



NEXT MEETING

Date : 27th August , 2005
 Time : 3 p.m.
 Venue : IMA Hall

Special Attraction
GLASS PAINTING BY CAMLIN

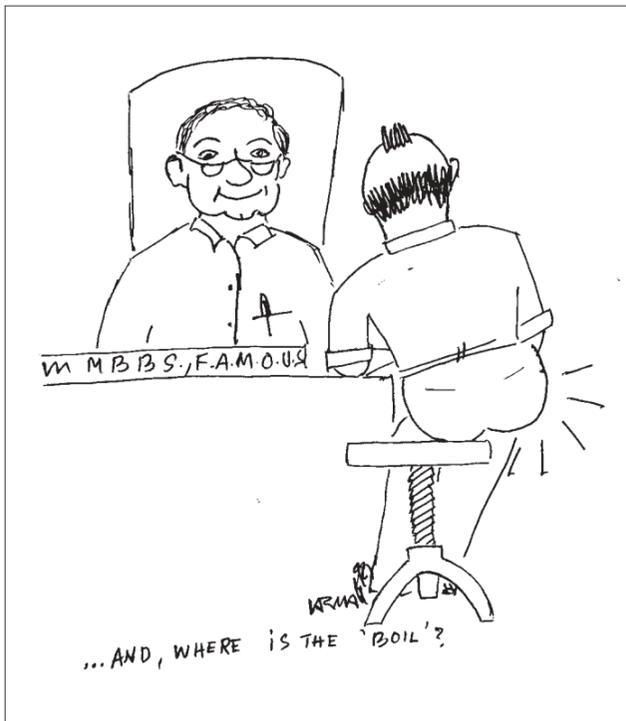
Dear friends,

Our activities in July included medical camps at Udayamperoor, Paediatric camp at SS Kalamandir. Health and Sex Education classes were taken for the students of Rajagiri Public School. It was well appreciated. Dr. Gracy Thomas took classes on Diseases of Women for the members of Mahila Samajam.

Women's Wing goes on Air – Dr. Gracy Thomas spoke on Diseases of Women in the programme Jeevan Rekha, which was aired on Jeevan TV on 24th, 29th and 30th July 2005.

The last monthly meeting was held on 30th July. Demonstration on preparation of Salad was presented by Executive Chef of Hotel Wyte Fort.

Dr. Gracy Thomas Chairperson
Dr. Pushpa Susan Isssa Secretary



OUR PROFESSION REDEEMED....

It was with utter disbelief and a deep sigh of relief that I took in the news. An eleven year old long drawn out battle filled with despair and frustration which I had fought in the courts of law had finally come to a virtuous conclusion. With it we have managed to obtain a verdict that the medical community has been trying to obtain for so long.

The case is about a 65 year old patient with carcinoma oesophagus in the terminal state of illness. He was admitted in CMC Ludhiana for terminal nursing care. One night he developed respiratory distress and an entire team of doctors tried to resuscitate him. During resuscitation the oxygen cylinder emptied out and was replaced in 5-6 minutes with a full one. But we could not revive the patient. The relatives filed a case under Sec 304-A against two PG registrars – one on call duty that night and me, as well as the staff nurse, stating that the cause of death was due to lack of oxygen due to the non-availability of the oxygen cylinder. We had to take anticipatory bail and had to present ourselves in court for every hearing. The case dragged on in the lower court for 4 yrs without any progress. It was then

that I took up the case on an individual basis with Adv.R.S.Suri and Adv.Jaskirat Sidhu as my advocates to the High Court to quash the case against me. Four years later I lost the case in the High Court. I then went to the Supreme Court. Those who are familiar with court proceedings will immediately realize that it was a very dangerous decision and the results could be disastrous. As Heavens would have it my petition was accepted in the Supreme Court. It was then that Justice Sabarwal gave a verdict on another case of medical negligence stating that gross negligence or recklessness should be proved before fixing criminal liability on doctors. My case came up shortly after this and the court said, "The words gross, reckless, competence and indifference did not occur anywhere in the definition of negligence under Sec 304-A. Hence we do not agree with the previous judgement." Using my case he referred the question of medical negligence for a review by the Supreme Court.

A three judge bench comprising of Chief Justice Lahoti, Justice Mathur and Justice Balasubramanyam said "A simple lack of care, error of judgement or an accident is no proof of negligence. It is settled that in criminal law, negligence or recklessness, to be so called, must be of such a

high degree, as to be gross." The court directed the Central Government to frame necessary guidelines with the help of the State Government and the M.C.I. Till then the four point guidelines laid down by the bench would prevail. In the court's own words "Discretion being the better part of valour, a medical professional would feel better advised to leave a terminal patient to his own fate in the case of an emergency where the chance of success maybe 10%, rather than taking the risk of making a last ditch effort towards saving the subject and facing criminal prosecution if the effort fails. Such timidity forced upon a doctor would be a disservice to society." Let us work fearlessly. Let us continue to work with due competence and with a humane nature. Let us reassure our community that we shoulder our responsibility with due credibility. May the people respond by preserving the respect and nobility of our profession.



Dr. Jacob Mathew

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President Speaks...



Dear Colleagues,

This year the Monsoon has passed of comparatively peacefully with sporadic incidence of the out-breaks of the diseases like Viral Dengue fever, Leptospirosis, Cholera, Typhoid etc. Thanks to the efficient management by the District administration and the District Health Care personnel. The IMA and other voluntary organizations also contributed in controlling this menace.

The Independence Day was celebrated with all its pomp and gaiety to mark the freedom of India from British colonial rule. Addressing the nation from ramparts of the Red Fort, the Prime Minister Manmohan Singh reminiscent of Pandit Jawaharlal Nehru's "Tryst with Destiny" speech 58 years ago said, "There comes a time in the history of a nation when it can be said that the time has come to make history. We are today on the threshold of such an era. The world wants us to do well and take our rightful place on the world stage. There are no external constraints on our development. If there are any hurdles, they are internal".

In this context, let us rededicate ourselves in this day of independence to work hard for the betterment of the society and to impart social justice to the people.

Dr. E. Varghese Mathew

Secretary's Column



Dear friends,

The IMA has always been providing variety of benefits to its members. Social Security Scheme I & II, Professional Protection Scheme, National Professional Protection Scheme, Professional Equipment Protection Scheme etc are a few which needs special mention. To avail all these benefits one has to be a member of this prestigious association. So please try to make all your colleagues as members of IMA.

Remember, if you fail to renew your annual membership on time, you will loose your membership in all the IMA Schemes. Please contact the branch office for more details.

IMA Kerala State Branch is organizing a cultural festival (Rhapsody – '05) at Tellicherry on November 12th & 13th. This will be a family function where all your family members will have opportunity to display their talents. We expect your whole hearted participation in this festival.

Dr. Abraham Varghese

AUGUST MONTHLY MEETING

Date : 31st August, 2005 (Wednesday)
 Time : 8.00 p.m.
 Venue : Hotel Circle Manor

Scientific Session : PREBIOTICS & PROBIOTICS

- Introduction : **Dr. Philip Augustine**
- Speakers : **Dr. Benoy Sebastian**
Dr. Vinod Kumar
Dr. Jose Francis
- Summary : **Dr. Sunil.K.Mathai**

Meeting sponsored by
ARISTO PHARMACEUTICALS
 - makers of Darolac

Forthcoming Events

Medicon 2005

80th National Conference of IMA hosted by IMA Tamil Nadu Branch is to be held at Chennai from 27th to 29th Dec 2005. Kerala State branch arranges everything for you. Contact **Dr. Vijaychandran (94470 88585)**- orga-nizer of Kerala Team.

Rhapsody 2005

IMA Kerala State Cultural Festival organised at Tellicherry on Nov 12th & 13th. It's an opportunity to display/encourage artistic talents of members, spouses and children. Group song, cinematic dance, thiruvattirakali, fashion parade, flower arrangements etc. Contact IMA office for details.

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Like to join the
"e-newsletter group"
of IMA COCHIN ?

Please visit www.imacochin.org and enter your email id at the bottom of the page, in the box provided.

Dr. Ramesh Shenoy

BLOOD BANK NEWS

JULY 2005

Total 1431 units of blood were collected and 3169 units of blood and its components issued. Patients in 92 hospitals were beneficiaries. 5 blood donation camps were conducted.

Dr. K. Narayanan Kutty
Secretary

Welcome to New Members

1. Dr. Sonia Nair
2. Dr. Gilsas Joseph
3. Dr. George Kuruvila
4. Dr. Vivek Abraham
5. Dr. N.X. Sunil

Welcome to Transferred Members

1. Dr. George Joseph, IMA Cochin West
2. Dr. Sunny P. Orathel, ""
3. Dr. Jancy Augustine, ""
4. Dr. Pradeep Mathew, Vaikom
5. Dr. Shine K. Palappuram, ""
6. Dr. M.P. Rajsree, Madhya Kerala

IMA MEDICINE BANK

Working Hours : 10.00-2.00 p.m.
Medicines donated by :

Dr. Bhaskara Kumar Warriar
Dr. P. Ramakrishnan
Dr. Paulose Checko
Dr. Balakrishnan
Dr. Kunhumon Sebastain
Dr. Rafiq Mohammed
Dr. Jayakumar B.
Dr. Shanta George

Please entrust your unused sample drugs to the pharmacist. You may direct poor & needy patients to the medicine bank, with your prescription.

Dr. N. Gopalakrishnan
Convenor, IMA Medicine Bank

ABSTRACT OF SCIENTIFIC SESSION ON 27 JULY, 2005

MANAGEMENT OF EPILEPSY : WHAT'S NEW?

Dr Gigy Kuruttukulam MD DM
Consultant Neurologist
Lourdes hospital

Introduction

Epilepsy is a disease, which is known from time immemorial. Descriptions of epilepsy can be found in the Bible. It was thought to be due to the evil spirit entering the body of the patient. Naturally, driving the evil spirit out was considered to be the treatment of choice. Even now, various false beliefs associated with epilepsy and the stigma attached with it, makes the life miserable for the patient.

What's New?

There have been tremendous advances in the management of epilepsy in the last decade, mainly in the following aspects.

1. Newer insights
2. Newer investigations
3. Newer drugs
4. Epilepsy surgery

Newer insights

One of the main developments in the last decade is a better understanding of the disease. The ILAE (International League Against Epilepsy) advocates the 5-axis approach, which includes

1. Seizure semiology
2. Seizure type
3. Seizure syndrome
4. Aetiology
5. Impairment

In every patient attempt should be made to address these five issues. The main advance is the identification of various epilepsy syndromes. A syndrome is a complex of signs and symptoms, which define a unique epileptic condition. Factors taken into consideration include seizure type, etiology, genetics, anatomical substrate, precipitating factors, interictal EEG changes and neuroimaging abnormalities. This gives a clear understanding about the disease process, natural history, helps in choosing the appropriate drug and prognostication.

Newer Drugs

A variety of new drugs with novel modes of action have become available,



Dr. Varghese Mathew, President IMA Cochin, speaking at a First Aid Training Programme organised by IMA National Safety Council and Binani zinc Ltd. Seated (Rt. to Lt.) Dr. Abraham Varghese, IMA Cochin Secretary, Mr. K.J. Gopalakrishnan, Mr. Mohan Kumar and Mr. Gopalakrishnan Nair.

IMA CONDUCTS WORKSHOP ON FIRST AID

A two-day workshop was organized by Indian medical Association Cochin Branch, Binani Zinc Limited and National Safety Council as a part of creating awareness in giving first aid during emergencies.

K J Gopalakrishnan, Joint Director of Factories and Boilers Department, inaugurated the programme. Dr. Varghese Mathew, President of Indian Medical Association Cochin Branch, presided over the meeting. Mr. Mohan Kumar, Vice-President, Binani Zinc Ltd., Dr. Abraham Varghese, Chief Medical Officer, Binani Zinc Ltd. & Secretary, IMA Cochin, and Gopalakrishnan Nair, Secretary, National Safety Council, also spoke on the occasion. Experts who participated in the seminar said that disasters can be prevented to an extent if safety measures are used while working in dangerous conditions.

which makes the pharmacotherapy of epilepsy more successful. They include:

1. Topiramate
2. Clobazam
3. Leviteracetam
4. Tiagabine
5. Oxcarbazepine

Newer Investigations

Epilepsy is a disease in which very rarely the treating doctor gets an opportunity to see the disease, which is being treated. Video EEG and long term monitoring (LTM) gives an opportunity to study the seizures in detail. This is of im-

Release of the Book

"HRUDROGAM - MUNKARUTHALUM CHIKILSAYUM"

Dr. Sebastian Paul, MP, received the first copy of "Hrudrogam - Munkaruthalum Chikilsayum" written by Dr. George Thayil, Cardiologist, Lourdes Hospital at a function held at Ernakulam. Dr. Meenu Haridas, Director of Medical Education released the book in the presence of Dr. George Thayil, Dr. Jose Chacko Periyapuram, Rev. Dr. A. Adappur S. J., Rev. Fr. Francis Xavier, Dr. Abraham Varghese and Prof. Monamma Kokkat.

Published by DC/Current books, the 300-odd-page book contains illustrations with a synopsis. The book costing Rs.100/- has a ready reckoner and an index at the end too. The IMA congratulates Dr. George Thayil for the valuable contribution in the medical field.



ABSTRACT OF SCIENTIFIC SESSION ON 27 JULY, 2005

RAVI RECTANGLE



mense value in situations where the diagnosis is in doubt and in presurgical evaluation of intractable epilepsy patients.

With the newer protocols in neuroimaging MRI, many structural abnormalities are identified which were not seen with routine imaging. Functional imaging like Ictal SPECT helps in identifying the epileptogenic zone.

Epilepsy Surgery

With all the recent advances mentioned, approximately 70-80% of patients will have their disease either under control or cured. But still there are around 20-30% of patients who continue to have seizures, in spite of medications. Medically refractory epilepsy is defined as a situation where a patient continues to have more than 2 seizures per month for a period of 2 years, in spite of at least 2 trials of first line antiepileptics and polytherapy. Such patients should be evaluated for epilepsy surgery. The epileptogenic zone is the area of the brain that is responsible for the initiation of seizures and whose removal or disconnection leads to abolition of seizures. The basis of presurgical evaluation is to identify the epileptogenic zone, so that it can be safely removed.

Mesial Temporal Sclerosis Syndrome (MTLS)

Patients with this syndrome are usually refractory to medical therapy and they should be evaluated for possible epilepsy surgery. The typical characteristics of this syndrome are

1. H/o complex febrile seizures in childhood
2. Family h/o febrile seizures
3. Auras in isolation
4. Infrequent Generalised seizures
5. Seizure remission for 4-5 years from 5 years of age
6. Medical intractability
7. MRI shows Mesial temporal sclerosis

The protocol for presurgical evaluation is

1. History
2. Clinical examination
3. EEG
4. Video EEG (at least 3 habitual seizures should be recorded)
5. MRI with special protocol
6. Neuropsychological evaluation
7. SPECT (when indicated)

A novel titanium construct called "RAVI RECTANGLE" has been designed by Dr. R.R. RAVI, Chief of Neurosurgery, Medical Trust Hospital, Kochi. It has been launched at the recent annual conference of Neuro Spinal Surgery Foundation of India held in Pune (15-17 July 2005).

This construct is used where spinal stability is lost due to trauma, degeneration or tumors. It is used in posterior stabilization of spine, in combination with translaminal/sublaminal wiring. The distinct advantages of this construct over other constructs are as follows.

Cost is one seventh of a standard pedicle screw fixation. Can be used in any portion of the spine (craniovertebral junction to sacrum). Can be used in centres where image intensifier facility is not available.

Scenario in Kerala

Studies conducted in Kerala shows that the incidence of epilepsy is 4.9/1000 which translates to approximately 1,50,000 patients. Approximately 20% of this will be medically refractory, which is around 30,000 patients and out of this 50% will benefit from surgery, which is around 15000 patients at present in Kerala or around 600 patients who will benefit from epilepsy surgery in Kochi Corporation. One of the main stumbling block is the lack of awareness about the newer treatment options and epilepsy surgery. Till now, a vast majority of the population believe that the most effective way of treating epilepsy is with a bunch of iron keys thrust into the hands of the convulsing patient. Epilepsy surgery should not be considered as the last resort. Patients who have the Mesial temporal sclerosis syndrome should be evaluated and after an adequate trial with drugs, they should be evaluated for surgery.

Conclusion

With the very many recent developments in the management of epilepsy, more and more patients are becoming seizure free, leading a normal life, getting married, having children and having an active professional life. One of the main things that need to be done is to create awareness regarding this disease and the treatment options and to clear the doubts and myths about this illness.