

## WIMA ACTIVITIES - FEBRUARY

General Body Meeting held on 27.2.2011 at IMA House. **School Health Programme**: Conducted on 2.2.2011 at Sri Sri Ravi Sankar on DH Cheppanam which were attended by Dr. Maria, Dr. Mariamma, Dr. Nandini and Dr. Chandrika. **Premarital Counselling**: On 5.2.2011 at Renewal Centre and Ashirbhavan by Dereena. **Health Talk**: 9.2.2011 - Dr. Dereena spoke about common health problem to the members of social service at Koonamavu. **Medical Camps**: 25-27 Feb. Dr. Chandrika participated in the medical camp at Agatti and Kadamathu Islands in Lakshadweep conducted by IMA. **Social Activities**: 4.2.2011 (World Cancer Day) - IMA along with Cochin Cancer Society conducted a get-together for treated Lymphoma patients which was attended by Dr. Maria and other WIMA members.

## MONTHLY MEETING OF APRIL

Monthly Meeting of April is by Cochin Clinical Society and will have clinical case presentations. Those interested in presenting cases may please contact either Dr. Abraham K. Paul (98460 23388), Scientific Committee Chairman or Dr. Vasantha Nair (98463 21942), Convener, CCS. Doctors from hospitals without regular clinical society meetings will be given preference.

## CONGRATULATIONS !



**Dr. Philip John**, Senior Consultant Psychiatrist at Peejays Polyclinic and CGC at Ernakulam, and Child Guidance Clinic, Sharjah, UAE has been chosen as National Chairman, Biological Psychiatry Speciality of Indian Psychiatric Society for the year 2011. Incidentally, the next national conference of IPS is being hosted at Kochi in January 2012. Dr. Philip John has been twice Hon. Secretary, and for two successive years President of IMA Cochin Branch and has won a Best President Award. He was Founder Trustee of our IMA Blood Bank and SORT. He has pioneered several initiatives in Biological Psychiatry in India and abroad, and has been bestowed the Visakha Oration Award for contribution to Psychiatry.



**Dr. B. Jayakumar**, Chief Medical Officer, Cochin Shipyard Ltd., has been selected as the Best Company Medical Officer of the year 2010, by the Directorate of Factories and Boilers, Govt. of Kerala.

## OUR COLUMN

Dear member,

Medical profession seems to be an area where the Government is at liberty to enforce any number of rules and regulations to make its functioning extremely difficult. In the recent budget, the Govt. of India had proposed a 5% service tax on health care. As per the proposal, this will be applicable only for airconditioned hospitals hence only rich patients will be taxed. But the real fact is that no hospital can function without airconditioned OT, Lab etc. In general this will be an extra burden for all categories of patients. This is an injustice towards the health care industries and towards the poor patients.

We must fight against this injustice. We had already discussed the matter with the National Secretary of IMA. They have protested on the very next day after the budget and are expecting a favourable decision.

In this regard we request you to write a letter (for model letter, email to drmn63@gmail.com) to the Prime Minister and to the Finance Minister with a copy to Governor of Kerala.

Please make sure that this is sent immediately.

Yours in IMA,



**Dr. S.S. Kamath**  
President



**Dr. M. Narayanan**  
Secretary

Window to the monthly scientific session - February 2011

## Depression as Physical Disorder : THE NEW SCIENCE OF MIND

Speaker: **Dr. Philip John MD (NIMHANS)**



The Mind is generated by the Brain. Exponential research in neurobiology using the sophistication of functional neuro-imaging techniques has made it possible today to 'peep' into live brain cells as they go about performing functions of the mind. Now we know that specific neural circuits are acted upon by specific neuro chemicals to produce attention, memory, thoughts, emotions or any of our mental functions. Today, therefore, we can 'see' the mind. Neurology and Psychiatry explore the biology of one and the same neuronal tissues; psychological disorders are today understood as disorders of the Brain. Psychiatry is the application of basic neuro sciences to man's day-to-day problems. Psychiatry, therefore, is a pure branch of medicine, and not psychology. By that token, Psychiatric disorders are Physical disorders. Psychiatrists are primarily Physicians.

Just as firing of neurons moves a limb, firing neurons produce pain or pleasure. What we all called as 'Functional' in medical school is therefore "Real"

today. Psychogenic symptoms are not just *thonna* - functional deficits reflect structural deficits. In the neuronal structures that are visible today through functional neuro imaging.

Neurology and Psychiatry share the most complex object in the universe, the brain. Every mental function is generated by billions of neurons and regulated by trillions of neural circuits that are shared by neurology and psychiatry.

The current concepts about disorders in Psychiatry and their treatment are based on this knowledge and evidence-base.

Malfunctioning neural circuits mediate malfunctioning of the mind. As in Depression or in Schizophrenia. Therefore, restoring these circuits involves targeting specific neurotransmitters and their neurons - through therapy, manipulation and medications.

This is why, we understand psychiatric disorders as having a physical basis in the neurons. Depression is quintessentially a neuropsychiatric disorder and therefore a 'Physical Disorder'. The symptoms involve loss of pleasure, depressed mood, fatigue, lethargy and a plethora of physical symptoms. 69% of diagnosed depressed patients report at primary care purely for physical symptoms like headache, backache, autonomic (ANS) arousal symptoms of palpitations, gastrointestinal symptoms etc.

This also results in an error of diagnosis or fallacy of treatment; many primary care physicians treat these patients with anti-anxiety agents and they feel better initially. But the unaddressed Depression goes on to become chronic and treatment-resistant. The cutting-edge in treating psychiatric disorders today is to hypothetically identify the culprit-neural-circuit and choose the corresponding circuit-correcting Antidepressant. This application of the basic neuroscience of biochemistry to behaviour has marked the evolution of Psychiatry as a Neuroscience, as an absolute branch of Medicine.

## THE CLINICAL ESTABLISHMENT (REGISTRATION AND REGULATION) RULES, 2010

Given below are some of the clauses in the draft rules. The Act has been passed in both Houses of Parliament. It shall come into force from the date of notification of the Rules in the official gazette. The rules shall be applicable to various categories of clinical establishments in a phased manner, as may be notified from time to time.

### Classification of Clinical Establishment

**Systems of Medicine**: Allopathy, Ayurveda, Unani, Siddha, Homeopathy, Yoga & Naturopathy.

**Type of establishment**: Providing Out Patient Care: Single practitioner, Polyclinic, Sub-Centre, Physiotherapy Clinic, Occupational Therapy, Infertility, Day Care Centre, Dental Clinic, Dispensary, Dialysis Centre, Integrated Counselling and Testing Centre (ICTC), Wellness/Fitness Centre, Any other.

**Providing In Patient Care**: Hospital, Nursing Home, Maternity Home, Primary Health Centre, Community Health Centre, Sanatorium, Any other.

**Providing Testing & Diagnostic Services**: Laboratory - Pathology, Haematology, Biochemistry, Microbiology, Genetics, Collection Centre, any other; Diagnostic and Imaging Centre - X-ray Centre, Mammography Centre, Bone Densitometry Centre, Sonography Centre, Colour Doppler Centre, CT Scan Centre, Magnetic Resonance Imaging (MRI) Centre, Positron Emission Tomography (PET) Scan Centre, Electro Myo Graphy (EMG) Centre, any other.

### Registration of Clinical Establishments

**Application for Registration**: The applicant shall apply to the District Registration Authority for provisional registration, either in person, or by post or through web based online facility with the necessary information as per SG 1 Form under Section 14(1) and 14(3) of the Act. The applicant shall apply to the District Registration Authority for permanent registration, in person, or by post or through web based online facility with the necessary information filled and with evidence of having met the requirements of minimum standards and personnel for different categories of Clinical Establishments in a form and format that shall be prescribed by the National Council under Section 24 and 25 of the Act.

### Information to be provided by Clinical Establishments

The Clinical Establishments shall maintain medical records of patients treated by it and health information and statistics in respect of national programmes and furnish the same to the district authorities in form of three monthly reports. The minimum medical records to be maintained and nature of information to be provided by the Clinical Establishments are prescribed in CG2 Annex e as per Section 12(1)(iii) of the Act. Copies of all records and statistics shall be kept with the clinical establishment concerned for at least 3 years.

### Power to Enter

Entry and search of the clinical establishments can be done by the District Registering Authority or an officer or team duly authorized by it or subject to such general or special orders as may be made by the authority, subject to a unanimous decision by all members of the District Registration Authority for conduct of such entry and search.

The inspection team shall intimate the establishment in writing about the date of visit. The team shall examine all portions of the premises used or proposed to be used for the clinical establishment and inspect the equipments, furniture and other accessories and enquire into the professional qualifications of the technical staff employed or to be employed and shall may any such other enquiries as they consider necessary to verify the statements made in the application for registration and grant of license. All persons connected with the running of the establishment shall be bound to supply full and correct information to the inspection team.

### Penalties & Appeals

**Penalties**: Whoever carried on a clinical establishment without registration, shall, on first contravention be liable to a monetary penalty upto fifty thousand rupees, for second contribution to a monetary penalty which may extend to two lakh rupees and for any subsequent contravention to penalty which may extend to five lakh rupees. Whoever knowingly serves in a clinical establishment which is not duly registered under this Act, shall be liable to a monetary penalty which may extend to Rs.25,000/-.

## Is washing of animal bite wound(s) essential?

By mere washing of wounds and application of antiseptics, the risk of rabies will reduce by about 50%. The maximum benefit of the wound washing is obtained when the fresh wound is cleaned immediately. It is important to remove the saliva containing rabies virus at the site of bite by physical or chemical means. This can be done by prompt and gentle thorough washing with ordinary soap or detergent (soaps are viricidal) and flushing the wound with running tap water for at least 15 minutes. Washing of the wound must be done as long as the

wound is raw; irrespective of the time elapsed since the exposure. Care must be taken not to disturb the scab, if formed. After washing with water and soap, disinfectants like Povidone Iodine or Surgical Spirit (Viricidal) must be applied. In extraneous circumstances, other alcoholic (>40%) preparations like Rum, Whisky or after-shave lotion may be applied on the wound. If soap or antiviral agent is not available, the wound should be thoroughly washed with water. After cleansing of the bite wounds, local antimicrobial agents can be applied.

## Understanding radiation measurements

Radiation deposits energy in human tissue. Over the years, scientists have measured the interaction between radiation and living tissue in many ways.

Sievert is the radiation dose unit of measure. The sievert or Sv, the word is pronounced SEE-vert, takes into account the type of radiation emitted (alpha particles, beta particles, gamma rays, etc.) as well how much energy the body absorbs from it. In short, it's a measure of the biologic effect radiation has on people and the possible harm it can cause.

- A millisievert (mSv) is a thousandth of a sievert.
- A microsievert (µSv) is a millionth of sievert.

A 400 mSv per hour spike is large relative to other exposures and far above the annual exposure of 50 mSv that regulators consider the safe upper limit for people who work at nuclear power plants. The highest reported radiation reading so far has been 400 mSv an hour.

American scientists and regulators sometimes use an older unit that is comparable to sieverts, called a rem. One sievert equals 100 rem and one millisievert equals 100 millirem.

According to the World Health Organization, acute radiation sickness (hair loss, burns, skin redness) may develop after whole-body doses above 1,000 mSv.

	Millisieverts	Millirems
Chest x-ray	0.1	10
Two-view mammogram	0.36	36
Average annual background exposure in the US	3	300
Cardiac nuclear stress test	9.4	940
CT scan of the abdomen	10	1,000
Coronary angiogram	20	2,000
Average exposure of evacuees from Belarus after 1986 Chernobyl disaster	31	3,100
Annual dose limit for nuclear power plant workers	50	5,000
Spike recorded at Fukushima Daiichi nuclear power plant	400	40,000
Acute radiation sickness begins	1,000 (or 1 sievert)	100,000

## IMA MEDICAL CAMP AT LAKSHASWEEP & PANANGAD

IMA Cochin Branch in association with NRHM Lakshadweep organised a mega Health Mela on 26th, 27th & 28th February 2011 at Agatti, Lakshadweep.

Dr. Babu John Mathews, Dr. Annamma Babu, Dr. Chandrika T.N., Dr. Sunny Orathel, Dr. Jancy Augustine, Dr. Diljith Bharathan, Dr. Rajan Varughese, Dr. Kochurani Rajan, Dr. M.M. Hassan, Dr. Annie Amma George, Dr. Sudhir Sheriff and Dr. Beena Davis participated. Our members were given a warm reception and excellent hospitality by the Dweep administration. More than 4,000 patients were examined and free medicines distributed. In his speech, Dr. M.M. Hassan conveyed our greetings to the organisers.



**Panangad**: IMA Cochin in association with Y'smen International, Midwest India Region District III, NSS of Fisheries College and Sunrise Hospital organised a multispeciality mega medical camp at Fisheries College Campus on 27th February 2011. 469 patients were seen and 18 patients with cataract were picked up for surgery. Dr. Madhukumar, Dr. Subhash, Dr. Gogy, Dr. Sagar, Dr. K.P. Varghese, Dr. Lal, Dr. R. Govinda Shenoy, Dr. Roshni and Doctors from Sunrise Hospital participated. Dr. R. Govinda Shenoy was the Convener.



## INTERNATIONAL WOMEN'S DAY



International Women's Day was observed at Welcare Hospital on 8th March. IMA Cochin President Dr. S. Sachidananda Kamath inaugurated the function, COGS Secretary Dr. Chithrathara, Mr. P.M. Sebastian, Chairman, Welcare Hospital were also present on the occasion. It was jointly organised by IMA Cochin, Cochin Obstetric & Gynaecological Society and Gynec Onco Kare Society (GOKS).