Send your creativity to us via, Drop Box near Reading Room OR 🎦 prashaman.bjmc@gmail.com

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सुविचार

नियत कितनी ही अच्छी हो, दुनिया आपको आपके दिखावे से जानती है। दिखावा कितना ही अच्छा हो, खुदा आपको आपकी नियत से जानताँ है॥



Does it click

Identify the person and drop your answer in the drop-box near reading room! Last issue's correct answer: Navneet Kaur Dhillon

Somya Jha, Harsh Khatri

Yash Shah, Vasishtha Jajal, Dishang Bhavsar

Correct answer of 'Bheja Fry' by: - Rutul Dave, Simran Bhalla, Sunita Beniwal

Hats off to you, Doc! Story collected by - Dhwani Parikh (Third year, Part - I)

It had been a busy, challenging day in the emergency department and the fatigue was setting in as the clock rolled past 9

It had been a busy, challenging day in the emergency department and the fatigue was setting in as the clock rolled past 9 in the evening. In this dept. once endurance is tested again and again when unbelievable loads of responsibility and a ridiculous number of hours of straight physical and mental exertion piles up, reality can become distorted.

And one such was a case of Rameshbhai, a man in his mid-thirties who was standing next to a stretcher leaning over a counter, moaning in pain. He complained of severe agonizing right abdominal pain with nausea and pleaded, "Doctor please give me something for my pain it is killing me." He also complained of burning micturition. Doctor suspected it to be ureteric colic and gave him a shot of Demerol and went for x-ray of his kidney to see where the problem was. But the reports were all normal. After admitting Rameshbhai, intravenous pyelography was planned and a test dose of 0.5cc was given and the patient was observed for 20 min he developed no reactions, avoiding further delay full dose was given.

Suddenly, Rameshbhai developed palpitations and started vomiting. On examination the patient was unconscious and not responding to deep painful stimulus. Pulse not palpable and respiratory efforts were not present even the cardiac activity was absent. And this was it, the most feared so called "anaphylactic shock". A state of vacuum was created within our minds and the fear of losing the patient haunted upon doctors. CPR was started: airway being secured by endotracheal intubation and circulation was restored by adrenaline injection.

His ECG showed ventricular tachycardia. He was given shock treatment and the CPR was resumed soon. This time the ECG showed ventricular tachycardia. He was given shock treatment and the CPR was resumed soon. This time the

ECG showed ventricular fibrillations. Everyone around stood baffled thinking what next to do. So shock treatment was started for second time and yet again CPR was resumed. All in vain!! The Rameshbhai's condition didn't improve. It was this third and final time the shock treatment was given. But the ventricular tachycardia still persisted. Injection Amiodarone was given and CPR resumed.

At one moment, it looked hopeless case for doctors, but they kept insisting on CPR.

At around 12:35 at midnight out of the moon his pulse returned at 140/min and BP was 100/60 mm hg. Soon another dose of Amiodarone was given for restoration of rhythm. Later on to add on to this miserable situation he had an episode of GTCS for 1 ¼ minute with up rolling of eyes and frothing from mouth. It was astonishing for doctors as they had never seen such a case before. An anti-convulsant was injected. And guess what!! His pulse rate was 90/minute and blood pressure was 110/70 mm hg. Spontaneous respiration restarted. Now Rameshbhai's ECG showed sinus tachycardia. His consciousness retrieved. And he was kept at ICU for the next two days. During this period, his rhythm normalized and he maintained sinus rhythm. Rameshbhai recovered at a fast pace. Rohan his 5-year old tiny tout came to the treating physicians with a chocolate and tears in his eyes, thanking them for saving Rameshbhai's life. On being asked, Rohan said" I aspire to become a doctor and serve humanity". Rameshbhai was discharged on the 5th day of admission.

Few minutes of greatness, few hours of self-satisfaction relied upon treating doctors and then back to ordinary work and

leanly. (Based upon a real life incident. Characters are fictitious.) Courtesy: Emergency Medicine Department, Civil Hospital, Ahmedabad

Campus Live

- MCI PG inspection of many branches completed successfully at BJMC.
 The students are back on track after enjoying the Summer vacation.
 University exams for PG have just finished. Best of luck to all for the results!
 Total 3 servants (class-IV) retired on 30% of April. We appreciate their long services for the college & hostels. Wishing them healthy post-retirement life!
 The students were oriented regarding short term research for undergraduates by an NSS relumes.
- It's HOT!!! To prevent dehydration, students are requested to drink more water.

Aho Ashcharyam

- ~ 80 Medicos have selected M.B.B.S course by their own choice. Medico girls were more enthusiastic to attend clinics / lecture than medico boys! $\sim 42\%$ medicos were unaware about total number of subjects taught in M.B.B.S course.
- The preferred methods of learning for medicos were: Clinical posting (53.50%), Video
- (44.50%), and Visits (32%). Only 39.00% medicos were interested in participating in co-curricular activities
- ~ 50% medicos believed that repeat terms in clinics is due to posting during exam time. Medicos believed that the reasons for assault on the doctors are: Illiterate patients 46.50%), Malpractice of doctors (39.00%), communication gap (30.50%).
- P.S. From a study, conducted at medical colleges in 2013!!

Something Quoted

Perfection is achieved, not when there is nothing more to add, but when there is nothing left to take away.

—Antoine de Saint-Exupéry



Obituary

Renowned cardiologist Dr. Shrenik Shah died following cardiac arresst on 14th April, 2013. He was a chief interventional cardiologist at a prominent private hospital anfd

interventional caranologist at a prominent private nospital and also, a Bilt.

We are shocked and grieve the death of Dr. Shrenik Shah.

On behalf of BJMC, our deepest condolences go to his family members and friends. May his soul rest in peace!

Stetho Speaks - Equilibrium

Fear not fellow physics muggles, I'm not going to tax you with thermodynamics again (apologies to the wizards). I actually wanted to address the constant calamity that is an overdose of studies that to this day plagues students of the medical profession. Sometimes it feels odd that Hippocrates forgot to mention "Thou shalt not enjow" since at times that is how it feels. shalt not enjoy" since at times, that is how it feels.

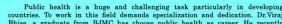
'Ati sarvatra varjayet' as they say in Sanskrit, excess of everything should be avoided. With the rising tension of entrance exams coupled with the uncertainties associated with them and not to forget the ever expanding scope of medical science, most of the medicos of today often gets that obnoxious feeling like having a pinch of butter scraped on too much bread. In these dire times, I feel it is my sincere duty as a fellow casualty to inform you all that in your eternal quest to fell the "tree of studies", you might want to sharpen that axe from

We all have something we love to do. It may be music for some, sports for another, drawing, dancing, working out, reading (the one that doesn't involve disturbingly long medical terminology), going out for a walk, watching the stars, lying on the bed doing absolutely nothing... Is it not equally important to be as passionate about these things? What be the purpose of a life spent knowing everything and experiencing nothing? That

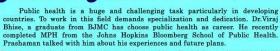
will be all for philosophy so you guys can relax. After all we are all medicos and we have to deal with life in the future. And hence to remain in touch with nature these all things are required.

"Studies are my priority at the moment". Since this is the response I often get when teasing one of my friends for being a complete book-worm, let me just say that having your priorities straight is distinctly separate from having "A priority". We like to live in this world where we have 'either or conversations'. You get either "this" or "that". Why settle for it when you can have the cake AND eat it? Pardon my overt optimism. Striking the right balance is something which can only be best described as an art. It takes practice and a

So next time you're toiling along the tortuous trail of academics and you hit that dead end where you feel like tossing away that tedious tome, do yourself a favor and take some time out to recharge that battery of yours. If I have my facts right, even God took a break on the seventh day.



Face to Face with Dr. Viraj Bhise



Prashaman: According to you what exactly is public affordability and quality of healthcare services. health and what do public health graduates Prashaman: When did the idea of career change lectronic health records (EHRs), etc. are subsets. public health policy. The work relates to research in Prashaman: How was your experience at the planning and financing, health commicable and what is mHealth and eHealth? Viraj: mHealth and eHealth are relatively newer viraj: mHealth and eHealth are relatively newer terms event the public health is a broad interdisciplinary terms related to the use of information and domain encompassing preventive and promotional communication technology in the healthcare aspects of healthcare for the community. It domain. It includes preventive, curative, integrates diverse fields like sociology, statistics, promotional and analytical healthcare activities economics, finance, engineering, management and using mobile phones, tablets, computers and the others. Most public health graduates work with internet. Popularly used terms like telemedicine, various organizations which implement / manage electronic health records (EHRs), etc. are subsets. public health policy. The work relates to research in Prashaman: How was your experience at the pidemiology and biostatistics, health policy, Hopkins? planning and financing, health economics, maternal vand the more can you ask for when Leon Gordis non-communicable diseases, mental health and health systems.

Prashaman: When did the idea of career change fortunate to have met and worked with very start appealing to you?

Viraj: It was in second year of my MBBS, when my to the provided the provided of the pr

hospital initiated some thoughts on these lines. I Prashaman: Are you happy not practicing individual think I slowly understood that clinical care was medicine?

something more than just prescriptions and Viraj: I will admit that parting from clinical surgery! So I tried my hand at everything — medicine was not easy, particularly since I enjoyed company secretary, law, chartered accountant and interacting and treating patients as a medical management. I even went to the articleship stage student. Thinking broadly, though I feel happy and for the CAI I guess I matured with time and things satisfied as my actions and initiation contribute in became a lot clear when I started my internship. I some manner to save lives, millions at a time!! I also gave the CAT and applied to public health have been enjoying what I been doing and am glad programs abroad, I ended up having offers from to have taken the seemingly unconventional IIM-A (AgriBusiness Program), Yale and Hopkins, decision of staying away from clinical medicine.

Prashaman: Are you happy not practicing individual think that parting individual think that parting individual think that parting individual think that parting individual that parting individual think that parting individual that parting individual think that parting individual that parting i

initiatives with a health IT firm to enhance access

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Prashaman: What are your future plans?

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Viraj: Alter my graduation, I completed my MPH services research to enhance my stills even further.

from Johns Hopkins Bloomberg School of Public Prashaman: Your message for the UGs for BJMC?

Health. MD, USA. After working as a researcher Viraj: I would like my fellow BJMC graduates to and a faculty at Hopkins, I worked in a number of think independently, believe in themselves and find public health projects at remote parts of India, Bangladesh and USA.

Prashaman: What are you doing at present?

Viraj: I am leading innovative mHealth and eHealth initiatives with a health IT firm to enhance access.



Kunal Desai Second year)

કળિયુગના દુઃખી મિત્રો

ત્રાતાનું પછેલા ટું. ખાં નિ ત્રના પણ ન ભિલાવી સાચી મિત્રતા ન કરી કોશિશ જાણવા કે ઠું જીવું છું કે મરી કર્યા કુંગ મિસકોત ઘણાં છતાં ન આપ્યો જવાબ એકનો પણ શું પસ્તાવો નથી ઘતી? તો ઠું મુક્ત કટું તમને બધન મારા માંચી નથી જોઈતી મિત્રતા મારે જબરદસ્તીની જીવનમાં ફરી મળીએ તો એક હાસ્ય મીઠું કરજો આ દુઃખી મિત્રને જીવનમાં યાદ તો જરા કરજો/





(Intern Doctor)

Modiskotch Banwari Baira

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