

SYNAPSE





SAPTHAGIRI NPS
UNIVERSITY

UNMATCHED EXCELLENCE, UNLIMITED POTENTIAL

SYNAPSE

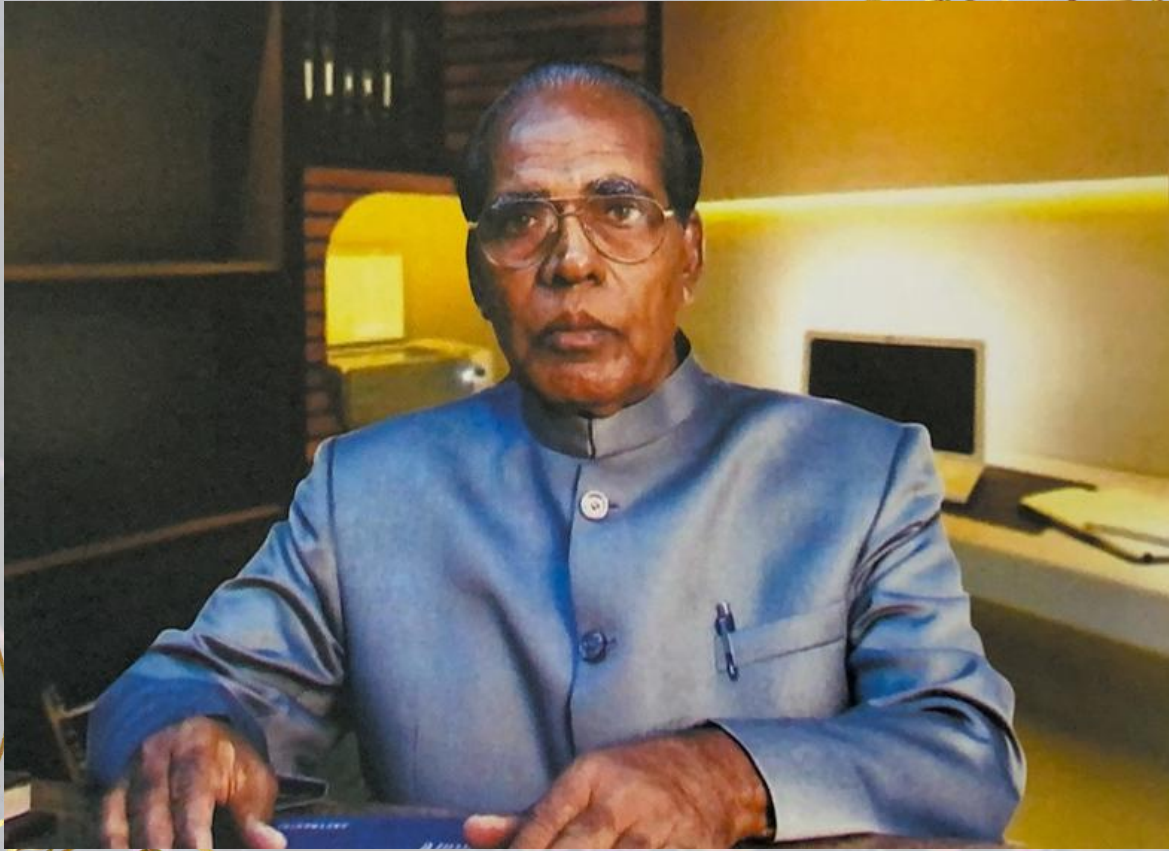
VOL 1 ISSUE 1

JUNE 2025



@SYNAPSE_EDITORIALCLUB

@synapse_editorialclub



Late Sri T. Giriyappa
Founder Chairman



Sri G. Dayanand
Chairman

Sapthagiri NPS University

I heartily congratulate the contributors and members of the Editorial Board for coming out with SYNAPSE, our college magazine.

At Sapthagiri, we strive towards preparing our students to mould a better tomorrow. The dream of my father, Sri T Giriyappa, the founder chairman, was to provide quality and affordable medical services to the human community. In addition to quality medical education, we wish to expose our students to holistic view of life.

We sincerely hope that the medical knowledge you have received, skills you have acquired and fine qualities you have imbibed will effectively contribute to the medical field, the society and the nation.

With Best Wishes



Sri G. D. Manoj

Pro Chancellor

Sapthagiri NPS University

I extend my warm wishes to the Editorial Board for the release of Synapse, the college magazine. Sapthagiri has always aimed towards the pursuit of knowledge and the art of learning.

Education transcends the confines of a classroom and this magazine stands as a reflection of the vibrant intellectual and creative spirit that thrives within our institution.

Hope Synapse inspires all the students and staff to further express their talents and innovation.



Dr. Jayanthi V

Vice Chancellor

Sapthagiri NPS University

It gives me immense pleasure to pen a few words for our college magazine 'SYNAPSE' exclusively meant to bring out inherent talents and sharpen skills as part of all round personality development.

This magazine brings together the diverse facets that make our college truly exceptional — from academic excellence and thought-provoking contributions, to updates on campus developments and the outstanding achievements of our sports teams. Each page stands as a testament to the dedication, intellect, and enthusiasm of our students and faculty.

I commend the editorial team and all contributors for their efforts in bringing this publication to life. May this magazine not only inform, but also inspire every reader to engage more deeply with the vibrant academic and co-curricular culture of our college.

Wishing this endeavor continued growth and success.



Dr. H Rama Krishna

Registrar

Sapthagiri NPS University

A hearty congratulations to the Editorial Club, on the release our of college magazine, Synapse.

Education should be promoted beyond the confines of a classroom, nurturing not just academic resilience but also the spirits of creativity. Sapthagiri has always encouraged students to develop not just their skills but also to find the balance between science and sensitivity.

May Synapse continue to be a platform where ideas flourish and voices grow stronger with every edition



Dr. Vijaya C

*Deputy Registrar
(Academics)*

Sapthagiri NPS University



Dr. Sujatha P L

*Deputy Registrar
(Evaluation)*

Sapthagiri NPS University

It gives us immense joy to write this foreword for the inaugural edition of Synapse, the official college magazine — a remarkable initiative by the editorial board and a proud milestone for our institution.

Sapthagiri has always aimed to strengthen the bridge between knowledge and imagination. In these pages, we find more than just words — we find an inspiration, an insight. Hope that Synapse will continue to grow in the years to come, nurturing talent and encouraging open dialogue within our academic family.

Wishing all readers a thoughtful and enriching experience.



Dr. Renuka V
Principal and Dean
SIMS&RC

My heartfelt congratulations to the Editorial team on the release of Synapse, our college magazine.

The first of its kind in the history of Sapthagiri Institute of Medical Sciences and Research Centre, the college magazine is the literary expression of the happenings in our campus. It informs the readers about the multidimensional, multidisciplinary and multifarious activities in our institution. It is a skillfully woven tapestry that will hopefully enthrall the readers. The team involved in bringing out the issue has been perseveringly waiting and have finally done a commendable job.

Kudos to the student Editors and Teacher facilitators. I sincerely acknowledge the effort of each and every one who contributed in bringing this magazine to a shape.



Dr. Ramesh Raju
Chief Executive Officer
SIMS&RC



Dr. Sajitha K
Hospital Administrator
SIMS&RC



Mr. Shivanna Gowda
Administrative Officer
SIMS&RC

We heartily congratulate the Editorial Club on the release of Synapse.

Each page stands as a testament to the dedication of the team. We appreciate the thoughtful curation of curiosity and creativity.

Hope the readers get informed and inspired.



Dr. Shridhar H

Registrar (PG)

SIMS&RC

Dr. Sneha M

Assistant Registrar (UG)

SIMS&RC



**We extend our warmest wishes to the Editorial team on the release of
Synapse.**

**As we turn the pages of Synapse, we are invited into a world of exploration
and discovery. May this inaugural issue be the first of many, each
continuing to challenge, engage, and enlighten its readers.**

Wishing this sets a new benchmark for all the readers.



The first strike, the ICMR studentship notification! How under informed rather mis-informed we were, made us crave for a mentor who could give us a hand throughout our research journey,

That random afternoon when our future became ripples in a lake, NEET? NEXT? PLAB? Or USMLE? Administration or a 6 o clock clinic? We craved for a guide who would give us a heads up.

Every night before our exams, wrestling our syllabus we craved for a coach who would slip in a way to tackle them.

And that's how it started, with one question.

"How to begin a research?"

And from that very question, *Synapse* was born. A platform to connect experience with eagerness and wisdom with those still finding their way.

But beyond books and classrooms, we wanted to
be a voice for all those writers unheard,
Eyes for all those artists unseen,
And a pat on the back for all those achievements unsung!

Synapse is more than just a magazine. It's a conversation, a collaboration, a journey to grow our knowledge; together.

We thank our VC Ma'am and our Principal Ma'am for putting up with us and our constant pestering, always with a smile on their faces, we are grateful for all those who believed in us and a team without whom these pages would have no life, a heartfelt gratitude to each of those questions that asked Why now? Why Synapse?, every doubt every stumble, a greater push never has been.
Thank you.

*We wish you all enjoy reading this as much as
we enjoyed working on it!*

-Siddhi Kasar & Deepika K R
Editors-in-chief

WE EXTEND OUR SINCERE GRATITUDE TO OUR RESPECTED TEACHERS AND MENTORS, WHOSE UNWAVERING SUPPORT, GUIDANCE, AND ENCOURAGEMENT MADE THIS NEWSLETTER POSSIBLE

Dr. Jayanthi V
Vice Chancellor
Sapthagiri NPS University

Dr. H Rama Krishna
Registrar
Sapthagiri NPS University

Dr. Vijaya C
Deputy Registrar
Sapthagiri NPS University

Dr. Sujatha P L
Deputy Registrar Evaluation
Sapthagiri NPS University

Dr. Renuka V
Principal and Dean
SIMS&RC

Dr. Ramesh Raju
Chief Executive Officer (CEO)
SIMS&RC

Dr. Sajitha K
Hospital Administrator
SIMS&RC

Mr. Shivanna Gowda
Administrative Officer (AO)
SIMS&RC

Dr. Shridhar H
Registrar (PG)
SIMS&RC

Dr. Sneha M
Assistant Registrar (UG)
SIMS&RC

Dr. Shubha Nivargi
Associate Professor
Dept. of Anatomy

Dr. Prosun Das
Assistant Professor
Dept. of Biochemistry

SHOUT OUT TO THE BRILLIANT TEAM BEHIND THE SCENES—THIS NEWSLETTER WOULDN'T EXIST WITHOUT YOUR DEDICATION, CREATIVITY, AND TIRELESS EFFORTS.

Layout Designers

2021

Siddhi Kasar
Deepika K R

2022

Safiya Afrah
Pooja H R
Shreya Surendran
Deepashree K S
Dedeepya R

2024

Juwariyah Surti

Interview Team

2021

Syed Ali
Yuktha K B
Nikhita B M
Diya Sarah Abraham
Deepika K R
Siddhi Kasar

2022

Shlok Jaiswal

2023

Kushala N
Huzaiifa Fathima
Muskaan Taj

Photography Team

2023

Pranav K B
Aditya Prasad
Harshith R

2024

Vritee Sathish

Content Providers, Writers , Editors & Graphics

2021

Syed Ali
Yuktha K B
Afrak Abdulla
Deepika K R
Diya Sarah Abraham
Shivani Agathya
Aastha Singh
Miduna Varsshini S
Tushar Potdar
Siddhi Kasar

2022

Nuha Khasim
Akanksha Phaneesh
Pragnya Mudhool
Safiya Hafeez
Safiya Afrah
Pooja H R
Shreya Surendran
Deepashree K S
Dedeepya R

2023

Sukrutha C R
Prithika Manikandan
Shireen T
Huzaiifa Fathima
Harshith R
Kushala N
Aditya Prasad
Anusha Fayaz
Sourabha J

2024

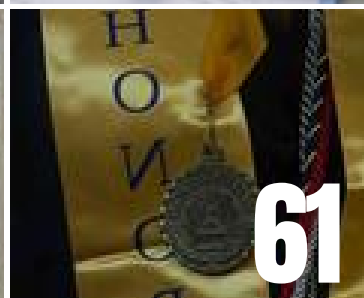
Juwariyah Surti

ACKNOWLEDGEMENTS

We also extend our heartfelt appreciation to everyone who enthusiastically shared their creative contributions—your talent and passion have added immense value to this edition.

CONTENTS

TABLE OF



CURRENT AFFAIRS	16
INTERVIEWS - RESEARCH 101	26
CREATIVE WRITINGS - VISIONS&VERSES	29
CASE CHRONICLES	48
ART & PHOTOGRAPHY	59
ACHIEVEMENTS	61
SPORTS INSIGHTS	65
CONCLUSION	77



CURRENT Affairs

• CAMPUS NEWS

• WORLD NEWS

• UPCOMING NEWS

AURA CELESTINE 2025: A CONSTELLATION OF EVENTS



For seven fun filled days from 4th June to 10th June 2025 the campus of SIMS&RC transformed into a hub of creativity and colours.

Aura Celestine, the annual cultural fest lived up to its theme “magic that ties everything together”.

From an array of sports to the many shades of cultural fest, chaos and cheer grew louder each day.

Aura Celestine: The cultural fest came alive with a rich mix of events under categories like dance, music, literary, culinary, fashion shows.

With some new additions like stalls, Photo Booth, PS5 events, pottery and many more.

The organising process wasn't without challenges for the committee. Managing rehearsals, permissions, decor, budgets, logistics was hectic but seeing everything come together made it all worth it.

The PR team was incredible as they promoted the events through social media.

To know more about the fest, we caught up with the cultural committee and the batch of 2021. Who shared, with excitement the responsibility of co ordinating performances event logistics.

The cultural committee and the college management brainstormed for 4 months and worked tirelessly to bring this event to life.

The event was a grand success thanks to the tireless efforts of the cultural committee and the batch of 2021.

Behind the curtains were all those hands who prepped and planned, ran up and down through thick and thin, who worked past working hours, managing endless checklists, painting and draping, from stores to stages they have sweat, they have toiled. A special mention to the juniors for their helping hands.

As the curtains close, AURA CELESTINE 2025 left behind more than just memories - It left behind the spirit of unity, creativity and celebration.

-Shivani Agathya
2021 batch





-Nuha Khasim T
2022 batch

ADVANCEMENTS IN CERVICAL SCREENING

Sapthagiri Institute of Medical Sciences and Research Centre (SIMS & RC) conducted a CME session on "Advancements in Cervical Screening" for faculty and postgraduate students from the Departments of Microbiology, Pathology, and Obstetrics & Gynaecology on March 25, 2025.

It was conducted from 1:30 PM to 2:20 PM in the OBG Demo Room. The session aimed to introduce participants to the latest innovations in cervical cancer screening. The event, organised in collaboration with Hemogenomics, focused on modern diagnostic technologies including ThinPrep Liquid-Based Cytology (LBC) and HPV mRNA testing, highlighting their clinical relevance and application in early detection and improved patient outcomes.

The programme served as an informative platform for medical educators and trainees to update their knowledge and engage with evolving tools in preventive gynaecological care.



HPV VACCINE FOR ALL: A GIANT LEAP IN CANCER PREVENTION IN INDIA AND IN SIMSRC

Shivani Agathya
2021 Batch

Over 82 types of HPV have been recognized based on gene c homology out of which particularly types 16 and 18 can cause the cancer of cervix and uterus. It usually affects squamous epithelium and mucous membrane, inducing different types of warts or papillomas in their hosts. Occurring only in humans, sexually transmitted infections mainly affect the skin, genital areas and throat

In 2023, India approved its first indigenously developed HPV vaccine, CERAVAC, the Serum Institute of India which has reduced the burden on costly imports. The govt of India announced plans to include the HPV vaccine in the UNIVERSAL IMMUNIZATION PROGRAMME(UIP) starting with 9-14 year old girls. Pilot vaccination programmes have been conducted in different parts of India.

A similar vaccination drive against HPV was conducted by the OBG department of SIMSRC. Initiated under Dr. Rajani, HOD and Professor, OBG the vaccine drive was carried out for UG students. All three doses at 1,3 and 6 months were administered, covering the complete doses of HPV vaccines.

SIMS&RC IN BANGALORE UNIVERSITY

A team of 8 doctors led by Dr. Prashanth Prabhu, Anaesthesia and Dr. Uday Shankar B S, FMT, from SIMS&RC, on 4th June, 2025, educated & created awareness among 426 home guards regarding CPR/first aid/snake bite at Bangalore University Campus.



“Superheroes against superbugs”

-Nuha Khasim T
2022 batch

Clean hands, healthy lives

Bengaluru, December 5, 2024 — The Department of Microbiology at Sapthagiri Institute of Medical Sciences & Research Centre (SIMS & RC), in collaboration with Raman & Weil Pvt. Ltd., successfully conducted a hand hygiene awareness programme titled “Clean Hands, Healthy Lives: Infection Prevention for Future Healthcare Heroes” on Thursday, December 5, 2024.

Held at the 3rd floor lecture hall, the event specifically targeted first- and second-year medical students to instill vital infection prevention practices early in their careers. The initiative was part of the broader observance of Antimicrobial Resistance (AMR) Awareness Week.

The programme featured engaging educational sessions, practical demonstrations, and an interactive quiz to reinforce key concepts in infection control and hand hygiene. The interactive format and hands-on approach made it both informative and memorable for the budding healthcare professionals.

Dr. Hemavathi, Head of the Department of Microbiology, led the initiative, emphasizing the importance of empowering future medical practitioners with essential hygiene practices to combat healthcare-associated infections and antimicrobial resistance.

-Nuha Khasim T
2022 batch

Key speakers included Dr Mansi Malik from the Tata Institute for Genetics and Society, who spoke on surveillance efforts, and Dr Kavya S and Dr Kavitha Karur, who addressed clinical and policy challenges linked to antibiotic use and stewardship.

Interactive segments like group activities, digital poster-making, and quizzes were conducted to help students consolidate their learning in a fun, collaborative environment. The workshop was coordinated under the leadership of Dr. Tehzib Saiyed, Workshop Nodal Officer, with support from the Superheroes Against Superbugs (SaS) initiative.



Sapthagiri hosts IAP UG Quiz



Sapthagiri NPS University hosts the IAP Quiz every year on the occasion of World Health Day. With regards to this, a prelims round is conducted to filter out the many enthusiastic entries. The final prelims will be held every year on April 7th, and the winners are given an opportunity pass up to the state level quiz. Our faculties guide the students throughout the process.

ACLS:

Advanced Cardiac Life Support

Sapthagiri NPS University (SNPSU) conducted 11 ACLS (Advanced Cardiac Life Support) courses and many Jeevaraksha certified courses including 1 BCLS (Basic Emergency Care and Life Support), 26 c-ECLS (Comprehensive Emergency Care and Life Support) and 4 ENLS (Emergency Nursing Care and Life Support) courses.

Along with hosting one PALS (Paediatric Advanced Life Support), NRP (Neonatal Resuscitation Program) and other courses, SNPSU's skills lab and the well trained task force trains super specialty and broad specialty doctors and postgraduates, medical interns, students and staff of nursing, physiotherapy and other allied health sciences.

The skills lab is utilized to achieve competencies as listed by National Medical Council (NMC) for undergraduate and postgraduate students during their courses. Orientation programs are carried out for interns every year to help them improve their clinical skills.



BCME WORKSHOP

*by Nuha Khasim T
2022 batch*

The Department of Medical Education recently concluded a three-day Basic Course in Medical Education (BCME) workshop held from May 13th to 15th, 2025. The intensive training, convened by Dr. Sunitha, saw the participation of 30 faculty members keen on enhancing their pedagogical skills.

The workshop focused on the integration of medical education technology, exploring advanced teaching methodologies and enhanced assessment techniques.



Participants engaged in sessions held at the college auditorium on the 6th floor.

This initiative underscores the institution's commitment to continuous professional development and fostering excellence in medical education. The skills acquired during the BCME workshop are expected to contribute significantly to the quality of teaching and learning within the faculty.

Adolescent health awareness week

-Nuha Khasim 2022 batch

The Indian Academy of Pediatrics (IAP) observed Adolescent Health Awareness Week from October 7th to 15th 2024, which focused on the crucial health and well-being of young individuals. The primary target audience for this initiative were undergraduate MBBS students.

To effectively educate and engage this future generation of medical professionals on adolescent health issues, a series of informative and interactive events were organized.

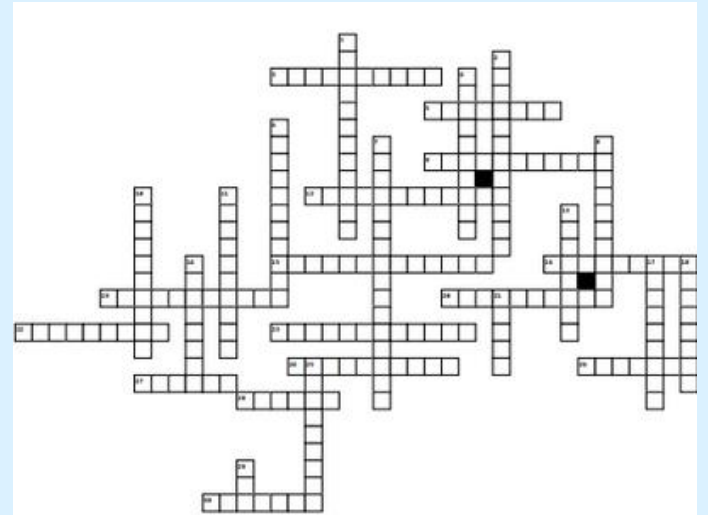
These included:

- Awareness talks delivered by experts,
- Engaging quizzes to test and reinforce knowledge,
- Thought-provoking skits designed to illustrate real-life scenarios and challenges faced by adolescents.



These activities aimed to equip the MBBS students with a deeper understanding of the unique physical, emotional, and social needs of adolescents. The IAP by employing a multi-faceted approach encompassing lectures, assessments, and dramatic representations, sought to create a lasting impact on the students' perspectives and future medical practice. The week-long observance successfully highlighted the importance of adolescent health within the medical curriculum.

THE MEDICROSS



Across

- Branch of medicine that deals with the medical care of infants, children, and adolescents
- Practice of the diagnosis, treatment, and prevention of disease
- Professionals who practice in pharmacy
- Study of the structure and function of biological systems by methods of mechanics
- Concerned with the eye and ocular adnexa, combining conservative and surgical therapy
- commonly referred to as "smart drugs"
- a medical specialty that deals with diseases involving the respiratory tract
- Branch of medicine dealing with disorders of the heart
- Responsible for imaging body using x-rays
- Study of microorganisms

Down

- Study of drugs and their actions
- Study of the chemistry taking place in living organisms
- a drug used to treat disease
- Branch of medicine that deals with the skin and its diseases
- Dealing with prevention, diagnosis, and treatment of adult diseases
- Deals with the bio-psycho-social study behavioral, emotional, perceptual, and cognitive disorders
- Study of normal function of the body, and its underlying regulatory mechanisms
- study of the early development of organism
- Microscopic study of individual cells



For answers, check out the official Synapse instagram account!

THE DAILY DOSE





WORLD NEWS

IDIOT SYNDROME
pg. 22

SUBSTANDARD MEDS:
A GROWING CONCERN
pg. 22

FLATULENCE
AND THE
FURIOUS
pg. 23

SUPERBUG ERA
pg. 23

THE CLIMATE
CRISIS
pg. 24

OUTBREAKS
OR UPRISING
pg. 25

GUT HEALTH
pg. 25

IDIOT SYNDROME

Hey SIRI! Do it have cough or cancer

Anusha Fayaz
2023 Batch

All thanks to Dr. Google, It starts with a sneeze and ends at a stage 4 diagnosis. In the era of technology every layman has a stethoscope but it is just shaped like a search bar. In case you also find yourself googling your symptoms then congratulations you are now a victim of "cyberchondria" or as it is better known among frustrated medical professionals as The IDIOT syndrome. Internet is an enormous pool of health-related information in this current digital age. While the accessibility of such a vast amount of knowledge can be beneficial, it has its fair share of risks as well, and one of them is IDIOT Syndrome, or Internet-Derived Information Obstruction Treatment Syndrome. Mitchell kapor once said "Getting information off the internet is like taking a drink from a fire hydrant", it stands so accurate in the world of self diagnosis where you end up doom scrolling. According to a 2022 review published by Cereus by Mohan and colleagues, The IDIOT syndrome, also known as "cyberchondria," refers to the phenomenon where individuals experience increased anxiety and engage in self diagnosis, self medication or suddenly stop the prescribed treatment for themselves or sometimes others without seeking medical advice from specialists due to an overwhelming amount of medical content online, leading to adverse consequences for individual health outcomes. Nowadays the patients come up to the doctor for a second opinion or to decide from their list of differential diagnosis made by chat gpt or google, as its is their first trusted healthcare provider and online remedies shared on WhatsApp groups by aunties are their cure. Due to effortless accessibility to health related information online and easy availability of the medicines in the pharmacies people start taking medicines like candies. This can lead to serious health risks, delayed diagnosis, increased anxiety and much more.



In today's digital era, the significance of critically assessing internet health information cannot be emphasized enough. Because there is so much health-related content on the internet, people must evaluate the reliability of the source, correctness, and applicability of the information they come across. Not every piece of online health information is examined by experts in the field or supported by scientific data. Critical evaluation lowers the possibility of disinformation by assisting people in differentiating between reliable sources and possibly false or erroneous content. Everybody has different needs and health conditions. The World Health Organisation (WHO) describes this as an "Infodemic", which refers to an overload of information, both online and offline, that includes a lot of misleading or false info. This overwhelming amount of information can lead to confusion, causing people to take self diagnosed treatments. To tackle "IDIOT Syndrome" experts suggest that people should consult licensed healthcare professionals instead of just relying on click bait headlines or random health blogs. Awareness programmes can be organised for patients to understanding how misleading information on the internet can jeopardise their health. As psychiatrist Vlado Starcevic and his team noted in a 2020 article in Current Psychiatry Reports, Cyberchondria has evolved from being an object of journalistic curiosity to the appropriate focus of a professional interest and scientific enquiry, as reflected in ever growing number of publications dedicated to it. To conclude, while the Internet can be useful for finding health-related information, it's really important to carefully understand how to use and evaluate this information. When in doubt, don't ask Siri - Ask your doctor, so as to avoid falling victim to IDIOT Syndrome.



Shelcal, sold by Torrent Pharmaceuticals and manufactured by Pure & Cure Healthcare in Uttarakhand, did not meet the required standards.

Alkem Health Science's antibiotic drug, Clavam 625 and Pan-D have been found spurious by a drug-testing laboratory in Kolkata.

Cepodem XP 50 Dry Suspension, commonly prescribed to children for various infections, failed to meet the required quality standards during laboratory testing.

A batch of Telma H (Telmisartan 40mg and Hydrochlorothiazide 12.5mg tablets IP an anti-hypertensive drug) manufactured by Glenmark Pharmaceuticals was found to be non-standard.



The CDSCO has taken decisive action by prohibiting more than 156 fixed-dose combination drugs from the Indian market. These included popular fever medications, painkillers, and allergy tablets. Since 2014, the regulator has reportedly banned 499 FDCs.

As of 2025 in West Bengal The West Bengal Department of Health and Family Welfare has issued a notification to ban 137 medicines that did not meet the drug quality standard on Saturday (May 24, 2025). It has also issued a notification to retailers and wholesalers for a quality check.

Looking at the status in the state, the Karnataka Health Department filed cases against the 28 defaulting companies, and has flagged several medicines for safety concerns which include: 10 nasal congestion medications and 4 ophthalmic solutions and 2 anti-inflammatory and anti-allergens.



Substandard Medication A blindsided terrorism

Deepika K R
2021 batch

The country has witnessed an alarming surge in counterfeit medicines flooding retail markets, a spike of nearly 50 per cent over and above the estimated figures from the COVID-19 years, according to the All India Organisation of Chemists and Druggists (AIOCD).

The Central Drugs Standards Control Organisation (CDSCO) has identified more than 50 widely used drugs from various manufacturers as "substandard" in its monthly report for August 2024. The list of "not of standard quality" (NSQ) drugs includes popular medicines like antacid Pan D, calcium supplement Shelcal, anti-diabetic drug Glimepiride, high blood pressure drug Telmisartan, among others.

A while back I went to buy medicines from a pharmacy nearby. While waiting for my turn I overheard a mother buying medicines for her young child. The child had been sick for the past week and despite visiting the doctor she hadn't recovered. She asked for recommendations from the pharmacist. The pharmacist asked for the symptoms and gives a bottle of some syrup and a tablet and sent her away.

Pharmacists are sufficiently knowledgeable to treat acute symptoms, but is self-diagnosing and purchasing over-the-counter medications—particularly antibiotics—always the best course of action when drug resistance is on the rise? Antimicrobial resistance is an integral part of the education that a school-going child and adolescent should be taught about.

Promoting sustainable, healthy learning environments in schools, lowering resistance, teaching the next generation about the proper use and disposal of antibiotics, and ensuring social achievement, steady work, and financial stability are all objectives. Additionally, it fosters an interest in scientific inquiry, increases stewardship consciousness, and empowers students to be change agents in their communities and families. By creating a better atmosphere for students and encouraging a sustainable future, this strategy supports environmental preservation and global health security.

Misuse and overuse of antimicrobials are harmful to human health, agri-food production, and animal health. Education on antimicrobial resistance can help students understand infections, prevention, and hygiene practices. Investing in AMR education for children and adolescents can influence their decisions to preserve the efficacy of antimicrobials for themselves, their families, and communities while protecting the planet. They can also promote messages through social media and contribute to breaking the cycle of AMR misuse and overuse. By educating students about AMR, they can build a healthy future and empower them to reverse the trend.

How can schools address the drivers of AMR?

1. Ensuring access to clean water, hand hygiene, menstrual hygiene, and adequate sanitation in schools is crucial for preventing infections and lowering antimicrobial waste. This also promotes hygiene, sanitation, and effective waste management.
2. Integrate AMR education into school curricula to teach about the microbial world, infection prevention, and responsible pet ownership. Emphasize the use of antimicrobials as prescribed by a health professional and discuss sexual and reproductive health towards prevent sexually transmitted infections. Emphasize the interconnectedness of human, animal, plant, and environmental health, demonstrating the benefits of protecting the environment and reducing pollution.
3. Vaccination promotion: Encourage vaccination of students according to nationally recommended schedules to reduce infections and thereby the need for antimicrobials.
4. Food safety: In regions where schools provide meals to students, adopt best practices in food preparation and avoid procuring products made with routine use of antimicrobials.

FLATULENCE AND THE FURIOUS

The GAS- teroenterology saga, you didn't know you needed!

HuzaiFa Fathima
2023 Batch

Welcome to the windy world of medicine, where the humble fart reigns supreme as the unsung hero of post-operative recovery. Yes, you read that right. In the grand theater of surgery, the first post-op fart is like the encore at a rock concert - eagerly awaited, wildly celebrated, and absolutely essential.

The Post-Op Ileus: The Gut's Silent Protest
Imagine your intestines as a bustling highway. After surgery, this highway suddenly turns into a ghost town. This is post-operative ileus (POI) - a fancy term for when your bowels decide to take an unplanned vacation. No movement, no sounds, no gas escaping. For surgeons, this silence is terrifying. Why? Because it means the gut is still "asleep," and the patient can't eat, drink, or get back to life without complications. Surgeons and nurses become detectives, performing what can only be described as "auscultation acrobatics." Picture a surgeon squatting by the bedside, stethoscope glued to the belly, ears straining for any sign of life. Family members hover nearby, whispering with bated breath, "He passed gas!" - as if it's a sacred ritual. Spoiler alert: it is.

Why the Fuss Over a Fart?

Passing gas is the gut's way of saying, "I'm back, baby!" It means the digestive system is functioning, motility is restored, and the patient is on the road to recovery. Without this, patients risk bloating, nausea, vomiting, and longer hospital stays.

The Science Behind the Symphony of Sounds

Flatulence is no joke - well, actually, it kind of is, but it's also science! The average person produces between 500 to 1500 milliliters of intestinal gas daily, expelled in about 14 to 23 episodes. This gas is a cocktail of nitrogen, oxygen, carbon dioxide, hydrogen, and sometimes methane (the culprit behind those memorable odors). Our gut bacteria break down undigested food, especially fiber-rich goodies like beans, broccoli, and onions, releasing gas as a byproduct.

The smell? That's mostly due to sulfur-containing compounds like hydrogen sulfide - tiny amounts,

When Flatulence Goes Rogue

Sometimes, excessive or foul-smelling gas signals trouble:

- Lactose intolerance: Your body's way of saying, "No more milk, please!"
 - Irritable Bowel Syndrome (IBS): The drama queen of digestive disorders, often accompanied by bloating and gas.
 - Small Intestinal Bacterial Overgrowth (SIBO): When your gut bacteria throw a wild party in the wrong place.
- If flatulence comes with severe pain, weight loss, or blood in stool, it's time to see a doctor - no jokes here.

The Comedic Chronicles of Post-Op Care

The obsession with the first fart is real and hilarious. Patients nervously ask, "Is this a good fart?" Nurses share knowing smiles. Surgeons debate the merits of NG tubes and enemas like they're secret weapons in the fight against ileus.

And then there's the classic "chewing gum trick" - yes, chewing gum can actually stimulate your gut to wake up. Who knew? Tips to Keep Your Gut Happy and Gassy (In a Good Way!)

- Move it, move it! Early mobilization gets the gut grooving.
- Ditch the heavy opioids: They slow down your bowels like a traffic jam.
- Stay hydrated: Water is your gut's best friend.
- Eat slowly: Less swallowed air means less gas buildup.
- Probiotics: Help your gut bacteria keep the peace

The First Fart

Oh gut, thou slumberous squishy friend,
Will your gassy silence never end?
The stethoscope waits near your navel base,
For the glorious sound of a bubble's grace.
So toot, dear patient, toot with pride,
Your bowels now on our grateful side!



5. Emphasize on how important it is to involve children in farming and gardening while bolstering educators' capacity to provide high-quality environmental and health education.
6. Encourage commemoration of related health and environment days, and incorporate AMR education, including during World AMR Awareness Week.
7. Promote research and use of art, including drama, poetry and song, as effective, engaging awareness-raising strategies for students and student communities.

SUPERBUG ERA: ARE WE READY

Pragnya Mudhol
2022 Batch

The Climate : Health Nexus - A Growing Crisis

Diya Sarah Abraham
2021 Batch

*The storm is louder, the winds howl,
Whispering warnings, soft yet foul
The Earth is sick, it demands care,
But who will listen? Who will dare?*

*The harvest is weak, the ocean rises,
While people are suffering,
they get lost in screams.
Changing world, vulnerable varieties,
Nevertheless, we can fight and find a place.*

*How fragile health can slip away,
In every storm, in every day.*

*Yet in our hearts, a hope survives,
Through the change, we still strive,
To heal the earth, restore the land,
And with each step, make a stand.*

"A Growing Threat: Climate Change and Your Health"

Planetary health is an emerging field of study that connects human health with the planet's health. It recognises that human health cannot be fully understood or maintained without considering the environmental systems—such as the climate, air, water, and ecosystems—that sustain life on Earth.

The Connection Between Planetary Health and Human Health

Planetary health is grounded in the concept that the Earth's ecosystems are the foundation of human health. The depletion of natural resources, the degradation of ecosystems, and changes to the climate are not isolated environmental problems—they are direct threats to human health. Air pollution, for example, is a key contributor to respiratory diseases and cardiovascular problems. At the same time, climate change increases the frequency and intensity of extreme weather events, such as floods, heatwaves, and storms, leading to injuries, displacement, and mental health stress.

In addition to respiratory problems, climate change has profound effects on other areas of human health. For instance, the warming of the planet alters the habitats of disease-carrying vectors like mosquitoes and ticks, leading to the spread of diseases such as malaria, Zika virus, and Lyme disease in previously unaffected regions. The WHO estimates that climate change could result in approximately 250,000 additional deaths per year between 2030 and 2050 due to malnutrition, malaria, diarrhoea, and heat stress.

Environmental Risks to Health:

1. Climate Change and Extreme Weather
Heat-related illnesses, such as heatstroke, dehydration, and heat exhaustion, pose significant health threats, especially in vulnerable populations like the elderly and individuals with pre-existing health conditions.



2. Air Pollution

Air pollution is one of the leading environmental health risks globally. According to the Mayo Clinic, pollutants such as particulate matter (PM2.5), ozone, and nitrogen dioxide are linked to a variety of serious health conditions, including asthma, bronchitis, heart disease, and lung cancer.

3. Water Scarcity and Contamination

Climate change is altering precipitation patterns and exacerbating droughts, reducing the availability of freshwater. This can lead to dehydration, malnutrition, and the spread of waterborne diseases, such as cholera and dysentery.

4. Loss of Biodiversity

The ongoing loss of biodiversity due to deforestation, overfishing, and pollution threatens the balance of ecosystems that humans rely on for food, medicine, and other resources. A reduction in biodiversity undermines food security and makes agricultural systems more vulnerable to pests, diseases, and climate change. As ecosystems collapse, human populations that depend on them for sustenance and livelihoods are at increased risk of malnutrition and poverty.

The World Health Organization (WHO) and Mayo Clinic emphasize that addressing the health impacts of climate change requires immediate action at the individual, community, and global levels. In this context, a combination of preventive measures, adaptation strategies, and mitigation efforts can protect human health and reduce the negative consequences of climate change.

1. Mitigating Climate Change by Reducing Greenhouse Gas Emissions:

It emphasizes that reducing greenhouse gas emissions is one of the most critical actions to prevent the health impacts of climate change. WHO notes that shifting to renewable energy sources, such as solar, wind, and hydropower, can significantly reduce air pollution and prevent respiratory and cardiovascular diseases linked to fossil fuel combustion. Additionally, promoting energy-efficient buildings, vehicles, and industrial processes can lower emissions, while also improving air quality.

2. Improving Air Quality and Reducing Pollution:

On a local level, increasing the number of green spaces in cities, promoting cleaner public transportation systems, and adopting stricter emissions standards can contribute to cleaner air and improved health outcomes.

3. Strengthening Healthcare Systems to Respond to Climate-Related Health Risks:

According to the WHO, healthcare systems must be resilient to climate impacts, particularly in areas vulnerable to extreme weather events, heat waves, and the spread of infectious diseases. This preparedness ensures that healthcare providers can act quickly and efficiently during climate-induced health crises.

4. Public Health Education and Awareness:

For example, people can be taught how to protect themselves from extreme heat by staying hydrated, wearing appropriate clothing, and avoiding outdoor activities during peak heat hours. Similarly, education about the spread of vector-borne diseases, such as malaria and dengue, is essential in preparing communities for the shifting patterns of disease transmission caused by climate change.

5. Protecting Water Resources and Ensuring Food Security:

Mayo Clinic suggests that governments and communities invest in water management systems, including rainwater harvesting and efficient irrigation, to safeguard access to clean water. Additionally, by promoting climate-resilient agriculture that incorporates drought-resistant crops and sustainable farming methods, food security can be maintained despite the changing climate.

6. Promoting Sustainable Urban Development:

Sustainable transportation, such as cycling, walking, and public transit, can also reduce emissions and improve air quality. Increasing green urban spaces—such as parks, gardens, and tree-lined streets—can help mitigate the urban heat island effect, lower stress levels, and promote physical activity, which can reduce the risk of chronic diseases. Furthermore, investing in green infrastructure can reduce flooding risks and improve overall urban health by providing cleaner air and water.

Conclusion

Preventing climate damage to human health requires a coordinated effort from governments, healthcare providers, and individuals. WHO and Mayo Clinic highlight a range of measures, from reducing emissions and improving air quality to strengthening healthcare systems and promoting sustainable urban development. By addressing the root causes of climate change and adapting to its impacts, we can protect both the planet and the health of its inhabitants. The time to act is now, and every effort counts in creating a healthier, more resilient future for all.





India is witnessing a notable rise in Covid-19 cases across several states, prompting health authorities to urge caution while reassuring the public that the current situation remains manageable. Kerala, Maharashtra and Delhi are current reporting the highest numbers, according to government data.

Kerala remains the most affected state, accounting for a significant portion of the new cases. As of June 2, the states with the highest number of active Covid-19 cases are:

- Kerala: 1,435 cases
- Maharashtra: 506 cases
- Delhi: 483 cases
- Gujarat: 338 cases
- West Bengal: 331 cases
- Karnataka: 253 cases
- Tamil Nadu: 189 cases
- Uttar Pradesh: 157 cases

COVID-19

Outbreak or Uprising

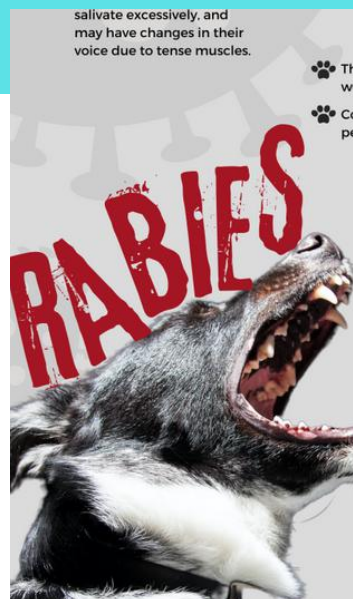
RABIES

Massive rabies outbreak was reported from Churachandpur district, Manipur leaving 3 dead and hundreds affected. In response to which the district invoked the Epidemic Disease Act 1987. Containment measures including restriction of the Pet Movement were taken in action.

Dog bites and human rabies deaths are on the rise in the State as well. While 3,61,522 cases and 42 deaths were reported in 2024, as many as 66,489 cases and eight deaths have already been reported from January till February 23 this year, according to a report from the Hindu.

Dog bites and human rabies deaths are on the rise in the State as well. While 3,61,522 cases and 42 deaths were reported in 2024, as many as 66,489 cases and eight deaths have already been reported from January till February 23 this year, according to a report from the Hindu.

Pointing out that more cases and deaths are being reported now due to intensified surveillance, the State administration aims at elimination of dog-bite mediated rabies by 2030 is the State's mission under the National Rabies Control Programme (NRCP).



Health authorities attribute the rapid increase to the emergence of new, more transmissible Omicron sub-variants, specifically NB.1.8.1 and NF.7, predominantly affecting southern and western India. These variants have led to a rise in cases, especially in densely populated urban areas.

The majority of new infections present mild symptoms, including sore throat, low-grade fever, congestion, fatigue, and mild gastrointestinal discomfort. Hospitalisations have not seen a significant increase, but the elderly and individuals with pre-existing health conditions are advised to exercise caution.

-Deepika K R
2021 batch

I scream until I get an ice cream

The gut and their microbes - the mean girls of your mind!

Man, I have a gut feeling about this!
That one gut-wrenching experience!
I feel butterflies in my tummy!
That nauseating feeling before exams!

The gut-brain connection is so well established in such casual context yet we remain ignorant to it. Hidden midst the walls of peritoneum is our second brain, our gut, a second brain with its own set of nerves - the ENS (enteric nervous system). The ENS, unlike Mr. Big Brain may not help you solve an equation but will surely make you drool all over a delicious meal, heard Pavlov?

Gut-brain axis connects the CNS, ENS and the endocrine organs using a cocktail of hormones, chemicals and neurotransmitters thus regulating not only digestion but our mood and immunity as well. A troubled brain indicates a troubled gut and a troubled brain surely manifests in the gut.

One of the major aetiology of most GI disorders is stress and anxiety, as we see most commonly in the cases of peptic and duodenal ulcers. Anxiety triggers our fight or flight response leaving us choked-up. The other way round, GI pathologies, for example IBS (Irritable Bowel Syndrome) trigger big emotional shifts. Studies show a close association between functional alimentary disorders like constipation, diarrhoea etc and mental health, well who doesn't have a good day after a good dump, hard to disagree?!

In the middle of pounds of flesh and fat, the gut also hosts trillions of microbes. An extensive biochemical analysis from Harvard University, showed how *Morganella morganii*, a gut microbe contributed to a few cases of major depression disorders, so 'As long as you keep your microbes happy, you're mostly happy'. These gut microbes are kept in line by the constant overview of our immune system. This treaty between our microbes and immunity gets disrupted by antibiotic-overuse, poor diet etc, leading to over-exploitation of host resources.

Gut microbes also have an interesting control over our circadian rhythm: our feast-famine cycle and activity-rest cycle, it's safe to say, 'you take care of you bacterial buddies they might as well help you run your early morning 4Ks or your late night gigs.

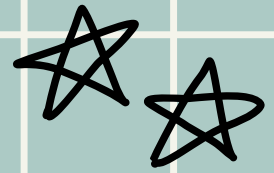
Interesting studies are currently in force to know how our gut controls thinking and cognitive functions, another milestone to reach!

Thus, irrespective of our age, safe dietary habits should not just be promoted but propagated! It is good see the increased awareness regarding mental health but active steps in fixing our mental peace should be the goal, especially amongst us medical students and faculty.

-Deepika K R
2021 batch

Research – 101

“Insights directly from the faculty to get you started on your first research project”



Dr. Kalaivani



Dr. Narendra Babu



Dr. Shubha Nivargi



Dr. Shruthi Shetty

Interviews Ep-1

STEP 1: PICK A SUBJECT OR TOPIC OF INTEREST

1. Choosing the subject or topic is mainly based on the interests of an individual.
2. A little peek into the advancements in a particular subject or probable fields where research is essential can help beginners without any research background.
3. Students can also check out the fields of study or diseases of high importance in the ICMR website.
4. It is always good to keep a check on topics that were selected by funded programs like ICMR or RGUHS.

A common notion while picking a topic/subject of interest - Do I have enough knowledge in that subject? Not a healthy mindset but an idea that should be gladly accepted and worked on, not enough knowledge?! Then work on it, do your homework!

STEP 2: A GUIDE

1. An efficient guide is the light of your research.
2. So should we pick a guide first or the topic? - Answer, again, very subjective. But either way a substantial research topic and a coherent mentor are both very crucial.

STEP 3: A TITLE

1. A title that defines its objective is the root of your research.
2. Tools: You can come up with your title by surfing through many articles on certain websites, Eg: pubmed, science direct, research gate and google scholar.

STEP 4: A HYPOTHESIS

For example, in a study where we determine the efficacy of robotic surgery in a case of hernia - Our hypothesis is robotic approach yields better results compared to conventional surgeries; the outcome of the research can either prove our hypothesis or disprove it.

1. Formulating a hypothesis for the research question is essential to the flow of the study.

STEP 5: A PROPOSAL

1. The following are the contents of a good proposal:

1. Title
2. Objective
3. Methodology
4. Statistical Analysis
5. Operational definitions, if any
6. Ethical Considerations
7. Implications

METHODOLOGY IN DETAIL

1. Study design - Cross sectional/retrospective
2. Study area
3. Study population
4. Study period
5. Sampling method
6. Inclusion criteria - your subjects
7. Exclusion criteria- subjects not eligible to your research

STEP 6: ETHICAL CLEARANCE

1. To maintain the integrity and patient confidentiality in your study
2. The proposal to be presented to the Ethical committee for clearance.

STEP 7: APPLY

1. Proposals are usually submitted/applied for the funded research programs:
 1. ICMR
 2. RGUHS
 3. IISc
 4. AICT
2. If not for research programmes students can always carry out retrospective studies for publications, where funding is not a major factor.

STEP 8: CONDUCT THE STUDY

1. In the area mentioned, using the data of subjects in the inclusion criteria - carry out the experiment.
2. Data should be collected on approved case sheets following a set protocol with consent.
3. The study/experiment should be conducted according to an approved protocol ethically.

STEP 9: WRITE A REPORT

A strong report covers the following along with pointers mentioned in the proposal

1. Results
2. Discussion
3. Summary
4. References (as per requirement)

explain the results and also compare your results with outcomes of other such studies

APA

Vancouver

Harvard

Chicago

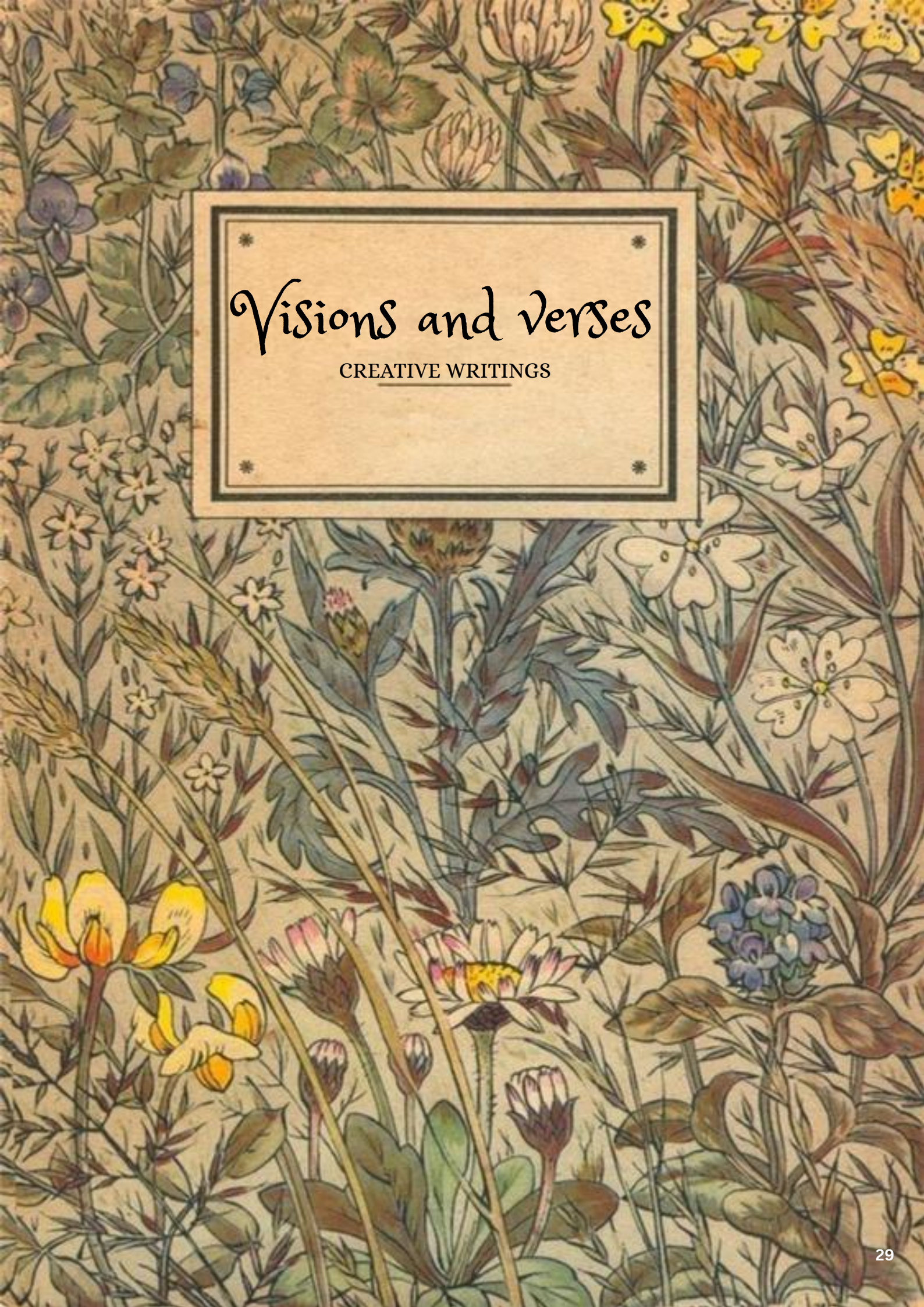
STEP 10: PUBLISH

1. Publish on impact journals like National and International credited journals of a particular subject.

The PUBLISH or PERISH PRESSURE: It's a constant thought at the back of our minds, but one that should push us toward resilience to finish the project.

SIGNIFICANCE

It will surely boost your CV, specially crucial for PLAB and USMLE applications! Above that, it keeps you informed and involved in the advancement of medicine and knowledge as such.



Visions and verses

CREATIVE WRITINGS

ONCE UPON A LIFE

**Toons to Disney,
Debunks to ruin your
childhood**

A ball of white fur in a waistcoat, royal blue, a rabbit slips through talking flowers, rosy-violet. Alice follows this bunny, his pocket watch waving in hurry. And there, down the hole she slid, under a riverbank where high-tea held in merry.

The darkside of Alice in wonderland, has been frequently subjected to conspiracies, so much so that she got a medical syndrome named after her - Alice in Wonderland Syndrome aka Todd's syndrome- a perceptual disorder.

The irony to note, as much as these characters, their disorders define me or perhaps even you? Everytime I read my psychiatry notes, I'm left self-diagnosed. A minute of dyssynchrony from reality in 24 hours seems negotiable? Should struggling with the notion of self, looked under a diagnosis, who's to tell when most of us live under the umbrella of an identity crisis.

The conspiracy behind Alice and her wonderland doesn't end here some believe she did not go down a rabbit hole but dropped dead into afterlife- the underworld. Wonder whose Hades?

Alice dont go down the rabbit hole!

A vanishing cat, just his smile hanging in air! Card soldiers on their way to get Alice - delusion of persecution?

Alice are you towering high or shrinking down to this napkin?-We call this body distortion.

Giant insects and dwarfed animals - metamorphosis?

Her time - non-sync, senses unreal, in wonderland you run away from your destiny to reach it! Derealization at its peak.

All symptoms of Todd's syndrome.

Queen of hearts? More like queen of narcissism. A mad hatter, an old anxious rabbit, these characters describe all the personality disorders highlighted in my textbook.

Was Alice a subject to hallucinogen testings? Fly mushrooms, a caterpillar on hookah? and opioid flowers, more like Alice in drug land!

Or somewhere lost in whimsy, was the mercury that poisoned the hatter?

Another interesting fact to bear is, this series was written by Lewis Carroll, a mysterious mathematician who has filled it with paradoxes and few characters represent his own colleagues!

That's just one Disney cutie you read here. Disney princesses and our beloved cartoons are thought to have a dozen conspiracies behind them. Fiction and art being subjective, attract different perceptions. We have told one so, what's yours? Stay tuned with this column to find out and tell us more!

-Deepika K R
2021 batch



**LADY
WHISTLEDOWN**

Dearest gentle reader

*Amongst the ton, there exists a one,
whose ink stained secret lies now in this
author's eyesight.*

*Letters in here scream a buzz so silent,
sentiments not scandal, holding no
claws yet a demon. A truth in air,
penned by one but felt by ton.*

*A thousand mirrors each lot here hold,
seeking a chisel for a jaw. a nose they
wish, ruler - measured, calves, wishing
were honey buttered and a waist, for
Mary Anne's god-damn corset. The fat
under their chin and from the camera
they're MIA. Curls wishing a straight
brunette, silky blacks wish they had
gold-in-locks. A smile more tight,
sealing those*

*crooked teeth. Dreading a pimple,
their glory they shy.*

*In a lethal duel with the mirror, each
folk, guns need not do what your
thoughts do to your soul. Now
glance at the mirror to see not just
the circles round the gaze or
blemishes dark and grey but at the
twinkle in your eyes or the corners of
your smile, in gratitude of sight, in
gratitude of life, look beyond, look at
your soul.*

*We learn in school, in words people
told , be kind, be good but ladies and
gentlemen, honour thy mirror before
them kin and kind.*

xoxo, Lady Whistledown.



SECRETS IN THE Canvas

-Siddhi Kasar
2021 batch

A young female in her 20s presented to the OPD with generalised weakness and cold intolerance since 6 months. Patient was apparently normal 6 months ago, following which she developed fatigue insidious in onset, gradually progressive, relieved on taking rest. Patient feels cold even when others are comfortable. She denied changes in appetite or weight and neck pain or swelling.



THE CASE SHEET OF LISA GHERARDINI

This is what we presume Lisa Gherardini's case sheet to have looked like had she walked into a modern day OPD back in 1502-1503.

Da Vinci's artistic masterpiece, The Mona Lisa, stands still in time, captivating viewers alike with its beauty, detail and a glimpse into life in Italy in the 1500s. But who knew that the fine skills of this renaissance painter commissioned by a rich merchant of Florence to paint a portrait of his wife more than half a century ago would capture secrets hidden in plain sight?

So what lies behind Mona Lisa's enigmatic smile?
Was it just the postpartum blue?

And is the yellowish tint supposed to be something more than just a color hue?

Her pale complexion, thin, coarse hair with hairline receding behind her veil, and the sparse eyebrows give more hints in Lisa's case. The swelling over the dorsum of her right hand has been captured in utmost detail, along with the deposition over the medial aspect of her left eyelid. A curious closer look at her neck also suggests the presence of a diffuse enlargement.

There is no significant history of past medical illnesses. Her husband gave the history of her being less expressive and feeling withdrawn. Patient gave the history of delivery of her first child 6 months ago, following an uneventful pregnancy. She is a non-smoker, non-alcoholic, with no known allergies

And just like that, a few keen observations turn this timeless painting into the face of a possible diagnosis.

Symptoms like fatigue, cold intolerance, depression, coarse skin, early onset alopecia- along with clinical findings like swelling over hand and neck, cholesterol deposition at eyelids, and a yellowish discoloration of skin- all point to hypothyroidism.

Given that her first childbirth coincided around the time the portrait was painted, we can reasonably conclude that Lisa Gherardini could have been experiencing postpartum hypothyroidism.

Mona Lisa- beyond the beauty of this golden skinned maiden, Da Vinci captured her silent struggle and made it immortal.

HAPPILY NEVER AFTER. Bizarre Ways To Die

-Safiya Afrah
2022 batch



Death can sometimes occur in the most unexpected ways and below is one such incident. What seemed to be a normal everyday activity turned tragic as it took the life of a famous American actor, Anton Yelchin aged 27 years old.

On June 19, 2016, Anton was at his residence located in Studio City, Los Angeles. He was on his way to work as he pulled out of the driveway, then parked his SUV, the 2015 Jeep Grand Cherokee, and stepped out to check the mailbox. It sounds pretty normal, right? It was, until tragedy struck. The driveway was on a slope, and the SUV unexpectedly rolled backwards towards the gate where the mailbox stood. The vehicle trapped him between the metal gate and a brick pillar, crushing him.

The cause of death was ruled out to be - Accidental blunt traumatic asphyxia.

Traumatic asphyxia results from respiratory arrest due to mechanical fixation of the chest, by an unyielding substance or object, in this case, the metal gate and the brick wall, so that the normal movements of the chest wall are prevented.

This freak accident shows how quickly a daily routine turned dangerous and even deadly.

Interested in reading more such real life cases and incidents? Keep an eye out for this column as we explore death in its most bizarre form.



Lost At Sea

Where is my soul?
Lost at sea
Waiting for none
But yearning thee

What it yearns it knows not
A silent tragedy
Vision a looped journey
Heart ever unsteady
Anxious and Unsure
Lost at Sea

Serene as it may be
Mirrored blue beauty
Warm luminosity
But unease does not flee
and 'twas calm before calamity

Sudden surprise
Earthquake asunder
Ink filled sky
Boisterous voice
Ferocious attack
Impending doom
Flailing in Vain
As the sea tugs in

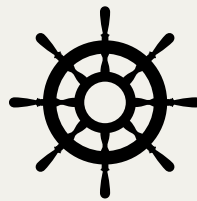
Navy blur
Muffled lullaby
Hand of light
Heaving tight
Mellow welcome
Winds subside

Sun ever so bright
but brighter was thee
Thy golden yearning
Spirit of light
Caressing the sea
Calming the chaos

The chaos within
Finds it's peace
The wait was long
But worth? it was

-Sharaf
2021 batch

JUST A SHIP



A man wearing a long overall coat stands, hands reaching deep into his pockets, fiddling with something. He stands outside a grim hospital building, his shadow far extending onto the rain-drenched street. A black sedan pulls up.....
"I am so grateful for you," I said.
"Isn't this what friends are for ?" says Ayan.

We drive past the water-soaked streets in the darkness of the night just illuminated with the light from the moon. The silent roads and peaceful weather make me sad." It's been three days since I left the hospital" I say to him. "I don't know how or why you even do it anymore. " I stayed silent. I was scared I knew the answer too well. As we race away in the pitch-dark streets sleep takes over me.

We reach Ayan's house. I think after 2 hours. I don't know for sure, I was asleep. Probably the best sleep I have gotten in a month. Yes, I have been living in Ayan's house since that day. I did not know what to do and there was only one person who I could trust in this foreign land. I don't like it here, people are so ambitious, they don't even sit and enjoy the things they have got. It is just one thing after another, like machines. They don't know how to live life, they created machines to become like it. Even though I know Ayan from Med School days we only became friends during our neurosurgery residency time. Probably because we knew each other from before. Who doesn't like familiar faces in a foreign place? Our friendship had has its ups and downs but we are there when we need each other.

I didn't have an appetite so I came to the guest room. I know I should get my own house, not that Ayan has a problem with me living with him. I am just scared. I feel if I get a house, it's like turning the page onto a new chapter. I just don't want to. I can't accept what happened to Akshaya.

She was an amazing lady. She also came from a different land. I first met her in the clinic, yes I know it's not ideal to date your patients but you can't decide who you fall in love with. She had short hair till her shoulders, mesmerizing blue eyes, and a deep smile. We went out for a coffee on her third clinical visit, we spoke for 4 hours, and we both didn't even notice the time flowing. It was the first time I had spoken to someone so much since coming here. She felt like the person I could talk to for hours, I could get lost in her deep blue eyes. I felt comfortable around her. I didn't need to be DR. Roy, chief neurosurgeon at Sandford, I could just be human. She brought out a part of me that I didn't even know existed.

We both started dating (I stopped seeing her as my patient). After 6 months we decided to get married. I got a house for us as a gift to her. She made that callous, stony building, a home. That building reminds me of her scent, her light, her.

That's the reason I am sitting in a friend's guestroom and crying about losing the love of my life.

If anyone asks me what is love?

One gloomy morning. I woke up to find that Akshaya had already left for work. It wasn't a thing to give too much thought about, it was pretty normal for me because I had been used to the long and harrowing hours of neurosurgery. I reach the hospital and get on with a "pretty easy" surgery for a pituitary tumour. It took me 4 hours because my junior resident cut a vein and I had to captain the ship to prevent the patient from drowning. I came out of the OR and checked my phone. No text from Akshaya. I found it weird but I had to rush to the emergency department for a quick consult, it was a road traffic accident. I rush through the long serpentine corridors of the hospital to the triage area. It's booming with patient cries, Doctors shouting, and nurses running. The typical emergency scene as shown in hospital shows. I make my way to my patient .

I felt numb, I was

It was Akshaya, she was lying there unconscious. Her MRI was done. I look at her scan. I couldn't say anything. Tears started rolling down my eyes. I didn't realize how fast I had travelled the distance from treating a disease to being at the receiving end of it. From a doctor to just a human. I felt so helpless, the love of my life, my wife, was lying in front of me, half her brain crushed and I couldn't do anything. The years I have put into this came short on the day I needed it the most. People always compare doctors to GOD, today was the only day I wish we were GOD.

My ship was destroyed in one of the narrow dark crevices of the ocean and what hurts is I couldn't say goodbye.

-Syed Ali
2021 batch

THE WOMAN I ALWAYS WANTED TO BE



I grew up,
Maybe not the way I wanted,
Maybe not the way I wished,
But I grew up, anyway.

A decade ago,
The 10-year-old me wondered,
What I would look like when I'm older,
What I would be, years later.

Here I am,
10 years away, wondering again,
About the dreams I chase,
About the love I yearn for.

I see her,
Standing years away,
Confident and loved, more than ever,
The woman I always wanted to be.

She waves at me,
Expressing through her gleaming eyes,
The years of sweat and tears, and my
longing heart-
That it was all worth it.

She smiles back,
Looking at her younger self,
Who is plummeting and rising,
Splashing black and pink, turning into a
magnificent art.

It may not be near,
Or may be right here-
The time I wished for.
I keep walking, through the moments
or years,
Slowly and patiently,
To the woman I always wanted to be!

*-Safiya Hafeez
2022 batch*

“Fix Your Own Shoes”: What does it really mean???

*Diya Sarah Abraham
2021 Batch*



In a profession built around healing others, many medical professionals forget about — or are forced to overlook — how to attend to themselves. While we are skilled to diagnose, deal with, and comfort, we frequently walk miles in damaged footwear: sleep-deprived, emotionally confused, and silently struggling.

This phrase is not about selfishness. It's about self-respect and sustainability. Like the oxygen mask analogy on airplanes — you must help yourself first before assisting others.

The phrase “fix your own shoes” is more than metaphorical — it's a wake-up call. If we don't tend to our own well-being, how long can we continue to be effective, ethical, or even safe?

The era of the “invincible doctor” must end. We are human before we are healers.

Prioritising physician wellness doesn't weaken the profession — it strengthens it.

When doctors care for themselves, the entire healthcare system thrives. This is a culture shift we all deserve!

One can prevent this by

- Seeking therapy or counselling when emotionally overwhelmed
- Setting boundaries with work hours or patient expectations
- Saying “no” to non-essential administrative overload
- Regular physical activity, proper nutrition, and sleep hygiene
- Pursuing interests outside medicine — reading, writing, music, travel

So, let's permit ourselves to pause. To reflect, to restore because a doctor who “fixes

their own shoes” walks stronger, steadier, and farther — now not only for themselves, however for every patient, they meet along the way.

Therefore remember” shoes that walk far must be cared for “...

NANOROBOTS

Going through the various advancements what put my eyes on the table is a new Advancement in OCT technology which is been introduced to Nanorobots, this technology got us into the era of revolution in this field. The use of nanorobots in Optical Coherence Tomography (OCT) is an emerging advancement aimed at enhancing diagnostic precision. These microscopic robots can be engineered to navigate through the bloodstream and reach targeted tissues, such as the retina or vascular structures, where OCT is commonly applied. Once in position, nanorobots can assist in improving image resolution by acting as contrast agents or manipulating local tissues to provide clearer cross-sectional views.

They may also carry biosensors or therapeutic agents, allowing real-time diagnosis and targeted treatment alongside imaging. This integration could help detect early signs of diseases like diabetic retinopathy or cancer with greater accuracy. Furthermore, the controlled movement and programmable behaviour of nanorobots reduce the invasiveness of procedures and improve patient outcomes. While still largely experimental, this technology holds the potential to revolutionize how OCT is used in both ophthalmology and broader medical diagnostics

*Abhilekh Punj
2022 batch*

Love Letters to Marianne Sheridan

To those who never feel like they truly belong-who hurt in silence and have secret smiles tucked up in their shirts, the words spilling out of their mouths-fast, golden and harsh.

To those with sawdust in their veins and steel in their eyes.

With spiders crawling in your brain as you spiral, imagining all the ways it could go wrong. To those who believe that love is pain, and that blemishes left on your skin and soul are still a lingering caress, and death could be compared as a nebula- a silent explosion of light into the dark.

To those who always have a hard time grappling with the straws of reality; feeling as though your life is unfolding somewhere, a million light years away.

To those who are kind without reason yet they perceive returned kindness as nothing more than a debt to be collected- as they go through their entire lives feeling as though they are never truly close with anyone, only their thoughts to keep them company on the loneliest winter nights.

To those unfamiliar with care, having known only grating words and twisted compliments, nevertheless, care deeply, with everything in their souls.

Pause. Breathe in. Hold your breath. Breathe out. You are loved. You are absolutely magical, and nothing you say or do could ever convince me otherwise. It's not your job to make the world love you, and it's certainly not your burden to bear. You live life in navy blue and chrome grey, never quite realizing how you colour someone else's world yellow with your mere presence.

You pour all your love into someone who keeps you like a secret, when you're meant to be cherished and celebrated. Don't hold back from experiencing joy; life isn't meant to be lived in grayscale. You truly deserve everything the world has to offer you, so live life loudly and let yourself be happy.

Wear your skin with comfort, and I'm proud of you for embracing your thoughts so passionately. The world does not need more people who silence themselves into box-shaped, digestible forms. The world needs you. So, remember, you're so much more than you give yourself credit for.

You are infinite.

Love letters to Marianne Sheridan and Connell Waldron

Love letters to Connell Waldron

Oh golden child!

Aren't you brilliant? Gliding through life, empty smiles and hollow eyes. As charming as you may seem, with beautiful lies and paperback dreams, Always performing, never quite feeling.

You never fail to light up every room you enter, yet they never see it do they?

They never seem to notice, all the hurt you've been holding in the palms of your hands while you go through life always doing the right thing, never quite understanding the hollow ache within your chest.

You don't sparkle, you burn-

You burn yourself trying to mould yourself into the form they've envisioned.

You watch yourself wither away trying to stay true to their ideal play, As your fingertips go numb, and your lungs grow heavier you pray and wish for a saviour.

Pause. Breathe in. Hold your breath. Breathe out. You've forgotten your favourite colour and the lyrics to the song that felt like home.

Trust me when I say your worth isn't measured by the number of likes on your post or the fleeting applause of strangers.

When life feels unbearable, and you're caught between a hundred different selves, losing sight of who you truly are, remember there's no right or wrong. Life isn't black or white.

People are messy, wild with emotions flowing through the tangles in their hair.

So feel, feel deeply every emotion you've buried deep within yourself just to be less of a burden. Its daunting out there, when you walk through life feeling untethered. Real love can't take root in a life lived as a performance. Find things that make you laugh. Find things that make you cry a bucketload of tears. Find things that make your skin crawl. Find things that make you put your thinking cap on. Life isn't meant to be perfect. So expect the unexpected detours and get lost in a labyrinth of feelings.

You are enough.

Dreamer's Ink



I see a wide-eyed dreamer draped in pink
Her heart so full and head so heavy
She taps away at her ready device,
Golden and matte like the quiet lustre of her soul.

A mural of dainty petals and blemishes alike
Some faded, some fine—
Etched on her coffee-stained
canvas in bleeding lines.

Free is her spirit, and ruffled, her hair
Like tendrils of grapevines
tangled with secrets and despair.
Yet she tries, and tries,
And then tries again
That's what I admire most, she remains.

-Shireen T, 2023 Batch



The above pieces are inspired by Marianne Sheridan and Connell Waldron from Sally Rooney's Normal People. To all my Mariannes and Connells out there, I hope reading this offers you some comfort and makes your day a little brighter.

- Prithika Manikandan,
2023 Batch



WHEN THE SKY LOST ITS *Sapphire*

It's been a minute. I'd like to believe I've grown. Learnt some hard lessons. Evolved, even if it was messy. Who's to say I haven't?

But let's be real, it's not easy. It's a fight. Every damn minute. Some days feel lighter. Other days? You slip hard. And it's those days—the dark, ugly ones—that carve you into who you are.

Fresh out of college. New job. Stethoscope around my neck like a badge of honour. Life felt brand new. The sky—this ridiculous, perfect sapphire. Birds chirped louder. Heart full of hope. I actually thought I had it all figured out.

Yeah, no.

That feeling didn't last. It never does. Because not long after, I lost that sky.

I spent months asking myself what the hell went wrong. Obsessing. Blaming. Until a few people close to me said it straight.

Fear.

Not loud. Not screaming. Just... quiet. Slow. Poisonous. It didn't break me. It wore me down. One silent layer at a time. Till I looked in the mirror and didn't know who I was anymore.

I had two choices: fight like hell or wait it out. I chose the fight. And it destroyed me.

Then someone I love said:
"You gave fear that power. You can take it back."

So I stopped. Did nothing. Let fear sit beside me. Watched it. And weirdly enough, it started to lose its grip.

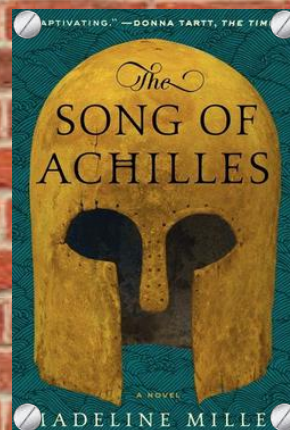
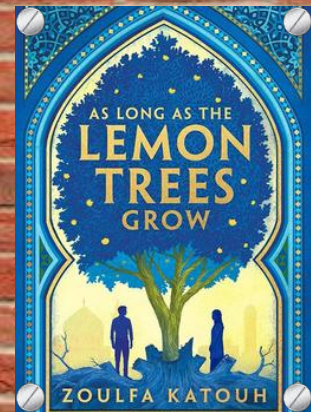
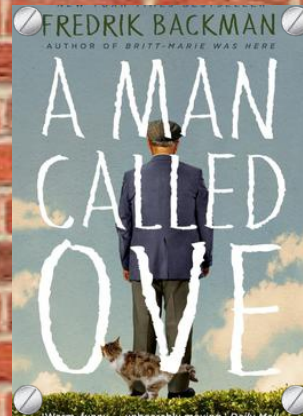
One breath at a time.
One honest thought at a time.
The sky slowly turned sapphire again, tear-stained and blurry, but real.

I still feel fear.

But I'm not scared of it anymore.

-Dr. Chinmayie Vishwanath
2nd year PG, Psychiatry

WALL OF FAME



reads from the editorial club for your next read

BURDEN OF A STETHOSCOPE

IGNORING YOUR OWN EEG SCAN

THE SEED

-Puneeth Deep S V
2023 batch

Career in medicine, A dream that almost every Indian parent foresees for their child. A profession, perceived as an ultimate act of nobility, a testament to one's willpower and resilience. A career where mere mortals are perceived as gods, as we hold in our hands, the gift of life. A career so intriguing and inexplicable that it was considered as witchcraft in the medieval times. A career that has no end when it is knowledge that one seeks, you can learn something new almost every day. A career where age holds no limitations to your work, in fact more you age, the more advantage you hold which is almost counterintuitive to any other profession. A career where a mere two letters let you have a whole new level of respect in society. I guess I have done a great job in pitching medicine as the best career choice there is, I feel every one of us at some point in our life would have definitely had the same thought process, BUT as soon you step into the world of medicine as a first year undergrad student, you realize that it was all of it was just smoke and mirrors, and amidst the gruelling exams, the never-ending cramming, the sleepless nights and never-ending pressure, a different kind of question starts lingering in the form of hushed tones,

"Did I make the right choice, Is this for me?"

But even when the blinds are taken off and one discovers the truth, even after the disillusionment creeps in, many find it almost impossible to consider a different career path,

WHY? Enter Sunk Cost Fallacy.

WHAT IS THE SUNK COST FALLACY?

The sunk cost fallacy is a psychological trap where people continue an endeavour because of the time, money, or effort they've already invested-even when continuing is no longer in their best interest. Instead of cutting losses, they stick with the original choice to "make it worth it", forgetting that past costs can't be recovered, and



future decisions should be based on current realities.

In medicine especially, this fallacy can be potent enough to lure in millions of students and leave them with their hands tied to their backs, unable to speak up for themselves or do what is best for their mental and overall well-being.

THE PSYCHE THAT FOLLOWS

Medical education is not everyone's cup of tea, it is one of the longest and most demanding career paths.

By the time a student starts to doubt his own decision and stumbles upon the realization that he might have opted for the wrong path, they may have already sacrificed their youth, mental health, relationships and the countless hours of study.

The usual ways students cope is by thinking:

- > "I've already spent so many years on this that I'm no good in anything apart from this"
- > "All the effort I had put during my NEET prep would go down the drains"
- > "What will I answer to my family"
- > "Once I start earning, I might feel that it was worth it"

STRONGER POTENCY IN MEDICINE

Couple of reasons why it is especially hard in medicine are:

1. Social Expectations: millions of students work hard to get into medicine, but the decision to leave it cannot be comprehended by the common mind.

2. Identity Attachment: thanks to social media and the rise of medical influencers, being a doctor isn't just a profession now, it defines who you are, leaving no room for individuality.

3. Lack of alternative: having stuck to one path for a long time and acting on it, just the thought of leaving it all behind and starting new is enough to trigger an anxiety attack is anyone's mind.

PROBLEM WITH STAYING

The human brain has evolved to have a reward mechanism. We are motivated to continue to do something as long as we can experience pleasure, happiness or satisfaction from what we are doing. On a hormonal level, one simple explanation for all these complex emotions is DOPAMINE. Once our dopamine receptors take the hit

from the constant lack of self-desire that is required, no matter how much a person tries to push themselves, it will be futile. "The longer you stretch the rubber band, the sharper the snap when it finally breaks." The reason why some doctors begin to hate interacting with patients, or new med students or regular clinic hours, is not that they are turning into Dr. House from House MD, it might be because they are just too deep in the quicksand to call for help. Many fail to recognize this in the first place, as this happens subconsciously and is not in the active thought process of anybody's mind. We start to give ourselves explanations and try to convince ourselves thinking it might help, only to end up blaming ourselves even more.

FINAL THOUGHTS

Medicine is a career of virtue and integrity. A doctor embodies discipline, hard work, countless sacrifices and endless wisdom.

At the same time, as any career goes, one needs to be internally motivated to continue pursuing it. Otherwise, the nature of medicine is such that, without the desire, you cannot stand to face the pressure that it brings along. If you feel that medicine is overwhelming and that you have a different passion that you want to pursue, consult your family and friends and make a decision that will help you live your life the way you have envisioned it to be. Understanding that medicine isn't meant for you is not a weakness it is self-awareness. Walking away from something that wouldn't have done any good for you or the people around you isn't cowardice, it's the ultimate act of bravery. Being struck in the past is not fruitful, your past actions shouldn't dictate what you should be doing for your future.

"Rear view mirrors are only meant for glancing, and learning from what has been left behind."

Recognize the fallacy and break free.

Circle of Life

*-Dr Chitrita Behera
JR -1, Dept. of General Medicine*



We have been hearing this ever since we have known how to comprehend, introspect, distinguish and reason— “There are two eternal truths in this universe— life and death, and somehow, both are inevitable.”

But if we keep aside our notions about the birth cycle of a single living entity, do we really know which one between life and death is the former or the latter? Do we take birth just to live a countable number of years, just to die eventually, or do we die, to reach a new mortal life yet again? We really do not. That is because we are bound, bound in a circle which we humans have beautifully named as the circle of life.

The circle of life is not just a concept—it is a rhythm, a silent pulse that guides every living soul. It teaches us that every end is a new beginning, and every fall carries the promise of a rise. Like seasons changing, life moves in patterns—subtle, profound, and eternal. And in this endless dance of existence, we find meaning not in permanence, but in the beauty of change.

In the circle of life, no moment stands still. Joy and sorrow walk hand in hand, teaching us that growth often emerges from pain, and love is most deeply felt in the face of loss. Every connection we forge, every lesson we learn, becomes a thread in the intricate fabric of our existence. Through it all, the circle reminds us that nothing is utterly lost—memories echo, legacies live on, and even in the quietest goodbyes, there is the whisper of a new beginning. Life, in its essence, is not linear—it is a continuous, sacred loop of becoming.

We enter this circle of life, making the entire world happy with our first giggle and cry, unaware of the series of events that awaits us. It is a gradual process, you see. As babies, we see people around us, but gradually understand our relationship with them as we grow up. We find people who personify love, life, and laughter. We learn to finally accept the conclusions to our unsettling questions about the true colours of the things we see around us.

We see the beauty and bounty of nature, the sweet fragrance of the rose, and the bitter taste of coffee. We learn to reciprocate.
We falter. We mend. We end, just to begin again.



Our Last Forever

I still remember

The sweet aroma of curry
permeating the rooms joyously,
As wistful clouds from the kitchen
Made it a dream serene.

I still remember

Running through the halls
Playing with the dishes until you chased me out
Racing out with a cheeky glint
I roared raucously as you took me into your arms
Joy and mischief, palpable in my laughter.

I still remember

The citrus zing of the lemon
Shriveling my face like a raisin
As you cracked up with that
Beautiful voice, home itself
Your smile reassuring me.

I still remember

The steaming rice losing its power
Cooled by your breath,
Caressed by your hand,
Now I know, your love trumped any flavour
The food wouldn't be the same without you.

I still remember

If I fell and cried,
You would hold me close
Before hitting me in reproach
You hated it if I got hurt,
Stayed up all night if I got sick.

I still remember

All the times you put me over you,
All the times you loved me unconditionally—
Even when I was unworthy of that love.

I still remember.

So tell me how?

Tell me how to live on
without you.

If only you had done me
one last favour

Taken me away with you
Instead of leaving me
stranded in this lonely
world.

-Sharaf 2021

THE WHISPERS OF PHYSICIAN BURNOUT”:

A SILENT CRISIS IN HEALTHCARE...



Dr. Shubha. H.V
Associate Professor,
Department of Pathology.



As the sun rises over the horizon and a new day begin;
I wake up from my bed, giving myself a broad rueful grin.
My soul determined and sworn by the oath;
But my body worn out and loathe;
"About going to work"!!!

Then my mind reminds me of the fact;
To get ready for yet another long day to tact.
As "I am a doctor, I am a doctor "!!!!
Later, I muster all the zeal;
To step out into the world to heal;
Recollecting myself the list of tasks and challenges to deal.

There I reach, to my workplace- a reputed, accredited,
specialized, nurturing, advanced hospital.....
Just to see the usual uncontrolled rampant woeful people
standing in long queues;
I swiftly walk over the scene, left with no clues.....
All set to start a hectic still pleasant day;
My phone rings to bring a news to my dismay;
"Patient is serious, Patient is serious" !!!

I left my consultation room immediately without any delay;
Rushing through the corridors, I reached the casualty;
People gathered there, were cursing the almighty's cruelty.
As I saw the ECG giving a flat line;
Shiver ran down my spine.

Within a few moments later, I declared the patient dead !!!
Little did I know what lay ahead.....
The mob had turned extremely furious,
They started approaching towards us,
Thankfully the tight security being utmost cautious,
Succeeded in defending us from the mob that was indeed too
barbarous !!!!

Is this what I had longed for years.....
To face the unexpected fears ????
I need some space to breathe;
As profound discontent is entwined within myself like a
wreath....
The long working hours and plenty of mails in the inbox that
pours,
For the low salary paid and enormous work done without any
extra aid,

It is high time we need an intervention to improve the
professional satisfaction and quality of care !!!
A decent salary to lead a standard life;
A bunch of adequate and good staff to reduce the strife.
A good patient-doctor relationship;
To forget about all the hardship.
Isn't all these just enough to meet our "Rational Expectations
with the Reality"???



THE MYSTERIOUS SHADOW

As the sun sets below the horizon;
I end my day with a rueful grin,
Trying to recollect the opportunities I missed in my past;
Which I always compare to the mysterious shadows at
last.

Shadows grow short & tall;
And at times completely vanish;
Leaving behind no traces at all.....

When the sun is bright at noon;
It is hidden within oneself;
Ready to appear in front soon;
Just to create confusion and strife!!!

Shadows are dark & deep;
Only to make one weep.
But it has the other side;
So remember to keep your eyes wide.
Try to search for the source of light;
Which can make your life bright.
Afterall, the darkest shadows are born out the brightest
lights!!!

Learn to loathe about these mysterious shadows;
While there are endless things you can endow.
Embrace other opportunities that come your way;
To lead a life happy & gay!!

A crying child can be made to smile;
As a deer, dog, bird and crocodile,
Are born out of a shadow art;
Isn't that a way too smart ???

Eyes are always caught by light, but shadows have more
to say.....

Life is like a broken kite, but only hard work can finally
pay!

So let us not regret,
About the missed opportunities,
As we can definitely beget,
The endless list of possibilities.....

Dr. Shubha. H.V
Associate Professor,
Department of Pathology.

IF THERE WERE ONLY TWO PEOPLE LEFT

It isn't hard to believe that the human race may end soon, maybe due to climate change or maybe due to war. Let us assume two people, a couple in their prime, somehow survive. Will they be able to repopulate the Earth?

A healthy couple could have, let us say, 15 to 20 kids, considering the female is healthy and strong enough.

The children are likely healthy and normal, as their parents do not share the same bloodline.

With no other people left, the children have to reproduce among themselves.

That's where the true problem begins.

There are more than 20000 coding genes. Human beings have a pair of all genes. Each gene has two alleles. Dominant and recessive. When present together, the dominant allele is expressed, and the recessive is only expressed when both genes present have recessive alleles.

Luckily, most diseases are caused by recessive alleles.

Let's consider the couple has all dominant and healthy pairs of genes.

There may not be any problem, and the lineage continues to be healthy.

But the possibility of this is very rare, almost impossible.

The parents are most likely to have recessive genes, which are passed down and can be expressed in the future generations. Let's say only the father has a recessive gene for sickle cell anemia, which is passed down to both his son and daughter. When they have a child together, there is a 25% chance that this child is affected by the disease. This way, the recessive genes multiply and are likely to be expressed in future generations.

The population may grow, but not drastically. The population will increase initially and then begin to decrease, considering no other variables are interfering.

In the next 50 generations, the definitions of normal would change.

It would become natural for people to see fewer colors, and colors would lose their importance. It will be normal for people to lose their children in abortions, stillbirths, and infant deaths. People would become insensitive to their children's deaths as it would be happening very commonly. There will be more infertile people and people with limb abnormalities, hence their acceptance in society will increase. The abilities of humans will decrease. The average IQ of the human race would drop. Science, art, and literacy may subside with fewer people contributing to them. There would be a large group of people suffering from pain, and the overall life expectancy would decrease. History would have to be rediscovered all over again. Technology could be considered an alien intervention. New diseases may arise and medicine may not be advanced enough to treat it. A new set of myths would arise, and we pre-apocalyptic humans will become legends.

There will be a whole new world built from scratch.

-Aadhya Lanka
2024 batch

I see all these buildings,
towering above me and
reaching for the clouds
and beyond.
In them, on the very top
floor, they stand,
chest puffed and hands
clapsed.

And I? I am here!
Down below,
can you see me?
I can see myself,
on the reflection of
your glass building.
Who is this?

Behind her is a sea,
Blue with what could only
be my own tears.
Is that what is behind me?
But nay, I shan't turn
around.
I must stare at this stranger
and her sea,
Knowing they are
inventions of my own
rattled mind.

I cannot unlock my
gaze, but still my mind
wanders.
And without any envy
or admiration,
I wonder if the
thoughts of those in
the buildings
were anything like
mine.

Prescription of Hope

-Shreya S 2022 batch

When I sit across the table, looking at my patient, I often wish I could magically make everything right. But instead, here is a "Prescription of Hope."

R_X

To the one sitting across from me, eyes heavy with a million questions—

I see the fear in your eyes:

A mother wondering if her child will ever be all right. A man asking if he'll ever run again.

An elderly woman, tired of the fight.

A father whose family is waiting at home.

I catch a glimpse of your entire life just through your eyes.

I wish I could prescribe hope like antibiotics—
one in the morning, one at night.

Complete the course, and everything will be alright.

But hope doesn't come in grams,
or in a shiny silver package.

It doesn't show up in scans or reports.

And yet, I believe hope is the most powerful medicine I know.

It doesn't promise a cure.

It offers no guarantee of a happy ending.

But it gives you the strength to show up—
To try, and to keep trying.

I write to you the way I speak to you—

Not as a case, not as just another patient,
but as a human being

Deserving of dignity, truth, and care.

This is your Prescription of Hope:

No expiry date. No dosage limit.

Refillable—through love,

Through strength,

Through people who will walk beside you, regardless of the outcome.

Take it with courage.

Take it with trust.

I feel small

-Juwariyah Surti
2024 batch

Mind Your LANGUAGE

With increasing tensions between native and non natives regarding local language in today's India, I hereby suggest we make English as our country's universal language. But, like all other things, we have to add our Desi touch to it..

As part of the negotiations, I concede that English spelling has some room for improvement and we need a five-year phase-in plan.

In the first year, "s" will be used instead of the soft "c". Also, the hard "c" will be replaced with "k". Not only will this klear up konfusion, but komputers have one less letter.

There will be growing kompany enthusiasm in the **sekond year** when the troublesome "ph" will be replased by "f". This will make words like "fotograf" 20 persent shorter.

In the **third year**, akseptanse of the new spelling can be expekted to reash the stage where more komplikated shanges are possible.

We will enkourage the removal of double letters, whish have always ben a deterrent to akurate speling. Also, al wil agre that the horrible mes of silent "e"'s in the languag is disgrasful, and they would go.

By the **fourth year**, peopl wil be reseptiv to steps sush as replasing "th" with "z" and "w" by "v".

During ze **fifz year**, ze unesesary "o" can be dropped from vords kontaining "o", and similar shanges vud of kors be aplid to ozer kombinations of leters.

After zis fifz yer, ve vil hav a reli sensibl riten styl. Zer vil be no mor trubls or difikultis, and employes vil find it ezi to kommunikate viz eash ozer.

Ov kors al supliers vil be expekted to us zis for all busines komunikation!

Ze drem vil finali kum tru.

-Dr. Jacob Ipe
Asst. Prof. Orthopedics

Song & TUNE

There was a time in lore,
There lived a happy song & a tune,
Both created memories of old,
Delighting old weary lost souls.

Song spoke on and on,
For she was 'Webster's child',
Words were her friends to play,
She strung them to sonnets of song.

Tune was a gentleman of time,
He hummed notes of special kinds,
He was simple with seven special notes,
He was old as the birth of time.

Song was waiting, sitting alone,
Tune came, he brought life to her realm,
Together they lit the universe of time,
Brought joy to the lost and the broken.

-Dr. Pooja Sarmah
Associate Prof. Microbiology

shall there be no
tomorrow's like yesterday's

As we know only who we *were*
Not who we *can be*

-Dr. Shruthi Shetty
Associate Prof. Community Medicine

Sunflower ON THE WALL

I have been walking in the shadows,
A sunflower on the wall...

A ghost soaking up the light
Day after day, I dream of what may follow

Voices around forecasting a fall
Yet the angels are calling to fly into the night.

-Dr. Shruthi Shetty
Associate Prof. Community Medicine



“THE BONSAI TREE”: UNRAVELING A TRAGIC IRONY OF LIFE

Dr. Shubha. H.V
Associate Professor,
Dept. of Pathology.

It was a Sunday afternoon when I felt a little stuck and bored with life. But I have always believed that boredom helps us to understand more about ourselves and the world around us; as it is our direct encounter purely with time. So I leaned into boredom rather than onto the smartphone screen.

I slowly walked towards my kitchen balcony and was surprised to see a stunted but perfectly pruned tree growing in a small pot in my neighbour's garden area. Yes, it was a **BONSAI TREE** - A masterpiece indeed!

I remember that it was in my eighth standard when I first heard about this peculiar tree in a chapter of my English textbook, titled “The Bonsai Life”. The lesson featured a conversation between two sisters. One of the sisters was illiterate, living in a village and dependent on her husband even for a few paise worth of curry leaves, whereas the other sister was educated, living in a city, working and leading an independent life. The city woman had grown a Bonsai tree in her home, about which her sister in the village was not so happy and was not in favour of the idea.

Little did I understand the depth of the chapter as a child but was just amazed at the idea of growing a big tree in a small pot.

I had seen these trees a couple of times in some of the shopping malls and parks. I was always curious about them since my childhood.

As rightly said by Dorothy Parker,

**“Cure for boredom is curiosity.
There is no cure for curiosity”.**

My curiosity was at its peak today, and I wanted to know more about the Bonsai trees. So I quickly went to my room and googled through some of the articles and websites about the history of bonsai trees, their methods of cultivation, how to take care of them, etc. I was eager to grow one at my home too. All that I had in my mind till then was that the bonsai trees were a recreation of nature in the form of miniatures, which can enhance the beauty of my home and that too requiring a small space with little water. But was it so easy to grow them and take care of them???? No, definitely it wasn't an easy task.

Bonsai challenges one's patience, time and monetary investments besides their gardening skills and designing capabilities. Yet challenges are not to be avoided or feared but they must be welcomed wholeheartedly. Moreover it was a new adventure for me to get rid of my boredom and I was sure that I could learn something out of it, expand my horizons and break the monotony of my daily routine life.

The dusk was falling down and as I watched the setting sun I yearned for a liquid hug for my brain.....of course, a cup of coffee as I feel that great ideas start with coffee!

Later, I sat down with a notepad and pen to make a list of preliminary things needed for growing a bonsai. After a while, I heard the banging and slamming noises of windows. I quickly went to the balcony and looked outside. There was a sudden change in the weather. The wind blew harshly, the sky had turned tar-black, and thick clouds had spread all over the sky. Bangalore's weather was unpredictable. Within a split second, the rain poured down. People rushed towards a big gulmohar tree at the end of the street to take shelter under its thick leafy canopy. Meanwhile, my neighbour was busy shifting the bonsai trees to a safe place away from the harsh blowing wind. All the members of the family were involved in protecting those delicate trees from the heavy downpour, just like a mother safeguards her child. This scene was an eye-opener for me!!!

I took a deep breath and questioned myself, whether my idea of growing the bonsai trees was a genuine one???? At the same time I realized the reason behind the village women in “The Bonsai life” chapter opposing the idea of growing the bonsai trees.

The reason was too simple and straightforward, yet with lots of inner meaning in it. It wasn't a good idea to stunt and prune a tree to a cupped hand's size when it could have grown several feet tall. It wasn't good on my part to deprive thousands of people who could seek shelter under the tree's canopy, the countless microorganisms and insects which could live in their roots, flocks of birds which could build their nests in the tree's branches.

I had realized the irony of bonsai trees now. Despite all the hard work, care, skill, patience and monetary value, bonsai trees were just miniature versions of what they could have been. All good things are wild and free. The beauty of nature is reflected in fully grown wild trees rather than the trees which are works of art valued only for their beauty. It is truly said that,

“When the root is deep, there is no need to worry about the wind.”

Yes, the larger trees stand strong against the heavy rains and harsh winds, holding the soil tightly in their roots and thus preventing the floods and landslides. In contrast to this, the bonsai trees are too delicate to withstand a strong wind and, in turn, need to be safeguarded.

The bonsai trees make one understand about life, themselves and the people around them from a different perspective. People assess strangers initially on their outer appearance rather than on the everlasting inner beauty, strength and talent. Sometimes we feel happy and contented with the appreciation of others and getting monetary benefits and we start thinking too highly of ourselves. But in reality, we are just miniature versions of what we could have been similar to the bonsai tree. All of us have to move out of our comfort zones, live our lives to the fullest just like the wild trees in the forest, and be a symbol of strength, love, care, freedom and growth rather than the showpieces in someone's golden cage.

Last but not the least bonsai trees indirectly symbolize the present situation of women empowerment in the society. There are lots of differences in the upbringing of a boy and a girl child in the society. Even today there is disparity in educating a male and a female child. As truly said by Michelle Obama **“There is no limit to what we as women can accomplish.”**

An illiterate woman can be compared to a Bonsai as she remains intellectually miniature and suffers from self pity and insecurity throughout her life. On the other hand, an educated woman can lead her life independently with respect in the society. She in turn can support her family and doesn't need to be backed by a man.

If you educate a woman, you educate a family,

If you educate a girl, you educate the future.”

-Queen Rania of Jordan.

I now understood that the true meaning of life was to plant trees. I had completely dropped the idea of growing a bonsai.

“He who plants a tree, plants a hope.”

The very next morning I woke up and the first thing I did was planting a sapling in my garden. It was high time for me to realize that if I give support to these little saplings today they were sure to support me later. Every single tree matters and it is our responsibility to save them.

Bonsai was not the end of my life but was definitely a new beginning of something great. I wholeheartedly thanked the bonsai tree for unravelling the truth of life.....!!



Stardust Under My Steps

The rainy sidewalk under the starry night
Reflecting the stars I step on, so bright
The stars twinkle down as I look up at them
Are they winking? Beckoning me through the rain
'Reach for me', they seem to say
Each right step will lead me your way
Stars up above seem to know the truth
The truth of my potential, who am I to refute?

-Siddhi Kasar
2021 batch



Our Hands

The hands that carry the future unknown.
Signed with scars running from north to south.
Mysteries hidden within.
For time no longer seems to hold what should have been.

Tales of undying love.
Songs of friendship.
Days of adventure.
Worlds to explore.

How we wonder of the unknown...
While we forget to see what lies amongst us.

A baby's laughter.
A father's prayer.
A friend's ear.
A husband's wish.
A mother's love.

The hands that carry the future unknown.
Yet if uncovered, filled to the brim.

-Dr. Shruthi Shetty
Associate Prof. Community Medicine



Seek

Jaded we become as we grey and wrinkle
Lost is the wonder, we only think and ponder
Trapped we are in shackles imagined,
Nourishing our egos, we hate to surrender.
Beautiful is the truth, only if we seek,
Look for it in places, where God is 'being'
In the silence of the night and rustling of leaves,
In the twinkling of gentle fireflies and lullabies
mothers sing.

-Dr. Pooja Sarmah
Associate Prof.
Microbiology

MAD EYE *moody*

Paperboat

Her footsteps faded into air,
fingers weaved a wave,
and thus it sailed
along trenches now laked,
her paperboat!

Words forced down her throat,
sunk in edges she tore
from a diary unknown.
Spirits she boxed away
unfolded in each, those
folds.

Doors closed in her dreams,
opened a gate in every crease
pressed down.
A cloud's every cry
soaked the ends of its lines.

Chances she chased
drifted in gulfs it passed.
Once an empty piece of paper,
carries now the depths of a
heart just poured.

Cruising down the alley
was every blot so heavy.
A slow romance there floated,
in search of another page
now turned voyage.

-Deepika K R
2021 Batch

No not Professor Moody and his prosthetic eye, but my very own eyeball, perched up in the skull, smothered in layers of cornea and sclera. In such comfort they sit, judging every whip of air - sentencing me to a moody slip and slide.

Waking up on a rainy Saturday evening, to see flooded streets and paperboats on loose, suddenly I am a poet in Queen Elizabeth's court, all gray in dramatic sighs and Shakespeare my friend, pass me my quill and oh I need no ink these tears are just enough.

Saw a pretty sunset, now I feel the wind brushing between every strand of my hair. Oh! The butterflies with their copper-sulphate wings, were puppies always this cute, grass this green? Was life always this beautiful?

Switch to - seeing a pretty girl in red, walking down the alley, her heels clicking in every step, she's just laughing, or is she spitting glitter, why do I see a halo flying over her head? I turn towards my reflection on the big window glass of corner store, Who even is this raggedy Ann?

Scrolling down my screen, to see a girl in flowy silhouettes, a white corset, living in a cottagecore vintage farmhouse baking sourdough and my mood is #existential crisis.

Cleaning my desk, just because my eyes should pass me the vibe check verdict before I can start being productive.

My eyes have just informed after seeing dozens of reels that a haircut is going to fix me up, no wait they think I need a complete makeover, no no they want me to be on this spiritual path cause sometimes from Australia backpacked on a solo self-finding trip to south-east Asia and found peace in meditation. Okay, but can someone please tell my eyes to stop projecting my embarrassing trip or the violent sneeze I took today, I'm trying to meditate!

There are days my eyes decide the mirror looks all slothed up and days where I am the next noble prize winner, who is going to revolutionise the world.

Days where I have figured, beauty is beyond the skin, days my eyes decide every little human around me is just out there to get me, nobody understands me, and my eyes now see depth, need to be patented before Socrates?

Sold on a 10 second reel or turned green in jealousy or leaving my life chaotic on seeing this clumsy closet?

My eyes just use my brain as a visual dumpster composting my serotonin levels.
If it is me, my will, my eyes, my mood or the world, their eyes and their mood, I'm yet to decipher.
Until then, my mad eye that turned me moody!

-Deepika K R
2021 Batch

The bluebird

Not my smile Antonio,
not yours either.
I name you so
for Mr. Spears'
named you right.

Go easy there,
oh gentle,
oh gentle
for my bluebird
brought you what
Heavens contain.

Dreams with streams
and butterflies
and greens.
Chances in cartles
for mirth and merry.

A shoulder, it's wings
for tears and vain.
Promises and pixies
With dust in air.
Clouds and skies
for hearts in tombs.

Chased their sunrises
oh my bird,
my bluebird
'Till one day
In your sunsets,
were you trapped.

Feathers to hug
against fingers to choke
You lay here now
slaughtered at the neck
staring at a ceiling, grey

What were you?
My bird, my bluebird
HOPE
I was.
You fool, my fool

-Deepika K R
2021 Batch

PRAYANA TO PRAYAG

Tushar M Potdar

2021 Batch

The sights, the sounds, the silence in between all combine into an experience that reshapes your heart, mind and soul. I will carry the echoes of Maha Kumbh Mela with me for the rest of my life. The profound peace, the overwhelming joy, and the divine energy that surrounded me are beyond expression. This sacred journey, this divine moment, is a reminder of the power of faith, the beauty of devotion and the path to spiritual awakening.

Visiting the MahaKumbh Mela, an event that occurs once every 144 years, is not just a journey through space and time, but a profound pilgrimage into the depths of one's soul. It is an experience that transcends the ordinary and touches something eternal, something that words cannot fully capture. The sheer magnitude of the gathering, with millions of devoted souls converging at the sacred banks of the river, is a powerful reminder of our shared humanity and our connection to the divine

In that sacred moment, surrounded by chanting, prayer, and the rising energy of devotion, one would feel a transformation that cannot be described in simple words. The rivers, flowing with centuries of wisdom and grace, cleanse not just the body but the spirit. The collective consciousness of millions, all united in their search for meaning, for purity, for enlightenment forms a wave of spiritual awakening that reverberates within you long after you leave.

It is a transformation so deep, so sacred, that it will continue to inspire and guide millions, as it has done for millions before me. Words may fail to describe the experience, but the essence of it will stay with me forever, as will the memory of being part of something far greater than I could ever have imagined.

There are no perfect definitions for beauty as it has different perspectives. In fact, the concept of a "perfect body" doesn't exist at all. It is only the unrealistic beauty standards set by society often enforced on men and women from a young age. It is absolutely okay to have few lumps, bumps, curves, wrinkles, and rolls in our body as it only proves that we are human beings. Even an ECG with flat line means that the patient is dead!!!

Beauty is also never eternal and it doesn't last for a lifetime. At the same time, it should never interfere with true love or negatively impact our relationships. Beauty should be appreciated internally and not just be limited to external expressions, attractiveness, or features.

Teachers at school should start conversations about body-shaming and encourage kids to share their experiences, reassuring them and boosting their confidence on body positivity. Teenagers should be motivated to present themselves to the world as the way they are without applying filters on phone cameras or without editing and beautifying themselves using Photoshop. Focusing on looks alone also incurs a huge monetary cost by spending on endless beauty products without satisfactory results. Amidst the darker side of body-shaming, there still exists a ray of hope as the fashion industry is shifting to more realistic models for their brands and fashion shows. Above all, accepting your body does not mean you are disregarding your health.

BEYOND THE MIRROR

Embracing self acceptance and resisting body-shaming

Most of us would have experienced body shaming in one way or the other. Body shaming does not necessarily mean only "fat shaming." The range of body shaming is extensive and it includes experiencing harsh, rough, unpleasant, oppressive comments or remarks about a person's body weight, body shape, age, height, muscularity, tone of voice or accent, clothing or style, eating habits, etc. The reality is that body shaming is a considerable threat to the mental health of the general population, no matter one's age, gender, or background. The most surprising fact is that body shaming often starts at home and at a young age!!!

A mother telling her daughter to use a particular cream on her face, a woman experimenting with various shades of concealer to hide her blemishes, a teacher telling a student to remove her glasses before taking a class photograph, a girl trying to straighten her curly hairs, a husband telling his wife not to wear high heeled shoes, and a woman trying to hide her tummy by holding her breathe while taking a family photo are all various forms of projected body shaming that arise from the insecurities that can start at a very young age.

Body shaming also can cause mental health disorders such as anxiety, depression, and body dysmorphic disorder (BDD), a disorder in which a person is extremely pre-occupied with worrying about any perceived flaws in their appearance. It can also lead to development of eating disorders such as anorexia nervosa (a serious eating disorder due to fear of gaining weight leading to faulty eating practices, malnutrition, and excessive weight loss) or bulimia nervosa (consuming an unusually large amount of food over a short period of time and then purging to get rid of extra calories). It can increase the proclivity for self-harming and/or suicidal behavior.

Young minds are flexible and at the same time too receptive. A child exposed to repeated harsh and insulting comments on his or her physical appearances starts to accept that he or she is flawed or defective. Body-shaming has an overall impact on a person's well-being, especially their mental health. The falsified insight created about one's body causes low self-esteem, self-distrust, insecurity, unnecessary apprehensions, and social withdrawal. Attending family functions or being a part of social gatherings becomes unbearable.

"Life is so much more beautiful and complex than a number on a scale."

-Tess Munster

So how can we surmount body-shaming and successfully deal with it when we encounter criticisms in our daily life? How can we uproot this evil of body-shaming from everyone's mind and from the society as a whole? Is it even possible?

The fact is that body-shaming can happen to anyone, anywhere, and in any form and we need to learn how to deal with it independently and earnestly. As already discussed, body-shaming can start within one's home. Children therefore should be made aware of the concept of body-shaming and be encouraged to accept themselves and their bodies. Parents should reframe negative body talk and teach children about developing self-compassion, self-care, and using their potential for positive outcomes. Parents also should not use names that objectify the child even if they address them with utmost love and care. Parents must avoid conversations where they pass derogatory comments about another person's body and looks.

Judging a person doesn't define who they are but it defines who you are. You are only one of your kind and as long as you are comfortable with your body, muster the courage to say when someone dares to body-shame-you- "my body is not your business".

Dr. Shubha. H.V
Associate Professor,
Department of Pathology.

GOA BEYOND BEACHES

A TRAVELOGUE

Dr Kavya S
Associate Professor
Dept of Paediatrics

This theme was more than enough to get my teammates all excited to participate in the Adventure Racing Championship (ARC) India 2023 organized by NthAdventure. Days were spent prepping for the race and trying to decipher hidden clues in the emails that were sent to us. Back to school geometry, we tried to put a compass with the centre at the starting point of the race and a 60 km radius circle around it to see where we would be running, cycling and kayaking. Is that a dam that I see on the map? Hmmm. Going through the mandatory equipment checklist so we don't miss anything gave some serious examination hall vibes.

The organisers held navigation workshops and webinars to clear our doubts and help us prepare, always grateful for that. Sure, of course, they were pumping us all up before they threw us in the ring. And boy, what a ring it was. My teammate asked me what our goal was for this race and I replied that as we have signed up for a 60 km race, to do only 60 km and not wander around and do more. Simple dreams.

We reached the National Institute of Water Sports (NIWS), Panjim, Goa on 7th September 2023 for registration. I made use of the bike taxis in the name of budget travel and enjoyed the journey in the light rain. Excited to see the other teams we lost ourselves in a crowd that is united with one passion, adventure racing.

We then headed towards the sea for some open water kayaking instruction session. The members of NIWS lead this and it was much needed as many of us had less experience of kayaking in the sea. The trick is to go through and beyond the waves so you reach the still waters where your boat is steadier. As is the trick with life.

My favourite has always been the registration desk as that's where I started this journey, but on the other side as a volunteer. So to go through equipment check, cycle check, medical check, team photoshoot etc is like going from ride to ride at a theme park. I wished there was some cotton candy though.

I was given a chance to speak in front of the crowd and dignitaries about adventure racing and from knowing nothing about it to being an active part of it has been a wonderful journey. The race booklet and the race flow were distributed and thus began the strategising. My teammate and I found a quiet corner and put our minds together to figure our task out. This is where you first see the race, in your mind's eye. And it's beautiful.

Come race day and all the teams assembled by 4am to travel to an unknown location two hours away (the compass idea went for a toss, didn't it?). The entire bus was drifting in and out of sleep but I was too excited for what lay ahead. After a delicious light breakfast, we assembled at the gates of Nethravali Wildlife Sanctuary ready to run into its heart to chase our dreams. The rain synced up perfectly with the countdown as if welcoming us. Seconds into the race all of us were drenched to the bone.

Our first checkpoint (CP1) was the Mainapi waterfalls. Special mention here to the volunteers who wait for the teams in difficult terrains, sometimes alone and do their job patiently. It's not easy. Hiking through the beautiful lush forest, up and up we went in search of the guardian's house (CP2). The thick forest suddenly opened up for a view of the far away hills covered in a green carpet. Though we were running a race, we tried to pause time here for a moment of awe.

Warding off leeches with a homemade secret ingredients mix generously gifted to us by the villagers we moved ahead to Tudav junction (TA1) which was a transition area to start the cycling leg of the race.

Just 200 metres into cycling we encountered a cycle chain issue. Your ears become exceptionally sharp to detect abnormal noises on the race, especially the ones coming from your cycle. Fixing it we went ahead and turned a corner to see a peacock just strutting on the road. It ran in the front and we cycled behind it until it realised how majestic it was and how puny we were and just took off into the air and soared high. It was one of the most magnificent sights my teammate and I have ever seen.

We rolled down the curves of the forest towards Education Junction (CPA) and then Bud Bud Lake (CPB) where friendly faces were waiting for us to punch our race passports. Legend has it that the Bud Bud/Nethravali lake forms bubbles at the bottom that rise to the surface and break to form fascinating ripples, and more so if there is sound nearby, like clapping. Discussions as to whether this is due to certain elements in the lake or the local deity are still ongoing today. We just bowed our heads in respect and looked for the CP board. The Goan Ghat challenged us with its never-ending uphill. Each bend in the road looked the same and they kept coming and coming. We passed through the scenic Bamanbudo waterfalls which was right across the road.

As we cycled through the jungle, the noises of the waterfall faded and a thick silence engulfed us. Some kind passersby warned us about wild animal sightings in the area. My teammate and I hurried along, sticking closer together eager to find civilization.

As the sun scorched above us, we ran out of water (and the countless litres of ORS) and decided to ask at a local home for some. We were not ready for their question, "Do you want warm or chilled water?" Such was the generosity we were met with. Replying that we were more than happy with their tap water too, we quickly gulped it down, thanked them and raced on. It was then that the clouds decided to pour down on us. Initially, we pedalled on in spite of the rain but it became very difficult and we stopped by the side of the road under a tree. Looking at our plight, a local invited us into his home onto the verandah (porch). What did we do to deserve so much goodness?

With a quick stop at Gaodongrem (took me a while to pronounce this correctly) high school (CPC), we took the "right left turn" and marched on through countless paddy fields. It was good as far as the eye could see and my teammate was contemplating buying land here, to permanently check-in at a checkpoint.

We headed towards Cotigao panchayat (TA2) where a surprise activity awaited us. We had to hand grind rice into flour using a stone grinder (chakki in local language). Having never done this in my own home, I thank the organisers for getting me all the way to Goa to grind rice. Good job highlighting local culture!! Me and my teammate set to work trying to use grandma's tricks to get the job done faster. There were strict quality assurance rules to adhere by, the flour had to be fine enough or else we wouldn't move ahead. Energised by the steamed patolis (local sweet dish sweetly prepared by the villagers) we put our hands together for the task. Finally, the activity was done, and we hoped that the people eating this wouldn't curse us.

We were now handed the next set of maps for the journey ahead and this time there was a topographic map, filled with contour lines. I'll be honest, the last time I encountered this was in school trying to figure out where the mighty Himalayas was. And now, we'll have to decipher this to decide whether we should take a right or left at the panchayat?!! I can't read the lines on my hand, let alone the map.

So when we reached Bela Barricade (CP6) and saw the volunteers' red bibs from a distance, that was proof that we were on the right track. It was like a stamp of approval to keep going. We soon exited the forest onto the national highway, past the yellow shelter (CP9) and The Eco Stay (TA3). This was to be our kayaking phase but was cancelled due to the yellow alert predicting rain. Disappointed as we were, we pushed on racing against the sunset. We crossed the blue metal bridge (CP10) across the Talpona river which was shimmering in the golden light.

Here came a dilemma. We could not figure out the way to the beach which was our next destination and we were doubtful whether we should even go there. We wondered if we should skip it. But all the CPs have to be visited. That was the rule. We wanted to do justice to the organisers who scout 400+ km to chart a 100 km course. Kudos to their efforts and passion. We postponed the decision making and went ahead in the general direction of the endpoint.

Thankfully we figured out that the way to the beach was through a private property (with public access) and we got our selfie at the Rahag beach (CP11). Stars were beginning to peep out of the night sky. Mounting our cycle lights, we went through the highway underpass (TA4) towards Datta Mandir (CPD). The bhajan drifting through the temple windows (and there were many) brought a smile to my face.

We parked our cycles at Burgstation (TA5) and ran the last leg of the race. This was it. The end was at sight. The finish line was at The Lost Hostel where all our friends were waiting to welcome us. All the fatigue and pain vanished as we were surrounded by smiles and hugs. We were home. Thank you to the organisers, volunteers, sponsors and Goa for giving us a once-in-a-lifetime experience. Team Happy Feet thoroughly enjoyed this journey and is eagerly awaiting the next adventure!!

P.S. Looking back, at one of the CPs we discovered that we were behind. A line from the Bhagavad Gita then came to my mind: "Hatho va prapsyasi svargam Jithva va bhokshyase mahim Tasmad utthistha kaunteya Yuddhaaya kruta nischayaha" Lord Krishna tells Arjuna that if he loses in the battle of Kurukshetra, he will go to heaven. And if he wins, he will enjoy the earthly kingdom. Hence he urges the prince to stand up and decide to battle. We were already behind. What would happen, we'd be more behind? Behinder? If we won, glory would be ours. So we might as well stand up and fight.

ಮನದಾಳದ ಕೆಲ ಸಾಲುಗಳು

ಅತ್ಯವಿಶ್ವಾಸ

ಮೋಡಗಳ ಮಡಿಲಿನ ನಕ್ಷತ್ರಗಳ
ನಡುವಲಿ
ಹೊಂಬಿಸಿಲಿನ ಹರುಷವು ಮೂಡಿತು
ಮನದಲಿ
ಕೋರಿಕೆಯ ಕಲರವ ಕಂಗೊಳಿಸಲು
ಕಾಯುತ
ಮರೆತಂತೆ ಮರೆಮಾಚಿ ಮುಸುಕಿತು
ಮೌನದಲಿ

ಜಾಹ್ನವಿ ಗಿರಿಮಂಜಿ
೨೦೨೧

ಕನ್ನಡ ಕನ್ನಡ

ನಮ್ಮ ಉಸಿರೇ ಕನ್ನಡ||

ಇಲಿಯ ಪ್ರಕೃತಿಯೇ ಅದ್ಭುತ
ಸಾಹಿತ್ಯದಲ್ಲಂತೂ ಶ್ರೀಮಂತ||

ಇಲಿವೇ ಐತಿಹಾಸಿಕ ಕೋಟಿ ದುರ್ಗ
ರೈತರಿಂದ ಹಿಡಿದು ಎಲ್ಲರಿಗೂ ಇದೇ ಸ್ವರ್ಗ||

ನಮ್ಮ ಇತಿಹಾಸವನ್ನು ಕಣ್ಣಿತ್ತಿ ನೋಡುತ್ತಿದೆ
ಪ್ರಪಂಚ
ಅನ್ನ ನೀರು ಗಾಳಿ ನೀಡಿದ ಈ ನಾಡೇ ನನ್ನ
ಪ್ರಪಂಚ||

ಇದುವೇ ನನ್ನ ನಾಡು ಕರುನಾಡು||

ಶಿವಯೋಗಿ ಮೃ ವಸ್ತದ
೨೦೨೧

ಊರ ಹಾದಿಯ ಓಡಾಟದ ರೇಖೆ

ನಿಂತರೆ ಶೂನ್ಯ,

ಚಲಿಸಿದರೆ ಬದುಕಿನ ಜ್ಞಾನ|

ಈ ಕ್ಷಣದಲ್ಲಿ, ಈ ಕ್ಷಣಕ್ಕಾಗಿ ಜೀವಿಸು,
ಪ್ರತಿ ಉಸಿರಿಗೂ ಹೊಸ ಅರ್ಥವನ್ನು ಕಂಡು.

ಶಿವಯೋಗಿ ಮೃ ವಸ್ತದ
೨೦೨೧

ನಾಳೆ

ಕಾಣದ ನಾಳೆಗೆ ಇಂದಿನ ತಯಾರಿ
ಮುಸುಕಿದ ಮೋಡಕೆ ಇರಲಿ
ನಿನ್ನದೊಂದು ಹಾಜರಿ
ಮೋಡಗಳ ನಡುವಣ ಪಥಕ್ಕೆ
ಕಿರಣಗಳೇ ಸಂಚಾರಿ
ಕಿರಣಗಳ ಸ್ಪರ್ಶವೇ ಇನ್ನು ನಾಳೆಗೆ
ಖಾತರಿ

ಜಾಹ್ನವಿ ಗಿರಿಮಂಜಿ
೨೦೨೧

ಅವಳು

ನೂರೆಂಟು ಮಾತುಗಳ ಕಿವಿಯಿಟ್ಟು
ಕೇಳುವಳು

ನಾ ಕಾಣೋ ಕನಸೆಲ್ಲ ತನ್ನ ಕಣ್ಣಲ್ಲೇ
ನೋಡುವಳು

ಇತ್ಯರ್ಥ ಗಯ್ಯದೆ ಕೆಲ ಆಗು ಹೋಗುಗಳ
ನಿಷ್ಕಲ್ಮಷ ನೆರಳಿನ ಬಾಂಧವ್ಯ
ತೋರುವಳು

ಜಾಹ್ನವಿ ಗಿರಿಮಂಜಿ
೨೦೨೧

ಕಣ್ಣಣಿ

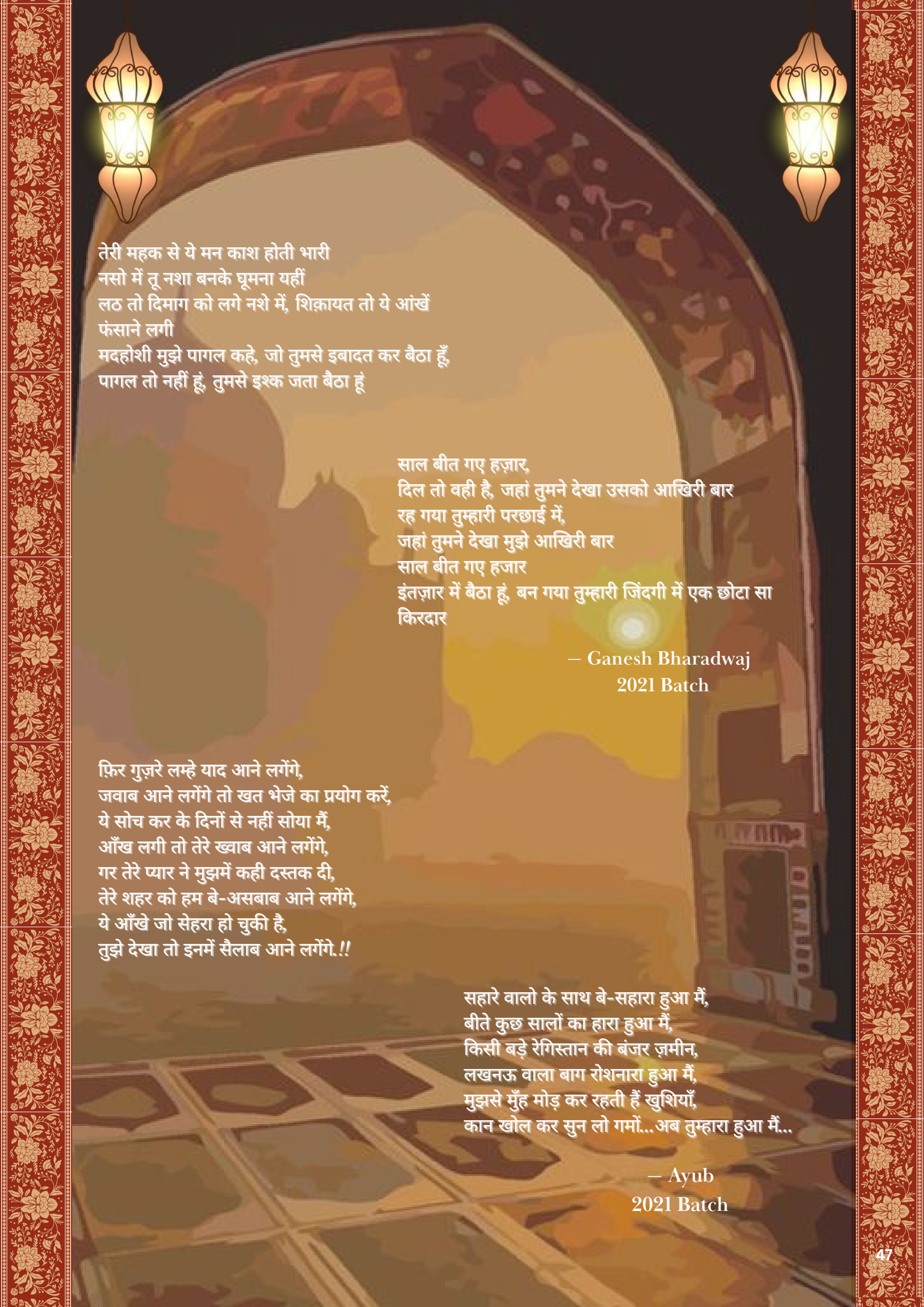
ಕಡಲ ಕೊನೆಯಲಿ ಕಾತುರದಿ
ಕಾದೆ,
ಅಲೆಗಳ ಕಲರವ ಕೇಳಲು ಕೂತೆ,
ಕವಿತೆಯೊಂದ ಕಲಿತೆ,
ಕಲ್ಪಶ ಹೃದಯದ ಕೋಳಿಯನ್ನ
ಕಳೆದೆ.
ನನ್ನ ಕಣ್ಣಣಿಯನು ಕನವರಿಸುತ
ಕಳೆದುಹೋದೆ,
ಎಚ್ಚರದಿ ಯೋಚಿಸಿದೆ,
ಅವರ ಕೈ ಹಿಡಿಯುವ ಕನಸು
ಯಾಕೆ ಎಂದು ಕಲ್ಪಿಸಲಿಲ್ಲ.

ಮೋಹನ್ ಸ್ವಾಮಿ
೨೦೨೧

ಹಳದಿ ಹೂ

ಓ ನನ್ನ ಪ್ರೀತಿಯ ಹೂವೆ,
ನೀ ಏಕೆ ಇರುವೆ ಹಳದಿ?
ನಿನಗೆ ಖುಷಿಯಿದೆಯೇ ನಿನ್ನ ಬಣ್ಣದ
ಮೇಲೆ?
ಎಂದಾದರು ಅನಿಸಿತೆ ಕೆಂಪಾಗಲು
ಅಥವಾ ನೀಲಿ?
ಹೇಗೆ ಉತ್ತರಿಸುವೆ ನನ್ನ ಪ್ರಶ್ನೆಗೆ ಎಂದು
ಯೋಚಿಸಿದೆ.
ನೀ ಉತ್ತರಿಸಿದೆ ಸುವಾಸನೆಯ ಮೂಲಕ
ಹೌದು ಎಂದು.
ನಾ ಸುಮ್ಮನಿರಲಿಲ್ಲ, ಮತ್ತೆ ಕೇಳಿದೆ ಏಕೆ
ಎಂದು?
ನೀ ಉತ್ತರಿಸಿದೆ ರುದ್ರನ ಮುಡಿ ಏರಿ
ಸಂಪಿಗೆ ಎಂದು.

ಮೋಹನ್ ಸ್ವಾಮಿ
೨೦೨೧



तेरी महक से ये मन काश होती भारी
नसो में तू नशा बनके घूमना यहीं
लठ तो दिमाग को लगे नशे में, शिक्रायत तो ये आंखें
फंसाने लगी
मदहोशी मुझे पागल कहे, जो तुमसे इबादत कर बैठा हूँ
पागल तो नहीं हूँ, तुमसे इश्क जता बैठा हूँ

साल बीत गए हज़ार,
दिल तो वही है, जहां तुमने देखा उसको आखिरी बार
रह गया तुम्हारी परछाई में,
जहां तुमने देखा मुझे आखिरी बार
साल बीत गए हज़ार
इंतज़ार में बैठा हूँ, बन गया तुम्हारी ज़िंदगी में एक छोटा सा
किरदार

— Ganesh Bharadwaj
2021 Batch

फिर गुज़रे लम्हे याद आने लगेंगे,
जवाब आने लगेंगे तो खत भेजे का प्रयोग करें,
ये सोच कर के दिनों से नहीं सोया मैं,
आँख लगी तो तेरे ख्वाब आने लगेंगे,
गर तेरे प्यार ने मुझमें कही दस्तक दी,
तेरे शहर को हम बे-असबाब आने लगेंगे,
ये आँखे जो सेहरा हो चुकी है,
तुझे देखा तो इनमें सैलाब आने लगेंगे!!

सहारे वालो के साथ बे-सहारा हुआ मैं,
बीते कुछ सालों का हारा हुआ मैं,
किसी बड़े रेगिस्तान की बंजर ज़मीन,
लखनऊ वाला बाग रोशनारा हुआ मैं,
मुझसे मुँह मोड़ कर रहती हैं खुशियाँ,
कान खोल कर सुन लो गमों... अब तुम्हारा हुआ मैं...

— Ayub
2021 Batch

CASE CHRONICLES

where rarity meets reality

Quest of rare Case reports, here at Sapthagiri



1

BEHIND THE KNEE TO BEHIND THE CALF: Baker's Cyst Reimagined

Huzaifa Fathima (2023),

Dr.Ramesh M Tambat, HOD, Department of General Surgery

CASE



A 62-year old male with progressive bilateral knee pain and complaints of swelling in left calf since 3years . Insidious in onset, gradually progressed from 2x2cm to 20x8 cm. Affecting mobility and daily activities. Previously aspirated.

CASE REPORT



INVESTIGATIONS

Mild suprapatellar collection is noted
HPE reports indicate benign simple inflamed cystic lesion

- MRI findings on the left side revealed a large, well-defined, lobulated cystic lesion measuring 8.3 x 9.4x 19.8 cm (AP X TR XCC) located in the left popliteal fossa, insinuating between the medial head of the gastrocnemius and semimembranosus tendon
- The collection demonstrates a communicating tract to the left knee joint, with multiple septations and T2 hypo intense internal debris, consistent with a baker's cyst. Mild suprapatellar collection is noted

PROVISIONAL DIAGNOSIS

BAKER'S CYST



INTRA-OPERATIVE FINDINGS

Patient placed prone and incision made over the site of the cyst. Once was aspirated hence infected .Adhesion of cyst to gastrocnemius muscle was excised by using blunt and sharp dissection techniques, extension of the baker's cyst noted to the joint capsule which was disconnected and joint capsule was closed after placing Romovac drain,slab was placed for immobilization.

REFERENCES

- 1.Hyland S, Sinkler MA,Varacallo M. StatPearls [Internet]. StatPearls Publishing; Treasure Island (FL): Jul 25, 2023. Anatomy, Bony Pelvis and Lower Limb: Popliteal Region. [PubMed]
- 2.Tofte JN, Heide MJ, Nossens N. Popliteal (Baker's) Cysts in the Setting of Primary Knee Arthroplasty. Iowa Orthop J. 2017;37:477-480. [PMC free article] [PubMed]
- 3.Campbell's Operative Orthopedics. [Non traumatic disorders]
- 4.SDas- A Manual on Clinical surgery [Swelling]

REPORT

This case report presents Baker's cyst that manifested as a large cystic swelling in the calf, resembling a soft tissue sarcoma. Clinical findings, including transillumination and fluctuation, supported the diagnosis. Histopathological examination confirmed benign simple inflamed cystic lesions. MRI revealed a lobulated cystic lesion in the left popliteal fossa with a communicating tract to the knee joint and multiple septations. The report emphasizes the importance of MRI in distinguishing between soft tissue tumors and cysts, cautioning against aspiration when a communication with the joint cavity is evident. Proper postoperative care, including drainage and immobilization, was crucial for achieving favorable outcomes in this case.

SUMMARY

EXAMINATION

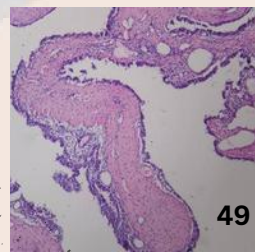
An ill-defined, bilobed swelling measuring approximately 20x 8cm, extending from the inferior limit of the popliteal fossa upto 15 cm above calcaneum. • No local rise in temperature; non-tender and cystic in consistency.

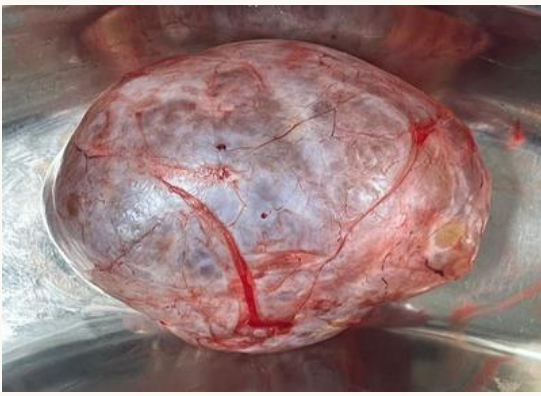
- Fluctuation-present.
- Foucher's sign-positive.
- Transillumination-positive.



DISCUSSION

• Baker's cyst is typically associated with degenerative joint diseases and usually forms in the popliteal fossa. In this case, however, it presented as a large swelling in the calf region, mimicking a soft tissue sarcoma. Proper postoperative care, including draining and immobilisation is crucial for achieving excellent outcomes in such cases.





RETROPERITONEAL MUCINOUS CYSTADENOMA

SLAGHAN HEDGE AND SINCHANA P T (2021)

HISTORY OF PRESENTING ILLNESS

- The patient came with complaints of lower abdominal pain since 7 days. The pain was insidious in onset, gradually progressive, on and off type, spasmodic pain that increased in intensity since 2 days. It was associated with nausea and vomiting. She had 2-3 episodes of vomiting over the week which was non-projectile and contained food.
- The patient also came with complaints of fever. It was insidious in onset and gradually progressed over the week. No aggravating or relieving factors. It was intermittent type, with no associated headaches and rashes.
- No H/O of evening rise of temperature, weight loss
- No H/O constipation, burning micturition
- No H/O bleeding per rectal or Melena
- No H/O breathlessness, PND, Orthopnea

PAST HISTORY

- K/C/O hypertension and diabetes mellitus for 4 years and is on medications for the same
- She underwent total hysterectomy with bilateral salpingo-oophorectomy 20 years ago due to a bull gore injury

PERSONAL HISTORY

- Diet: Indian mixed
- Appetite: Adequate
- Sleep: sound
- Bowel and bladder: Regular and normal
- No ill habits

FAMILY HISTORY

- No H/O malignancies in the family

PATIENT DETAILS

- Name : XYZ
- sex : female
- age : 65 years
- education : 4th standard
- marital status : married
- occupation : home maker
- address : Jalahalli, Bangalore
- date of admission : 08/ 05 /24
- date of examination : 08/ 05 / 24
- socioeconomic status : lower middle class (modified Kuppuswamy classification)

CHEIF COMPLAINTS

- Abdominal pain since 7 days
- Fever since 7 day

DRUG HISTORY

- T.GLIMEPIRIDE
- T.PIOGLITAZONE
- T.METFORMIN
- T.AMLODIPINE

PHYSICAL EXAMINATION

Moderately built and nourished

- The patient is conscious and well-oriented to time, place, and person
- Pallor present
- No signs of Icterus/Cyanosis/Clubbing/Lymphadenopathy/Edema

- Temperature: 99.4 degrees Celsius
- Pulse: 114 bpm
- BP: 140/90
- RR: 14 cycles per minute
- SpO2: 94

TREATMENT AND OUTCOME:

The patient was posted to surgery.

- Procedure: Exploratory Laparotomy with Cyst excision.
- The patient is stable and is recovering well

FINAL DIAGNOSIS BASED ON HISTOPATHOLOGY RESULT: BORDERLINE MUCINOUS CYSTADENOMA OF RETROPERITONEAL ORIGIN



USG findings

SYSTEMIC EXAMINATION

CVS: S1 S2 heard, no murmurs

- RS: bilateral normal vesicular sounds heard, no added sounds
- CNS: the patient is conscious and oriented to time, place, and person

PER ABDOMEN:

Inspection

- Abdomen is flat
- Umbilicus is inverted
- All corresponding quadrants are moving equally with respiration
- No scars, sinuses
- No visible peristalsis, abdominal distension
- No skin changes
- Palpation
- Inspectory findings were confirmed
- Local tenderness present in the right lumbar region
- Palpable mass in the right lumbar region measuring 6 x 8 on deep palpation

- Cystic in consistency
- Non-ballotable
- No hepatosplenomegaly
- No Renal angle tenderness
- Hernia orifices intact

Percussion: tympanic

Auscultation: normal bowel sounds heard

GENITALIA: Normal

PER RECTAL EXAMINATION:

Normal

ENT EXAMINATION: Normal EYE EXAMINATION: Normal

INVESTIGATIONS

- Hematology: CBC, PT, APTT
- Biochemistry: RBS, LFT, RFT
- Plain and contrast CT of abdomen and pelvis
- USG of abdomen and pelvis
- Histopathology

DISCUSSION

Retroperitoneal tumors account for less than 0.2% of all neoplasms.

Retroperitoneal mucinous tumors are rare, and although they share a histological similarity to ovarian mucinous cystadenomas, they can arise at any location in the retroperitoneum without attachment to the ovary.

Mucinous cystadenomas are more commonly found in the pancreas and the ovary; therefore, the origin of mucinous cystadenomas in the retroperitoneum is widely debated.

Two main theories may explain the histogenesis of a retroperitoneal mucinous cyst adenoma,

- One theory involves the seeding of ectopic ovarian tissue in the retroperitoneum (However, Ovarian remnants have not been identified in the wall of the cysts and because of their resemblance to ovarian mucinous cystadenomas these cysts were considered to be female specific but these have been now reported occurring in male patients as well.)
- The second, more recent hypothesis is that these tumors arise from an invagination of the multipotential mesothelium with subsequent mucinous metaplasia of the mesothelial lining cells

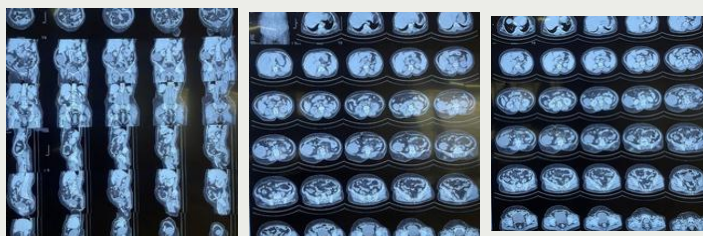
Retroperitoneal Mucinous Cystadenomas clinical presentation depends on the location and the extent of the mass.

Our case highlights the symptoms of a 65 year old female who presented with intermittent pain in the right lumbar region which on depalpation was indicative of cystic mass. Further an abdominal USG and CT confirmed this. Due to the location of the cyst in the retroperitoneum, our patient developed compressive symptoms that led to early detection, despite initially presenting with severe abdominal pain, which was not characteristic of any specific disease.

Based on a review of the cases reported in the literature, these neoplasms can be

classified into three clinicopathologic types.

- Firstly the retroperitoneal mucinous cystadenoma, which is a benign cystic tumor characterized by a large, unilocular or multilocular cyst.
- The second type is where the lining epithelium contains foci of the proliferative columnar epithelium in addition to the columnar epithelium.
- The third type is the malignant mucinous cystadenocarcinoma. Areas of benign and mucinous tumors of low malignant potential may be seen in addition to the cystadenocarcinoma



CCT findings

INTRODUCTION

Mesenchymal hamartoma of the liver (MHL) is a rare condition comprising 6–8% of paediatric liver tumours and less than 2% of paediatric neoplasms, yet is the second most common benign hepatic tumour in infants. MHL is often considered a developmental anomaly of the portal connective tissue.

CASE REPORT

• A case of one-year-old child presented to the surgical OPD in our hospital with abdominal distension for two months and lower respiratory tract infection for three weeks. The baby was born to a 28-year-old primigravida at 38 weeks of gestation via LSCS and was admitted to NICU on day 5 due to hyperbilirubinemia.

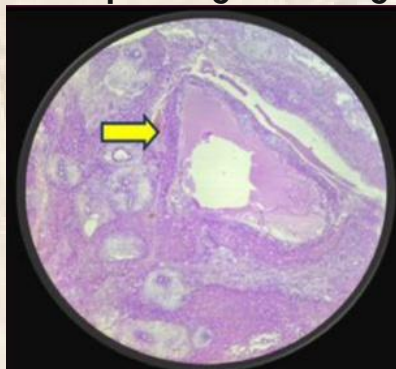
• On examination, there was significant abdominal distension and palpable hepatomegaly.

INVESTIGATIONS

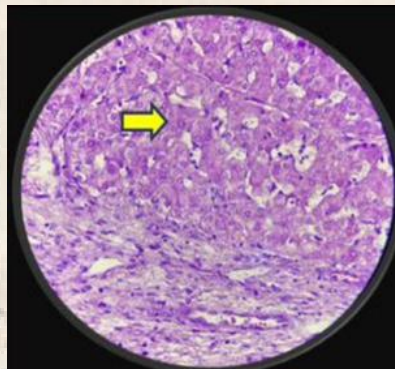
1. Contrast Enhanced CT Findings

Grossly enlarged liver with craniocaudal dimensions measuring 16 × 6.5 cm. A well-defined, large complex cystic lesion with multiple internal septations and peripheral solid components was noted, predominantly occupying the right lobe of the liver. The lesion measured approximately 10.6 × 11.7 × 15.3 cm (AP × TR × CC), with an estimated volume of 900–1000 cc. It caused significant displacement of the right and middle hepatic veins, and compression of the inferior vena cava (IVC). The right portal vein was not visualized. Additionally, the pancreas was displaced towards the left due to the mass effect of the lesion.

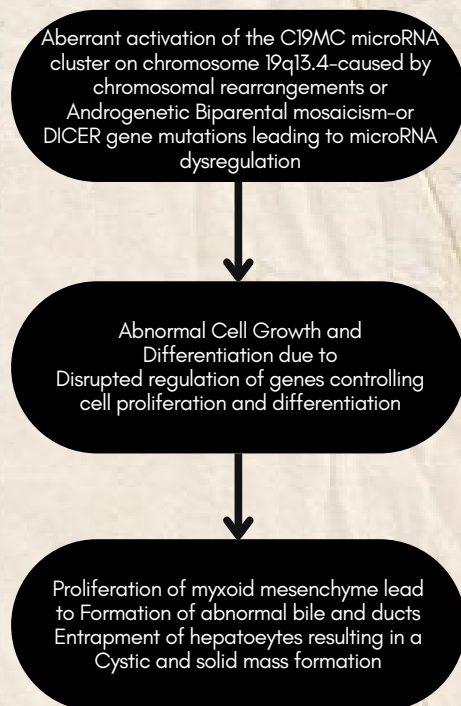
2. Histopathological Findings



Variable proportions of solid and cystic components



Eosinophilic material with cystic degeneration of portal triad.



MANAGEMENT

Complete surgical excision was performed. The child had an uneventful recovery postoperatively.

CONCLUSION

MHL is a rare paediatric tumour that poses a significant challenge. Early recognition and accurate diagnosis are essential for optimal outcomes. Multidisciplinary expertise and vigilant perioperative care are crucial to minimize morbidity and ensure long-term cure.

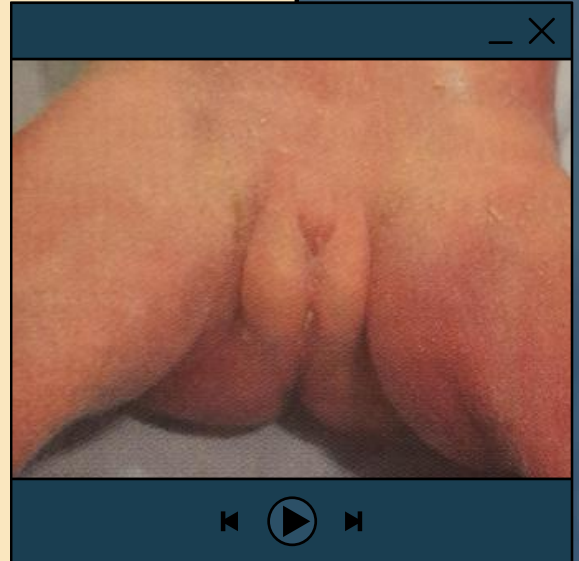
CASE REPORT

Ambiguous Genitalia

—Nihal Peediyakkal ; Dr.Shubha Nivargi

CASE REPORT:

A newborn baby, born at late pre-term (34 -36 weeks of gestation) via lower segment cesarean section (LSCS), presented at 2 hours of life with respiratory distress syndrome and ambiguous genitalia.



FINDINGS:

On physical examination:

- Examination of External genitalia revealed an underdeveloped scrotum. The left scrotum had increased pigmentation compared to the right.
- The right sided testis was palpable at the superficial inguinal ring, while the left testis in the scrotum.
- Anteriorly placed anal opening.

INVESTIGATIONS

Ultrasound: Absence of uterine tissue, well-defined hypoechoic structure near the right iliac vessel with peripheral cystic areas, suggestive of ovarian tissue.

Karyotyping: Normal (46XY)

Hormonal Profile: Androstenedione: 1.35 ng/ml, Total testosterone: 2.3 ng/ml, Thyroid Stimulating Hormone (TSH): 5.661 mIU/L, Free T3 2.19 pg/ml.

DISCUSSION

Disorders of Sexual Development (DSD) are a complex group of conditions which require a detailed evaluation and management. Ambiguous genitalia is also known as atypical genitalia and is a type of disorder of sex development (DSD). The incidence of ambiguous genitalia in newborns is about 1 in 4,500. This condition is commonly seen in deficiency of enzymes required for sexual development or due to adrenal hyperplastic conditions. Management of ambiguous genitalia requires a multidisciplinary approach. Early diagnosis and management including psychosocial support in these cases is crucial as it has significant impact on the family and direct the gender of rearing in the short-term, and monitoring for the development of malignancy in the gonads in the long-term.

Conclusion

1. A comprehensive, multidisciplinary workup is crucial for accurately diagnosing and managing the complexities of ambiguous genitalia.
2. A precise diagnosis is important not only for optimal medical management but also for addressing the significant social factors associated with these conditions.
3. Early and accurate diagnosis enables interventions that can help the patient live a life as normal and fulfilling as possible, mentally and socially

LEAKY CAULDRON

WHEN CSF FINDS AN UNEXPECTED EXIT

•DEEPIKA K R(2021); •DR.NAVEEN KUMAR

HISTORY

A 40 year old obese female patient presented to the Ent OPD with spontaneous unilateral watery discharge from left nostril since 3 – 6 months, which was insidious in onset, gradually progressive, aggravated on bending down, lifting heavy weights, not relieved on medication.



EXAMINATION FINDINGS

I.CLINICAL FINDINGS

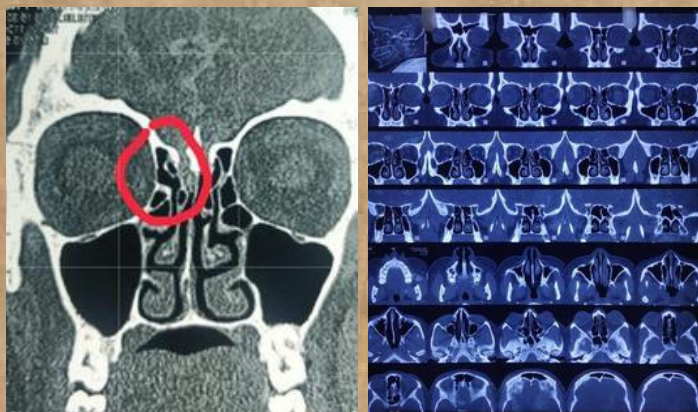
- Patient was unable to sniff back the nasal discharge
- Reservoir test – positive for nasal discharge
- Handkerchief test - Target sign/halo sign present for nasal discharge

II.BIOCHEMICAL INVESTIGATIONS

- Beta-2 Transferrin test – positive for nasal discharge

III.RADIOLOGICAL FINDINGS

- CT Cisterno-graphy revealed a small defect measuring 0.8mm in the left cribriform plate



MANAGEMENT

- Patient was treated conservatively for 3 months with Acetazolamide and advised complete rest.
- Due to persistent CSF rhinorrhea, Endoscopic CSF Leak Repair was done.
- Post-operatively-
-treated with Acetazolamide
-advised complete rest
- On following up every 3 months for 3 years patient is asymptomatic.

DESCRIPTION

•Definition: Cerebrospinal fluid (CSF) rhinorrhea is the escape of fluid surrounding the brain and spinal cord. It occurs when there is a fistula between dura and the skull base and discharge of CSF from the nosel.

•Etiology: CSF Rhinorrhea or liquorrhea commonly occurs following head trauma (Fronto-basal skull fracture), as a result of intracranial surgery, or destructive lesions. A spinal fluid leak from the intracranial space to the nasal respiratory tract is potentially very serious because of the risk of an ascending infection which can produce fulminant meningitis.

•Epidemiology: Where in, CSF leak following trauma occurs in 80-90% of cases, spontaneous leak is seen 3-4% of cases and after a post-operative defect in 10% of cases.

DIFFERENTIAL DIAGNOSIS

Cerebrospinal fluid Rhinorrhea, Allergic Rhinitis, Vasomotor Rhinitis

PROVISIONAL DIAGNOSIS

Unilateral CSF Rhinorrhea from the left nostril

REFERENCES

- Abuabara A. Cerebrospinal fluid rhinorrhea: Diagnosis and Management. Med Oral Cir Bucal2007;12:E397-400.
- Boppana HK, Welch T, Calderon C. Spontaneous Cerebrospinal Fluid Rhinorrhea: A Case Report. Cureus. 2020 Jul 26;12(7):e9401.

SHOCK OR SHOCKED? THE DEADLY MASQUERADE

6

Authors

Siddhi Kasar (2021), Dr. Bhaskar B

INTRODUCTION

Waterhouse Friderichsen Syndrome is a rare clinical conundrum described as adrenal insufficiency a/w b/l adrenal haemorrhage in the setting of bacterial sepsis. Principal manifestation of WFS is shock and often presents with non-specific symptoms, making it difficult to diagnose.

CASE REPORT

The 70 y/o female patient with no known co-morbidities presented with high-grade, continuous-type fever, severe, diffuse abdominal pain a/w burning micturition, and non-projectile type of vomiting since 2 days. Patient was started on ionotropes in view of hypotension. Routine examinations showed elevated levels of TLC with neutrophilic predominance and raised CRP and serum procalcitonin. Urine routine showed plenty of WBCs with bacteruria. USG Abdomen showed a thin sleeve of perinephric fluid at the upper pole of the right kidney s/o pyelonephritis. Patient was provisionally diagnosed to have septic shock secondary to urosepsis.

Due to no improvement in the patient, CECT abdomen and pelvis was done, which showed significant periadrenal fat stranding s/o b/l adrenal haemorrhage. Serum cortisol levels were below normal.

Blood and urine culture showed *E. coli* growth. Patient was diagnosed to have urosepsis with acute bilateral adrenal haemorrhage with adrenal crisis- Waterhouse Friderichsen Syndrome due to *E. coli* (non meningococcal). Patient was treated with appropriate antibiotics and steroids, after which patient improved and was discharged with oral steroids and she is on regular follow-up.

DISCUSSION

WFS is a challenging diagnosis, masquerading as septic shock. WFS should be considered as a differential diagnosis if the shock does not respond to IV fluids and vasopressors but to steroids.

It is a rare condition seen in about 1% of routine autopsies; 15% of patients with significant acute bilateral adrenal bleeding have a fatal outcome.

First described in cases on *N. meningitidis* sepsis; over the years, several bacterial and viral causes have correlated including and not limited to- *S. pneumoniae*, *H. influenzae*, *E. coli*, etc.

Conservative management is the recommended approach, which includes supportive therapy for sepsis with volume resuscitation, appropriate antibiotic coverage, steroids and other supportive care.

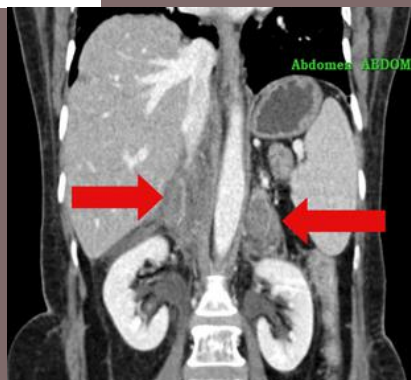
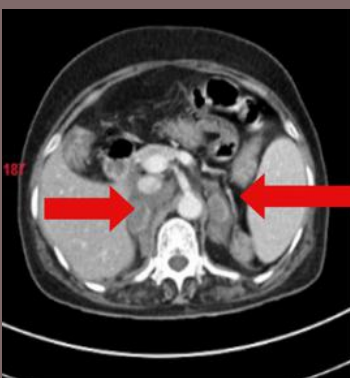
CONCLUSION

Waterhouse Friderichsen Syndrome can not only occur due to meningococcal infections but also due to sepsis of non meningococcal infections.

Fatality to be prevented by diagnosis and prompt treatment of adrenal crisis in case of shock not responding to IV fluids, adequate antibiotics and vasopressors. In such a case, serum cortisol, 2 blood cultures and urine culture to be sent before starting steroids.

REFERENCES

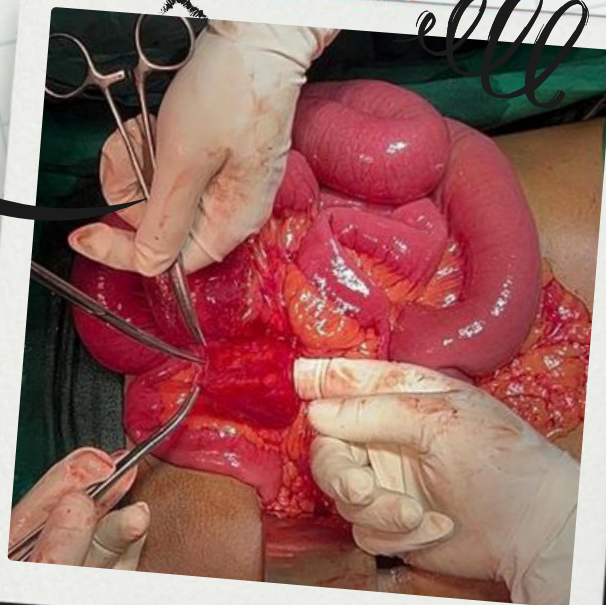
1. Harrison's Principles of Internal MEDicine 21st edition.
2. Khwaja J. Bilateral adrenal hemorrhage in the background of *E. coli* sepsis: a case report. J Med Case Rep (2017)
3. Karki BR, Sedhai YR, Bokhari SRA. Waterhouse-Friderichsen Syndrome (Updated 2023 Jun 26).



PARADUODENAL INTERNAL HERNIA WITH ACUTE INTESTINAL OBSTRUCTION

-SIDDHI KASAR (2021)

-DR. SHASHIKALA & DR. SAMPA NGI RAJU



Introduction

We present a fascinating case of a rare congenital midgut anomaly that lay hidden for 30 years, only to emerge suddenly as an acute intestinal obstruction. During surgery, an unexpected discovery revealed a paraduodenal internal hernia in a 30-year-old male patient, turning what seemed like a straightforward case into a compelling surgical mystery.

History

The patient presented in casualty with complaints of pain abdomen and several episodes of vomiting since one day. Pain abdomen was insidious in onset, gradually progressive, continuous in nature and colicky in type. It was associated with 5-6 episodes of vomiting, non-projectile type, bilious and containing food particles. Patient gave no h/o fever, loose stools, difficulty in passing stools, abdominal distension, nor any history s/o renal, respiratory, CVS or CNS involvement. Patient gave h/o hospitalization for similar complaints 6 months ago. Past history revealed h/o jaundice 6 months ago and h/o on and off heartburn. Patient has no other known comorbidities.

Examination findings

At presentation, BP was 140/90 mm Hg, PR was 110 bpm, RR was 24 cpm, and spO2 was 97% RA. Per abdomen showed local and diffuse tenderness, with the absence of bowel sounds on auscultation.

Provisional diagnosis

Based on the clinical examination findings, a provisional diagnosis of sigmoid volvulus was made.

Investigations

USG Abdomen and Pelvis- showed mild fluid in the inter-bowel loops in the left iliac fossa. CE-CT Abdomen and Pelvis- showed abnormally clumped and dilated jejunal loop in left hypochondrium and lumbar region with mildly bulky body and tail of the pancreas. The patient was taken for emergency surgery- exploratory laparotomy under GA.

Diagnosis

Intraoperatively, the patient was diagnosed to have left paraduodenal internal hernia with acute intestinal obstruction, which was reduced.

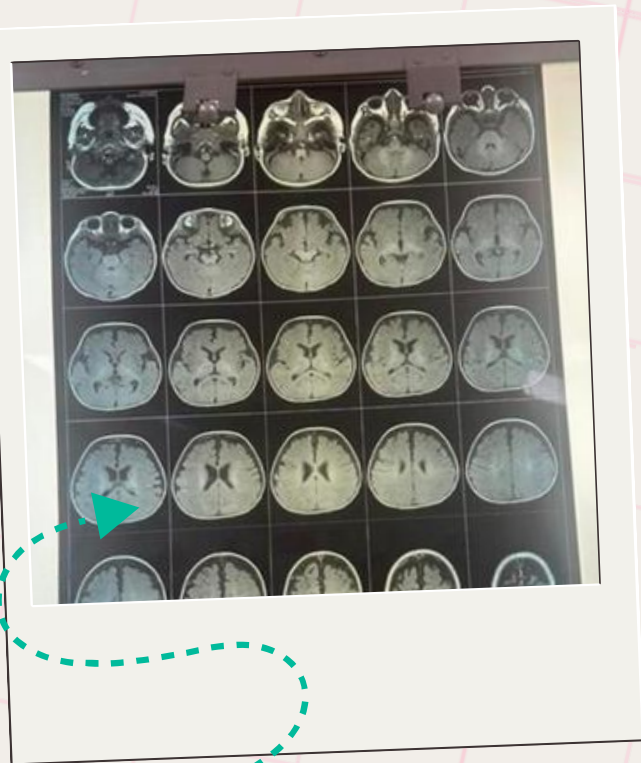
Discussion

Paraduodenal hernia is a rare congenital anomaly that arises from an error of rotation of the midgut. The duodenum and the small intestine become trapped in a sac which is lined by the peritoneum, behind the mesentery of the colon, either to the right or left of the midline. It is a potentially life-threatening condition that can cause intestinal obstruction progressing to strangulation and perforation. An internal hernia is a relatively rare condition, with an incidence less than 1% and accounting for up to 5.8% of all cases of small bowel obstruction. Paraduodenal hernias are rare but the most common type of congenital internal hernia. Its incidence is 53% among the 0.6-5.8% of reported cases of internal hernias. Left PDH being more uncommon than right. The diagnosis of PDHs is the most challenging aspect of management because of the non-specific presentation and preoperative diagnosis of PDH is not always possible. This may be an incidental discovery at laparotomy. The ultimate modality of treatment is operative repair, either laparoscopic, laparotomy or open repair. Patients with PDH have a 20-50% mortality rate for acute presentations. Timely surgical intervention minimizes the mortality and morbidity associated with the acute presentation of this.

DRAVET'S SYNDROME

8

Shagun Jain & Ananya Rajesh (2021).
Dr. M G Kartheeka



CASE SUMMARY

An 11-month-old infant presented with recurrent, refractory seizures—initially vaccine associate and was eventually diagnosed with Dravet's Syndrome. The seizures began at 2.5 months of age and escalated in frequency and severity despite treatment with multiple anti- epileptics. Genetic testing confirmed an SCN1A mutation diagnosing Developmental and Epileptic Encephalopathy Type 6B.

CLINICAL FINDINGS

At admission, the child was actively seizing with focal seizures affecting the right side. Examination revealed a drowsy state, increased tone, and café au lait spot. Vital signs and systemic findings were largely normal. Investigations including MRI and EEG were nonspecific, but genetic testing was diagnostic.

BACKGROUND

Dravet's Syndrome (DS), formerly known as Severe Myoclonic Epilepsy of Infancy, is a rare developmental and epileptic encephalopathy that presents in infancy. It affects about 1 in 40,000 live births, equally in males and females, with over 85% of cases linked to SCN1A gene mutations. Characterized by drug-resistant seizures and developmental delay, DS typically manifests as multiple seizure types triggered by fever or vaccination

TREATMENT AND OUTCOME

The patient was stabilized with midazolam and later managed on valproate, topiramate, and clobazam. The seizures are now well-controlled, and developmental milestones are being met.

DISCUSSION

DS diagnosis is challenging due to non-specific imaging and EEG. It requires a clinical suspicion especially when seizures begin early, are triggered by fever, and are refractory to conventional therapy. Differential diagnoses include febrile seizures and other epileptic syndromes. Management primarily involves anti-epileptics, avoiding sodium channel blockers like phenytoin. Newer treatments include cannabidiol and fenfluramine. Supportive care and a tailored treatment plan are essential.

CONCLUSION

DS is often misdiagnosed as vaccine encephalopathy. Genetic testing helps in accurate diagnosis, guiding appropriate management. Vaccination should not be avoided in these patients as the underlying mutation, not the vaccine, causes the seizures.



THE LINGERING SPINE: AN OVERLOOKED LARYNGEAL FISH BONE



RAKSHANA P K (2021)
DR. DEEPIKA PRATAP



INTRODUCTION

Foreign body in the larynx can be life threatening. It is exceptional for the foreign body to remain lodged in the larynx for weeks and remain undiagnosed. Failure to diagnose and remove it could result in a fatal accident anytime in a matter of minutes.



HISTORY

A 14 year old boy was brought to outpatient department with a history of hoarseness of voice since 20 days. There was a history of bouts of coughing following consumption of fish, with no history of choking spells. There was no history of upper respiratory tract infections, voice abuse, GERD, difficulty in breathing/ swallowing.



EXAMINATION FINDINGS

- T2 weighted MRI scan in axial section showed a hyper intense linear structure in the subglottic region.
- Non contrast CT scan in axial section showed a hyper intense linear structure in the subglottis with a bone density.
- Video laryngoscope was done which showed a white linear structure in the sub glottis region in the sagittal plane.
- A diagnosis of a foreign body lodged in the larynx was made.



MANAGEMENT

Under general anesthesia, airway was secured with a tracheostomy as bleeding was anticipated. Foreign body was visualised in the sub glottis and removed. The foreign body was identified as a 2 cm long fish bone.



DISCUSSION

Foreign body aspiration(FBA) is a commonly encountered problem in paediatric patients and deaths caused by asphyxia owing to FBA is a leading cause of accidental deaths in children under 4 years.

If the foreign body causes partial obstruction of the larynx, it causes milder symptoms and can be difficult to distinguish from infections.

Multiple case series have documented cough as the most common symptom of foreign body aspiration. Laryngeal foreign bodies are relatively infrequent compared to trachea and bronchus with common symptoms like voice change, stridor, dyspnoea, prolonged atypical croup and odynophagia.

Among the patients diagnosed with foreign body aspiration, 45% are diagnosed within the first day, 83% in the first 1 month, and 17% after 30 days.

In this case, the child had visited a local hospital for hoarseness of voice where he received treatment for bronchiolitis as foreign body was not suspected. The underlying independent risk factors for misdiagnosis or overlooking foreign body in patients with laryngeal FBA include nonspecific symptoms, failure to witness the aspiration, late and negative radiological findings.

Sudden development of hoarseness of voice should raise a suspicion of a laryngeal foreign body. Early diagnosis and intervention can help us prevent catastrophic complications and long term sequelae.

REFERENCES



Fidkowski CW, Zheng H, Firth PG. The anaesthetic considerations of tracheobronchial foreign bodies in children: a literature review of 12,979 cases. *AnestAnalg* 2010; 111: 1016-25



Kim IG, Brummitt W, Humphry A, Siomra S, Wallace W. Foreign body in the airway: a review of 202 cases. *Laryngoscope* 1973; 83:347-54



PHOTOGRAPHY

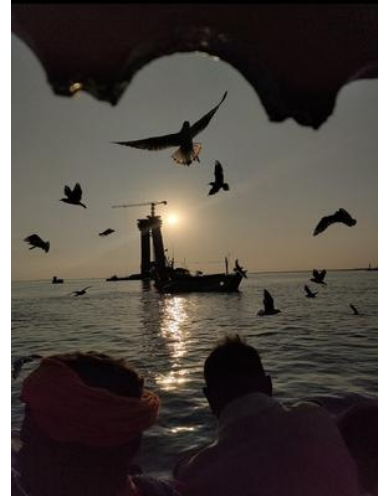
ART &



*Jagannatha Gowda
2021 Batch*



*Jagannatha Gowda
2021 Batch*



*Diksha Dwivedi
2021 Batch*



*Tushar M Potdar
2021 Batch*



*Zaki Ahmed
2021 Batch*



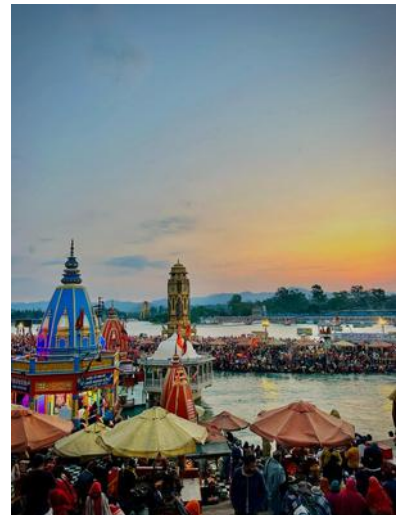
*Rakshana P K
2021 Batch*



*Abhilekh
2022 Batch*



*Tushar M Potdar
2021 Batch*



*Jagannatha Gowda
2021 Batch*

ART & PHOTOGRAPHY

ART

“Forest Shaker”



“3D Jaws”



*Dr. Jacob Ipe
Asst. Professor
Dept of Orthopaedics*

“Lakshmi Narasimha”



“Pen Puppy”



“Dreamer Girl”

“Shyam”



*Miduna Varsshini S
2021 Batch*

“Sakura”



*Dr. Lubna Nayaz
JR-2
Dept of Ophthalmology*

ART AND ANATOMY

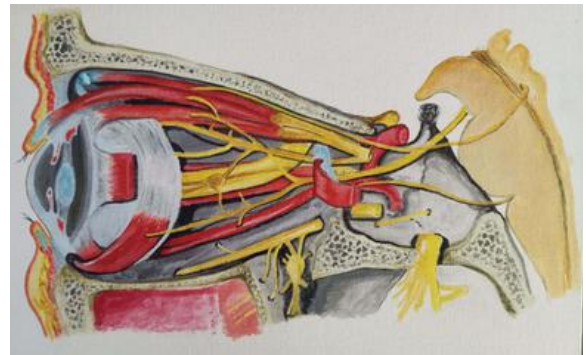
Sourabha J



Sourabha J (Batch 2023) won first place in the sketching competition 'Splendid Vibes – The Art in Anatomy', held at RajaRajeswari Medical College & Hospital on 2nd March 2024.

When asked how she did it, she shared that for the longest time, art and science felt like two separate roads: one an expression, the other an explanation. But something shifted. “That day, they merged,” she said. “It began with structure: lines, labels, and anatomy. At first, it was just about accuracy. But somewhere between the cornea and the optic nerve, it became something more.” Winning the competition felt validating but more than that, it felt like coming home to a part of herself she hadn’t fully acknowledged.

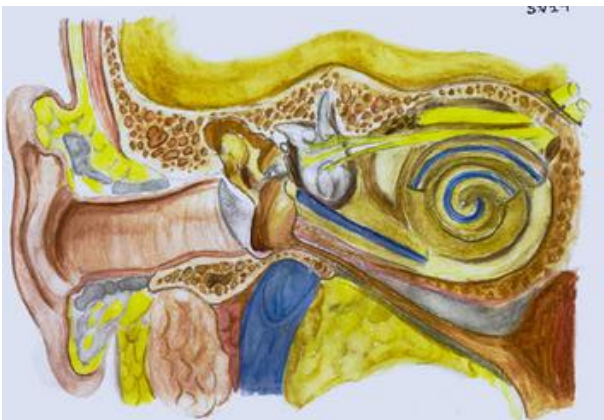
Her win marked a moment where art and medicine came together in a way that felt genuinely her own, hinting at what’s possible when creativity meets precision.



Huda Noorani

Huda chose to focus on a structure that challenged her to combine precision with creativity. As she described, “I wanted to transform function into form. Bringing the anatomy to life on paper made me feel deeply connected to the subject.” She appreciated how the delicate spirals, nerves, and hidden complexities of the anatomy spoke to her not only as a medical student but also as an artist. For her, the artwork became more than a study—it was a personal expression. She said, “Winning the award was surreal and humbling—a reminder that when we follow what truly fascinates us, our passion shines through.”

Huda’s work beautifully highlights how science and art can come together, showing that curiosity and creativity are essential partners in both fields.



Huda Noorani (Batch 2023) secured second place in the sketching competition Splendid Vibes – The Art in Anatomy, held at RajaRajeswari Medical College & Hospital on 2nd March 2024. Her sketch was praised for its fine detail and creative interpretation of anatomical concepts.

Lakshya Kailas

Lakshya Kailas (Batch 2020) was recognized as Best Delegate at WHOCON 2023 held at M. S. Ramaiah Medical College. She demonstrated excellent research, diplomacy, and communication skills while effectively representing his role. Her performance reflected strong leadership and teamwork in navigating complex global health discussions.



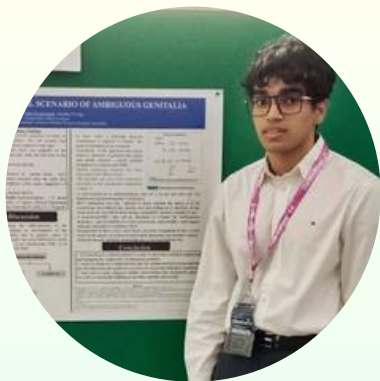
Deeksha Prashanth

Deeksha Prashanth (Batch 2020) was awarded the Best Case Presentation Award at a national-level conference. When asked about her journey, she expressed, "Through proper guidance and perseverance, I got to present a rare surgical case to the medical fraternity and was recognized as one of the top two best case presentations in a National Medical Conference."



Tanishka and Manasa

Tanishka Byakodi (Batch 2021) and Manasa Shankar (Batch 2021) clinched first place in the UG Quiz at the 90th MEDICON 2024 conducted by IMA. Guided by their mentor, Dr. C. S. Rajan, they combined sharp teamwork with a true passion for learning.



Nihal Nizam

Nihal Nizam secured 3rd place in poster presentation in Sri Devaraj Urs Medical College college for Demedcon'24.



Shagun and Ananya

Shagun Jain and Ananya Rajesh, (2021), brought home two prizes at the Insight Ramaiah 2024 event. First Prize for their Pediatrics Case Presentation on "Dravet's Enigma: Unravelling a Rare and Complex Case" Second Prize in General Medicine Case Presentation on "Unveiling the Hidden: Multiple Myeloma Unmasked"

ACHIEVEMENTS
Students



-Aastha
2021 batch

Our professors: doctors, researchers and all round achievers!

Dr. Prosun Das

Dr. Prosun Das, our esteemed Assistant Professor from the Department of Biochemistry, presented his remarkable research paper titled "Arsenic Exposure and Its Effects on the Hematopoietic System: Insights from



Bone Marrow and Cord Blood" at the 45th Annual Conference of the Indian Association of Biomedical Scientists (IABMS), held at A.J. Institute of Medical Sciences & Research Centre, Mangalore, Karnataka.

In addition, Dr. Das serves as an Editorial Board Member and Reviewer for the Cancer Research Journal (CRJ), published by the Science Publishing Group.



At the time, I laughed it off. Becoming an author? That sounded far too grand. I didn't take the suggestion seriously, but I did begin compiling my notes, partly out of habit, partly out of the teacher in me. My friend did the same, each of us scribbling down ideas and insights between ward duties and lectures.

When our course came to an end, I considered the matter closed. But he didn't. He nudged me—persistently, insistently. "Let's do it," he said. Still, it might have remained an unfinished dream if not for an unexpected event: the COVID-19 pandemic.

With hospitals running on emergency protocols, academic schedules slowed down, suddenly found myself with the rarest of luxuries - time. I took a deep breath, opened dusty files of notes, and began the painstakingly editing and refining them. My co-resident coordinated with the marketing team

at Jaypee Publishers. We brought different strengths to the table—I had the content, and he had the connections. And after a year of meticulous preparation, *Orthopedic Navigator* was born—a book designed especially for postgraduate students of orthopedics.

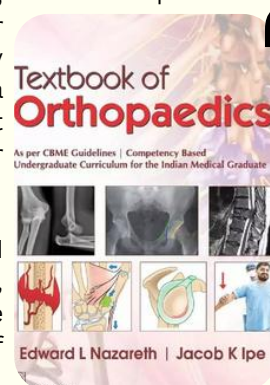
Its reception exceeded expectations. The feedback was humbling and encouraging. Then, one day, my phone rang.

On the other end was Dr. Edward Nazareth, my former Head of Department at Father Muller Medical College—a man I deeply admire, both as an academician and a clinician. "Jacob," he said, without preamble, "I want to write a textbook for undergraduates. Will you join me?" I didn't hesitate.

What followed was a journey that tested both mind and will—countless revisions, early mornings, and long nights. But at the end of it all stood *Textbook of Orthopedics*, published by CBS

Publishers, a book forged from two years of discipline, dialogue, and shared vision. In the blink of an eye, I had gone from student to author of two books.

And yet, I know this is only the beginning. Dr. Edward and I are currently working on our third collaboration—a practical examination guide designed for both undergraduates and postgraduates—which we hope to release by the end of this year. Should I stop now? I dare not.



“The pursuit of knowledge is endless, and I am grateful to walk this path—not alone, but alongside mentors, peers, and students who continue to challenge, inspire, and believe in the written word

– Dr. Jacob 63

Dr. Jacob Ipe

Dr. Jacob, our fun, sharp, and exceptionally talented professor from the department of Orthopedics, has recently achieved a major academic milestone with the publication of two distinguished books:

1. Orthopedic Navigator – A practical guidebook for postgraduate students, published by Jaypee Brothers Medical Publishers.

2. Textbook of Orthopedics – A comprehensive academic reference, published by CBS Publishers & Distributors. And here's what he has to say about this accomplishment:

"I have always considered myself a diligent student—someone who found joy not just in learning, but in the quiet, fulfilling pursuit of understanding medicine in its truest form. During my years studying for both my MBBS and postgraduate degrees, I immersed myself deeply in the art and science of healing.

Teaching came naturally to me. There was a satisfaction in sharing knowledge, in simplifying the complex, and in helping others grasp what once seemed difficult.

Never did it occur to me that one day I would become the author of not one, but two medical books.

The idea first took root in the most unassuming way. One evening during our postgraduate days, a fellow resident and good friend turned to me and said, "Jacob, you're good with your concepts—why don't you make notes? I'll publish it through some contacts I have."



Dr. Uday Shankar B S

Dr. Udaya Shankar B.S., Professor in the Department of Forensic Medicine & Toxicology (FMT) and Member Secretary of the Sports Committee at SIMS&RC, has published 14 articles in 9 national and 5 international journals. He has attended 40 CME programs, including 7 state, 15 national, and 1 international conference, and 12 workshops such as the MET Basic Course, CISP, and Mentoring. He serves as a reviewer for the Journal of Karnataka Medico-Legal Society (J-KAMLS) and was the Organizing Secretary of "FLAME 2019" (Forensic Legal and Medical Education) at SIMS&RC.



Dr. Shankar has earned several accolades, including:

- 1st Place (Best Paper) for "Atypical Firearm Wounds" at SIMLA 2019, IGMC&RI, Puducherry
- 2nd Place (Best Paper) for "Exhumation of Clandestinely Buried Body" at KAMALS 2022, JSS Medical College, Mysuru
- 3rd Place (Best Paper) for "Sexual Assault & Murder" (poster) at IMLEACON 2019, Dr. M.G.R. Medical University, Chennai
- 1st Place (Best Paper) for "Opining Manner of Death in Cut Throat Injury" at KAMALS 2012, KIMS, Bengaluru

He has mentored students to award-winning success, including:

- Ms. Disha S.N., whose oral paper on mobile use while driving won 1st Place (Best Paper) at IAFM, SCB Medical College, Odisha
- Ms. Bhavani V., whose paper on "Ruptured Thoracic Aortic Aneurysm" won 3rd Place (Best Paper) at SIMLA, IGMC&RI, Puducherry
- Supervised STS-ICMR projects for UG students Ms. Deepika (2023) and Ms. Jhansi Reddy (2024)

In addition to his academic and research contributions, he also led his team to Gold (2018) and Silver (2017) in the SPL - Sapthagiri Premier League.



Dr. Shubha H V

From subjects to photography Dr Shubha H.V from the department of Pathology has bagged it all. Ma'am was rewarded second place for her pathoblog in the 47th annual conference of KCIAPM, Ma'am was the first runner up in the E-Poster competition held by DY Patil medical college, Navi Mumbai. We are so proud to inform that ma'am has received the certificate of gold achievement in a National online Art and Photography Show.



Dr. Kavya S

Dr. Kavya is a driven and multifaceted individual with notable achievements in both medicine and adventure. Academically, she is a certified instructor in Comprehensive Emergency Care and Life Support (c-ECLS), with additional certifications in Paediatric Dermatology, Biomedical Research, Medical Education, and curriculum implementation. She has contributed actively to institutional growth through the Skills Lab, NABH, and Curriculum Committees, and has co-authored many medical journal publications. Outside the medical field, Dr. Kavya is a certified mountaineer and gold medalist at the 2024 National Orienteering Championship. She has completed the Wilderness Navigation Course in Malaysia and participated in grueling 220 km adventure races. As a Brand Ambassador for NthAdventure, she continues to inspire through trekking, kayaking, biking, and rock climbing. A regular participant in community runs and a volunteer with VTVO, she is deeply committed to both physical challenges and social causes.



SPORTS INSIGHTS

Cricket Netball Kabbadi Hockey Swimming Track Chess World sports



**“CHAMPIONS ARE MADE FROM SOMETHING THEY HAVE DEEP INSIDE THEM—A DESIRE, A DREAM, A VISION.”
— MUHAMMAD ALI**



CRICKET

Our annual intra college sports fest is back this year with bigger vibes, fierce battles and unforgettable moments.

AURA IGNIS, hosted by the Batch of 2022, was inaugurated on May 14th in the presence of the honourable dignitaries of Sapthagiri NPS University.

Cricket kicked off to be the very first match of the fest. The matches took place at the Golden Ray Cricket Arena and were flooded with spectators supporting their favourite teams.

A total of 6 matches for UG men and 2 matches for UG women were conducted in strict accordance with the rules.

Matches played by UG men included a total of 8 overs per innings, including a 2-over powerplay with a minimum of 4 bowlers required to complete the innings. Similar rules were followed by UG women featuring 6 overs per innings.

Day 2 on 15th May was crucial matches - from qualifiers to the final showdown! Every match was a rollercoaster of emotions and the excitement grew with each delivery. The batters lit up the field with cracking shots and powerful boundaries. They helped in maintaining the momentum with consistent runs! All the players showcased sheer dedication and love for the game by giving their absolute best. Passionate supporters lit up the atmosphere and cheered their teams with chants and claps!

By the end of the day, all their efforts paid off as the 2021 batch stood tall and undefeated in both men's and women's categories. A huge shoutout to Niranjana and Tarunya for leading their teams towards victory!

Here are the results of Cricket from the Aura Ignis Fest, 2025 :-

UG Men

- 1st place - batch 2021 B
- 2nd place - batch 2023
- 3rd place - batch 2021 A

UG Women

- 1st place - batch 2021
- 2nd place - batch 2022
- 3rd place - batch 2024

Congratulations to all the winners, and a huge thanks to everyone who contributed to making this event a massive success!

-Akanksha Phaneesh (2022)



The Final Chapter:

Team 2021 Writes History in Gold

A Final for the Ages. A Dynasty Completed. Team 2021 has done it. In a thrilling and high-octane final, they defeated Team 2022 with a resounding 7-4 victory, claiming their third gold medal in four years and cementing themselves as the undisputed kings of SIMS&RC football.

The match was a true spectacle - one worthy of a final. 2022 came in with determination and skill, managing to put up four goals. But in the end, it was the class, chemistry, and sheer will of 2021 that prevailed. From the very beginning, 2021 showed why they are considered legends in the making.



Ponnanna, once again, proved unstoppable with his speed and clinical finishing, bagging another hat-trick in a high-pressure game. Zaki added two more to his name, combining intelligent positioning with powerful strikes that kept the 2022 defense constantly on edge.

But it wasn't just the usual names making an impact. Ali, rising to the occasion, struck a crucial goal that swung momentum back in 2021's favor during a brief 2022 resurgence. Sireesh, known for his powerful strikes, also found the back of the net, continuing his fine form from the semis. Despite a spirited fight from 2022, the relentless waves of 2021's attacks were simply too much to handle. Every pass, every run, and every goal echoed with purpose - the purpose of making history.

*Syed Ali
Nikhita B M
Sharaf
2021*

After months of planning and prepping, the sports committee brought forward 18 days of sports festival. Hours and hours of fixtures, and over 50 events were arranged for everyone be it students, faculty our residents or even our non-teaching staff. A final athletic meet was also arranged for participants to run their talents out.

From cheering up fellow peers to actively participating in all the events students to faculty took a break from their busy schedules to hectic syllabus. A special shout out to our beloved VC ma'am for her enthusiasm and active performance in the sports events.

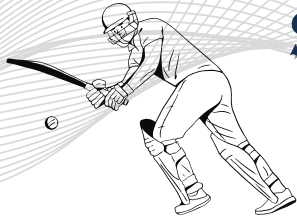
From spinning the ball in Table Tennis to the striker shots in carrom, from hoops to goals and yokers to marathons here's a sneak peek into Aura Ignis, with the batch of 2021 emerging as the batch of the year and Lakshmi and Sanskar from the batch of 2021 again bagging the all-rounder awards in the women and men category respectively.



Aura

SAPTHAGIRI PREMIERE LEAGUE

SPL- SEASON 1



- Aditya prasad
Batch of 2023



The inaugural edition of the Sapthagiri Premier League (SPL) Season 1, hosted at the MEI Ground in Bengaluru from March 21–24, 2025, captures the spirit of the most celebrated sport, CRICKET, at its most fundamental level. Organized by the Sapthagiri NPS University, the league featured eight dynamic teams:

1. Chanakya Cricketers,
2. PRAVIKTHAS,
3. Sapthagiri Titans,
4. Sapthagiri Warriors,
5. Royal Panthers,
6. Sapthagiri Blasters,
7. Conquerors XI, and
8. Spartans XI,

battling it out in a high-octane 8-over format.

Among them, two teams enthralled countless fans with their bold play and determination — PRAVIKTHAS and Sapthagiri Warriors.



PRAVIKTHAS: The Tactical Titans

PRAVIKTHAS proved to be the heartbeat of the tournament. Their enduring journey to the final involved disciplined bowling, sharp fielding, and a batting unit that thrived under pressure.

They began the league stage with decisive wins, edging out the top contenders, like the Sapthagiri Blasters by 18 runs and the Sapthagiri Titans by a close margin of 8 runs. These hard-earned wins showed their knack for pulling through in close games, a skill that could take them far in the playoffs.

In Qualifier 1, PRAVIKTHAS showcased their skills by effortlessly defeating the eventual champions, Chanakya Cricketers, by 7 wickets. Although they fell short in the finals by 15 runs in a rematch with Chanakya, their consistency and team chemistry gained admiration throughout the tournament. With a balanced squad featuring explosive hitters and crafty bowlers, they proved to be the team to beat.



Sapthagiri Warriors: The Gritty Underdogs

PRAVIKTHAS were the tactical titans, while Sapthagiri Warriors served as the emotional backbone of SPL Season. They displayed remarkable tenacity, achieving a crucial five-wicket victory against Royal Panthers and delivering a strategic masterclass against Spartans XI. Entering the playoffs as underdogs, the Warriors faced the Sapthagiri Titans in the Eliminator. Despite a spirited bowling display, they were outdone by 3 wickets, ending their campaign just short of the final stages. Nevertheless, their journey was incredible—they exhibited the kind of fearless cricket that inspired fans and left a lasting impression on the tournament's narrative. Legacy of Season 1.

Though Chanakya Cricketers lifted the trophy, teams like PRAVIKTHAS and Sapthagiri Warriors captured the essence of SPL. The combination of experience, youth, strategy, and flair led to an excellent portrayal of Cricket in local leagues.

With its successful debut, the Sapthagiri Premier League has laid the groundwork for becoming a key platform in the University's calendar. As fans look forward to Season 2, the stories of PRAVIKTHAS' dominance and the Warriors' resolve will echo as defining moments in the league's promising future.

Netball on Fridays:

Chronicles Of The Team Who, Against All Odds, Finished as Runners-Up in the RGUHS State Level Single Zone Netball Tournament

-Prithika Manikandan
Batch of 2023

Focus, determination and hard work. The building blocks for every athlete, as they pursue their dreams, willingly making sacrifices while enduring the gruelling heat. Every year, millions of college students chase their dreams. For some, those dreams involve a high-paying job, comfortable couches, or travelling around the world. For others it could be the perfect selfie, sleeping in all day or having a good meal with friends. For most of us, it's about surviving the semester with enough grades and decent attendance. For a select few, it involves dusty grounds, sweaty jerseys and competitive netball.

Before moving forward, let's have an introduction to our wonderful cast, shall we? (PS: They all belong to the 2021 batch)

Starting off with the captain and goal defender, Nirnanjan. He's the one, who with incredible patience and kindness managed to explain the intricate rules of netball to your completely abashed author. (And trust me, that is no small feat!) But don't let the calm facade fool you on the court he engages in an exquisite mental warfare of sledging which has proven to be quite effective.

Second, we've got our centre, Tarun. While he might take life seriously, it's all worth it as he shines not just on the netball court but on the basketball court as well.

Our goalkeeper Nithik is a double threat. His humorous shenanigans helped lighten the mood, creating unforgettable anecdotes to recall later and he kept impenetrable guard of the basket, leaving the teams floundering and desperate.

Next up, are our wing defenders, Sanskar and Nanduchalla. Sanskar's infectious friendliness and Nandu's quiet introversion are quite the contrast, yet it's these differing personalities that make the team an interesting dynamic to navigate as they guard our wing.

Moving on to our goal shooter, Harshavardhan. With a sharp aim in shooting baskets and witty retorts, he consistently shines both on the basketball and netball courts.

Then we've got our goal attacker Athreya. He is also on the basketball team, and while he might be the self-appointed 'chill guy' of the team, he does take netball extremely seriously.



(Oh, and full disclosure: he was also in charge of delivering 'relevant information' about his teammates. So if you take any offence, please contact him directly. I'm merely in charge of exaggerating the said details.)

Last but not the least, our wing attackers Darshan and Ashwin. Chaos and Calm. Unbridled energy and a stillness that evokes fear, as they valiantly moved forward playing the game with skill and talent.

The stage was set: The fiercely competitive RGUHS State level single zone Netball game was to be held on 6th December 2024, at RR College of Pharmacy Chikkabanavara. Our team was on board to continue a legacy that had hit snooze for a couple of years and had exactly a week's practice to face the competition.

Episode 1: Well there's no dramatic title, cause the first match was a bye. So kindly skip to the next episode. Grab some popcorn while you're at it.

Episode 2: The Annihilation

The second match (or if we're being technical, the first match that they actually played) wasn't a relaxing promenade. Oh no. It was a power-packed spectacle. Despite being painfully naive and terribly misjudging the scale of the competition, our team annihilated RR College of Nursing. Our boys played like the rent was due, with the scoreboard standing as a monument of their dominance: 9-0. Leaving the other team, in well, a state of profound contemplation about their life choices. (Which for the record, is your author, every Monday morning)

Episode 3: Just Another Tuesday

Fuelled by their previous victory, the third match was an easy win with a score of 8-3. All those lingering thoughts about the blistering heat or the important exam they were missing (I am not naming the subject, I value my life, thank you very much) simply vanished as they won against RR College of Physiotherapy. Yikes, things weren't looking too good for RR College now, were they?

Episode 4: The Grand Finale

Roaring crowds. Dust-filled grounds. The smell of Volini lingered in the air. It was peak afternoon, with the sun burning on the back of their necks, the team tackled the finals with everything that they had. The match was against JJM Medical College, who brought the much-needed competition our college needed (no shade to RR college, seriously). The match was gruelling and hard, a true test of endurance and power. And while the scoreboard displayed a close loss of 15-12, our team left us in awe with the fight that they put up.

And while the match ended with the slight sting of disappointment, this tournament wasn't just a game. The trophies will collect dust, and this article will eventually get lost in the plethora of media we consume each day. But the memories, the inside jokes, the feeling of actually pulling it off? Those last for a lifetime. And I'm pretty sure we're all excited for a second season. Well, at least I am.

Bonus episode: Pursuit of More

Just hours after the team celebrated their win, with all the pomp, flair, and slightly too much volume-four members quietly began preparing for a bigger stage. Honestly, if it were me, I'd have been draped across the couch like a Bridgerton lady recovering from a scandal. But these four? Nirnanjan, Tarun, Sanskar and Nithik were out there chasing greatness even before the soreness had time to kick in.

The very next day, they entered the arena for the RGUHS selections, giving their all in the fiercely competitive trials. Fueled by adrenaline, determination and probably an energy drink (or two), they pushed through, once again earning our collective respect.

We're particularly proud of Nirnanjan, who got chosen to represent our state in the All India University National Level Netball Tournament. During his week of intensive training in Davangere, he showcased admirable hard work and perseverance as he took on a tough workout schedule, from strenuous cardio to elaborate skill practice. He is a true athlete that we are constantly in awe of, and we can't wait to witness the journeys he'll be a part of.



«««THE KABADDI TITANS OF SIMSRC: WHERE GRIT MEETS GLORY»»»

-Shireen
2023 batch



Meet the Titans:

Manoj S.R- tutor

2020 batch – Dhanush

**2021 batch – Niranjana S.C,
Sanskar, Tarun**

2022 batch – Manohar C

**2023 batch – Aniketana N
Kelur, Darshan
Vishwakarma, Sujan R.K**

**2024 batch – Amith,
Basavaraj, Ganesh**

Since 2016, the Kabaddi team of SIMSRC has carved an unyielding legacy—etched not just in medals and victories, but in grit, sweat, and the echo of “Kabaddi! Kabaddi!” thundering through college grounds. From RGUHS tournaments to zonal-level competitions, their journey has been nothing short of legendary. What fuels this excellence? A work ethic as fierce as the sport itself.

A month before every tournament, the team commits to a strict training schedule—practicing daily from 4:30 PM to 6:30 PM without missing a single session. Each practice session is a battlefield where they sharpen their skills and forge an unbreakable team spirit.

From chanting “Kabaddi” to clinching victories, their journey is one of brotherhood and bravery.

Recent Highlights:

SYNERGY 2024 held at Adichunchanagiri Institute of Medical Sciences (Sept 12th–14th, 2024) –

Though they faced defeats against MIMS and AIMS, the setbacks only highlighted their grit.

With unwavering determination and team spirit, each raid, each tackle only strengthened their resolve. The team powered through and secured a well-deserved 2nd place finish overall.

BMC Intermedical College state-level Kabaddi tournament (Nov 16th–17th 2024) – After four hard-fought matches, our warriors fell short only in the final game against BMC. Still, their impressive performance throughout the tournament earned them a well-deserved.



KABADDI KABADDI!!!!

NIRANJAN S C

Niranjana S C (Batch of 2021) showcased remarkable talent and dedication across multiple sports:

1. Represented RGUHS in Netball at the Nationals.
2. Competed in Pencak Silat (martial arts) at the Nationals.
3. Earned 3rd place in the State-level Pencak Silat tournament.
4. Participated in the Wrestling Dasara Tournament.
5. Secured 1st place in the Bagalkot District Wrestling (Under 86kg category) tournament.
6. Claimed 2nd place at the Bangalore District Pencak Silat tournament.

Niranjana's hard work and passion has earned him well-deserved recognition, and his journey stands as a proud example of determination.



MANOHAR C

Manohar C (Batch 2022) is a dedicated sports person who is actively involved in martial arts and kabaddi. He began his martial arts journey at the age of 6, earned his black belt in 2019 and secured victory in numerous competitions. He has been expanding his martial arts expertise by undergoing intensive training in Pencak Silat for the past six years.

His key accomplishments include:-

- Represented RGUHS university at AIU national games 2025 in sport of Pencak Silat
- Best raider of the tournament for Kabaddi in Synergy 2024 held at Adichunchanagiri Institute of Medical Sciences
- Silver medal in Kabaddi at Synergy 2024 held at Adichunchanagiri Institute of Medical Sciences
- Silver medal in Kabaddi held at BMC Intermedical College state-level Kabaddi tournament 2024
- Silver medal in Kabaddi in Synergy 2023 held at Adichunchanagiri



-Akanksha
2022 batch

From Worn-Out Gear to Winning Hearts:

SIMS & RC Men's Hockey Team Finishes Runners-Up at KMC Manipal Tournament!

-Sukrutha C R
2023 batch



Meet the Team – The 16 Bravehearts

From 2021 Batch:

Ponnanna, Tushar, Mayur, Sanskar, Nikhil, Shashank, Abhishek, Nandu, Nithik, Tarun

From 2022 Batch:

Kiran, Chandan

From 2024 Batch:

Mithal, Saraj, Samarth, Prajwal

Together, they didn't just form a team – they became a brotherhood, one built on discipline, teamwork, and sheer willpower

Every journey has a humble beginning. For the SIMS & RC men's hockey team, it all started with a worn-out kit bag, ageing hockey sticks and missing parts in the goalkeeper's kit.

Just a spark — a dream to represent their college on a field they had never stepped onto before.

From learning how to hold a hockey stick to standing toe-to-toe with national-level teams like AFMC, our boys didn't just show up — they showed heart. In just one week of relentless training, sweat, and unwavering commitment, they transformed from rookies into warriors. And by the end of it all, they returned with second place, respect, and memories that would last a lifetime.

DAY 1 – DOMINATING DEBUT VS KMC TEAM B

Tournament Highlights – Match by Match

DAY 1: Double Challenge – KMC B & AFMC

Match 1: SIMS vs KMC Team B (Morning) The team began their campaign with roaring energy, taking on KMC Team B. What followed was a flawless performance. Score: 5-0

SIMS dominated from start to finish, showing sharp passes, brilliant control, and rock-solid defence. Not a single point was conceded—this win put the tournament on notice.

Match 2: SIMS vs AFMC (Evening)

Just a few hours later, our boys were back on the turf—this time against the giants:

AFMC, a team known for its polished play and national-level exposure.

Score: 2-1 (Loss)

But this wasn't just any loss—it was a hard-fought battle. Our team stood shoulder to shoulder with the best and made AFMC work for every goal. Though the scoreboard wasn't in our favour, it was a performance that earned admiration from everyone, including the AFMC players themselves.

DAY 2 – DISCIPLINE AND DETERMINATION AGAINST JIPMER

Next up was JIPMER, another strong team.

But our squad played with both control and flair. Score: 3-0

Another clean sheet, another victory. With perfect passing, smart positioning, and agile defending, SIMS & RC continued their unstoppable streak. The momentum was real, and belief ran high.

DAY 3 – THE DEAD GAME THAT WAS PERSONAL: VS KMC MANGALORE

What was called a “dead match” turned out to be anything but. Facing familiar rivals from KMC Mangalore, this match was about pride and passion. The energy was fierce. The emotions were real. A game that had everything—emotion, rivalry, pressure, and most of all heart.

🔵 Mithal – The Wall in Goal

Mithal stood tall as our last line of defense, diving for every ball and proving that true courage starts between the posts.

Each save was a testament to his courage and commitment to the team

Goal 1: Opened by Ponnanna, leading from the front.

Goal 2: Scored brilliantly by Tarun, who rose to the occasion with perfect timing.

Goal 3: Sealed again by Ponnanna, showing his relentless spirit and control under pressure, the result was a thrilling win

DAY 4 – THE GRAND FINALE AGAINST AFMC

The stage was set for the final showdown. The opponents? AFMC – a team with years of experience and national-level players. Our boys, though new to the game, stepped onto that field with courage and pride. Final Score: 3-1

Though the scoreboard didn't favour SIMS, respect was earned in every sense. The AFMC players themselves acknowledged how hard our team fought, how much resistance we gave. They didn't just shake hands – they gave our boys a standing ovation and cheered three times for them. That moment? Unforgettable.

At the helm was **Ponnanna**, affectionately known as our Coorg boy - calm, composed, and fiercely passionate. A captain who didn't just lead on the field, but uplifted every player around him. His humility, sportsmanship, and encouragement laid the foundation for this team's incredible journey. He was awarded MVP at the KMC Invictus All India Medical Hockey Tournament, held in Manipal, Karnataka, on 14th April 2025. His performance was marked by consistency, smart play, and unwavering focus throughout the tournament. He stood out as a dependable team player who made every minute on the field count.

MAN WHO LED

WITH HIS
HEART



Congratulations to the SIMS & RC Men's Hockey Team – Proud Runners-Up at the KMC Manipal Tournament!

Your story has just begun



HOCKEY

SIMS & RC GIRLS SHINE BRIGHT IN KMC CRICKET TOURNAMENT : A WELL-DESERVED CHAMPIONSHIP VICTORY!

-Sukrutha C R
2023 batch

There are moments in student life that transcend classrooms and lectures – moments that bring hearts together, test character, and showcase the true spirit of teamwork. One such momentous occasion was the incredible victory of the SIMS & RC Girls' Cricket Team at the KMC Manipal Cricket Tournament. With unmatched energy, strategy, and a deep bond of sisterhood, the team not only played their hearts out but also brought home the championship trophy with pride!

The tournament witnessed the best of women's college cricket in Manipal, but our girls from SIMS & RC stood a class apart. They played three powerful matches, each reflecting their passion, grit, and excellent teamwork.

Match 1 – SIMS vs SSIMS (10th April) - BOWLING MASTERCLASS

The tournament began on a confident note as our girls faced SSIMS. Captain Lakshmi won the toss and elected to bat. What followed was a smart and aggressive batting performance, as the team posted 50 runs on the scoreboard in just 6 overs. Then came the true show of strength – our bowling attack. With razor-sharp deliveries by Tejeshree, Siddiqua, Lahari, Namratha, and Bhavya, SSIMS was completely bowled out. It was a dominating victory that set the tone for the matches to come.

Match 2 – SIMS vs KMC Pharmaceuticals (12th April) - CALM UNDER PRESSURE

With momentum on their side, the team faced a tougher challenge in their second match against KMC MCOPS (Pharmaceutical Sciences). Once again, SIMS won the toss but chose to bowl first – a bold decision that showed their trust in the bowlers.

KMC MCOPS gave a strong performance, setting a formidable target of 75 runs. But pressure only brought out the best in our team. Despite the fall of some key batters, the rest of the lineup showed incredible resilience. Whether it was through sharp singles or quick toubles, the team stayed focused, ran hard, and chased down the target gracefully. A win that was both thrilling and inspiring!

Final Match – SIMS vs KMC Manipal (Date: Finals) THE CHAMPIONSHIP SHOWDOWN

The final match was the most anticipated of the tournament – a showdown between SIMS & RC and the host team, KMC Manipal. For the third time in a row, SIMS won the toss and chose to bowl first. The KMC team gave it their all and posted a high score of 79 runs – the highest target SIMS had faced yet. But champions never back down. Backed by a well-planned bowling strategy and exceptional fielding, our team restricted big hits and maintained pressure throughout the innings. And when it was time to bat, they didn't just chase runs – they chased glory. Calm heads, quick feet, and an unshakable belief in each other led to a comfortable and commanding win. And with that, SIMS & RC were crowned winners of the tournament.



The Squad Behind the Victory:-

The team was led by the ever-reliable Lakshmi, whose leadership brought calm and focus to the group.

The team included:

From 2021 Batch: Lakshmi, Tejeshree, Siddiqua, Neha, Kusumitha, Thanusha, Varsha, Shirshika, Gowthami, Darshini, Lahari, Bhumisha, Manasi

From 2024 Batch: Namratha and Bhavya

These young women showed what it means to support one another. When the main batters were dismissed, others stepped up. When the bowling got tough, the fielders backed them up with agility and energy. No one gave up – they fought every ball, every run, and every moment.

Bowlers: The Backbone of the Team

A special mention goes to the bowling unit – Tejeshree, Siddiqua, Bhavya, Lahari, and Namratha – who were consistently accurate, composed under pressure, and always ready to deliver match-winning spells. Their discipline made the biggest difference in all three games. Add to that outstanding fielding, and you have a team that was not only skilled but united in every sense.

A Victory Etched in Gold. This win is more than just a trophy. It's a memory, an emotion, and a reminder of what happens when determination meets opportunity. The girls of SIMS & RC didn't just win matches – they won hearts. Let this be the beginning of many more victories to come.

Congratulations, Champions! The entire SIMS & RC family is proud of you!



Abhirath Darshan M (Batch of 2022) is a national-level swimmer who has represented Karnataka at the Nationals for two consecutive years. His impressive list of accolades includes:

RGUHS Aquatic Championship 2023– 1 Bronze

RGUHS Aquatic Championship 2024– 3 Golds, 1 Silver, 1 Bronze, and the title of Overall Champion
KMC Manipal INVICTUS– 1 Bronze
Abhirath began his journey in the pool at the age of six. “I’ve always felt like water eases my body and takes away any kind of stress, it helps me relax”, he shared. Though he briefly paused swimming during a school transition, a decision he openly calls his worst, he eventually returned with even greater dedication.

More than the physical rewards, Abhirath credits the discipline and consistency of swimming, often for 8 hours a day, alongside gym sessions and a structured diet, as shaping him into who he is today. “None of this would have been possible without my parents, coaches, and teachers,” he added with heartfelt gratitude. “They believed in me, even when I didn’t, and kept me going.”

His achievements reflect years of hard work, discipline, and unwavering commitment to the sport. Every medal has been earned through hours of training, a focused routine, and a deep love for swimming. Abhirath’s journey stands out—quietly powerful, deeply consistent, and truly inspiring.

*-Aastha
2021 batch*

Divya Ghosh (Batch of 2022) made waves quite literally, amassing a haul of 10 gold and 3 silver medals across freestyle, backstroke, butterfly, and breaststroke events. She was crowned MVP in Women’s Swimming.

When asked about her beginning, she stated, “Swimming is what I turn to at the slightest inconvenience. It’s just the water and me.

Competitively swimming for the last 11 years has definitely taught me discipline and resilience like nothing else. From training 5-6 hours a day with school being the only normal I knew, to dealing with a shoulder injury, an abrupt end as COVID took its course, all the way to finally falling in love with the sport all over again while I navigated through MBBS. It has definitely been a journey.” She expresses immense gratitude for her parents, teachers, and friends, whose steady belief helped her stay afloat through it all. And that’s only the beginning of her achievements. Here are some highlights from her journey:

1. Junior and senior national gold medalist

2. Represented Karnataka in Nationals for 8 consecutive years

3. KHELO INDIA medalist 2019 and 2020

4. RGUHS Aquatic Championship 2023 – 7 golds and the women’s best swimmer

5. RGUHS Aquatic Championship 2024 – 9 golds, 1 silver, women’s best swimmer

6. Led the women’s team to a championship victory – one woman army, as she jokingly puts it

7. Overall championship. All India University, both 2023 and 2024

9. KMC Manipal INVICTUS – 10 golds, 3 silvers, women’s MVP (most valuable player)

Her consistent excellence, grit, and grace in the pool continue to inspire her batch and juniors alike. As she balances the demands of MBBS with her passion for swimming, Divya embodies determination and resilience, proving that with dedication, anything is possible.



*-Aastha
2021 batch*



The spirit of competition and excellence was on full display as SIMSRC athletes showcased their talents at Invictus 2025, the prestigious sports fest hosted by Kasturba Medical College, Manipal.

In athletics, Ashmal from the 2022 batch represented SIMSRC in the 100m sprint. Up against a tough field of competitors, he pushed through the race with a steady pace and grit to secure a second-place finish. His commitment and race discipline were evident, making his silver medal a well-earned achievement and a proud moment for SIMSRC on the track.

From the track to the pool, SIMSRC’s presence at Invictus was one of resilience, preparation, and quiet confidence. With athletes like Ashmal putting in the work and showing up strong, SIMSRC continues to make its mark on the intercollegiate sports map – one race at a time.

*-Keerthana
2023 Batch*

Sanjana Raghunath (Batch 2023) has an inspiring chapter in her chess career. From being introduced to the game by her brother at the age of 9 to representing India in the Asian Youth championship 2018- a journey that speaks volumes. It initially started as a casual interest for the game and evolved into a professional pursuit.

Sanjana has won many titles in Karnataka State Championships in the Under-11,13,15,17 and Women's categories. Her international appearances include:-

- 32nd National U-13 Open and Girls Chess Championship-2018
- 7th National School Chess Championship-2018
- Asian Youth Chess Championship-2018

• Commonwealth Chess Championship-2018.

She was 14 when she competed in the Under 16 Asian youth chess championship yet she showcased her talent and secured a gold medal for India. She ranked 7th in the classical tournament.

With multiple national-level appearances for Karnataka and four international representations for India, her achievements reflect brilliance, determination and excellence.

She proudly states that the game taught her to navigate challenges, accept failures and bounce back. Representing India was a proud moment for her and she expresses heartfelt gratitude to her parents and coach



SANJANA RAGHUNATH

-Akanksha
2022 batch



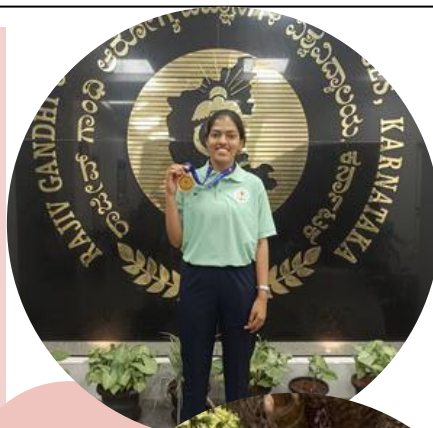
Sahil M Kothari

Sahil M Kothari (Batch of 2020) secured 1st place in chess at T John College. His win was a reflection of sharp focus and skill on the board. It was a well-deserved achievement, and a proud moment for SIMSRC

-Aastha
2021 batch

Rakshitha T Shetty

Rakshitha T Shetty (Batch 2021) is a passionate and accomplished sportsperson whose journey in martial arts began at the young age of 10, when she started training in karate. With relentless dedication and discipline, she earned her black belt while still in 10th standard. Eager to expand her horizons, she took up Pencak Silat four years ago and quickly made her mark in the sport. Her exceptional skills and perseverance earned her the opportunity to represent Rajiv Gandhi University of Health Sciences (RGUHS) at the National Inter-University Tournament, where she clinched a prestigious bronze medal. Her victory holds special significance, as she broke a dry spell by becoming the first athlete from RGUHS in over a decade to secure a national-level medal, making her a true inspiration to aspiring sportspersons.



Tarun S

A reminder that true passion never really leaves, it just waits for the right moment to rise again.

A journey from the first leap in 8th standard to the victory podium in 4th year MBBS.

Tarun S from the batch of 2021 scored a bronze in triple jump at Invictus held in KMC Manipal

THE ONE WHERE WHITE LOST ITS COLOUR

Tushar M Potdar
2021 Batch

It was just a regular Monday morning. People were settling in and preparing for the upcoming week.

And then it happened. What every cricket fan dreaded, the lion retired to his den. Millions of hearts shattered. Tears were streaming down.

Born November 5, 1988, in Delhi, India, Kohli showed exceptional talent from a young age. He rose through the ranks with consistent performances in domestic cricket and first gained national attention when he led India to victory in the 2008 ICC Under-19 Cricket World Cup. Kohli made his debut for the Indian national team in 2008, and over the years, he has become one of the most successful batsmen in cricket history.

Playing 18 years for an IPL franchise that hasn't even won once screams his loyalty and dedication. He was an inspiration not just on the field but also off the field. He was the reason for millions of cricket enthusiasts to start and continue playing cricket.

There are no perfect definitions for beauty as it has different perspectives. In fact, the concept of a "perfect body" doesn't exist at all. It is only the unrealistic beauty standards set by society often enforced on men and women from a young age. It is absolutely okay to have few lumps, bumps, curves, wrinkles, and rolls in our body as it only proves that we are human beings. Even an ECG with flat line means that the patient is dead!!!

Beauty is also never eternal and it doesn't last for a lifetime. At the same time, it should never interfere with true love or negatively impact our relationships. Beauty should be appreciated internally and not just be limited to external expressions, attractiveness, or features.

He brought in a fresh style of finesse to the game. His aggression, all-out approach is what made the Indian cricket team what it is today. Be it in the subcontinent, SENA, he always pushed the team a little more forward. His game presence was what stood out!

Coming to his stats, it speaks for itself. Over 123 Test matches, he amassed 9,230 runs at an average of 46.85, including 30 centuries and 31 half-centuries. Kohli's unbeaten 254* against South Africa in Pune (October 2019) remains his highest individual score in Test cricket. Kohli holds the Indian record for the most Test double centuries, with seven to his name. As Test captain from 2014 to 2022, he led India to 40 victories in 68 matches, the most by any Indian Test captain, proving why he's one of the best TEST captains the world has ever seen.

We were speaking to his fans in our college, and this is what one of them had to say about him:

As I type this, my heart feels heavy. You gave the entire world a legacy to remember.

Changed what test cricket means.

Put life into it.

Made my heart beat.

You gave every player the heat.

"60 overs of hell?"

Sounds similar to the next 60 years of my cricket experience.

You gave the inspiration to many youngsters to start cricket. But for me, you were the reason to continue it. I knew there was a death in my cricketering career, but I never let go of this because of the passion and strength, and spirit that you delivered.

Always showing up. Never giving up. Fell a thousand times. Woke up a million times. Dressed up and never gave up. What a walking legend!

Many came. Many stayed. Many, yet to come. But none like you, My Chickoo! From wearing a 'haatkhadi' to rolling my bat in the air before taking a stance, I admired your poise. If cricket is love, I'll always be your unconditional lover.

Coming back home tired and low after having a long day, just to see your highlights. That cover drive would cover up all sadness. That one drive would turn anyone on. That flick would give everyone a kick.

As a child, people would ask me who my role model was, and I would proudly tell them my name.

That being said, every aspect of your life has been such an inspiration for me. Your character development feels personal. I don't know how cricket is going to be without you. I don't know how I'm going to be without. I don't know how it'll feel to see someone play in your position. I don't know how I can see someone bantering!

Cricket is truly an art. And you were my best artist. There's no more witnessing of your art with the **CHERRY!** Wishing you all the love and happiness!

While the reasons for his retirement seem unclear and uncertain, one must acknowledge the importance of his work and his dedication to the game and helping Indian reach where it is.

His presence made all the difference.

We're truly one of the luckiest to have witnessed his game and the legacy that he's left behind.

It makes us wonder what each one of us is capable of and how we can work on ourselves and help others bring out the best in them.

The One Where Red Turned Gold

An Ode to RCB

18 years of legacy,
the cup was just a cherry.



Thrills, Tactics, and Tributes: Formula 1 at Imola 2025

- Harshith R
2023 batch

The legendary Autodromo Enzo e Dino Ferrari in Imola delivered yet another unforgettable Formula 1 weekend in 2025. As the Emilia-Romagna Grand Prix unfolded, fans were treated to a blend of classic racing drama, strategic masterstrokes, and heartfelt tributes – a fitting return to one of F1's most historic circuits. A Historic Setting Imola is more than just a race track. It's a place steeped in passion, heritage, and emotion. This year marked 31 years since the tragic weekend of 1994 that claimed the lives of Roland Ratzenberger and Ayrton Senna, and the paddock paused once again to remember. Flowers adorned Senna's statue, and a moment of silence before Sunday's race reminded everyone of the sport's resilience and legacy. Qualifying Drama Saturday qualifying was a nail-biter. The narrow, technical layout of Imola always pushes drivers to the limit, and this year was no exception. The final minutes of Q3 saw a flurry of purple sectors as drivers battled changing track temperatures and tricky wind conditions. Ultimately, pole position went to Oscar Piastri, who edged out Max Verstappen by a mere three-hundredths of a second, while George Russell put his Mercedes in P3.

Race Day: Strategy and Grit

Max Verstappen won the 2025 Emilia-Romagna Grand Prix at Imola, beating McLaren drivers Lando Norris and Oscar Piastri in a race filled with strategic drama and exciting overtakes. Verstappen took the lead from polesitter Piastri at the start and built a comfortable 10-second gap. Norris passed George Russell to chase him down, while early pit stops from Piastri and Russell didn't pay off due to traffic on the narrow track. A virtual safety car allowed Verstappen to pit and extend his lead, while Norris lost time having pitted just before

. A full safety car later bunched up the field after Kimi Antonelli retired. Verstappen and Norris pitted again, while Piastri stayed out and jumped to second on older tyres. After the restart, Verstappen pulled away for the win. Norris passed Piastri with a bold move to take second. Ferrari drivers recovered to fourth and sixth, split by Alex Albon's Williams. George Russell finished seventh, ahead of Carlos Sainz (Williams), Isack Hadjar and Yuki Tsunoda, who both made up ground after tough qualifying sessions.

Final Results (Top 5)

- Max Verstappen (Red Bull Racing)
- Lando Norris (McLaren)
- Oscar Piastri (McLaren)
- Lewis Hamilton (Ferrari)
- Alex Albon (Williams)

LOOKING AHEAD

Imola reminded fans and teams alike why Formula 1 is so captivating: history, heart, and high-speed chase. As the championship heads to Monaco next, the title race heats up with Oscar still leading – but the chasing pack, especially Lando and Max, are closing in fast.

Whether you're a die-hard fan or a casual viewer, Imola 2025 was a weekend that had everything: pace, passion, and poignant moments. The spirit of F1 lives on – faster, tighter, and more competitive than ever.

El clasico

The classic' espaniol rivalry between FC Barcelona and Real Madrid CF transcends the world of sports and ignites millions of football fans, providing the adrenaline rush that unveils their fervour and dedication to football. Where it all started! This historic feud dates back to May 13, 1902, when Real Madrid CF and FC Barcelona faced off for the first time in the semifinals of the Copa de la Coronación. It exhibits the never-ending clash of politically deep-rooted agendas, cultural disagreements, and opposing gameplay ideologies. Its rich history has sought to give rise to great talents, hungry for triumph and immortalized glory. With contrasting worldviews, Barca stood for defiance and resistance, representing the Catalan pride amidst the Franco Regime, associated with Real Madrid's Spanish centralism. **Even the football philosophies of the 2 clubs never aligned.**

The former is renowned for its "tiki-taka," a short-passing possession style perfected over the years, along with the emergence of brilliance such as Lionel Messi, Ronaldinho, Neymar, Xavi, Pep Guardiola, Johan Cruyff, etc. The heart of Barca lies in La Masia, the youth academy nurtured by their motto- "**Mes que un club**", which continues to represent Catalan identity. It promotes a collective approach, where every individual is elevated. The famous quote "**Visca Barca**" unites millions of supporters, highlighting their dedication to the club. Although Barca is still in transition and delivers a promising visual, it suffers through various financial difficulties. And despite being historically close, Madrid leads by a narrow margin with more official wins. "Hala Madrid" often approaches a more pragmatic, counter-attacking game-play delivered by global sensations like Cristiano Ronaldo, Zidane, Karim Benzema, Sergio Ramos, Jose Mourinho, etc. Madrid centers around excellence, prestige and the pursuit of power. Over the decades, the club has cultivated the reputation of combining adaptable dominance, individual brilliance and star-driven success powered by athleticism. The club also aspires with a history of Galacticos signing, some of them being controversial and deepening the rift between Barca and Madrid. Impactful moments: The first ever defining moment of heightened tension was **Alfredo Di Stefano's transfer in 1953**. Initially on agreed terms with Barca, but political and sporting pressure led him to join Madrid. **The infamous switching of Luis Figo** from



Barca to Madrid sparked outrage amongst Barca fans. He was directly signed from Barca to Madrid for a World Record fee. This event kick-started the Galacticos era. Perpetual Affairs: What reached the heights of popularity was the epic **Messi vs Ronaldo** debate, which continues to dazzle the fans worldwide. Messi bagging the reputation of being the top scorer in La Liga, Ronaldo had a better goal record in Copa del Rey, including 2011 final winner. This global spectacle was fueled by their rivalry, dating from 2009 to 2022, culminating with Argentina's Messi winning the 2022 FIFA World Cup. However, the altercation continues. The idealism vs realism clash between Guardiola and Mourinho spilt into chaos. Despite having worked in Barca as an assistant under Luis van Gaal, Mourinho helped end Barca's domestic dominance by winning La Liga in 2011-12. The famous duel between MSN and BBC was another dynamic topic of discussion, a **comparison of the MSN trio**, as in Messi, Suarez, and Neymar, against Madrid's BBC



lineup, as in Bale, Benzema, and Cristiano, in terms of their influence and performance took place. Neymar, signed from Santos amid legal controversies that led to the formation of MSN, was key to the 2015 UCL win and several El Clásico victories until he was purchased by PSG for the highest transfer fee ever paid for a football player. His departure resulted in a series of inconsistencies, leaving Barca with significant financial trouble due to poor investment of the large funds and their unwise spending spree. Moving on, Barca hit a low steep for a short period until the team put up together by Xavi and currently lead by Hansi Flick butt heads with Real Madrid under the management of Carlo Ancelotti. Current Amusement: The **budding young prodigy Lamine Yamal** continues to win hearts day by day. People keep yearning for Lewandowski not to retire and meanwhile, Pedri establishes his stance as Man of the Match in various games. Ferran Torres, Balde and Raphinha satisfy the crowd with unexpected saves, whereas Kounde and Cubarsi are vigorous with their defense, aided by Gavi at all times. Real Madrid amazes and spice up every match with the likes of **FIFA Hatrick scoring Mbappe and worldwide Heart-throb Jude Bellingham**. Luka Modric remains a sensation whilst Vini Junior and Rodrygo are becoming the new faces of Brazilian Football. Endrik, Valverde, and Eduardo are celebrated across the stadium alongside the enduring Garcia for they never cease to impress. Records evince: Real Madrid being Spain's most successful club in La Liga(36), reigns supreme in Europe with 15 UEFA Champions League titles and 2 Europa Leagues. Madrid also leads globally, having won the FIFA Club World Cup 5 times.

Even though Barcelona leads in Copa del Rey and Supercopa de Espana, they had their golden era for a short period with notable victories. They follow closely in La liga with 27 titles, 5 UCL titles and no FIFA Club World Cup. The recent Copa del Rey 2024-2025 was won by Barca against Madrid, leading with a 3-2 score claiming their 32nd title. They also closing on the current season leading as 1st in La liga with their last win on Athletic Club. Despite their history, both clubs have generously entertained a large population and extant to served a dramatic purpose of intriguing passionate football fans with their intense encounters. Hence, **EL Clásico is as vibrant and relevant today as it has ever been.**

-Kushala N
2023 batch



SYNAPSE

"Ignite the mind's spark to rise the sun in you"

-Florence Nightingale

