



UBIQUISCOPE

A LOOK INTO SCIENCE



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EDITORIAL NOTE

Dear Reader,

Once again, with passion and creativity, Team Ubiquiscope is back with its 4th Edition. Although the wait has been long, rest assured we won't disappoint you.

In the Clinical Case Section, we come across an interesting case of Vitamin D Resistant Rickets which proves to us the importance of relying on our foundation subjects as an aid to diagnosing seemingly easy yet internally complex cases

This month also witnessed the university prepping up with zeal for welcoming Ganpati Bappa, many exciting events planned under Lambodaraya 2022.

The TRCC Cell under the guidance of the Centre for Health Research and Education (CHRE), UK organised one of the largest workshops ever seen in PIMS DU, Loni for all the constituent institutes under our University with the motive to train Future Tobacco Cessation warriors

As we always love to interact with our fellow colleagues and faculties, we present before you a very interesting interview by one of our Residents, giving insights into his busy life

Thanking you once again for patiently waiting every single time we promise to entertain you with interesting write-ups revolving around the world we live in.

Yours very sincerely,

Team Ubiquiscope



Students grooving to the beats of the Manthan Music Club during the Inauguration Ceremony of the Clubs



Our beloved Dr Jangle, HOD Biochemistry retired on 27th July.

PRIMARY PERCUTANEOUS CORONARY INTERVENTION IN THE VERY ELDERLY: A REALISTIC INTERVENTION?

Primary percutaneous coronary intervention (PPCI) is the treatment of choice for patients with ST elevated myocardial infarction (STEMI). The evidence on the benefits of revascularisation in elderly patients remains sparse because older patients are under-represented and commonly excluded in landmark clinical trials. The TRIANA trial along with the other two previous reperfusion trials concluded that PPCI did demonstrate better results when compared to fibrinolytics, in terms of mortality, reinfarction, or stroke within 30 days, in older patients. However, the feasibility of PPCI in patients aged >75 years with STEMI is debated, and this population receives fewer reperfusion treatments, both invasive and pharmacological. Robb et al, presented a single centre, retrospective study investigating the outcomes for patients in West Scotland over the age of 85 who were accepted for a PPCI after being diagnosed with

Indications and Patient Selection for PCI and CABG

PCI is usually the preferred option for 1- or 2-vessel disease not involving the proximal LAD. PCI can be pursued but tends to be inferior to CABG for a distal left main (bifurcation) lesion, especially in combination with 2- or 3-vessel disease. CABG is the preferred option for the left main disease with 2- and 3-vessel disease. CABG is also the preferred option even when multiple complex lesions are present and PCI remains technically limited to achieving complete revascularization. CABG is also preferred in diabetic patients with multivessel disease.

[Primary percutaneous coronary intervention in the very elderly: a realistic intervention? | Royal College of Physicians of Edinburgh](#)

[Selecting PCI, CABG or medical therapy: Current Recommendations](#)

PROVISIONAL DIAGNOSIS: CYBERCHONDRIAC

Change is defined as an act or a process through which something becomes different. One cannot argue that if there is something that changes almost every day, then that's technology. The medical field has been privileged to benefit from the advancements in technology as well, ranging from the early French invention of the stethoscope to the American invention of MRI. But who would have thought that one such advancement would end up impacting the medical field in terms of clinical practice to an extent that it would affect the way a clinician practices? Yes, it is the internet.

The internet can be accessed by both the patient and the doctor. This worldwide access to information on health matters has caused many changes in patient expectations and the roles of doctors.

Traditionally, doctors were patients' answers to any medical concerns, but not anymore. The world-wide-web has now become the greatest source of ideas. The amount of information it holds has no boundaries and can be accessed by anyone and everyone, undeniably acting as the best source of medical information as well.

However, every pro comes with a con. Patients now prioritise the internet over a doctor. They choose to consult Google before consulting a doctor and end up self-diagnosing themselves. This access to information can trigger unnecessary hypochondria and result in patients assuming they may have a disease more tragic than what it really is.

In a different scenario, some patients suffer from a condition of believing anything seen on screen, followed by arguing and doubting a physician's knowledge and experience. After "consulting" various popular research sites, patients present it to their doctors, and when told it is untrue, they insist on its authenticity and blame doctors.

It was never easy becoming a "life-saver". But when did one agree to feel belittled by artificial intelligence software or some article that his patient read right before entering his clinic to find a "cure of his choice"? We like to term it as advancements in technology, but is it really an advancement if it is questioning the authenticity of a trained professional?

STEMI.

The framework used in this study defined the elderly as >85 years whereas the definition of elderly has varied in previous studies, and currently there is no apparent consensus as to who should be considered 'elderly'.

In the above-mentioned cohort, it was concluded that advancing age and declining renal function were associated with poorer outcomes. It is well established that older patients diagnosed with STEMI will have a worse prognosis following treatment with PPCI, in comparison to younger patients. Robb et al. argued that these outcomes should not deter the usage of primary PPCI in this population. Outcomes without revascularisation are likely to be even worse in these patients who are at the highest absolute risk.

We need more data to decide on the interventions suitable for the frailest groups.

By Shambhavi Saxena (Intern - Batch 2017)

INSECURE ATTACHMENT AND DYSFUNCTIONAL ATTITUDES

The prevalence of major depression and anxiety disorders increases significantly during adolescence. To understand the development of depression in youth, cognitive and interpersonal approaches are utilised. Cognitive theories (e.g., Beck's Cognitive Theory of Depression) have provided evidence regarding the influence of negative cognitions in the development of depression, whereas interpersonal theories (e.g., Interactional Theory of Depression) emphasize the role of Interpersonal processes (e.g., relationships with family and peers) in depression. The purpose of this study was to examine whether cognitive factors differentially mediate the pathways between insecure attachment and symptoms of depression versus anxiety during adolescence.

Results generally supported the hypothesis that dysfunctional attitudes and low self-esteem would mediate the longitudinal association between

insecure attachment and prospective increase in depressive and anxiety symptoms after controlling initial symptoms and temporally preceding dysfunctional attitudes and self-esteem. Both dimensions of insecure attachment contributed to later emotional distress. Specifically, anxious and avoidant attachment each predicted prospective changes in both depressive symptoms and anxiety symptoms. These findings are consistent with those of Hankin et al. (2005).

By assessing the cognitive factors at different time points, the hypothesized Temporal mediational pathway is supported.

It is important to interpret these results with caution because of the co-relational nature of the data and the possibility that other unmeasured variables associated with dysfunctional attitudes and/or low self-esteem, could be the key mediating force.

[Insecure Attachment, Dysfunctional Attitudes, and Low Self-Esteem Predicting Prospective Symptoms of Depression and Anxiety During Adolescence - PMC](#)

PROFILE IN MEDICINE

MEET THE MAN BEHIND GILBERT SYNDROME

On the occasion on World's Liver Day on the 28th of July, Nicolas Augustin Gilbert's efforts in the early twentieth century stand out and prove to be a breakthrough in identifying familial patterns of liver disorder. Gilbert comes from a family of farmers, and due to his father's efforts, he went onto graduate from medical college. He was known for his academic excellence throughout his life. From being a brilliant student in school, then being second in his year in college and to creating a mark in modern medical history. In 1900-1901, in collaboration with his colleagues Lereboullet and Castaigne, he published an account of benign, familial, non-haemolytic jaundice. Biochemical knowledge identified this disorder as unconjugated hyperbilirubinemia, commonly known as the Gilbert syndrome. It is a fairly common liver condition, in which liver doesn't properly process bilirubin. It is an inherited autosomal genetic disorder. It is characterised by an occasional yellowish tinge of skin and white of eyes. Individuals with Gilbert syndrome, bilirubin levels increase due to illness, fasting or eating a low-calorie diet, dehydration, menstruation, strenuous exercise, stress etc. The research of this syndrome laid down the foundation for further investigations of disorders surrounding liver. Gilbert spent his life conducting extensive investigations into disorders of blood and liver. He showed great interest in chemical pathology. He died at the age of 69 in 1927 leaving behind a successful career and a basis for treatment of several diseases affecting this major organ.



EVERY PATIENT TELLS A STORY: A BOOK REVIEW

"Diagnosis' might restore the patient's measure of control, but it doesn't necessarily come with a cure. In this era of modern medicine, doctors have the knowledge, the tools, and the skills to treat illness. And yet mistakes are made, diagnoses missed, symptoms or tests misunderstood. In *Every Patient Tells a Story*, Dr. Lisa Sanders takes us bedside to witness the idiosyncrasies and various diagnostic dilemmas, providing a firsthand account of the expertise and intuition that lead a doctor to make the right diagnosis. She presents accounts of baffling symptoms, mysterious relapses, intriguing test results and pitfalls of doctor-to-doctor communication. As she unravels the complexities of illnesses, Sanders effectively illustrates the art and science of patient care.

FROM THE DEAN'S DESK

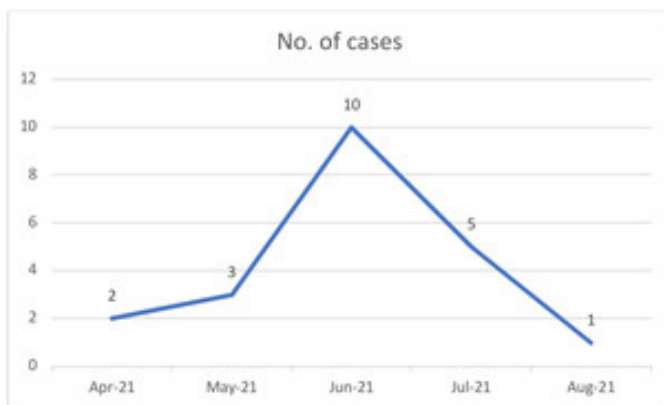
PRACTICE QUESTIONS FOR STUDENTS

Q.1. You are a physician who has developed a hypothesis that raised homocysteine levels (> 15 μmol per liter) are associated with increased risk of IHD. To test this hypothesis, you took a group of 1,000 healthy males aged 40 to 50 years and who did not have any evidence of IHD. Blood samples were drawn and cold-preserved for each of the 1,000 subjects. During the next five years, as soon as any of the subject developed IHD, his preserved blood sample was analyzed for homocysteine level. At the same time, the preserved blood sample of another subject of same age, who did not develop IHD by that time was also analyzed for homocysteine level. The two groups (developed IHD and did not develop IHD) were then compared for homocysteine levels. What type of epidemiological research design is depicted in this situation? :

- (a) Prospective cohort study
- (b) Repeated prevalence study
- (c) Nested Case Control Study
- (d) Ecological study.

Give your reasons for selecting the answer.

Q.2. The following is the diagrammatic curve of occurrence of cases, among a total of 100 school children aged 6 to 8 years living in the hostel of a school. A total of 21 children were affected.



The disease manifested with tender hepatomegaly and jaundice. 15 children had moderate form of sickness, 5 had severe symptoms but recovered after prolonged convalescence while 1 of the patients died.

From the given epidemic curve and given that the disease was Hepatitis - B, what could the mode of transmission in this episode:

- (a) Horizontal transmission among children
- (b) Parenteral transmission through contaminated syringe and needle
- (c) Vertical transmission from mothers to children
- (d) Sexual transmission.

Give reasons for your answer.

Q3. In the junior Boys hostel of a medical college having 300 students, a large number of cases of ascariasis are being reported. Which of the following would you select as the best preventive measure, in addition to giving a mass treatment with 400 mg Albendazole to all the hostel inmates:

- (a) Isolation of all food handlers found positive for ascariasis
- (b) putting on shoes by all the boys whenever going out of the hostel
- (c) Thorough and frequent hand washing by all food handlers
- (d) Thorough cooking of food and thorough washing of fruits and vegetables which are eaten raw

Give reasons for your answer.

Q4. The estimated total population of India was 140 Crore in 2021. It was also estimated that the prevalence of pulmonary tuberculosis was 316 per lakh of persons aged 15 years and above. With this data, what is the estimated load (in lakhs) of pulmonary tuberculosis in India among persons aged 15 years and above:

- (a) 22 (b) 32
- (c) 42 (d) 52

Q5. With a view to evaluate whether a particular weed growing in our area is a skin allergen, 0.1 mL of a 1 in 1000 extract of the weed (in normal saline) was injected intradermally in the right forearm of 50 healthy subjects while 0.1 mL of normal saline was injected intradermally, as control, into the left forearm. The diameter of induration, in millimeters, in both forearms of each subject was measured after 72 hours. Comparison of induration in the two forearms of all the subjects was made. The correct statistical test in this epidemiological research situation will be:

- (a) Paired 't' test
- (b) Unpaired 't' test
- (c) Mann Whitney test
- (d) Chi Square test.

Give reasons for your answer.

Correct Answers will be placed on WhatsApp Group of Class Representatives 1 week after publication of UBIQUISCOPE

Clinical Case - Vitamin D Dependent Rickets

A male child of 3 years, second by birth order and a product of 3rd degree consanguineous marriage, came to OPD on 8th of June, 2022 with chief complaints of Seizure-like episode 2 days ago following a febrile illness and a known history of gross motor developmental delay since infancy, and on further examination also had GDD (Gross Motor DQ- 25%; Fine Motor DQ- 33%; Language DQ- 33%; Social and Behavioural DQ- 66%) The child was previously treated for nutritional rickets at PRH, Loni . He was given Calcitriol (1,25-OH Cholecalciferol) in a dose of 0.5 mcg/day (0.08mcg/kg) with Calcium supplements in a dose of 500mg (5ml) three times per day, which was later discontinued by the parents. On Physical Examination, there was presence of alopecia, frontal bossing, rachitic rosary and Harrison’s sulcus. Biochemical laboratory investigations were carried out, which revealed the following:

Constituents	Findings	Normal Range
Serum Calcium	Normal	(8.6- 10.3) mg/dL
Serum Phosphate	Decreased	(3.4- 4.5) mg/dL
Serum PTH	Normal	(10- 55) pg/mL
25- OHD	Decreased	(20- 40) ng/mL
1, 25- (OH)2D	Normal	Males: (18- 64) pg/ml ; Females: (18-78) pg/mL
ALP	Increased	(44- 147) IU/L
Urine Phosphate	Low	Adult: (3.0- 4.5) mg/dl ; Child: (4.5- 6.5) mg/dL
Urine Calcium	Low	(100- 300) mg/day

Radiological Findings: PA View X-Ray of Wrist and Lower Limbs were taken.

PA view X-Ray of wrist shows fraying of metaphysis of radius and cupping of edge of metaphysis of ulna.

Positive Trousseau Sign was present. This, in addition to the seizures could have been attributed to hypocalcemia.

Based on radiological abnormalities, supported by physical examination findings, history and lab investigations, a diagnosis of Type 2 Vitamin D Dependent Rickets was made. Confirmation required further workup on genetic studies, which needed an advanced setup and was not feasible at our rural hospital due to limited resources.



Cupping and fraying of metaphysis of radius and ulna, in a PA radiograph of wrist joint



Trousseau Sign present.

Child also gave history of poor response to Vitamin D analogues in the past. He was given Vitamin D3 20,000 IU daily with calcium supplementation, and was kept under monitoring via follow ups.



A. Bowing of Legs in Rickets , also called as Genu varus is caused due to:

1. Medial bowing of Tibia
2. Lateral bowing of Tibia
3. Medial bowing of Fibula
4. Lateral bowing of Fibula

B. Rachitic Rosary is due to:

1. Enchondral Ossification
2. Bone resorption
3. Differentiation of osteocytes into blast and clast cell types
4. Enchondral hypertrophy

A. 1
B. 4

The Canvas



Buddha is not a name, but a title, meaning, 'The One Who Is Awake'. What a Buddha is awake to is the true nature of reality.



~Yogi Raj

Med Poets Society

Will Over Might

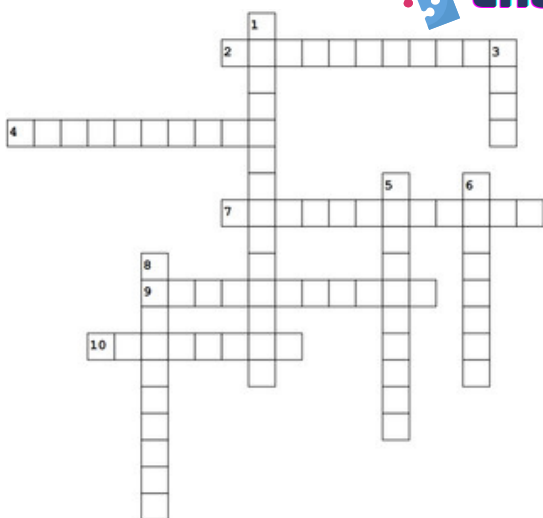
Tired eyes and a sleepy smile
 I've been at my workstation for quite a while
 I stretch and feel the exhaustion set in
 But I remind myself that however impossible my
 ordeal may seem, I won't give in
 So I gather my strengths and I gather my pen
 To become the type of person about whom
 I once dreamt
 This quest of mine, this winless fight
 With the call of Will over Might
 Can victory ever be mine?

I decide not to focus on the end result this time, no
 point worrying over something I cannot control
 Besides, fortune wavers high and low on its way to
 victory, but Diligence never loses its hold
 So I tell Lady Luck to sit tight,
 and not to feel guilty for not helping me out as much
 as she help others on their way

Because I believe in putting in my best efforts, not
 backing from my duties, come what may
 I realized that in times like these, often find
 ourselves at the dead end
 So I decided to be my own best friend
 Work and monotony may be taking a toll
 But we are indomitable souls
 We'll work it out somehow
 So that even if we fail, we leave the stage with a bow

~Anoushka Singh
 MBBS 2020

CROSS-ANAT



Across

- 2. Father of western medicine
- 4. Drug help with hepatitis infection, HIV/AIDS.
- 7. Flower given on doctor's day
- 9. First women to receive medical degree
- 10. The Nightingale of nursing

Down

- 1. Amount of time one can expect to live is called
- 3. Another word for injection
- 5. Type of doctor who treats cancer.
- 6. Thickening or scarring of the tissue is called
- 8. Study of population is called

Words That Matter

If a person with little or no knowledge of the medical field, were to learn what all happens on an ordinary day in the life of a doctor, it is safe to say that they would be left dumbfounded. And it is not only the gruelling work and the almost inhuman schedules but also the often bizarre and sometimes amusingly inane queries/problems that the patients arrive with. In this edition's interview section, we have attempted to encapsulate this imbroglio from the vantage point of a Junior Surgical Resident, Dr Pratik Gond.



“I will tell my younger self whenever you feel it’s time to act, don’t hesitate, take action. No matter the outcome, you will end up smarter than before.”



1. As a doctor, what are some of the most unusual questions that have been asked?

Once, a 76-Year-old male patient diagnosed with Benign Prostatic Hypertrophy (BPH) asked me if he would be able to have a normal sexual life after the operation.

2. What aspects of your job do you find the most challenging?

“We as Doctors may be affected by the death of a patient we know well, or because of the circumstances surrounding the death.” Their death leaves us with self-doubt, remorse, or a sense of failure and helplessness. Estranging from our emotions, focusing on our work, and breaking the bad news to the patient's loved ones are some of the most challenging parts of our job.

3. How do you split your time between residency and other aspects of your life (i.e. family, friends, physical health, etc)

When you have just started your journey as a doctor, the last thing you want to do is push yourself beyond your limits. If we constantly bite off more than we can chew and try to accomplish insurmountable tasks every day, we will frequently burnout. “Burnout is not the prerequisite for being a competent doctor.” The idea is to tap our potential to the fullest extent and work competently. For that we must know our capacity and accordingly treat only as many patients in a day as we comfortably can. “If you feel overwhelmed, change your schedule and ask for help from your co-residents and be a saviour when they need you.” suggests Dr. Pratik

4. How have you built an emotional resilience knowing how each day in the life of a doctor can take a toll on one's mental health?

“There are several challenges throughout the years of medical residency, which are unlike any other profession's training.” voices Dr. Pratik. The vagaries of everyday life throughout the medical residency take a toll on the best of men. The Resident's mind, body, and relationships may suffer as a result of the pressures of studies, patient care, and other duties. However, if you take charge of your life and persistently pave your way through all that is thrown your way, you will emerge wiser and far more prepared for whatever fate has in store for you.

“Interest, knowledge, proactiveness and preparedness will put you far ahead.”

5. How do you deal with rebukes and constructive criticism from seniors?

I believe If someone actively and constructively criticises you, it shows that that person sees something in you, and wants you to improve, such that they consider it worth their while to stop by and point out your errors. “You are more capable than you realise” and we gradually learn to take the harshness in a lighter vein and oftentimes with a pinch of salt. In order to become the best we need to distill ourselves incessantly and rigorously.

6. While taking a trip down the memory lane what is the one memory that will always stand out from your Undergraduate years?

I fondly remember my internship at Shree Chhatrapati Shivaji Maharaj Civil Hospital, Solapur. The time I spent there helped me craft my art and also contributed significantly to my personal growth. I learned that practicing medicine is very different from reading it.

7. What are some of the biggest lessons that you have learned in your Undergraduate years?

"Self Awareness : Without it, you may spend a lifetime blaming others for your misfortunes and problems." States Dr. Pratik.

8. If you could speak to your younger self, equipped with your current knowledge and wisdom, what piece of advice would you give him?

The Latin aphorism "carpe diem" meaning "seize the day" aptly and concisely describes the piece of advice that I would give to my younger self. Our trepidations keep us from moving ahead in life and we end up fettering ourselves with the shackles contrived by our own mind

INSTAGRAM MENTIONS

@The_Drama_Descendant

Creator: Aditya Dash, Final Year MBBS Student, Batch 2018

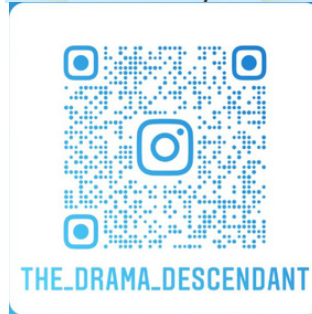
You have got to be living under the rocks if you haven't already heard of the global Hallyu Wave phenomenon.

Signifying the unprecedented ascent of Korean Pop and Korean Dramas into the mainstream media of the world, this page is dedicated for all Hallyu Fans alike, to celebrate the success of critically appreciated Korean Dramas airing on OTT platforms like Netflix and other streaming websites.

In the world of K-Dramas, every fan can find his/her favourite genre as the list is simply endless!

With unique storylines, in-depth character developments and detailed cinematography, K-Dramas offer a refreshing way to unwind and relax, like any other series, on a weekend.

Follow for more details on upcoming new K-Dramas!



CAMPUS INSIGHTS



On 13th April, the Stone Laying Ceremony of Maharashtra's Biggest ICU and Donation of Ventilators was done in the presence of Mahatma Shri Gauranga Das Prabhu. (on the left)

A Guest lecture by Dr J.V Dixit, Chairman, Association for Diabetes and Obesity Reversal(ADORE) Trust, Pune on 'Lifestyle modification for Weight Loss and Diabetes Reversal' was conducted on 15th April. (on the right)



Honourable Radhakrishna Vikhe Patil's Birthday was celebrated on 12th June in Ganga hall with Pushkar Shrotri (actor) as the host of the event.



Silhouettes & AIIMBT 2022 was organised from 5th-9th May by Armed Forces Medical College, Pune. Many students brought home laurels.

The Boys Cricket Team reached the semifinals as well as the Volleyball Team.

Aryan Kawade, Final Year MBBS stood 4th in Chess Competition

Kanika Jha, Third Year MBBS was awarded the 3rd position in Writing

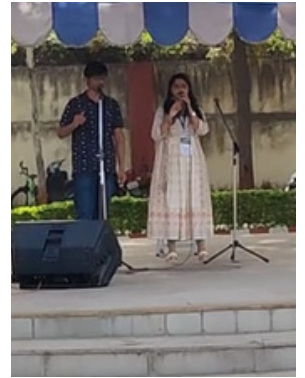
Veena Rajagopal, Final Year MBBS and Lakshay Gupta, Third Year MBBS stood 3rd in singing.

The 1st prize for Duet was awarded to Nikhil Vatsal, Final Year MBBS and Lakshay Gupta.

Veena Rajagopal reached the finals of the solo singing competition

Surya Prakash Mall, Final Year MBBS stood 1st in the Photography Competition

IMA, Loni Branch was inaugurated on 18th June. Renowned speakers like Dr. Shivkumar Uttare (President MMC), Dr. Satish Sonawane and Dr. Ravi Wankhedkar delivered lectures on 'Overview of Cancer', 'Young Doctors Initiative' and 'Maharashtra Medical Council'.



World Yoga day is celebrated on 21st June. To celebrate the ancient Indian tradition, a yoga camp was organised which was attended by faculty and students alike.



New Beginnings

On July 5th, the Student Clubs of Dr. BVPRMC were inaugurated in the presence of Guests of Honour, Hon'ble Vice Chancellor Dr. V. N. Magare and Dean RMC AVM(Retd) Dr. Rajvir Bhalwar. These clubs are the brainchild of Dr. Mandar Baviskar and Dr. Bindu Krishnan who have envisioned it to be a source of recreation and educative opportunities for the students of the college. The Agastya Literary Club, Manthan Music Club, Ameya Dance Club, The Pacemakers, WOW Cycling Clubs and Tavasya Yoga Club have been commenced for the students.



Investiture Ceremony of Student Council 2022 was held on July 19th. Student Council of 2021 handed over their duties and were felicitated by the incoming council. The student council is led by the General Secretary Kuruvilla. T. George.



MediAce is an annual conference organised by Smt. Kashibai Navale Medical College and General Hospital, Pune. It was held from 7 - 9th July 2022. Many of our students made our university proud by bringing home laurels. Our Symposium Team 'Red Light' stood first in the symposium competition. Dr Akshaya Venkitesh won 3rd prize in Case presentation (UG). Dr. Akshaya Venkitesh and Dr. Anson Angel Nelson won 3rd Prize in Poster Presentation (UG). Dr Ruchita Talreja, JR III Surgery won 1st prize in Case Presentation (PG)





IPHA Maharashtra Inter Medical College Public Health Quiz Competition 2022 (State Level) was held on 11th July in MGM Navi Mumbai. Sanya Takkar and Saurabh Nagar (III/I MBBS) made us proud by winning 3rd Prize

On 16th July, Agastya Literary Society organised 'The one with the F.R.I.E.N.D.S Quiz', The Winning team consisted of Aishwarya Budhwat, Sakshi Dravid and Shresth Sharma.

Our beloved Dr Jangle, HOD Biochemistry retired on 27th July. He was an indispensable part of this college for over 36 years. His biochemistry lessons will be sorely missed by all students.

On 4th August the Department of Paediatrics organised the 35th IAP Quiz in association with the Agastya Literary Society. The winning team 'Silverman" consisted of Aditya Dash and Madhur Pandey, they will be representing our college in the zonals later this year.



The NSS unit of PIMS, DU organised an Exhibition on "Partition Horrors Remembrance Day".

On 17th August, a Mass National Anthem was organised and was attended by all Students, Interns, Residents, Faculty and Non-Teaching Staff



TRCC in association with CHRE, UK conducted a Workshop on Tobacco Cessation Training Programme which was attended by over 1000 students. Dr. Jagannth and Dr. Rahul Bagale trained the students in the various techniques of counselling tobacco users and the correct method of prescribing NRTs

Kanishka Gupta was a dear friend, and colleague, an integral part of our unit. We miss her sorely.

"A Friend is like a four-leaf clover: hard to find and lucky to have."

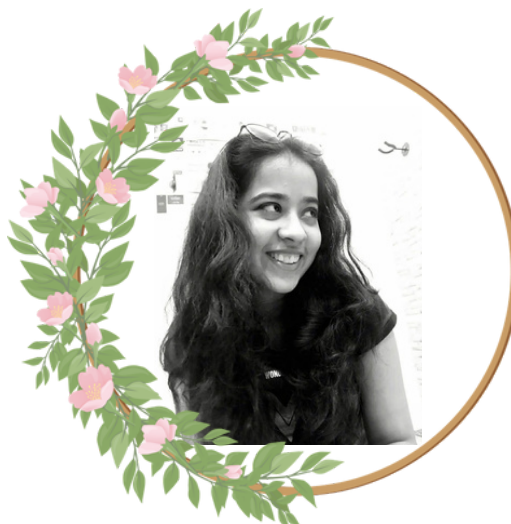
Life, it's such a complicated, beautiful, fragile thing. There are so many different aspects in just one life. Family, love, social, friends, and professional are just some of the sections that make up life.

But, what do all these sections have in common? People. A few special people you meet will stick with you and be a part of your life forever.

She was our special person, Joyful, Lovely, Enthusiastic, Full of Passion, Giggling around the Corridors, Full of Mischief, A Happy Child. She will forever have a place in our hearts.


A beautiful Soul with a lot to say and do, who paved her own way. Kanishka was soft and gentle-hearted. She used to make me smile just with her presence. . Accepting that she is gone is painful and devastating but her poems will always connect us with her.


- From a Friend



Dates to Remember

August 20th
World Mosquito Day 

 September Prostate Cancer Awareness Month

September 21st
International Day of Peace 

October 12th - 20th
Bone and Joint Decade National Awareness Week 

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 maintenance of this E-Newsletter

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