



RAMAIAH

# ಜ್ಞಾನವಾಹಿನಿ Jnana Vahini

Monthly Newsletter - Gokula Education Foundation (Medical)



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## SALUTING OUR HEROES



**Shri M R Seetharam**, Vice Chairman, Gokula Education Foundation wrote a letter of appreciation to Dr. Anil Kumar, Professor and Head, Department of General Medicine, to thank

him and the whole team of covid warriors for working tirelessly for several months and treating over 5,000 patients who had been infected with the coronavirus:

## Letter of Commendation

On behalf of the Hon'ble Chairman and all the Trustees of Gokula Education Foundation, I would like to commend you, from our own experience and all the feedback which I received, that you and your team in the Department of Medicine have done a wonderful job- treating covid affected patients. I thank each of you for the sacrifice you make every day by selflessly working round the clock to provide good care for patients during the pandemic. Your dedication, commitment and courage deserve our deepest gratitude and admiration and also your tireless leadership with a human touch.

My blessings to you all, stay safe and know we are thinking of you.

Thanks and regards,

**M R Seetharam**  
Vice Chairman  
Gokula Education Foundation

## ರಾಮಯ್ಯ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಆಸ್ಪತ್ರೆಗೆ ಉತ್ತಮ ಸೇವಾ ಪ್ರಶಸ್ತಿ

ಆರೋಗ್ಯ ಸೇವೆ ನೀಡುವಲ್ಲಿ ಸದಾ ಮುಂದಿರುವ ರಾಮಯ್ಯ ಆಸ್ಪತ್ರೆಯ ಧೈಯೋದ್ದೇಶ ಸರ್ವಗೂ ಆರೋಗ್ಯ ಸೇವೆ ದೊರೆಯಬೇಕು ಎಂಬುದು. ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಗ್ರಾಮೀಣ ಭಾಗದ ಜನರಿಗೆ, ದಿವ್ಯಾಂಗರಿಗೆ, ಹಿರಿಯ ನಾಗರಿಕರಿಗೆ ರಿಯಾಯಿತಿ ದರದಲ್ಲಿ ಚಿಕಿತ್ಸೆ ನೀಡಲಾಗುತ್ತಿದೆ ಹಾಗೂ ಸರ್ಕಾರದ ಆರೋಗ್ಯ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ಬರುವ ರೋಗಿಗಳಿಗೂ ಸಹಾ ಚಿಕಿತ್ಸೆಯನ್ನು ನೀಡುತ್ತಿರುತ್ತದೆ. ಈ ನಿಟ್ಟಿನಲ್ಲಿ ಭಾರತ ಸರ್ಕಾರದ ನಿರ್ದೇಶನದಂತೆ ರಾಮಯ್ಯ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಆಸ್ಪತ್ರೆಯ ಸೇವೆಯನ್ನು ಗುರುತಿಸಿ 'ಆಯುಷ್ಮಾನ್ ಭಾರತ್ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ' ಆರೋಗ್ಯ ಯೋಜನೆಯಡಿ ಬೆಂಗಳೂರು ನಗರ ಜಿಲ್ಲೆಯಲ್ಲಿನ 'ಉತ್ತಮ ಸೇವಾ ಆಸ್ಪತ್ರೆ' ಎಂದು ದಿನಾಂಕ: 27.01.2020ರಂದು ಪ್ರಶಸ್ತಿ ನೀಡಿ ಗೌರವಿಸಲಾಯಿತು. ಆಸ್ಪತ್ರೆ ಪರವಾಗಿ ಅಸೋಸಿಯೇಟ್ ಡೀನ್ ಡಾ. ಹರೀಶ್ ಕೆ ಅವರು ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ ಉಪ ಜಿಲ್ಲಾಧಿಕಾರಿ ಶಿವಮೂರ್ತಿರವರಿಂದ ಪ್ರಶಸ್ತಿ ಸ್ವೀಕರಿಸಿದರು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ಆಸ್ಪತ್ರೆ ಆರೋಗ್ಯ ಅಧೀಕ್ಷಕ ಡಾ. ಸತ್ಯಶಂಕರ್, ಉಪ ಆಡಳಿತಾಧಿಕಾರಿ ಡಾ. ರಾಮಚಂದ್ರ ಕಾಮತ್ ಮುಂತಾದವರು ಉಪಸ್ಥಿತರಿದ್ದರು.

“ರಾಮಯ್ಯ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಆಸ್ಪತ್ರೆಯು ಬೆಂಗಳೂರು ನಗರದಲ್ಲಿ ಈ ಪುರಸ್ಕಾರವನ್ನು ಪಡೆದ ಏಕೈಕ ಖಾಸಗೀ ಆಸ್ಪತ್ರೆಯಾಗಿದೆ. ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಆಯುಷ್ಮಾನ್ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಯೋಜನೆಯಡಿಯಲ್ಲಿ 3000ಕ್ಕೂ ಅಧಿಕ ರೋಗಿಗಳಿಗೆ ಸೇವೆಯನ್ನು ಯಾವುದೇ ಕುಂದು ಕೊರತೆಗಳಿಲ್ಲದೇ ನೀಡಲಾಗಿದೆ, ಮುಂದೆಯೂ ಸಹಾ ನೀಡಲಾಗುವುದು. ಮತ್ತು ಈಗ ಕರ್ನಾಟಕ ರಾಜ್ಯದ ನೋಂದಾಯಿತರಿಗೆ ಮಾತ್ರ ಚಿಕಿತ್ಸೆ ನೀಡಲಾಗುತ್ತಿದೆ ಆದಷ್ಟು ಶೀಘ್ರದಲ್ಲಿ ರಾಷ್ಟ್ರೀಯ ಮಟ್ಟದಲ್ಲಿ ಆಸ್ಪತ್ರೆ ಹೆಸರನ್ನು ನೋಂದಾಯಿಸಿ, ಭಾರತ ದೇಶದ ಎಲ್ಲಾ ನಾಗರಿಕರಿಗೂ ಚಿಕಿತ್ಸೆ ನೀಡಬೇಕು ಎನ್ನುವ ಅಭಿಲಾಷೆಯನ್ನು” ಡಾ. ಹರೀಶ್ ಕೆ ವ್ಯಕ್ತಪಡಿಸಿದರು.





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## Vaccine-Nation

The date January 16, 2021, goes into the annals of India as the world's biggest vaccination drive began to fight the pandemic. The nationwide COVID-19 vaccination drive has put India on the path towards overcoming the pandemic that has upended lives, ravaged the economy, and unleashed unprecedented suffering over the last 12 months.

This drive, aimed at inoculating 3 crore health and other frontline workers in the first phase. Two vaccines manufactured in India - one developed by Oxford University and AstraZeneca, the other by Bharat Biotech have been cleared as the first vaccines.

The vaccination will be given first to an estimated one crore healthcare workers, and around two crore frontline workers, and then to persons above 50 years of age, followed by persons younger than 50 years of age with associated comorbidities. More than 1.5 lakh medical staff in 700 districts have been specially trained, and several national dry runs involving mock transportation of vaccines and dummy injections have been held to tackle the colossal and complex task compounded by safety worries, shaky infrastructure, and public skepticism.

The government has worked hard to counter concerns raised about Covaxin which has not completed Phase 3 trials under which the efficacy of the drug is tested.

Serum Institute of India (SII) is producing the vaccine Covishield developed by Oxford University and pharmaceutical company AstraZeneca. It has got permission for restricted use in an emergency subject to certain regulatory conditions. The ongoing clinical trial within the country by the firm will continue.

COVAXIN, India's indigenous COVID-19 vaccine by Bharat Biotech is developed in collaboration with the Indian Council of Medical Research (ICMR) - National Institute of Virology (NIV). The vaccine received DCGI approval for Phase I & II Human Clinical Trials and the trials commenced across India from July 2020.

Zyventus Cadila's vaccine ZyCoV-D, Russian vaccine Sputnik V, Serum Institute's Novavax's vaccine, Biological E Limited, and Genovax Biopharmaceuticals which also have a candidate each, are in pipeline. Bharat Biotech is working on another vaccine with Thomas Jefferson University. Aurobindo Pharma Ltd has also announced its COVID-19 vaccine development programme. If these vaccines get approved by the authorities, the entire population in the country can get vaccinated at the earliest.

The corona warriors and medical fraternity should come forward to have the jabs to show the way for the entire country at the hour of crisis. Pandemic even though is a downtrend in India, the experts are warning us to continue taking all precautions to stop the march of the virus.

**The vaccination drive in India is the road ahead towards defeating the virus which has gobbled the life and space of people. We need more research on the efficacy of the vaccines to understand their impact better. Also, the need of the hour is to educate and inform the population about the effect of the vaccine by using social media and other platforms which have become part and parcel of our lives. The effective use of technology can help make vaccination drive a success in India. It's the responsibility of both public sector and private sector to handhold to deface the virus.**

## Are we prepared to tackle a second wave?

As a team, we have treated over 5000 covid patients and it is a great learning for us all. With a strong management, support and firm commitment from all of us, we have succeeded as a team. This team effort needs to be complimented.

As all of us are aware, a second wave of covid patient surge is a possibility. In these uncertain times, we hope and pray that a second wave does not happen. We have learnt from our experience that we can put in place systems and manpower to handle emergencies and unexpected situations. We have deployed the rapid test for RTPCR, as a result of which, suspect ward is no longer required. A & E is now better equipped to handle emergencies including transport ventilators.

At present there are about 50-60 covid admissions. Many wards which are not used are closed after being sanitized. The rest rooms are being renovated. On short notice, we can expand the bed strength. We were able to handle the situation earlier when procurement of consumables like PPE, gloves, drugs, sanitizers, masks etc was difficult. This gives us the confidence to handle the situation; the supply chain has since been strengthened. All the monitors in ICU are being serviced; additional monitors would be provided if required.

We have had a couple of meetings wherein the administrators, the heads of Dept of Medicine and Critical care have given the inputs on further modification and strengthening of systems to improve quality of care. All the healthcare workers have had a first-hand experience of working in the covid ward. The initial anxiety and unease has given way to confidence and courage. Another boost to confidence is the fact that the vaccination drive has commenced.

If a second wave does occur, we shall pledge together as a team that patient care shall be our main focus and in the process we shall bring laurels to the institution and ourselves.



**Dr. Harish K**  
Associate Dean  
Ramaiah Medical College and Hospital

## Serving those who have already served us



Ramaiah Hospital offers preventive, curative and rehabilitation services to the senior citizens. We are committed to serving those who have already served us.

Geriatrics outpatient department was set up in the year of 2011. In

geriatric OPD we have a comprehensive health check which includes Dental check up, Physiotherapy for basic functional (endurance + daily activities) assessment, Ophthalmology, ENT, Psychiatry/ Psychologist assessments and lastly an overall physician /geriatric assessment. According to WHO guidelines the geriatric immunisation schedule is practiced to the great benefit as preventive care for senior citizens. Concession of 20% for Diagnostics and investigations is offered for senior citizens.



Educational programmes are being conducted since 2018. Group therapy for physical fitness is conducted twice a week by Physiotherapists. Telemedicine services are also used twice a week from 2018 to reach out to the care of senior citizens at Kaiwara.



**Dr. Medha Y Rao**  
Principal and Dean  
Ramaiah Medical College and Hospitals

## Redesigning Care Delivery for a Post-COVID World

The COVID-19 crisis is challenging and is reshaping traditional care delivery models. Many changes such as virtual care, home based care etc have occurred in response to dramatic changes in economic conditions, consumer demands, and market dynamics.

Use of telehealth has exploded in recent months as patients and hospitals concerned about the risks of contracting or unknowingly spreading the virus, have embraced digital alternatives. The healthcare segment is adopting remote and virtual-care technologies, including telemedicine, rapidly and in a big way.

**At Ramaiah Memorial hospital, we have done over 3,000 video consultations so far. Remote monitoring of patients in COVID ward helped in early identification of patient conditions and minimised staff exposure. War rooms were established with specialists receiving patient information remotely and advices on treatment were given instantly. Technology also enabled counselling patients' attenders.**

Similar COVID-related pressures also are driving systems to develop designated non-COVID sites of care, and accelerate alternative and home-based care models. At Ramaiah Hospital, a separate emergency department was created apart from Flu clinic to screen emergency and non-emergency patients. Home based care option was launched when the Government issued guidelines on Home care. About 50 patients have availed home care and close to 300 swabs were collected from patients at home.

Virtual and ambulatory care will be prioritized more than ever. When inpatient care is required, hospitals will need to find ways to get patients back home as quickly as possible. For example, wearable devices and remote monitoring tools already are enabling some hospitals to send certain patients home faster for specific procedures that historically required multiple inpatient days for monitoring post-surgery.

There is a shift in consumer attitudes and expectations as patients remain wary of visiting a hospital in the midst of a

pandemic, and grow increasingly accustomed to the conveniences of alternative care models.

Maintaining a high level of trust with COVID-wary consumers will be essential as organizations redesign their care delivery models. To that end, hospitals should expand the use of digital tools to gain real-time feedback about patient needs and concerns, as well as to monitor the underlying health of their consumer relationships, which are key to building loyalty.

**At Ramaiah Memorial Hospital, patient feedback system is digitised with daily analysis of Net Promoter Score. The concept of Day One Feedback system has helped resolve patient complaints thereby enhancing patient experience. Screening of patients at OPD and Dialysis using standardised checklist and visual indicators of sickness was effective. A separate suspect ward was created to admit patients who had signs and symptoms of Covid. Covid Crack team was constituted for early identification and transfer of Positive cases to dedicated covid wing. The team also helped in contact tracing thereby minimised spread of infection among other patients and staff.**

Regardless of the persistence of COVID-19—including when future surges occur, or the timing of a vaccine or effective treatments—the pandemic already is changing how people approach and evaluate healthcare, and their expectations for that care.

Healthcare leaders should focus not on getting back to normal, but on moving forward toward a new state, based on sound data and analysis. The more organizations try to revert to the old way of doing things, the harder it will be to make needed changes, and the further behind they will fall.



**Dr. Arun Mavaji Seetharam**  
Associate Professor &  
Assistant Hospital Administrator  
Ramaiah Memorial Hospital

## Cold Climate and Sudden Cardiac Death

A circadian variation of cardiac function with peak in the early morning is a well known entity.

**Heart related problems especially heart attacks and likewise- sudden cardiac deaths typically predominate in the wee hours of the morning. This phenomenon is exaggerated in cold climates.**

### Why?

The following observations seem to contribute to this deadly issue:

- ▶ Increase in the clumping of blood clotting factors (platelet aggregability)
- ▶ Abrupt rise in blood pressure
- ▶ Heart rate variability

Cold weather makes your heart work harder to keep your body warm. The blood vessels constrict so that the heart can concentrate on pumping blood to the brain and other major organs.

A study from Finland showed that additional number of cold days during the one week period preceding death increased the risk of sudden cardiac death by 19 fold.

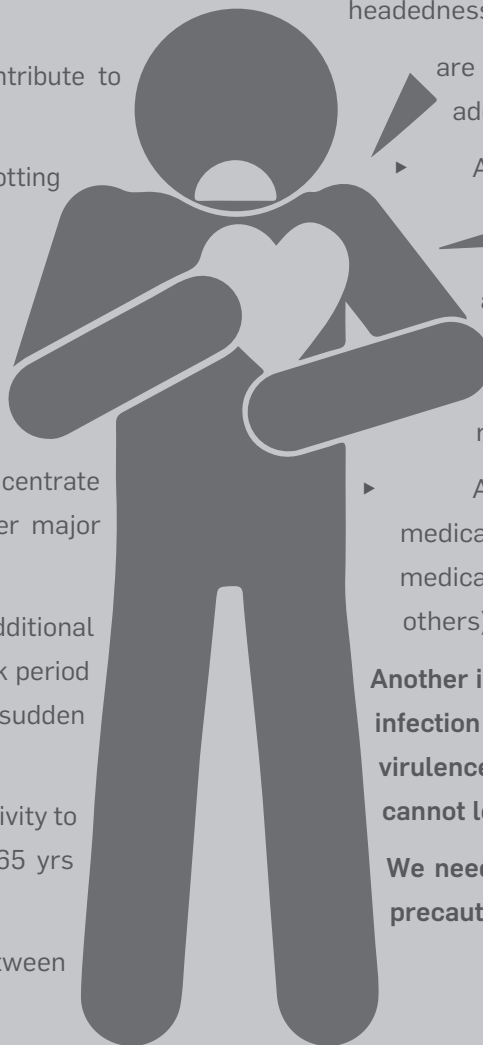
There are no distinct differences in sensitivity to cold spells between people aged over 65 yrs and those aged 35- 64 years.

Likewise, there was no difference between males and females.

**In short, everyone is at a risk, especially people with known heart ailments.**

**What are the precautions to be taken to prevent this catastrophe?**

- ▶ Avoid strenuous outdoor activities in the cold. Discuss with your doctor before indulging in such activities.
- ▶ Stay active indoors.
- ▶ Dehydration leads to additional strain on the heart which is already working overtime trying to move the blood through constricted blood vessels. Light headedness or muscle cramps



are indicative of dehydration. Keep yourself adequately hydrated.

- ▶ Avoid alcoholic beverages- Alcohol makes you feel warm inside but it's a false assurance which would prove detrimental as it dilates the superficial vessels but does not raise your core body temperature.

- ▶ Above all – Do not miss your cardiac medications, especially antihypertensives (BP medications) & blood thinners (aspirin & others).

**Another important word of caution- the Covid 19 infection could re emerge with renewed vigour & virulence in the colder seasons- hence we cannot let our guard down.**

**We need to continue to take all the necessary precautions & Stay safe, stay healthy.**



**Dr. V. S. Prakash**  
Professor and Head

Dept of Cardiology and Electrophysiology  
M.S. Ramaiah Narayana Hrudayalaya

## Facing the Covid Pandemic

One of the biggest challenges which can be faced by a health care system is facing a pandemic. Dealing with an invisible enemy which can cause unfathomable devastation is a herculean task. Nearly hundred years after the Spanish influenza which had killed more than lakhs of people worldwide, we are facing a new virus- SARS COVID-19. The infection which originated in China rapidly crossed over to other continents and spread to most of the countries.

Dealing with such a pandemic is a very huge and challenging task. Infections were being reported rapidly in India too and Karnataka was no exception. It was in the initial days of pandemic that we were informed that our institute will also be one of the hospitals which will treat COVID patients in Bangalore. It was a matter of great responsibility and pride that doctors of our hospital could help the community in facing this pandemic.

We were from the Department of General Medicine, one of the core departments dealing with Infectious diseases. Hence our preparations started from the initial days of pandemic. We were actively involved in getting updated about this new infection. We had the big task of training our post graduate students regarding the clinical profile, diagnosis and management of COVID infections. We were also involved in preparing the standard operating protocols for managing patients at fever clinic, suspect ward and COVID wards.

Our institute being a multispecialty medical hospital was also managing non COVID patients. We were also involved in making standard operating protocols for pre-operative fitness for patients.

**Our experience in the COVID wards was extremely heartening. Our College management and all the seniors of our hospital were there with their constant guidance and support. Initially we had a meeting where we were briefed regarding the wards, distribution of patients, personal protective equipment and, donning and doffing. When we entered the COVID wards, there were large number of patients, most of them were moderately sick. There were elaborate arrangements made for them. Nursing staff were always co-operative and were well trained. Working in COVID wards was made a lot easy with the best quality PPE and elaborate arrangements. Donning and Doffing areas were well**

**planned. The ward arrangements and distribution were done in a scientific manner. Triage areas, General wards and ICU wards were set up with comprehensive arrangements. There were many patients who were extremely anxious regarding their illness and we had to counsel them. The war rooms which were most essential had a pivotal role in patient management. War rooms were an excellent medium through which we could discuss with our senior faculty regarding the management of patients. Co-ordination between the treating team and war room team provided a double care for patients. It was a very good experience for us where had to give our best effort towards managing the patients. There were no gaps during the management.**

The stay in RISA block was well planned. The rooms were very spacious and comfortable. The food was very good and healthy. The quarantine facilities were very good and helped us do away with our fears regarding carrying infections to our families. We would be tested for Covid at the end of our quarantine so as to ensure we would not be asymptomatic carriers.

We would like to appreciate and acknowledge that all our concerns were addressed immediately by our hospital COVID team. Whenever we had problems with PPE, patient related matters, beds, treatment issues, problems related to stay and transport were immediately solved.

We had a real time experience which taught us lot of lessons relating to team work, co-operation, communication and empathy. We would like to thank our hospital management, all the senior faculty, post graduate students, nursing staff and paramedical staff for the support and guidance. We are very happy that we could be a part of the team which handled COVID pandemic at our institute. We are thankful to our institute for giving us this opportunity and the experience which we will cherish forever.



**Dr. Anil Kumar**  
Professor and Head  
Department of Medicine  
Ramaiah Medical College and Hospital

## Our Experience during the Covid-19 Pandemic

The entire year, 2020 has been about SARS CoV-2 pandemic and its infectivity irrespective of age, status, education, caste and occupation.

Our Institution took up the responsibility of caring for COVID patients. Soon after, Bangalore saw an exponential rise in the cases despite the Central and State Government's efforts to curb it. It was no time to be idle, and we were vigorously updating ourselves in the meager amount of information about the newest pathogen, making Standard Operating Protocols (SOP) that were fit for our Institution with regard to the management of cases and protection of health care workers (HCW). Despite the dangers and the tsunami of cases that came, we saw first hand dedication, grit, discipline, and endurance in our fellow doctors, nursing staff and the housekeeping staff. Our senior doctors and the heads of all concerned departments put their brilliant minds to the management protocols of the onslaught of cases.

This pandemic is an ever-changing phenomenon where there are no fixed long-term guidelines in the management of the patients. Doctors were posted for COVID duty weekly and were given 1 week of quarantine and testing thereafter to return to routine non-COVID work. We did not ease up on our routine duties that involved online classes for undergraduates, postgraduates, non-MBBS students, to name a few. We also saw the extra effort, perseverance, dedication towards duty shown by our postgraduates.

Not all was well among our COVID warriors as we saw several of our colleagues, resident doctors and nursing staff getting afflicted with the disease despite the best safety measures taken, thus showing COVID was by no means to be taken lightly. With all the organized chaos, we did not forget the community. Educative videos were made for the public to enlighten them of the intricacies of the pathogen and the pandemic.



Overall, there was a sense of fulfillment when we saw motivating remarks, letters from our patients, their journey through the disease and recovery, and recognition of the efforts put by us in spite of the sea of danger.

Our families were remembered and reminisced. The pandemic placed an unwarranted burden on them. Our elders could not be approached, nor our little ones cuddled with. Though technology eased our situation, nothing compared to the human touch.

A new enemy faced now is the post-COVID complications seen in majority of moderate-severe category COVID recovered patients and some unsuspecting mild cases too. They are seen even 3 months after recovering from the infection and it involves a wide range of systems. Post-COVID care has been started in our Institution and is functioning to the maximum, where a holistic approach is incorporated involving a dedicated team of Physicians, Physiotherapists and concerned Specialists. Thus, reminding us that Covid-19 is an engulfing flame that can have hard hitting consequences both in the present and the future. Those of us in healthcare however, will always be on the lookout and be prepared to face the uncertain future in COVID care.



**Dr. Sujatha**  
Department of General Medicine  
Ramaiah Medical College and Hospital



Dr. Mallikarjuna H B, Professor, Department of Paediatrics, Ramaiah Medical College Hospital participated as a guest speaker in Protocon 2020 - Nutrition conducted by the Indian Academy of Paediatrics on December 14, 2020.



Dr. Avinash, Associate Professor, Department of Gastroenterology, Ramaiah Medical College Hospitals has received the ASIAN EUS TTT award for the year 2020.

## A Physician's Covid Reminiscence

It was 5.30 am on a cold Bangalore morning, when the alarm rang to be snoozed several times, until the epiphany of a yet another capricious day at work dawned on me, as is the story of every physician in the world. The COVID-19 virus, hitherto unknown to mankind shook the entire human race. The pandemic taught us "Change is the only constant" with life behind masks being the new normal. The dimensions of the unknowns in science, uncertainty of every passing moment in life hit us hard. Although it was astonishing to believe in this century there were so many incompletely understood facts and behavior of the virus, thoughts loomed about the possibility of it being a reflection of nature's wrath on the harmful actions of man to Mother Nature.

**"The Flu Clinic" was the beginning of the COVID management plan the department of medicine laid down, piece by piece followed by training the staff, fellow colleagues, public awareness programmes on various TV channel. The real battle began in June 2020 as we stepped inside the covid wards amidst the daily upsurge of patients in the state. Although adequate training was provided on wearing the PPE (Personal protective equipment), seconds seemed like minutes, and minutes like hours in few minutes in it. Every member of the healthcare fraternity was scared for their loved ones, for themselves, for their patients.**

The setting up of a war room - that functioned 24x7 with faculty and residents was one of the greatest contributions by the department of medicine under the guidance of our HOD Dr. Anil Kumar. The progress and decision making of every single patient was informed to family members of all patients every single day for which so many families have expressed endless gratitude.

A patient named Mr. Manjunath was clinically mild, yet constant fear of the disease & its complications haunted him, forcing him to have panic attacks. All it took was patient listening and some words to boost his morale for

him to get better and discharged. What touched us deeply was the message of gratitude he wrote to all the doctors working tirelessly forgetting their own families which made us realize the amount of change a doctor can bring forth in the life of his patients.

Mr. Ashwathnarayan was admitted and required intensive care with constant monitoring. Timely treatment was started and patient recovered requiring about 30 days of total hospital stay. His son was constantly informed of his progress and the care he would need post discharge. On the day of discharge we got a call from his son requesting us to meet him, and offered us a bag of sweets and a beautiful photo of child presenting a rose to the almighty and a box of cough syrups!! It was a reflection of our own prayers to the almighty every single day for all our patients to get well soon.

None of all this would have been possible without the support of the nursing staff who have worked tirelessly in this pandemic. From drawing blood samples with the PPE to administering drugs and injections. We extend our heartfelt gratitude to them.

Our mentor once taught us amidst the blame, hurt and sacrifice, a doctor has to BEHOLD the almighty in every single patient and act accordingly. We feel fortunate to have lived amidst the pandemic and offer whatever minimum possible as a service to the almighty.

**"What actions are most excellent? -To gladden the heart of the human being, to feed the hungry, to help the afflicted to lighten the sorrow of the sorrowful and to remove the wrongs of the injured"**



**Dr. Vijay Balaji**  
Post Graduate  
Department of General Medicine  
Ramaiah Medical College



## ಯೋಗಾಭ್ಯಾಸದಿಂದ ಕೋವಿಡ್-19 ವೈರಾಣು ಸೋಂಕಿನಮೇಲಾಗುವ ಪರಿಣಾಮ

ಶ್ವಾಸನಾಳ ಮತ್ತು ಶ್ವಾಸಕೋಶಗಳಿಗೆ ವ್ಯಾಪಿಸಿಕೊಳ್ಳುವ ಕರೋನ ವೈರಾಣು ಗುಂಪಿಗೆ ಸೇರಿರುವ ವೈರಾಣು. ಸಮಾಧಾನಕರ ಸಂಗತಿ ಎಂದರೆ, ಸೋಂಕಿಗೆ ಒಳಗಾದವರಲ್ಲಿ ಹೆಚ್ಚಿನವರು ಚಿಕಿತ್ಸೆ ಇಲ್ಲದೇ ಗುಣಮುಖರಾಗುತ್ತಾರೆ. ಆದರೆ, ಗುಣಮುಖರಾದ ಅನೇಕರಲ್ಲಿ ವೈರಾಣು ಅವರ ದೇಹದಿಂದ ಕಾಣೆಯಾದ ಮೇಲೆಯೂ, ಮೈಕೈ ನೋವು ಮತ್ತು ಉಸಿರಾಟದ ತೊಂದರೆಯಿಂದ ವಾರಗಟ್ಟಲೆ ಅಥವಾ ಮಾಸಗಟ್ಟಲೆ ಬಳಲುತ್ತಾರೆ. ಸೋಂಕು ತಗಲುವ ಮುನ್ನವೇ ಸಕ್ಕರೆ ಕಾಯಿಲೆ, ಅಧಿಕ ರಕ್ತದೊತ್ತಡ ಮುಂತಾದ ತೊಂದರೆಗಳಿದ್ದರೆ, ವೈರಾಣು ಸೋಂಕಿನಿಂದ ಪಾರಾಗಲು ಹೆಚ್ಚಿನ ಸಮಯ ಬೇಕಾಗಬಹುದು.

ಯೋಗಾಭ್ಯಾಸ ಹಲವಾರು ಬಗೆಗಳಿಂದ ಕೋವಿಡ್-19 ಸೋಂಕಿನಿಂದಾಗುವ ತೊಂದರೆಯ ತೀವ್ರತೆಯನ್ನು ಕುಗ್ಗಿಸುತ್ತದೆ. ಪ್ರಾಣ ಮತ್ತು ಆಯಾಮ ಪದಗಳ ಸಂಧಿಯಿಂದ ಬಂದಿರುವ ಪ್ರಾಣಾಯಾಮ 'ಪ್ರಾಣಶಕ್ತಿ' ಯನ್ನು ಸೂಚಿಸುತ್ತದೆ. ನಿಧಾನವಾಗಿ ಮಾಡುವ ದೀರ್ಘ ಉಚ್ಚಾಸ ಮತ್ತು ನಿಶ್ವಾಸಗಳು ಶ್ವಾಸಕೋಶಗಳನ್ನು ಚೆನ್ನಾಗಿ ಹಿಗ್ಗಿಸಿ, ಅವು ಫೈಬ್ರಾಸಿಸ್ ಅಥವಾ ಗಡಸಾಗುವಿಕೆಗೆ ಒಳಗಾಗುವುದನ್ನು ಕಡಿಮೆ ಮಾಡುತ್ತವೆ. ಇದರಿಂದ ಶ್ವಾಸಕೋಶಗಳಲ್ಲಿ ಆಮ್ಲಜನಕ ಚೆನ್ನಾಗಿ ಹೀರಲ್ಪಟ್ಟು, ರಕ್ತದಲ್ಲಿ ಅದರ ಪ್ರಮಾಣ ಹೆಚ್ಚುತ್ತದೆ. ಇದರಿಂದ ಜೀವಕೋಶಗಳಿಗೆ ಆಮ್ಲಜನಕದ ಪೂರೈಕೆ ಸಮರ್ಪಕವಾಗಿ ದೇಹಕ್ಕೆ ಹಿತವಾಗುತ್ತದೆ. ಪ್ರಯತ್ನಪೂರ್ವಕ ನಿಧಾನವಾಗಿ ಮಾಡುವ ಪ್ರಾಣಾಯಾಮ ಶ್ವಾಸಕೋಶ ಹಿಗ್ಗಿಸುವ ವ್ಯವಸ್ಥೆಯನ್ನು ಪ್ರಚೋದಿಸುತ್ತದೆ. ಈ ವ್ಯವಸ್ಥೆಗೆ ಹೊಂದಿಕೊಂಡಿರುವ ನರ ತಂತುಗಳು ಮೆದುಳಿಗೆ ಸಂದೇಶವನ್ನು ಕಳಿಸಿದಾಗ ಮನಸ್ಸು ಶಾಂತಗೊಳ್ಳುತ್ತದೆ. ಇದರಿಂದ ದೇಹದ ಚಯಾಪಚಯ ಕ್ರಿಯೆಗಳು ನಿಧಾನಗೊಂಡು, ದೇಹಕ್ಕೆ ಅಗತ್ಯವಿರುವಷ್ಟು ಕ್ರಿಯೆ ಮಾತ್ರ ನಡೆಯುತ್ತದೆ. ಈ ಬದಲಾವಣೆಗಳಿಂದ ಜೀವಕೋಶಗಳಲ್ಲಿರುವ ಮೈಟೋಕಾಂಡ್ರಿಯ (ಜೈವಿಕ ಶಕ್ತಿಯನ್ನು ಉತ್ಪಾದಿಸುವ ತಾಣ) ಆಮ್ಲಜನಕವನ್ನು ಸಾರ್ಥಕವಾಗಿ ಬಳಸಿಕೊಳ್ಳುತ್ತದೆ.

ಬಹಳ ಒತ್ತಡದ ನಡುವೆಯೂ, ನಿಯಮಿತ ಯೋಗಾಭ್ಯಾಸದಿಂದ, ಅದರಲ್ಲೂ ಧ್ಯಾನ ಮಾಡುವುದರಿಂದ ಉಲ್ಲಾಸ ಮೂಡಿ, ಮನಸ್ಸಿನ ದುಗುಡಗಳು ಕಡಿಮೆಯಾಗುತ್ತವೆ. ಮನಸ್ಸು ಶಾಂತವಾಗಿರುವಾಗ, ಎಲ್ಲ ಅಂಗಗಳೂ ದೇಹವನ್ನು ಸುಸ್ಥಿತಿಯಲ್ಲಿ ಇಲಿಸಿಕೊಳ್ಳಲು ನಿಧನವಾಗಿರುತ್ತವೆ. ಈ ಬದಲಾವಣೆಗಳಿಂದ ದೇಹದ ಸುಸ್ಥಿತಿಗೆ ಮುಖ್ಯವಾದ ಹೈಪೋಥಲಮಸ್, ಪಿಟುಟರಿ ಮತ್ತು ಅಡ್ರೆನಲ್ ಅಂಗಗಳ

ಕಾರ್ಯಕ್ಷಮತೆ ಹೆಚ್ಚುತ್ತದೆ. ಅಡ್ರೆನಲ್ ಹಾರ್ಮೋನ್ (ಪ್ರಚೋದನಕಾರಕ ಅಣು) ಸೂಕ್ತ ಪ್ರಮಾಣದಲ್ಲಿ ಸಂಶ್ಲೇಷಣೆಯಾಗಿ, ದೇಹದ ರೋಗ ನಿರೋಧಕ ವ್ಯವಸ್ಥೆಯನ್ನು ಚುರುಕುಗೊಳಿಸುತ್ತದೆ.

ದೇಹದ ರಕ್ಷಣಾ ವ್ಯವಸ್ಥೆ ಎರಡು ಅಲಗಿನ ಕತ್ತಿಯಿದ್ದಂತೆ. ರಕ್ಷಣಾ ವ್ಯವಸ್ಥೆ ಸೂಕ್ತ ಪ್ರಮಾಣದಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸಬೇಕು. ಅದರ ಕಾರ್ಯಕ್ಷಮತೆ ಕಡಿಮೆಯಾದರೆ, ದೇಹ ಸುಲಭವಾಗಿ ಸೂಕ್ಷ್ಮಾಣು ಜೀವಿಗಳ ಆಕ್ರಮಣಕ್ಕೆ ಒಳಗಾಗುತ್ತದೆ. ಅದು ಅಗತ್ಯಕ್ಕಿಂತ ಹೆಚ್ಚು ಚುರುಕಾದರೆ ಅನೇಕ ತೊಂದರೆಗಳು ಕಾಣಿಸಿಕೊಳ್ಳುತ್ತವೆ. ಕೋವಿಡ್-19 ಸೋಂಕು ತಗುಲಿದಾಗ ರಕ್ಷಣಾ ವ್ಯವಸ್ಥೆ ಅತಿ ಕ್ರಿಯಾಶೀಲವಾಗಿದ್ದರೆ ಸೈಟೋಕೀನ್ ಪ್ರವಾಹ (ದೊಡ್ಡ ಪ್ರಮಾಣದಲ್ಲಿ ಸೈಟೋಕೀನ್ ಅಣುಗಳ ಸಂಶ್ಲೇಷಣೆ) ಉಂಟಾಗುತ್ತದೆ. ಸೈಟೋಕೀನ್

ಅಗತ್ಯಕ್ಕಿಂತ ಹೆಚ್ಚು ಸಂಶ್ಲೇಷಣೆಯಾಗುವುದನ್ನು ಸೈಟೋಕೀನ್ ಪ್ರವಾಹ ಎಂದು ಕರೆಯಬಹುದು. ಫ್ರೋಟಿನ್ ಅಣುಗಳಾದ ಸೈಟೋಕೀನುಗಳು ದೇಹದ ರಕ್ಷಣಾ ವ್ಯವಸ್ಥೆಯ ಮೇಲೆ ಪ್ರಬಲ ಪ್ರಭಾವ ಹೂಂದಿವೆ. ಸೂಕ್ತ ಪ್ರಮಾಣದಲ್ಲಿದ್ದಾಗ, ಸೈಟೋಕೀನ್ ಅಣುಗಳು ರೋಗ ಶಮನಕ್ಕೆ ಮತ್ತು ದೇಹ ಸುಸ್ಥಿತಿಗೆ ಮರಳುವುದಕ್ಕೆ ಅನುವು ಮಾಡಿಕೊಡುತ್ತವೆ. ಸೈಟೋಕೀನ್ ಪ್ರವಾಹ ಇಂಟರ್ ಲೂಕಿನ್ - 6 ಮತ್ತು ಟ್ಯೂಮರ್ ನೆಕ್ರೋಸಿಸ್ ಫ್ಯಾಕ್ಟರ್ ಎಂಬ ದೇಹದ ರಕ್ಷಣಾ ವ್ಯವಸ್ಥೆಯನ್ನು ಉದ್ದೇಶಿಸುವ ಅಣುಗಳ ಉತ್ಪಾದನೆಯನ್ನು ಹೆಚ್ಚಿಸುತ್ತದೆ. ಇಂತಹ ಉದ್ದೇಶದಿಂದ ರೋಗದ ತೀವ್ರತೆ ಬಹಳ ಹೆಚ್ಚುತ್ತದೆ. ನಿಯಮಿತ ಯೋಗಾಭ್ಯಾಸ ಸೈಟೋಕೀನ್ ಪ್ರವಾಹವನ್ನು ತಗ್ಗಿಸಿ ದೇಹದ ರಕ್ಷಣಾ ವ್ಯವಸ್ಥೆ ಅತಿ ಉದ್ದೇಗಗೊಳ್ಳದಂತೆ ತಡೆಯುತ್ತದೆ.

ಈ ಚಿಕ್ಕ ಲೇಖನದ ಸಾರಾಂಶ ಕೋವಿಡ್-19 ಸೋಂಕಿಗೆ ವೈದ್ಯರು ನೀಡುವ ಚಿಕಿತ್ಸೆಗೆ ಪೂರಕವಾಗಿ ಯೋಗಾಭ್ಯಾಸ ನೆರವಾಗುತ್ತದೆ ಎನ್ನುವುದೇ ಆಗಿದೆ.



**ಡಾ. ವಿ. ಅಂಬರೀಶ್**

ಸಹ ಪ್ರಾಧ್ಯಾಪಕರು, ಫಿಲಿಯಾಲಜ ವಿಭಾಗ  
ರಾಮಯ್ಯ ಮೆಡಿಕಲ್ ಕಾಲೇಜ್

## Panchakarma Therapy Course



Students of the second batch of Panchakarma Therapy have been distributed certificates on 26.11.2020 by Dr. G. G. Gangadharan at RISA. They have completed a one year training programme as of Nov-2019 and one year practical training at RISA in Nov-2020. This is the second batch for which 'Certificate of training programme in Ayurveda Panchakarma Therapy' Training was held.



## Pain Management Clinic

Pain is one of the most common symptoms which bring patients to the hospital.

**Chronic Pain is defined as pain persisting beyond the natural period of healing or occurring even in the absence of apparent injury. Chronic pain is of concern to patients, society, and also health care professionals. It negatively impacts quality of life (QOL), including affecting sleep, mood disturbances, impacting activities of daily living, affecting relationships with near and dear ones and increasing burden on healthcare services.**

The Global Burden of Disease Study 2016 reaffirmed that the high prominence of pain and pain-related diseases is the leading cause of disability and disease burden globally. Approximately 30% of the world's population suffers from pain. Various regional pain surveys' reliable estimates indicate that the CP prevalence is somewhat closer to 30%–40%. The prevalence of Chronic pain in India as per a recent cross sectional study revealed that Chronic Pain affected approximately 19.3% of the population. This could be an underestimated figure considering a significant proportion of population who either do not report their symptoms to the healthcare facility or do not have access to the same.

### WHAT IS THE NEED FOR PAIN MANAGEMENT CLINIC

A pain clinic is a health care facility

that focuses on the diagnosis and management of chronic pain. A multi – pronged approach is often used addressing physical, medical and psychological aspects of pain with an objective to restore functionality and help patients take an active role in managing their pain and regaining control of their life.

Historically management of patients' reports of pain was addressed by individual health care providers. However, the presence of pain affects all aspects of an individual's functioning. As a consequence, an interdisciplinary approach that incorporates the knowledge and skills of a number of health care providers is essential for successful treatment and patient management.

### PAIN CLINIC AT RAMAIAH HOSPITALS

The Pain Clinic is a subspecialty of the Department of Anesthesiology providing Comprehensive Pain Management Services on an outpatient and in-patient facility. Apart from 2 full time comprehensively trained pain physicians, with the aim of providing holistic services to patients with chronic pain issues we have also collaborated with allied specialties like Physiotherapy, Psychiatry and Clinical Psychology, forming a 'PAIN TEAM'. This interdisciplinary approach is the norm in world class pain centres and has shown to have improved outcomes in managing patients with chronic pain issues.

Interventional techniques to relieve pain both on short term and long-term basis

forms an important armamentarium in management of chronic pain patients when indicated. At the pain clinic we offer a variety of procedures to treat the pain in a non-surgical manner from simple trigger point injections to complex procedures like Radiofrequency Ablation for cancer and non cancer pain. We also Offer Regenerative therapy in the form of Platelet Rich Plasma Injections for treatment of Chronic Painful conditions like Osteoarthritis of the knee, ligament and tendon tears and pain arising due to malignancies. The procedures are performed with great accuracy using Image guidance in the form of Fluoroscopy and Ultrasonography, thereby improving the success rate. Most of the procedures are done on an out-patient basis, thus making it very convenient for the patient and also helping in better utilization of in-patient beds.

At Ramaiah we intend to start a Comprehensive Specialized Pain and Palliative Care Service as an Outpatient without having to get admitted. This would be a one of its kind service in the city and we hope it would make a significant difference to our patients.

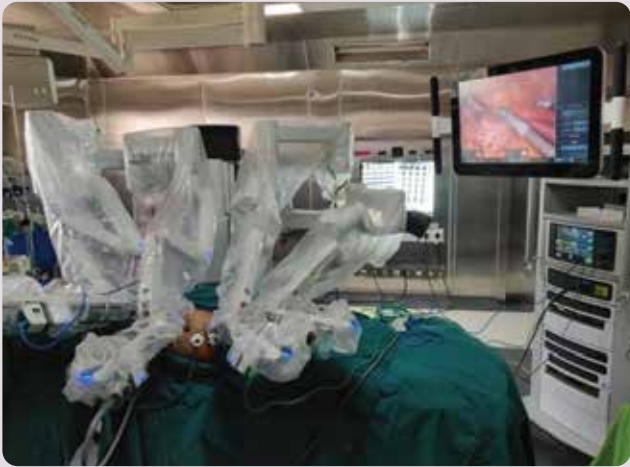


**Dr. Manjunath A.C**  
Pain Clinic  
Ramaiah Hospitals



**Dr. Sadasivan S Iyer**  
Pain Clinic  
Ramaiah Hospitals

## The Da Vinci Code Unlocked



*Robotic arms docked over the patient- surgery in progress*

In a first of its kind surgery conducted at Ramaiah Memorial Hospital, the use of robotics has helped save a man's life. A 54-year-old Mr. Bishwanath, was devastated when he found out during a routine health check up that he had developed a tumour in his left kidney. He had previously undergone removal of his right kidney which was also affected by a cancerous tumour 8 years ago. All hope was lost when all the hospitals he consulted told him that he would have to get his remaining kidney removed and then be subjected to lifelong dialysis.

Hailing from a remote village in West Bengal and a school bus driver by profession, he decided to come down to Bangalore and visited Ramaiah Hospital, where he had undergone the first surgery.

The urology team led by Dr HK Nagaraj and Dr Tarun Dilip Javali performed a very challenging surgery with the help of the da Vinci Robot at Ramaiah Memorial Hospital (called

Robotic Partial Nephrectomy) and removed just the tumour and thereby saving his only remaining kidney. The patient was discharged within 3 days of undergoing surgery. The patient is now cancer free and can lead a normal life without any need for dialysis. While most hospitals had quoted around Rs. 4 to 5 lakhs for the surgery to remove his kidney, Ramaiah Hospital performed this highly skilled operation for Rs. 40,000 only. The cost effective surgery not only saved a man but also proved the use of skilled robotic technology. The doctors added that a surgery with the help of the robot is more precise and also allows the patient to recuperate more quickly.

**Robotic urology surgery allows extreme precision due to 3-D vision and enhanced magnification. The department of Urology is also performing robotic surgery in other conditions like prostate cancer at very affordable rates.**

The patient was discharged within three days of the surgery and is now healthy and has returned to his hometown safely.



*Urology team handling the da Vinci Robot*

## Ramaiah Alumni Association Trust



Inauguration of the Ramaiah Alumni Association Trust was held on 18<sup>th</sup> December 2020 at Ramaiah Medical College. Dr. M R Jayaram, Chairman, Gokula Education Foundation, M R Sreenivasa Murthy, Chief Executive, Gokula Education Foundation (Medical), Dr. Medha Y. Rao, Principal and Dean, Ramaiah Medical College Hospitals and other dignitaries participated in the function.

## Post Covid- The Testament

Ramaiah Medical College and Hospitals is one of the premier medical institutes in Karnataka and has stood in the forefront to battle this pandemic. We as a COVID designated hospital have treated more than 5000 confirmed cases until now. We had a taste of the after-effects of the infection when many of our health care workers who were infected with the virus started reporting fatigue, body ache and several other unexplained symptoms weeks later. Media reports of post COVID syndrome or the so called "long haulers" started coming in. A need to address similar problems in the larger community of patients treated for COVID was felt. As a result of this we were among the first in the state and probably in South India to start a dedicated post COVID health care centre. The post COVID care services started on the 7<sup>th</sup> of September 2020. A team of specialists from various backgrounds was quickly established, SOPs were laid down to look at the multiple problems these patients were presenting with.

Post COVID syndrome is the lingering of symptoms or new onset of different symptoms three weeks after the onset of symptoms of COVID infection. Patients recovering from the initial infection may experience varied symptoms such as fatigue, musculoskeletal ailments such as joint pain and muscle aches, persistent cough, diarrhoea, breathlessness, chest pain, headache, confusion or brain fog, depression, anxiety and sleeplessness. Several other life threatening problems were also seen like acute myocardial infarction, stroke, limb ischemia and even loss

of vision. There are several reports emerging in the media and the medical world too is looking at the pathophysiological basis of this condition and attempting to make standard guidelines to manage this condition. In various studies done from all over the world the percentage of people who have suffered from this condition varies anywhere between 10 to 35%.

As of 1st December, that is in a span of approximately 3 months, functioning thrice a week, we have had over 1000 visits in this clinic. We have as a team encountered patients presenting with nagging symptoms of cough, breathlessness, fatigue, headache, chest pain, persistent GI symptoms, insomnia etc. Several patients presented with medical emergencies as well such as stroke, GB syndrome, congestive cardiac failure, pulmonary fibrosis with respiratory failure among others. Over 100 children have been evaluated and fortunately for us, this group is doing well with no acute or long term effects. Physiotherapy and rehabilitation programmes have helped many of our patients in the path to recovery.



**Dr. Vijayashree Thyagaraj**  
Professor of Medicine  
Ramaiah Medical College and Hospital

## Epilepsy Surgery Meet

The first adult Epilepsy surgery meet was conducted in November, 2020 and is considered as an important milestone in the implementation of epilepsy surgery programme. This is an integral part of presurgical evaluation where all the members of epilepsy team (from Neurology and Neurosurgery) discuss clinical, radiological and electrophysiological data of a patient suffering from drug resistant epilepsy for the sake of surgery with a unanimous goal of achieving seizure freedom.

The subset of drug resistant epilepsy is cured by surgery and at the least the seizure burden can be brought down using palliative procedures like VNS or DBS.



## Diabetic foot infection - Amputation or salvage?

Diabetic foot syndrome (DFS), as defined by World Health Organization, is an “ulceration of the foot associated with neuropathy and different grades of ischemia and infection”.

Presentation of DFS can vary from change in skin colour and dryness through swelling, pain, callosities and ulcers. Foot deformities are consequence of neuropathy, leading to high foot pressure and increased risk of ulcer- which is as high as 25%.

**Patients with at-risk foot need to be evaluated and educated to follow specific foot care instructions, else it leads to further complications like skin and bone infections, abscess, gangrene etc. Any of these conditions may subsequently result in amputation. Complex non-traumatic foot wounds with severe life-threatening infection and poor peripheral circulation often lead to major lower-limb amputation in about 40 - 50% of diabetic patients.**

Yet, the fortune in misfortune is that major amputations can be avoided in about 80% of patients with limb-threatening ischemia and in about 95% with foot ulceration complicated with infection.

In recent times, the concept of surgery in diabetic foot infection has shifted from amputation to maximal preservation of the limb followed by reconstruction to achieve wound coverage and functionality of the preserved part. Coverage of large and complex wounds is highly challenging. The evolution of microsurgery has expanded the analytical and problem-solving capability of Plastic Surgeons, to manage large and complex lower extremity

soft tissue defects successfully. Microvascular free tissue transfer is transplantation of tissue from one site of the body to another, after completely detaching it along with its blood vessels, in order to reconstruct an existing defect. The circulation in the recipient tissue is re-established by anastomosis of artery(s) and vein(s). The reconstructed tissue aids in good perfusion, infection control, and adequate contour for footwear, durability and solid anchorage to resist shearing forces during gait. Rehabilitation, foot care education and regular follow-up after reconstruction should address the issue of adequate footwear and gait.

We have salvaged many limbs and also saved lives of patients with severe diabetic foot infection and complex wounds making use of up-to-date facilities in our institution like multifactorial treatment by multidisciplinary approach. Intensive care management and microvascular flap transfer in selected patients in the Department of Plastic Surgery. Our success rate of 95% with microvascular flaps has thereby proportionately escalated the amputation-free limb survival rate. In conclusion, it has been a gratifying experience to see our patients ambulant and self-reliant.



Dr. Veena P. Waiker

Professor  
Department of Plastic Surgery  
Ramaiah Medical College and Hospital

## Code Blue Training



In the month of December, 58 faculty members from the Department of Emergency Medicine were given Code Blue training. The training was conducted following covid protocol. A total of 1035 members comprising 204 doctors and 831 nursing staff were trained over a period of 13 days.



## B.Sc. L.L.B (Hons) Course An Addition to Knowledge Stream

The B.Sc. LLB. (Hons.) programme at Ramaiah a first of its kind in South India which focuses on legal education for scientific and technological advancement.

B.Sc. LL.B. (HONS.) is a five-year integrated undergraduate programme developed by the School of Law which prepares students for opportunities in the fields of science, technology and law.

The Ramaiah University of Applied Sciences (RUAS) provides a distinctive and appropriate multidisciplinary and cross-disciplinary knowledge ecosystem to offer such a unique blend of law, science, and technology programme.

### NATURE OF THE PROGRAMME

- Application oriented
- Interdisciplinary approach
- Research intensive and outcome driven
- Problem solving curriculum
- Research-informed teaching
- Comprehensive assessment and evaluation
- Production of legal and scientific knowledge to solve societal problems
- Foster a culture of socio-legal entrepreneurship

**The aim is to create an institutional environment that promotes intellectual and practical learning. With unique diversity, the university seeks to create a scholarly community in which students and faculty discuss issues freely in a variety of settings, both formal and informal.**

The curriculum is designed to train students to become skilled and ethical lawyers capable of adapting their practice to a changing legal world. To accomplish this goal, the university has looked to a liberal arts model in shaping the law school's curriculum. The courses emphasize individual responsibility for learning, while providing every student instruction in the substantive and analytical skills necessary for successful practice.

The programme not only provides grounding in the common law and statutory foundations of Indian legal system, but also explores emerging legal doctrines across the globe, employing in each context the traditional methods of legal analysis, enriched by the insights of related disciplines.

In addition, the School of Law offers courses in oral advocacy, counselling, negotiation, and the many skills of pre-trial and trial advocacy. Because of the University's location in a major legal centre, the School of Law is able to

draw on leading practitioners and judges as adjunct professors and as supervisors of externship programmes.

Recognizing the law school's responsibility to the legal community and the larger society, the law school and its faculty are involved in a variety of activities to improve the legal system, including research and advocacy in law reform projects, service on bar association committees, and teaching in continuing legal education programmes.

The School of Law seeks to train lawyers of high intellectual and practical ability, who are committed to ethical practice; to assisting the disadvantaged; and to free and open discussion of issues of law, policy, and values.

The B.Sc. LL.B. (Hons.) programme in addition to regular courses it includes specialized courses on:

- Cyber law and forensics
- Intellectual Property laws
- Space laws
- Law of Contracts
- Family laws
- Commercial laws
- Global environmental laws
- International Banking and Finance
- Corporate Fraud and Economic Offences
- Criminal Psychology
- Law on Agriculture Infrastructure
- Penology and Victimology
- Maritime Law
- Tax laws

As part of a B.Sc. LL.B. (Hons.) course, candidates are taught Science subjects such as Mathematics, Physics, Biology, Chemistry, Electronic Devices, Biotechnology etc, and thereafter aspirants are taught law subjects like Civil Law, Labour Law, Corporate Law, Tax Law, Criminal Law, Administrative Law, Intellectual Property Laws, Air & Space Laws and the likes.

The mode of imparting education as part of the B.Sc. LL.B. (Hons.) course is through 3D Aspects of Law i.e., Law in Text, Law in Context, and Law in Practice by classroom teaching as well as through case studies and moot courts.

### Dr. Prashant Desai

Deputy Director & Associate Professor  
School of Law  
Ramaiah University of Applied Sciences



## 'Dead'ly Challenges

During the pandemic, death had become a guest who refused to leave. The months when the number of cases was at a record high on a daily basis, leaving us, at the mortuary, with new challenges and ultimately life lessons.

Challenges we faced:

- Knowledge about infectivity through bodies/ body fluids - there was no information available with respect to transmission from bodies and its period of infectivity. To overcome this dilemma, universal precaution as per ICMR guidelines viz. use of PPE kits, disinfection with hypochlorite and body bags were adopted.
- Unclaimed/ unknown bodies, brought dead cases including unnatural deaths that reached the hospital posed a threat, they needed to be suspected as a probable carrier of the virus and the chance of infection during post mortem. Hence testing was made mandatory for the safety of the body handlers and if the case were to be positive then the relatives and health authorities were informed.
- Dearth of cold storage facility- Initially for the first few months, testing was through RT- PCR and the results used to take 2 days. Unknown bodies, brought dead cases and Medico-Legal Cases along with increasing number of deaths due to covid warranted a larger cold storage facility- (as embalming was not advised) so mobile freezer units were hired. Once rapid testing was available, things eased. A recommendation was made to the Government to extend the cremation timings, which was implemented.
- In MLC cases (unnatural deaths), we had to carry out an autopsy even if the deceased was Covid-19 positive. Two such cases of suicides (Covid-19 +ve) – a case of hanging and a case of self-inflicted sharp force injury were done and one case of road traffic accident was performed.
- To minimise the risk of infection to the autopsy surgeon and the mortuary workers, an SOP for minimal, case based novel autopsy technique was suggested by us and few other Colleges to the Department of Health and Family welfare, GoK, which would fulfil the objective of medico legal autopsy. An order was issued by the Govt to the follow the SOP. This was greatly appreciated and welcomed by all other stake holders throughout Karnataka.

- The guidelines issued with respect to the disposal of bodies infected with Covid were changed regularly viz. from the protocol of handing over bodies to BBMP earmarked ambulances to then handing over to the family members (with safety measures) and the method of deep burial to interring and to inter-state restrictions.
- Cold storage facilities was provided free of cost.
- Integrated team work- Upon death of Covid patients admitted at our hospital, the issuing of cause of death certification as per ICMR guidelines was stressed upon.

During these hard times we learnt life lessons, the mortuary worked 24 x 7 and I would like to place on record the contribution and dedication of all my departmental colleagues, post graduate students and most importantly the mortuary workers and ambulance drivers who rose to the occasion and carried out the work at hand smoothly.

Department Forensic Medicine  
Ramaiah Medical College and Hospital

## Robotic Surgery



The first gall bladder surgery using robotics technology was conducted by the Department of Surgery by **Dr. Srikar Pai and his team.**

## Webinars Conducted by Ramaiah Public Policy Centre

The Ramaiah Public Policy Centre has conducted a series of webinars on Covid-19 and healthcare related topics since July 2020.

The list of webinars conducted independently and in collaboration with the Ramaiah Medical College and Hospitals, Ramaiah Institute of Nursing Education and Research, and Narayana Hrudayalaya Limited given below:

- ▶ Crisis Governance during Covid-19 Pandemic in Karnataka, India
- ▶ Medico-Legal Guidelines During Covid-19
- ▶ Diplomacy for Science and Technology to Manage Covid-19 Pandemic
- ▶ Migrant Policy in India During Covid-19
- ▶ Health Systems During Covid-19
- ▶ Productive Employment Creation in India During Covid-19
- ▶ Mental Health Care during and Post Covid-19 in India
- ▶ Urban Solid Waste Management to Reduce Covid-19 Infection Spread

- ▶ Prejudice and Pro-justice During Covid-19
- ▶ Preventing and Managing Covid-19 Hospital Surge
- ▶ Nursing Practice Act in India
- ▶ Healthcare Policies for Neglected Diseases in India
- ▶ Feedback on the National Nursing and Midwifery Commission Bill 2020

The series will continue. We welcome suggestions of topics for the webinars, panellists for them, collaborators to organize them, and partners to conduct research flowing from them.



## Language Matters

As healthcare professionals, what we say or do (verbal and non-verbal communication) during the short consultation time could have profound impact on the behaviour of a person living with a chronic condition like diabetes. The 'Language Matters for type 2 diabetes' is part of the global movement to shed light on some of the gaps identified by patients to encourage introspection and reflection by healthcare professionals on how we can communicate our intentions better to make the experience of the condition more positive.

Dr Chitra S, Associate Professor, Endocrinology along with Dr Tejal Lathia, endocrinologist, Mumbai have put together

this document under the mentorship of Dr Partha Kar, Diabetes Lead, NHS- UK.

This is based on focus group discussions with patients (with Mr Mohan Raju, Clinical Psychologist, Ramaiah Medical College) and surveys with over 900 diabetologists.



**Dr. Chitra S**  
Associate Professor  
Dept. of Endocrinology  
Ramaiah Medical College Hospital



## Adult & Paediatric Immunisation Drive

Vaccination is one of the safest ways to protect our health. In light of this, Ramaiah Memorial Hospital has launched Adult and Paediatric Immunization Service on 3<sup>rd</sup> of December 2020 on 1<sup>st</sup> floor, RMH – 'Adult & Paediatric Immunisation Clinic'. The centre was inaugurated by **Dr. Naresh Shetty**, President, Ramaiah Memorial Hospital in the presence of **Dr. Hemanth**, Registrar, Administration, Ramaiah Medical College, **Dr. Lalitha**, Professor and Head, Dept. of Community Medicine and others.

This has been established with an aim to ensure vaccination coverage for all age groups as per

recommended standard immunization schedule under M o H F W , Government of India and Centre for Disease Control.

Ramaiah Memorial Hospital has expanded its infrastructural capacity with cold



storage units for storage of vaccines at 2 – 8 degree, -30 degree & -80 degree and is fully prepared for vaccination. This facility is also ready for COVID-19 Vaccine injections as and when we receive clearance from the Government. The Community Medicine dept has also come forward to train manpower in case it is required.

## D P World Donates Ventilators

Dubai Ports World (DP World), as part of their CSR Initiative handed over six portable ventilator to Ramaiah Medical College Hospitals on December 16, 2020. The ventilators were received by **Dr. Harish K.**, Associate Dean, in the presence of **Dr. M R Jayaram**, Chairman, Gokula Education Foundation, **M R Sreenivasa Murthy**, Chief Executive, Gokula Education Foundation (Medical), **Dr. Medha Y. Rao**, Principal and Dean, Ramaiah Medical College and Hospitals, **Dr. Naresh Shetty**, President, Ramaiah Memorial Hospital and other dignitaries.



"We are just doing a small bit. This is our way of saying thank you to all healthcare workers for everything they have done for us during this pandemic" said Pradeep Dubey, CEO, DP World, at the event.



M R Sreenivasa Murthy who was the chief guest of the event expressed his heartfelt gratitude to DP World for their kind gesture.

## WELCOME

### December 2020



**Dr. Manjunath P.R.**  
Assistant Professor  
Endocrinology



**Dr. Syed Faizan**  
Senior Resident  
General Surgery



**Dr. Suman T.P.**  
Senior Resident  
Radio Diagnosis



**Dr. Patil Purnima Jaiprakash**  
Senior Resident  
OB&G



**Dr. Neeraj S.**  
Senior Resident  
Radio Diagnosis



**Dr. Mohammed Kashif Habeeb**  
Senior Resident  
General Surgery



**Dr. Bhagyalakshmi M.**  
Senior Resident  
Anaesthesiology posted  
to MSRCARE



**Dr. Soumya S.**  
Assistant Professor  
Surgical Oncology



**Puttaraju B.R.**  
Mortuary Attender  
Forensic Medicine



**Prof. Sai Baba**  
Registrar, Ramaiah University of Applied Sciences

### January 2021



**Dr. Faizya Taskeen**  
Senior Resident  
MSRCARE

## FAREWELL

### December 2020



**Mulukunte N. Prakash**  
Manager, Public Relations  
Gokula Education Foundation (Medical)



**Dr. S. Harish**  
Professor & HoD  
Forensic Medicine



**Dr. Nagaraj M.C.**  
Professor & HoD  
Anaesthesiology



**Dr. Vijay Kolhar**  
Senior Resident  
Paediatrics



**Dr. Ashwini Nayak U**  
Associate Professor  
OB&G



**Dr. Samyakta Shetty**  
Senior Resident  
Ophthalmology



**Dr. Arjun A**  
Assistant Professor  
General Surgery



**Dr. Vinay K**  
Senior Resident  
General Medicine



**Dr. Khasanvis Vishal**  
Senior Resident  
General Surgery



**Dr. Balaji T**  
Senior Resident  
Anaesthesiology

### January 2021



**Dr. Divya V. Markande**  
Senior Resident  
Emergency Medicine



**Dr. Pradnya D. Shetty**  
Senior Resident  
OB&G



**Mr S. Ravi Shankar**  
First Division Clerk  
(Anaesthesiology)



The Surgical Society of Bangalore received best city chapter award during the tenure of **Dr. Kalaivani**, Associate Professor, Department of Surgery, Ramaiah Medical College Hospital as President in 2020. She was also the Chairperson for various panel discussions, such as ANZAWR, International Conference on Hernia, ASICON 2020: Association of Surgeons of India Conference and HSICON 2020: Hernia Society of India Conference



**Dr. Jyoti**, Professor, Department of OB&G, Ramaiah Medical College Hospitals has been elected as the Vice President of Bangalore Society of Obstetrics and Gynaecology for the year 2021- 22.



Inauguration of the **Online Foundation course** for I MBBS students admitted for the year 2020-2021 held on 4th January 2021 at RMC. The Foundation Course is of one-month duration at the beginning of the MBBS course.

**Dr Prema B** and **Dr Pooja Patil** secured the 4<sup>th</sup> Rank in M.D Anesthesia and 5<sup>th</sup> Rank in the Diploma Anaesthesia respectively in the University Examination conducted by the Rajiv Gandhi University of Health Sciences in July 2020.



**Dr PREMA B**  
4<sup>th</sup> Rank  
M.D ANAESTHESIOLOGY  
ANAESTHESIOLOGY



**Dr POOJA PATIL**  
5<sup>th</sup> Rank  
DIPLOMA



**Dr. Mallikarjuna HB**, Dept. of Pediatrics took charge as **PRESIDENT** of **INDIAN ACADEMY OF PEDIATRICS**, Bangalore on January 17<sup>th</sup>, 2021.

## An Event for Children with Chronic Illnesses



The departments of medical oncology, paediatrics and endocrinology of Ramaiah Hospitals collaborated with the Make-A-Wish Foundation, Bangalore and organised an event for children with chronic illnesses such as leukaemia, Type-1 diabetes etc on Tuesday, December 29<sup>th</sup>, 2020. **Dr. Naresh Shetty**, President, Ramaiah Memorial Hospital was the Chief Guest for this event.

The children received gifts from the foundation, which describes such events as 'wish granting sessions' and grants one wish for each such child. The organisation has been in association with Ramaiah Hospital for over five years now and has made several young patients' wishes come true. Knowing that some of these patients will not live long enough to realise their dreams, such simple joys really do go a long way in lifting their spirits says **Dr. Rasmi Palassery**, Assistant Professor, Department of Medical Oncology. "It is a good initiative and when we organise such events at our hospital, it proves that we not only care about the patients' health but also their emotional well-being" she added.

This was the first time that a gift granting session was conducted in such a large scale, with over 30 children receiving gifts. The hospital plans on conducting such events every four months and also hopes to involve more children from across various departments.

## Kachcon - 2020

KACHCON-2020, 32<sup>nd</sup> Annual State-level Conference of Karnataka Association of Community Health (KACH) was organized and hosted by the Department of Community Medicine, Ramaiah Medical College, Bengaluru from 21<sup>st</sup> to 23<sup>rd</sup> December with **Dr. Lalitha K**, Organising Chairperson and **Dr. Nanda Kumar BS** as Organising Secretary spearheading the team. The theme of the conference was "Redefining public health: COVID-19 and beyond..." and was a blend of both offline and online platform.

The conference was inaugurated by **Dr. M.R. Jayaram**, Honorable Chairman, Gokula Education Foundation with 13 KACH awardees getting the awards for achievements in various public health fields.



## Gender Dysphoria - Coming out of the Shadows



Gender dysphoria refers to psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity. A transgender male is a person assigned female gender at birth, but he identifies as a man. Transgender female is a person assigned male gender at birth but identifies as a female.

Gender affirmation is a multidisciplinary treatment involving endocrinologists, gynaecologists, urologists, plastic surgeons, psychiatrists, psychologists, dermatologists, and ENT specialists. Gender-incongruent persons are referred to endocrinologists to help them develop the physical characteristics of the affirmed gender. They require a safe and effective hormone regimen that will suppress endogenous sex hormone secretion determined by the person's genetic/gonad sex and maintain sex hormone levels within the normal range for the person's affirmed gender.

**Gender affirming therapy is given for adults who have persistent gender incongruence and has been documented by the psychiatrist. Therapy to people aged less than 18 years is not given in our institute. The person receiving therapy should have the capacity to make a fully informed decision and consent to the treatment. Also, they should not have any mental health concerns, and if present, should be well controlled.**

Gender affirming therapy is given in the form of hormones. Transgender males are given testosterone in the form of parenteral (intramuscular) or transdermal form. Transgender females are given estrogen preparations in the form of oral, transdermal, or parenteral form. A transgender female may also require anti-androgens and GnRH agonist to suppress the androgen synthesis.

After starting therapy, they should be monitored for physical changes and adverse effects. In transgender males, signs of masculinization like increased muscle mass, deepening of voice and cessation of menses, facial and body hair growth are seen. In transgender females, redistribution of fat, decrease in muscle mass, softening of the skin, and breast enlargement is seen. Evaluation every three months during the first year of hormonal therapy should be done.

**Transgender people should also be monitored for adverse effects. They should be adequately treated with calcium and vitamin D supplements. They should also be monitored for metabolic with regular monitoring of blood glucose levels, glycosylated haemoglobin, and lipid profile. Other adverse effects seen in transgender females on estrogen therapy are thromboembolic disease, breast cancer, coronary artery disease, cerebrovascular disease, and cholelithiasis. Other adverse effects seen in transgender males on testosterone therapy are erythrocytosis, severe liver dysfunction, coronary artery disease, cerebrovascular disease, hypertension, and breast or uterine cancer.**

After a minimum of 6-12 months, they can undergo surgery. Transgender males can undergo mastectomy, oophorectomy, hysterectomy, and penile and gonadal implants. Transgender females can undergo breast implant, gonadectomy, and vaginal construction.

The department of Endocrinology is involved in gender dysphoria individuals' care and works in collaboration with the other departments.

**Dr. Pramila Kalra**

Professor

Department of Endocrinology  
Ramaiah Medical College Hospital

## Back to School



After a tumultuous gap created by a global pandemic the Ramaiah Campus is back to its original form. The apron clad group brought back its essence in the campus. As classes were being conducted online for the better part of the year due to the coronavirus pandemic, the Medical College has resumed regular classes in early December and is even providing hostel services to students.

As part of the new normal and government rules students were instructed to produce a Covid negative report before regular classes began. The authorities have taken all necessary precautions to ensure the safety of all staff and students. The buildings are being sanitised with disinfectants by wet mopping at least four times a day and classes are being conducted in batches so that not many students are present in the campus at once.



“The hostels have single rooms with attached washrooms which is a blessing in disguise” said **Dr. T. Hemanth**, Professor of Community Medicine and Registrar. “Cooks, housekeeping staff and faculty alike are all taking the necessary precautions as safety is their top priority”, he added.

Few students were tested positive upon returning to college but were quarantined in their rooms and have since made a full recovery. Dr. Hemanth said that while the attendance was 33% initially, it is slowly improving. “Confidence is a two-way stream. The students must be confident that the institution will take all the precautions, and we must also be sure that the students are following the necessary protocol” he said.

The students too are pleased to be back in the campus after more than six months of online classes. “The pandemic has taught me that I cannot do online classes- I prefer the classroom environment. Theory classes are fine but practical subjects like anatomy are difficult to conduct online” said Pravallika, a first year student. She said that online classes drastically reduces the student-teacher interaction and that it takes a vast amount of self-control to not browse other websites and lose concentration while classes are being conducted online.

Karthik, another first year student admitted that despite being a medical student, he was initially unable to grasp the scale of the pandemic. He expressed relief over being a day scholar as some hostelites had to unfortunately rush home leaving most of their belongings behind due to the sudden lockdown and cancellation of offline classes. While Karthik also expressed his displeasure with the amount of misinformation circulated in the news initially, according to second year student Anurag, memes and videos circulated on social media has made people become slightly more cautious when it comes to following basic protocol such as wearing masks and using sanitisers.

Although the pandemic has disrupted our normal lifestyle, it has given a few people to utilise their time to hone their personal skills and develop new interests. Preeti, a second year student used this free time to learn Spanish and also network and join organisations which conducted online

campaigns to raise awareness about mask wearing, helping patients procure beds and various other issues related to Covid. According to final year student Sarasija, while the pandemic comes with a fair share of challenges, it has given her personal space to grow and learn new things. A trained Bharatnatyam dancer, she used the break to learn Kathak, which has been a long time dream of hers' by enrolling for online classes. She also used the lockdown as an opportunity to learn to cook.

While most students managed to get home before the lockdown was announced, Revanth, another final year student was one of the few to get stuck in the hostel. "I was in the hostel for 45 days during the lockdown." he said. While most students admitted that they did remain in contact with their friends through texting, video calls and social media, Revanth admitted that their physical absence was always felt and that it cannot be replaced or compensated, however, six months is long enough for

people to adjust to the new normal.

The pandemic year has definitely been a challenge to everyone but while a new normal has been established, it is important for everyone to be open to change and quick to adapt. The students are happy to be back but are still coping with the new rules, as they are not allowed to gather in groups, eat together and are made to sit far apart from one another. Having been separated from their friends for several months, it does lower their enthusiasm to still be kept apart but they do understand the necessity for this and are being completely cooperative with the management. In these unpredictable times, it is up to the institutions and the students to work together to make these worst of times, the best of times.

**Manasa S Murthy**

Corporate Communications  
Gokula Education Foundation (Medical)

## ರಾಮಯ್ಯ ವೈದ್ಯಕೀಯ ಕಾಲೇಜು ಮತ್ತು ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಮೊದಲ ಬಾರಿಗೆ ಆನ್‌ಲೈನ್‌ನಲ್ಲಿ ಕನ್ನಡ ರಾಜ್ಯೋತ್ಸವ ಸಂಭ್ರಮ



## HOSPITALS DAY CELEBRATION



The 20<sup>th</sup> Annual Ramaiah Hospitals Day Celebrations were held on December 24<sup>th</sup>, 2020. A grand affair in the Ramaiah campus every year, this year's programme was organised keeping in mind the strict covid protocol with limited guests and the programme was live streamed.

Staff members from Ramaiah Medical College, Ramaiah Memorial Hospital and Ramaiah Medical College Hospital who completed 25 years and 16 years of service were felicitated during the programme



*Shri M R Anandaram, Director, Gokula Education Foundation graced the occasion*

Dr. M R Jayaram, Chairman, Gokula Education Foundation, congratulated the awardees and said that the Ramaiah group is like a family and that their service, particularly during covid times was much appreciated. He emphasised the need for all of us to come together during difficult times and work harmoniously.

Every year, the Hospitals Day celebrations are a month long affair with sports competitions and cultural activities being organised by and for the staff. However, due to the coronavirus pandemic, the celebrations had to be cut down this year. A short video clipping of some previously recorded cultural programme was played at the end of the event.

M R Sreenivasa Murthy, Chief Executive, Gokula Education Foundation (Medical) said that although he has been a civil servant for nearly four decades, the familial bonding the Ramaiah Institutions encourage is one not seen in many

other places. He also thanked the doctors who were at the forefront of organising the covid treatment facilities in the hospital during the early days on the pandemic. He congratulated Dr. Harish K, Associate Dean, Ramaiah Medical College Hospitals and Dr. Naresh Shetty, Ramaiah Memorial Hospital for taking the lead in making covid treatment available in the hospital. He described the pandemic as an 'Agni pareeksha' which has tested the efficiency and quality of our service.

M R Anandaram, Director, Gokula Education Foundation, Dr. Naresh Shetty, President, Ramaiah Memorial Hospital, Dr. Harish, Associate Dean, Ramaiah Medical College Hospital and Dr. Medha Y. Rao, Principal and Dean, Ramaiah Medical College Hospital were also present at the event. Dr. D K Singh, Senior Vice President, Ramaiah Memorial Hospital delivered the Vote of Thanks and congratulated the organising team.



## Ramaiah Medical College Hospital gets World Patient Safety Day Award for Workplace Safety

On the occasion of WHO World Patient Safety Day 2020 on September 17<sup>th</sup> 2020, Consortium of Accredited Healthcare Organisations (CAHO) organized an International competition, along with Indian Council of Medical Research (ICMR) - The National Institute of Occupational Health (NIOH) and Georgia Society of Health-System Pharmacists (GSHP) on "Measures taken by hospitals towards worker / workplace safety during pandemic". More than 100 hospitals from India including seven from outside India – both public and private – sent in their entries, detailing the steps taken by them for Employee safety. "Ramaiah Medical College hospital, Bangalore, Karnataka" got 3rd place [Encouragement award] in the category of Very large hospitals.



## Ramaiah Hospital takes the Lead



*Dr. Naresh Shetty, President  
Ramaiah Memorial Hospital*

Apprehension surrounding the vaccine & its side effects were dispelled by doctors and nursing staff who volunteered to get vaccinated eagerly. A positive step in the fight against the virus.

The drive began on January 19<sup>th</sup>, 2021 at Ramaiah Hospitals with the frontline workers receiving the much awaited jab to fight the virus. Dr. Naresh Shetty, President, Ramaiah Memorial Hospital, who was the first to receive the vaccine with Associate Dean Dr Harish K, Ramaiah Medical College Hospital were among the first to get the vaccine administered to instil the confidence among scores of doctors, health care staff and also the medical students who turned out in formidable numbers.



*Dr. Harish K., Associate Dean  
Ramaiah Medical College Hospital*



*Jab V-met*



*Vaccinated and framed with pride*

Pics by

**Anantha Subramanyam K**

Corporate Communications

Gokula Education Foundation (Medical)