Dr. Balasaheb Vikhe Patil Rural Medical College
PRAVARA INSTITUTE OF MEDICAL SCIENCES (DEEMED TO BE UNIVERSITY)

UBIQUISCOPE

A LOOK INTO SCIENCE

APRIL 2022 • VOLUME 3

WHAT'S INSIDE

An art exhibition and Wall of fame organised by RDC

Daughter of Late Dr. Manjiri Govind Vaidya expressed her feelings

Dr. Sangita Vikhe, NS, PRH sensitised the Nursing staff on theme of IWD 2022 #"Break the Bias"

EDITORIAL NOTE

They say 'Good things take time, as they should'. In accord with this, we now present to you Ubiquiscope Volume 3, a special edition for all of us, as this edition marks the last time that our Batch of 2018 will be participating in the making. From here on, we are going to take a step back and pass on this legacy to our junior batches, who will strive to make the future editions even more enhanced and innovative.

In this volume we have dedicated our theme to Women Empowerment, to celebrate the International Women's Day 2022, and what better way to acknowledge the essence of it than being inspired by some of our own famed faculties! Also present are two complex cases of Osteopetrosis and Transverse Myelitis which will surely make the read an enlightening one. We would like to share that this time, we have had contributions from our interns too, who have taken time apart from their busy schedules and have given us some superb stuff to relish!

We hope you all have a wonderful time going through these pages, just as we had in making them.

Happy Reading!

A BREAKTHROUGH IN VOCAL CORD ANOMALIES DETECTION

Clinicians and laryngologists across the world have a reason to rejoice this major step forward, which will help them find better therapeutic treatments for people with dysphonia and other voice disorders. Maryam Naghibolhosseini, an assistant professor at Michigan State University, is using high speed videoendoscopy (HSV) to improve health and answer to the needs of people suffering from voice disorder. She has been granted a $700,000 Career Development Grant by The National Institute on Deafness and Other Communication Disorders to further her research and is collaborating with Dimitar Deliyski, chairman of MSU's Department of Communicative Sciences and Disorders.

HSV combines videostroboscopy with flexible nasolaryngoscopes to observe vocal cord vibrations during speech at a higher resolution with 4000 frames per second. The partnership with Mayo Clinic in Arizona has enabled Naghibolhosseini to use close up video footage to reveal biomechanics of voice production. The researchers are examining data from normal voice recordings, as well as those with spasmodic dysphonia and unilateral vocal paralysis. The project aims at obtaining HSV data and acoustic recordings simultaneously. This data will provide an efficient way to diagnose neurogenic voice disorders at the vocal fold stage. With the advancement of this research, it provides the hope of turning a new leaf in the field of diagnostic medical science. The method involves feeding an endoscope into the larynx through a person's mouth, so that they cannot speak beyond a few vowel sounds.

https://pubmed.ncbi.nlm.nih.gov/18057909/

SICKLE CELL DISEASE: THE CURRENT SCENARIO

We have been exploring the various aspects of the pathophysiology and management of Sickle Cell Disease (SCD) since 110 years. The only curative therapy in SCD so far is the replacement of genetic defect in hematopoietic stem cells (HSCs).

Neonatal screenings, penicillin prophylaxis and immunization to control the infectious risk along with education have dramatically decreased SCD-related childhood mortality. Such measures, however, have been poorly implemented in low-income countries.

Blood transfusion has proven to be effective in some acute situations like severe anemia, acute chest syndrome and in some chronic complications like cerebrovascular disease. Only a few patients have access to a reliable supply of blood. As per a modeling study, India is estimated to have the biggest unmet need for blood units in the world.

Hydroxyurea (HU) therapy has shown convincing evidence of benefit. Significant reduction in vaso-occlusive crises and transfusion requirements was seen. Underutilization due to healthcare infrastructure deficiencies, poor compliance and fear of toxicity. HU-related carcinogenicity, teratogenicity and reduced fertility have not been confirmed. Randomised studies are still needed to assess the Benefit-Risk ratio

P-selectin blockers like L-glutamine and Voxelotor have limited efficacy and are still costly.

In short term, improving the availability of proven therapies such as penicillin prophylaxis and HU is the quickest and easily achievable way to increase the life expectancy and quality of life of patients with SCD.

https://journals.lww.com/ijmr/fulltext/2021/07000/sickle_cell_disease__more_than_a_century_of.2.aspx

Lata Mangeshkar, the iconic singer was an inspiration for all. She inspired everyone with her hardwork and devotion. Age may slow a person down, it need not stop her altogether.

-Suraj Mohapatra

Mountains have always been a source of awe and beauty and sometimes we don't have the words to capture how much we admire them.

-Karishma Jangra

MEET MICRA, THE SMALLEST PACEMAKER

The US Food and Drug Administration approved Micra AV, the world's smallest, leadless pacemaker with atrioventricular (AV) synchrony, which ensures that the atria and ventricles act in concert when the device is implanted directly in the heart.

Manufactured by Medtronic, Micra Transcatheter Pacing System (TPS) is 93% smaller than conventional pacemakers and senses the top chamber and paces the bottom chamber. So, the blood flow is coordinated. It is completely self-contained within the heart and eliminates potential medical complications arising from a chest incision and wires running from a conventional pacemaker. It does not require a surgical pocket under the skin. A battery is expected to last up to 13-15 years. It is also approved to be used safely with MRI scanners.

A catheter is inserted into the femoral vein and being the size of a large vitamin capsule, Micra moves up into the right ventricle of the heart. With no 'pacemaker hump' near the clavicle, device insertion is less invasive and patients can resume activities of daily living sooner.

This device eliminates the risk of malfunction from mechanical stress and avoids additional sources of potential infection. For most patients, the Micra design translates to fewer medical complications and fewer post-implant activity restrictions.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC785 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5997619/

CULTURED EPIDERMIS: THE NEW WOUND HEALER ON THE BLOCK

Recent studies have presented that the success of cell transplantation as regenerative therapy also lies in the effect of the cytokines and chemokines secreted by the transplanted cells on the recipient cells. Using this idea, cell-derived products, which do not contain viable cells owing to dehydration, have been developed and applied clinically in the field of wound care.

The shortage of donor sites for skin grafts is a significant problem for the treatment of severe burn injuries. In such cases,a promising treatment option is cultured epidermal autograft (CEA), which is a cultured keratinocyte sheet prepared from the patient's skin. Cultured epidermis (CE) accelerates wound healing irrespective of its viability and it is hypothesized that dehydrated CEs lacking living cells may act as an effective wound dressing. Cryopreserved allogeneic cultured epidermis is used for treating second-degree burn wounds and diabetic foot ulcers as it promotes wound healing in deep dermal burns, donor sites and chronic ulcers; However, the need for cryopreservation limits its use. It was elucidated that the properties of dried CE were similar to those of cryopreserved CE and both CEs promoted wound healing to the same extent. The flexibility of Dried CE allowed it to adhere to the wound surface without any gaps at the electron microscopic level, imitating the physiological state in which the wound surface was covered with stratified keratinocytes.This environment accelerates the migration of recipient keratinocytes, promoted epithelialization, and accelerated the reduction of the wound area. Therefore, is advantageous over conventional synthetic wound dressings.

Source: https://pubmed.ncbi.nlm.nih.gov/35210511/

INSTAGRAM MENTIONS

_WE.CARE.U

It all started with a simple thought of novice medicos trying to help people at ground level.

Initially we all had our apprehensions but the will to do good led us to this place .

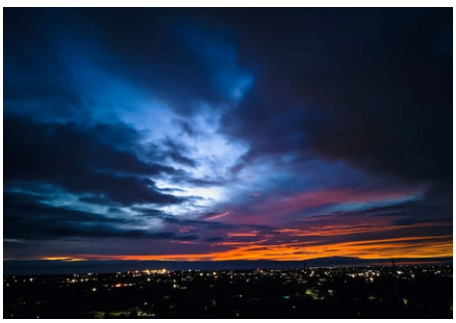
"Be the change you wish to see" and we want to work towards a better society where everyone gets equal opportunities

It is just the start , we have a long way to go but we believe our small steps will help us reach our destination !

"Once With Us Always With You"

WE CARE YOU

S.P.MALL



Clicking photographs is therapeutic for me.

Photography is something I get immersed in. You lose yourself in shooting, and all your worries and daily stresses just melt away.

- Surya Prakash Mall
MBBS 18

FROM THE DEAN'S DESK
PRACTICE QUESTIONS FOR STUDENTS

Qn. 1. In a marriage ceremony, the 'Barat' reached the bride's place at about 7 p.m. on 15 May. Dinner was served between 10 and 11.30 p.m. and was eaten by a total of 188 persons, including both the bride's and groom's relatives. Next day, breakfast was served between 6 and 7 a.m., following which the ceremonies for 'farewell' started. However, at 8 a.m., persons from both sides started having gastroenteritis and by 10 a.m. many persons had developed symptoms. The last person had symptoms at 2 p.m. on 16 May. Of the total 188 persons who ate the dinner and breakfast, 94 developed the disease, all of whom had six to eight watery loose motions and severe abdominal colic; 10 had nausea, 2 had vomiting and only 1 had mild fever. However, none had blood in stools. All recovered by morning of 17 May.
Answer the following: (a) Is this episode an outbreak of food poisoning? If yes, why? (b) Which microbe is the most likely cause of this outbreak? (c) Which meal will you investigate and why?

Qn. 2. In the aforementioned question, dinner of 15 May consisted of matar paneer, beans with gravy, curd, poori, fried rice and ice cream. History of eating or not eating these items was obtained from each of the 188 persons, whether the person became ill or not. The details are as follows

	Did not eat the item			Ate the item		
Food Item	**Became ill (a)**	**Did not fall ill (b)**	**Total (c)**	**Became ill (e)**	**Did not become ill (f)**	**Total (g)**
Matar paneer	55	51	106	39	43	82
Beans with gravy	51	60	111	43	34	77
Curd	49	48	97	45	46	91
Poori	82	78	160	12	46	28
Fried rice	88	20	108	6	74	80
Ice cream	84	82	166	10	12	22

(a) Calculate the risk estimate for each of these six food items. (b) Which item is the most likely vehicle for having transmitted the infection and why? (c) Are these food items biologically plausible with the microbial cause identified in the earlier question (Qn. 1)?

Students can post their answers by email to the Dean at: principal.rmc@pmtpims.org

THE CURIOUS HISTORY OF RELIGIOUS MELANCHOLY

"Every possible danger they take for probable, & every probable one for certain & every little danger for a great one & every calamity for an utter undoing"

Sounds familiar, right? Well, these are the words of the English clergyman 'Richard Baxter' who published pamphlets filled with advice for people suffering from 'religious melancholy' as OCD was known back then.
The word obsession derives from Latin word 'obsidere' which means 'to take possession', 'to occupy' and compulsion derived from Latin 'compellere' meaning 'to be constrained' & 'to be overpowered'.
Descriptions of the phenomena of obsessions & compulsions can be found over the past several centuries.
Obsessions & hand washing rituals resulting from guilt were immortalized in the 17th century by the Shakespeare character Lady Macbeth,
"It is an accustomed action with her, to seem thus washing her hands. I have known her continue with this a quarter of an hour."
It makes sense that most recorded obsessions back in the day were about religion, because OCD tends to attack things we love & value, & religion was a very important part of people's lives & identities back then & hence the obsessions that people tended to report having back then were mostly referred to as Religious Melancholy.

-Aiman Malik
Intern (Batch 2016)

Clinical case - Osteopetrosis

Osteopetrosis (OPT) literally means “stone/marble bone”. Congenital osteopetrosis is a rare genetic disorder, first described by Dr. Albers-Schoberg, a German radiologist, in 1904. This disease encompasses a group of hereditary metabolic disorders, all of which detrimentally affect bone growth and remodeling, leading to generalized osteosclerosis and the potential of pathological fractures. The impaired osteoclast activity is characterized by increased bone density and obliterated marrow spaces resulting from defective bone reabsorption. Pancytopenia, even cranial neuropathies and hepatosplenomegaly are seen in severe cases.

The disease is of the 04 following major types:

- Severe infantile malignant autosomal recessive.
- Intermediate mild autosomal recessive.
- Benign autosomal dominant (Type 2 dominant/ OPTA2)
- X-linked pattern.

Osteopetrosis is known to have association with new skeletal mutation in genes of different chromosomes

Phenotype and disease	**chromosome number**	**Subunit(gene)**
Homogeneous Autosomal Dominant(OPTA1)	16p13.3	CLCN7
Homogeneous Autosomal Dominant(OPTA2)	11q13	LRP5
Homogeneous Autosomal Recessive(OPTB2)	11q13	TC1RG1
Homogeneous Autosomal Recessive(OPTB1)	16p13, 6q21, 13q14, 17q21, etc	CLCN7, OSTM1, TNFSF11, PLEKHM1, etc
X-linked OPT		

The dynamic state of bone and it’s balance between osteoclast mediated resorption and osteoblast mediated deposition is disrupted due to genetic mutations. Osteoclasts that have defective proton pump channels, chloride channels, or carbonic anhydrase proteins II are unable to resorb the bone effectively, consequently the dense bone that is prone to fracture and metabolic dysfunction develops unchecked.

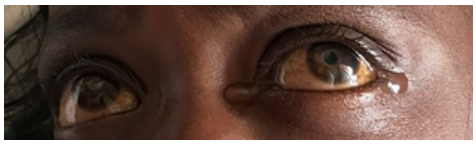
Sclerosis of vertebral bodies.

Hyperdense long bones

Cranial hyperostosis

This is a report of 09-year-old female patient, diagnosed as Osteopetrosis while investigating for hepatosplenomegaly and thalassaemic facies.

A 09-year-old female child born of a third degree consanguineous marriage was brought to OPD with chief complaints of abdominal pain, neck pain without fever for 08 days, cough for 03 days and decreased oral intake for 03 days, with past history of trauma to the head during home delivery and blindness (diagnosed when she was one year old). General examination showed severe pallor, macrocephaly, lymphadenopathy of left supraclavicular and posterior triangle lymph nodes, abdominal distension, everted umbilicus, dilated abdominal veins, thalassaemic facies. (frontal bossing, maxillary hyperplasia, dental caries, proptosis, malocclusion of jaw)



Proptosis of Eyes

Massive Hepatosplenomegaly, Spleen and liver crossing 17cm and 7cm away from the midline.

Systemic examination revealed Harrison sulcus along right sided ribs and massive hepatosplenomegaly. Ophthalmic examination yielded optic atrophy. The CBC showed Hb levels of 04 gm/dL and TLC 20,990/mm3, with no any detectable morphological changes.

Skeletal radiographs showed, dense long bones, sclerosis of vertebral bodies and cranial hyperostosis. The possibility of Thalassaemia was ruled out by performing Hb electrophoresis.

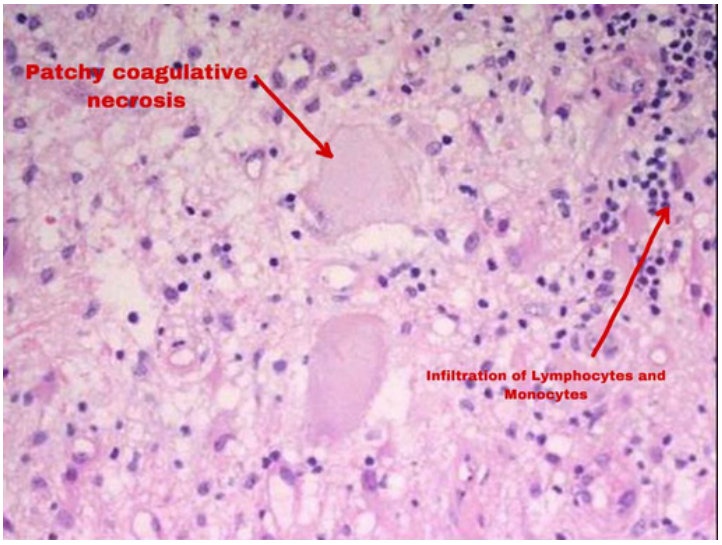
Based on the clinical picture and further ruling out Thalassaemia, the diagnosis was concluded to be Osteopetrosis. We think it has autosomal recessive inheritance with history of consanguinity. Such cases are generally treated with hematopoietic stem cell transplantation, with <50% success rate and unsatisfactory rescue of growth and visual deterioration.

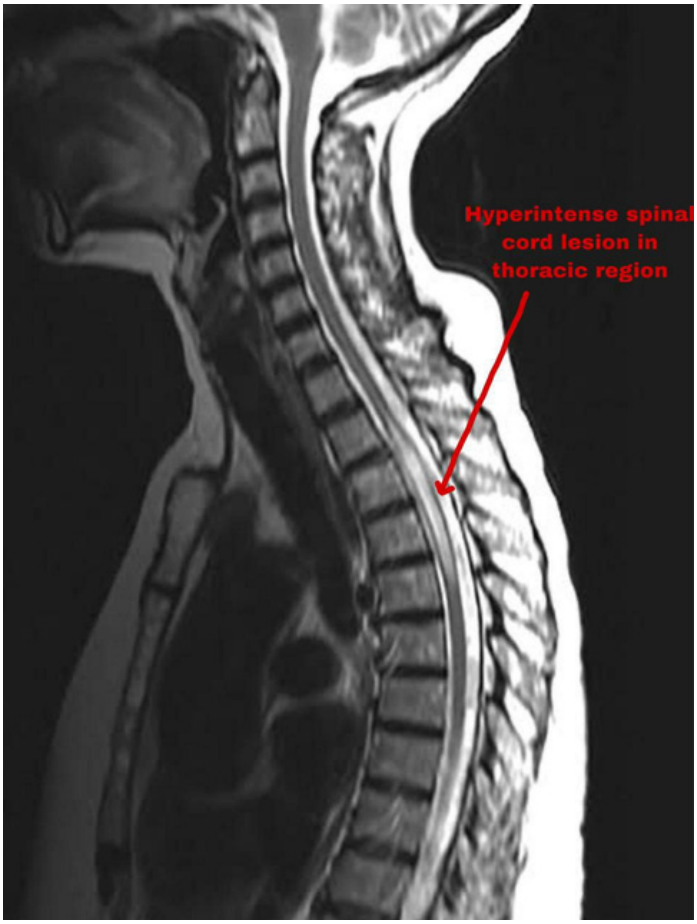
It is a disease which is an important differential diagnosis of Thalassemia in view of similarity with anaemia, hepatosplenomegaly and extra-medullary haematopoiesis. It differs from Thalassemia in having no jaundice, absence of rarefaction of bones and presence of optic atrophy. It also highlights the importance of a constellation of features in the clinical diagnosis of diseases without the need for expensive investigations.

Clinical case - Transverse Myelitis

A 36 year old female (Right handed) without any pre-existing co-morbidities with a history of COVID vaccination came to the casualty with a high grade fever, chills and a headache. After about 8 days of admission she started experiencing bilateral weakness of lower limbs which was insidious in onset and progressive in nature. Along with the weakness she also experienced lightheadedness and a decrease in cognitive abilities which aggravated to a loss of consciousness. After 18 days of gradual recovery of consciousness she experienced complete bilateral paraparesis and anaesthesia of lower limbs, from the level of Umbilicus as told by the patient (that is around T-10 Spinal Root). Along with the motor and sensory symptoms, patient also had urinary problems which was narrated as “felt the need to urinate but was unable to” which typically denotes a Detrusor Sphincteric Dyssynergia (a type of Neurogenic bladder). Patient was not able to feel her bowel movements either.

Higher Mental Functions	- Patient is conscious, co-operative and well oriented to time, place and person. - Immediate, recent as well as remote memory intact. - No signs of impairment in Speech, Concentration and Behaviour (Mood).
Cranial nerves	- No signs of involvement
Motor System (of Lower limbs)	- Attitude: Paraplegic - Nutrition: No wasting of muscles - Tone: Hypertonia - Power: Grade 0 (MRC grading) - Reflexes: Exaggerated deep tendon reflexes Babinski’s sign positive - Co-ordination and Gait: Not significant These findings are consistent with the typical features of Upper Motor Neuron (UMN) lesion. - Beevor’s sign: Positive, which hints towards the involvement at either T9 or T10 Spinal level
Sensory system	- Complete Anaesthesia (absence of all primary modalities like touch, pain, pressure, temperature, joint position and vibration) upto the level of Umbilicus thus confirming the involvement of T10 spinal level.
Cerebellar	- No signs of Ataxia or any other cerebellar dysfunction.





Histopathology and MRI Reports of a Transverse Myelitis Patient (Above and on the Right)

Bowel and bladder involvement hint towards Autonomic dysfunction. Signs of meningeal irritations cannot be elicited. No gross skull or spine deformities noticed. Along with the systematic approach to the Nervous examination, Head to toes examination of the patient was done to look for any nerve thickening, Neuro-cutaneous markers (for various systemic disorders like Neurofibromatosis, Tuberous Sclerosis etc.) and signs of nutritional deficiency or alcoholism.

Diagnosis was made clinically and was backed by the presence of Pleocytosis in the CSF. As pathogenesis of this disease is immunological, the patient was managed with high doses of Corticosteroids and Plasmapheresis. She has been advised to undergo regular neurophysiotherapy for her neurological symptoms.

Common differentials for a case of Paraparesis are,

- Compressive Myelopathies (for example: Pott's Spine TB, Central disc herniation etc)
- Guillain-Barré syndrome
- Multiple Sclerosis
- Cerebro-vascular accidents etc.

1. Pathological hallmark of transverse myelitis within the spinal cord is the focal collection of?
a) Neutrophils
b) Lymphocytes and monocytes
c) Eosinophils
d) Basophils

2. Acute transverse myelitis can be differentiated from GBS by all of the following, except-
a) Symmetrical weakness
b) Paraparesis
c) Hyperreflexia below the lesion
d) Sensory ataxia

3.Which of the following is not a diagnostic criteria for transverse myelitis?
a) Fever
b) Bilateral sensori-motor and autonomic dysfunction
c) Clearly defined sensory level
d) Demonstration of spinal cord inflammation

4. Which of the following is NOT a characteristic MRI finding of myelitis?
a) More than one intrinsic cord lesions
b) Intrinsic cord lesions span at least two vertebral segments.
c) Lesions enhance with intravenous gadolinium
d) Concomitant MRI evidence of demyelinating brain lesions.

5.Which of the following structure is most likely to be involved in case of transverse myelitis associated with flaccid paralysis?
a) Proprio-spinal cells
b) Column cells
c) Anterior horn cells
d)Root cells of lateral gray horn

Ans 1.b. 2.b 3.a 4.d 5.c

EASE IN NO BREEZE:
RECIPE FOR A PERFECT SUMMER DAY

Ingredients:

- Sun (Hopefully something that doesn't burn you dry)
- Chirping Birds
- Cold Beverages/ Water
- Sunscreen SPF 50+/ Snapback
- Park/ Ground
- Cooler/ Fan on its highest speed
- Citrus Fruits/ Toffees
- Ice-Cream
- TV/ Laptop/ Basically anything with Netflix!

All the ingredients after '/' are for people on a budget or living a hostel life

The How to's:

- Wake up to the languid sun in the sky with the natural music of chirping birds. If you're not a Johnny-on-the-spot, this step is totally skippable.
- Work your way into a fresh breakfast with a cold beverage/ water.
- A cooler/ high speed fan makes the perfect companion on a hot afternoon coupled with some Netflix and bake inside your bed with your most cherished lunch.
- Sleep, yes guys, sleep, Take That Nap! If you have to go out, don't forget that sunscreen/ snapback.
- When your slumber is over, get yourself working and play your favourite sport on the ground/park! If you're not big on strenuous activity, maybe just take a walk.
- As a post-workout meal, treat yourself with a colossal Ice-cream with the sun finally settling down.
- Have a fine dining experience in your mess, sleep.

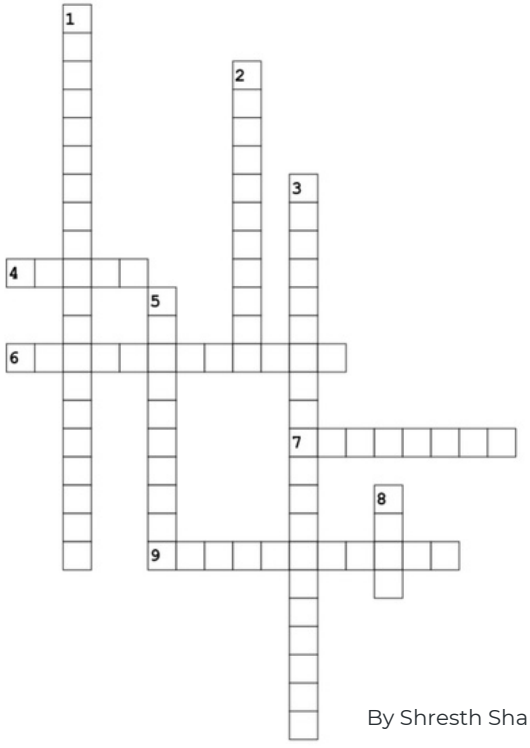
CROSS-ANAT

Across

4. Inflammation, usually in small children, which causes a barking cough
6. Famous nun and missionary who selflessly devoted her life in service to others
7. Lymphatic tissue in the nasopharynx
9. Scheme that provides legal assistance to women and helps them take initiative for readjusting in societies

Down

1. Campaign that aims to generate awareness and improve the efficiency of welfare services intended for girls
2. Which virus is another common cause of tonsillitis in children
3. Scheme is to motivate all BPL, SC and ST Women to deliver in health Institutions, to reduce maternal and infant deaths
5. An inflammation of the voice box from overuse, irritation or infection
8. Disorder that causes stomach acid to irritate the throat region



By Shresth Sharma

Words that Matter

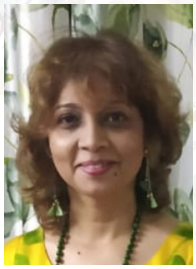
Since we celebrated International Women's day last month, we thought it is only fitting that we dedicate this issue's interview section to the women in our lives. For this, we went around and interviewed a few of the many magnificent women of our University. It was an enriching experience, to say the least. Here's an excerpt from a compilation of these interviews.

Dr. Bangal
Professor of Ophthalmology

Dr. Phalke
Professor of Preventive and Social Medicine

Dr. Jain
Professor and HOD Radiation-Oncology

Dr.Vikhe
Nurse Superintendent



Dr. Bhalerao
Professor of Microbiology

Dr. Baviskar
Professor of Pathology

Dr. Badhe
Professor and HOD Anaesthesiology

Q1.How do you strike a fine balance between work and personal life? Do you think women have to walk an extra mile to prove themself at both places repeatedly?

"In the life of any working woman it is essential to have a proper work-life balance. The main reason to celebrate International Women's day is to apprise and remind a woman of her rights and responsibilities besides the familial ones. Women are multifaceted and are capable of fulfilling personal as well as professional duties with aplomb", says Dr. Bangal.

"It's not always that a woman has to show her worth. Yes, in the initial years of marriage, adjustments do need to be made, but this fact must be borne in mind that women alone do not have to make adjustments.Without understanding and cooperation, it's difficult to proceed in life", shares Dr. Jain.

"Planning and communication is the key for striking a fine balance. Though women are renowned as creatures who multitask easily, it does not mean that they should juggle different works at one time, since this vitiates their overall efficiency and reduces productivity in their profession as well as at home. Problems at workplace should be left at workplace. Similarly, family concerns must not invade the worktime", Dr. Vikhe explains.

Q2.How has the medical field changed for women since you joined?Has it become more conducive or more hostile?

"Yes, the medical field has changed for both men and women. The teaching and learning methods have undergone umpteen modifications. Consequently, modalities and avenues have changed over time. Due to the advances in digital technology the role of a teacher has become more of a facilitator. As far as hostility is concerned, I believe that it is subjective and one person or a group of persons cannot speak for everyone. I, personally, have not experienced hostility", says Dr. Baviskar.

"Initially, women were not opting for the medical field in large numbers, but, now they constitute even more than 50% of the workforce. Even with respect to specialization, Gynaecology, Pathology, and Ophthalmology used to be the only choices, but, now every field is being opted and managed by women with just as much efficacy as men", says Dr. Badhe.

Q3 .Have you faced discrimination at workplace?If yes, by whom, patients, colleagues, seniors or juniors?
"No, I didn't face any discrimination at workplace. In fact, it was my good fortune that in my case it was the other way round. My seniors and my colleagues always encouraged and motivated me to achieve all my goals." Dr. Bangal strongly believes that to eradicate discrimination, value education at home should be taught and that we should lead by example. "You should never hesitate to ask for help. If you widen your perspective, constantly mould the prism through which you look at things, try to adapt to changes and are eager to learn things which you haven't learnt in the past, it would help you evolve and increase your potential", she adds.
"I have never faced discrimination at the workplace, but that may not be the case for every woman in this field. And this is why we must stand together and voice our opinions. Women from all walks of life should understand that if we keep on harbouring a crab's mentality and keep pulling each other down, it won't serve anyone well. Remember, we rise by lifting others. This is our motto at Women Empowerment Cell", explains Dr. Phalke.

Q4.What does being a woman mean to you?
"A woman is a wonderful creation of God. She has an added superpower of creating another life. She has been blessed with tremendous energy to cope with multiple things at a time. That is why a woman is called Aadimata, Aadimaya, and Aadishakti", explains Dr.Badhe.

Q5. What is your message for the young girls & women who aspire to walk in your footsteps?
"No one needs to follow anyone. Rather, one should take all the challenges that come their way in their stride and try to carry out the required tasks with sincerity and commitment. At times things may go south, so be prepared to put in your best in everything you do", says Dr. Bhalerao.
If woman comprises 50% of the population and this is why they should achieve 50% representation in every field and not merely based on reservations but based on capabilities and hard work. Our good work should be our identity, says Dr. Phalke.

ONE WOMEN'S FIGHT AGAINST IGNORANCE

In 1960s, when evidence-based medicine was not prevalent and drugs were up on shelves even with the lack of essential research, Dr. Frances Oldham Kelsey stood strong against the pressures exerted by the William S. Merrell Company to approve Thalidomide, a drug that went on to become the cause of a severe medical tragedy. At the FDA, she and her two colleagues, asked the company for more evidence, despite it being approved in Europe in 1956. The drug, prescribed for morning sickness, had not been well researched enough to claim that it had no effect on fetuses, but was sold over the counter without prescriptions. In February 1961, she read a letter in the British Medical Journal from the drug owners Distillers Ltd, which revealed that some patients, consuming Thalidomide suffered numbing effects on the arms and legs. Conclusive evidence was finally reported in November 1961 on the link between thalidomide and phocomelia, a condition in which fetuses have limbs that are absent or malformed. She established the need for clinical studies to delve into both the neuropathy and embryopathy of a drug. In 1962, the Kefauver Harris Amendment to the Federal Food Drug and Cosmetics Act was passed. She advocated strongly for the need for a new system at both the national and international levels to prevent a global health crisis. Kelsey was awarded the President's Award for Distinguished Federal Civilian Service in 1962. Her fight against corporate pressures stands out in a time where a woman's opinions and contributions to science were disregarded without thought. Her calibre and scientific approach prove to be an inspiration to create a healthcare system worth its patients' trust.

An excerpt from DEAR DAUGHTER O'MINE By Rashmeet Mokha

Dear daughter o' mine,
with stardust in your eyes
may you forever rise and shine
but, from another woman's womb
for mine will be the stones to your tomb.

I won't besiege forgiveness
For my deed is below that leverage
But hear me out once dear daughter
I never wanted to be your monster....

And God forbid you choose to rebel
scream and fight out of your shell
The supposed gaurdians of the culture,
These bastards will be at your skin like vultures
To tear your will and your soul
Dismantling your pieces and your poles
Because a burden who doesn't propagate their family name
Breaths and heaves to just bring them shame!
Dear daughter o' mine

CAMPUS INSIGHTS

The Institutional Innovation Council of Pravara Institute of Medical Sciences (Deemed University), Loni, organized a two day E-Symposium on "Innovation & Intellectual Property Rights" on 31st January 2022 & 01st February 2022. The aim was to impart the knowledge on innovative ideas and intellectual property rights.

Our Honourable Chancellor Dr. Rajendra Vikhe Patil celebrated his Birthday on 7th March, 2022. He was felicitated by Shri. Makaranand who was the Chief Guest. Respected Mr. Makaranand, Dr. Rajendra Vikhe Patil and Smt. Survanatai felicitated 10 women with Sewing Machines as a sign of empowerment.

International Women's Day activities were conducted on 8th March, 2022 by constituent colleges under PIMS. The Theme was **#"Break the Bias"**

Award ceremony of Fellowship 2021 in Tobacco Cessation was conducted on 12th April, 2022. The Chief Guests were Hon'ble Dr. Rajendra Vikhe Patil, Chairman, PMT, Loni and Hon'ble Dr. Sudhanshu Patwardhan, Director, CHRE, UK. Guests of Honour were Hon'ble Dr. V. N. Magare, Vice Chancellor, PIMS-DU and Rtd.AVM Dr.Rajvir Bhalwar, Dean, Dr. BVPRMC, PIMS-DU. A documentary about the development of the TRCC was released. The 6 fellows presented the findings of their projects which was followed by the Felicitation of the Guides and the Fellows.

We express our sincere gratitude to Mr. Mahesh B. Tambe, Head Admin, MIC and Electronics and Mr. Sunil Gavande, Junior. Computer Engineer for their immeasurable help in the launch and maintainence of this E-Newsletter

Dates to Remember

May 17th World Hypertension Day

May 25th World Thyroid Day

June 13th International Albinism Awareness Day

July 28th World Hepatitis Day

August 14th World First Aid Day