



Bapuji Educational Association (Regd.)

SSIMS TIMES



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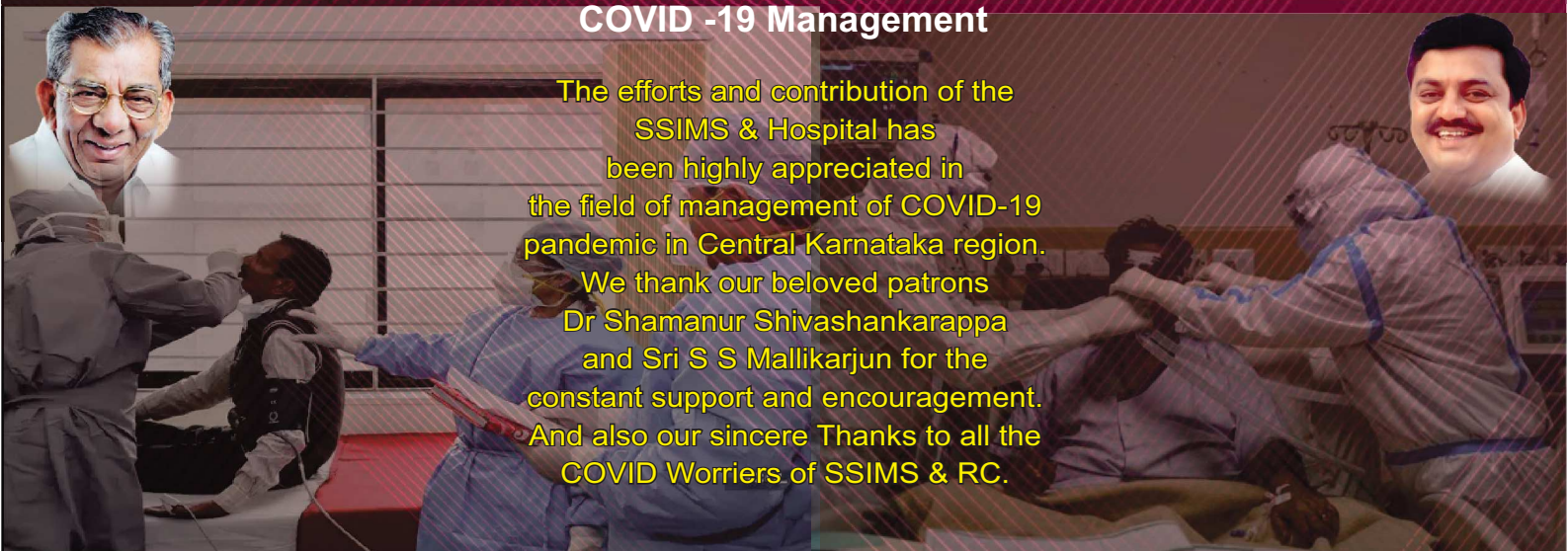
Official Quarterly News Bulletin of SSIMS&RC



Independence Day Celebration

COVID -19 Management

The efforts and contribution of the SSIMS & Hospital has been highly appreciated in the field of management of COVID-19 pandemic in Central Karnataka region. We thank our beloved patrons Dr Shamanur Shivashankarappa and Sri S S Mallikarjun for the constant support and encouragement. And also our sincere Thanks to all the COVID Worriers of SSIMS & RC.



O.T . Complex - Urology



Breast Feeding Week



CISP -Workshop



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& APMC Govt. Of Karnataka.

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Principal's desk

On behalf of the institution I would like to convey heartfelt wishes to our beloved Chairman **Sri. S.S. Mallikarjun**, on the occasion of his birthday.

I congratulate all the UG and PG rank holders at the university level and other academic excellence. I also congratulate the students and faculties who are selected for scientific project works under ICMR and RGUHS research units.

I would like to convey my regards to each and every one who is involved in good and constructive academic, research, curricular activities which helps in taking the institution's name to a new height, highlighting the efforts put forth during this COVID-19 pandemic situation.

I would like to suggest all the heads of Dept. to encourage the faculty and students to carry out more research-oriented activities and take part in academic and extracurricular events.

It's our sincere requests to all the teaching, non-teaching, nursing and domestic staffs to proactively take part in COVID-19 related works in the institution.

Dr. B.S Prasad



Editor's desk

On behalf of the editorial team, I wish a very happy Birthday to our beloved Chairman **Sri. S.S. Mallikarjun**.

I thank each and everyone who has given a great input of information and memories for publication.

This issue is a brief insight to all the happenings of the campus and achievements of various departments.

Dr. A. V. Angadi

Department of Anatomy

Dr. Raghavendra A Y, Professor and Dr. Nagaraj Mallashetty, Associate Professor, attended the WEBINAR on Body Donation, Embalming & Cadaveric Dissection: Perspectives in Covid Era as delegate conducted by The Department of Anatomy, MMIMSR, MMDU, Mullana, Ambala, Haryana held on 31st August 2020.

Dr. Nagaraj Mallashetty, Associate Professor attended the e-CME on "Digital Medical Illustration in Anatomy for Anatomists" delivered by Dr. Medora D'Sousa Dias, Assistant Professor of Anatomy and Artist. Vishvesh V. Naik, Incharge Computer Graphics & Multimedia Section, Goa Medical College & Hospital, Goa, organised by Vinayaka Mission's Kirupananda Variyar Medical College & Hospitals, Salem, on 29th August 2020 at 11.00 am.

Dr. Nagaraj Mallashetty, Associate Professor attended Curriculum Implementation Support Program (CISP-II) online from 5th to 6th August 2020 organised by MCI Nodal Centre for faculty development, JNMC Belgaum.

Dr. Poornima B, Assistant Professor, Department of Anatomy, SSIMS & RC, Davangere, Karnataka has attended Curriculum Implementation Support Programme (CISP-2) from 23rd - 24th September 2020 conducted by Department of Medical Education, SSIMS & RC, Davangere for Faculty Development (approved by medical council of India, New Delhi).

Department of Pathology

Dr. Shashikala. P, Participated as delegate in virtual symposium on "E learning development, delivery and assessment" (KMC accelerated) held on 23rd to 25th July 2020 at Sri Siddhartha institute of medical Sciences & Research centre, T Begur, Bengaluru Rural.

Dr. Deepti Pruthvi participated in evaluation of abstracts of oral paper selection for state level virtual conference pathology KCIAPM-KAPCON-2020.

Dr. Kavita G.U participated in the oral paper presentation of KAPCON-2020, state level virtual conference of KCIAPM as Judge on 21st September 2020.



Dr. Shashikala. P participated in the oral paper presentation of KAPCON- 2020, state level virtual conference of KCIAPM as Judge on 29th September 2020.

Dr. Deepti, pruthvi, participated in the oral paper presentation of KAPCON- 2020, state level virtual conference of KCIAPM as Judge on 28th September 2020.

Department of Community Medicine

Dr.Geethalakshmi R. G and Dr.Ratnaprabha G K attended CISP -II online on 23rd and 24th Sep 2020, conducted by medical education unit, SSIMSRC, Davangere.

Department of Pediatrics

Dr. N.K. Kalappanavar Professor & HOD, Medical Director, delivered talk on acute asthma management during updated asthma training module online conducted on 26th and 27th September 2020

Dr. N.K. Kalappanavar participated as faculty during ATM online conducted on 10th and 11th October 2020

Dr. N.K. Kalappanavar took part in EB state IAP meeting conducted on October 15th 2020 online.

Breastfeeding week 1st to 7th 2020

Breastfeeding week 2020 under the theme "Support Breastfeeding for a healthier planet" was celebrated from 1st August to 7th August with various activities and awareness programmes were conducted at SSIMS & RC and Bapuji Child Health Institute.

Department of Ophthalmology

Dr. Ajay S Hatti and Dr.RenukaBarki attended and took active part in the 2 day workshop held on curriculum implementation support program 2(CISP) held online from 23rd to 24th September 2020 conducted by SS Institute of Medical Sciences and Research Centre, Davanagere.

Department of Psychiatry

World suicide prevention day was observed by the department on 10th September 2020 by distributing hand-outs to OPD patients.

As a part of this, our postgraduates students: Dr.JishnuVJ (3rd yr), Dr. Vaibhavi PS (2nd yr) & Dr. Supritha (1st yr) participated in Web-Blitz competition on topic: Role of Telemedicine in suicide prevention conducted by Tele Arogya Webseries, Bangalore and it was well appreciated by the judges.

Department of Urology

Department of urology is organising one month ESWL camp at 50 per cent concession rate, on occasion of birthday of our beloved chairman , Sri SS Mallikarjun from 22nd September to 22nd October 2020.

With the arrival of new instruments and restarting of services at urology department, a Pooja function was organised in OT complex on 19th September 2020. It was attended by Prinicipal Dr. B.S. Prasad, incharge medical director Dr. Arun Kumar, administrator Mr Sathyanaryan and others.

Dr. Naveen, assistant professor, urology, participated in facebook live programme on Prostate health as a part of September month long national Prostate health awareness programme

<https://www.facebook.com/NationalProstateHealthAwareness/videos/331734414757427>

Dr. Naveen, Assistant professor's article about corona awareness was published in local newspaper on 20th September 2020, it was well acclaimed by general public and medical community

Medical Education Unit

Online CISP-II work shop was held by MCI nodal centre JNMC Belgavi.

Following faculty participated and completed the course on various dates



Sl. No.	Dates	Names	Department
	2 nd & 3 rd July 2020	Dr. Deepti Pruthvi	Pathology
		Dr. Veena M	Microbiology
	14 th & 15 th July 2020	Dr. Venkatesh B.K	ENT
		Dr. Balaji T.G	Pathology
	5 th & 6 th August 2020	Dr. Vijaykumar Jatti	Forensic Medicine
		Dr. Nagaraj Malshetty	Anatomy
	18 th & 19 th August 2020	Dr. Sapna I.S	ENT
		Dr. Rashmi P.S	Pathology

Dr. Shashikala.P, Dr. Gowda Kavita Umapathy & Dr. Deepti Pruthvi participated in the webinar program "Implementing competency based Medical Education during COVID pandemic" held on 10th July 2020 conducted by the Medical Education Unit.

Dr. Shashikala. P, Prof & HOD, Pathology Participated in a virtual webinar on "How to write a research proposal" and completed the two- hour online session organized by IP Global learning Academy. Date on 21st July 2020.

Dr. Shashikala. P participated as delegate in K.M.C accredited virtual symposium on "E learning development, delivery and assessment" held on 23rd to 25th July 2020 at Sri Siddhartha institute of medical Sciences & Research centre, T Begur, Bengaluru Rural. KMC granted three credit hours for delegates.

CISP II:

Medical Education Unit of SSIMS & RC under the eminent leadership of Dr. Shashikala .P, Coordinator, MEU, Prof & Head, Dept of Pathology, SSIMS & RC, conducted an online workshop on CURRICULUM IMPLEMENTATION SUPPORT PROGRAM(CISP). A total of 28 teaching faculty from pre clinical, para clinical and clinical side participated very enthusiastically. Though Medical education unit had organized many workshops earlier, but putting up an online workshop for 2 days with participants spread across various venue in the campus was one of its kind.

Workshop started with key note lecture on INTRODUCTION TO CBME by Dr. Shashikala .P, followed by other sessions by curriculum committee and MEU members who were trained and certified by nodal centre, JNMC, Belagavi. As they say "Technology is a double edge sword" we too had some glitches initially which could be overcome within no time. On both the days sessions were scheduled from 9 a.m.-5 p.m. and we had all the participants successfully attending all the sessions. Our resource persons were also from different departments who managed to conduct this workshop amidst their COVID duties. Sessions started on time on both the days. Group activities and Q& A sessions were also conducted successfully. Observer from nodal centre, Dr. Padmaja Walvekar also enthusiastically clarified doubts from participants. On 24th Five ACME candidates also participated as observers of the workshop online from Goa, KIMS Hubli, Hyderabad. With the support of our Principal and technical staff from EDP, the workshop was successfully conducted. Following faculty were the resource persons for the work shop Dr. Kavita G.U, Dr. Deepti Pruthvi, Dr. Latha G.S, Dr. Jayasimha, Dr. Renu Lohitashwa, Dr. Gayathri Patil, Dr. Venkatesh B.S, Dr. Vijaykumar Jatti, Dr. Veena .M, Dr. Ajay Hatti, Dr. Balaji T.G, Dr. Shashikala .P

Events

74th Anniversary of Independence

Day of India celebrations in SSIMS & RC

74th anniversary of Independence Day of India was celebrated by the college on 15th August 2020 with great enthusiasm. Dr. B S Prasad, Principal unfurled the national tricolor at the administrative block of college. Medical director, vice principals, student union chairman, staff members and students sung the national anthem. The Principal read out the President's Address to the gathering. Around 100 people attended the event taking all the measures to prevent covid19.



Research Articles/Case Reports

WORLD EYE DONATION FORTNIGHT

Department Ophthalmology

- World eye donation fortnight was observed from 25th August to 8th September 2020.

The theme for this year fortnight is **'HOPE IS SIGHT'**.



- Department of ophthalmology like every other year, even amidst the covid crisis took initiative to spread awareness regarding the eye donation by educating the interns posted in the department, the post graduates, the patients and their attenders about the need and nobility of eye donation.
- As the theme of this year goes 'Hope is Sight' donating the eye is the most precious gift a human can give. The interns, and Postgraduates of the department took pledge to bequeath their eyes.
- Out of all charities, eye donation is the noblest as it opens up new vistas of light for the visually impaired, everyone contributing their role towards this would brighten up many lives.

POLYPHARMACY

Department of Pharmacology

Prescribing of multiple medicines or Polypharmacy, is more evident in clinical practice, particularly affecting the geriatric population, has been a challenge to patient safety. The 2 major factors that contribute to Polypharmacy are population longevity and increase in the incidence of multimorbidity.

There are variable definitions of Polypharmacy but it is generally understood as the concurrent use of multiple medicines by one individual. While in many instances the use of multiple medicines or Polypharmacy may be clinically appropriate, it is important to identify patients with inappropriate Polypharmacy that may place patients at an increased risk of adverse events and poor health outcomes.

Appropriate Polypharmacy is defined as prescribing multiple medicines for an individual when:

- All medicines are prescribed for the purpose of achieving specific therapeutic objectives that have been agreed with the patient
- Therapeutic objectives are actually being achieved or are achievable
- Optimized medicine therapy to minimize the risk of Adverse Drug Reactions (ADRs)

Patient is well informed and able to take medicines as intended



Inappropriate Polypharmacy is defined as prescribing multiple medicines inappropriately, or where:

- There is no evidence-based indication, or unnecessarily high dose is prescribed
- One or more medicines have failed to achieve the therapeutic objectives
- One or more medicines cause ADRs

Patient is not willing or able to take medicine/ s as intended

Prevalence of Polypharmacy

Polypharmacy is a worldwide public health concern which is on the increase among all health care settings. The issue is well explained in literature from countries in North America, Europe and West Pacific. In India, a nation-wide literature survey of data between 2010 and 2018 conducted by Sharma et al 2019 shows Uttaranchal, Karnataka and Telangana reported a higher level of Polypharmacy with 93.14%, 84.6%, and 82.8% respectively, while Andaman and Nicobar Islands (2%) and West Bengal (5.82%) registered the lowest Polypharmacy.

It is therefore, essential to take necessary stringent measures in terms of raising awareness and enforcing a change in healthcare practices to curb the risks associated with inappropriate Polypharmacy.

Causes of Inappropriate Polypharmacy

- Comorbidities in ageing population requiring several medications
- Inappropriate self-medication of over-the-counter medicines inviting drug interactions and adverse drug reactions
- A "prescribing cascade" which occurs when patients take a medication and develop side-effects that are misinterpreted by the healthcare practitioner as symptoms of a disease, requiring additional medication
- Multiple consultations by patients for the same disorder inviting chances of overdosing and drug-drug interactions
- Ineffective communication and coordination between healthcare practitioners

Key Challenges

- Lack of systematic approach that incorporates age-related complexities into routine decision-making
- Meagre assessment of medication appropriateness and discontinuation in elderly patients
- Lack of targeted guidelines tailored to clinical care models for patients with multimorbidities
- Poor coordination among healthcare providers in a multi-level, open-ended healthcare setting like India
- Paucity of patient education campaigns on issues such as medication adherence, inappropriate use of alternative/ traditional therapies as concomitant medicines

Goals of Polypharmacy Management

The evidence for the need to address Polypharmacy is compelling. It requires efforts by all stakeholders, including policymakers, healthcare professionals, managers as well as caretakers and patients. The goal of a systematic approach in Polypharmacy management is to ensure optimal and sustainable use of medicines in patients with multimorbidities, ensuring the quality of care and reducing medication harms.

These goals may be inclusive of but not limited to:

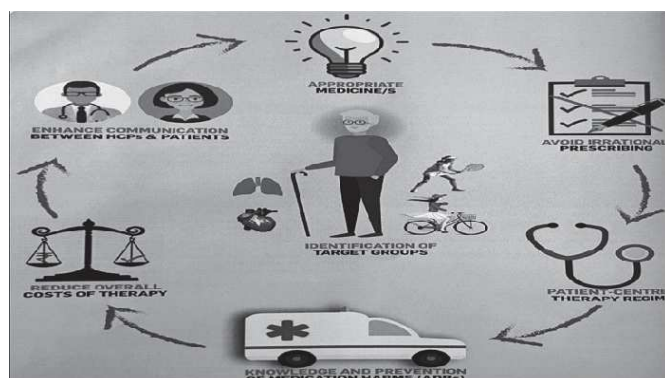
- Nurturing a culture that encourages and prioritizes the safety and quality of Polypharmacy.
- Raising awareness about the problems with Polypharmacy (Adverse Drug Reactions, Drug-drug interactions) and non-adherence by healthcare professionals and patients
- Encouraging patterns in Pharmacovigilance to address Polypharmacy-related harms among general public
- Advocating policy-level changes to influence rational prescribing and use of appropriate Polypharmacy

Polypharmacy can be controlled by:

- Maintain an accurate medication and medical history. Identify all medications, including over-the-counter (OTC) therapies.
- Link each prescribed medication to a disease state. Each medication should match a patient's diagnosis.
- Identify medications that are treating side effects as the use of multiple medications leads to a higher risk of side effects.

- Initiate interventions to ensure adherence, using combination products, generic options to reduce the cost and using adherence aids such as pillboxes.
- Reconcile medications upon discharge from hospital of skilled nursing facility as a risk factor for Polypharmacy includes recent hospitalization.
- Prevention - any drug that is unnecessary, inappropriate, or has a high likelihood for causing side effects that would require additional therapy should be avoided.

Polypharmacy management sequel:



Reference: PVPI

Case Reports

Successful ICU management of a COVID-19 parturient with ARDS.

Dr. Arun Kumar A Professor & HOD, Dr. Kiran B.R. Asso. Professor, Dr. Surya H.M. & Dr. Phani Prakash (Post Graduates)

A 35yr old G3P2L2 with 33 weeks of gestation presented to our hospital with complaints of cough, fever, running nose, shortness of breath since 5 days, which got aggravated since 2 days. She was a resident of COVID-19 containment area with no travel or contact history.

At presentation she was febrile 101.2F, Heart rate of 134bpm with RR-24cpm and blood pressure 150/90mmhg with spo2-82% on room air and was supplemented with 10 litres of oxygen via non rebreathing mask.

RT-PCR for COVID 19 was positive, her blood investigations revealed D-Dimer 8140 ng/ml, serum LDH- 479 Unit/L and other investigations within normal limits.

On day 2 of admission, patient was intubated in view of tachypnea and increased work of breathing and connected to ventilator, Fio2 and PEEP titrated as per ARDS net protocol. Her ABG post intubation revealed respiratory acidosis with pH 7.30, PaO2 80 mmhg, Pco2 50.8 mmhg and HCO3 22mmol/l with PaO2/FiO2 ratio 114 indicating moderate ARDS.

On day 4 of admission, patient was taken for emergency LSCS under general anaesthesia.

A single live preterm Female baby was delivered. Baby was intubated and shifted to NICU for further management.

Serial assessment with arterial blood gas analysis and chest x ray were performed, antibiotics were changed according to ET culture and blood culture reports.

Patient was weaned off from ventilator and was extubated after 7 days of mechanical ventilation. Post extubation patient was put on non invasive ventilation-BIPAP for 24 hours post extubation.

Later patient was weaned to nasal prongs 2L/min oxygen. Patient was maintaining 94-96% saturation on room air on 4th day of extubation.

Patient developed left lower limb deep vein thrombosis of left common femoral, superficial femoral and popliteal vein which was treated with anticoagulants.

Patient was shifted out of ICU on day 7 of extubation to high dependency unit.

Repeat throat swab for COVID 19 were done according to protocol. Mother and baby were healthy and discharged on 14th post natal day.

Front line workers: cutaneous side effects of personal protective equipment (PPE) and its prevention

Dr. Manjunath Hulmani, Dr. Jagannath Kumar V, Dr. Vinutha M M,

Covid19 caused by novel coronavirus has led to a pandemic in the year 2020. The ongoing covid-19 pandemic has brought in to sharp focus, the enormous risk the health care workers are subjected to in their line of work. It has proven the importance of using personal protective equipment preventing infection among front line workers, but the rigorous use of PPE has its own effect on the body. This article tries to highlight cutaneous effects of PPE use and ways to avoid such side effects from happening.



Personal protective equipment is being used by the frontline workers in the hospital to protect themselves from the virus (primary contact). PPE includes mask, gloves, goggles, protective clothing. Though it is a protective equipment, the initial cutaneous problems are due to hyperhydration effect of long time- sealing of PPE, breakdown of epidermal skin barrier, friction, contact irritation, all of which may cause new cutaneous problems or may aggravate pre-existing conditions.

Among the cutaneous changes the most common presentation with extended wear of PPE are erythema, papules, maceration, and scaling. Clinical manifestations include burning, itching, and stinging. Commonly involved sites are face, scalp, ear and trunk.

Cutaneous manifestations and its causes:

Acne, folliculitis, pressure urticaria, contact dermatitis, pruritus, exacerbates seborrheic dermatitis, telogen effluvium, miliaria, all of which are due to hyperhydration leading to clogging of the sebaceous and eccrine glands. Epidermal barrier loss occurring either by exaggerated handwashing with detergents/disinfectants or due to hyperhydration (maceration and erosion), impairs the hydro-lipid mantle of the skin surface causing contact dermatitis and atopic diathesis. Nutritional deficiency by stress induced malabsorption, may give rise to telogen effluvium.

The masks are made of polypropylene fabric, using a nonwoven technology that increases the density and filtering function. Close fitting mask increases humidity and creates hot microclimate that is responsible for occlusion of pilosebaceous ducts which may instantly flare-up acne and folliculitis. Irritant contact dermatitis from components of the mask induces itch and rashes. The rubber straps and metal clips used in the mask are responsible for true allergic contact dermatitis.

Hand eczema is encountered with prolonged use of gloves (rubber latex hypersensitivity) and repeated hand sanitization.

Pressure injuries and hyperpigmentation over face (especially over nasal bridge, forehead, malar areas) with tight fitted goggles, mask and respirators are common.

Protective clothing could induce contact dermatitis, acne, bacterial, fungal infection over the groin folds due to excessive sweating and friction.

Prevention:

Maintenance of skin barrier by following few measures on daily basis like adequate cleansing and moisturizing may prevent cutaneous problems. Adequate cleansing with lukewarm water, reduces irritation and further development of infections by removing sweat, oil, dirt and bacteria. Avoidance of hot showers is of utmost importance, as it leads to xerosis and miliaria due to damage in the "brick-wall" structure of the epidermis and blockage of the sweat glands respectively. Appropriate moisturizing, facilitates self-repair of the stratum corneum and locks the moisture content. Sebum secretion is more within a closed environment (i.e. while wearing PPE). Hence it is important to choose the right moisturizer and preferably apply water-soluble moisturizer (including glycerin and sodium hyaluronate) which is devoid of mineral oils, and thus prevents acne. Due to repeated hand wash, person is prone to develop eczema, as barrier function is lost and ample amount of moisturizing will help regain the impaired permeability.

Hydrogel dressings, hydrocolloid dressings and foam dressings are used to prevent facial pressure injury induced by personal protective equipment especially by face mask and goggles. Most common infection encountered on intact skin is fungal infection over hands, face and feet, due to maceration and erosion which can be prevented by keeping the area dry and following the above daily measures.

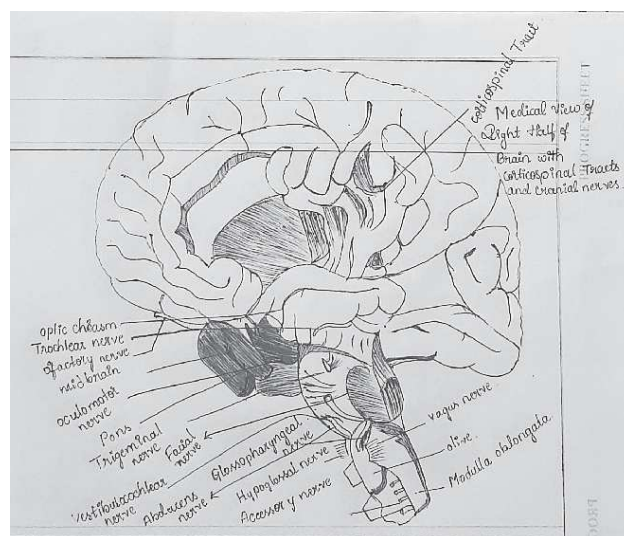
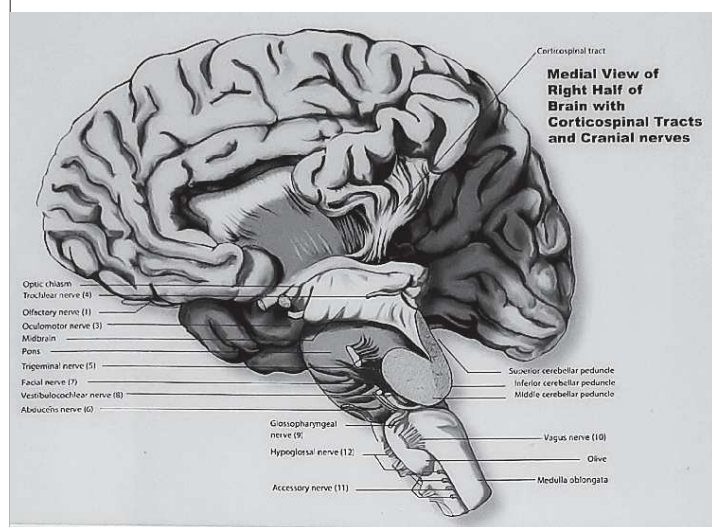
To conclude, it is desirable that all the front-line workers should know the various common cutaneous adverse effects due to PPE and ways to prevent them.

Publications

Sl. No.	Authors	Title of the publication	Journal/ Citation
1.	Anjuna KC Shivakumar KP	Comparison of Ropivacaine with MgSo4 versus ropivacaine with Dexmedetomidine as adjuvants in ultrasound-guided supraclavicular brachial plexus block in upper limb surgeries	Indian Journal of Anesthesia and Analgesia, March – April 2020; 7(2): 465–472
2.	Ajay s Hatti RuchiSood ShantalaArunkumar	Chronic Progressive External Ophthalmoplegia a Not Rare Case Report	IOSR Journal of Dental and Medical Sciences (IOSR-JDMS) e-ISSN: 2279-0853, p-ISSN: 2279-0861. Volume 18, Issue 12 Ser.9 (December. 2019), PP 37-38
3.	Shantala Arunkumar Rashmi Chittawadagi	Proficiency of eye drop instillation before and after the practice education among interns posted to department of ophthalmology	J Pub Health Med Res 2020;8(1):12-14

A sketch of the Brain done by 17yr old female patient in opd within 15-20mins, who is diagnosed with Schizophrenia secondary to congenital hearing loss currently being treated at S.S. Institute of Medical Sciences & Research Centre, Dept. of Psychiatry by Dr. Mruthyunjaya N.

She has completed 2nd PUC and her father wishes to enroll her to Fine arts college once she recovers





Bapuji Educational Association [Regd.]

S.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE**MBBS (UG) - Subject wise University Toppers list of 2014 Batch**

Department	Rank	Reg No.	Name	Max Marks	Obt Marks	%
ANATOMY	3	14M1064	MEGHANA. T. C	400	337	84.25
	5	14M1018	ANUSHA. M. S	400	334	83.50
	8	14M1045	JASNA KARIM	400	331	82.75
	8	14M1117	SHASWATI DEY	400	331	82.75
PHYSIOLOGY	10	14M1079	NIKHIL KUMAR. D. G	400	324	81.00
BIOCHEMISTRY	7	14M1079	NIKHIL KUMAR. D. G	200	172	86.00
PATHOLOGY	6	14M1117	SHASWATI DEY	400	324	81.00
	10	14M1079	NIKHIL KUMAR. D. G	400	317	79.25
MICROBIOLOGY	4	14M1105	RASHMI NATARAJAN	400	326	81.50
	10	14M1117	SHASWATI DEY	400	316	79.00
PHARMACOLOGY	9	14M1109	RIYA MITTAL	400	326	81.50
FORENSIC MEDICINE	4	14M1124	SOHAN CHANNESHAPPA KOTIGERA	200	163	81.50
	10	14M1105	RASHMI NATARAJAN	200	155	77.50

MBBS (UG) – Phase wise University Toppers list of 2014 Batch

Department	Rank	Reg No.	Name	Max Marks	Obt Marks	%
Phase I	8	14M1079	NIKHIL KUMAR. D. G	1000	820	82.00
Phase II	6	14M1117	SHASWATI DEY	1400	1104	78.86
	7	14M1105	RASHMI NATARAJAN	1400	1102	78.71



ಕೋವಿಡ್-19 ನೊಂದಿಗೆ ನನ್ನ ಪಯಣ

ಅಂದು ಶ್ರಾವಣಮಾಸದ ಮಂಗಳವಾರ ಎಂದಿನಂತೆ ಆಫೀಸಿಗೆ ಹೋದೆ ಏಕೋ ದುಗುಡ ಸುಮಾರು 2.30ರ ಸಮಯದಲ್ಲಿ ದಿಫೀರನೇ ಎದ್ದು ಗಂಟಲು ದ್ರವ ಪರೀಕ್ಷೆಗೆ ಕೊಡಲು ಹೋದೆ, ಕೊಟ್ಟ ಮೇಲೆ ಸ್ವಲ್ಪಸಮಾಧಾನವಾಯಿತು. ಕಚೇರಿಯಿಂದ ಮನೆಗೆ ಹೋದ ನಂತರ ಮತ್ತೆ ಯೋಚನೆ ಪಾಸಿಟಿವ್ ಬಂದರೆ ಏನಾಗುತ್ತದೆಂಬ ಭಯ ತವಕ... ಏನಾದರೂ ಆಗಲಿ ಕೆಲವರಂತೆ ನಾನು ಕೂಡ ಕೋವಿಡ್ ಪೇಶಂಟ್ ಆಗ್ಗೀನಿ, ಇಲ್ಲದಿದ್ದರೆ ಸಂಭ್ರಮಿಸುತ್ತೇನೆ ಎನ್ನುತ್ತಾ ಕಣ್ಣುಚ್ಚಿದೆ, ನಿದ್ದೆ ಅಂದು ಬರದೇ ಇಡಿ ರಾತ್ರಿ ನಿದ್ದೆ ಬರದೆ ಹಗಲಿನಂತೆ ಕಳೆದೆ..

ಬೆಳಿಗ್ಗೆ ಎದ್ದು ಮನಸ್ಸಿಲ್ಲದ ಮನಸ್ಸಿನಿಂದ ತಯಾರಾದೆ ಆಫೀಸ್ ಕೆಲಸದಲ್ಲಿ ಸ್ವಲ್ಪಹೊತ್ತು ಮರೆತ್ತಿದ್ದೆ ಆದರೂ ಮತ್ತೆ ಮತ್ತೆ ನನ್ನ ನೆನಪಿಗೆ ಬರುತ್ತಿತ್ತು ನನ್ನ ಕಣ್ಣಿಂದ + ಮತ್ತು - ಚಿಹ್ನೆ ನಾಟ್ಯವಾಡುತ್ತಾ ನೆನಪಿಸುತ್ತಿದ್ದವು. ಮಂಗಳವಾರದಂತೆ ಬುಧವಾರವೂ ಕಳೆಯಿತು.. 2.45ಕ್ಕೆ ಸುಮಾರು ಬುಧವಾರ ಕರೆಬಂತು + ಎಂದು ತಕ್ಷಣ ಗಾಬರಿಯಾದರೂ ಹಗುರವಾಗಿ ತೆಗೆದುಕೊಂಡೆ. ನಾಳೆ ವಾರ್ತೆಯಲ್ಲಿ ನನ್ನನ್ನೂ ಸೇರಿಸಿ ಲೆಕ್ಕವನ್ನು ಹೇಳುತ್ತಾರೆ ಎಂದು ನನ್ನೊಳಗೆ ನಾ ನಕ್ಕೆ.

ನನ್ನ ಆಫೀಸಿನವರಿಗೆಲ್ಲಾ ಹೇಳಿದಾಗ ಕೆಲವರು ಸಹಜವಾಗಿ ಇನ್ನು ಕೆಲವರು ದಿಗ್ಭ್ರಾಂತಿಯಿಂದ ಕೇಳಿದರು ಮತ್ತೆ ಕೆಲವರು ನನ್ನನ್ನು ತಪ್ಪಿತಸ್ಥೆಯೆಂದು ನೋಡಿದರು. ಕಚೇರಿಯಿಂದ ಭಾರಮನಸ್ಸಿನಿಂದ ಮನೆಗೆ ಹೊರಟೆ, ಮನಸ್ಸು/ದೇಹಗಳೆರಡು ನನ್ನ ಭಾರಕ್ಕಿಂತ ದ್ವಿಗುಣಗೊಂಡಿರುವಂತೆ ಭಾಸವಾಗಿತ್ತು ಆದರೂ ಹೊರಗಿನವರಿಗೆ ಏನೂ ಗೊತ್ತಾಗದಂತೆ ಹಾಗೆ ತೋರಿಸಿಕೊಂಡು ನಗುತ್ತಿದ್ದೆ.

ಅಂತು ಇಂತೂ ಮನೆಗೆ ಹೋಗಿ ಬಟ್ಟೆ, ಲ್ಯಾಪ್‌ಟಾಪ್ ಪುಸ್ತಕ ತೆಗೆದುಕೊಂಡು ಬಂದೆ. ಆಸ್ಪತ್ರೆಯ ಸಿಬ್ಬಂದಿಗೆ ವಿಚಾರ ತಿಳಿಸಿದಾಗ ಒಂದು ನಿರ್ಧಾರಿತ ಜಾಗದಲ್ಲಿ ನಿಲ್ಲಲು ಹೇಳಿದರು ಮತ್ತು ನನ್ನನ್ನು ಕರೆದೊಯ್ಯಲು ಆಸ್ಪತ್ರೆಯ ಸಿಬ್ಬಂದಿ ಬರುತ್ತಾರೆ, ಅವರೊಟ್ಟಿಗೆ ನಮಗೆಂದೇ ನಿರ್ಧಾರಿಸಿದ ಬಾಗಿಲಿನಿಂದ ಆಸ್ಪತ್ರೆಯನ್ನು ಪ್ರವೇಶಿಸಬೇಕೆಂದು ತಿಳಿಸಿದರು ಅದರಂತೆ ಕಾಯುತ್ತಿದ್ದೆ ನನ್ನ ಸಹಪಾಠಿಗಳು ನನ್ನೊಡನಿದ್ದರು.

10 ನಿಮಿಷಗಳನಂತರ ಹೆಣ್ಣುಮಗಳೊಬ್ಬಳು ಮೇಲಿನಿಂದ ಕೆಳಗಿನವರೆಗೂ ಕವಚವನ್ನು ಧರಿಸಿಕೊಂಡು ನನ್ನನ್ನು ಆಹ್ವಾನಿಸಲು ಬಂದಳು ಅವಳ ಕೋರಿಕೆಯಂತೆ ನಾನು ಮುಂದೆ ನಡೆದೆ ಅವಳು ನನ್ನ ಹಿಂದೆ ಔಷಧಿಯನ್ನು ಸಿಂಪಡಿಸುತ್ತಾ ಬಂದಳು. ನನಗೆ ಬಿಗ್ ಬಾಸ್ ಮನೆಯೊಳಗೆ ಹೋಗುತ್ತಿರುವಂತೆ ಭಾಸವಾಗುತ್ತಿತ್ತು. ಸಹಪಾಠಿಗಳು ಬೇರೆ ನನ್ನನ್ನು ಕಳುಹಿಸಲು ಬಂದಿದ್ದರು ಏನೋ ಒಂದುತರಹದ ಅನುಭವ/ದುಗುಡ. ಕೋವಿಡ್-19 ಪ್ರಯಾಣ ಶುರುಮಾಡಿದೆ...

ಸುಮಾರು 200 ರಿಂದ 300 ಮೀಟರ್‌ವರೆಗೆ ನಡೆದುಕೊಂಡು ಬಂದೆ ಈಗಾಗಲೇ ನಡೆಯುವ ದಾರಿಯು ಹಸಿಯಾಗಿತ್ತು ಏಕೆಂದರೆ ನನ್ನ ಹಾಗೆ ಅನೇಕ ಕೋವಿಡ್-19 ರೋಗಿಗಳು ಅದೇ ದಾರಿಯನ್ನು ಹಾದುಹೋಗಿದ್ದರು. ನನಗೆ ದೇವರ ಉತ್ಸವನೆನಪಿಗೆ ಬಂದಿತ್ತು ಏಕೆಂದರೆ ದೇವರ ಉತ್ಸವ ಹೋಗುವಾಗ ಮುಂದೆ ಮುಂದೆ ನೀರು ಚಿಮುಕಿಸಿಕೊಂಡು ಹೋಗುತ್ತಾರೆ ಆದರೆ ಇಲ್ಲಿ ಉಲ್ಟಾ ಅಷ್ಟೆ.. ಹಿಂದೆ ಹಿಂದೆ ಚಿಮುಕಿಸುತ್ತಾರೆ ನನ್ನ ಕೊಠಡಿ ಬಂತು ಅಲ್ಲಿರುವ ದಾದಿಯರು, ವೈದ್ಯರು ಏಲ್ಲರೂ ಒಂದೇ ರೀತಿಯಾಗಿ ಕಾಣುತ್ತಿದ್ದರು, ಎಷ್ಟೋಬಾರಿ ನನಗೆ ಅವರಾರೆಂದು ತಿಳಿಯದೆ ಅವರ ಧ್ವನಿಯ ಮೇಲೆಯೇ ಗುರುತಿಸಿದ್ದುಂಟು.

ರಾತ್ರಿ 08.30 ಕ್ಕೆ ಒಳಪ್ರವೇಶಿಸಿದೆ, ಇಲ್ಲಿಂದ ನನ್ನ ಚಿಕಿತ್ಸೆ ಶುರುವಾಯಿತು. ಸಮಾಧಾನದಿಂದ ಮಾತನಾಡುತ್ತಾ ದಾದಿಯರಜೊತೆಗೆ ಚಿಕಿತ್ಸೆಗೆ ಸ್ಪಂದಿಸಿದೆ. ನನ್ನ ಮನಸ್ಸಿಗೆ ನಾನು ಹೇಳಿಕೊಂಡೆ “ನನಗೆ ಯಾವುದೇ ತರಹದ ತೊಂದರೆ ಇಲ್ಲ ಜ್ವರ ಬಂದಿದೆ, ಮನೆಯೊಳಗಿದ್ದರೆ ಸರಿಯಾಗಿ ಶುಶ್ರೂಷೆ ಸಿಗುವುದಿಲ್ಲ ಆದ್ದರಿಂದ ಇಲ್ಲಿಗೆ ಬಂದು ಚಿಕಿತ್ಸೆ ಪಡೆಯುತ್ತಿದ್ದೇಯಾ.”

ಗುಳಿಗೆಗಳು/ಇಂಜೆಂಕ್ಷನ್‌ಗಳ ಮಹಾಪುರವೇ ಶುರುವಾಯಿತು. ಊಟಕ್ಕಿಂತ ಮುಂಚೆ ಇದು.. ನಂತರ ಇದು.. ಎಂದು ತಿಳಿಸಿದರು.

ಮೊದಲನೆ ದಿನದ ರಾತ್ರಿ ಅಂದರೆ ಅಡ್ಮಿಟ್ ಆದ ದಿನ ನಿದ್ದೆ ಬರದೇ ಒದ್ದಾಡಿದೆ. ದೇವರನ್ನು ನೆನೆಯುತ್ತಾ ಹಲವಾರು ಹಾಸ್ಯಪಟನೆಗಳನ್ನು ನೆನಪಿಸಿಕೊಳ್ಳುತ್ತಾ ಇಡೀ ರಾತ್ರಿ ಕಳೆದೆ.

ಬೆಳಿಗ್ಗೆ ತಿಂಡಿಯೊಂದಿಗೆ ಕಾಫಿ/ಬಿಸಿನೀರು, ಊಟ ಮತ್ತು ತಿಂಡಿಯ ಮಧ್ಯಂತರದಲ್ಲಿ ತರಾವರಿ ಹಣ್ಣು/ಸೂಪ್‌ಗಳು, ಮಧ್ಯಾಹ್ನದ ಊಟ, ಸಾಯಂಕಾಲ ಸ್ನಾಕ್ಸ್, ರಾತ್ರಿಯೂಟ, ಪ್ರತಿದಿನ ಐದುಬಾರಿ ತಿನ್ನಲು ಕೊಡುತ್ತಿದ್ದರು, ಊಟ ತಿಂಡಿಗಳೆಲ್ಲಾ ಸರ್ಕಾರ ತಿಳಿಸಿದ ನಿಯಮಾನುಸಾರ ಬರುತ್ತಿತ್ತು, ಸಂತೋಷವಾಗಿ ಸೇವಿಸಿದೆ.



ನನ್ನೊಟ್ಟಿಗೆ ನನ್ನ ಸಹಪಾಠಿಗಳು, ಸ್ನೇಹಿತರು, ಸಂಭಂದಿಗಳು, ವೈದ್ಯರು ಸಿಬ್ಬಂದಿ ಎಲ್ಲರೂ ಇದ್ದರು. I am @ Home ಎನ್ನಿಸಿತು. ನನಗೆ ಬೇಕಾದವರೆಲ್ಲರೂ ಧೈರ್ಯ ಹೇಳುತ್ತಿದ್ದರು. ಸಹಾಯಕೇಳಲು ತಿಳಿಸಿದರು. ದಿನಕ್ಕೆ ಸುಮಾರು 20 ರಿಂದ 25 ಕರೆಗಳು ಬರುತ್ತಿದ್ದವು. ಲ್ಯಾಪ್ ಟಾಪ್, ಪುಸ್ತಕ ಬಹಳ ದಿನಗಳಿಂದ ಓದಬೇಕೆಂದುಕೊಂಡಿದ್ದ ಆಸೆ ನೆರವೇರಿತು.

ನಾನು ಒಳರೋಗಿಯಾಗಿ ಬಂದಾಗಿನಿಂದ ನನಗೆ ಪರಿಚಯವಿರುವವರೂ ಕೂಡ ಬಂದು ಸೇರಿಕೊಂಡರು. ಎಲ್ಲರ ಮುಖದಲ್ಲೂ ನಗುವನ್ನು ಕಂಡೆ. ಸ್ವಲ್ಪ ಆಶ್ಚರ್ಯವೂ ಆಯಿತು. Covid patient ಆಗಿ ಬಂದವರೆಲ್ಲಾ ಹೇಳುತ್ತಿದ್ದುದು ಒಂದೇ ರಿಲ್ಯಾಕ್ಸ್ ಆಗಲು ಬಂದಿದ್ದೇನೆ, ದೇವರೆ ನನಗೆ ವಿಶ್ರಾಂತಿಸಲು ಕಳುಹಿಸಿದ್ದಾರೆ. ಹಲವಾರು ಸಕಾರಾತ್ಮಕ ಉತ್ತರಗಳನ್ನು ಕಂಡೆ. ಬಂದವರೆಲ್ಲರ ಬರವಸೆ ಧೈರ್ಯ ನೋಡಿ ನನ್ನಲ್ಲೂ ಧೈರ್ಯ ಹೆಚ್ಚಾಯಿತು. ಒಂದೆಡೆ ಅನಿಸಿದ್ದೇನೆಂದರೆ ಎಲ್ಲಾ ಔಷಧಕ್ಕಿಂತ ನನ್ನಲ್ಲಿರುವ ಸಕಾರಾತ್ಮಕ ಚಿಂತನೆ ಮತ್ತು ಪೌಷ್ಟಿಕ ಆಹಾರ ಹೆಚ್ಚು ಪರಿಣಾಮ ಬೀರುತ್ತವೆ.

ನನ್ನ ಹತ್ತಿರದ ಸಂಭಂದಿಕರಿಗೆ ಈ ವಿಚಾರ ತಿಳಿಸಿರಲಿಲ್ಲವಾದ್ದರಿಂದ ಅವರ ಕರೆಗಳನ್ನು ಸ್ವೀಕರಿಸಲು ಸ್ವಲ್ಪ ಕಷ್ಟವಾಗುತ್ತಿತ್ತು. ಸುಳ್ಳು ಹೇಳುತ್ತಿದ್ದೆ. ಮನೆಯಲ್ಲಿಯೇ ರಜ ಹಾಕಿದ್ದೇನೆ ಎಂದು ಹೇಳುತ್ತಿದ್ದೆ. ಚಿಕಿತ್ಸೆಯ ಬಗ್ಗೆ ಹಲವಾರೂ ಊಹಾಪೋಹಗಳುಂಟು ಯಾವುದನ್ನು ತಪ್ಪೆಂದು, ಸರಿಯೆಂದು ಹೇಳಲಾಗದು ತಮಗೆ ಅನುಭವಕ್ಕೆ ಬಂದದ್ದು ಹೇಳುವುದಕ್ಕಿಂತ ಸಾಮಾಜಿಕ ಜಾಲತಾಣಗಳಲ್ಲಿ ಬಂದ ವಿಚಾರಗಳನ್ನು ತಿಳಿಸುತ್ತಿದ್ದರು. ನಾನೂ ಕೂಡ ಹಲವಾರು ವಿಚಾರಗಳನ್ನು ಅನುಸರಿಸಿದೆ. ಧ್ಯಾನ ಮಾಡುವುದು, ಧನಾತ್ಮಕವಾದ ಚಿಂತನೆ, ಸರಿಯಾದ ಸಮಯಕ್ಕೆ ಊಟೋಪಚಾರ ಔಷಧ, ನನ್ನ ಗಮನವನ್ನು ಬೇರೆಡೆಗೆ ಕೇಂದ್ರಿಸಿತು.

ನಾನು ಪೋಟೋಗಳಲ್ಲಿ ಮಾತ್ರ ದಾದಿ ಮತ್ತು ವೈದ್ಯರ Covid (PPE KIT Personal Protection Kit) ಉಡುಪಿನಲ್ಲಿ ನೋಡಿದ್ದೆ.. ನಿಜವಾಗಿ ನನ್ನೆದುರಿಗೆ ಬಂದಾಗ ಒಂದು ಕ್ಷಣ ಚಂದ್ರಯಾನಕ್ಕೆ ಇವರೆಲ್ಲಾ ಹೊರಟಿರುವರೇನೋ ಎನ್ನಿಸಿತು. ಚಂದ್ರಯಾನ ಮಾಡಿರುವ ಕಲ್ಪನ ಚಾಪ್ಲಿನ್ ನೆನಪಿಗೆ ಬಂದಳು.

ನಮ್ಮೆಲ್ಲರನ್ನು ನೋಡಿಕೊಳ್ಳುವ ಇವರಿಗೆ Professional Health Care workers/worriers ಎಂದು ಕರೆಯುತ್ತಾರೆ. ಇವರು ಒಂದುಸಾರಿ PPE KIT ಧರಿಸಿದರೆ ಊಟಮಾಡುವುದು, ನೀರುಕುಡಿಯುವುದು, ಶೌಚಾಲಯಬಳಕೆ ಇದೆಲ್ಲದರ ಹೊರತಾಗಿಯೂ ಸುಮಾರು 10 ರಿಂದ 12 ತಾಸು ನಿಗದಿತ ವಸ್ತ್ರದಲ್ಲಿಯೇ ಇರುತ್ತಾರೆ. ನನಗೆ ಇಂಜೆಕ್ಷನ್ ಕೊಡುವಾಗ ಗಮನ ಹರಿಸಿದೆ, ಪೂರ್ಣವಾಗಿ ಬೆವೆತ್ತಿದ್ದ ಇವರಿಗೆ ಮಂಜುಕವಿದಂತೆ ಆಗುತ್ತಿದ್ದ ಕಾರಣ ಸರಾಗವಾಗಿ ಅವರ ಕೆಲಸ ನಿರ್ವಹಿಸಲು ತಡವರಿಸುತ್ತಿದ್ದರು.

ನಾನಿದ್ದ ದಿನಗಳೆಲ್ಲಾ ಯಾವುದೇ ತಿಂಡಿ ಪುನರಾವರ್ತನೆಯಾಗಿದ್ದಿಲ್ಲಾ, ಆಹಾರದಲ್ಲಿ ಮುಖ್ಯವಾಗಿ ಅರಿಶಿನ, ಮೆಣಸು, ಜೀರಿಗೆ, ತೊಗರಿಬೇಳೆ, ಹೆಸರುಬೇಳೆ ತರಕಾರಿ ಬಳಸಲಾಗಿತ್ತು. ಒಂದೂ ಹೊತ್ತು ತಪ್ಪದೇ ಬಿಸಿ ಬಿಸಿಯಾದ ಆಹಾರ ಪ್ರತಿಯೊಂದು ಖಾದ್ಯಕ್ಕೂ ಒಂದು ಬೆಳ್ಳಿ ಕವರ್ ನಲ್ಲಿ ಬರುತ್ತಿತ್ತು. ಊಟದ ನಂತರ ಉಳಿದ ಆಹಾರವನ್ನು ಚೆಲ್ಲುವಾಗ ಬಹಳ ಬೇಸರವಾಗುತ್ತಿತ್ತು. ಹಲವುಬಾರಿ ಎಸೆಯುವುದಕ್ಕೆ ಮನಸ್ಸಿಲ್ಲದೆ ಅವಶ್ಯಕತೆಗಿಂತ ಹೆಚ್ಚು ತಿನ್ನುತ್ತಿದ್ದೆ. Discharge ಆಗಿ ಬರುವಾಗ ತಿಳಿಯಿತು 1.5 ಕೇಜಿ ಯಷ್ಟು ನನ್ನತೂಕ ಹೆಚ್ಚಾಗಿತ್ತು.

ನಾನಲ್ಲಿರುವಷ್ಟು ದಿನ ಹರಟುವುದು, ಆಧ್ಯಾತ್ಮಿಕ ವಿಷಯಗಳ ಬಗ್ಗೆ ತಿಳಿದುಕೊಳ್ಳುವುದು, 3 ಕನ್ನಡ ಸಿನಿಮಾ ನೋಡಿದೆ ಆಗಷ್ಟೆ 15ರಂದು 74 ನೇ ಸ್ವತಂತ್ರದಿನಾಚರಣೆಯ live ನೋಡಿದೆ ಇದೇ ಮೊದಲಬಾರಿಗೆ ಸಂಪೂರ್ಣ ಸ್ವತಂತ್ರ ದಿನಾಚರಣೆಯ ಕಾರ್ಯಕ್ರಮವನ್ನು ನೋಡಿದ್ದು, ನನ್ನ ಆಸೆಯಂತೆ 2 ಕನ್ನಡ ಪುಸ್ತಕಗಳನ್ನು ಪೂರ್ಣವಾಗಿ ಓದಿ ಮುಗಿಸಿದ್ದೆ.

ನಾನು Discharge ಆಗಿ ಬಂದಮೇಲೆ ಸುಮಾರು ತಿಂಗಳುಗಳಾದರೂ ಸಂಪೂರ್ಣವಾಗಿ ಚೇತರಿಕೆ ಕಾಣಲಿಲ್ಲ, ಗಂಟಲ ಕೆರೆತ ಮತ್ತು ಸುಸ್ತು ಬಹಳಷ್ಟು ಇತ್ತು. ಎಲ್ಲರಲ್ಲೂ (ಕೋವಿಡ್ ಬಂದವರಲ್ಲಿ) ಒಂದಲ್ಲಾ ಒಂದು ತರಹದ ತೊಂದರೆಗಳು ಕಾಣಿಸಿಕೊಂಡಿದ್ದವು. ಪ್ರಾಣಿಯಾಮ, ಧ್ಯಾನ, ಹೆಚ್ಚು ಹೆಚ್ಚು ಹಣ್ಣುಗಳ ಸೇವನೆ, ನಿಯಮಿತ ಆಹಾರ ಇವು ನನ್ನ ದಿನಚರಿಯಾದವು.

ಅಂದು ಶುರುವಾದ ಪಯಣ ಇಂದಿಗೂ ಮುಗಿದಿರುವುದಿಲ್ಲ

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