಯ ಪದ್ಮಶಾಲಿಯವರ ಆತ್ಮ ಕಥನ "ಅಕ್ಕಯ್ಯ" ನಲ್ಲಿ ರಾಮಯ್ಯ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ 2012ರಲ್ಲಿ ನಡೆದ ಲಿಂಗ ಪರಿವರ್ತನೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯಿಂದ ಅವರ ಜೀವನವನ್ನೆ ಬದಲಾಯಿಸಿದೆ ಎಂದು ಬರೆದುಕೊಂಡಿದ್ದಾರೆ. ಅವರ ಆತ್ಮ ಕಥೆಯಲ್ಲಿ ರಾಮಯ್ಯ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಲಿಂಗ ಬದಲಾವಣೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯ ಬಗ್ಗೆ ಬಗ್ಗೆ ವಿವರವಾಗಿ ಬರೆದಿದ್ದಾರೆ.

ಸುಮಾರು ಎರಡು ದಶಕಗಳಿಂದ ರಾಮಯ್ಯ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಈ ರೀತಿಯ ಲಿಂಗ ಪರಿವರ್ತನೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯನ್ನು ಯಶಸ್ವಿಯಾಗಿ ಮಾಡಲಾಗುತ್ತಿದೆ. ಮತ್ತು ತೃತೀಯ ಲಿಂಗಿಯವರಿಗೆ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಚಿಕಿತ್ಸೆಗಾಗಿ "ವಿಶೇಷ ತೃತೀಯ ಲಿಂಗಗಳ ವಾರ್ಡ್" ಅನ್ನು ಪ್ರಾರಂಭಿಸಿದ ಕೀರ್ತಿ ರಾಮಯ್ಯ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಆಸ್ಪತ್ರೆಗೆ ಸಲ್ಲುತ್ತದೆ.

ನನಗೆ, ಎಂ ಎಸ್ ರಾಮಯ್ಯ ಆಸ್ಪತ್ರೆಗೆ ಹೋಗಲು ಸೂಚಿಸಲಾಯಿತು. ಅಲ್ಲಿ, ಇಡೀ ದೇಶದಲ್ಲೇ ಖ್ಯಾತ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರಾಗಿದ್ದ, ಮೂತ್ರಶಾಸ್ತ್ರಜ್ಞ ಡಾ. ಎಚ್ ಕೆ ನಾಗರಾಜ ಅವರ ಬಳಿ ಸಮಾಲೋಚಿಸಿ ಚರ್ಚಿಸಿದೆ. "ಡಾಕ್ಟರ್, ಈ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗೆ ಒಳಗಾಗಲು ಸಿದ್ಧ. ಗಟ್ಟಿ ನಿರ್ಧಾರ ತೆಗೆದುಕೊಂಡಿದ್ದೇನೆ," ಎಂದು ಹೇಳಿದೆ. ಒಪ್ಪಿದರು.

History of Nephrology and Kidney Transplantation in Ramaiah Hospital

Dr Shankar Sundar, who is a Senior Nephrologist at Manipal Hospital, has written about his experience working in Ramaiah Hospital when the Kidney Transplant Program was set up, and reflects back on how many changes have taken place since. This write-up is reproduced from a WhatsApp group chat.

Ramaiah Hospital has the unique distinction of being the first Medical College Hospital in the state of Karnataka to start a successful Kidney Transplant Program back in 1987.

History of Transplantation cannot be written without talking about the introduction of Dialysis both Peritoneal and Haemodialysis in 1987.

The Medical College Hospital in 1987 procured 4 Drake Willock Dialysis machines and the first dialysis was done in February 1987. The dialysis unit was planned by Dr N Srinivasa who brought the first qualified Dialysis Therapist of Karnataka, Bagavathi from CMC Vellore. Dr Sundar along with Dr K A Shivakumar helped in setting up the Dialysis unit.

Dr Kanti Balaswarathy the US trained Anesthesiology was instrumental in convincing the management of Ramaiah Hospital to get Dr Sarbeswar Sahariah, (who went on to receive the Padma Shri in 2014) to help Dr Ajit Huilgol in starting the Transplant Program.

The first Kidney Transplant in Ramaiah Hospital was done on 30 June 1987 and the patient was Mr Thippeswamy who was also the first dialysis patient.

Dr Sahariah helped Dr Ajit Huilgol in the first few transplants and later the transplant program picked up well and so did the Dialysis Program.

The first Transplant had many challenges - Transplant ICU was far away from the Operation Rooms and hence the donor and recipient had to be wheeled in a Trolley for some distance to be kept in the Transplant ICU.

There was no ultrasound machine available at that time and we had to request the help of the First Sonologist of Karnataka Dr B S Ramamurthy to bring his portable ultrasound machine to do the routine Transplant Kidney Scan. There was no Doppler sonography available either.

The Donor Renal Angiogram had to be done in NIMHANS and the initial white cell cross match had to be done in Madurai as the facility was unavailable in Bangalore.

The first Transplant post-operative course was eventful as the patient developed Graft Dysfunction and he was treated with empirical high dose Methylprednisolone as that was the protocol those days. We had to assume any graft dysfunction as Rejection episode and treat as Nephropathy and more so Transplant Pathology was non-existent in Bangalore at that time.

Following the Methylprednisolone Bolus, the patient went into severe Pulmonary Oedema which needed emergency Dialysis

The patient received few more doses of Methylprednisolone and was discharged with normal kidney functions. A total of 45 transplants were done by our team till January 1991.

Dr Julius Punnen the renowned Cardiac Transplant Surgeon of Ramaiah NH was doing his internship in 1987 and helped us take care of the first few transplants and he tells us that the Kidney Transplants he had seen while he was a student in Ramaiah inspired him to take up Cardiac Transplants.

Later Dr H D Balaji, Dr Kishor Phadke and Dr G K Prakash developed departments of nephrology. Nephrology department had a tremendous boost with the arrival of Dr L Umesh and Dr Mahesh and starting of DM Nephrology course. Transplant program too further developed with permanent transplant surgeons Dr Nagaraj, Dr D Ramesh and others.

The Nephrology and Transplant program of Ramaiah Hospital has now grown into a very large highly successful unit doing wonderful service to Kidney failure patients and is training many youngsters in the field of Nephrology and Transplantation. The department further strengthened academically with joining of Dr Gurudev one of the senior most nephrologist of the state.

I wish to acknowledge that Dr Ajit Huilgol and I owe a lot to the Ramaiah family especially the founder Dr MS Ramaiah and the present Chairman Dr MR Jayaram who took personal interest in helping us set up one of the finest departments of Nephrology and Transplantation.

ಕರೋನಾ ಮತ್ತು ಆಯುರ್ವೇದ ಚಿಕಿತ್ಸೆ ಹಾಗೂ ಆಹಾರ ಕ್ರಮಗಳು

ಮೊದಲನೇ ಅಲೆಯಲ್ಲಿ ಹಿರಿಯರನ್ನು ಬಾಧಿಸಿದ ಕರೋನ, ಎರಡನೇ ಅಲೆಯಲ್ಲಿ ಮಧ್ಯವಯಸ್ಕರನ್ನು ಗುರಿಯಾಗಿಸಿಕೊಂಡಿತು. ಇಷ್ಟಕ್ಕೆ ತೃಪ್ತನಾಗದ ಈ ರಾಕ್ಷಸ ಮಕ್ಕಳ ಮೇಲೂ ತನ್ನ ಪರಾಕ್ರಮ ತೋರಿಸಲು ಹಪಹಪಿಸುತ್ತಿದೆ. ಪುಟ್ಟ ಪುಟ್ಟ ಕಂದಮ್ಮಗಳನ್ನು ಇದರ ಕಬಂಧಬಾಹುಗಳಿಂದ ರಕ್ಷಿಸುವುದೇ ಇಡೀ ವಿಶ್ವದ ಮುಂದಿರುವ ದೊಡ್ಡ ಸವಾಲು ಮತ್ತು ಬಹು ಮುಖ್ಯ ಜವಾಬ್ದಾರಿ.

ಸಾಂಕ್ರಾಮಿಕ ರೋಗಗಳು ಇಂದು ನೆನ್ನೆಯದಲ್ಲ, ಮನುಕುಲದ ಆದಿಯಿಂದಲೂ ಇವುಗಳ ಅಸ್ತಿತ್ವ ಉಂಟು. ಋಗ್ವೇದ, ಬ್ರಾಹ್ಮಣ, ಸಂಹಿತೆ, ರಾಮಾಯಣ, ಮಹಾಭಾರತಗಳಲ್ಲಿ ಇವುಗಳ ಬಗೆಗಿನ ಮಾಹಿತಿಗಳು ಲಭ್ಯವಿದೆ. “ಜನಪದೋದ್ವಂಸ”, “ಔಪಸರ್ಗಿಕ ರೋಗ”, “ಸಾಂಕ್ರಾಮಿಕ ವ್ಯಾಧಿ” ಎಂಬ ಹೆಸರಿನಡಿ ಸವಿಸ್ತಾರವಾದ ವಿವರಣೆಗಳನ್ನು ಕಾಣಬಹುದು. ದೂಷಿತ ವಾಯು, ಜಲ, ಭೂಮಿ ಮತ್ತು ಕಾಲದ/ ಋತುಗಳ ವೈಪರೀತ್ಯ ಮೂಲ ಕಾರಣ. ಮನುಷ್ಯನ ಕಾರಣದಿಂದ ಇವುಗಳು ಪ್ರಮುಖವಾಗಿ ದೂಷಿತಗೊಳ್ಳುತ್ತವೆ. ಅರಿವಿಗೆ ತಿಳಿದೂ ಮಾಡುವ ಅಪರಾಧಗಳು, ಘೋರ ವ್ಯಾಧಿಗಳ ಉತ್ಪತ್ತಿಗೆ ಹಾಗೂ ಅದರ ಹರಡುವಿಕೆಗೆ ಕಾರಣವಾಗುತ್ತದೆ.

ಆಯುರ್ವೇದದ ದೃಷ್ಟಿಕೋನದಲ್ಲಿ ಕರೋನ:

ಕರೋನ ಜ್ವರ ಮತ್ತು ನೆಗೆಡಿ ಪ್ರಧಾನ ರೋಗ. ಕರೋನಾದ ಪ್ರಸ್ಥಾವನೆಯನ್ನು ಜ್ವರ ಹಾಗೂ ಪ್ರತಿಶ್ಯಾಯ ರೋಗಗಳಲ್ಲಿ ಕಾಣಬಹುದಾಗಿದೆ.

ಜ್ವರ, ಕೆಮ್ಮು, ನೆಗೆಡಿ, ಬಾಯಿ ಒಣಗುವಿಕೆ, ಗಂಟಲ ಕೆರೆತ, ತಲೆ ನೋವು, ತಲೆ ಸುತ್ತುವಿಕೆ, ಕಣ್ಣಿನಲ್ಲಿ ನೀರು ಬರುವಿಕೆ, ಪಕ್ಕಗಳಲ್ಲಿ ತೀವ್ರತರನಾದ ನೋವು, ರಕ್ತ ಉಗುಳುವಿಕೆ, ಮಾತಿನ ತೊಡಲುಪಿಕೆ, ಕಣ್ಣಿನ ದೃಷ್ಟಿ ಕುಂದುವಿಕೆ, ಕಿವಿಯ ನೋವು ಹಾಗೂ ಶಬ್ದದ ಉತ್ಪತ್ತಿ, ಚರ್ಮದ ಮೇಲೆ ದದ್ದುಗಳು ಮತ್ತು ತುರಿಕೆ, ಮನೋವಿಕಲ್ಪತೆ- ಈ ಲಕ್ಷಣಗಳು ಸನ್ನಿಪಾತಜ ಜ್ವರದಲ್ಲಿ ಕಾಣಿಸುತ್ತವೆ.

ಅಂತೆಯೇ ಒಮ್ಮೆ ಮೂಗು ಸೋರುವುದು ನಂತರ ಸ್ವಲ್ಪ ಸಮಯ ಶುಷ್ಕತೆಯಿಂದ ಕೂಡಿರುವುದು, ಬಿಟ್ಟು ಬಿಟ್ಟು ಮೂಗು ಕಟ್ಟುವಿಕೆ, ಅಂತರದಲ್ಲಿ ಆರಾಮವಾದ ಉಸಿರಾಟ, ಉಸಿರಿನ ದುರ್ಗಂಧತೆ, ಗಂಧ ಜ್ವನದ ನಾಶ. ಇವು ಪ್ರತಿಶ್ಯಾಯ ರೋಗದ ಲಕ್ಷಣಗಳು. ಸರಿಯಾದ ಸಮಯದಲ್ಲಿ ಸರಿಯಾದ ಚಿಕಿತ್ಸೆ ಆಗದೆ ಹೋದರೆ, ದುಷ್ಟ ಪ್ರತಿಶ್ಯಾಯವು ದುಷ್ಟ ಪೀನಸ ಎಂಬ ರೋಗಕ್ಕೆ ರೂಪಾಂತರ ಹೊಂದುತ್ತದೆ. ಆಗ ಜ್ವರ, ಹಸಿವಿನ ಸಮಸ್ಯೆ, ಉಸಿರಾಟದ ಸಮಸ್ಯೆ, ಕೆಮ್ಮು, ಪಕ್ಕಗಳಲ್ಲಿ ನೋವು, ಮುಖದ ಪ್ರದೇಶದಲ್ಲಿ ಊತ, ಮೂಗಿನಿಂದ ರಕ್ತಸ್ರಾವ ಅಥವಾ ಹಳದಿ/ ಕಪ್ಪು ಬಣ್ಣದ ಸ್ರಾವ, ಕ್ರಿಮಿಗಳ ಉತ್ಪತ್ತಿ, ಕಿವುಡುತನ, ಕುರುಡುತನ ಇತ್ಯಾದಿ ಲಕ್ಷಣಗಳು ಕಾಣಿಸಿಕೊಳ್ಳುತ್ತವೆ.

ಚಿಕಿತ್ಸೆ ಮತ್ತು ಸಂರಕ್ಷಣಾ ವಿಧಾನ:

ರೋಗದ ತೀವ್ರತೆ ಮತ್ತು ರೋಗಿಯ ಬಲದ ಅಧಾರದ ಮೇಲೆ ಚಿಕಿತ್ಸೆಯ ಪರಿಮಿತಿ ಅವಲಂಬಿತವಾಗಿರುತ್ತದೆ. ಆಮ್ಲಜನಕದ ಕೊರತೆ, ಐ.ವಿ ದ್ರವಗಳ ಹಾಗೂ ಪ್ರತಿಜೀವಕಗಳ ಅವಶ್ಯಕತೆ ಇರುವಲ್ಲಿ ಅಲೊಪಥಿ ಹೆಚ್ಚು ಉಪಯುಕ್ತ. ಮೃದು ಮತ್ತು ಮಧ್ಯಮ ಹಂತದಲ್ಲಿ ಆಯುರ್ವೇದ ಸಹಾಯಕಾರಿಯಾಗಿದೆ. ಲಕ್ಷಣಾನುಸಾರ ಔಷಧಗಳನ್ನು ನಿರ್ಣಯಿಸಲಾಗುವುದು.

ಕೇವಲ ಜ್ವರವೊಂದೆ ಬಾಧಿಸಿದರೆ- ಅಮೃತಾರಿಷ್ಟ, ಅಮೃತಾದಿ ಕಷಾಯ, ನಿಂಬಾ ಕಷಯ ಇತ್ಯಾದಿ

ಜ್ವರದೊಂದಿಗೆ ನೆಗೆಡಿ, ತಲೆನೋವು, ಕೆಮ್ಮು ಇದ್ದರೆ- ದಶಮೂಲಾರಿಷ್ಟ, ಹಿಪ್ಪಲಿ, ಮಣಸು, ಶುಂಠಿ, ಜ್ಯೇಷ್ಠಮಧು ಉಪಯುಕ್ತ.

ಜ್ವರ, ಮೈ ಕೈ ನೋವು- ದಶಮೂಲಾರಿಷ್ಟ, ಧನ್ವಂತರ ಗುಳಿಕ

ಜ್ವರ ಹಾಗೂ ಉದರಸಂಬಂಧಿ ಲಕ್ಷಣಗಳಲ್ಲಿ- ಬಿಲ್ವಾದಿ ಗುಳಿಕ

ಮಧುಮೇಹ ರೋಗಿಗಳಲ್ಲಿ ಜ್ವರದ ಔಷಧಗಳೊಂದಿಗೆ- ನೇರಳೆ ಬೀಜದ ಚೂರ್ಣ, ನೆಲ್ಲಿಕಾಯಿಯ ಚೂರ್ಣಗಳನ್ನು ಸೇರಿಸಬೇಕು.

ಮಕ್ಕಳಿಗೆ ಈ ಕಷಾಯಗಳಿಗೆ ಜೇನುತುಪ್ಪ ಸೇರಿಸಿ ನೀಡಬಹುದಾಗಿದೆ

ಆಹಾರದ ನಿಯಮಾವಳಿಗಳು:

ಲಘುವಾದ ಮತ್ತು ಸುಲಭವಾಗಿ



ಜೀರ್ಣವಾಗುವ ಆಹರಗಳಾದ

ಗಂಜಿ,

ಪೊಂಗಲ್, ಸೂಪು ಮುಂತಾದವು, ಜೀರಿಗೆ, ಮಣಸು, ದಾಲ್ಚಿನ್ನಿ, ಓಂ ಕಾಳು ಹಾಕಿ ತಯಾರಿಸಿದ ತಿಳಿಸಾರು, ಆವಿ ತೆಗೆದು ಕೊಳ್ಳುವುದು, ಮೃದುವಾದ ಕೆಲವು ವ್ಯಾಯಾಮಗಳು ಇತ್ಯಾದಿಗಳನ್ನು ಖಾಯಿಲೆ ಪ್ರಾರಂಭವಾದ 3 ರಿಂದ 5 ದಿನಗಳವರೆಗೂ ಕಟ್ಟುನಿಟ್ಟಾಗಿ ಪಾಲಿಸಬೇಕು. ಇದರಿಂದ ಅಜೀರ್ಣ, ಅರುಚಿ, ವಾಂತಿ, ಭೇದಿಗಳಂತಹ ತೊಂದರೆಗಳನ್ನು ತಪ್ಪಿಸಬಹುದು. ಈ ಸಮಯದಲ್ಲಿ ಆದಷ್ಟು ಔಷಧ ಸೇವನೆಯನ್ನು ಮಾಡಬಾರದು. ತೀರ ಅನಿವಾರ್ಯತೆ ಇದ್ದಲ್ಲಿ ಮಾತ್ರ ತೆಗೆದುಕೊಳ್ಳಬೇಕು.

ಬಿಸಿನೀರಿನ ಸೇವನೆಯಿಂದ ಅಗ್ನಿ (ಪಚನಕ್ರಿಯೆ) ಉತ್ತಮಗೊಳ್ಳುತ್ತದೆ. ಜೀವಕೋಶಗಳಲ್ಲಿ ಅಡಗಿರುವ ಮಲಗಳನ್ನು ಸ್ವಚ್ಛಗೊಳಿಸುತ್ತದೆ. ಶಕ್ತಿದಾಯಕವಾಗಿರುತ್ತದೆ. ರುಚಿಯನ್ನು ವರ್ಧಿಸುತ್ತದೆ ಮತ್ತು ಬೆವರು ಬರಿಸುವ ಪ್ರಕ್ರಿಯೆಗೆ ಸಹಾಯಕಾರಿ. ಷಡಂಗ ಪಾನೀಯವೆಂಬ ಒಂದು ಪೇಯ ಜ್ವರ ಕಾಲದಲ್ಲಿ ಹೆಚ್ಚು ಉಪಯೋಗಕಾರಿ, ಇದು ನೀರಡಿಕೆ ಮತ್ತು ಜ್ವರವನ್ನು ಕಡಿಮೆ ಮಾಡುವ ಪಾನೀಯ. ಅಂತೆಯೇ ಬತ್ತದ ಅರಳಿನಿಂದ ತಯಾರಿಸಿದ ಪಾನೀಯ ಆಯಾಸ ಪರಿಹಾರಕರವಾದದ್ದು. ಹೆಸರುಕಾಳು ಮತ್ತು ಬೇಳೆಯ ಸೂಪ್, ಹುರುಳಿ ಕಾಳು, ಕಡಲೆ ಕಾಳು ಬೇಯಿಸಿ ಅದರಿಂದ ತಯಾರಿಸಿದ ಸೂಪ್ ಕೂಡ ಬಳಸಬಹುದು. 7ನೇ ದಿನದ ನಂತರ ಜವೆ ಗೋಧಿಯಿಂದ ತಯಾರಿಸಿದ ಮತ್ತು ದಿನನಿತ್ಯದ ಆಹಾರಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಬಹುದು.

ಬೆಳ್ಳುಳ್ಳಿಯನ್ನು ತುಪ್ಪದಲ್ಲಿ ಹುರಿದು ಬೆಳಗಿನ ಹೊತ್ತು ಸೇವಿಸಬಹುದು. ಪಡುವಲ ಕಾಯಿ ಮತ್ತು ಅದರ ಸೂಪು, ಕೊಮ್ಮೆ ಸೂಪು, ಹಾಡಬಳ್ಳಿಯ ಸೂಪು ಕಾಶಿ ಸೂಪು ಗಳಿಂದ ತಯಾರಿಸಲ್ಪಟ್ಟ ಪೇಯಗಳನ್ನು ಉಪಯೋಗಿಸಬಹುದು. ಒಣ ದ್ರಾಕ್ಷಿ, ದಳಂಬೆ, ನೆಲ್ಲಿ ಕಾಯಿಗಳಿಂದ ಸಂಸ್ಕರಿಸಿದ ಕಷಾಯಗಳಿಂದ ಬಾಯಿ ಮುಕ್ಕಳಿಸುವುದು (ಗಂಡೂಷ) ರುಚಿಯನ್ನು ಉತ್ತಮಗೊಳಿಸಲು ಸಹಾಯಕಾರಿ. ಇವುಗಳ ತಯಾರಿಕಾ ವಿಧಾನವನ್ನು ಆಯುರ್ವೇದ ವೈದ್ಯರ ಬಳಿ ಕೇಳಿ ಅವರ ಮಾರ್ಗದರ್ಶನದ ಮೇರೆಗೆ ಉಪಯೋಗಿಸಬೇಕು. ನವಧಾನ್ಯಗಳನ್ನು ವರ್ಜಿಸಬೇಕು. ತಣ್ಣೀರು, ಮಧ್ಯಾಹ್ನ

ಮಲಗುವಿಕೆ, ಅತಿಯಾಗಿ ಕೋಪಿಸಿಕೊಳ್ಳುವುದು, ಶೋಕಿಸುವುದು, ಚಿಂತೆ ಮಾಡುವುದು, ಅತಿ ತೀವ್ರತರವಾದ ವ್ಯಾಯಾಮ ಉಪ್ಪು, ಹುಳಿ, ಖಾರ, ಮೊಸರು, ಕರಿದ ಪದಾರ್ಥ, ಮುಂತಾದವುಗಳನ್ನು ಸೇವಿಸಬಾರದು ವರ್ಜನೀಯ.

ಪುನರಾವೃತ್ತಿ ತಡೆಗೆ ಹಾಗೂ ಉಪದ್ರವಗಳ ಸಾಂಧ್ಯತೆಯನ್ನು ತಡೆಯಲು ಜ್ವರದಿಂದ ಮುಕ್ತಿ ಹೊಂದಿದ ಒಂದು ತಿಂಗಳ ನಂತರ ಪಂಚಕರ್ಮ ಚಿಕಿತ್ಸೆ ಅತಿ ಉಪಯುಕ್ತ. ಪಂಚಕರ್ಮೋತ್ತರ ರಸಾಯನ ಚಿಕಿತ್ಸೆ ವ್ಯಕ್ತಿಯ ವ್ಯಾಧಿ ಮತೆಯನ್ನು ವೃದ್ಧಿಗೊಳಿಸುತ್ತದೆ. ರಸಾಯನ ಔಷಧಗಳು ಉಪದ್ರವಗಳನ್ನು ತಡೆಹಿಡಿಯುವ ಒಂದು ಸಾಧನ. ಚ್ಯವನ ಪ್ರಾಶ, ಅಗಸ್ತ್ಯ ರಸಾಯನ, ಪಿಪ್ಪಲಿ ರಸಾಯನ, ಶೋಧಿಸಿದ ಕೆಲವು ಖನಿಜಔಷಧಿಗಳು ಮುಂತಾದವು ಇನ್ನು ಜನಿಸದ ರೋಗಗಳನ್ನು ತಡೆಹಿಡಿಯಲು ತಕ್ಕ ಮಟ್ಟಿಗೆ ಸಹಾಯಕಾರಿ. ತಲೆನೋವು, ಶಿರೋಗೌರವ, ಇಂದ್ರಿಯಗಳ ಅಸಮತೋಲನ, ಅರುಚಿ ಕಂಡುಬಂದಲ್ಲಿ ನಸ್ಯಕರ್ಮ ಮುಂದೆ ಬರುಬಹುದಾದ ಸಮಸ್ಯೆಗಳನ್ನು ತಡೆಯುತ್ತದೆ.

ಮುನ್ನೆಚ್ಚರಿಕಾ ಕ್ರಮಗಳು:

ಸೋಂಕಿತ ವ್ಯಕ್ತಿಯೊಂದಿಗೆ ಸಹಜ ಒಡನಾಟ, ಲಘು ಸ್ಪರ್ಶ, ವ್ಯಕ್ತಿಯ ಅತಿ ಸಮೀಪದಲ್ಲೇ ಉಸಿರಾಡುವಿಕೆ, ಒಂದೇ ತಟ್ಟೆ ಪಾತ್ರೆಗಳ ಬಳಕೆ ಹಾಗೂ ಒಟ್ಟಿಗೆ ಊಟ ಮಾಡುವುದು, ಹಾಸಿಗೆ ಹೊದಿಕೆಗಳನ್ನು ಹಂಚಿಕೊಳ್ಳುವುದು, ಬಟ್ಟೆ ಕರವಸ್ತುಗಳನ್ನು ಬಳಸುವುದು ಮಾಡಿದರೆ ಚರ್ಮದ ಖಾಯಿಲೆಗಳು, ಜ್ವರ, ಕ್ಷಯರೋಗ, ಕೆಂಗಳಣ್ಣು ಬೇನೆಯಂತಹ ಔಪಸರ್ಗಿಕ (ಅಂಟುರೋಗ/ ಸಾಂಕ್ರಾಮಿಕ) ರೋಗಗಳು ಬಹು ಬೇಗ ಹರಡುತ್ತವೆ. ಇವುಗಳಲ್ಲಿ ತೊಡಗದಂತೆ ಎಚ್ಚರ ವಹಿಸಬೇಕು.

ಸ್ವಾಸ್ಥ್ಯ ರಕ್ಷಣೆಗೆ ಚಿಕ್ಕ ಸಲಹೆಗಳು : (ಮಕ್ಕಳಿಗೂ ಅನ್ವಯವಾಗುತ್ತದೆ)

1. ಆದಷ್ಟು ಬ್ರಾಹ್ಮಿ ಮುಹೂರ್ತದಲ್ಲಿ ಏಳುವ ಅಭ್ಯಾಸ ಮಾಡಿಕೊಳ್ಳಬೇಕು.
2. ದಂತ ಧಾವನದ ನಂತರ ಬೇವು, ಹೊಂಗೆ ಕಡ್ಡಿಗಳನ್ನು ಅಗೆಯುವುದು ದಾಳಿಂಬೆ, ಜ್ಯೇಷ್ಠಮಧು, ತುಲಸಿ, ಜೇನುತುಪ್ಪ, ನೆಲ್ಲಿಕಾಯಿಗಳಿಂದ ಸಂಸ್ಕರಿಸಿದ ಕಷಾಯಗಳಿಂದ ಬಾಯಿ ಮುಕ್ಕಳಿಸುವುದು



3. ಅಭ್ಯಂಗ, ವ್ಯಾಯಾಮ, ಪ್ರತಿಮರ್ಶ ನಸ್ಯಗಳಂತಹ ಸಣ್ಣ ಸಣ್ಣ ಕ್ರಿಯೆಗಳನ್ನು ರೂಢಿಯಂತೆ ನಿತ್ಯ ಪಾಲಿಸುವುದು.
4. ಸ್ನಾನಕ್ಕೆ ಬೇವು, ಪಂಚವಲ್ಲಗಳಂತಹ ಮೂಲಿಕೆಗಳ ಬಳಕೆ,
5. ದಿನಕ್ಕೆ ಒಮ್ಮೆಯಾದರೂ ಸಾಂಬ್ರಾಣಿ, ಅಪರಾಜಿತ, ಬೇವು, ಗುಗ್ಗುಳ ಇತ್ಯಾದಿಗಳ ಧೂಪವನ್ನು ಇಡೀ ಮನೆಗೆ, ವಸ್ತುಗಳಿಗೆ ನೀಡುವುದು.
6. ಊಟದ 12 ನಿಯಮಗಳನ್ನು ಪಾಲಿಸುವುದು
7. ಋತುಗಳಿಗೆ ಅನುಸಾರವಾಗಿ ಆಹಾರ ಮತ್ತು ಚಟುವಟಿಕೆಗಳನ್ನು ರೂಪಿಸಿಕೊಳ್ಳುವುದು
8. ಸದ್ವೃತ್ತ ಪರಿಪಾಲನೆ- ಸಂಘಜೀವಿ ಮಾನವ ತನ್ನೊಂದಿಗೆ ಹಾಗೂ ಸಹವರ್ತಿಗಳೊಂದಿಗೆ ತೋರುವ ನಡವಳಿಕೆ.

9. ಚ್ಯವನಪ್ರಾಶ, ಹರಿದ್ರಾಖಂಡ, ಕೂಷ್ಮಾಂಡ ರಸಾಯನದಂತಹ ಲೇಹ್ಯಗಳ, ಅಮೃತ ಬಳ್ಳಿ, ಅರಿಷೀಣ, ತುಲಸಿ, ಶುಂಠಿಯ ನಿಯಮಿತ ಬಳಕೆ.
10. ಪೋಷಕರು ಆದಷ್ಟು ತಮ್ಮ ಸಮಯವನ್ನು ಮಕ್ಕಳ ಜೊತೆ ಕಳೆಯಬೇಕು. ಇದರಿಂದ ಅವರ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಉತ್ತಮವಾಗಿರುತ್ತದೆ. ಆತಂಕ

ದೂರವಾಗುತ್ತದೆ. 6-7ಘಂಟೆಗಳ ಶಾಂತಿಯುತ ನಿದ್ರೆ ಅತೀ ಅವಶ್ಯ.

ವಿಶೇಷಸೂಚನೆ: ತಜ್ಞ ಆಯುರ್ವೇದ ವೈದ್ಯರ ಮಾರ್ಗದರ್ಶನವಿಲ್ಲದೆ ಔಷಧಗಳ ಬಳಕೆ ಮಾಡಬಾರದು. ವೈದ್ಯರ ಮೇಲ್ವಿಚಾರಣೆ ಅತೀ ಅವಶ್ಯ.



ಡಾ. ಸುಮಾ ಶಾಸ್ತ್ರಿ
ಆಯುರ್ವೇದ ತಜ್ಞರು

ರಾಮಯ್ಯ ಇಂಡಿಕ್ ಸ್ವೆಪಾಲಿಟಿ ಅಂಡ್ ರೆಸ್ಪೋರೇಷನ್ ಹಾಸ್ಪಿಟಲ್

ದೇಹದಾನ ಮಹಾದಾನ



ಸಾಗರ ಪಟ್ಟಣದ ನಿವಾಸಿ, ನಿವೃತ್ತ ಶಿಕ್ಷಕರಾದ ಮಠದ ಅಜ್ಜಪ್ಪಯ್ಯ ಸ್ವಾಮಿ ಅವರು ಮೂಲತಃ ಶಿಕಾರಿಪುರ ತಾಲ್ಲೂಕು ಕಡೇನಂದಿಹಳ್ಳಿ ಗ್ರಾಮದವರು. ಅತ್ಯಂತ ಸಂಪ್ರದಾಯಸ್ಥ ಕುಟುಂಬಕ್ಕೆ ಸೇರಿದವರು. ಮೂವರು ಹೆಣ್ಣು ಮಕ್ಕಳ ಮದುವೆ ನಂತರ ಸಾಗರದಲ್ಲಿ ಸ್ವತಂತ್ರವಾಗಿ ನಿವೃತ್ತ ಜೀವನ ನಡೆಸುತ್ತಿದ್ದಾರೆ.

ಅವರ ಶ್ರೀಮತಿ ಎಂ. ಅನುಸೂಯಮ್ಮ (75) ಮಿದುಳಿನ ರಕ್ತಸ್ರಾವದಿಂದ ಬೆಂಗಳೂರಿನಲ್ಲಿ ನಿಧನರಾದರು. ಇಂತಹ ಆಘಾತಕಾರಿ ಸನ್ನಿವೇಶದಲ್ಲಿಯೂ ಅತ್ಯಂತ ಸ್ಥಿತಪ್ರಜ್ಞೆ ಮೆರೆದ ಈ ನಿವೃತ್ತ ಶಿಕ್ಷಕರು ಪತ್ನಿಯ ಆಸೆಯಂತೆ ಅವರ ಮೃತ ದೇಹವನ್ನು ವೈದ್ಯಕೀಯ ವಿದ್ಯಾರ್ಥಿಗಳ ಸಂತೋಷದಿಗಾಗಿ ಅರ್ಪಿಸಿದರು. ಮೃತಹೇವ ಮಣ್ಣು ಅಥವಾ ಬೆಂಕಿ ಸೇರುವ ಬದಲು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಸಂತೋಷದಿಗಾಗಿ ಬಳಕೆಯಾಗಬೇಕೆಂದು ಈ ದಂಪತಿಗಳು ಬಹಳ ಹಿಂದೆಯೇ ನಿರ್ಧರಿಸಿ ಉಯಿಲನ್ನು ಬರೆದಿದ್ದಾರೆ. ಅವರ ಪ್ರಗತಿಪರ, ಉದಾತ್ತ ಚಿಂತನೆ ಕುಟುಂಬಸ್ಥರನ್ನು ಸೇರಿ ಎಲ್ಲರ ಮೆಚ್ಚುಗೆಗೆ ಪಾತ್ರವಾಯಿತು.

ಮೃತರ ಪತಿ ಸ್ವತಃ ಮುಂದೆ ನಿಂತು, ಮೃತರ ದೇಹವನ್ನು ರಾಮಯ್ಯ ವೈದ್ಯಕೀಯ ಮಹಾವಿದ್ಯಾಲಯಕ್ಕೆ ದಾನ ಮಾಡಿದರು.

Students who fought the Virus

This is the story of two nursing students of Ramaiah Nursing College who broke all barriers to fight the Virus.

For any final year student it is not just about graduating with distinction in exams or academic excellence. It is of that journey of bonhomie with friends, teachers and the fun of being a student with loads of unforgettable memories. But the Pandemic turned many of their plans topsy-turvy. But, that didn't deter these two brave heart students - D Deepa & Upendra Tripura who were sucked into action straight away to deal with the chaos the second wave posed to the entire medical fraternity. Here is a story of two such students who will pass out with a 'Badge of Honour' with a distinction of Frontline warriors. We are proud of these young leaders who are role models to the entire world as a saving grace in the fight against the virus.

The covid wards in Ramaiah Memorial Hospital transcended borders when Deepa, 22 from Andaman and Nicobar Islands and Upendra, 26, hailing from Tripura stepped up to volunteer in the Covid wards and worked for 66 and 55 days respectively without a break when the country was facing a devastating second wave.

"During the first wave, I could hear the wails of the family members in the triage centre which was adjacent to my hostel room. Hearing them cry day in and day out, made me emotional many times as well, and that was the reason I decided to volunteer during the second wave when the management called for student volunteers" said Upendra recalling the psychological effect the pandemic has had on people.

The students were given training for two days. The orientation prepared the students for donning and doffing of the PPE kits, being the chain of communication between the patient and the doctors, checking the patient vitals etc. and also confidence to face virus. The ever encouraging management made all necessary and required arrangements for these young leaders to fight the virus to save humanity. Doctors in the war room also gave them all the confidence to get into the covid wards to help the needy.

Deepa said that the only difficulty she faced was with the PPE kits, especially during doffing, due to the increased chance of infection. The students described the atmosphere in the wards as rather grim as most of the patients were anxious about their condition and were eager to return home. Routine work included checking and documenting vitals such as saturation, pulse rate, blood pressure. They were also required to keep the doctors informed regarding the patients' condition and also relay any complaints patients may have regarding their health to the doctors.

Upendra in Covid ward

Although they are from different corners of the country, neither Deepa nor Upendra admitted to facing a



language barrier while communicating with the patients. They said that having lived in Bangalore for five years and having attended many camps the college had organised, they have picked up the local language and can hold simple conversation in Kannada. The other nurses also helped them whenever there was an issue with communicating with certain patients.

While discussing the patients' psychological condition, Deepa recalled a covid patient undergoing dialysis who was so scared of the disease that he even began refusing treatment, as he was worried about the problems it may lead to. "I believe a small touch is enough to comfort them" she said. She also said that patients feel better when they talk to their families.

When asked if it distracted them that the anxious family members kept calling them to enquire about the patients, Upendra responded by saying no and added that the protocol to be followed was that the patients call their families in the presence of the nurses so that they can explain the patients' condition to them and assure them of a speedy recovery.

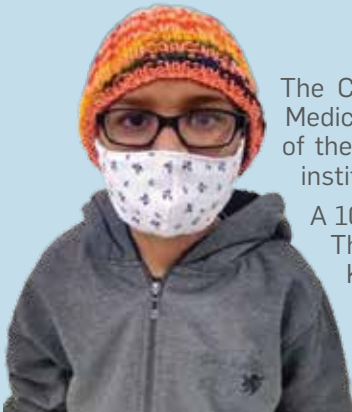
"The COVID-19 pandemic has thrown a lot of challenges to humanity; especially the healthcare workforce faced a tremendous challenge in managing the surge of COVID-19 cases. These nursing students took this challenge as an opportunity and volunteered to be a warrior in this battle. As a teacher, I feel very proud of them and wish them all the very best" said Dr Balamurugan, Registrar, RINER.

With the pandemic taking a psychological toll on the healthcare workers, the students admitted that although they were stressed for a while, they are now capable of managing their duties without a supervisor and feel prepared to serve the patients for as long as it is needed. Hopeful that a third wave can be stopped at bay, both students agreed that they are ready to volunteer again, if their services are required.



Deepa with a Doctor in Covid ward

It takes a village to raise and treat a child



The Centre for Hematology and Bone Marrow Transplantation (CHBMT) under the Department of Medical Oncology, Ramaiah Medical College Hospital is close to completing 100 transplants shares one of their many patient stories whose treatment happened only due to the immense support from the institution and a few kind hearted donors.

A 10 year old boy with Acute Lymphoblastic leukaemia, diagnosed in 2016 was in disease remission. The initial treatment was done using money donated by the winners of a reality show in Colors Kannada; courtesy to the then PRO Prakash Mulkunte. The patient had an unfortunate relapse in 2020 and his initial treatment was taken care at substantially discounted rates in HCG-MSR. Subsequently, funds were raised for the patient's bone marrow transplantation using crowd funding however, the response was rather insufficient. Help came from a few extremely generous donors who covered the remaining required funds. Some support was from the Bothra Foundation arranged by Dr Naresh Shetty. This foundation has a history of lending such help in

the past to our patients. The remaining funds were raised by an NGO in Mumbai through Dr Rasmi.

The patient has successfully completed the Bone Marrow Transplant and is disease free for almost a 100 days. We are grateful to the institution and all the donors, and the Department hopes for such continued support to our patients for these lifesaving therapies.

Why is Bengaluru becoming the Diabetes Capital of India?



In an informal discussion, Dr Chitra, Associate Professor, Department of Endocrinology, RMCH, with Manasa S Murthy of the Corporate Communications, talks about diabetes and black fungus and its impact on Covid. Dr Chitra further discusses oral insulin and its current status.

Is there any correlation between (Mucormycosis) Black Fungus and Diabetes?

I prefer to use the term Mucormycosis, as patients nowadays see any black spots on their skin, face etc. and come to us thinking they have Black Fungus, when in fact they do not. Mucormycosis is a rare fungal infection which is commonly prevalent in those individuals who have very high and uncontrolled sugars. Covid however has changed that completely. Covid infection, especially in individuals who have a coexisting condition that can compromise immunity like diabetes, increases the risk of this infection especially in individuals who receive steroids. The fungus is a locally invasive kind which usually affects the sinuses, but since the eyes and brain, it is able to erode through the bone and affect vital organs like eyes and brain.

If a person is at risk of diabetes or has been previously diagnosed with it, it is advisable to get one's sugar levels tested if they have been infected with Covid. This needs to be done so as to keep the sugar level controlled from the start to reduce the risk of Mucormycosis.

Can you share some patient experiences from this devastating second wave?

There were many negative and positive experiences. The pandemic taught us and required us to do things we had never thought were an option before. We had one young person who was quarantined at home who contacted us through video consultation. He has moderate disease and the pulmonologist advised steroids. But on his blood reports, we discovered he had had diabetes, undetected and sugars were close to 400 mg/dl. He had to be started on insulin to bring sugars under control before starting steroids. He managed to procure insulin but there was no one to assist him with the process. Since he had never taken insulin before, I made a video for him and asked him to watch it a few times and then get on a video call with us again when he administered it. Over call, our team explained it again and he successfully managed to self-administer his first shot of insulin locked in a room, all by himself. While we would never recommend this during normal times, with the pandemic, it was our only option since we could not risk the spread of the virus and we had no beds available for admission.

On the other hand, another young male who had a mild covid infection seemed to have recovered well within ten days. However, he woke up with a severe headache, facial pains and nasal discharge. Despite him showing these symptoms, his sugar

levels were not tested until he was referred to our hospital to the ENT team. It was only here that his sugars were tested and found to be very high. Unfortunately, due to such delays, he had to lose an eye as he had been infected with Mucormycosis. Therefore, as a general rule of thumb, testing your sugar levels regularly becomes important in covid infections, irrespective of age, or feeling of wellbeing.

Bangalore is fast becoming the Diabetes capital of India. Does it have anything to do with the lifestyle?

The lack of physical activity is definitely a big contributor to this. Stress and boredom directly influence our eating patterns which in turn affects our sugar levels. Irregular sleep habits lead us to stay in a chronic state of stress. While all these are primary contributors, it is also important to note that many people who have diabetes are not even aware of this fact as they do not get regularly tested. It is important to screen ourselves for diabetes atleast once every 1 – 3 years. It is recommended we screen anyone with one or more risk factors – Family history , PCOS , Hypertension , Dyslipidemia , BMI > 23 KG / M 2 , Sedentary lifestyle or past history of diabetes during pregnancy. Almost all of us are above the recommended BMI and lead a sedentary lifestyle and hence need to screen ourselves for diabetes. Small consistent changes to our daily routine , taking the stairs , taking a walk during lunch time or on audio meetings/ phone calls, choosing to eat more vegetables and protein , carrying food from home, choosing water over soft drinks or juices and following a proper sleep routine are all steps that can compound to reduce our risk for diabetes.

Pharma companies discuss oral insulin. Will that become a reality any time soon?

Insulin is a peptide - a protein. The stomach produces an acid and emzymes whose primary job is to break down protein. Therefore, when you orally consume insulin, it will be digested. In order to bypass this, insulin has to be incorporated in capsules that can resist digestion and usually require to take much larger doses as compared to the doses one would be prescribed if they were to directly inject it. One company based in Bengaluru has oral insulin and is being tested in a clinical trial and our hospital was one of the centers which participated in that trial. The results are yet to be published. The year 2021 marks the 100th year since the discovery of insulin. It is a live-saving drug and should be looked at as such without any fear or apprehension.



How did COVID affect the lives of individuals with diabetes?

During the first wave, many patients' sugars improved, especially people who had to travel for hours to go to office, women who were juggling home and work life- the lockdown has helped such people eat and sleep better and exercise more often and this resulted in their health improving. Others who could not adjust to staying at home or working from home or had too many care giving responsibilities and little help from families saw their sugar levels worsen.

The second wave however, has uniformly resulted in the worsening of sugars. Stress, ill health and death were very close to home and such turmoil has caused everybody's sugar levels to worsen. However, we hope that a third wave is not as bad as the second wave. May I remind everyone , that vaccination is a safe and effective way to prevent severe infection even in individuals with diabetes and that continuing to wear well fitted masks will prevent us from getting infected and infecting our children who are yet to receive vaccinations.

One Step at a Time



We achieved tremendous success with baby Abdul. Manipulation and corrective casting for this condition, is a precise technique and I was ably assisted by my post-graduate Dr Ronak Kotian, who did an exemplary job of counselling the parents and monitoring the child, throughout the course of serial casting, for any untoward complications. After about 5 weeks of serial casting and 6 weeks of splinting, Abdul was cured.

Today, Abdul is a healthy one and half year old living free of any complications.

It is also important to note that my sub-speciality is a nascent and niche branch and only a handful of Orthopaedic Departments in our country have a Paediatric and Reconstruction Orthopaedic surgeon in their regiment. In this regard, I thank our department and Dr Naresh Shetty, for their support and vision; Dr Medha Y Rao and Dr Prathab AG for their staunch belief and trust, when I secured a fellowship to pursue the same, in 2019.

by **Dr. Shravan Y C**
Department of Orthopaedic

In September 2019, a 2 day old Abdul was carried in to the OPD, by his Grandmother. The new born had given quite a fright to the team that had delivered him- with his ability to touch his ears with his legs. There are few deformities, as grotesquely alarming as a Congenital Knee Dislocation. This condition is exceedingly rare, one in a million and quite amenable to Non-Surgical treatment, if started early. Those associated with other neuro-muscular disorders too, can be sorted out with minimal surgery, the crucial factor being early intervention.

WELCOME

July



Dr. Amruthvarshini A. Inamadur
Senior Resident
Paediatrics



Dr. Sowmya Rani Merugu
Senior Resident
OB&G



Dr. Vignesh P
Senior Resident
General Medicine



Dr. Neethu V. Krishnan
Senior Resident
ENT



Dr. Lithika Lavanya M
Senior Resident
Radiation Oncology



Dr. Vanisha Anand
Senior Resident
OB&G

FAREWELL

June



Dr. Mallikarjuna H B
Professor
Paediatrics



Dr. B S Sathya Prakash
Professor & HOD
Gastroenterology



Dr. Sneha Hemachandran
Senior Resident
General Surgery



Dr. Arun Kumar M
Assistant Professor
Physiology

July



Dr. H. K. Nagaraj
Senior Professor
Urology



Dr. Arun Mavaji Seetharam
Associate Professor
Hospital Administration



Dr. Ravi Kiran S. K.
Assistant Professor
Gastroenterology



Dr. Nishanth Vidyasagar
Senior Resident
Radiation Oncology



Dr. Manisha M.K.
Senior Resident
Anaesthesiology



Dr. Tilak N
Senior Resident
General Medicine



Dr. Mohammed Kashif Habeeb
Senior Resident
General Surgery



Mrs. Sherty John
Junior Laboratory Technician
Anatomy



Mr. Lakshman L
Attender
Community Medicine

Battling the Pandemic: Resilience amidst Adversity

This booklet released by Ramaiah Medical College Hospitals to mark National Doctors' Day, talks about the role played by the doctors and other paramedical staff in fighting the virus. This eventually deconstructs the events from March 2020 and details how each department in the hospital immersed themselves in Covid preparations and duty.

The contributing authors are senior doctors and professors from various departments explaining the role their team had undertaken to ensure that along with covid treatment, routine work of the medical college and hospitals were not brought to a halt. It is immensely important to document the role assumed by the each department encouraged fully by the management with a vision to reach out to the suffering souls. This is a process to document the effort of people involved in fighting the virus. This document, a more scientific analysis of the process, gives the basic preparation to face the eventual challenges.

Departments such as General Medicine, Community Medicine, Forensics, Anaesthesiology, Critical Care, amongst others were at the forefront of covid treatment, setting up beds, ICU units and setting up the vaccine drives. The book candidly reveals the trial and errors that went into what eventually was a successful covid treatment facility. Due to the nascent nature of the disease, the hospital initially had little success in obtaining the required accreditation to open a Covid RT PCR testing facility. Details regarding the confusion over specific

equipment for testing and treatment purposes ultimately leave one marvelling the swiftness and efficiency of administrators and staff in setting up a treatment centre.

The hospital also partnered up with the Government of Karnataka at a local level in providing technical and resourceful services. Several faculty members worked with the government convened boards as advisors on issues of covid treatment and mass vaccination. Post-Graduate students and interns also offered their services to the government in this time of a health emergency.

The booklet also acknowledges the contribution of the Departments of Physiotherapy, Psychology and the Dental College. The faculty and students from the Dental College along with the Corporate Communications team were in-charge of the Covid Emergency Helpline which was a bridge between the patients' families and doctors.

The booklet also details efforts taken by the hospital to treat the mental health of patients, students, and health workers, the post-covid physiotherapy services which were offered and also the measures taken to conduct online classes and assignments in a manner which is convenient for both students and teachers.

As the title aptly suggests, Battling the Pandemic: Resilience Amidst Adversity truly encapsulates the behind the scenes effort that has gone into building a successful Covid treatment and vaccination facility at a war footing. This bench mark understanding is a way forward to face the eventualities of the third wave.



A webinar on Public Health Challenges and Preparedness for Covid-19 Third Wave was conducted on June 15th, 2021 by Rajiv Gandhi University of Health Sciences. Dr Lalita, Professor and Head, Department of Community Medicine, Ramaiah Medical College and Dr B S Nanda Kumar, Associate Professor, Department of Community Medicine, Ramaiah Medical College were speakers at the event.

Dr Mala Dharmalingam, Professor and Head, Department of Endocrinology, Ramaiah Medical College Hospital was a speaker at a webinar discussing the 'Approach of Screening Cardiovascular Risk in T2DM' conducted on June 18, 2021.

Dr Savita Ravindra, Professor and Head, Department of Physiotherapy, Ramaiah Medical College Hospital was a speaker at a webinar conducted on Post-Covid Care: A Physiotherapy Perspective. The webinar was organised by Rajiv Gandhi University of Health Sciences and was held on June 22, 2021.

Dr G G Gangadharan, Director, RISA was a speaker for a webinar held on June 27, 2021 and discussed 'Aayurveda Treatment and Prevention of Diabetes'.

A webinar on COVID-19 Vaccine Roll Out Strategies: A Comparison of India and the United States of America was conducted on June 25th, 2021 by Ramaiah Public Health Working Group.

International Yoga Day Celebrations 2021 held on 21st June 2021 was conducted by Yoga Guru Sri Nagendra at Ramaiah Medical College.

Dr Arun Mawaji and Dr Umashankar Raju were contributing authors of a study titled "Perception of Hospital Accreditation Impact among Quality Management Professionals in India: A Survey-Based Multicenter Study" conducted under the aegis of CAHO and published in the journal JQSH (Global Journal on Quality & Safety in Healthcare).

A vaccination drive was held for students at Ramaiah Hospital Campus organised by Government of Karnataka in association with Ramaiah Group of Institutions on July 6, 2021. It was inaugurated by Deputy Chief minister Dr Ashwathnarayan CN in the presence of Dr M R Jayaram, Chairman, Gokula Education Foundation.



Dr Jyothi G S, Professor, Department of OBG, Ramaiah Medical College Hospital has been awarded the Fellowship - FICMCH (Fellow of Indian College of Maternal and Child Health) by NARCHI (National Association for Reproductive and Child Health of India).

Dr Sanjay C Desai, Professor, Department of Vascular Surgery, Ramaiah Medical College, has been appointed as Director of Ramaiah Advanced Learning Centre of the Ramaiah University of Applied Sciences.

A Basic Code Blue Training was successfully conducted over 8 hours by Emergency Medicine department for the Ramaiah Faculty of Dental Sciences on July 14th & 15th, 2021. The Course Director was Dr Aruna C Ramesh, Course Coordinator- Dr Keshava Murthy M R. The Principal and faculty members also participated actively in the workshop and a total of 55 members were trained.



The department of OBG Nursing, Ramaiah Institute of Nursing Education and Research (RINER) organised the 3rd workshop on Normal delivery-Enhancing nurses' clinical competence on 27th and 28th of July 2021.

Dr Jyothi G S, Professor, Department of OBG, Ramaiah Medical College Hospital participated as a Faculty for the 17th World Congress the IFCCP2020ne - International Federation of Cervical Pathology and Colposcopy, which was the first of its kind in Asia and India. The conference was held on July 1st, 2021- to July 5th, 2021.

Dr Aman Gupta, 2nd Year Post Graduate in Physiology has won Best Oral Presentation Award at RAMSIECON-2021 (Recent Advances in Medical Sciences International E-Conference) conducted by Department of Physiology from 1st to 3rd July 2021 at Yenepoya Medical College, Mangalore, Karnataka, India.



Ramaiah Celebrates Doctors' Day

On the occasion of Doctors' Day, held on July 1, 2021, the emphasis was on the need for research and more collaborative academic efforts. In his address, Dr M R Jayaram, Chairman, Gokula Education Foundation thanked the doctors for their selfless service especially during the pandemic. He also said that a Ramaiah University of Health Sciences would soon be established, which would enable more collaboration for research and treatment. He reminded the doctors that during this health emergency, the whole world was looking towards them and that he was confident in their ability to help overcome this Herculean challenge.

M R Sreenivasa Murthy, Chief Executive, Gokula Education Foundation (Medical) described the pandemic as an unexpected Black Swan event which has caught the world off guard. He congratulated the medical fraternity for devising a protocol for treatment, prevention and vaccination within such a short period of time. He also said that it was doctors who helped bring public health to centre of attention of development programmes across the globe.



A medical booklet titled Battling the Pandemic- Resilience Amidst Adversity was released on the occasion and M R Sreenivasa Murthy, Chief Executive encouraged the contributing authors and said that it was important to give space to healthcare workers to express their thoughts and experiences. He also thanked Dr Medha Y Rao for taking the initiative to document the experiences of doctors and administrators over the past year and encouraged the team to bring out a more volumes discussing the effects of the pandemic.

Dr Medha Y Rao, Principal and Dean, Ramaiah Medical College emphasised the need for patient-centric care and said that Ramaiah stands by Comprehensive Compassionate Care and reminded the doctors that this concept was not a new discovery but the very thing they have all been trained to do.

Several doctors also received awards for their research work in their respective areas of expertise at the event.

The awardees are featured on page 16

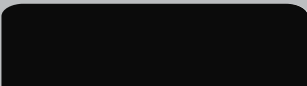


The Guest of Honour was Dr A N Yellappa Reddy, Retd. Secretary of Department of Ecology and Environment, Government of Karnataka. Dr Medha Y Rao, Principal, Ramaiah Medical College and Dr Shalini Nooyi, Vice Principal, Ramaiah Medical College also attended the event.

World Environment Day 2021 organised by Department of Community Medicine on 9th June, 2021. Dr. Raghotam Rao - Environmentalist (Retd. Professor, APS College) & Sri. Shibu K. N. South Asia Coordinator, GAIA Asia Pacific were the key speakers at the



Shivraj Singh Chauhan, Chief Minister of Madhya Pradesh was given Panphakarma therapy as at the newly established Ramaiah Indic Speciality Aayurveda and Restoration Hospital (RISA), Centre at Madhya Pradesh.



Doctors' Day Research Publication Award Winners

- Dr Janaki M. G.**, Dept. of Radiotherapy
- Dr Santhosh Kumar Devadas**, Dept. of Medical Oncology
- Dr Kirthi Koushik A. S.**, Dept. of Radiotherapy
- Mr Sundar Kumar Veluswamy P. T.**, Dept. of Physiotherapy
- Dr Pramila Kalra**, Dept. of Endocrinology
- Dr Shaikh Mohammed Aslam S.**, Dept. of General Medicine
- Dr Avinash B.**, Dept. of Gastroenterology
- Dr Ashwin Kulkarni**, Dept. of General Medicine
- Mr Ramesh Debur**, Dept. of Physiotherapy
- Dr M. S. Venkatesh**, Dept. of Plastic Surgery
- Dr Somashekhar A R**, Dept. of Paediatrics
- Dr Vinayak P. S.**, Dept. of Anaesthesia
- Dr Clement Wilfred**, Dept. of Pathology

Best Postgraduate Publication

- Dr Nishanth Vidyasagar
- Dr Rahil Bharatbhai Patel

Best Undergraduate Research

- Dr Vanshika Rastogi
- Dr Apeksha Kumar
- Dr Divya Kini

