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Megaphone

Monthly Newsletter from Indian Medical Association, Cochin Branch

IMA COCHIN NEWS



Issue 127
April
2014

World Health Day Celebrations on 7th April 2014



Cochin IMA organised a programme on eradication of vector-borne diseases at Medical Trust Hospital in connection with World Health Day. A poster competition was also held. Kerala State IMA President Dr. A.V. Babu spoke at the awareness program organized by Cochin IMA at Sunrise Hospital. Dr. Sheetal Binu gave the lecture on vector-borne diseases.

President's Message

Dear friends,

April 7th was World Health Day. Cochin IMA too had our share of celebration. The State function was done by Cochin IMA. The theme was prevention of Vector Borne Diseases. Our members wrote in newspaper, radio talk, poster presentation and essay writing.

We also celebrated the World Autism Day on April 2nd. Both the above days were done in association with IAP.

We have many important days coming up in May. We would appreciate your co-operation. The Lagoon for doctors requires more members. The present rate is Rs. One lakh. Please encourage your friends to join.

We wish all of you a happy Vishu and Easter.

Dr. Babu John Mathews



APRIL CME

Date : 23rd April 2014, Wednesday

Time : 8.00 pm

Venue : IMA House

Evaluation of Lymphadenopathy

Dr. N.V. Ramaswamy, Hematologist

Night pain in the aging shoulder

Dr. Bobby Jacob, Orthopedic Surgeon

Sponsored by
Medical Trust Hospital

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WIMA Cochin



Dr. Gracy Thomas talks on Adolescent problems and nutrition in connection with WIMA General Body Meeting.



Medical Camp, Thengodu, led by Dr. Govinda Shenoy and Dr. Mahadevan



The special executive committee meeting was held at Saj Resorts Vagamon, and was attended by 25 members. Many critical topics concerning IMA including the clinical establishment bill stipulations that will affect medical practice in Kerala were discussed, and this was followed by dinner and music which was led by Dr. Venugopal, Dr. C.I. Varghese and Dr. Junaid Rahman. Trek to a nearby tea estate was organized on Sunday by Dr. Muhamed Ismail.

Congratulations to GPA Cochin office bearers!

Dr. C.I. Varghese took over as President, Dr. Sheeja Srinivas as Secretary & Dr. Salini Sudhindran as Jt. Secretary of GPA Cochin.



CARITAS Hospital
Thelakkum P.O., Kottayam-556633, Kerala

CARITAS ECMO 2014
MAY 11, 2014
Hotel Excalibur, Caritas Jn, Kottayam.

HIGHLIGHTS OF THE CONFERENCE

- Lectures
- Interactive Panel Discussion
- Advancements in ECMO Technology
- Complications and Management
- Technical Considerations
- Hands on Training

TARGET AUDIENCE

Cardiac Surgeons, Cardiac Anaesthetist, Cardiologist, Perfusionists, Intensivists, Physician Assistants, Nurses etc.

Contact: In Association with: **MAQUET** GETINGE GROUP

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From the Editors Desk

Dear friends,

World Health Day was observed on 7 April 2014. The theme for this year was vector-borne diseases such as Malaria, Dengue. Cochin IMA held a variety of mass education programmes about vector-borne diseases. Our President Dr. Babu John Mathews spoke with the media, wrote in the newspaper and the doctors of Cochin IMA held awareness meetings in several hospitals. The State IMA President Dr. A.V. Babu also attended these programs. Competitions were held for students to make posters towards building awareness about diseases. In this issue of Megaphone, we have published two of the prize-winning posters from students at Medical Trust Hospital.

It is intriguing, at the same time appalling that our country has not yet won the fight against vectors. If you think for a moment, public health measures in our country have not resulted in the expected progress, considering that we own the technology that put an unmanned vehicle on the moon.

Clearly, it is not a question of lack of resources, it is our inability to use them that still results in several such diseases affecting large numbers of our population. Patients belonging to various strata of society, rich and poor alike, are affected by these diseases. Building awareness will be a key step towards prevention of these diseases. Not only should

usage of the Government's vector-control resources increase, accountability needs to be stepped up, to identify and reprimand those responsible for failure to implement these basic resources.



Best regards,

Dr. Rajeev Jayadevan



Dr. Salini Sudhindran



Prize-winning posters, poster competition, World Health Day on 7th April 2014 at Medical Trust Hospital



IMA Cochin Cultural Wing in association with Cochin Biennale Foundation presenting "Doctors singing for patients" at G.H. Ernakulam on 26th March 2014.



World Autism Day observed on 2.4.2014 in association with IAP Cochin. Dr. Neena Shilen gave a scientific presentation.



March CME on 26.3.2014. Topic : "Diabetes Mellitus & Ophthalmic Complications of Diabetes". Moderator Dr. N.S.D. Raju. Panelists Dr. P. Ramakrishnan, Dr. Biju Raju, Dr. Shane Mathew.



Additional CME : "Current Status of TB Epidemic and how IMA could help" IMA House, Cochin on 23rd March. by Dr. Sunny Orathel on 19.3.2014.



IMA Ethics committee meeting held at IMA House, Cochin on 23rd March.



World Tuberculosis Day was observed at Palluruthy on 24.3.2014.



More photos from Lagoon Nite held on 8th March 2014 at IMA House, Cochin. Next Lagoon Nite will be held on 8th of June 2014.



Beware - Glaucoma is closer than you think

Dr. Thomas Arun Varghese, Consultant Cataract & Glaucoma Services, Ahalia Foundation Eye Hospital, Ernakulam

What is Glaucoma?

Glaucoma is damage to the Optic Nerve due to raised pressure inside the eye. (Fig 1 & 2)

What are the symptoms of Glaucoma?

Most people with Glaucoma do not have any particular symptoms in the early stage. This is why, Glaucoma is called the 'thief' of sight - because it steals your eye sight without you knowing. The reason for this is that Glaucoma affects the peripheral vision first and hence we do not notice it in the beginning (Fig 3,4,5). Central vision is only affected later on.

What is the difference between the vision loss due to Cataract and that due to Glaucoma?

The person getting a Cataract notices his/her vision getting blurred and hence goes and sees the eye specialist. Also, if the Cataract surgery is successful, he/she gets back what vision was lost. In the case of Glaucoma, the person does not know he has it, as he feels his vision is ok and hence does

not often see the doctor. What is more serious is the fact that, even once diagnosed and treatment started, the part of the vision that is lost will not come back.

Who are at risk of getting Glaucoma?

Anybody can get Glaucoma but there are certain people at higher risk. These include people of age >40years, Diabetics, Hypertensives, those with family history of Glaucoma, history of eye injury and on long term steroid use (in any form - nasal spray/inhaler/ointment/injection/tablet).

How is Glaucoma diagnosed?

A detailed eye check up can diagnose Glaucoma. This includes checking the eye pressure (Fig6), the ophthalmologist examining the optic nerve and checking the peripheral vision (perimetry-Fig7). All this would take about 30-45 minutes (If a dilated examination is needed, it will take a little longer and driving may be difficult afterwards for a few hours).

What is the treatment for Glaucoma?

Now there are very good medicines for Glaucoma - 80% of Glaucoma can be treated with eye drops. Just like treatment for Diabetes and Hypertension, this is to be taken on a regular basis. 20% patients need laser or surgery.

So what should I tell my patients? - Please tell anybody over 40 years to have an eye check up once a year with an ophthalmologist, preferably in a hospital or clinic (a detailed examination may not happen in an optical shop- some shops only have optometrists).



Fig 1 : Healthy Optic Nerve



Fig 2 : Optic Nerve damaged by Glaucoma



Fig 3 : Normal Peripheral Vision



Fig 4 : Mild reduction



Fig 5 : Marked reduction



Fig 6 : Checking eye pressure



Fig 7 : Checking Peripheral Vision

Senior Social Security Scheme IMA - KSB

Membership Campaign (1st March 2014 - 30th April 2014)

Any Life Member of Kerala State Branch of the IMA are eligible to become a member. Now there are more than 3030 Members. At present the nominee of the insured gets Rs.21,96,000/-.

Admission fees

- Above 75 Years : Rs. 40,000/-
- 70 yrs but below 75 : Rs. 35,000/-
- 65 yrs but below 70 : Rs. 30,000/-
- 60 yrs but below 65 : Rs. 25,000/-
- 55 yrs but below 60 : Rs. 20,000/-
- 50 yrs but below 55 : Rs. 15,000/-
- 45 yrs but below 50 : Rs. 10,000/-
- 40 yrs but below 45 : Rs. 7,000/-
- 35 yrs but below 40 : Rs. 5,000/-
- 30 yrs but below 35 : Rs. 4,000/-
- Below 30 Years : Rs. 3,000/-

Every Member of the Scheme shall pay Rs.1000/- every year as annual membership and fraternity contribution of Rs. 500 to death of each member for a period of 25 years continuously. After 25 years the member need not make any payment to the scheme but can enjoy all the benefits of a member.

Utilise this opportunity to make your family's future safe.

Dr. M. Narayanan Dist. Rep. SSSS, IMA KSB

Teaching Pearls 7 of 12

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

Drinking and driving

DON'T DRINK AND DRIVE.

Just one alcoholic drink increases a driver's thinking distance by 20%.



What is the problem with drinking and driving?

Our actions during driving can be largely divided into two sections:

1. Routine driving - when the roads are empty and predictable. This is mostly done by the subconscious mind and not require a great deal of skill.

2. The second type of driving is for unpredictable and emergency situations. These situations require us to make emergency maneuvers such as braking (for example, a child suddenly runs across the road).

With the effect of alcohol on the brain, the second category of driving gets affected. Ability to make an emergency response is impaired. It is estimated that one alcoholic drink: 30 ml or half a peg of alcohol, causes a 20% delay in our reaction time.

What is reaction time?

During driving, when seeing something unexpected, the driver passes these images from his eyes onto the brain. After some processing, the brain sends signals through the spinal-cord into the limbs where the muscles will contract, resulting in the hand or foot coming off the accelerator and pressing on the brakes, resulting in stopping of the vehicle.

What is thinking distance?

Thinking distance is the distance that the vehicle covers after the driver sees the object on the road, during the process of thinking about this before application of the brake.

A small delay in reaction time, will result in delay in the application of the brake. A small delay in application of the brake will result in greater speed of impact when the vehicle collides with the object.

Since **Kinetic energy = 1/2 mass x (Velocity)²**, the impact is much greater than we would otherwise expect. (If speed of impact doubles, energy at impact quadruples!)

It is important to note that alcohol affects our reaction time and this is primarily the reason why it is dangerous to drive after drinking.

Indian roads are notoriously unpredictable and the behaviours of people and animals on the road are also unpredictable. Therefore our personal emergency response system must be more alert here in India than while driving in other developed countries. It is because of this fact that driving after drinking is unlawful.

It is important to remember that while driving, we are not only responsible for the lives of our own passengers but also that of the innocent bystanders around us. Therefore it is every citizen's responsibility to behave responsibly on the road.

It is tragic that some of our citizens still think that fines for drinking and driving are a form of police harassment. On the contrary, they should become responsible citizens themselves by choosing not to drive if they have consumed alcohol. Passing on this information will help build awareness, and, perhaps, save a few lives.