

Diabetic foot : The malady of the deprived and the punishment for the negligent

Dr. S.K. Ajaiyakumar, Saraswathy Diabetic Foot Care, Pathadippalam, Edapalli, Kochi
Phone : 94470 22098; e-mail : ajaiysk@gmail.com



As we know, the incidence of diabetes mellitus is increasing alarmingly so also diabetic foot.

Rule of 15%

15% of all diabetic develop diabetes foot of which 15% will end up in Amputation and 15 % of them lose their life.

Treatment Principles

1. Offloading

Taking away pressure from ulcer area leads to healing of ulcer. This is by temporary offloading devices Foot wear etc

2. Local Care of Ulcer

Debridement, Local application of medications, Proper dressing etc.

3. Control infection

Appropriate Antibiotics according to culture and sensitivity

4. Correction of Ischaemia

If there is significant vascular insufficiency re-vascularisation in the form of Angioplasty or Bypass is mandatory for ulcer healing and avoiding spread of infections.

Preventive Podiatry

The foot care starts from the day of diagnosis of diabetic foot Diagnosing High risk foot during general practice / diabetology practice is the corner stone. It is by proper foot care, health education and pedicure

30 Second Foot Examination

This quick and effective screening clinical examination includes asking for :

1. Do you have any foot problem?
 2. Examination of pedal pulses.
 3. Examination of sensation and deformities and ulcers.
- Tips for Physicians**
- Please make a 30 second foot examination a regular affair for diabetic patients in your practice.
 - Never allow your patient to walk on the ulcer. 'Offloading' is a must. Various devices are available for this.
 - Please don't use Povidone iodine while you clean a granulating ulcer during dressing.
 - Please don't attempt surgical intervention on the ulcer if pedal pulse are not palpable.
 - Never expect constitutional symptoms like fever, rigor etc in diabetic foot infection.
 - Ulcer at the toe tip may be a tip of an iceberg. A deep hidden plantar abscess may be there underneath.
 - Proper and timely referral saves many limbs.
 - No foot ulceration heals spontaneously.
 - Amputation is not a universal answer to Diabetic foot. Studies have shown that amputation makes lifespan shorter and adds to morbidity.
 - Diabetic foot education plays an important role in ulcer prevention.
 - An ulcer showing no sign of healing within a week : CHANGE YOUR STRATEGY.



The Good Qualities of the Western Civilization that we forgot to copy - oration by Dr. Rajeev Jayadevan at Changampuzha Park organized by All India Radio, Cochin on 12.8.15.

COCHIN IMA MEDICINE BANK UPDATE

RS Shenoy School of Hockey, Ernakulam, has donated a substantial quantity of medicines to the IMA Charitable Medicine Bank. We gratefully thank the dedication of Dr Ramesh Shenoy & Mr Ebin who collected the medicines, packed them and personally delivered them to the medicine bank several times in the past couple of months.

Dr Satish Bhat



ETHICS PEARLS (Sept. 2015) from Ethics Management Committee, IMA KSB Professional misconduct

- Abuse of professional position by committing adultery or improper conduct with a patient or by maintaining an improper association with a patient
- Conviction by a Court of Law for offences involving moral turpitude / Criminal acts.
- Violating the provisions provided in the PNDT Act or MTP Act
- A physician should announce his fees before rendering service and not after the operation or treatment is under way.
- A physician shall clearly display his fees and other charges on the board of his chamber and/or the hospitals he is visiting
- Prescribing or dispensing of secret remedial agents of which he does not know the composition, or the manufacture or promotion of their use is unethical and prohibited.
- Should not run an open shop for sale of medicine for dispensing prescriptions prescribed by doctors other than himself or for sale of medical or surgical appliances.

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The defensive driver not only slows down in anticipation by taking the foot off the pedal early enough, but also remains on high alert. The reaction time to apply the brake will therefore be faster, and the collision speed will be zero or at least minimum.



COLLISION AT 60 KMPH KILLS THE PEDESTRIAN 85% OF THE TIME.

Road accidents kill and permanently disable more people than new cases of cancer in Kerala every year. They are perhaps the most preventable public health problem, simply by eliminating dangerous road behavior.

The past 23 Road Safety pearls published in each Megaphone issue, illustrate 23 different areas of being a defensive driver. They help us anticipate things that the average road user cannot, thus making us smarter and safer road users. These steps will maximize not only our safety, but, importantly, that of others on the road.

This is the final chapter, and this series is now closed.



Megaphone

Monthly Newsletter from Indian Medical Association, Cochin Branch



Issue 144
September
2015

Onam celebration by IMA Cochin



Dear friends,

President's Message

Safe sound initiative was a pet project of Cochin IMA this year. Even though we could impart some momentum to this, the message didn't fully reach the masses. But, of late, three most respected and revered religious leaders, Panakkad Hyderali Shihab Thangal, Dr Philiphose mar Chrysostom, Gururathnam Jnana Tapaswi (of Shantigiri Ashram, Trivandrum) and others have come out openly against sound pollution. They have even highlighted the need to curb this menace. These religious leaders have validated our stand against noise pollution, and have provided a much-needed impetus to our program. Hence we have to march on with our mission of safe sound.



This is the month of September. We have come to the fag end of another IMA year. The new team headed by Dr Sunil Mathai is about to take oath at the office. I sincerely hope that we, the present team of office bearers, have done justice to your expectations. Everything that we did, was with your guidance and support. You all stood with us in all endeavours we took up for IMA. Thanks for everything and shall unite in supporting the new team for glory and heights of Cochin IMA.

Dr Sunny P. Orathel

President, IMA Cochin

PRESIDENT
Dr Sunny P. Orathel
Orathel House, Unichira
Cochin 682 033
Ph : 2575090 Mob : 94476 61668
Email : drsunnyorathel@gmail.com

SECRETARY
Dr Rajeev Jayadevan
Aathira, 38/1920, Aishwariya Ln,
Elamkulam, Cochin - 682 017
Mob : 98471 02221
Email : rajeevjayadevan@icloud.com

TREASURER
Dr Muhamed Ismail P.M.
Excel Park, Fathima Church Road
Elamkulam, Cochin 682 020
Mob : 94471 44339
rainbowpolyclinic@gmail.com

SEPTEMBER CME

Date : 24th Sept.2015, Wednesday
Time : 8.00 pm; Venue : IMA House

NEWER TRENDS IN CABG

Dr Kuldeep Kumar Chulliparambil
MS, MCh (CTVS), Consultant Cardiothoracic & Vascular Surgeon (Renai Medicity)

MIRACLES ON THE FACE

Dr Manu Mohandas MDS, FCFS
Consultant Cranio-maxillofacial Surgeon (Renai Medicity)

THUNDERCLAP HEADACHE - HOW TO GO ABOUT IT ?

Dr P. Subramaniam MS, MCh, DNB (Neurosurgery), Senior Consultant Neurosurgeon (Renai Medicity)

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Congratulations to **Dr. Sunil Mathai** and **Dr. V. Madhu** for being elected as President and Secretary for the IMA year 2015-2016. More details in next Newsletter

Inter IMA cricket tournament

Kerala state inter IMA cricket tournament (with tennis ball) is being held on 10-11 Oct at IMA headquarters, Trivandrum.

Dr Vinod Padmanabhan is the captain, and has arranged for the Team jersey and bus. Those interested may please contact him on 98-47-448732



Dr Sunny Orathel speaking about IMA membership.



Dr Rajeev Jayadevan at a session on communication skills to young doctors at Govt Medical College, ERnakulam

Congratulations!



WIMA Cochin election 2015-2016 conducted on 16.9.2015. Chairperson Dr. Sundari G. Menon, Co-chairperson : Mrs. Susan Varghese; Secretary Dr. Sheeja Sreenivasan; Jt. Secretary: Mrs. Susan Prakash; Treasurer : Dr. Geetha V.; Co-ordinator : Mrs. Teena Joy Joseph.



Dr Balakrishna Pillai has written and published two books on parenting which have got good acceptance so far. The Release function of the second Book was held in Changampuzha Park on 25th, by Prof M.K. Sanu.



Dr. K. Pavithran, has been conferred the fellowship (FRCP) of the Royal College of Physicians of London.

From the Editors Desk

Dear friends,

The recent reports of Diphtheria outbreaks in Malappuram district are indeed deplorable. Studies show that 1 in 3 children between 5-10 years of age from Malappuram district have not been vaccinated.

It is appalling that in an Indian state where literacy is apparently 100%, where healthcare facilities are the best in the country, such dangerous apathy exists towards modern medicine.

For all the progress we have achieved in the field of healthcare: Liver transplantation, State of the art ICUs, Trauma Care, Infertility treatment, Heart transplantation, Reduction of maternal mortality rate, achieving NABH accreditation of both Government and private hospitals, establishing a state-wide Palliative care network to name a few, this refusal to vaccinate takes us right back to the dark ages.

It is almost like a situation while the country is building a state-of-the-art skyscraper building, some miscreants are busy tunnelling the ground below, adulterating the concrete mix and even cutting off the foundation pillars in order to make it unstable.

IMA has come out strongly against such blatant violation of healthcare norms, which amount to child endangerment. The right to health is fundamental to a child, and this serious matter needs to be taken up by the apex court.



Best regards,

Dr Rajeev Jayadevan



Dr Salini Sudhindran

REPORT OF STATE WORKING COMMITTEE MEETING

State working committee meeting of IMA Kerala was held on 6th September in Palghat. Meeting was hosted by IMA Palghat branch. State President Dr Sreejith N. Kumar presided. 140 members representing various schemes, projects, and branches attended the meeting. In addition to Dr Abraham Varghese (State Vice President), Cochin Branch was represented by Dr. Sunny P. Orathel, Dr V.D. Pradeep Kumar and Rajeev Jayadevan.

Activity reports and accounts of IMA KSB, all projects and schemes were presented. There was active discussions and fruitful deliberations, which lasted till late evening. Following important decision were taken :

1. SWC ratified the decision taken by the managing committee of Social Security Schemes to allow new members to join the schemes, as soon as they enroll as IMA members. Earlier they were allowed membership in schemes 3 years after enrollment in IMA.
2. Decided to float a new policy under Professional Protection Scheme. This policy will give coverage of Rupees 1 crore with an annual subscription of Rupees 10,000.

This policy will be in addition of the existing policies.

3. There was a rather heated discussion on Patient Care Fund. Recommendation of chairman of PCF to register it as a Trust was not allowed by the SWC. It was decided to have further discussions and legal opinion on the matter. Final decision will be taken by the state council to be held in November.

4. President Dr Sreejith N. Kumar announced the result of the election. Following members were declared elected as new office bearers of IMA KSB for the year 2015-2016. Dr Jayakrishnan (Perinthalmanna) President, Dr Susan Samuel (Mavelikkara) Vice President South Zone, Dr Gangadharan (Muvattupuzha) Vice President Mid Zone, and Dr Gopeenathan (Thalassery) Vice President North Zone. They will assume charge during the state conference.

5. Requested all branches to mobilise registration for the IMA state conference to be held on 6,7,8 November 2015 in Nilambur.

Dr V.D. Pradeep Kumar
State Working Committee Member, Cochin Branch



Executive committee meeting at Colombo on 8.8.2015 : This year, for the first time, Cochin IMA held its once-a-year out-of-town. Executive committee meeting at an overseas location - Colombo, Sri Lanka. This was a well-attended and self-funded trip, which further enhanced the already exemplary camaraderie among the members and their families.



Bone and Joint Day : Dr. Junaid Rehman talks



Dr. Johann Philip speaks at OCD Acumen



Dr Sunny and Dr. Ajaiyakumar at inauguration of Saraswathy Diabetes Foot Care at Pathadipaalam (See article)



Dr Shobhana at Medical Camp by Cochin IMA



Dr Sunny at Pension Scheme management meeting on 23.8.15



Dr Abraham Varghese inaugurates Organ and Blood donation awareness campaign



Shuttle Tournament hosted by Cochin IMA on 15-16 August 2015



Dr Sanam Basheer talks on physiology of breastfeeding and antenatal preparation



Class on Lifestyle disease by Dr Abraham Varghese



Dr Bibu at IMA-AMS-CCS meeting at KIMS on 13.08.15



Dr Lissamma Joseph with Kochi WIMA members at gynaec conference SELSICON Kochi.



DTF Meeting 1.9.2015 at Fort Cochin



Dr Pratap Kumar talks on Arthroscopic cuff repair at the Annual Conference of Orthopaedic Association of South Indian States at Kodaikanal



Dr Pratap Kumar receives award from Padmasree Mammooty on his green initiative & farming efforts



August CME program was exclusively dedicated to women IMA members. All the speakers, and the chairperson were women. Onam celebrations followed the CME and GB.

Teaching Pearls 24 of 24
(This is part of an ongoing awareness series for road accident prevention. Please use this to educate teenagers and younger drivers in particular)

Defensive driving

Defensive driving is defined as "driving to save lives, in spite of the conditions around you and the dangerous actions of others."

Generally, if one follows traffic rules, one can minimize the risk of an accident. At least, so we are told when we learn driving.

This however applies only when EVERYONE ELSE AROUND YOU are also following traffic rules strictly, just like in developed countries like Sweden, Denmark etc.

In India, where the behavior of other road users is frequently in violation of road rules, the above principle of "Obey Law, Stay Safe" doesn't always apply. One needs to go two steps beyond obedience of the law, to protect oneself from an accident.

This is where defensive driving comes in.



DEFENSIVE DRIVING IS LIKE PLAYING CHESS: ANTICIPATION IS EVERYTHING

Like expert chess players, defensive drivers can ANTICIPATE the next two or even three moves of the opponent (which, in the case of the road, happens to be other road users - pedestrians and motor vehicle users - alike).

To illustrate just one example of defensive driving, if one sees a confused pedestrian farther ahead on the road, it is prudent to take the foot off the accelerator immediately and be prepared to stop, rather than ignore the early warning signs, drive up fast really close to him and then brake suddenly.

Yellow = distance traveled during "Reaction Time"

Red = distance traveled after brake is applied



HIGHER INITIAL SPEED LEADS TO GREATER DISTANCE TRAVELED AT ORIGINAL SPEED, BEFORE SLOWING OCCURS.

The damage at collision is equal to 1/2 MV², (Mass, Velocity), which means that the higher the collision velocity, the greater the damage.

When a vehicle driver sees a problem ahead, the reaction time for abruptly applying the brakes is about 3/4 second (when alert), which means that the vehicle will travel another 17 meters before even the brakes start working. Slowing occurs only after braking happens, and the collision speed is therefore higher.

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