



“NIRF ranking proves our commitment to quality education”

Dear Friends,

Today we have assembled to take note of the achievements of some of our Group's institutions in securing very respectable positions in NIRF rankings. The Ramaiah Institute of Technology which is our oldest institution of higher education has secured 59th rank in the country among several hundreds of Engineering Colleges in the country. It has improved its rank from 64th in 2019 to 59th this year. It has also secured the highest rank among the colleges in Bengaluru City and in the Visvesvaraya Technological University.



Another flagship institution of our Group, Ramaiah Medical College has secured the 30th rank in the country. It has secured the second position in the City's Medical Colleges, next only to St. John's Medical College. The Faculty of Dental Sciences of Ramaiah University of Applied Sciences has obtained 11th rank even though it has applied for NIRF ranking for the first time. Another faculty of the University, the Faculty of Pharmacy, also applying for the first time has secured the 52nd place at the National level. The Ramaiah Group's Arts and Science College has also been grouped within the 100-150 ranks in the country.

On behalf of Gokula Education Foundation, and all its Trustees, and on behalf of all of you, I would like to heartily congratulate the heads of all these institutions, and the dedicated faculty and staff for their creditable achievements. They have all brought pride and happiness to all of us in the management, faculty and staff of our institutions.

I would also like to mention that the efforts of our institutions in working towards NIRF rankings has been ably guided by Prof.P.N.Razdan, our Principal Advisor, Quality Assurance. Dr.Razdan has guided our institutions not only in NIRF ranking process, but also in several other matters, like preparing for NAAC Accreditation, NBA accreditation etc., He will continue to guide our institutions in further improving their standing nationally and internationally.

NIRF rankings or NAAC accreditation, and other forms of academic recognition help students seeking quality education to make our institutions the destination of their choice. This brings us more and better students and enriches the academic atmosphere on our campuses. This is the direct benefit of good rankings for our colleges.



Dr. MR Jayaram

Chairman, Gokula Education Foundation

A more important aspect of these rankings is that, they indicate that we have discharged our duty to the student community and the society in a praiseworthy manner. This a matter of great satisfaction to all of us, as the primary objective of educational institutions is to enrich the knowledge capital in our society.

On this happy occasion we should not only celebrate the achievements of our colleagues but also rededicate ourselves to achieving even better results in the future

Ramaiah Group excels in NIRF ranking for 2020

Group institutions awarded

INSTITUTION	RANK	CATEGORY
Ramaiah Institute of Technology	59	All India
Ramaiah Institute of Technology	4	Karnataka
Ramaiah Institute of Technology	1	Private universities
Ramaiah Medical College	30	All India
Ramaiah Medical College	5	Karnataka
Ramaiah Medical College	2	Private institutions
Ramaiah Faculty of Dental Sciences	11	All India
Ramaiah Faculty of Dental Sciences	5	Karnataka
Ramaiah Faculty of Pharmacy	52	All India
Ramaiah Faculty of Pharmacy	5	Karnataka
Ramaiah College of Arts, Science and Commerce	100-120	All India
Ramaiah College of Arts, Science and Commerce	2	Karnataka

“It is a matter of great satisfaction that in the recently announced NIRF Rankings for 2020, Ramaiah Group's have secured very high ranks among institutions of higher education in the country. The dedicated efforts of our faculty and staff have received due recognition in these rankings. I would like to heartily congratulate all our colleagues for this achievement. This should inspire us to work with continued dedication and diligence to ensure that our institutions emerge as centres of academic excellence at the national and international level.”



MR Sreenivasa Murthy

Chief Executive, Gokula Education Foundation (Medical)



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Defining new normal

The COVID -19 has changed the lives of people across the globe. Covid-19 pandemic is the biggest crisis the world is facing after the World Wars. As the health warriors fighting to defuse the virus onslaught, the lives of people have changed adapting to a new normal living with the virus. We have come to terms with the virus and learning to lead a life as before. As experts put it, we have to learn to live with the virus until we find an answer, and the entire globe is tattered by the spread of the virus.

This virus has put a strain on the socio-economic and health conditions of the population across continents. The sheer magnitude of the pandemic and the havoc it has wreaked on economies globally is unprecedented. Never has the world gone on a total shut down mode not even during the Wars. Economies are hit everywhere leaving a trail of destruction.

The crisis has made us adopt to digital technology more as a survival strategy than physical approaches. This has impacted from order processing to internal communication, from supply chain to client servicing - all processes. This crisis has led to a huge acceleration in technology development in all spheres of life. The haunting question is whether this pandemic has become a harbinger of technological change and adoption? If yes this will become new real as we live with the virus.

As a premier institution imparting health and education to thousands, Ramaiah also geared up to face the challenges posed by the virus. The proactive policies of the management and adoption of government guided instructions have contributed to the new normal. Here too health workers have taken the utmost precaution to prevent the spread of the pandemic and redefined the concept of new normal. ere we have adopted innovative strategies, used digital platforms as part of the new normal. It is important to nurture and preserve all relationships during this long journey to a new normal. If we can travel together during these tough times, we will emerge stronger and closer to each other.

Webinars, virtual interaction with the patients, not ignoring the other diseases with innovative communication dynamics, helplines and encouragement has changed the way we look at the virus. Connecting students online, meeting the deadlines of teaching has become the new order of change. The integration of digital platforms is the newfound strategy of knowledge sharing.

Several faculty and students of our Institutions have contributed in their unique way to fight the virus. Some exemplary work done in this regard is highlighted in this edition. There may be few instances where the contributors are not reflected. Please share the information of your involvement and it can be featured in the next edition which is certainly a motivational factor to others.

The views expressed in the articles are that of the authors

Congratulations



Contribution of Team Ramaiah to fight Covid - 19



Dr Hemanth T, Registrar - Administration & Professor of Community Medicine-RMC, is nominated Member of the Task Force on Augmentation of Human Resource and Capacity Building for Government of Karnataka



Dr. Aruna C Ramesh, professor, Department of Emergency Medicine, RMCH, attended the State Disaster Advisory Committee Meeting at on May 21, 2020



Dr. Arjun Isaac, Professor RMCH has been deputed to the Directorate of Medical Education to coordinate preparedness activities in dedicated COVID -19 treatment centres for operationalization and management of COVID -19 positive cases in Karnataka.



Dr. K. Lalitha, Professor & HOD, Community Medicine has been deputed as a technical expert to support the State Surveillance Unit of Health and Family Welfare Department. She has been nominated as an Expert Member, SOP Committee to develop SOP and guidelines on various aspects of COVID-19.



Dr. B. S. Nanda Kumar, Associate Professor, Dept. Community Medicine has been appointed as Technical Expert for State Disease Surveillance Unit, Government of Karnataka.



Dr. Chethan Singai is nominated as Member Convener to the Task Force on Implementation of NEP – 2020 for Karnataka.



Dr. Anil Kumar T, Professor and HOD, Department of Medicine, RMCH, Dr. Vishwanth K, Associate Professor, Department of Medicine, RMCH and Dr. K. N. Chidambara Murthy, Principal Scientist, Central, Research Laboratory, were Juries in Selecting Potential Innovations to Combat COVID - 19 Challenge. This is a Government of Karnataka initiative through Dept. of Science and Technology

Awareness programme on Menstrual Hygiene



Dr. Jyothi G.S, Professor Department of OBG, Ramaiah Medical College Hospital, is spearheading a campaign on Menstrual Hygiene. She carried out a sustainable campaign during the Covid - 19 pandemic. She says “ In this present scenario of social distancing, lets come together to promote menstrual hygiene as periods do not stop for a pandemic... we need to strive and work together for making a positive impact on menstrual hygiene!”

Helping Hand: Food packets distributed to migrants

As the saying goes “Charity beings at home”, a team of Doctors and supporting staff of Department of Nephrology, Ramaiah Medical College and Hospital, distributed over 3000 food packets for migrants at Krantiveera Sangolli Rayanna and Chikkabanavara railway stations, Bengaluru. Dr. K.C Gurudev, Dr. Mahesh E, Dr. Geerish and others were part of this humanitarian initiative.



Dr. Sanjay Desai,
Professor & Head,
Department of Vascular
Surgery, Ramaiah Medical
College in collaboration
with JRSMS brought out
an International Journal
on Recent Surgical and
Medical Sciences.

Blood Donation Camp during Covid - 19



Ramaiah Hospital conducted a Blood Donation camp at Doddabommasandra on May 30, 2020.



Integrative Approach to fight Covid-19

The recent COVID-19 pandemic, caused by a novel corona virus has currently no cure or vaccine. Health care professionals across the world struggling to deal with disease related emergencies and mitigate spread.

India is home to several diverse medical traditions such as Ayurveda, Homeopathy, Siddha, Allopathy, Unani, Yoga etc.; and all of these have come together to explore a unique integrated prevention and management approach to the COVID-19 crisis. Many States have adopted an integrated approach to fight corona virus.

Ayurveda, literally means 'the Science of Life'. It does not deal only with the symptomatology of disease, but also deeply explores the science of health, well-being and harmony. Any understanding of a novel disease from the Ayurvedic lens must therefore, be based in this unique and holistic understanding of health and disease.

Epidemics in Ayurveda

Based on causality, diseases in Ayurveda are classified in numerous ways. One is the Asadharana and Sadharana classification – Asadharana – diseases caused by unique individual predispositions, lifestyles, diets and histories; and Sadharana – diseases that transcend individual susceptibilities and affect large populations of people. This is called Janapadodhwamsa – epidemics/pandemics. There are four main causes of Janapadodhwamsa – air, water, land and climate. The Charaka Samhita describes in detail signs of an imminent epidemic based on these factors. For instance, Charaka says that when the air is unusually warm/hot and/or dry, it can lead to an epidemic. Meningococcal meningitis, an air-borne bacterial infection, shows seasonal and epidemic pattern outbreaks in sub-Saharan Africa during the hot dry season, and remission during the rainy season. There are several other such features that have been described.

Infection in Ayurveda

While not carrying explicit descriptions of virus or bacteria, Charaka elaborately describes infective organisms, (Krimi), their morphologies, routes of transmission, sites they prefer to colonize and their treatments. He describes them using various terms such as Anu (minute), Vritta (disc-like) etc. There are four categories of Krimis according to Charaka – Raktaja (travel via blood), Kaphaja (travel via mucous membranes), Malaja (travel via skin) and Purishaja (travel via fecal route). While describing several diseases, Krimija or infective causes have been included – eg. Krimija hridroga (infective causes for cardiac diseases), Krimija Shiroroga etc. The Sushruta Samhita describes in detail modes of spread of infectious diseases including a) frequent contact with an infected person, b) physical contact, c) respiratory droplets etc.

Prevention and Management:

A call for integration of several therapeutic and preventive measures have been described for Janapadodhwamsa, Krimi as well as for clinical presentations of a disease like COVID-19 including medication, diet and external therapy where possible. However, the best results have come with integration of medical systems. It is becoming evident now, that systems such as Ayurveda have a lot to offer not only as stand-alone medical systems, but also in integration of with Allopathy, to combat diseases such the COVID-19 pandemic, and also provide a holistic perspective on health and disease that the world today can greatly benefit from.



Dr. G.G. Gangadharan

Director
Ramaiah Indic Speciality
Ayurveda & Restoration Hospital

ಕೊರೋನಾ ರೋಗ ಚಿಕಿತ್ಸೆ ಹಾಗೂ ಮುನ್ನೆಚ್ಚರಿಕೆ

ಕೊರೋನಾ ವೈರಸ್ ಜಾಗತಿಕ ಮಟ್ಟದಲ್ಲಿ ಎಲ್ಲರನ್ನು ಭಯಪಡಿಸುತ್ತಿರುವ ಒಂದು ಸಾಂಕ್ರಾಮಿಕ ಬಾಯಿಲೆ. ಮೊಟ್ಟಮೊದಲು ಈ ವೈರಸ್ ಚೀನಾದ ವುಹಾನ್ ಎಂಬ ಪ್ರದೇಶದಲ್ಲಿ ಇರುವ ಸಮುದ್ರಾಹಾರ ಮಾರುಕಟ್ಟೆಯಲ್ಲಿ ಕಾಣಿಸಿಕೊಂಡಿತು. ಕೊರೋನಾ ವೈರಸ್ ಮನುಷ್ಯರಿಂದ ಮನುಷ್ಯರಿಗೆ ಬಹುಬೇಗನೆ ಹರಡುವುದರಿಂದ ಇದನ್ನು ಸಾಂಕ್ರಾಮಿಕ ರೋಗವೆಂದು ವಿಶ್ವ ಆರೋಗ್ಯ ಸಂಸ್ಥೆ ಘೋಷಿಸಿದೆ. ಬನ್ನಿ ಕೊರೋನಾ ವೈರಸ್ ಮನುಷ್ಯರಿಂದ ಮನುಷ್ಯರಿಗೆ ಹೇಗೆ ಹರಡುತ್ತದೆ ಎಂದು ನೋಡೋಣ.

- ಯಾರಾದರೂ ಕೆಮ್ಮಿದಾಗ ಅಥವಾ ಸೀನಿದಾಗ ಗಾಳಿಯ ಮುಖಾಂತರ ವೈರಾಣು ಇತರರಿಗೆ ಹರಡುವುದು.
- ವೈರಸ್ ಇರುವ ಸ್ಥಳವನ್ನು ಮುಟ್ಟಿದ ನಂತರ ಮೂಗು, ಬಾಯಿ ಮತ್ತು ಕಣ್ಣನ್ನು ಕೈತೊಳೆಯದೆ ಮುಟ್ಟುವುದರಿಂದ ರೋಗ ಹರಡುತ್ತದೆ.
- ಸೋಂಕಿತ ವ್ಯಕ್ತಿಗಳನ್ನು ಮುಟ್ಟುವುದರಿಂದ ಅಥವಾ ಹಸ್ತಲಾಘವ ಮಾಡುವುದರಿಂದ ಸಹಾ ಬರುವುದು.

ಕೊರೋನಾ ವೈರಸ್ ನಮ್ಮ ದೇಹವನ್ನು ಸೇರಿದ ನಂತರ ರೋಗ ಲಕ್ಷಣಗಳು ಕಾಣಿಸಲು 7 ರಿಂದ 14 ದಿನಗಳು ಆಗಬಹುದು. ರೋಗ ಲಕ್ಷಣಗಳು ಸೋಂಕಿತ ವ್ಯಕ್ತಿಯ ರೋಗನಿರೋಧಕ ಶಕ್ತಿ ಹೇಗಿದೆ ಎಂಬುದರ ಮೇಲೆ ನಿರ್ಧಾರಿತವಾಗಿರುವುದರಿಂದ, ರೋಗಿಯಲ್ಲಿ ತೀವ್ರತರದ ಲಕ್ಷಣಗಳು ಇಲ್ಲವೆ ಸಾಮಾನ್ಯ ಲಕ್ಷಣಗಳು ಕಾಣಿಸಿಕೊಳ್ಳಬಹುದು. ಬನ್ನಿ ರೋಗಲಕ್ಷಣಗಳಾವುವು? ಎಂದು ನೋಡೋಣ.

- ಒಣ ಕೆಮ್ಮು
- ಜ್ವರ (ಚಳಿಜ್ವರ)
- ಶೀತ ಮತ್ತು ಗಂಟಲು ನೋವು
- ಸುಸ್ತು
- ಉಸಿರಾಟದ ತೊಂದರೆ
- ಭೇದಿ
- ತಲೆನೋವು
- ದೈಹಿಕ ನೋವು
- ರುಚಿ ಮತ್ತು ವಾಸನೆ ಇಲ್ಲದಿರುವುದು

ಚಿಕಿತ್ಸೆ ಮತ್ತು ಮುನ್ನೆಚ್ಚರಿಕೆ ಕ್ರಮಗಳು:

- ಕೊರೋನಾ ರೋಗಕ್ಕೆ ಇನ್ನೂ ಲಸಿಕೆ ಅಥವಾ ಔಷಧಿ ಲಭ್ಯವಿಲ್ಲದ ಕಾರಣ ಸಾಮಾಜಿಕ ಅಂತರ ಕಾಪಾಡಿಕೊಳ್ಳುವುದರಿಂದ ರೋಗ ಬಾರದಂತೆ ತಡೆಗಟ್ಟಬಹುದು.

- ಕಣ್ಣು, ಮೂಗು, ಮತ್ತು ಬಾಯಿಯನ್ನು ಆಗಾಗ ಮುಟ್ಟಿಕೊಳ್ಳುವುದನ್ನು ಮಾಡಬಾರದು, ಗಂಟೆಗೊಮ್ಮೆ -ಯಾದರೂ ಸೋಪು ಅಥವಾ ಸ್ಯಾನಿಟೈಸರ್ ನಿಂದ ಕೈ ತೊಳೆಯಬೇಕು.
- ಹೆಚ್ಚು ಜನರು ಇರುವ ಸ್ಥಳಗಳಲ್ಲಿ ಆದಷ್ಟು ಜಾಗ್ರತೆವಹಿಸಿ, ಸಾಧ್ಯವಾದರೆ ಜನನಿಬಿಡ ಜಾಗಗಳಿಂದ ದೂರವಿರಿ. ಅವಶ್ಯಕತೆ ಇದ್ದಾಗ ಮಾತ್ರ ಹೊರಗಡೆ ಹೋಗಿ ಬನ್ನಿ.
- ಹೊರಗೆ ಹೋಗುವಾಗ ಕಡ್ಡಾಯವಾಗಿ ಮುಖಕ್ಕೆ ಮಾಸ್ಕ್ ಧರಿಸಬೇಕು.
- ಮಕ್ಕಳು ಹಾಗೂ ವೃದ್ಧರು ಆದಷ್ಟು ಮನೆಯಲ್ಲೇ ಇದ್ದರೆ ಉತ್ತಮ. ಇವರಲ್ಲಿ ರೋಗ ನಿರೋಧಕ ಶಕ್ತಿ ಕಡಿಮೆ ಇರುವುದರಿಂದ ಸೋಂಕು ಬೇಗನೆ ಹರಡುವ ಸಾಧ್ಯತೆ ಇರುತ್ತದೆ.
- ಸೋಂಕಿತ ವ್ಯಕ್ತಿಗಳಿಂದ ದೂರವಿರಿ, ಸೋಂಕಿನ ಲಕ್ಷಣಗಳು ಕಂಡುಬಂದರೆ ತಡಮಾಡದೆ ಹತ್ತಿರದ ಆರೋಗ್ಯ ಕೇಂದ್ರ ಅಥವಾ ಆಸ್ಪತ್ರೆಗೆ ತೆರಳಿ ಪರೀಕ್ಷೆ ಮಾಡಿಸಿಕೊಳ್ಳಿ.
- ನಾವು ನೋಡಿರುವ ಹಾಗೆ ಹಾಗೂ ಮಾಹಿತಿಯ ಪ್ರಕಾರ ಶೇ 60 ರಿಂದ 70 ರಷ್ಟು ಜನರಿಗೆ ವೈರಸ್ ರೋಗ ಲಕ್ಷಣಗಳು ಇಲ್ಲದಿದ್ದರೂ ಸಹಾ ಅವರಲ್ಲಿ ರೋಗವಿರುವುದು ಕಂಡುಬಂದಿದೆ. ಇದಕ್ಕೆ ಕಾರಣವನ್ನು ಹುಡುಕುತ್ತಾ ಹೋದಾಗ ತಿಳಿದದ್ದು, ರೋಗವಿರುವವರ ಪ್ರಾಥಮಿಕ ಸಂಪರ್ಕದಿಂದಾಗಿ. ಈ ರೀತಿ ರೋಗಲಕ್ಷಣಗಳಿಲ್ಲದ ವ್ಯಕ್ತಿಗಳಿಂದ ರೋಗ ಒಬ್ಬರಿಂದ ಮತ್ತೊಬ್ಬರಿಗೆ ಹರಡುವುದು ಸುಲಭ. ಇದಕ್ಕೆ ಒಂದೇ ಪರಿಹಾರವೆಂದರೆ ಸಾಮಾಜಿಕ ಅಂತರ ಕಾಪಾಡಿಕೊಳ್ಳುವುದು.

ಕೊನೆಯದಾಗಿ ಪ್ರತಿಯೊಂದಕ್ಕೂ ಅಂತ್ಯವೆಂಬುದು ಇರಲೇಬೇಕು ಅನ್ನುವ ಹಾಗೆ ಕೊರೋನಾ ವೈರಸ್‌ಗೂ ಮುಂದೆ ಔಷಧಿ ಸಿಕ್ಕಿ ಮಣಿಸಬಹುದು. ಆದ್ದರಿಂದ ನಾವು ಕೊರೋನಾ ವೈರಾಣು ಜೊತೆಗೆ ಬದುಕುವುದನ್ನು ಕಲಿಯಬೇಕು. ಜೊತೆಗೆ ಕೊರೋನಾ ರೋಗವೆಂದು ಭಯಪಡುವ ಅಗತ್ಯವೇನು ಇಲ್ಲ ಯಾಕೆಂದರೆ, ನಮ್ಮ ಭಾರತ ದೇಶದಲ್ಲಿ ರೋಗಕ್ಕೆ ತುತ್ತಾಗಿ ಮರಣಿಸಿದವರಿಗಿಂತ ಚಿಕಿತ್ಸೆ ಪಡೆದು ಹುಷಾರಾಗಿ ಮನೆಗೆ ತಲುಪುತ್ತಿರುವವರ ಸಂಖ್ಯೆ (ಶೇ. 47%) ಇದೆ. ಹಾಗಾಗಿ ನಮ್ಮ ದೇಶದ ವೈದ್ಯರು ಅಥವಾ ವಿಜ್ಞಾನಿಗಳು ಕೊರೋನಾ ರೋಗಕ್ಕೆ ಶೀಘ್ರವಾಗಿ ಲಸಿಕೆ ಕಂಡುಹಿಡಿಯಲ ಎಂದು ಹಾರೈಸೋಣ.



ಡಾ. ಕಾರ್ತಿಕ್ ಎ

ಸಹಾಯಕ ಪ್ರಾಧ್ಯಾಪಕರು, ಸಾಮಾನ್ಯ ಚಿಕಿತ್ಸಾ ವಿಭಾಗ ರಾಮಯ್ಯ ವೈದ್ಯಕೀಯ ಕಾಲೇಜು ಮತ್ತು ಆಸ್ಪತ್ರೆ.

Story behind the Mask

The most lethal aspect of the SARS COV-2 is its highly contagious nature, calling for the need to scale up measures to impede transmission. The SARS COV-2 is known to transmit via droplets and fomites most commonly while evidence of transmission via feco-oral route is also arising. The asymptomatic carriers are said to transmit via aerosols generated while talking.

One of the effective means to prevent spread of droplet infection from infected to susceptible individuals is through use of masks. There are several types and varieties of masks that can be used by different sections of the population based on the nature of activities and the risk of potential infection.

For the health care professionals involved in care of the patients, the respirator masks in combination with an efficient air filtering system and tight fit ensures maximal protection. The N95 mask is the most commonly advocated, as N99 and N100 masks would make breathing more difficult. They are made up of millions of microfibers, layered upon each other and are permanently electrostatically charged. One of the reasons for the strong recommendations towards using N95 masks in health care settings is that the N95 filters 95% of particles more than 0.3 microns, however the corona virus is about 0.06 to 0.14 microns in diameter. Interestingly, this virus is filtered easily as it exhibits Brownian motion. It has a protective efficacy of 91% as established in a systematic review of 58 published papers, published in the BMJ.

However, a valved mask in a patient suffering from COVID-19 can allow the virus to pass out easily during exhalation, hence are not suitable for suspects or confirmed cases.

It is observed in some instances that health care staff across hospitals have been using and reusing N95 and triple layered surgical masks for longer durations than recommended. However the short supply leaves them with fewer choices. While triple layered surgical masks should not be reused beyond 8 hours, the CDC USA has published guidelines on extending use of the N95 mask. A few effective methods to sterilize the N95 mask are a) air drying for 72

hours, b) heating at 70 degrees for 30 minutes, c) dry heating in a rice cooker for 3 minutes until the temperature is 149-164 degrees C and d) chemical sterilization with hydrogen peroxide in a specially designed chamber for 45 minutes. However, any compromise on the structural integrity and fit, renders the mask ineffective.

While N95 masks with full PPE kit has been recommended for all health care personnel dealing with COVID patients, a systematic review and met analysis by the Chinese Cochrane Centre which included 6 RCTs found no difference in efficacy between surgical masks and N95 masks in preventing lab confirmed influenza, respiratory viral infections and influenza like infections. The triple layered surgical mask therefore breeds confidence, but must be worn, adhering to proper standards of use and removal. However, an N95 mask, when available, is the first choice.

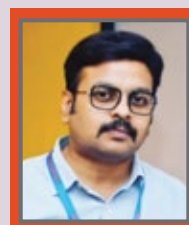
Cloth masks are not recommended for health care personnel, they pose a greater risk of infecting self and transmission even if worn by an asymptomatic carrier.

Thus, to summarize, a triple layered surgical mask is recommended to all doctors, nurses and paramedical staff in routine clinical practice while adhering to proper standards. N -95 masks is recommended for those personnel directly handling suspect or confirmed COVID-19 cases and those involved in aerosol generating procedures.

“Even a simple thing like a Mask has a story to tell and teach, and the potential to save millions of lives”

More details of the setting and the type of masks to be used are available at:

[https://apps.who.int/iris/rest/bitstreams/1279750/retrievehttps://apps.who.int/iris/rest/bitstreams/1279750/retrieveandhttps://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30134-X/fulltext](https://apps.who.int/iris/rest/bitstreams/1279750/retrievehttps://apps.who.int/iris/rest/bitstreams/1279750/retrieveandhttps://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30134-X/fulltext)



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ಮಧುಮೇಹ ರೇಖನೋಪಥಿ - ಆಯುರ್ವೇದ ಚಿಕಿತ್ಸೆ

ಇಂದಿನ ಜೀವನಶೈಲಿಯ ಬಹು ದೊಡ್ಡ ಕೊಡುಗೆ ಮಧುಮೇಹ. ನಮ್ಮ ಶರೀರವನ್ನು ಕಿಂಚಿತ್ತು ಸುಳಿವು ನೀಡದೆ ನಿಶ್ಯಬ್ದವಾಗಿ ಕೊಲ್ಲುವಂತಹ ಖಾಯಿಲೆ. ಇಂದು ಅದೇ ತಾನೇ ಹುಟ್ಟಿದಂತಹ ಹಸುಗೊಸನ್ನೂ ಕೂಡ ಬಡದಂತೆ ವ್ಯಾಪಿಸಿದೆ.

ವ್ಯಾಯಾಮರಹಿತ, ಒತ್ತಡಪೂರಿತ, ಶಿಸ್ತು ರಹಿತ ಆಹಾರ ಕ್ರಮ ಮುಂತಾದವುಗಳು ಮಧುಮೇಹ ರೋಗದ ಜನಕ ಕಾರಣಗಳು ಎನ್ನಬಹುದು. ರೋಗ ಉತ್ಪತ್ತಿಯಾದ ನಂತರವೂ, ಇವೇ ಕಾರಣಗಳನ್ನು ಮುಂದುವರಿಸಿದರೆ, ಮಧುಮೇಹ ರೋಗ ದೇಹದ ಇತರ ಅಂಗಗಳಿಗೆ ಹರಡಿ ಮಾರಕವಾಗಬಹುದು.

ಮಧುಮೇಹ ಬಂದ 10-15 ವರ್ಷದೊಳಗೆ ಕಣ್ಣು, ಮೂತ್ರಪಿಂಡ, ರಕ್ತನಾಳ ಸಂಬಂಧಿ, ನರದೌರ್ಬಲ್ಯ ಮುಂತಾದ ಸಮಸ್ಯೆಗಳು ಮತ್ತು ಶರೀರದ ಇತರ ಅವಯವಗಳ ತೊಂದರೆಗಳು ಪ್ರಾರಂಭಗೊಳ್ಳುವುವು.

45 ರಿಂದ 74 ವರ್ಷ ವಯಸ್ಸಿನವರಲ್ಲಿ ಕುರುಡುತನಕ್ಕೆ ಗುರಿ ಮಾಡುವ ಕಾರಣಗಳಲ್ಲಿ ಡಯಾಬಿಟಿಸ್ ರೇಖನೋಪತಿಯು ಎರಡನೆಯ ಸ್ಥಾನದಲ್ಲಿದೆ. ಬಹುತೇಕ ರೋಗಿಗಳಿಗೆ ತಮ್ಮ ಕಣ್ಣುಗಳಲ್ಲಾಗುವ ವ್ಯತ್ಯಾಸವು ಗಮನಕ್ಕೆ ಬಾರದಿರುವುದು ಈ ರೋಗದ ವೈಶಿಷ್ಟ್ಯತೆ. ನರಮಂಡಲದಲ್ಲಿನ ಪುಟ್ಟ ಪುಟ್ಟ ರಕ್ತನಾಳದಲ್ಲರುವ ಜೀವಕೋಶಗಳನ್ನು ನಾಶಪಡಿಸಿ, ಆ ರಕ್ತನಾಳಗಳು ಒಡೆಯುವ ಹಾಗೆ ಮಾಡುತ್ತದೆ. ಇದರಿಂದ ಕಣ್ಣಿನೊಳಗಡೆ ರಕ್ತಸ್ರಾವವಾಗುತ್ತದೆ. ಇದರೊಂದಿಗೆ ರಕ್ತದಲ್ಲಿನ ದ್ರವ ಪದಾರ್ಥ ಹೊರಬಂದು ನರಮಂಡಲದ ಪದರಗಳ ನಡುವೆ ಉಂಟು ಮಾಡುತ್ತದೆ. ಹಾಗೆ ಸಾಗುತ್ತ ನರಮಂಡಲ, ಮತ್ತು ವಿಟ್ರಿಯಸ್ ಎನ್ನುವ ಜಾಗದಲ್ಲಿ ಪದರ ನಿರ್ಮಾಣ ಮಾಡಿ, ನರಮಂಡಲ ಕಿತ್ತು ಬರುವ ಹಾಗೆ ಮಾಡುತ್ತದೆ.

ರೇಖನೋಪತಿ ತೀಕ್ಷ್ಣ ತೆ ಮಧುಮೇಹದ ಅವಧಿಯನ್ನು ಅವಲಂಬಿಸಿರುತ್ತದೆ. ಮುಂಜಾಗ್ರತೆಯಾಗಿ ನೇತ್ರಪರೀಕ್ಷೆಗೆ ಒಳಪಟ್ಟು ಖಾಯಿಲೆಯ ಸ್ವರೂಪವನ್ನು ಬೇಗ ನಿರ್ಧರಿಸಲು ಹಾಗೂ ಹೆಚ್ಚು ತೊಂದರೆಗೊಳಗಾಗುವುದನ್ನು ತಪ್ಪಿಸಲು ಮತ್ತು ಸೂಕ್ತ ಚಿಕಿತ್ಸಾ ವಿಧಾನವನ್ನು ಅನುಸರಿಸಲು ಅನುಕೂಲವಾಗುತ್ತದೆ.

ಆಯುರ್ವೇದದಲ್ಲಿ ಮಧುಮೇಹ ರೇಖನೋಪತಿಯನ್ನು ದೃಷ್ಟಿಮಂಡಲಗಳ ರೋಗಗಳಲ್ಲಿ ಗುರುತಿಸಬಹುದು. ಮಧುಮೇಹದ ಉಪದ್ರವವಾಗಿ ಇಂದ್ರಿಯ ದೌರ್ಬಲ್ಯ ಉಂಟಾಗಬಹುದು. ಅದರಂತೆ ಇದನ್ನು ಅಂಧತ್ವ ಉಂಟುಮಾಡುವ ರೋಗಗಳ ಪಟ್ಟಿಯಲ್ಲಿ ಸೇರಿಸುತ್ತೇವೆ. ತಿಮಿರ ವ್ಯಾಧಿ ಸಮೂಹದಲ್ಲಿ ಗುರುತಿಸಬಹುದು. ರಕ್ತ ಮತ್ತು ಪಿತ್ತ ದೋಷ ದೃಷ್ಟಿಯಿಂದ ಪ್ರಾರಂಭವಾಗಿ, ವಾತ ಕಫದೋಷಗಳ ಸಂಮಿಲನದೊಂದಿಗೆ ಲಕ್ಷಣಗಳನ್ನು ವ್ಯಕ್ತೀಕರಿಸುತ್ತದೆ. ವಾತಾದಿ ತ್ರಿದೋಷಗಳು ಪಟಲಗಳನ್ನು ಆಕ್ರಮಿಸಿದಾಗ ತಿಮಿರ ವ್ಯಾಧಿಯು ಉಂಟಾಗುತ್ತದೆ. ಕಣ್ಣಿನಲ್ಲಿ ನಾಲ್ಕು ಪಟಲಗಳು ಉಂಟು. ದೋಷಗಳು ಮೊದಲ ಮತ್ತು ಎರಡನೆಯ ಪಟಲದಲ್ಲಿದ್ದರೆ ತಿಮಿರ ಎನ್ನುತ್ತೇವೆ. ಮೂರನೆ ಪಟಲಕ್ಕೆ ವ್ಯಾಪಿಸಿದಾಗ ಕಾಚ ಎಂಬ ರೋಗಕ್ಕೆ ಕಾರಣವಾಗುತ್ತದೆ. ನಾಲ್ಕನೆ ಪಟಲದಲ್ಲಿ ನೆಲೆಗೊಂಡಾಗ ಅಂಗನಾಶ ವ್ಯಾಧಿಯೆಂದು ಕರೆಯಲ್ಪಡುತ್ತದೆ. ಲಕ್ಷಣಗಳು ಈ ರೀತಿಯಲ್ಲಿರುತ್ತವೆ:

ತಿಮಿರದ ಲಕ್ಷಣಗಳು:

ದೃಷ್ಟಿ ಮಂಜಾಗುವಿಕೆ, ವಕ್ರವಾಗಿ ಕಾಣುವುದು, ಚಿಕ್ಕ ವಸ್ತುಗಳು ಕಾಣದಿರುವುದು, ಹತ್ತಿರದ ಕೆಲಸಗಳು ಮಾಡುವುದಕ್ಕೆ ತೊಂದರೆ, ಕಣ್ಣು ಮುಂದೆ ನೋಳ್ಕೆ, ನೋಣ, ಕಪ್ಪು ಚುಕ್ಕಿಯಂತಹ ಆಕಾರಗಳು ಕಾಣಿಸುವುದು, ಕಣ್ಣಿನ ಒಳಗೆ ಮಿಂಚು ಹೊಡೆಯುವಂತೆ ಆಗುವುದು.

ಕಾಚ (ದೃಷ್ಟಿ ದೌರ್ಬಲ್ಯ):

ವಸ್ತುಗಳು ಅರ್ಧ ಮಾತ್ರ ಕಾಣಿಸುವುದು, ಬಟ್ಟೆಯಿಂದ ಆವೃತವಾದಂತೆ ಕಾಣುವುದು, ಸುತ್ತಲಿನ ವ್ಯಾಪ್ತಿ ಮಂಜಾಗಿ ಮಧ್ಯೆ ವ್ಯಾಪ್ತಿ ಪ್ರದೇಶ ಮಾತ್ರ ಕಾಣುವಂತಾಗುವಿಕೆ, ಒಂದೇ ವಸ್ತು ಎರಡೆರಡು ಅಥವಾ ಇನ್ನೂ ಹೆಚ್ಚು ಇರುವಂತೆ ಭಾಸವಾಗುವುದು

ಅಂಗನಾಶದ ಘಟ್ಟದಲ್ಲ:

ಸಂಪೂರ್ಣ ಅಂಧಕಾರ ಮೂಡುತ್ತದೆ. ಕೆಲವರಲ್ಲಿ ಬೆಳಕಿನ ಇರುವಿಕೆ ತಿಳಿಯುತ್ತದೆ. ಮತ್ತೆ ಕೆಲವರಲ್ಲಿ ಪೂರ್ಣ ಕತ್ತಲನಂತೆ ಗೋಚರಿಸುತ್ತದೆ.

ಆಯುರ್ವೇದದ ದೃಷ್ಟಿಕೋನದಲ್ಲಿ ಹೆಚ್ಚು ಉಪಯುಕ್ತ ಚಿಕಿತ್ಸಾ ಕ್ರಮಗಳಾದ ನೇತ್ರತರ್ಪಣಂ (ಕಣ್ಣಿನ ಮೇಲೆ ಔಷಧಗಳಿಂದ ಸಂಸ್ಕರಿಸಿದ ತುಪ್ಪವನ್ನು ನಿಲ್ಲುವಂತೆ ಮಾಡುವ ಚಿಕಿತ್ಸೆ), ನೇತ್ರಪುಟಪಾಕಂ (ಕಣ್ಣಿನ ಆರೋಗ್ಯಕ್ಕೆ ಉಪಯುಕ್ತವಾದ ಮೂಲಕಗಳ ಎಲೆಗಳು ಹಾಗೂ ಆಡಿನ ಯಕೃತ್ತನ್ನು ಸಂಸ್ಕರಿಸಿ ತಯಾರು ಮಾಡಿದ ಸ್ವರಸ ಕಣ್ಣಿನ ಮೇಲೆ ನಿಲ್ಲುವಂತೆ ಮಾಡುವ ಚಿಕಿತ್ಸೆ), ನೇತ್ರಪಿಚು (ಮೂಲಕಗಳನ್ನು ನುಣ್ಣಿಗೆ ರುಬ್ಬಿ ಒಂದು ಬಟ್ಟೆಯಲ್ಲಿ ಕಟ್ಟಿ, ಅದನ್ನು ಕಣ್ಣಿನ ಮೇಲೆ ಇಡುವುದು), ಅಂಜನಂ (ಕಾಡಿಗೆಯಂತೆ ಔಷಧಗಳ ಲೇಪನವನ್ನು ಮಾಡುವುದು), ನಸ್ಯಂ (ಮೂಗಿನ ದ್ವಾರದ ಮೂಲಕ ಔಷಧಿಯುಕ್ತ ತೈಲ ಅಥವಾ ತುಪ್ಪವನ್ನು ಬಂದುವಿನ ಹಾಗೆ ಹಾಕುವುದು), ನೇತ್ರದಾರ (ಕಣ್ಣಿನ ಮೇಲೆ ಮೂಲಕಗಳಿಂದ ಸಿದ್ಧಪಡಿಸಿದ ಕಷಾಯವನ್ನು ಹರಿಸುವುದು), ಆಶ್ಲೋತನಂ (ಕಣ್ಣಿನ ಡ್ರಾಪ್), ನೇತ್ರವಿಡಾಲಕಂ (ರೆಪ್ಪೆಯ ಕೂದಲನ್ನು ಹೊರತು ಪಡಿಸಿ ಕೇವಲ ರೆಪ್ಪೆಗೆ ಮಾತ್ರ ಹಚ್ಚುವ ಲೇಪ), ಚಕ್ಷುಷ್ಯಯೋಗವಸ್ತಿ (ಗುದ್ದಾರದ ಮೂಲಕ ಕಣ್ಣಿಗೆ ಹಿತಕರವಾದ ಮೂಲಕಗಳ ಕಷಾಯ/ ತೈಲ/ ತುಪ್ಪಗಳನ್ನು ನೀಡುವ ಚಿಕಿತ್ಸೆ) - ಇವುಗಳ ಸಹಾಯದಿಂದ ಕಣ್ಣುಗಳಿಗೆ ಶಕ್ತಿ ಹಾಗೂ ಕಾಂತಿಯನ್ನು ನೀಡಬಹುದಾಗಿದೆ.

ಈ ಎಲ್ಲಾ ನೇತ್ರ ಚಿಕಿತ್ಸೆಗಳ ಉದ್ದೇಶ- ಕಣ್ಣಿಗೆ ಆಧಾರವಾಗಿರುವ ನರದ ದೌರ್ಬಲ್ಯ ಕ್ರಿಯೆಯನ್ನು ತಡೆಗಟ್ಟುವಿಕೆ ಮತ್ತು ಉತ್ತಮ ಗುಣಮಟ್ಟದ ದೃಷ್ಟಿ ಸಮರ್ಥನೆಗೆ ಹಾಗೂ ನೇತ್ರ ಯೋಗಕ್ಷೇಮವೇ ಆಗಿದೆ.



ಡಾ|| ಸುಮ ಶಾಸ್ತ್ರಿ

ಎಮ್.ಎಸ್. ಆಯುರ್ವೇದ (ಶಾಲಾಕೃ ತಂತ್ರ) ರಾಮಯ್ಯ ಇಂಡಿಕ್ ಸ್ಟೆಷ್ಯಾಅಟ ಆಯುರ್ವೇದ ರೀಸ್ಟೋರೇಷನ್ ಆಸ್ಟ್ರೆ.

Blood and Bone Marrow Transplant (BMT) at Ramaiah during COVID-19 times.

Ramaiah Medical College and Hospital is now a well-known blood and bone marrow transplant (BMT) center of the city and state. In general blood and bone marrow transplant can be a demanding procedure for both patients and cancer physicians treating these patients. Blood and bone marrow transplant remains the most/or only curative treatment for many blood disorders like leukemia, lymphoma, multiple myeloma and bone marrow failure disorders. This treatment involves patients who are profoundly immune-compromised due to the underlying disease and ongoing treatment. The ongoing COVID 19 pandemic has added a layer of complexity to the stem cell transplant procedure. In cancer patients the risk of death due to COVID19 is maximum due to underlying immune compromised state. This risk is amplified in patients who undergo BMT. The COVID-19 pandemic has made a difficult job more difficult for BMT doctors and undoubtedly increases anxiety levels among prospective patients and their donors.

The progression of cancer waits for none. Delay in treatment due to the ongoing epidemic may increase the chance of death due to cancer. Hence this is a catch-22 situation faced by both patients and BMT physicians.

Faced with this tough setting, Ramaiah BMT physicians took this situation as a challenge. We decided to continue blood and bone marrow transplants during COVID-19 times, carefully weighing the risk of COVID19 in the donors and recipients of stem cell transplant. Both donors and patients were screened for novel coronavirus nasal swabs by PCR before BMT. Utmost

precautions were taken to isolate the immune-compromised patients in hepa-filtered rooms and reduce their exposure to the virus. The caregivers were constantly educated regarding the precautions to prevent corona infection. For the staff taking care of these patients Arogya-setu, the government mandated app to monitor the risk of COVID-19, was made mandatory to enter the transplant unit.

To add to this situation patients requiring BMT also need blood and platelet transfusion support. Due to lockdowns it is difficult for voluntary donors to visit the blood bank to donate blood and platelets. The blood bank issued donor passes to many voluntary donors for their easy movement during lockdown and took extra efforts to contact the available donors and started blood donation camps with all social distancing and personal protective precautions.

In the COVID19 times Ramaiah BMT has successfully transplanted four patients. Among these patients two transplants have been very complex variety of bone marrow transplant called haploidentical transplants where stem cells are derived from human leukocyte antigen (HLA) half matched related donor.

Despite economic, logistic challenges we are determined to continue to care for our sick patients who hope to get lifesaving treatment like bone marrow transplant in these difficult times.



Dr. Santhosh K Devadas

Chief of Bone Marrow Transplant
Ramaiah Medical College & Hospital



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WE ARE OPEN TO NEW NORMAL...

- Everyone must wear a mask to enter the hospital
- Preferred mode of payment - By card or UPI
- Follow the social distancing practices
- Avoid getting children and elderly dependents to the hospital unless required
- People with fever, in quarantine and history of contact with COVID-19 patients, are requested to stay home

ಈ ಮಾಸದ ಹೆಮ್ಮೆಯ ಉದ್ಯೋಗಿಗಳು



ಜೀವನ್ ಪ್ರಕಾಶ್

2007ರಲ್ಲಿ ರಾಮಯ್ಯ ಮೆಮೋರಿಯಲ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಮೈಕಾಸಿಕ್ ಸೂಪರ್‌ವೈಸರ್ ಆಗಿ ವೃತ್ತಿ ಆರಂಭಿಸಿದ ಜೀವನ್ ಪ್ರಕಾಶ್‌ರವರು ಪ್ರಸ್ತುತ ಸೌಲಭ್ಯ ನಿರ್ವಹಣಾ ವಿಭಾಗದಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಇವರು ವಿವಿಧ ತರಬೇತಿ ಕಾರ್ಯಾಗಾರಗಳಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದು, ತಮ್ಮ ಉತ್ತಮ ಕೆಲಸ ನಿರ್ವಹಣೆಯಿಂದ ಎಲ್ಲರ ಮೆಚ್ಚುಗೆಗೆ ಪಾತ್ರರಾಗಿದ್ದಾರೆ. ಇವರ ಪತ್ನಿ ಗೃಹಿಣಿಯಾಗಿದ್ದು, ಹತ್ತನೇ ತರಗತಿಯಲ್ಲಿ ಓದುತ್ತಿರುವ ಒಬ್ಬ ಮಗಳದ್ದಾಳೆ.



ಬೀವಾನ್ ಚಂದ್ರ ಮಿಶ್ರಾ

2007ರಲ್ಲಿ ರಾಮಯ್ಯ ಮೆಮೋರಿಯಲ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಹಿರಿಯ ರೇಡಿಯೋಗ್ರಾಫರ್ ಆಗಿ ವೃತ್ತಿ ಆರಂಭಿಸಿದ ಬೀವಾನ್ ಚಂದ್ರ ಮಿಶ್ರಾ‌ರವರು ಪ್ರಸ್ತುತ ಸೀ.ಟಿ ವಿಭಾಗದಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಇವರು ಈ ಮೊದಲು ಭಾರತೀಯ ವಾಯುಪಡೆಯಲ್ಲಿ 25 ವರ್ಷ ನೇವೆ ಸಲ್ಲಿಸಿ ನಿವೃತ್ತರಾಗಿದ್ದಾರೆ. ಇವರು ವಿವಿಧ ತರಬೇತಿ ಕಾರ್ಯಾಗಾರಗಳಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದು, ತಮ್ಮ ಉತ್ತಮ ಕೆಲಸ ನಿರ್ವಹಣೆಯಿಂದ ಎಲ್ಲರ ಮೆಚ್ಚುಗೆಗೆ ಪಾತ್ರರಾಗಿದ್ದಾರೆ. ಇವರ ಪತ್ನಿ ಗೃಹಿಣಿಯಾಗಿದ್ದು, ಇಂಜಿನಿಯರಿಂಗ್ ಪದವಿ ಓದುತ್ತಿರುವ ಒಬ್ಬ ಮಗಳು ಮತ್ತು ಎರಡನೇ ಪಿಯುಸಿ ಓದುತ್ತಿರುವ ಮಗನಿದ್ದಾನೆ.



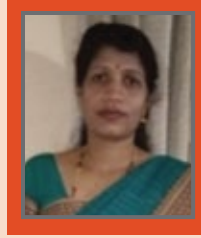
ಲತಾ ಜಿ.ಬಿ

2007ರಲ್ಲಿ ರಾಮಯ್ಯ ಮೆಮೋರಿಯಲ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಸ್ಟಾಫ್ ನರ್ಸ್ ಆಗಿ ವೃತ್ತಿ ಆರಂಭಿಸಿದ ಲತಾರವರು ಪ್ರಸ್ತುತ ಶಿಫ್ಟ್ ಇನ್‌ಚಾರ್ಜ್ ಆಗಿ ಪ್ರಸೂತಿ ವಿಭಾಗದಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಜಿಎನ್‌ಎಂ ಪದವಿದರರಾದ ಇವರು ವಿವಿಧ ತರಬೇತಿ ಕಾರ್ಯಾಗಾರಗಳಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದು, ತಮ್ಮ ಉತ್ತಮ ಕೆಲಸ ನಿರ್ವಹಣೆಯಿಂದ ಎಲ್ಲರ ಮೆಚ್ಚುಗೆಗೆ ಪಾತ್ರರಾಗಿದ್ದಾರೆ. ಇವರ ಪತಿ ಖಾಸಗಿ ಕಂಪನಿಯಲ್ಲಿ ವೃತ್ತಿನಿರತರಾಗಿದ್ದು, ಒಂದನೇ ತರಗತಿಯಲ್ಲಿ ಓದುತ್ತಿರುವ ಮತ್ತು ಒಂದು ವರ್ಷದ ಇಬ್ಬರು ಗಂಡು ಮಕ್ಕಳಿದ್ದಾರೆ.



ಶ್ರೀನಿವಾಸ್ ಹಿ

2007ರಲ್ಲಿ ರಾಮಯ್ಯ ಮೆಮೋರಿಯಲ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಕ್ಯಾಷಿಯರ್ ಆಗಿ ವೃತ್ತಿ ಆರಂಭಿಸಿದ ಜೀವನ್ ಶ್ರೀನಿವಾಸ್‌ರವರು ಪ್ರಸ್ತುತ ಸಹಾಯಕ ಲೆಕ್ಕಿಗಿಗಾಗಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಬಿ.ಕಾಂ ಪದವಿದರರಾದ ಇವರು ವಿವಿಧ ತರಬೇತಿ ಕಾರ್ಯಕ್ರಮಗಳಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದು, ತಮ್ಮ ಉತ್ತಮ ಕೆಲಸ ನಿರ್ವಹಣೆಯಿಂದ ಎಲ್ಲರ ಮೆಚ್ಚುಗೆಗೆ ಪಾತ್ರರಾಗಿದ್ದಾರೆ. ಇವರ ಪತ್ನಿ ಗೃಹಿಣಿಯಾಗಿದ್ದು, ನಾಲ್ಕನೇ ತರಗತಿಯಲ್ಲಿ ಓದುತ್ತಿರುವ ಮತ್ತು ಎಲ್.ಕೆ.ಜಿಯಲ್ಲಿ ಓದುತ್ತಿರುವ ಇಬ್ಬರು ಗಂಡು ಮಕ್ಕಳಿದ್ದಾರೆ.



ಶೋಭೆ

2005ರಲ್ಲಿ ಮೆಮೋರಿಯಲ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಶುಶ್ರೂಷಕರಾಗಿ ವೃತ್ತಿ ಪ್ರಾರಂಭಿಸಿದ ಶೋಭೆ ರವರು ಪ್ರಸ್ತುತ ಶಿಫ್ಟ್ ಇನ್‌ಚಾರ್ಜ್ ಆಗಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಜಿಎನ್‌ಎಂ ಪದವೀಧರರಾಗಿರುವ ಇವರು ವಿವಿಧ ತರಬೇತಿ ಕಾರ್ಯಾಗಾರಗಳಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದು ಉತ್ತಮ ಕಾರ್ಯನಿರ್ವಹಣೆಯಿಂದ ಎಲ್ಲರ ಮೆಚ್ಚುಗೆಗೆ ಪಾತ್ರರಾಗಿದ್ದಾರೆ ಇವರಿಗೆ ಉತ್ತಮ ಶುಶ್ರೂಷಕಿ ಪ್ರಶಸ್ತಿ ದೊರೆತಿದೆ. ಇವರ ಪತಿ ಖಾಸಗಿ ಸಂಸ್ಥೆಯಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದು ಇವರಿಗೆ ಇಬ್ಬರು ಗಂಡು ಮಕ್ಕಳಿದ್ದಾರೆ. ಹಿರಿಯ ಮಗ ಏಳನೇ ತರಗತಿ ಹಾಗೂ ಕಿರಿಯ ಮಗ ಎರಡನೇ ತರಗತಿಯಲ್ಲಿ ಓದುತ್ತಿದ್ದಾರೆ. ಇವರಿಗೆ ಕ್ರೀಡೆ ಹಾಗೂ ಸಂಗೀತದಲ್ಲಿ ಆಸಕ್ತಿ ಇದೆ.



ಸಂಧಿಲ್‌ಕುಮಾರಿ

2007ರಲ್ಲಿ ಮೆಮೋರಿಯಲ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಶುಶ್ರೂಷಕರಾಗಿ ವೃತ್ತಿ ಪ್ರಾರಂಭಿಸಿದ ಸಂಧಿಲ್‌ಕುಮಾರಿ ರವರು ಪ್ರಸ್ತುತ ಶಿಫ್ಟ್ ಇನ್‌ಚಾರ್ಜ್ ಆಗಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಪಿಬಿಬಿಎಸ್ ಪದವೀಧರರಾಗಿರುವ ಇವರು ವಿವಿಧ ತರಬೇತಿ ಕಾರ್ಯಾಗಾರಗಳಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದು ಉತ್ತಮ ಕಾರ್ಯನಿರ್ವಹಣೆಯಿಂದ ಎಲ್ಲರ ಮೆಚ್ಚುಗೆಗೆ ಪಾತ್ರರಾಗಿದ್ದಾರೆ ಇವರಿಗೆ ಉತ್ತಮ ಶುಶ್ರೂಷಕಿ ಪ್ರಶಸ್ತಿ ದೊರೆತಿದೆ. ಇವರ ಪತಿ ರೇಡಿಯೋಗ್ರಾಫರ್ ಆಗಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಓದುವುದು ಹಾಗೂ ಸಂಗೀತ ಕೇಳುವುದು ಇವರ ಹವ್ಯಾಸ.



ರವಿ ಕುಮಾರ್

2007ರಲ್ಲಿ ಮೆಮೋರಿಯಲ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಸಿಎನ್‌ಎಸ್‌ಡಿ ಪ್ರಶಿಕ್ಷಣಾರ್ಥಿಯಾಗಿ ವೃತ್ತಿ ಪ್ರಾರಂಭಿಸಿದ ರವಿ ಕುಮಾರ್ ರವರು ಪ್ರಸ್ತುತ ತಂತ್ರಜ್ಞರಾಗಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ಇವರು ವಿವಿಧ ತರಬೇತಿ ಕಾರ್ಯಾಗಾರಗಳಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದು ಉತ್ತಮ ಕಾರ್ಯನಿರ್ವಹಣೆಯಿಂದ ಎಲ್ಲರ ಮೆಚ್ಚುಗೆಗೆ ಪಾತ್ರರಾಗಿದ್ದಾರೆ. ಇವರ ಪತ್ನಿ ಗೃಹಿಣಿಯಾಗಿದ್ದು ಇವರಿಗೆ ಒಂದು ಹೆಣ್ಣು ಹಾಗೂ ಒಂದು ಗಂಡು ಮಗುವಿದೆ. ಓದುವುದು, ಕ್ರೀಡೆ ಹಾಗೂ ಸಂಗೀತ ಕೇಳುವುದು ಇವರ ಹವ್ಯಾಸ.

COVID 19 And Pregnancy

Research is currently underway to understand the impacts of COVID 19 infection on Pregnant women. Data is limited, but at present there is no evidence to suggest that they are at higher risk of severe illness than the general population. However, due to changes in their bodies and immune systems, we know that pregnant women can be severely affected by some respiratory infections. It is important that they take precautions to protect themselves against COVID-19, and report possible symptoms like fever, cough or difficulty in breathing to their health-care provider and fastidiously follow all preventive measures.

For the asymptomatic and uninfected pregnant woman,

- Defer routine visits.
- Working women should preferably work from home.
- When visiting a hospital woman should wear a mask, keep a sanitizer handy.
- While in a health care setting women should keep a distance of at least one meter from other patients and any health care worker.
- Avoid travelling and if necessary use a private vehicle.
- Avoid gatherings and functions.
- Avoid touching face, eyes, nose and mouth with their hand.
- Hand hygiene can prevent infection.

- Consult the healthcare provider telephonically or through a web platform for minor ailments and questions.
- Essential milestone visits to be done at 12, 20, 28 and 36 weeks of gestation, unless they meet current self-isolation criteria.

For women who have had symptoms,

- Appointments can be deferred until 7 days after the start of symptoms.
- If needed to visit health centre, should take own transport or call 108,

informing the ambulance staff about her status.

For women who are self-quarantined because someone in their household has possible symptoms of COVID-19,

- Appointments should be deferred for 14 days.
- Any woman who has a routine appointment delayed for more than 3 weeks should be contacted.. Referral to antenatal ultrasound services for foetal growth surveillance is recommended after 14 days following resolution of acute illness.

General

- All patients coming to the hospital should be screened with COVID Questionnaire at COVID screening desk.
- A detailed Medical history to be taken from all Pregnant women which should include TOCC history.
- ICMR recommendations for COVID testing in Pregnancy are same as those for non-pregnant population.
- For X-Ray, CT scan an abdominal shield to protect the fetus from radiation exposure is used. An informed consent for the imaging should be taken from the pregnant woman and her relatives.
- The criteria for home quarantine are the same for pregnant women as in general population.

If a woman meets criteria for COVID-19 testing, she should be tested. Until test results are negative, she should be treated as a confirmed case. Do not delay obstetric management in order to test for COVID-19.

Patients should be allowed to have their electronic communication devices to facilitate interactions with the family and friends. If a pregnant woman is confirmed by tests to have COVID-19 infection, the first step is to assess the systemic status.

All in all, it is very essential that we advise all pregnant women to remain positive and we should keep up the team spirit and follow all preventive measures in these harrowing times of COVID crisis.



Dr. Jyothi G. S.

Professor, Department of Obstetrics & Gynaecology, RMCH

Diet & Nutrition in the times of Covid - 19

During this pandemic, one of the main factors that will keep us safe is Immunity. As we all are aware Nutrition has a very important role to play in immunity. Variety is the key to proper nutrition which means that we should include foods from all food groups in our daily schedule which can be achieved by having a Balanced Diet.

In addition to practicing healthy habits that include getting adequate sleep, prioritizing exercise, and using stress-relieving strategies, we can supercharge our immune system by including nutrient-rich foods in Balanced Diet. Some of these nutrients & their sources are:

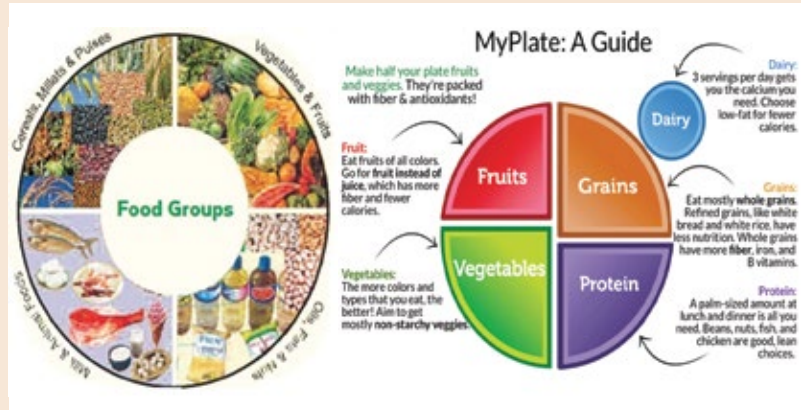
Vitamin C- Citrus fruits such as orange, kiwi, lemon, guava, grapefruit, and vegetables such as broccoli, cauliflower, Brussel sprouts and capsicums are rich, natural sources of vitamin C. Other vitamin C-rich fruits include papaya and strawberries

Vitamin B6 & 12- Vitamin B6 comes in protein-rich foods like turkey and beans, as well as potatoes, spinach, and enriched cereal grains, Meats, milk, and fish also contain vitamin B12, a powerful immune booster.

Vitamin E- Vegetable oils (such as wheat germ, sunflower, safflower, corn, and soybean oils). Nuts (such as almonds, peanuts, and hazelnuts) Seeds (such as sunflower seeds). Green leafy vegetables (such as spinach and broccoli) Fortified breakfast cereals, fruit juices, margarine, and spreads.

Vitamin D- Fatty fish, like tuna, mackerel, and salmon. Foods fortified with vitamin D, like some dairy products, orange juice, soyamilk, and cereals, Beef liver, Cheese & Egg yolks.

Calcium - Cheese, Yogurt & Milk. Sardines. Dark leafy greens like spinach, kale, turnips, and collard greens. Fortified cereals such as Raisin Bran, Corn Flakes (They have a lot of calcium in one serving.) & Fortified orange juice. Soybeans.



EAT HEALTHY, EAT SAFE. BOOST YOUR IMMUNITY

The 3 (H)eroes to help fight Covid

Hand Wash

1. Follow hand wash rules at work, in the kitchen and while traveling.
2. Food whether veg or non-veg should be washed & cooked well before eating

Hydration

1. Keep yourself adequately hydrated by consuming more fluids (2.5 to 3 liters as per advice) like Fresh lime juice, Amla juice, Buttermilk, coconut water, Ginger Tea, Pepper & Garlic Rasam.

Healthy Diet

1. Eat Balanced diet at regular timing & follow the simple rule of small & frequent meals.
2. Include seasonal fruits & vegetables, Nuts & Oilseeds (flaxseed, Sunflower seeds) to improve your immunity.



Mrs. Hema Arvind

Chief, Clinical Nutrition & Dietetics, RMH

Webinars And Training Programmes

As part of Training of Doctors and Healthcare Professionals in CKD – Covid 19, a webinar was conducted by RGUHS on May 2, 2020. Dr. Gireesh M.S, Associate Professor, Department of Nephrology, Ramaiah Medical College & Hospital spoke about Dialysis in Covid -19.

Dr. Sunil Kumar BM, Professor, Department of Paediatrics, Ramaiah Medical College & Hospital was part of a webinar panel discussion on Usual infection not responding to antibiotics on May 5, 2020. Organised by Indian Academy of Paediatrics, Karnataka and Bengaluru Paediatric Societys.

Dr. Anuradha H V, Professor & HOD, Dr. Nivedita Maity, Associate Professor, Dr. Rathai Rajagopalan, Assistant Professor, Dr. Sneha C, Assistant Professor, and Dr. Annapurna V T, Assistant Professor, Dept. of Pharmacology, Ramaiah Medical College spoke in a webinar organized by Elsevier on May 6, 2020.

Dr. Anuradha H V, Professor & HOD, Dept. of Pharmacology, Ramaiah Medical College spoke on Issues related to Clinical research during COVID 19 on May 13, 2020, organized by CDSA.

Dr. Mukunda N, Assistant Professor, Dept. of Pharmacology, Ramaiah Medical College spoke on Issues related to Clinical research webinar during COVID 19 on May 13, 2020, organized by CDSA.

Dr. Kirthana Kunikullaya U, Assistant Professor, Department of Physiology, RMC, participated in Brain Awareness Week organized by Gujarat Forensic Sciences University (IBS)

Webinar on Brain, cognition, emotion and music (BCEM) 2020 Conference organized by University of Kent, Canterbury (May 20 - 21st 2020) and Music and Covid19- Attended – May 19, 2020, organized by Max-Planck-Institute for Empirical Aesthetics, Aarhus University.

Webinar on Center for Cognitive and Brain Sciences (IIT Gandhinagar) on May 25, 2020

Dr. Nandakishore Alva, Professor, Department of Pathology, Ramaiah Medical College spoke on Bio-Safety Guidelines, Patient Screening and Indication for Testing, Sample Collection, Handling and Transporting, Preanalytical and Analytical Aspects of Diagnostic Tests on June 25, 2020

Dr. Jyothi G.S, Department of OBG, spoke on Role of Hydroxy Progesterone in Preterm Birth on May 26, 2020

Dr. Naresh Shetty, Senior Professor, Department of Orthopedic, Ramaiah Medical College & Hospital and President of Ramaiah Memorial Hospital spoke on The Importance of Simulation Training Programme for aspiring Doctor on June 26, 2020.

Public health response to COVID - 19 by the Department of Community Medicine

Dr. Shalini Pradeep, Professor, is the Nodal officer for COVID-19 activities to liaison with the Government of Karnataka and updation of various reports on COVID-19 portal on daily basis.

Dr. Suman G, Associate Professor coordinated the video documentary in English, Kannada, Hindi, and Marathi under the UNIDO project for training and capacity building of health care personnel in the area of bio-medical waste management during COVID-19 pandemic. Dr. Lalitha, Dr. Nanda Kumar B S, Dr. Babitha, Dr. Priyadarshini C and Dr. Pavithra C were part of the team. It was Co-ordinated by Corporate Communications, GEF.

Dr. Dinesh Rajaram, Associate Professor, is leading the team of enthusiastic and motivated interns, PGs along with Dr. Ananth Ram, Dr. Babitha, Dr. Pavithra and Mr. Chethan in contact tracing, stamping of contacts, cluster containment community surveillance and community awareness in Sanjaynagar, Palace Guttahalli, Rajajinagar and Padarayanapura UPHCs during the early phase of lockdown

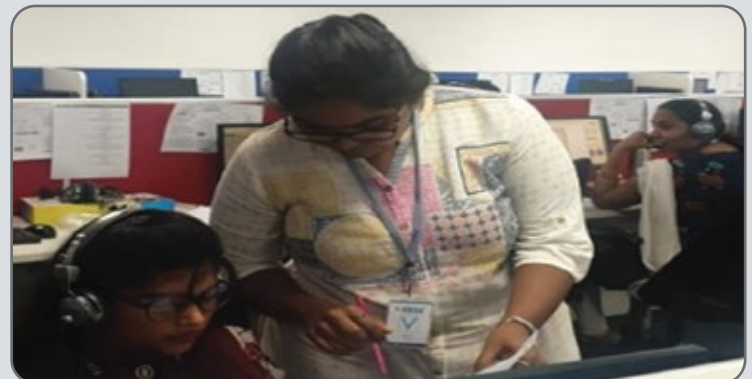
period. The interns are currently working at quarantine centres in BBMP area where international travellers are quarantined.

Dr. Babitha Rajan, Assistant Professor & Pavithra Cheluvraj, Assistant Professor contributed for the development of SOP for the institution and training materials on COVID-19.

Dr. Ananth Ram, Assistant Professor, with PG Dr. Bhavana, Dr. Shalini Naik from Department of Microbiology and Dr. Prasanna Kumar from Department of Pulmonary Medicine conducted a district level assessment of COVID-19 preparedness and performance appraisal of Chikkaballapura district from 4th to 6th June, which was a state government initiative.

The Postgraduates Dr. Manasa Diwakar, Dr. Divya, Dr. Akhila and Dr. Bhavana were deputed to State Health and Family Welfare where they were involved in capacity building and supporting the executives at Call Centres and in real time updation of data on logistics S3 portal over the last three months.

Public health activities for Covid - 19



Ramaiah Medical College awarded E learning Excellence Academic – Digitisation Certificate



First Robotic Kidney Stone Surgery was successfully operated on June 23, 2020. A team headed by Dr. H.K. Nagaraj, Senior Professor, Department of Urology, Ramaiah Memorial Hospital performed the surgery



Department of Physiotherapy, Ramaiah Memorial Hospital conducted health screening test for Karnataka State Cricket Players at Chinnaswamy Stadium on June 23, 2020



Faculty of Department of Community Medicine attended / conducted webinars and training programmes on COVID 19

Dr. Lalitha K, Dr. Shalini S, Dr. Suman G, Dr. Dinesh Rajaram, Dr. Pavithra Cheluvraj, Dr. Ananth Ram, Dr. Shalini Nooyi, Dr. Raju V, Dr. Rajoo Singh, Dr. Ravi (KSPCB), Dr. Haseena Banu, Dr. Babitha Rajan, Dr. Hemanth, Dr. Pavithra, Dr. Nandakumar

- Online training on COVID surveillance on March 31, 2020.
- Consultation meet on health care waste management in COVID situation on April 3, 2020.
- Opportunities & challenges for health technologies FHIR platform – COVID By HL-7 India on April 3, 2020.
- Online training for Group D workers on COVID in collaboration with RGUHS on April 8, 2020
- Consensus for Management of Biomedical waste in the present COVID 19 situation on April 10, 2020
- Online training for Allied health sciences – Lab technicians on April 11, 2020
- Online training for Allied health sciences – respiratory care, critical care unit and optometrist Online training for hospital Administrators and public health on April 15, 2020
- Online training on BMW- COVID19 doctors and nurses on April 15, 2020.
- Training for lab technicians on April 16, 2020.
- Online training for CBWTF operators and workers on COVID19 safe management of Biomedical waste at CTF on May 22, 2020.
- Second online workshop on online distance learning workshop on May 23 to 31, 2020.
- Video demonstration ; Q & A session on BMW in COVID-19 Situations on May 26, 2020.

ದಿವ್ಯಾಂಗರ ಆಶಾಕಿರಣ ರಾಮಯ್ಯ ಕೃತಕ ಕೈ-ಕಾಲು ಜೋಡಣಾ ಕೇಂದ್ರ:



1994ರಲ್ಲಿ ರಾಮಯ್ಯ ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಇಬ್ಬರು ಸಿಬ್ಬಂದಿಗಳೊಂದಿಗೆ ಪ್ರಾರಂಭವಾದ ರಾಮಯ್ಯ ಕೃತಕ ಕೈ-ಕಾಲು ಜೋಡಣಾ



ಕೇಂದ್ರ ನವೆಂಬರ್ 13, 2009ರಂದು ರೋಟರಿ ಸದಾಶಿವನಗರ ಸಹಯೋಗದೊಂದಿಗೆ ರಾಮಯ್ಯ - ರೋಟರಿ ಸದಾಶಿವನಗರ ಕೃತಕ ಕೈ-ಕಾಲು ಜೋಡಣಾ ಕೇಂದ್ರ ಎಂದು ಮರು ನಾಮಕರಣ ಹೊಂದಿತು. ವರ್ಷದ ಪ್ರತಿದಿನವು ಕಾರ್ಯವನ್ನು ನಿರ್ವಹಿಸುವ ಕೇಂದ್ರದಲ್ಲಿ ಕೃತಕ ಕೈ-ಕಾಲು, ಕ್ಯಾಲಿಪರ್ಸ್, ಕಿವಿ, ಮೂಗು, ಬೆರಳು ಮುಂತಾದ ಕೃತಕ ಅಂಗಾಂಗಗಳನ್ನು ರಿಯಾಯಿತಿ ದರದಲ್ಲಿ ರೋಗಿಗಳಿಗೆ ನೀಡಲಾಗುತ್ತದೆ. ಇದರ ಜೊತೆಗೆ ಮಧುಮೇಹಿ ರೋಗಿಗಳಿಗೆ ಮತ್ತು ಕೈಕಾಲು ವ್ಯತ್ಯಾಸವಿರುವವರಿಗೆ ಅವರ ಅಗತ್ಯಗಳಗುಣವಾಗಿ ಪಾದರಕ್ಷೆ ಮತ್ತು ಶೂಗಳನ್ನು ಮಾಡಿಕೊಡಲಾಗುವುದು.

ಈ ಕೇಂದ್ರಕ್ಕೆ ದೇಶದ ಇತರ ರಾಜ್ಯಗಳಿಂದ ಮಾತ್ರವಲ್ಲದೆ ವಿದೇಶಗಳಿಂದ ದಿವ್ಯಾಂಗರು ಮತ್ತು ರೋಗಿಗಳು ಇಲ್ಲಿನ ಸೇವೆಯನ್ನು ಪಡೆದುಕೊಳ್ಳಲು ಆಗಮಿಸುತ್ತಿರುವುದು ಕೇಂದ್ರದ ಪರಿಶ್ರಮ ಮತ್ತು ರೋಗಿಗಳ ಬಗ್ಗೆ ಇರುವ ಕಾಳಜಿಯನ್ನು ತೋರಿಸುತ್ತದೆ.

1994 ರಿಂದ ಇಲ್ಲಿಯವರೆಗೆ 24000 ಆರ್ಥೋಸಿಸ್ ಮತ್ತು 4000 ಪ್ರಾಸ್ತೋಸಿಸ್‌ನ್ನು ಫಲಾನುಭವಿಗಳಿಗೆ ನೀಡಲಾಗಿದೆ.

WELCOME



Dr. Chaithra C
Assistant Professor,
Hospital Administration



Dr. Swathi R.S
Senior Resident,
Hospital Administration



Dr. Manu K.R
Senior Resident,
Paediatrics



Dr. Dakshayini C
Senior Resident,
Ophthalmology

Farewell



Dr. Vasanthi A. Krishnan
Professor & HOD,
Physiology.



Dr. N. Subramanyam
Senior Librarian, Library
and Information Centre.



Dr. Ashok M..S.
Assistant Professor,
Anaesthesiology.



Dr. Luv Luthra
Assistant Professor,
Vascular Surgery.



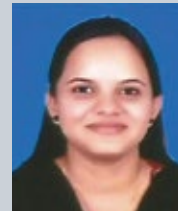
Dr. Rajiv S. R.
Assistant Professor,
ENT



Dr. C. Kiran Kailas
Assistant Professor,
General Surgery



Dr. Priyanka V. N.
Assistant Professor,
Emergency Medicine



Dr. Chaitra P. V.
Junior Resident,
Respiratory Medicine.



Dr. Ramakrishnan K. G.
Junior Resident,
Medical Oncology