API DK Lahari

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STAYING RELEVANT : NEW CHALLENGE

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PRESIDENT'S MESSAGE

Greetings of joy and peace to all E- Magazine API DK LAHARI Team!. There is a saying 'Let each mind create and Every Hand contributes'. It gives me immense pleasure that third issue of API DK LAHARI is due to be released. We have so many untapped talents in our association who have put their heart and soul to bring best out of them. All of you has done a wonderful job, amazing work. Before I sign off as outgoing President, I once again congratulate all contributors and salute E- Magazine committee for their committed, constant hard work.

Lets move on..

DR.VENKATESHA BM

PRESIDENT, API DK CHAPTER(2020-2021)

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VOICE OF THE EDITOR IN CHIEF

Lahari 1.03 is ready now. The editorial team has compiled an useful collection of educative, enlightening and entertaining content for you. I thank the entire team of section editors and executive editor for their hard work in bringing out this issue. Dr. Venkatesh and Dr. Archana have provided the logistical framework for all the issues of Lahari. I thank them for their initiative and support. I wish the new team all the success in the coming year.

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COVER STORY

INTERNAL MEDICINE
STAYING RELEVANT: NEW CHALLENGE

DR B.SADANANDA NAIK

Internal medicine physicians are the specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment and compassionate care of adults across the spectrum from health to complex illness. Based on the geographical location they are referred as 'physicians', 'internists,' 'hospitalists'. They are sometimes hailed as the "doctor's doctor" because they are often called upon to act as consultants to other doctors in solving puzzling diagnostic problems. After being revered as the 'most intellectual' amongst the medical professionals for many centuries, slowly and steadily the command of the specialists of the age-old art of medicine seems to be waning. One of the important reasons behind this steady decline of the influence of this speciality is the rise of sub specialities of medicine like cardiology, gastro enterology, pulmonology, neurology etc only to take over the mantle of treating the acute care patients. The newly graduated 'internists' use this speciality as a stepping stone to more attractive horizons. Hence, the physicians are left with the management of chronic medical ailments and they are made to be contended with just the diagnosis of the medical problems and prompt referral to the respective sub speciality of medicine. With all these developments, many physicians felt that the internal medicine as a speciality has lost its shine and they have simply become nothing but "Glorified general practitioners".

The sub specialities of medicine have grown exponentially and, in a bid, to acquire the ultimate precisive, decisive skill and expertise in the management of acutely ill patients, there seems to be a huge lacune in the comprehensive and holistic care of the patients. The whole purpose of the sub specialization was to acquire the technical skills necessary to address complex medical problems. But unfortunately, the care we provide has become more technically complex. The internal medical specialists with the broad, comprehensive

Knowledge of medicine can fill this gap. The physicians are like 'wicket keepers' in a cricket team, who can read the situation from all angles and their inputs are invaluable. Just like the cricket team which cannot afford to play without a keeper; a wise, competent and an experienced physician is an indispensable member of the medical team. The COVID-19 pandemic has given a new lease of life to this speciality of medicine and it was the internal medicine specialists who took the charge of the treating of COVID-19 patients.

A physician has always been a student of medicine, and now he has to gear up to learning the most challenging lessons of his life. Broad and deep medical knowledge is going to be the new 'mantra' to stay relevant in the present era of sub speciality of medicine. It is imperative that the physicians work harmoniously along with the sub specialists of medicine without any unnecessary interference and confrontation in the best interest of the patients. Life is a big cycle and better days are ahead for the physicians sooner than later. A supremely confident physician leading the medical team is the need of the hour and only pray that ignorance, ego do not come our way. Long live Internal Medicine!!

DR B.SADANANDA NAIKMD , DNB

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SECRETARY'S REPORT

DR ARCHANA BHAT

Greetings from API DK Chapter

E-CON API DK-2020 State level E-Conference for Post graduates and Physicians was hosted by API DK Chapter in association with department of Medicine, Father Muller Medical College and Rajiv Gandhi University of Health Sciences, Bangalore .Honourable Vice Chancellor of RGUHS, Dr.S.Sacchidanand inaugurated the conference by online inaugural message on 12.12.2020. Delivering his inaugural address he gave emphasis on knowledge is light and importance of presenting research material in post graduate training through online forums like E Conferences in the present scenario. He congratulated API DK Chapter and Department of Medicine, FMMC for taking such initiatives which is first of its kind and model for others to follow. He told as RGUHS is celebrating Silver jubilee, students and post graduates are suggested to gain maximum benefits through such learning activities.

Rev.Fr.Ajith Menezes, Administrator, FMMC spoke on importance of using technology in COVID era.

Dr.J.P.Alva, Dean, FMMC stressed on need for such educational programmes for post graduates especially during covid pandemic. This E Conference of API DK Chapter was a part of celebration of Physicians Day 2020.

This conference was registered by delegates not only from Karnataka but also from Tamil Nadu, Andhra Pradesh, Maharashtra, Kerala, Goa, Odisha and Bihar. 350 delegates and Post graduates from more than 50 Medical colleges all over India have registered for this conference. 151 scientific research papers were presented during the conference. Scientific sessions held with speakers from national and international repute delivered the lectures. Best free paper & Poster award were given on both the days.

E-CON API -DK 2020

SCIENTIFIC PROGRAMME | VENUE : EVALUATION CENTRE, III FLOOR, COLLEGE OF NURSING

DECEMBER 12, 2020

TIME	TOPIC	SPEAKER	CHAIRPERSONS
9.00 am – 9.20 am	Inauguration- Decennial hall		
9.30 am – 09.50 am	Choosing the right antiarrhythmic in acute atrial fibrillation	Dr. Maneesh Rai Consultant electrophysiologist KMC Mangalore	Dr. Prabhakar H Dr. Sudeendra Rao M
10.00 am – 10.20 am	Pitfalls in certifying death	Dr.Veena Vaswani Prof. of Forensic Medicine Yenepoya Medial College,Mangalore	Dr. Uday Kumar Dr. Narasimha Hegde
10.30 am – 10.50 am	Medical emergencies in Oncology	Dr.Govind Babu Consultant Medical Oncologist St. John's Medical College Hospital	Dr. Guruprasad Bhat Dr. Anitha Sequira
11.00am – 11.20am	Approach to endocrine hypertension	Dr.Vijaya Sarathi HOD, Consultant Endocrinologist Vydehi Institute of Medical sciences and Research Centre,Bangalore	Dr. Sudeep K Dr. Ganesh Khandige
11.30am – 11.50am	Allergic bronchopulmonary aspergillosis	Dr.Chakrapani M Prof of Medicine,KMC Mangalore	Dr. EVS Maben Dr. Shobitha Rao
12.00 am – 12.20 pm	Rational use of antiepileptic medication	Dr.Shivkumar Consultant Neurologist Sakra World Hospital, Bengaluru	Dr. Pavanraj Dr. C Ramachandra Bhat
12.30pm – 12. 50 pm	Rapidly progressive renal failure	Dr.Gautham Rajan Consultant Nephrologist Caritas Hospital Kottayam, Kerala	Dr. Manjunath J Dr. Venugopal

SCIENTIFIC PAPERS PRESENTATIONS

2.00 pm to 5.00 pm
- E-Poster Presentation
- E Free Paper Presentations

E-CON API -DK 2020

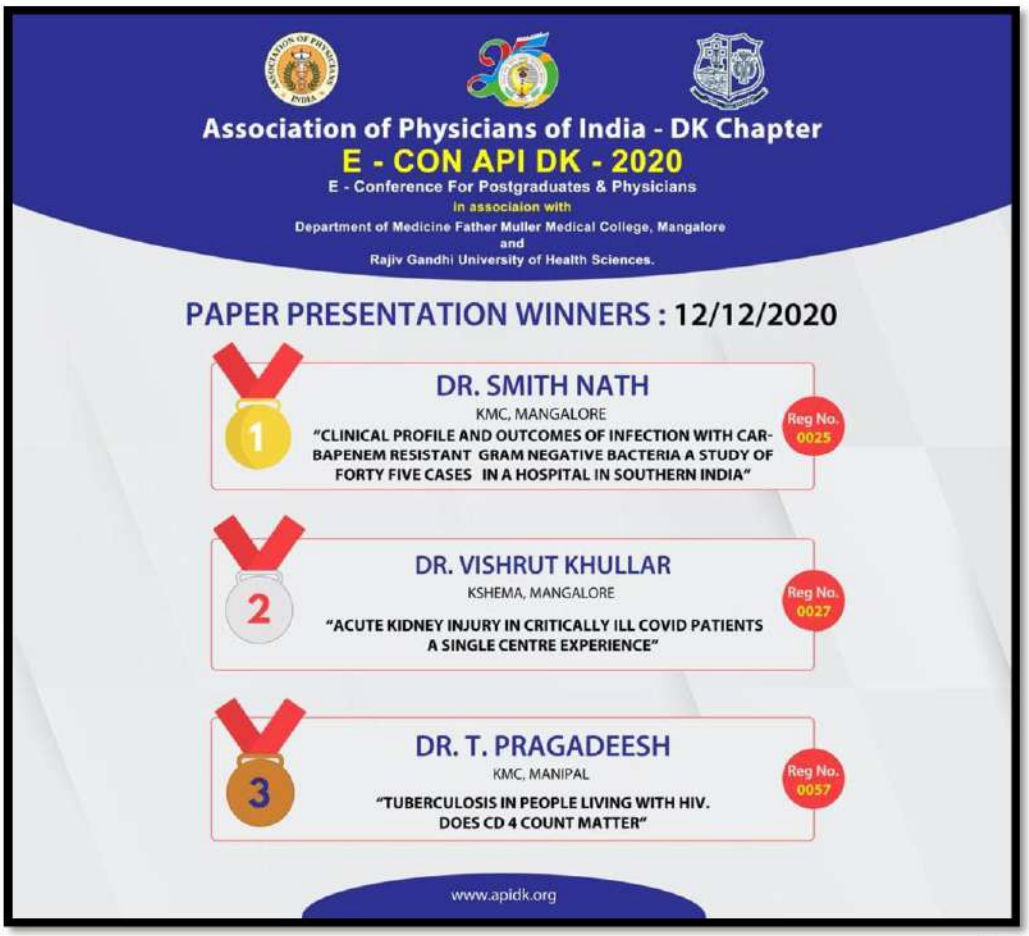
SCIENTIFIC PROGRAMME | VENUE : EVALUATION CENTRE, III FLOOR, COLLEGE OF NURSING

DECEMBER 13, 2020

TIME	TOPIC	SPEAKER	CHAIRPERSONS
9.00 AM – 9.50 AM	ABG symposium	Dr.Ashok Bhat Consultant Nephrologist KMC Mangalore	Dr. Amith L D souza Dr. Smitha Bhat
10.00 am – 10.20 am	Approach to Upper GI Bleed	Dr. Shiran Shetty Prof & HOD, Dept. of Gastroentreology KMC Manipal	Dr. Sandeep Gopal Dr. Santhosh R Goudar
10.30 am – 10.50 am	Pre operative cardiac assessment of non cardiac cases	Dr. Pradeep Periera Consultant Cardiologist, FMMC	Dr. K Subramanyam Dr. Sunil Kumar
11.00 am – 11.20 am	Treating RA to target in routine clinical practice	Dr. Vinod Ravindran Consultant Rheumatologist Calicut, Kerala	Dr. R Arunachalam Dr. Raghava Sharma
11.30am – 11.50am	Management of DVT	Dr. Prashanth B Consultant Heamatologist KMC, Mangalore	Dr. Akshatha Rao Aroor Dr. Harish Rao
12.00 pm – 12.20 pm	Legal aspects of medical practice- A case based discussion	Dr. Shreekant Shetty Head of academic Council of Institute of Medicine and Law, Mumbai	Dr. B Sadananda Naik Dr. Julian Saldanha
12.30pm – 12.50pm	Newer drugs in the management of heart failure	Dr. Kumar Kenchetty- Consultant Cardiologist Yenepoya Medical College	Dr. Krishna Shetty Dr. Chidambara Adiga
01.00pm – 01.15pm	Valedictory function		

SCIENTIFIC PAPERS PRESENTATIONS

9.00am to 12.00 pm
- E-Poster Presentation
- E Free Paper Presentations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E - Conference For Postgraduates & Physicians
in associaion with
Department of Medicine Father Muller Medical College, Mangalore
and
Rajiv Gandhi University of Health Sciences.
PAPER PRESENTATION WINNERS : 12/12/2020
1
DR. SMITH NATH
KMC, MANGALORE
"CLINICAL PROFILE AND OUTCOMES OF INFECTION WITH CAR-BAPENEM RESISTANT GRAM NEGATIVE BACTERIA A STUDY OF FORTY FIVE CASES IN A HOSPITAL IN SOUTHERN INDIA"
Reg No. 0025
2
DR. VISHRUT KHULLAR
KSHEMA, MANGALORE
"ACUTE KIDNEY INJURY IN CRITICALLY ILL COVID PATIENTS A SINGLE CENTRE EXPERIENCE"
Reg No. 0027
3
DR. T. PRAGADEESH
KMC, MANIPAL
"TUBERCULOSIS IN PEOPLE LIVING WITH HIV. DOES CD 4 COUNT MATTER"
Reg No. 0057
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POSTER PRESENTATION WINNERS : 12/12/2020
1
DR. K. SINDHURA KRUTI
SAPTHAGIRI MEDICAL COLLEGE, BANGALORE
"AN INTERESTING CASE REPORT OF IGA NEPHROPATHY IN VALVULAR RHEUMATIC HEART DISEASE"
Reg No. 0009
2
DR. VALLISH SHENOY
BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE, BANGALORE
"A RARE CASE OF AUTOIMMUNE HEPATITIS WITH SYSTEMIC LUPUS ERYTHEMATOSUS OVERLAP DOUBLE AUTOIMMUNE DILEMMA"
Reg No. 0093
3
DR. DHULIPALLA DHARMA TEJA
KLE DR. PRABHAKAR KORE HOSPITAL, BELGAUM
"A RARE CASE OF VSD WITH PULMONARY ATRESIA WITH EXTRAPULMONARY MAPCAS"
Reg No. 0014
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PAPER PRESENTATION WINNERS : 13/12/2020
1
DR. SOMA SRINIVAS VEJENDLA
KMC, MANGALORE
"PATTERN OF DRUG RESISTANT TUBERCULOSIS AMONG PATIENTS WITH HIV TB COINFECTION IN COMPARISION WITH TB ALONE ATTENDING A TERTIARY CARE HOSPITAL IN MANGALORE"
Reg No. 0084
2
DR. CHITTEMSETTI SEETHALA
KSHEMA, MANGALORE
"NEUTROPHIL LYMPHOCYTE RATIO AS A NOVEL RELIABLE PREDICTOR OF MICRO VASCULAR COMPLICATIONS IN TYPE II DIABETES MELLITUS"
Reg No. 0137
3
DR. ANUSHA M
FMMC, MANGALORE
"HEPATIC DYSFUNCTION IN DENGUE PATIENTS AND ITS CORRELATION WITH DISEASE SEVERITY A RETROSPECTIVE OBSERVATIONAL STUDY IN A TERTIARY HEALTH CENTRE"
Reg No. 0091
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in association with
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POSTER PRESENTATION WINNERS : 13/12/2020
1
DR. SHARAN KRISHNA MENON
KSHEMA, MANGALORE
"CALCIUM UNRESPONSIVE HYPOCALCEMIC TETATNY"
Reg No. 0107
2
DR. SHERIN KANIYAMPARAMBIL VARGHESE
JJMMC, DAVANAGERE
"AN UNUSUAL BUT POTENTIALLY FATAL INITIAL PRESENTATION OF SLE"
Reg No. 0200
3
DR. G G AKSHAY PRABHU
KMC, MANGALORE
"HYDE'S SYNDROME A CLINICAL CURIOSITY OR RARITY. "
Reg No. 0201
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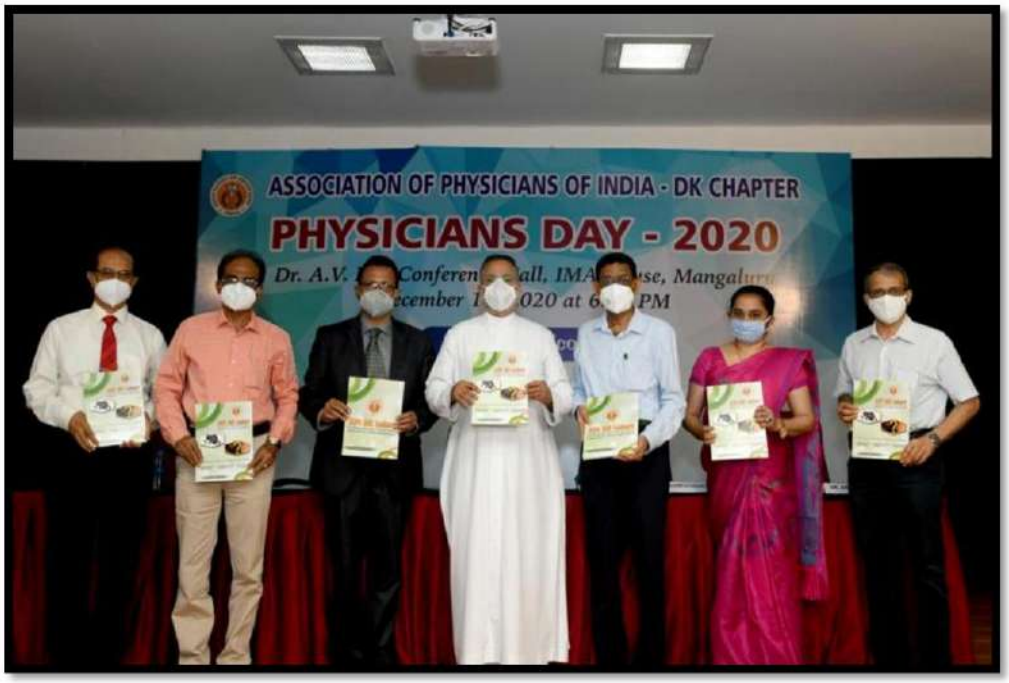
Association of Physicians of India DK Chapter celebrated Physicians day – 2020 on 13.12.2020 at IMA House, Mangalore.

Rev. Father Richard Coelho, The director Father Muller Charitable Institution was chief guest delivering his message; he acknowledged the role of physicians as COVID warriors during COVID situation. He appreciated the role of Physicians and their clinical skills in making accurate diagnosis and their selfless service towards patient care, thus rendering their service to mankind.

Three senior physicians Dr. K Sundara Bhat, Dr. Prabha Adikari &Dr. Kishore Kumar Ubrangala of DK district were felicitated during the function for their uninterrupted,

dedicated service to the humanity.


ASSOCIATION OF PHYSICIANS OF INDIA - DK CHAPTER
PHYSICIANS DAY - 2020


ASSOCIATION OF PHYSICIANS OF INDIA - DK CHAPTER
PHYSICIANS DAY - 2020

Second issue of 'API DK Lahari' an E-Magazine, official Publication of API DK Chapter was released.

Dr. Archith Boloor, associate professor, Medicine, KMC Mangalore was felicitated with 'Award of excellence' for his contribution as a medical book writer.

Dr. Christopher Pais, Past president API DK and professor of Medicine KMC Mangalore and Dr. Ganesh Khandige, President elect API DK were guest of Honor.

Prestigious API DK Chapter Orations 2020-21The prestigious Dr. K.P.Ganesan Memorial Oration was given by Dr A.Prabhakar Rao, Professor Emeritus ,KMC Mangalore on the topic changing trends in medical education and Clinical practice at Mangalore Club on January 15, 2021.

Dr M V Prabhu, Dean Kmc Mangalore and Dr Chakrapani M. Professor Medicine, KMC Mangalore chaired the sessions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Dr M V. Prabhu remembered the tremendous contribution done by Dr K.P.Ganesan on this day.

Dr A.Prabhakar Rao spoke on the journey of medical education and importance of adapting to the changing times in the current scenario.

The Prestigious Dr V.V.Mody memorial oration talk was given by Dr H.Prabhakar Rao , senior interventional cardiologist , FMMC

He spoke on newer antihypertensives in clinical practice

Dr C .C. Pais spoke about the very very meticulous dr V.V. Mody and appreciated his selfless service to mankind

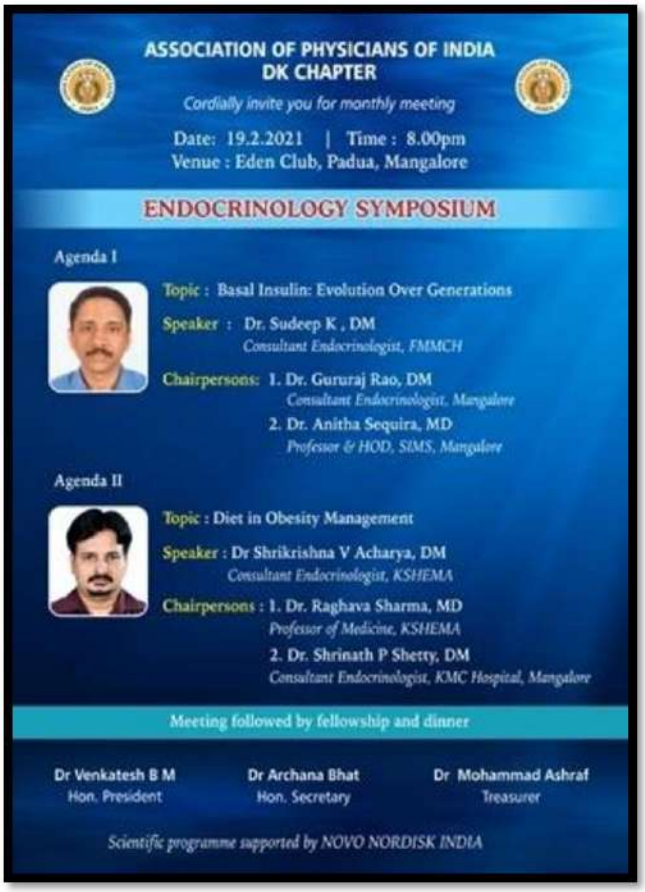
Dr Sadanand Naik , Senior Physcian ,Alva Health Centre also chaired the session

The programme was followed by a book release function – Bumpy roads.

Dr Mohan Pai , released the book ' bumpy roads ' written by the author Dr Ibrahim Massodi , consultant gastroenterologist , YMC

ENDOCRINOLOGY SYMPOSIUM – 19-2-2021

API DK Chapter monthly meeting was held at 8 PM at Eden Club ,19 February 2021.Dr Sudeep K. consultant endocrinologist FMMC gave an interesting talk on Basal Insulin :Evolution over Generations .He emphasized on the journey of insulin over the 100 years since its discovery and the role of newer derivatives .Dr Gururaj Rao ,consultant endocrinologist , Mangalore moderated the session . Dr Anita Sequira HOD , Medicine , SIMS also chaired this session.


ASSOCIATION OF PHYSICIANS OF INDIA
DK CHAPTER
Cordially invite you for monthly meeting
Date: 19.2.2021 | Time : 8.00pm
Venue : Eden Club, Padua, Mangalore
ENDOCRINOLOGY SYMPOSIUM
Agenda I
Topic : Basal Insulin: Evolution Over Generations
Speaker : Dr. Sudeep K , DM
Consultant Endocrinologist, FMMCH
Chairpersons: 1. Dr. Gururaj Rao, DM
Consultant Endocrinologist, Mangalore
2. Dr. Anitha Sequira, MD
Professor & HOD, SIMS, Mangalore
Agenda II
Topic : Diet in Obesity Management
Speaker : Dr Shrikrishna V Acharya, DM
Consultant Endocrinologist, KSHEMA
Chairpersons : 1. Dr. Raghava Sharma, MD
Professor of Medicine, KSHEMA
2. Dr. Shrinath P Shetty, DM
Consultant Endocrinologist, KMC Hospital, Mangalore
Meeting followed by fellowship and dinner
Dr Venkatesh B M
Hon. President
Dr Archana Bhat
Hon. Secretary
Dr Mohammad Ashraf
Treasurer
Scientific programme supported by NOVO NORDISK INDIA

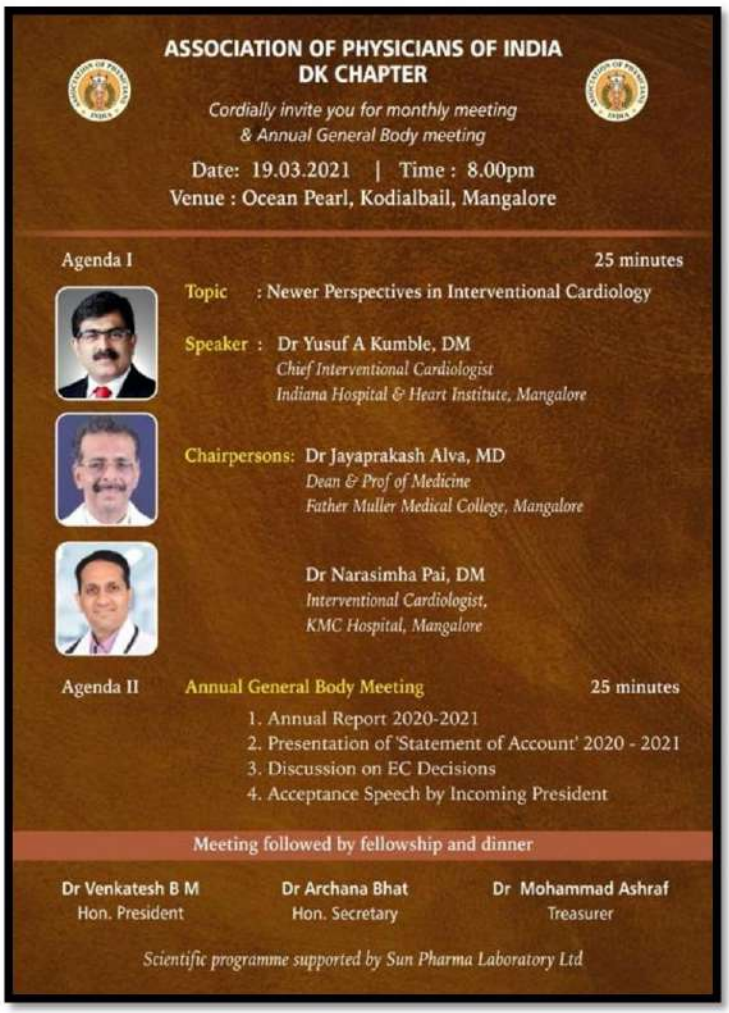

Insulin journey: Discovery and subsequent breakthroughs over the century
ASSOCIATION OF PHYSICIANS OF INDIA
DAKSHINA KANNADA CHAPTER
MANGALORE

Dr Shrikishna V.Acharya , consultant endocrinologist , KSHEMA gave an interesting talk on role of diet in obesity management .Dr Raghav Sharma , Professor Medicine , KSHEMA and Dr Shrinath Shetty , consultant endocrinologist , KMC Hospital Mangalore moderated this session .The monthly meeting was attended by 70 delegates.

Monthly meeting was held on march 19, 2021

Dr Yusuf Kumble, chief interventional cardiologist Indiana Hospital spoke on the newer concepts like OCT and TAPI in interventional cardiology practiced in his hospital . Dr J.P. Alva , dean , FMMC chaired the session .Dr Narasimha Pai , interventional cardiologist , KMC Mangalore also moderated this session and appreciated the good work done at Indiana hospital

Annual General Body meeting was held after the first agenda. Dr Archana Bhat , secretary spoke about the annual report of activities and also the account statement. Dr Venkatesh B.M. President ,API DK Chapter congratulated the next president elect Dr Ganesh Khandige , professor AJ Hospital and welcomed the new team .

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By Santhosh Poojary


Shot on OnePlus
By Santhosh Poojary

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Secretary API DK Chapter 2020—2021

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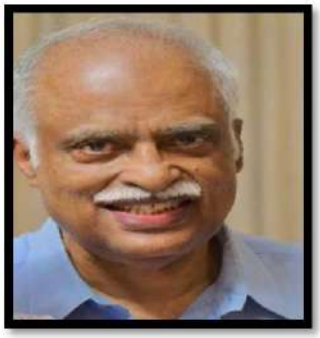
PHYSICIAN & SPECIALIST ; A SECOND OPINION



DR JOE VARGHESE

Driving from Mangalore to Kochi, many years ago in my then gleaming new Ambassador car, I was forced to turn into a small village garage on the highway. My problem from the beginning was that after driving continuously for about 100 kms. the car would for no reason slow down. Since my car was still in the warranty period, I had shown my car to the Sales & Service centre which was right opposite my consultation chamber. Since most of the employees there were my patients, they took good care. The electrical specialist suspected engine arrythmia and cleaned the points and changed spark plugs, the fuel injection expert performed a plasty on clogged fuel pipes, gear box specialist tackled transmission defects and so on and so forth. At the end of it they gave me a detailed discharge sheet of work done and parts replaced with copy to the manufacturer for possible reimbursement. My problem remained. In the wayside garage was this guy in a lungi, patently a general practitioner, who carefully heard me out and took the car for a spin with me sitting by his side. During a 1 km. drive he accelerated quickly, braked violently, drove zig zag and also with the ignition off and the gear in neutral. We came back to the garage and he barked a short order in malayalam to his assistant to remove the left rear wheel and adjust the brakes. Within 30 minutes the job was over. While paying up his bill of Rs. 150/- I asked him what was wrong. Being a man of few words, he told me that the brake unit during long running was heating up and jamming. All he did was some readjustment and I never had that problem for the few years I used the car.

Today many patients are in a similar plight. The diseased body has been divided and now is the sum total of the various systems and organs, which are handled by different specialists at various times. No one person can be blamed for this very much prevalent practice, but

Everyone of us doctors and often patients have contributed knowingly or unknowingly to the genesis and propagation of this serious anomaly.

The Physician is often referred to as a Jack of all trades and Master of None. In contrast a super specialist is mischievously described as one who learns more and more about less and less and ultimately and logically ends up by knowing everything about nothing. As long as both General Physician and Specialist work closely and in tandem the common mistakes of omission and commission in patient management can be avoided. Every successful and effective set up has a foreman, a coordinator, a captain or a leader. Whether it be a rocket launch programme, a big ocean liner, a huge building under construction, a football team or for that matter cabinet ministers, all the individual experts work in unison under one person who is with them and is a part of them. An orchestra plays under the baton of the conductor. Though the conductor himself may not be proficient in any musical instrument, he still controls the tune and timing of the many instruments, the pitch and voice of the choir, all of which is blended beautifully into a soul stirring melody. This should be the philosophy when a complex problem, involving multiple organs and systems in a patient is being addressed. The physician having assessed the patient should call in the required specialists for specific purposes of procedures, management etc. Multiple specialists may be needed at different times or together, but the team leader should ensure that the protocols are complimentary without adverse interactions or avoidable contradictions. This is a win-win situation for all concerned and the ultimate beneficiary is the patient who had the best of everything and everybody.

It is unfortunate that for a variety of reasons the patient's do not get need based care. Our late revered Professor, Dr. K. P. Ganesan used to often tell his students that the only person who is truly a general physician is the clerk sitting in the OP counter of the General Hospital asking the patient the nature of his complaints and then making an OP ticket directing him to the proper department. Though this is the essence of the matter before us, yet unfortunately many extraneous factors operate. Sometimes it is the physician who has a feeling of knowing it all, the specialist who has a little contempt for the generalist and to top it all the patient after making a google diagnosis on himself, decides whom to consult. Very surprisingly we often have patients who are being treated simultaneously and separately by a cardiologist, an endocrinologist etc., and sometimes when nothing works by a physician. By definition and

practice a specialist though excelling in his own field, has a restricted vision and a biased thought process. I am sure many of us in Mangalore remember the sad case of a young doctor practicing a super speciality in surgery. This doctor developed severe burning sensation in his chest. He thoughtfully considered all possibilities that struck him and underwent an upper GI endoscopy, an abdominal scanning to rule out other upper abdominal pathology over the course of 2 days. Tragically he collapsed and died at work, the victim of a massive myocardial infarction which was not considered at all, partly due to the mistake of treating himself and more importantly having that lack of perception which is directly attributable to his specialized training and exclusive practice resulting in missing the common and the obvious for something familiar and usual to him.

Between the zealous doctor and the erring patient is another smart aleck who has recently emerged and is now presiding over the destinies of both. He is a management expert who calls the shots in the large corporate hospitals. He neither realizes nor respects the fragile but sacred bond between the doctor and patient. He justifies his means towards the end of increasing the revenue of the Hospital, which he achieves by dangling a carrot before the doctor and a scarecrow before the patients. The challenge in medicine is in the clinical diagnosis, whereas the money is in the machine diagnosis. As a consequence we find that in a big setup, the name of physicians is a formality or only an appendage in the list of in-house doctors. They are usually relegated to the task of conducting ' complete medical check up', which perhaps is often of doubtful value to the patient, but very valuable to the hospital.

In many developed western countries the general practitioner sees the patient first and then decides about reference to a higher centre or specialist. In a backward rural setup there is only a GP available. It is unfortunate that it is only in the semi urbanized , semi-knowledgeable but affluent societies that GP and Physicians are discounted and specialists are forced, much against their wishes to be the first line of defence which is neither necessary nor appropriate.

All said and done the sad fact is that as of now the role of the general physician is mutating to possible eventual extinction. It has been partly abdicated and partly annexed. Let us not forget the immutable fact that a person has body, mind and aspirit , all of which are always effected together, perhaps unequally, by any disease process. The three cannot be separated nor can any single one of them be divided.

One could daresay that there may not be a single disease entity that effects just one organ or system. Only a physician will have the overview, insight and know-how to treat the patient 'whole' & 'soul'. The Holy Bible while referring to this truth, records thus *"If one part* suffers, every part suffers with it; if one part is honoured, every part rejoiceswith it " (1 Corinthians, 12:26). What God has put together, let no man separate. It will be disastrous.

In hopeful conclusion of all things, let us wait patiently for the wheel to fully turn, wisdom to dawn even if late and values to be reset. If and then, will the Physician regain his rightful place in the comity of doctors, the management of patients and the well being of the community. If so, each will work within his assigned role, fight shoulder to shoulder against the common enemy of disease and distress and on being successful as worthy instruments, give credit, never to themselves, but to God Almighty, the true and only Healer.

DR JOE VARGHESE

PROFESSOR EMERITUS

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RELEVANCE OF INTERNAL MEDICINE IN THE PRESENT ERA

DR RAMESH PAI

Sir William Osler who revolutionised medical education in John Hopkins School of medicine said HEWHO STUDIES MEDICINE WITHOUT BOOKS SAILS AN UNCHARTERED SEA, BUT HE WHO STUDIES MEDICINE WITHOUT PATIENTS IS LIKE NOT GOING TO THE SEA AT ALL. He taught the art of medicine at the bedside by taking a detailed history and proper physical examination. In 1935 the additional training after M.B.,B.S. in General Medicine and General Surgery started and they were called INTERNISTS, different from internship one does after basic graduation. Then the era of super specialities came like endocrinology, neurology, cardiology etc. The internist now set his goal to become a superspecialist himself.

IS IT GOOD, BAD OR UGLY? It is a double edged sword. It gives an individual to know more about less and less and it makes a generalist feel inferior and less efficient. The training and assessment has become less intense and callous. Unfortunately lay public also directly seek superspecialists treatment. In the bargain, a horde of investigations, required or otherwise, raises the cost of treatment. It is high time the educationists and peers set this right otherwise the BEAUTIFUL ART OF MEDICINE WILL DIE. In the present day it appears that the superspeciality is choking internal medicine. I feel they should complement eachother so that the superspecialists are like a breath of fresh air to the generalists.

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EXCERPTS FROM BUMPY ROADS THE COLLECTION OF REAL LIFE STORIES BY

DR IBRAHIM MASOODI

Treat the patient and not an investigation report.

One day a 39 year old female Mrs Toaiba (name changed) presented to our clinic with a history of progressive painless jaundice of 2 weeks duration without any viral prodrome or offending drug intake. The lady was accompanied by her husband and two small kids.

Anxiously her husband pulled out the referral report and showed it to me.

While reading it, my jaw fell in shock, as the report read, metastatic liver disease for further evaluation. Fig 1 and Fig2

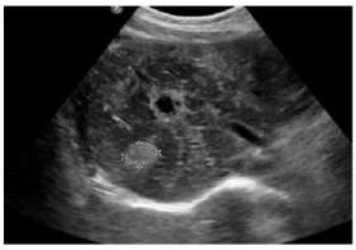

Fig 1 USG abdomen multiple hypo echoic lesions in Liver suggestive of metastasis Liver

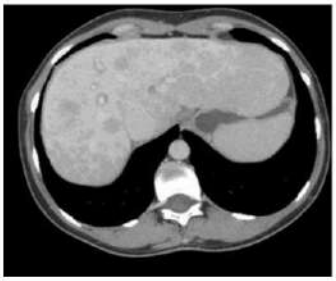

Fig 2 CT scan showing multiple metastatic lesions in Liver

The lady was very modest wearing a long veil (Abaya) and only her eyes were visible which were tainted golden yellow due to Jaundice , the tell tale of her ailing Liver.

The sweat family appeared very anxious as they had been told by the local doctors regarding the poor prognosis of the disease.

"Daktoor(Doctor)! Please do something to help her, I am worried "said her anxious husband in a very low tune .

She was his only wife. I don't think out of place to mention that polygamy in Saudi Arabia is not as common as is perceived outside Saudi Arabia.

Ibrahim! it is a headache ,one gets sandwiched between the two demanding ladies , one of the consultants narrated his sad story to me after he had divorced his second wife.

Anyway , Mrs Toiaba was admitted under Dr Khalid Al Sayari and the hunt for the primary tumor started the very next day like a predator searching for its prey in a deep jungle.

An abdominal CT scan showed diffuse enlargement of the liver with multiple hypodense lesions in both lobes of the liver. Tumor markers CA 19-9 levels were elevated, leaving no doubt about her cancer .Fig 2

All investigations routinely done to search the primary in a metastatic liver disease failed to provide any clue to the primary tumor and the treating team seemed to have lost in wood's.

One day as we were going for our morning rounds to the 3rd floor of the Main hospital KFMC , her husband seemed to have just come out of the room where his beloved was struggling with liver disease , and was wiping his tears near the gate of the room.

We hurriedly entered the room along with the staff nurse, and were shocked to see the behavior of Mrs Toiba .

The cruel illness had taken off her modesty and she was no more covering her face quite irritable , talking irrelevant.

She was immediately shifted to ICU where she was managed as acute liver failure.

Days later, fortunately she improved.

Ibrahim! we should go ahead with a Liver biopsy , said Dr Khalid Al Sayari and Liver biopsy was planned to know the primary cancer .

Liver biopsy in the setting of coagulopathy is really challenging.

Myriad thoughts were racing in our minds .

What are we chasing in a metastatic liver disease where prognosis is grim and will she survive with recent onset liver failure ?

That afternoon , we sat with her husband and carefully explained him what all was going on in detail and the need for a Transjugular Liver biopsy as she had coagulopathy hence conventional biopsy was unsafe.

"Daktoor (Doctor)! I trust in Allah and then in all of you , do whatever is good for her" he said while signing the high risk consent for Transjugular liver biopsy and he burst into tears.

Next day our interventional Radiologist carefully did the Transjugular liver biopsy after transfusion of 4 units of fresh frozen plasma.

I must confess had her husband not consented for the liver biopsy we might have not stressed upon her husband for the procedure , keeping in view the poor outcome in a setting of Metastatic liver disease .

The patient remained fine after the procedure and had no complications.

Next day after the biopsy we all went to the well equipped Pathology dept of the Main hospital straight away before our routine morning rounds on the 3rd floor .

Dr Musa A Faggeeh, the canadian trained histopathologist while minutely focussing on his microscope went on showing the findings of Liver histology to all of us on the magnificent plasma screen in the department.

Look!The liver biopsyshows extensive hepatocellular necrosis with cholestasis.There is no evidence of granuloma or malignancy. He went on.

Keeping in mind hypergammaglobulinemia and the absence of malignancy, autoimmune hepatitis should be considered as a diagnosis of exclusion. He confidently concluded in a very fluent English language. All of us were thrilled as this was a happy U- turn in the management of the patient.

Generally Saudi nationals struggle while speaking in the English language but a few years of fellowship in the Western countries, (which they get soon after MBBS or MD), makes them fluent and invariably their outlook broadens.

She was started on prednisolone (40 mg tablet) once daily. Liver cell function tests were monitored.

She showed progressive improvement in her liver cell functions and her coagulation parameters improved over a period of 6 weeks.

Repeat ultrasound examination after a period of 9 months showed a normal hepatobiliary system and clearance of previous lesions and she was perfectly fine.Fig 3

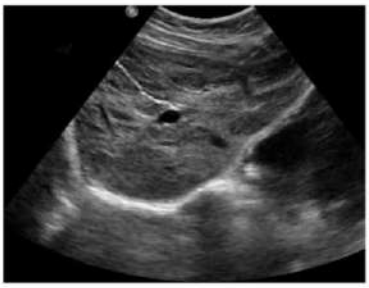

Fig 3 Normal Ultrasound of Liver

Two years later , I got a phone call from Dr Khalid Al Sayari.

Ibrahim ! Mrs Toaiba has come to the clinic for follow up .She has happily delivered her third child. Her husband wants to talk to you .

It was a great pleasure talking to the valentine of Mrs Toaiba

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Oh Mother!

I was contemplating writing an article for API Lahari, but the right topic evaded me; well at least until now. Having undergone a procedure for a bladder stone, and being "leashed at the wrong end" as I call it, my movements are very much restricted, but since I have unrestricted movement of my upper limbs, I am able to put pen to paper.

How many of us have seen the aftermath of the First World War and lived through the Second World War? How many of us have seen all the presidents and prime ministers of India, the Royal Indian Navy Revolt and the first Indian Independence day? How many of us have used the Indian currencies of yesteryears the annas, naya paisa, etc.? Not many of us would have, but I know one such person, and that's my mother, born in the same year as Queen Elizabeth II.

At the age of 95 she claims that her eyesight is dwindling, but can notice someone enter our gate from a distance of about 25 meters or read the 'shake well before use' printed on a syrup bottle or even read the news ticker on the TV screen announcing the number of deaths due to Covid-19. She also claims her hearing is bad, and I can definitely vouch for it, but can hear something that you have said under your breath that you wouldn't really want her to hear. She uses a walker supposedly for support, but at times the way she drags it makes it appears she is taking the walker for a walk! Her sit-to-walk movement is like a take-off which reminds me of Usain Bolt. Her memory is unimaginable and is evident the way she rattles out birthdays of people we hardly know. She loves to have visitors most of who, while leaving, are totally confused with the knowledge they have gained and to know how larger their family has grown after meeting her.

Having done her matriculation in "those days" she was the one we would go to for spellings and grammar, which we still do at times. Seeing her age, most of the outsiders who meet her speak to her in Kannada and the replies she gives are entertaining so much so I feel proud of MY Kannada. Fluent in Konkani, English and Tulu she has never been able to master Kannada (Kanarese as she calls it).

Having studied human physiology during her school days and having four doctors at home, we have no difficulty in using medical terms. During my first M.B.,B.S. days I once told her

we were dissecting the brain. "Which part of the brain? The cerebrum, cerebellum or the medulla oblongata?" was her question.

When I was back home from the hospital, an argument between my mother and son, as to when my catheter had to be removed, was brewing. She was told that it was to be done on the 4th post-operative day. My mother's 4th day was one day earlier to my son's and this led to an argumentative discourse. Lessons on mathematics followed and my mother won hands down. I only wish my mother was right as I would have been without a catheter a day earlier.

Well, mothers are mothers. She has already prescribed me a diet, and also passed a judgement that I am old and cannot be working the way I used to. Additionally, she has fixed the day that I will be going to the clinic, and that day seems to be a little distant from this day!

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CORONA VACCINES-A PRIMER

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1-Basic classification of Corona virus vaccines

1-Virus vaccines [Covaxin,Sinovac Biotech]

2-Nucleic acid vaccines [Moderna, Pfizer-BioNTech]

3-Viral vector vaccines [AstraZeneca and University of Oxford]

4-Protein based vaccines [Novavax]

2-Details about individual vaccines

A-AstraZeneca-University of Oxford

Type: Adenovirus-based

Doses: 2, 28 days apart

Storage :2-8 c

Effect on variants:?

Efficacy: 62-90% [Phase 3]

B-Pfizer-BioNTech

Type: mRNA

Doses: 2, 21 days apart

Storage : -70 c

Effect on variants: Yes

Efficacy: 95% [Phase 3]

C-Moderna

Type: mRNA

Doses: 2, 28 days apart

Effect on variants: Yes

Storage: -20c

Efficacy: About 94.5%[Phase 3]

D-Sputnik V Vaccine

Type: Adenovirus-based

Doses: 2,3 weeks

Storage: 2-8c

Effect on variants:?

Efficacy: 91% [Phase 3]

E-Covaxin[Bharat biotech]

Type: Virus-based

Doses: 2, 4 weeks

Storage: 2-8c

Effect on variants: Yes[Unpublished]

Efficacy: 81%[Unpublished]

F-Johnson & Johnson

Type: Adenovirus-based

Doses: 1

Storage: 2-8c

Effect on variants: Yes

Efficacy: 57-72% [Phase 3]

G-Novavax

Type: Protein-based

Doses: 2,3 weeks

Storage: 2-8c

Effect on variants:?

Efficacy: 60-90% [Phase 2]

H- Sinovac Biotech

Type: Virus based [Inactivated SARS-CoV-2 virus]

Doses: 2,2 weeks

Storage:2-8 c

Effect on variants:?

Efficacy: 50% - 91.25% [Phase 3]

3-Risk of anaphylaxis

Polyethylene glycol (PEG) used in m-RNA vaccine can cause anaphylaxis.The risk of anaphylaxis after first dose of moderna was 2.5 per million population.No deaths due to anaphylaxis have been reported.

The risk of pencillin associated anaphylaxis is 1-5 per 10000cases of pencillin therapy. On a lighter note the risk of anaphylaxis due to covid vaccine is similar to the risk of being run over by a bus when a pedestrian crosses the road on a zebra crossing.

4-Vaccines used in India

Covisheild and Covaxin

Advantage

1-No need for special cold chain

2-Low cost

Disadvantage

1-Published phase 3 data on Indian population lacking

2-Contraindicated in pregnancy and lactation

3-Available for certain age groups only at present

4-Effect on variants not defined

5-My take on vaccines [Points to ponder]

1-In the current setting of a pandemic any vaccine with more than 50 % efficacy is good

2-Cold chain consideration is important when govt chooses vaccine for large scale administration

3-Long term side effects is not well defined [Other than transverse myelitis]

4-How long vaccine induced immunity lasts is not well defined

5-Role of vaccines against the variants needs to be well defined

6-The risk of anaphylaxis is very very rare

7-Vaccination prevents severe corona infection [Almost 100% protection]

8-Vaccinating a great chunk of our population [60-70%] at a rapid pace is the need of the hour

9-We need vaccines for pregnant and lactating women

10-AEFI data must be captured

6-Interesting articles/resources on vaccines

Voysey M, Clemens SAC, Madhi SA, Weckx LY, Folegatti PM, Aley PK, et al. Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK. Lancet. 2021 Jan 9;397(10269):99-111.

Shimabukuro T, Nair N. Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine. JAMA. Published online January 21, 2021. doi:10.1001/jama.2021.0600

Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Moderna COVID-19 Vaccine — United States, December 21, 2020–January 10, 2021. MMWR Morb Mortal Wkly Rep 2021;70:125–129.

Castells MC, Phillips EJ. Maintaining Safety with SARS-CoV-2 Vaccines. N Engl J Med. 2020 Dec 30:NEJMra2035343.

https://www.nejm.org/covid-vaccine [FAQ on vaccines]

Creech CB, Walker SC, Samuels RJ. SARS-CoV-2 Vaccines. JAMA. 2021 Feb 26. doi: 10.1001/jama.2021.3199. Epub ahead of print.

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PROFESSOR PADMAVIBHUSHAN B.M.HEGDE -MY TEACHER ,PHILOSOPHER AND GUIDE

DR.PRABHA ADHIKARI

It is my proud privilege to be writing for API Lahari about Padma Vibhushan Prof. B. M. Hegde and his achievements. I have known him ever since I stepped into the portals of Kasturba Medical College ,Mangalore as a postgraduate in the department of Medicine ,way back in 1980 .These pages are not enough to describe his multifaceted personality .However ,I will try my best to describe his towering personality under 6 headings ,his academic qualifications and achievements, Professor as a researcher ,his teaching skills, ,skills as an orator and an author , and above all as a great doctor , holistic healer and as a humble human being.

Academic qualifications and Positions: He completed his MBBS from Stanley Medical College,M.D.in general Medicine from King George hospital Lucknow,M.R.C.P from U.K. and FRCP from Royal College of London,Edinborough,Galscow and Dublin He has a brilliant scholastic record. Starting as a tutor he rose to be the Vice Chancellor of Manipal Academy of Higher Education (Manipal University). He was trained in some of the best institutions in India, the UK, and the USA under great legendary teachers whose flair must have rubbed on him too. He was one of the rare Indians appointed a regular Visiting Prof of Cardiology at The Middlesex Hospital Medical School, University of London way back in 1982. He was also the first Indian teacher to be invited to examine at the Royal College's final examinations since 1988 both in the UK and laterally in Ireland.

Professor as a Researcher :He has been a revolutionary researcher of the refutative variety (lateral thinker) published his research work in the UK, USA, Germany, Kuwait, China, in addition to India. His research work on hypertension is acknowledged world over .He was probably the first researcher from Karnataka presenting his work at International forums.He also started clinical research and drug trials in Kasturba Medical College by being Principal Investigator and mentoring his colleagues.He is the one who taught us not to do repetitive research but refutative research to throw away false dogmas.

Teacher :As a teacher he trained a good number of undergraduates and postgraduates,and PhD students during his long career in Manipal academy of Higher Education .His grand rounds were a treat to his students.He introduced the concept of multidisciplinary rounds to maximize benefit to patients.He was an voracious reader of current medical literature and he would always cite the articles in his lectures .He always had some new evidence based information .I would say terms like metanalysis,peer reviewed publications .

Orator and author: His public lectures and scientific talks are a craze with the audiences both scientific and lay. His 35 books are mostly out of print. His lay articles, running into thousands, both in English and Kannada, have become household names.He always believed that the greatest responsibility of the doctor is to educate a patient .He lived to the true definition of doctor –Docere –to teach.He has been in the editorial board of several journals including the one started by him and has been a peer reviewer for several journals including international

Awards and honours: India's highest civilian awards, **Padma Vibhushan** and **Padma Bhushan**, were awarded to him in 2021 and 2010 respectively. **Dr. B C Roy National Award** in the category of Eminent Medical teacher, the highest medical award in India, Dr. J C Bose award for research in life sciences, Distinguished Physician of India award, Karnataka Rajyothsava award, twelve Gold Medal Orations and 88 other named orations are but a few awards that adorn his mantelpiece.He was selected for common wealth fellowship from the Government of India.

Doctor, a Physician and cardiologist: Professor Hegde feels that inexpensive bed side medicine practised by a compassionate doctor is the future of the healing sciences. Late Nani Palkhiwala, a great Indian jurist used to call him "a cardiologist with a heart."He always was

a very compassionate doctor who believed that encouraging words and healing touch and communication improves health .He always believed in holisitic healing ,addressing patients physical ,psychological and spiritual distress in addition to the attempt at curing the disease .Most depressed patients would emerge with a smile on the face from his consultation room. His Popularity as a physician could easily measured by the number of patients who would wait for him for hours together to get treated

Excellent Human being :He is a great human being easily approachable ,interacts with every human being whether he is a house keeping staff ,a lift operator or a young student Even when he was the vice chancellor of the university ,he used to say we are all human beings and equal and by good fortune I am temporally sitting in the chair .He always gave his helping hand to anybody who needed help .

Hard work: Although people believe that he has achieved all this by skills that he has been born with,we know that he always worked hard .His day would always start at 4 AM and he would work continuously for 16 hours a days .He always believed that a man just needs 4 hours of sleep and only a lazy man needs 8 hours of sleep.He truly toiled while his companions slept and that is the only reason that he has been blessed with so many awards.

Current positons :Founder editor, Journal of the Science of Healing Outcomes. His research organization, World Academy of Authentic Healing Sciences with its journal, The Journal of the Science of Healing outcomes (www.thejsho.com), started with the blessings of world renowned scientist, Late Professor Rustum Roy, has been in existence now for 14 years. This scientifically authenticates simple common healing methods for the common good. The editorial board has some of the great scientific names of the world including Nobel Laureates

Senior Consultant Cardiologist (visiting), PMDRC, Chennai

Chairman of Bharatiya Vidya Bhavan, Mangalore

Member, Board of Management, D. Y. Patil Vidyapeeth, Pune

On behalf of API members, his innumerable students, patients and fans, I heartily congratulate him and I humbly bow to his feet for mentoring us and kindling the spark within us to reach excellence.

We pray almighty to give him strength and health to continue to do his good work and wish that he be bestowed with Bharatha Ratna award oneday .

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DIETS FOR WEIGHT LOSS IN OBESE PATIENTS

DR SHRIKRISHNA V ACHARYA

In recent years, people worldwide have developed an increased popularity for weight loss program, diet plans and weight maintenance programs with little research done on the effectiveness of those programs. Meanwhile, obesity has been increasing in prevalence due to many social determinants such as easy access to various fast foods, and lack of physical activity.

Main types of diets which are useful in obese patients are as follows Intermittent fasting, Ketogenic diet, Mediterranean diet, Atkins diet, Vegan diet, Low carb diet , Paleo diet, Ornish diet , Weight watchers diet and Dash diet

Intermittent fasting: Intermittent fasting is a dietary strategy that cycles between periods of fasting and eating. There are various types of intermittent fasting like the 16/8 method, which involves limiting your calorie intake to 8 hours per day, and the 5:2 method, which restricts your daily calorie intake to 500–600 calories twice per week. Other forms of intermittent fasting include alternate day fasting, eat stop eat and warriors diet where person eats only four hours per day and rest twenty hours fasting.

Intermittent fasting restricts the time you're allowed to eat, which is a simple way to reduce your calorie intake. This can lead to weight loss — unless you compensate by eating too much food during allowed eating periods. In a review of studies, intermittent fasting was shown to cause 3–10% weight loss over 3–24 weeks, which is a significantly greater percentage than other methods. The same review showed that this way of eating may reduce waist circumference by 4–7%, which is a marker for cardiovascular health. Other studies found that intermittent fasting can increase fat burning while preserving muscle mass, which

can improve metabolism. Intermittent fasting has been linked to anti-aging effects, increased insulin sensitivity, improved brain health, reduced inflammation, and many other benefits. In general, intermittent fasting is safe for most healthy adults. But caution should be exercised in patients with diabetes who are more prone to develop hypoglycaemia, also pregnant females, patients with eating disorders, breast feeding women.

Ketogenic diet: The ketogenic or "keto" diet is a low-carbohydrate, fat-rich eating plan that has been used for centuries to treat specific medical conditions. In 1920 it was introduced as an effective treatment for epilepsy in children in whom medication was ineffective. The ketogenic diet has also been tested and used in closely monitored settings for cancer, diabetes, polycystic ovary syndrome, and Alzheimer's disease. However, this diet is gaining considerable attention as a potential weight-loss strategy due to the low-carb diet craze, which started in the 1970s with the Atkins diet which was a commercial success and popularized low-carb diets to a new level .In contrast, the ketogenic diet is distinctive for its exceptionally high-fat content, typically 70% to 80%, though with only a moderate intake of protein.

The premise of the ketogenic diet for weight loss is that if you deprive the body of glucose, an alternative fuel called ketones is produced from stored fat (thus, the term "keto -genic). During fasting, or when very little carbohydrate is eaten, the body first pulls stored glucose from the liver and temporarily breaks down muscle to release glucose. If this continues for 3-4 days and stored glucose is fully depleted, blood levels of a hormone called insulin decrease, and the body begins to use fat as its primary fuel. The liver produces ketone bodies from fat, which can be used in the absence of glucose.

Proponents of the ketogenic diet state that if the diet is carefully followed, blood levels of ketones should not reach a harmful level (known as "ketoacidosis") as the brain will use ketones for fuel, and healthy individuals will typically produce enough insulin to prevent excessive ketones from forming. How soon ketosis happens and the number of ketone bodies that accumulate in the blood is variable from person to person and depends on factors such as body fat percentage and resting metabolic rate.

The ketogenic diet typically reduces total carbohydrate intake to less than 50 grams a day and can be as low as 20 grams a day. Generally, popular ketogenic resources suggest an average

of 70-80% fat from total daily calories, 5-10% carbohydrate, and 10-20% protein. The protein amount on the ketogenic diet is kept moderate in comparison with other low-carb high-protein diets, because eating too much protein can prevent ketosis. The ketogenic diet has been shown to produce beneficial metabolic changes in the short-term. Along with weight loss, health parameters associated with carrying excess weight have improved, such as insulin resistance, high blood pressure, and elevated cholesterol and triglycerides. There is also growing interest in the use of low-carbohydrate diets, including the ketogenic diet, for type 2 diabetes. Several theories exist as to why the ketogenic diet promotes weight loss, though they have not been consistently shown in research. Major mechanisms are induction of satiety, decrease in appetite inducing hormones like insulin and ghrelin, decrease in hunger due to ketones, increased BMR.

Possible symptoms of extreme carbohydrate restriction that may last days to weeks include hunger, fatigue, low mood, irritability, constipation, headaches, and brain "fog. Some negative side effects of a long-term ketogenic diet have been suggested, including increased risk of kidney stones and osteoporosis, and increased blood levels of uric acid.

A ketogenic diet may be an option for some people who have had difficulty losing weight with other methods. The exact ratio of fat, carbohydrate, and protein that is needed to achieve health benefits will vary among individuals due to their genetic makeup and body composition. Therefore, if one chooses to start a ketogenic diet, it is recommended to consult with one's physician and a dietician to closely monitor any biochemical changes after starting the regimen, and to create a meal plan that is tailored to one's existing health conditions and to prevent nutritional deficiencies or other health complications.

Mediterranean diet: The Mediterranean diet is based on foods that people in countries like Italy and Greece used to eat. Though it was designed to lower heart disease risk, numerous studies indicate that it can also aid weight loss. The Mediterranean diet advocates eating plenty of fruits, vegetables, nuts, seeds, legumes, tubers, whole grains, fish, seafood, and extra virgin olive oil. Foods such as poultry, eggs, and dairy products are to be eaten in moderation. Meanwhile, restriction of red meats. Additionally, the Mediterranean diet restricts refined grains, trans fats, refined oils, processed meats, added sugar, and other highly processed foods. The Mediterranean diet encourages eating plenty of antioxidant-rich foods,

which may help combat inflammation and oxidative stress by neutralizing free radicals. It has been linked to reduced risks of heart disease and premature death. As the Mediterranean diet is not strictly a weight loss diet, people may not lose weight following it unless they also consume fewer calories.

Paleo diet: The Paleo advocates eating the same foods that your hunter-gatherer ancestors allegedly ate. It's based on the theory that modern diseases are linked to the Western diet, as proponents believe that the human body hasn't evolved to process legumes, grains, and dairy. The paleo diet advocates eating whole foods, fruits, vegetables, lean meats, nuts, and seeds. It restricts the consumption of processed foods, grains, sugar, and dairy, though some less restrictive versions allow for some dairy products like cheese. Numerous studies have shown that the paleo diet can aid weight loss and reduce harmful belly fat. Research also suggests that the paleo diet may be more filling than popular diets like the Mediterranean diet and low-fat diets. This may be due to its high protein content. Following the paleo diet may reduce several heart disease risk factors, such as high blood pressure, cholesterol, and triglyceride levels. Though the paleo diet is healthy, it restricts several nutritious food groups, including legumes, whole grains, and dairy.

Vegetarian diet: Vegetarianism and veganism are the most popular versions, which restrict animal products for health, ethical, and environmental reasons. However, more flexible plant-based diets also exist, such as the flexitarian diet, which is a plant-based diet that allows eating animal products in moderation. There are many types of vegetarianism, but most involve eliminating all meat, poultry, and fish. Some vegetarians may likewise avoid eggs and dairy. The vegan diet takes it a step further by restricting all animal products, as well as animal-derived products like dairy, gelatin, honey, whey, casein, and albumin. There are no clear-cut rules for the flexitarian diet, as it's a lifestyle change rather than a diet. It encourages eating mostly fruits, vegetables, legumes, and whole grains but allows for protein and animal products in moderation, making it a popular alternative. Research shows that plant-based diets are effective for weight loss. A review of 12 studies including 1,151 participants found that people on a plant-based diet lost an average of 4.4 pounds (2 kg) more than those who included animal products. Plant-based diets likely aid weight loss because they tend to be rich in fiber, which can help you stay fuller for longer, and low in high-calorie fat. Plant-based diets have been linked to many other benefits, such as a reduced risk of

chronic conditions like heart disease, certain cancers, and diabetes. They can also be more environmentally sustainable than meat-based diets. Though plant-based diets are healthy, they can restrict important nutrients that are typically found in animal products, such as iron, vitamin B12, vitamin D, calcium, zinc, and omega-3 fatty acids.

Low fat diets: Like low-carb diets, low-fat diets have been popular for decades. In general, a low-fat diet involves restricting your fat intake to 30% of your daily calories. Some very- and ultra-low-fat diets aim to limit fat consumption to under 10% of calories. Low-fat diets restrict fat intake because fat provides about twice the number of calories per gram, compared with the other two macronutrients namely protein and carbs. Ultra-low-fat diets contain fewer than 10% of calories from fat, with approximately 80% of calories coming from carbs and 10% from protein. Ultra-low-fat diets are mainly plant-based and limit meat and animal products.

As low-fat diets restrict calorie intake, they can aid weight loss. An analysis of 33 studies including over 73,500 participants found that following a low-fat diet led to small but relevant changes in weight and waist circumference However, while low-fat diets appear to be as effective as low-carb diets for weight loss in controlled situations, low-carb diets seem to be more effective day to day. Ultra-low-fat diets have been shown to be successful, especially among people with obesity. For example, an 8-week study in 56 participants found that eating a diet comprising 7–14% fat led to an average weight loss of 6.7 kg. Low-fat diets have been linked to a reduced risk of heart disease and stroke. They may also reduce inflammation and improve markers of diabetes. Restricting fat too much can lead to health problems in the long term, as fat plays a key role in hormone production, nutrient absorption, and cell health.

Weight watchers diet: WW, formerly Weight Watchers, is one of the most popular weight loss programs worldwide. While it doesn't restrict any food groups, people on a WW plan must eat within their set daily points to reach their ideal weight. WW is a points-based system that assigns different foods and beverages a value, depending on their calorie, fat, and fibre contents. To reach your desired weight, you must stay within your daily point allowance.

Many studies show that the WW program can help you lose weight. For example, a review of 45 studies found that people who followed a WW diet lost 2.6% more weight than people

who received standard counselling. What's more, people who follow WW programs have been shown to be more successful at maintaining weight loss after several years, compared with those who follow other diets. WW allows flexibility, making it easy to follow. This enables people with dietary restrictions, such as those with food allergies, to adhere to the plan. While it allows for flexibility, WW can be costly depending on the subscription plan. Also, its flexibility can be a downfall if dieters choose unhealthy foods.

DASH diet: Dietary Approaches to Stop Hypertension, or DASH diet, is an eating plan that is designed to treat or prevent high blood pressure, which is clinically known as hypertension. It emphasizes eating plenty of fruits, vegetables, whole grains, and lean meats and is low in salt, red meat, added sugars, and fat. While the DASH diet is not a weight loss diet, many people report losing weight on it. The DASH diet recommends specific servings of different food groups. The number of servings you are allowed to eat depends on your daily calorie intake. For example, an average person on the DASH diet would eat about 5 servings of vegetables, 5 servings of fruit, 7 servings of healthy carbs like whole grains, 2 servings of low-fat dairy products, and 2 servings or fewer of lean meats per day. In addition, you're allowed to eat nuts and seeds 2–3 times per week. Studies show that the DASH diet can help you lose weight. For example, an analysis of 13 studies found that people on the DASH diet lost significantly more weight over 8–24 weeks than people on a control diet.

The DASH diet has been shown to reduce blood pressure levels and several heart disease risk factors. Also, it may help combat recurrent depressive symptoms and lower your risk of breast and colorectal. While the DASH diet may aid weight loss, there is mixed evidence on salt intake and blood pressure. In addition, eating too little salt has been linked to increased insulin resistance and an increased risk of death in people with heart failure.

Summary

On summarising many diets can help you lose weight. Some of the most well-researched diets and eating plans include intermittent fasting, ketogenic diet, plant-based diets, low-carb diets, low-fat diets, the paleo diet, the Mediterranean diet, WW (Weight Watchers), and the DASH diet.

While all of the above diets have been shown to be effective for weight loss, the diet you choose should depend on your lifestyle and food preferences. This ensures that you are more likely to stick to it in the long term.

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JOURNAL SCAN

Section Editors

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Summaries of important published articles

Longevity of immunity following COVID-19

Gaebler, C., Wang, Z., Lorenzi, J.C.C. et al. Evolution of antibody immunity to SARS-CoV-2. Nature (2021). https://doi.org/10.1038/s41586-021-03207-w

CONCLUSION

The memory B cell response to the covid antigens sets in between 1.3 and 6.2 months after the infection but it depends heavily on the persistence of viral antigens. However, this immunity is at the cost of persistence of some of the symptoms of COVID-19.

Health benefits of Exercise: Metabolic insights

Nayor M, Shah RV, Miller PE, Blodgett JB, Tanguay M, Pico AR, Murthy VL, Malhotra R, Houstis NE, Deik A, Pierce KA, Bullock K, Dailey L, Velagaleti RS, Moore SA, Ho JE, Baggish AL, Clish CB, Larson MG, Vasan RS, Lewis GD. Metabolic Architecture of Acute Exercise Response in Middle-Aged Adults in the Community. Circulation. 2020 Nov 17;142(20):1905-1924. doi: 10.1161/CIRCULATIONAHA.120.050281. Epub 2020 Sep 15.

The study involved the measurement of various metabolites from rest to peak exercise. Changes in the various metabolites which are implicated in insulin resistance, lipolysis and adipose browning did occur during the exercise which are relevant from cardiometabolic risk point of view.

Vitamin D and COVID-19

Griffin George, Hewison Martin, Hopkin Julian, Kenny Rose, Quinton Richard, Rhodes Jonathan, Subramanian Sreedhar and Thickett David 2020 Vitamin D and COVID-19: evidence and recommendations for supplementation R. Soc. open sci.7201912 http://doi.org/10.1098/rsos.201912

Vitamin D is a hormone that acts on many genes expressed by immune cells. Vitamin D deficiency is common but readily preventable by supplementation that is very safe and cheap. In view of the large RCTs on the efficacy of Vit D in COVID-19 not to get competed any time by now , the authors urge that daily dose vit D [800 IU] is worth trying during the COVID-19 pandemic.

Lowering the diastolic blood pressure beyond a point is not so good!

Li J, Somers VK, Gao X, et al. Evaluation of Optimal Diastolic Blood Pressure Range Among Adults With Treated Systolic Blood Pressure Less Than 130 mm Hg. JAMA Netw Open. 2021;4(2):e2037554. doi:10.1001/jamanetworkopen.2020.37554

In this cohort study the researchers have found higher risk of cardiovascular events in patients on lowering the diastolic blood pressure below 60mm Hg while optimizing their systolic blood pressure to less than 130mm Hg.

High Refined Grain Intake: Leads to major CVD and death

Associations of cereal grains intake with cardiovascular disease and mortality across 21 countries in Prospective Urban and Rural Epidemiology study: prospective cohort study

BMJ 2021; 372 doi: https://doi.org/10.1136/bmj.m4948 (Published 03 February 2021) Cite this as: BMJ 2021;372:m4948

In this study from 21 countries showed that higher intake of refined grains was associated with higher risk of total mortality and major cardiovascular events. However, intake of whole grains or white rice did not show any risk. Our current knowledge of encouraging the intake of whole grains should be advocated with all the more vigour. As far as carbohydrates are concerned, our emphasis should be on cutting down on the quantity at the same time improving the quality for better health outcomes.

Albumin Infusions in Hospitalized Patients with Cirrhosis

A Randomized Trial of Albumin Infusions in Hospitalized Patients with Cirrhosis. Louise China et al for ATTIRE Trial. N Engl J Med 2021; 384:808-17.

This multicenter trial evaluated the efficacy of albumin in hospitalized patients with decompensated cirrhosis of liver, acute complications and albumin below 3 g/dl. The trial group were assigned to receive daily 20% human albumin (100ml per hour) from day one of recruitment with the aim to maintain albumin 3.5 g/dl. In the standard care (control) group 20% human albumin was administered for patients with large volume paracentesis, spontaneous bacterial peritonitis or hepatorenal syndrome. Albumin is a pleotropic molecule, can cause volume expansion and has anti-inflammatory properties. These effects can be beneficial in decompensated cirrhotic patients. The primary end point was composite of infection from any cause, kidney dysfunction or death during the trial period or fit for discharge in hospitalized patients. Secondary end points were death at 28 days, three and six months. In the trial, 200g of albumin per patient was administered in the albumin group as compared to 20g in the standard care group. This trial did not show any benefit of targeted albumin therapy daily over the current standard care despite increase in the serum albumin level to 3g/dl. As there was increased incidence of adverse events like lethal cardiopulmonary complications, one has to be cautious during albumin infusion. Non-invasive methods to assess the blood volume will have a vital role while treating decompensated cirrhotic patients.

In view of lack of benefit from daily albumin infusion in these patients, until more evidence is available by randomized trials, targeted albumin therapy cannot be recommended.

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JOURNAL PUBLICATIONS OF OUR MEMBERS FOR THE QUARTER

Dr Vishak Acharya et al

1. Vishak Acharya, K.,Unnikrishnan, B., Sindhu, K. et al. Have guidelines been oblivious to the obvious? Unmasking the positives from the COVID-19 pandemic. npj Prim. Care Respir. Med. 31, 11 (2021). https://doi.org/10.1038/s41533-021-00224-0

2. K.V. Acharya and B. Unnikrishnan, Is it time to truncate the trusted '3-T Strategy',Journal of Healthcare Quality Research, https://doi.org/10.1016/j.jhqr.2020.12.001

3. Vishak Acharya, Nikhil Victor Dsouza, Saraswathy Sreeram, Santosh P.V. Rai, Basavaprabhu Achappa,Shine like gold and sparkle like glitter: Three cases of lipoid pneumonia, Respiratory Medicine Case Reports, Volume 33, 2021, doi.org/10.1016/j.rmcr.2021.101380

Dr Archith Boloor et al

4. Roth, G.A., Mensah, G.A., Johnson, C.O., ..A. Boloor, Zuniga, Y.M.H., Murray, C.J.L.Global Burden of Cardiovascular Diseases and Risk Factors, 1990–2019: Update From the GBD 2019 Study **Journal of the American College of Cardiology**, 2020, 76(25), pp. 2982–3021

5. Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019

   Abbafati, C., Machado, D.B., Cislaghi, B., **A. Boloor** ,...Zheleva, B., Zhu, C. **The Lancet**, 2020, 396(10258), pp. 1223–1249

6. Global age-sex-specific fertility, mortality, healthy life expectancy (HALE), and population estimates in 204 countries and territories, 1950–2019: a comprehensive demographic analysis for the Global Burden of Disease Study 2019

   Abbafati, C., Machado, D.B., Cislaghi, B., **A. Boloor**,... Zheleva, B., Zhu, C.**The Lancet, 2020,** 396(10258), pp. 1160–1203

Dr Chakrapani et al

7. Mahabala C, Varma P, Shenoy A. Insights on Intensive vs Nonintensive Prerandomization Systolic Blood Pressure Reduction. JAMA Neurol. Published online March 15, 2021. doi:10.1001/jamaneurol.2021.0258

PUBLISHED BOOKS

Dr Archith Boloor

1. Exam Preparatory Manual of Medicine – Third Edition – Jaypee Publications

LISTEN TO THE LEGEND – AN INTERVIEW WITH

DR B H.KRISHNAMOORTHY RAO

(AS TOLD TO DR ARCHANA BHAT)

DR B H. KRISHNAMOORTHY RAO

1. Our beloved founder president Dr B . H. Krishnamurthy Rao sir ,could you pleases hare your childhood memories with us ?

Born in Mulki (Village Town in D.K) My father was a Ayurvedic Practitioner. My elder brother studied MBBS in Madras ,younger brothers are also in the medical profession.

I studied in a Govt. School, 2-3 km away from home. We had good teachers in the school. But in SSLC we had no mathematics teacher for 4 months, I lost interest in mathematics. For PUC class I joined St Aloysius College. We had very good teachers in Biology I developed interest in Medicine/ Biology, In fact some of the biology lecturers wrote books for PUC which was followed for many years.

2. Sir ,something about medical education in KMC

Doctors were well respected both in villages and city. Therefore I joined medicine. I joined Kasturba Medical College Manipal for Anatomy, Physiology and Biochemistry. Later I joined clinical section at mangalore.

We had excellent teachers in all departments. Some of them came from other parts of the country after retirement I can recall some famous teachers Dr. A KrishnaRao,Dr.Koppiker,Dr.UmeshRayaPrabhu,Dr.KireetiinManipal.

At Mangalore both clinical and non clinical department had good teachers. To mention few teachers- Dr. K.P.Ganesh, Dr. M.P.Pai, Dr. M.Srinivasan, Dr.H T.Manoram Rao, Dr. R.S.Mahale, Dr. C.R.Ba1lal, Dr. A,V.Shetty, Dr.K.R.Shettyand Dr. B.M.Hegde.

As a student I developed an interest in clinical medicine I diagnosed clinically some rare conditions Henoch purpura , Disseminated abdominal TB to mention a few.

As an intern I could do many procedures (Bed side) such as Plural aspiration L.P.etc. In fact I did work in all branches well, I had no pressure of "NEET" examination. I worked as a resident in Medicine in KMC Hospital in Manipal in 1979 under Dr.CC Veskey (Cardiologist) I also worked as a part time tutor in physiology. This helped in teaching. Laterall these students in manipal, I continued to teach in mangalore as PG in medicine.

I joined PG Course in Mangalore under Prof K.P.Ganeshan as guide and Prof AV.Shetty as his associate. Clinical training was good. On admission day 25-30 new patients were admitted twice a week. We had to do all basic investigations before the next day rounds. It was areal challenge.

In addition we had twice a work cardiac clinic OPD and one session in Ladygoschen Hospital twice a month. Very active clinical society meetings. Our unit used to win rolling shield for maximum cases presented. We had general clinics and individual bed side clinics by all senior teachers. Which helped in MD Examination.

After passing MD I joined KMC department of Medicine in 1972. I wanted to do specialty training. Centers were very few for DM, I could not go abroad (even though I passed ECFMG) against the wishes of elders in the family.

DEPARTMENT OF MEDICINE 1974

3. Something about your journey abroad and higher studies and your intial days as staff in KMC

I went on study leave to U.K. between 1979- 1980. Trained in respiratory medicine, infections disease and cardiology, I worked in Cambridge regional cardiac hospital for a short time. Regular heart transplant work was done by the English in Cambridge. On my return, I rejoined KMC as a teaching faculty. Continued to teach MBBS and MD students I was a guide from 1981 to 2005.

I am proud and happy that some of our old students have done well both in mangalore and outside. For a teacheritis a satisfying experience.

Clinicalpracticeoutsidethecollegewasdifficultasanyoungphysician.Therewereestablishedsenio rphysicians.Therewereveryfewnursinghomes.Balancing between teaching, care of patients in hospital and practicing in clinic was a real challenge.

4. Some memorable days of your patient encounter which you would like to pendown

As a junior physician I would diagnose clinically rare conditions. In a peripheral hospital I diagnosed quadriplegia after snake bite as Hypo Kalemic paralysis which improved dramatically with IV potassium No electrolysis estimation possible in1976 I had only ECG to diagnose QT changes.

Later I would treat successfully cerebralmalariaindeepcomawithInjQuinine(1996). It was already treated in 2 other hospitals for a few days. There was no other drug available. I

diagnosed andisolated Leptospira in a young man an clinical ground. Professor of Microbiology told me he has not seen theorganism before under dark ground microscopein Kmc.

Even in UK I diagnosed weils disease clinically, was proved by other tests and discussed in clinical society.

5. Some of your accomplishments which you can remember sir

I received a Gold Medal In Final MBBS (OBG).

During my Primary course I got Merit Scholarship from central Govt.

I was a secretary of clinical society in Wenlock Hospital in 1974-1975.D.K.IMAsecretaryin1977andPresident1999IMAD.K.

Founder president of API D.K.chapter 1991 with only 35 members with support of all seniors.

Organizing chairman API Karnataka conference in 2000.

Doctors day IMA award in 2005 by D.K.Branch.

Life time achievement award API Karnataka conference 2010.

IwasaprincipalinvestigatorforICMRmalariadrugtrial from 2005 to 2013 some of these drugs are in the market.

I presented a paper on malaria in 2013 in Tropical Medicine conference in Italy (European Congress).

As a practicing physician No time for hobbies, I enjoyed Reading book and gazines.

Even to day I visit KMC Library.

I was a member of Lions Club for 20 years.

I was also a member of Malaria Action Committee of D.K.in 1998- 99

6. **Your message to the younger generation sir**

My Journey as a physician was satisfying. My approach was clinical and patient centric. Many of my old patients still appreciate and respect me. I had no medico legal issues except minor. My advice to young physicians is to talk to patient and family. Lesstrouble, give time for your family also.

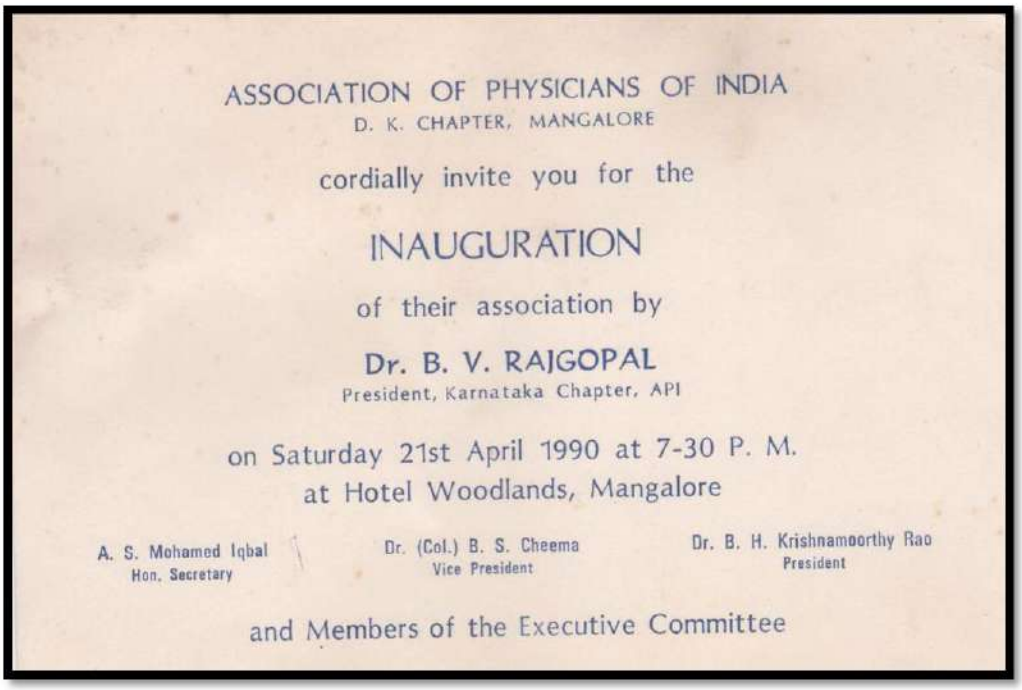
My son is a physician in KMC another is a software Engineer in Microsoft in Bangalore. My wife is a Housewife interested in Gardening.

7. **Your message to API DK Chapter as being the intial first founder president of this association**

When API D.K. chapter was started in 1991, we did not have resources, no computer, I was teaching students in Black Board later slide shows OHP presentation started. When I retired from KMC 1 had to use PPT slides. Starting E-magazine by API is a good beginning.

I suggest to include case reports, readers views and association news.

I wish API and E-Magazine team all the best.


ASSOCIATION OF PHYSICIANS OF INDIA
D. K. CHAPTER, MANGALORE
cordially invite you for the
INAUGURATION
of their association by
Dr. B. V. RAJGOPAL
President, Karnataka Chapter, API
on Saturday 21st April 1990 at 7-30 P. M.
at Hotel Woodlands, Mangalore
A. S. Mohamed Iqbal
Hon. Secretary
Dr. (Col.) B. S. Cheema
Vice President
Dr. B. H. Krishnamoorthy Rao
President
and Members of the Executive Committee

BLACK MAGIC OR BIRD MAGIC

--- DR IBRAHIM MASOODI

Mrs Noora,(name changed) the newly wed girl, in her early twenties was brought with acute shortness of breath of one day duration to the emergency room of our hospital, years back while I was working in Saudi Arabia.

The clinical examination was displaying bilateral wheeze suggestive of acute asthmatic attack.

Oxygen at the rate of 4 liters per minute was started in addition to other treatment . She improved and was discharged with an advice for follow up.

Unfortunately she continued to have recurrent attacks of shortness of breath in the following months.

She was admitted 6 times in two month with shortness of breath . Every time a different resident doctor would manage her symptomatically (oxygen, nebulisations) and discharge her. Due to their personal reasons they denied detailed evaluation in the hospital

Exhausted with the number of hospitalizations, Mrs. Noora went to her father's home for a change.

Things changed to a better direction there as she felt relieved in her father's home. She had no further episodes of breathlessness there, thus no more hospitalization.

She started scanning her old albums jubilantly, sleeping nicely and enjoying every moment in the company of her parents.

Mr.Fahad, her loving husband would visit her on weekends.

"Could it be black magic conspired by our relatives or enemies ",Mrs Sara , the mother of the patient, one day speculated, while the family was having delicious dinner along with their son in law .

A reputed Sheikh of the locality was consulted to fix the black magic .

During his interaction with the family, the sheikh warned the family that her breathlessness was due to the highest order, black magic but luckily they were on time .He assured them that the black magic would be fixed as soon as possible .

I don't know how much the great sheikh charged them and what he did but the fact was that Mrs Noora remained perfectly fine much to the delight of the whole family.

After a few months, the Sheikh gave a nod that all black magic has been nailed down and now she could join her husband back.

Mrs. Noora returned back to her husband's home after a few months. The young couple started living happily but sadly after a few weeks Mrs. Noora developed shortness of breath once again. Similar episode , similar discomfort .

They immediately called on the great Sheikh who despite all efforts couldn't help her shortness of breath.

Mrs Noora was desperately rushed to the hospital once again.

She was immediately started on oxygen as there was severe bilateral spasm of airways. Now the couple agreed admission for a detailed evaluation and she was admitted on the 3rd floor.

After routine investigations and pulmonary function tests, a CT scan thorax was done. The CT scan chest was suggestive of early interstitial fibrosis and the radiologist suggested a lung biopsy for further evaluation.

Lung Biopsy! Dr Khurshid, the pulmonologist in the hospital exclaimed with astonishment.

"Please tell me her history in detail. She is too young to have interstitial lung disease", Dr. Khurshid said.

While listening keenly to the clinical history Dr Khurshid interrupted the resident in between and said, "You mean she remained well at her father's place".

Yes Doctor, the resident replied.

Then something is wrong at her husband's place, which is triggering her bronchospasm.

"With due respect to the Sheikh, let us explore beyond black magic", Dr. Khurshid went on deeply in this vein.

Please call her husband. I want to talk to him.

Dr. Khurshid asked few questions to Mr. Fahad, the anxious husband of Mrs. Noora

"Did you get new curtains recently" ?

"Did you use some new perfume" ?

Mr. Fahad negated all these questions.

What are you doing?

Daktoor!(Doctor). I deal with Bird business. We have birds in our attic. Mr. Fahad replied.

"Here you go", Dr. Khurshid vehemently said.

It is not Black magic. It is bird magic!

Yes, Bird Fancier's lung (Bird fancier's lung is an immunologically mediated lung disease caused by inhalation of bird dropping extracts and antigens in feathers)

"Wait for Lung biopsy and start her on steroids" , Dr. Khurshid concluded after the discussion.

Then he turned to Mr. Fahad and kept his hand empathetically on his shoulder, and said. " Habeebi (My dear) I give you two options.

Either change your profession or your wife, she is sensitive to bird feathers you are dealing with"

You cannot have both.

"Daktoor!(Doctor) Ish haza(what is this?) .

"I better change my profession, let us hope she improves. She is so nice, besides marriage in Saudi Arabia is too expensive. It is sadly an uphill task", Mr Fahad replied with a sigh.

Mrs. Noora was advised to go to her father's place till Mr. Fahad changed his profession and thoroughly washed his house.

As the months passed by

One day Mrs. Noora came smiling along with her husband to our OPD.

She had come directly from her husband's home. Her husband was holding her hand as he had happily divorced his profession and both were living happily thereafter.

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TITLE PAGE

MARATHON- MY JOURNEY….

DR SUNIL KUMAR

Marathon- ***My Journey….***

Fitness is defined as quality or state of being fit or healthy. Mental, social and emotional health are important part of overall fitness. Physical fitness is generally achieved through proper nutrition, moderate to vigorous physical exercise and sufficient rest. For substantial health benefits, an adult should perform at least 150-300 minutes per week of moderate intensity or 75-150 minutes per week of vigorous intensity aerobic physical activity or equivalent combination or both spread throughout the week. There are more health benefits gained if a person exercises beyond 150 minutes.

I have started running to improve my physical fitness. Once I have become consistent with my exercise program, I started participating in 5 Km, 10 Km run at Mangalore and Manipal, just for fun and joy. These events boosted my confidence to participate in Marathon. After wards, I have participated in half Marathon (21 Km) at Mumbai and finished the run in 1hr 50 minutes. With the success of this run, very next year, I have registered for full marathon (42Km) at Mumbai and completed the run in 4hr 15 minutes.

Marathons are just like festivals for runners with same amount of fun and joy. Satisfaction you get after completing the race, make every runner to get addicted to Marathons. Since last

five to six years, half marathon and full marathons are organized regularly at Mangalore and Manipal. These events gave opportunity to many runners from coastal Karnataka to participate in Marathons.

The marathon is long distance race with an official distance of 42.195 Km, usually run as road race. The event was instituted in commemoration of the fabled run of the Greek soldier Pheldippides, a messenger from the battle of Marathon to Athens, who reported the victory. The marathon was one of the original modern Olympic event in 1896. The Boston Marathon began on 18th April 1897, is the world's oldest run annual Marathon and ranks as one of the world's most prestigious road racing events. The current world record time for men over the distance is 2hr 1 min and 39 seconds, set in Berlin Marathon by Mr. Eliud Kipchoge of Kenya. The world record for women was set by Ms. Brigid Kosgei of Kenya in Chicago Marathon with timing of 2hr 14min and 4 seconds.

Majority of the participants do not run a marathon to win. Their personal finishing time and placement within their specific gender and age group is most important for them.

Training for Marathon:

Long run is important element in marathon training. Recreation runners commonly reach a maximum of about 32Km in their longest weekly run and a total of about 64 Km a week. But wide variability exists in practice and recommendations. Training programs last a minimum of 5 or 6months, with a gradual increase in distance run and a period of tapering over one to two weeks preceding the race. For a beginner wishing to merely finish a marathon, a minimum of 4 months of running, at least 4 days a week is recommended. Many runners also 'carbo-load' (increase carbohydrate intake while holding total calorie intake constant) during the week before the marathon to allow their body to store more glycogen. Carbohydrate based energy gels, other forms of concentrated sugars or foods high in simple carbohydrates are used by the runners to provide quick energy during running. Hydration is important during race to prevent dehydration but excessive consumption of fluid may lead to exercise associated hyponatremia. It is better to drink a sport drink that includes carbohydrate and electrolytes instead of plain water. Runners should 'drink to thirst' instead of feeling compelled to drink at every fluid station.

Running tips for beginners:

If you run…you are a runner. It does not matter how fast or how far… (John Bingham)

Running is free, you can do it anywhere and it burns more calories than any other mainstream exercise. Running requires a good pair of running shoes that suits your foot type and may improve your comfort. To avoid injury and enjoy the exercise, it is essential to ease yourself to running slowly and increase your pace and distance gradually over several outings. Start each run with gentle warm up at least for 5 minutes. Your running will improve, as your body adapts to consistent training stimulus. Whatever may be your level, setting challenges is useful to stay motivated. Running a race is as much a mental battle as a physical one. It has been said that, it is the brain that allows or limits endurance performance rather than the body. Training for a race, such as 5K or a charity run is a good way to keep going. It really helps to have someone to run with you. You will encourage each other, when you are not so keen to run. Keep your running interesting by adding variety, by varying your distance, pace and routes. Joining a runner's club is the perfect way to commit to running regularly.

Always find time for the things that make you feel happy to be alive. Keep running…. Be happy.

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ನಮ್ಮ ಜನರಆರೋಗ್ಯಕಾಳಜಿ,

ಡಾ.ಪ್ರ.ಹಾ.

ಮಗ ಮಗಳು ದುಬೈನಲ್ಲಿ ಇರುವ ಕೆಲವು ಶ್ರೀಮಂತ ಬಡವರು! ಸಾರ್ನಾವು ಅಲ್ಲಿಗೆ ಏರಡು ತಿಂಗಳು ಹೋಗತ್ತಾ ಇದ್ದೇವೆ ಮದ್ದು ಬರೆದು ಕೊಡಿ, ಜನೌಷದಿಯಲ್ಲಿ ಸಿಗುತ್ತಾ?.. ನಾನು ಮುಗ್ಲಗುತ್ತಾ ಹೌದು ಧಾರಳವಾಗಿ ತೆಗೆದುಕೊಳ್ಳಿ.

ಹೋದವರು ಕೋರೊಣ ಪಿಡುಗಿನಿಂದಾಗಿ ಅಲ್ಲೆ ಆರು ತಿಂಗಳು ಇದ್ದು ಬಂದರು. ಬಂದಾಗ, ಔಷದಿ ಮುಗಿದಿತ್ತು ಶುಗರ್ಏರಿತ್ತು, ನರ ಊತ ಇತ್ತು, ಡಾಕ್ಟರೇ ನಿವು ಬರೆದ ಔಷದಿ ಅಲ್ಲಿ ಸಿಗಲಿಲ್ಲ ಅದಕ್ಕೆ ಏಲ್ಲ ಮದ್ದು ಅರ್ಧ ಡೊಸ್ತೆಗೆದುಕೊಂಡೆವು ಇದಕ್ಕೆ ಉತ್ತರಿಸುತ್ತಾ ನಾನು ಊಟ ಅರ್ಧ ಮಾಡಿದ್ದರೆ ಮದ್ದು ಅರ್ಧ ಸರಿಯಾಗುತ್ತಿತು ಅಂದೆ. ಇಲ್ಲ ಅಲ್ಲಿ ದಿನಾ ಸ್ಪೆಷಲ್, ಯಾವಾಗಲು ಪಾರ್ಟಿ ಇತ್ತು, ಊಟಕ್ಕೆ ತಾಪತ್ರೆಯ ಇರಲಿಲ್ಲ ಅಂದರು. ಅವರು ಹೋಗುತ್ತ ನೋಡಿ ನನ್ನ ಹೊಸ ಮೊಬೈಲ್ಲೇಗಿದೆ, ಹೇಳಿ ನಿಮಗೆ ಬೇಕಾದರೆ ಮುಂದಿನ ಸಲ ಮಗನ ಬಳಿ ತರಲು ಹೇಳುವೆ ಅಂದರು, ನಾನು ಅಂದೆ ನನಗೆ ಸದ್ಯಕ್ಕೆ ನಮ್ಮ ಊರಿನ ಮೊಬೈಲ್ಸಾಕು! ಸರಿಹೋಗಿ, ಹೊಸ ಚೀಟಿ ಬರೆಯುತ್ತಾ, ನನ್ನ ಸಲಹಾ ಶುಲ್ಕ ಕೇಳಲು, ನೀವು ರೇಟ್ಹೆಚ್ಚಿಸಿದ್ದಿರಾ, ಹೌದೆಂದು ಸಂಕೋಚವಿಲ್ಲದೆ ಹಣ ಪಡೆದ. ಇವರು ಹೋದತಕ್ಷಣ ನನ್ನ ಕಟ್ಟಡದ ಹತ್ತಿರದ ಮನೆಗೆಲಸದ ಹೆಂಗಸು ಅವರ ಮಗ ಬಂದರು, ಅವನಿಗೆ ಬಾರ್ಬೆಂಡಿಂಗ್ಕೆಲಸವಿಲ್ಲದೆ ಸುಮಾರು ಆರು ತಿಂಗಳು ಆಗಿತ್ತು, ಆದರು ಕೈಯ ನರ ಸೆಳೆತ ಅತಿಯಾಗಿ ಕಾಡುತಿತ್ತು, ಹಿಂದೆ ಮೆಲ್ಮಹಡಿಯಿಂದ ಬಿದ್ದು ಪೆಟ್ಟಾಗಿತ್ತು, ನಾನು ಪರೀಕ್ಷೆ ಸಿನಿಮಗೆ ಎಂ.ರ.ಐ ಬೇಕಾಬಹುದು ಸರಕಾರಿ ಆಸ್ಪತ್ರೆಗೆ ಬನ್ನಿ , ಅಲ್ಲಿ ಸ್ವಲ್ಪ ಕಡಿಮೆ ಹಣದಲ್ಲಿ ಸ್ಕ್ಯಾನಿಂಗ್ಮಾಡಬಹುದೆಂದೆ, ಆಗ ಹೆಂಗಸು ಬೇಡ ನೀವು ಹೇಳಿದ ಖಾಸಗಿ ಸ್ಥಳದಲ್ಲಿ ಮಾಡುವ ಅನ್ನುತ್ತಾ, ಮದ್ದಿನ ಚೀಟಿ ಪಡೆದು ಕೆಳಗಡೆ ಹೋಗಿ ಔಷದಿಗಳನ್ನು ತಂದು ತೋರಿಸುತ್ತ ಇದು ಸರಿಯಾಗಿದೆಯಾ ಕೇಳಿದಾಗ, ನಾನು ಇಲ್ಲಿಂದ ಯಾಕೆ ತಂದದು ಜನೌಷದಿಯಲ್ಲಿ ಸಿಗುತ್ತಾ ಇತ್ತು ಅಂದೆ, ಅದಕ್ಕೆ ಅವರು ಸರ್ನೀವು ಬರೆದ ಔಷದ ಚೀಟಿಯಾವದೋ ಅಂಗಡಿಯವರು ಬಿಡಿಯಾಗಿ ಕೊಡುವುದು ನನಗೆ ಸರಿಯಾಗುವುದಿಲ್ಲ, ಅಲ್ಲದೆ ನಾವು

ಆರೋಗ್ಯಕ್ಕೆ ಖರ್ಚು ಮಾಡದಿದ್ದರೆ ನಾವು ಕಷ್ಟ ಪಟ್ಟು ದುಡಿಯುವುದಾದರು ಯಾತಕ್ಕೆ ಅನ್ನಲು ನಾನು ಅವರನ್ನು ಬಿಳ್ಕೊಟ್ಟೆ. *

ನಾನು ಮತ್ತೆ ನನ್ನ ಮುಂದಿನ ರೋಗಿಯತ್ತ ಗಮನ ಕೊಟ್ಟೆ ಯೊಚಿಸುತ್ತಾ*

ನಾನು ಯಾರಿಗೆ ಸಹಾಯ ಮಾಡಲಿ ಶ್ರೀಮಂತ ಬಡವನಿಗೊ ಅಥವಾ ಪ್ರಜ್ಞಾವಂ ತಬಡವನಿಗೊ?*

***ಡಾ. ಪ್ರ. ಹಾ*.**

ತಜ್ಞ ವೈದ್ಯರು

ಮಂಗಳೂರು

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AUTHOR INSTRUCTIONS
GUIDANCE FOR AUTHORS AND CONTRIBUTORS

API DK LAHARI is a quarterly published e magazine of API D. K. CHAPTER , released in the www.apidk.org website with archival options of all the issues released stored in pdf format (each issue) also with download option .The magazine will include academic and non academic articles .The languages included will be English and kannada. We are hopeful that this will give a unique opportunity to all API members to share their vision and views on various aspects of our profession and beyond.

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MANUSCRIPT MAY BE IN ENGLISH/KANNADA .

Font size -12 (Times New Roman) , double spacing , 1.5 inches margins all around the page.

All the write ups should include a Title page with author information

Title Page should contain the following

Full name/names of all the authors with contact address, cell number, email id, designation, position in the Institution and a passport sized recent photo

Paper/write up categories

1. Scientific articles
2. Member's accomplishments
3. Obituaries
4. News and Views
5. Post graduate corner
6. View point
7. Medico legal pearls
8. Journal Watch
9. Patient page
10. Listen to legend
11. Life beyond medicine [Non-medical topics]
12. General health articles [more for lay public]

Scientific articles

1. Case reports

Word count- 1500, Maximum of 03 tables & or figs, 07 Refs

2. Review article

Word count- 3500, Maximum of 5 tables or figs

3. Academic challenge

An interesting case presentation with detailed academic discussion

Abstract, word count -3500, Maximum of 5 tables or figs

4. Diagnostic test and interpretation

Word count- 1500

5. Images in Medicine

Photos with good resolution and quality, Word count -500

Abstract is required for case report, Review article, Academic Challenge, and Diagnostic test and interpretation. Word count is inclusive of abstract.

References should be in Vancouver style.

Member's accomplishments

Brief information by self or others on the accomplishments of our API members in profession, public life, academics and other walks of life

Word count- 1000

Obituaries

Condolence message and short write up on the deceased member

One message -500 words

News and Views

Write up on medical happenings with a personal opinion expressed

Word count -1000

Post graduate corner

Medical article by post graduates

Word count as per the criteria mentioned for the scientific articles by the members

View point

Write up on various problems or happenings in field of medicine or medical profession

Word count -1500

Medico legal pearls

Articles on medical legal aspects of including consumer protection act and other acts applicable to the medical profession

No word limits

Journal Watch

Brief discussion on the important medical publications [national or international] in the last quarter 500 words Each

Patient page

Article on being a patient by API members

Word count- 1000

Listen to Legend

Q AND A about 7 -10 in number with a legend in medicine

Word count - 1000

Life beyond medicine

Write ups on Non-medical topics useful for doctors [Investments, sports, automobiles, travel, photography, trekking, cycling, electronic gadgets etc.]

Word count -2000

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