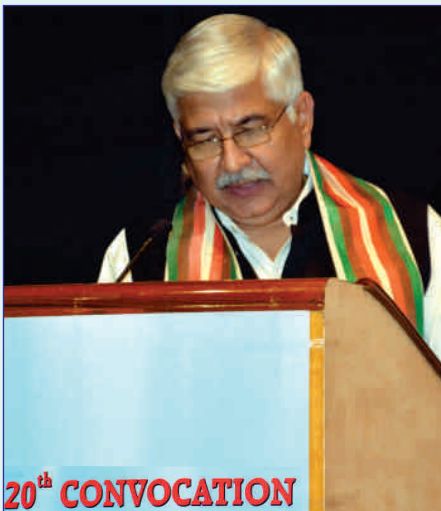


Convocation Special

Excerpts from Director's Address

A Report on Patient Care, Academics & Research



Convocation is a very prestigious occasion for an academic Institute. The 1st Convocation was held on the Foundation Day i.e. on December 14, 1994. The 11th Convocation was however celebrated on May 14th, 1997. From 1998 to 2008 the Institute held its Convocation on January 14th. Since 2010, due to the change in the academic session the Convocation ceremony was rescheduled. This year, SGPGIMS celebrated its 20th Convocation. The successful candidates are awarded degrees before an august audience and their academic gurus in a solemn ceremony.



The Academic Gurus



The Proud Recipients

Convocation news and photo feature on page 6 & 7

Resurgence of Liver Transplantation Program

I welcome you all to the 20th convocation of SGPGIMS. This Institute's foundation was laid 34 years ago. This tertiary care institute has made its presence felt in spheres of teaching, training, research and patient care both at national and international levels. The Institute is striving hard to grow further and, in 2014-15 we have added new dimensions to the services provided.

During the year 2014-15, the Institute provided medical care to an ever increasing number of patients. Compared to the year 2013-14, the new outpatient registrations rose by 3.7% to 85,041. This year 3,41,404 patients were followed up in outpatient clinics, while 41,602 patients were admitted for care on total bed strength of 920 beds, apportioned to different specialties. Major surgical procedures numbering 10,644 were performed.

Pradhan Mantri Swastha Suraksha Yojana (PMSSY) block of the hospital housing newer specialties of Pulmonary

Continued to page.....7

Liver transplantation started at SGPGIMS in December 2000. The first adult living donor liver transplant was performed on 10th December 2000, followed by another on 20th February 2001. The first pediatric transplant was done on August 29, 2003. A four year old child received a part of liver from his mother. Both mother and son are hale and hearty. This was the most economical liver transplant ever, being done at Rs. 4.0 lacs only. The first cadaver liver transplant in the department was performed on March 12, 2004, and the lady is living a normal life.

The liver transplant activities remained sporadic thereafter for a while due to compelling reasons. In July 2013, Dr. Supriya Sharma joined the department as Assistant Professor, and the liver transplantation activities resumed with a cadaveric liver transplant in December 2013. This cadaveric venture was done in cooperation with KGMU Lucknow. The patient, a medical doctor of UP Government, is doing well, following transplant.

The first ever combined liver and kidney transplant from a cadaveric donor in the public sector in India was performed in February 2014. In June 2015, Dr. Abhishek Yadav joined the team as Associate Professor. All three team members trained in living donor as well as cadaveric transplantation pepped up the living donor liver transplantation program at SGPGIMS. The living donor liver transplantation is considered as one of the most risky operation, and can sometimes take as long as 30 hours of non-stop surgery to complete the procedure.

The living donor liver transplant was performed on 26th July 2015. The husband received a part of liver from his wife. The transplant was successful and both donor and recipient were discharged in stable condition. This was followed by another living donor liver transplant on 18th August, 2015. The wife donated her right liver lobe to her

Continued to page.....3

Remembering Late Prof. S.S. Agarwal



Late Prof S.S. Agarwal had contributed to the building base of our institute as well as giving it a great shape and bringing it to the level of one of the best institutes at the national level. He is fondly remembered by SGPGI faculty and staff who had an opportunity to work with him. We have learned medical genetics and scientific approach in medicine from him. His untimely and sudden death left a big void in the field of genetics and medical research at the national level. The second memorial lecture was organized on his birthday 5th July. The memorial lecture was delivered by Dr Ratna Dua Puri, an alumnus of the department of Medical Genetics. She is currently Professor of Medical Genetics at Ganga Ram Institute of Postgraduate Medical Education and Research, New Delhi. She talked about Genetic approach to Neuropathies. The program was presided by Prof Rakesh Kapoor, Director of SGPGIMS. Prof R N Mishra, the Dean of the institute shared his many memories highlighting scientific and methodical ways of working and extensive knowledge in various fields. The program was attended by several eminent persons including Dr Mrs Pramila Agarwal and other family members of Dr S.S. Agarwal.

Shubha Phadke

Handling the Burden of HCV infection

The Department of Gastroenterology, in association with the Indian National Association for Study of the Liver (INASL), celebrated World Hepatitis Day, on 26th July, 2015 by organizing a one-day CME program on the theme "Handling the Burden of Hepatitis C Virus Infection in UP".

Although there is no vaccine against hepatitis C, it is a completely preventable and curable disease. Doctors and patient groups across India have strongly advocated the need to



recognize Hepatitis C as a national health priority and implementation of an integrated action plan to address the growing burden of Hepatitis C in the country. The treatment of hepatitis C has evolved over the years. Today, an oral regimen of 5-6 tablets a day for 6 months is available that can cure 80-90% of patients and has few side-effects.

The campaign theme for World Hepatitis Day 2015 was "Prevention of Viral Hepatitis". It was stressed that the prevention strategies are available that need systematic implementation and monitoring. This will go a long way in eradicating this disease from the general population.

The CME program was conducted under the leadership of Prof V. Sarawat, Prof & Head Gastroenterology Department which aimed to improve awareness among medical practitioners, experts and health administrators from UP and offered an opportunity to benefit from this academic activity. Around 250 delegates attended the CME.

National Plastic Surgery Day

July 15th is celebrated as the "National Plastic Surgery Day" every year. Plastic surgeons from around the country organize public awareness programs on various aspects of plastic surgery. The main objective of this program is to spread awareness about the



specialty of plastic surgery and how plastic surgery affects the lives of individuals and more so how plastic surgery can help an individual to come back to normal life after suffering disability and deformity.

An open question answer sessions before invited audience, patients, staff and faculty members was conducted by Mrs Monalisa Chaudhari Sr. PRO of the Institute. Mrs Sunita Aron, Resident Editor Hindustan Times was the special invitee on the occasion. A documentary film on the department was also released.

ICMR Course on Medical Genetics

The 2 week long ICMR course on Medical Genetics, organized by the Department of Medical Genetics is one of its rare kinds in India in every sense as it is perhaps the only comprehensive and exciting course on Medical Genetics in the country. From July 21 to 31, 2015, the 14th ICMR course was conducted under the supervision of Dr Shubha Phadke, HOD, Medical Genetics. This course was attended by 40 participants from all over country. Till date, more than 200 participants from all over the country have attended the course.



The course caters to the needs of clinicians from various backgrounds. The topics covered include basic genetics, diagnostic modalities, clinical genetics and recent advances. Workshops were conducted every day noon on cytogenetics, molecular genetics, fetal autopsy and prenatal diagnostic modalities. A pretest and post test is conducted and it has been shown that the 2 weeks course results in a tremendous improvement in the basic understanding of medical genetics among participants.

Renowned faculty from all over India, many of them the alumni of the Department of Medical Genetics, come down every year, to teach and interact with the participants. Some of the clinical topics and cases are presented by the Senior Residents also. This teaching program helps in spreading awareness about Medical Genetics as a super specialty and is an attempt to prepare all medical fraternity in India for the challenges of medical practice in the twenty first century which is the era of molecular medicine.

Dhanya Laxmi

Clinical Practice of Anesthesia

The Department of Anesthesiology SGPGIMS and RSACP UP State branch organized a CME on 'Controversies in Clinical Practice of Anesthesia' on August 16, 2015 at the Institute. This CME focused on the evidence based clinical practice in Anesthesia. This CME was an effort of RSACP and SGPGI to sensitize and update the anesthesiologists' to improve the clinical practice of anesthesia, teaching and training.

The scientific program of this Continuing Medical Education program highlighted the facts and myths in practice of anesthesia from primary care hospitals to tertiary care teaching Institute. Stress for uniformity in teaching and training were emphasized, so that it improves safe anesthesia and safe patient practice as per international quality & standards.

Prof. Rakesh Kapoor, Director, SGPGIMS inaugurated the CME, present during the function were Prof. R.N. Misra, Dean and Prof. P.K. Singh, Head department of Anesthesia. Prof. Avtar Singh, RSACP National President was the Guest of Honor & Prof. Naveen Malhotra, National Secretary of RSACP India & Prof. (Brig.) T. Prabhakar, Director UPRIMS, Saifai, Etawah were also present on the occasion.

More than 200 faculty and delegates including trainee anesthetists serving in the State of Uttar Pradesh participated and updated their knowledge. The Chairperson of the CME was Prof. Surendra Singh, and Dr. Sandeep Sahu was the Organizing Secretary.

Medicos Be Lawgical



There has been a recent spurt in litigation concerning medical professionals and establishments, claiming redressal for the suffering caused due to medical negligence, vitiated consent, and breach of confidentiality arising out of the doctor-patient relationship. It is important therefore to know what constitutes medical negligence and how should medical practitioners safeguard themselves against committing random errors. With this outlook the General Hospital of SGPGIMS organized a workshop on the legal aspects of practicing medicine for medical specialists of the Institute on 5th August 2015. The workshop was aptly titled as "Be LAWgical Medicos" which deliberated on various aspects of medical negligence.

Dr Purvish M. Parikh, a medical oncologist, and a medico legal expert serving in Tata Memorial Hospital, Mumbai was the invited faculty.

Special Invitee Hon'ble Justice Mr. Dinesh Maheshwari, Sr. Judge Allahabad High Court, Lucknow Bench, said that, "The basic knowledge of how medical negligence is adjudicated in the various judicial courts of India will help a doctor to practice his profession without undue worry about facing litigation for alleged medical negligence".

A large number of doctors from Institute attended.

Piyali Bhattacharya

Breastfeeding Week

World breastfeeding week was celebrated by department of Neonatology from 1st to 7th August. Breast milk is the best nutrient for newborn babies. The theme of breastfeeding week this year was "Breastfeeding and Work, let's make it work". Activities included awareness through posters, counselling and demonstration of technique regarding breastfeeding in outpatient and postnatal ward. Breastfeeding mothers in the hospital were



educated through lectures and videos. On 6th August a comprehensive program was organized in mini auditorium of the institute which was directed towards working women of the institute. The occasion was graced by Director Prof Rakesh Kapoor and Prof Amit Agarwal. Director released a small booklet on "Breastfeeding and Routine Care of Newborn" which will help mothers to care better for their newborns.

Dr. Deepa Kapoor Obstetrics and Gynaecology General Hospital, explained regarding antenatal counselling of breast feeding and nutrition of mother. Dr. Piyali Bhattacharya from Pediatrician General Hospital enlightened about support of breastfeeding and maintenance of lactation while working. The sessions were followed by interactive discussion.

Kirti Naranje

Transplant Immunology Update

Department of Nephrology, SGPGIMS organised the 'Transplant Immunology Update' on 22nd and 23rd August 2015. This was the 1st zonal event of ISOT update series initiated this year. The update covered the innovative aspects of transplant immunology including tolerance induction using regulatory cells, stem cells, and



antibody mediated graft injury. Evaluation and management of sensitized patients including role of ABO incompatible transplantation and paired kidney transplants (PKT) including modalities of expanding donor pool to bring respite to patients waiting for organs was also deliberated upon. Workshops on various transplant immunological investigations, molecular HLA typing, flow cytometry, luminex, single antigen bead assay, PRA, donor specific antibody DSA assays and how to interpret these tests for donor and recipient evaluation including risk assessment for rejection was also organized.

Nutrition Week

The National Nutrition Week (NNW) is a part of national program and was celebrated at SGPGIMS, from 1st to 7th September 2015. This year the theme of the National Nutrition Week was "Better Nutrition: Key to Development". The Dietetics Department under the Department of Hospital Administration organized elaborate events to celebrate the week which included a CME program on balanced diet and healthy lifestyle. This was especially organised for health care providers throughout the week. Steps were taken to

Continued to page.....3

husband who is a head constable with UP police. The surgery was technically very demanding and lasted 31 hours, as the patient had undergone 3 prior surgeries for portal hypertension and was a known case of Protein S deficiency.

The transplant surgeries involved all three liver transplant surgeons working together under the stewardship of Prof. Rajan Saxena throughout the surgical procedures, assisted by Dr. Sunil T and 10 surgical residents, Prof. Shantanu Pandey and Dr. Gurango Majumdar from CVTS Department, 4 consultant Anesthesiologists Prof. PK Singh, Dr. Devendra Gupta, Dr. Sujeet Gautam and Dr. Sandeep Khuba along with 6 senior residents, 2 consultant Radiologists Dr. Zafar Neyaz and Dr. Rajnikant with their residents, Dr. Anupam Verma from Transfusion medicine with his team, Dr. TN Dhole and Dr. Richa Mishra from Microbiology, Prof. V Ramesh and Prof. Manoj Jain from Pathology, Prof. AK Baronia and Dr RK Singh from Critical Care Medicine, Prof. Vivek Saraswat and Dr. Gaurav Pande from Gastroenterology, Prof. Amit Gupta from Nephrology and Prof. Satyendra Tewari from Cardiology and Prof. Sushil Gupta from Endocrinology have all contributed significantly to the realization of these procedures, ably patronized by Prof. Rakesh Kapoor, the Director of the Institute. The HRF section ensured uninterrupted supplies of all material required for the surgery and postoperative management of these patients, even at flash notices.

The Center for Hepatobiliary Diseases and Transplantation building is due to be commissioned by the end of this year with which will dawn a promising future of Liver transplantation program in SGPGIMS.

Rajan Saxena



create general awareness on diet and healthy lifestyle. Information leaflets and handouts were distributed in patient area and posters and messages were posted in the public areas for creating awareness. A free nutrition assessment camp and nutritional counselling for general public was also organized.

Edited by : Shantanu Pandey

**Maternal and Reproductive Health Department
Intra Uterine Transfusion**

Since long, fetus has been considered as a patient. Fetal diseases are amenable to diagnosis and treatment even before birth. Those incurable diseases like thalassemia major, down syndrome, muscle dystrophy and brain malformation etc are diagnosable and birth of such a baby is avoided. Fetal diseases like supraventricular tachycardia (SVT) i.e. very high fetal heart rate, fetal hypothyroidism etc can be diagnosed and treated before birth by giving medicines to mother or fetus. Another fetal condition that can be diagnosed and treated is fetal anemia. Ultrasound technique have allowed to diagnose fetal low hemoglobin i.e. even without a fetal blood sample. Fetus can develop anemia when its red blood cells are destroyed by antibody present in mother's blood. This occurs mostly when mother's blood group is Rh negative like A -ve, B-ve, AB -ve and O -ve and her



Blood being transfused to a fetus under ultrasound guidance

husband's blood group is Rh positive. During prior pregnancy event (abortion, delivery, bleeding, caesarian section etc) some amount of fetal blood which is Rh positive enters into maternal circulation and mother develops antibody against it which remains in its circulation for lifelong. In subsequent pregnancy, this antibody can cross to fetus and cause fetal anemia.

Fetal anemia can be successfully treated during pregnancy by giving blood transfusion to the fetus. If untreated, the fetus dies in utero. Such babies do not require lifelong blood transfusion. The department of Maternal and reproductive health have treated hundreds of such cases in last five years. It has the distinction of saving one of world smallest fetus i.e. when the fetus was 280gm at 5th month during pregnancy.

Intrauterine blood transfusion is a form of fetal treatment which has saved many lives.

Mandakini Pradhan

**Triplet Pregnancy with
Craniopagus Conjoint Twins**

A 32 years old patient was referred to the Maternal and Reproductive Health Department (MRH), SGPGI at 29 weeks of pregnancy. An Ultrasound examination suggested triplet pregnancy with craniopagus conjoint twins. The parents were explained the prognosis and a multidisciplinary team with Maternal and Fetal medicine specialists (Dr Amrit Gupta, Dr Indulata, Dr Neeta Singh, Dr Sridevi, Dr Payal, Dr Bhumika) Neonatologists (Dr Anita Singh, Dr Kirti Naranje , Pediatric surgeon (Dr Ankur Mandeliya), Anesthetists (Dr Aarti Goyal, Dr Sunita); Neurosurgeon (Dr R. L Sahu) managed her. The female craniopagus twins (attachment occipito-temporal) were delivered at 30 weeks of pregnancy followed by delivery of the third baby (male) by Caesarean section on 10th August 2015 at MRH, SGPGIMS.

The separate triplet required ventilator support. One of the conjoint twins was diagnosed and operated for Anal Atresia on day 3. All three



babies sustained through the early neonatal period. The separate of the triplets recovered and he has been discharged from NICU. The twins due to complexity of management are still in NICU. In due course of time their separation is planned after detailed workup.

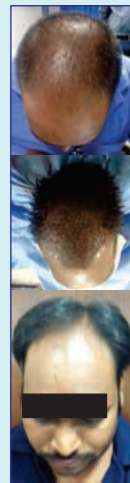
The incidence of conjoined twins is 1;100000 deliveries. Craniopagus(a pair of conjoined twins attached at the head) is the rarest type of conjoined twins. Parietal fusion is the commonest. Conjoined twins are frequently female. Apart from the rarity, these pregnancies pose a significant obstetric challenge from both diagnostic and management point of view. Complications like anemia, preeclampsia and preterm labor are commonly associated with multiple gestations. Majority of conjoined twins result in preterm labour, 40% are stillborn and 35% die within 24 hrs. Delivery of these twins is in itself a challenge. Postnatal viability depends on organs shared and the outcome of craniopagus is unpredictable. This depends on intracranial structures fusion and extent of venous connections at junction sites. The prognosis for these twins is guarded at present.

Amrit Gupta

Hair Transplant Surgery

To say that every person is a unique individual is somewhat trite, but it is a trite saying that is also true. We inherit genes from our parents that shape our physical selves and we live in social and cultural environments that influence the way we think and act. Yet, no matter how similar (or different) we may be in genetic and socio-cultural heritage, each of us is a one-time-only human being with a deeply-sensed feeling of individuality. Baldness is something that really changes the entire personality of a person. You lose self confidence and it lowers the self esteem as well. For such people who desire to have their baldness or hair loss treatment the department of plastic surgery SGPGI offers hair transplant by FUE (Follicle Unit Extraction) and FUT (Follicle unit Transfer) method. Both are simple, yet unique techniques and have equally good results. The procedure is different from hair replacement in which people use wigs and hair systems. Hair transplantation is the most common surgical treatment for hair loss. Hair replacement implicates using artificial or human hair to provisionally cover a bald area. When we compare Natural growing hair with replacement systems or wigs then surgical hair transplant is more economical and affordable. Artificial hair replacement system requires every month maintenance and expenditure while hair restoration procedure is a permanent solution. It does not require maintenance.

SGPGI now can offer state of the art hair transplant surgery at very affordable prices



How hair transplant surgery works step by step

- Meeting the physician by taking photographs of your hair loss before procedure to detect the bald area that is to be treated.
- Finalizing the details of the procedure by using a surgical pen to designate the treatment areas, shape and hairline position.
- Preparation of donor area(back of the scalp) and harvesting of the donor follicles.
- Giving local anesthesia to numb the donor area and ensuring that the patient is completely comfortable during the removal of the follicles.
- Removing the tissue in the donor area at the back and side of the head.
- Once the donor tissue is dissected the follicular units will be prepared for placement.
- The donor follicles (in FUE) and strips (in FUT) will be divided into slivers and follicle grouping which comprises of one, two, three, or four follicles.
- Tiny openings on the scalp will be made for the follicular units to be placed.
- Inspection of the newly placed grafts to guarantee proper placement.
- Hair restoration is complete.

This whole procedure generally requires the placement of 2000-3000 hair follicles so as to provide good results.

This procedure requires about 6-7 hours of surgery with a team of 4-6 people including the Hair restoration surgeon and nursing assistants. The whole surgery is done under local anaesthesia which means patient is completely awake and communicates directly with surgical team.

When surgery is rightly done, its result is so natural that nobody can detect it. Now the bald people can have the best time of their life in which they will confidently move around and have a younger looking personality.

Ankur Bhatnagar

Book Review



The subject matter of plastic surgery has been covered in a total of seven independent sections dealing with general principles, aesthetic

surgery, head and neck, craniofacial and cleft, oncoplastic surgery, trunk and lower extremity, upper limb and recent advances. The book contains more than 1000 multiple choice questions with answers, explanations and references. It is a ready reckoner and a great learning tool for residents and even young plastic surgeons who wish to update their knowledge and understanding of plastic surgery. The explanations given at the end of the chapter help in providing complete information of that particular point of concern. With the latest examination trends in plastic surgery shifting to the multiple choice format this book is sure to be of use to many students, residents and postgraduates in plastic surgery.

Sleep Apnea Management

Sleep apnea is a common sleep disorder characterized by repeated interruptions in breathing throughout the sleep cycle. These interruptions, called apneas, are caused by the collapse of soft tissue in the airway, which prevents oxygen from reaching the lungs. Weak muscles in the airway, a large tongue, obesity, and other factors may cause airway tissue to collapse and obstruct breathing. Obesity and abnormal fat deposition in neck are however the most common causes. Sleep apnea disrupts the sleep cycle and can dramatically impact energy, mental performance, and long term health. In some cases, if left untreated, sleep apnea can be fatal. Common symptoms of this disorder are loud persistent snoring, excessive fatigue and excessive daytime sleepiness which if severe can severely affect driving skills. Motor vehicle accidents are 2.5 times more common in patients with OSA. In addition resistant hypertension, uncontrolled blood sugar, abnormal lipid profile and stroke are strongly linked with this condition. Besides they may also have depression, career problems and sexual dysfunction. Once a patient is diagnosed to have OSA a multi modality treatment approach comprising of strict dietary plan, exercise, avoidance of smoking and sedatives and adoption of good sleep hygiene is advised in all cases. Definitive treatment is use of a device which delivers positive pressure by mask at night, which is recommended for all patients with moderate to severe OSA.

Department of pulmonary medicine is equipped with an advanced sleep lab in which sleep study is conducted every night. Sleep study



is done by attaching channels to record brain waves, eye movements, air flow, oxygen concentration of blood, electrocardiogram and movement of chest, abdomen and leg. Since January 2014, 240 patients were found to have symptoms suggestive of obstructive sleep apnea in our OPD, out of which 65% were males. Sleep study was done in 85 patients, out of them 68 patients were found to have OSA and 41 of them were severe OSA. These patients are following regularly in our OPD.

Zia Hashim

*If you want others to be happy,
practice compassion. If you
want to be happy, practice
compassion.*

-Dalai Lama

Dengue Fever

Dengue fever is a mosquito-borne viral infection that causes a severe flu-like illness. It is caused by four serotypes 1-4. Dengue fever is spread by a species of mosquito known as the *Aedes aegypti* mosquito. The Dengue virus is present in the blood of the patient suffering from Dengue fever. Whenever an *Aedes* mosquito bites a patient of Dengue fever, it sucks blood and along with it the Dengue virus into its body. The virus undergoes further development in the body of the mosquito for a few days. When the virus containing mosquito bites a normal human being, the virus is injected into the person's body and he/she becomes infected and can develop symptoms of Dengue fever. This disease occurs more frequently in the rainy season and immediately afterwards (July to October) in India.

General symptoms

Dengue has a wide spectrum of clinical presentations. Classic dengue fever is an acute illness of fever, accompanied by headache, pain behind eyes, facial flushing, skin redness and marked muscle and joint pains. Fever typically lasts for five to seven days. Some patients may have sore throat, redness in throat and of eyes. Loss of appetite, nausea and vomiting are common. It can be difficult to distinguish dengue clinically from non-dengue viral infections especially in the early phase. Mild bleeding manifestations like reddish spots in the skin and mucosal membrane bleeding (e.g. nose and gums) may be seen. The period of fever may also be followed by a period of marked fatigue that can last for days to weeks, especially in adults. While most patients recover following a self-limiting non-severe clinical course, a small proportion progress to severe disease, mostly characterized by Dengue Shock Syndrome (DSS) with or without Dengue Hemorrhagic fever (DHF). The main cause of shock syndrome is leakage of plasma from small blood vessels, leading to intravascular volume depletion.

Most dengue patients are not serious. The risk of complications is in less than 1 per cent of dengue cases. The risk for severe dengue appears to decline with age, especially after age 11 years. The decisions as to where this treatment should be given (in a health care facility or at home) are influenced by the case classification for dengue i.e whether it is simple dengue fever or a severe variety (DHS/DSS). The criteria for admitting the patient of dengue includes: dehydrated patient, unable to tolerate oral fluids (possible plasma leakage), low blood pressure (hypotension) or cold extremities, spontaneous bleeding independent of the platelet count, organ impairment like enlarged tender liver, chest pain or respiratory distress, collection of fluid in lungs (pleural effusion) or in abdomen (ascites). Certain special age groups like infancy or old age and pregnancy warrant admission. The period of maximum risk for shock is between the third and seventh day of illness. This tends to coincide with resolution of fever. Plasma leakage generally first becomes evident between 24 hours before and 24 hours after defervescence of fever. An elevation of the hematocrit is an indication that plasma leakage has already occurred and that fluid

repletion is urgently required. Low platelet count usually precedes overt plasma leakage.

Management

Patients with suspected dengue who do not have any of the above indicators probably can be safely managed as outpatients. Daily outpatient visits may be needed to permit serial assessment of blood pressure, hematocrit, and platelet count.

Because dengue is a virus there is no specific treatment, however there are things the patient or the doctor can do to help as follows: (i) keeping the fever low by giving paracetamol tablet or syrup, avoid giving Aspirin, Dispirin, Nimesulide, Brufen tablets to the patient. If fever is more than 102°F cold sponging can be done to bring down the temperature; (ii) giving plenty of fluids like water, shikanji etc. to the patient, continuing normal feeding and allowing the patient to rest; (iii) Intravenous fluid supplementation if there are features of plasma leakage and should be discontinued once patients have passed the period of plasma leakage. Usually no more than 48 hours of intravenous fluid therapy are required. Excessive fluid administration after this point can precipitate hypervolemia and pulmonary edema; (iv) platelet transfusions, only if active bleeding is present (other than skin bleeding) or if platelet count is less than 10, 000. Giving platelets unnecessarily can be harmful

Prevention

Prevention is always better than cure. The best method of prevention is to avoid being bitten by mosquitoes and to prevent breeding of the mosquitoes in your locality. This can be done by wearing long trousers/pants, long sleeved shirts and socks, using mosquito repellent creams & mosquito nets. The breeding of mosquitoes can be stopped by preventing water stagnation in your locality like in water coolers, buckets, flower vases, water cans etc. At present there is no dengue vaccine; one is currently in development. Even so, developing a vaccine to protect against four closely related viruses that can cause the disease will not be easy.

Infection with one of the four serotypes of dengue virus (primary infection) provides lifelong immunity to infection with a virus of the same serotype. However, immunity to the other dengue serotypes is transient, and individuals can subsequently be infected with another dengue serotype (secondary infection).

If you ever notice that many persons have suffered from an illness which may appear to be Dengue Fever, please inform this to the local health authorities at the earliest. This will help in preventing the disease acquiring epidemic proportions.

Arrangements made at SGPGI

All Medical Departments of SGPGI, by rotation are on an emergency call for dengue patients. The day a department is assigned the responsibility of managing these patients, the department is responsible for attending to all the dengue patients presenting in Emergency and those who need admission are admitted under that department till discharge. Apart from using their own beds for admitting these patients, an additional 10 beds have been converted into dengue beds, till the dengue epidemic continues.

Soniya Nityanand

20th Convocation of Sanjay Gandhi Postgraduate Institute of Medical Sciences was held on 26th September 2015. Padmabhushan Dr. Vijay Kumar Saraswat, the renowned defence scientist and Hon'ble member Niti Aayog, Government of India graced the function as the chief guest. Dr Vijay Kumar Saraswat is India's most gifted scientist and an accomplished researcher with more than four decades of experience spanning over several fields and areas in both basic and applied sciences of defence research. He is the principal architect of the Ballistic Missile Defence programme which included major technology breakthroughs.

Highlights of the convocation was awarding Doctorate of Science D.Sc. (Honoris Causa) on doctor couple Dr. Abhay Bang & Dr. Rani Bang for their life time achievement for bringing health care for people at their door step. Their immense contribution towards reduction in infant mortality rate in the tribal district of Gadchiroli and introduction of concept of Arogyadoot has been recognised by World Health Organisation.

Two books were released on the occasion namely SOP for Departmental Research Committees written by Dr. Surendra Srivastava and the other book published by Hindi Vangmaya Nidhi on SGPGIMS in Hindi written by Mrs. Monalisa Chaudhari.

Sri Ram Naik, Hon'ble Governor of UP and Visitors of SGPGIMS presented the Degrees to 35 DM, 17 M.Ch., 22 MD, 7 PhD and 42



Hon'ble Visitor delivering his address



Introduction of Faculty



The Academic proce



Receiving the Degree from Visitor of the Institute



Release



Dr. Monik Sen Sharma receiving the Prof. R.K. Sharma Award



Dr. V.K. Saraswat delivering the Convocation Address



Sri Alok Ranjan President

Festival

nursing students received their degrees. Apart from these 35 student received PDCC and 8 student received their Diplomas in Hospital Administration and Tele-Medicine. This year Dr. Gaurav Pandey from department of Molecular Medicine was awarded the Prof SS Agarwal Award for his work on diabetes nephrology, while Prof RK Sharma Award for best clinical research went to Dr Monik Sen Sharma of Pediatric Surgery and Dr. Sohrab Arora Urology. Prof S.R. Naik Award was shared by Prof. TN Dhole and Dr Anshu Srivastava from department of Microbiology and department of Paediatric Surgery respectively. Prof TN Dhole has done pioneering work in the containment of polio in state of Uttar Pradesh while Dr Anshu Srivastava has excelled in the field paediatrics gastroenterology.

This year the Convocation witnessed a change over from the traditional gowns to our very Indian angwastram.



Session led by Executive Registrar



of book on SGPGIMS



SGPGIMS delivering the Welcome Address



Citation before the award of Honoris Causa Degree



Dr. Anshu Srivastava receiving Prof. S.R. Naik Award

Continued from page....1

Medicine, Maternal & Reproductive Health, Neonatology, Plastic Surgery and Molecular Medicine & Biotechnology has also been expanded and made fully functional for the benefit of the patients. The Department of Emergency Medicine has been created and the emergency receiving station is now supervised by this department. The pneumatic shuttle system for the transport of investigative samples to laboratories is fully operational and has helped minimize the loss of samples due to manual transportation. The new upgraded Hospital Information System is now fully functional.

With 32 vibrant academic departments and 185 faculty members, Institute provides DM, MCh, MD, PhD degrees and Post-doctoral Certificate Courses (PDCC) in most disciplines. In the period under review, a total of 8 PhD, 35 DM, 17 MCh, 22 MD, 42 BSc Nursing candidates have successfully completed their training requirement for completion of the degrees. Similarly 34 post doctoral trainees in different specialties have also completed their training requirement for completion of their diploma. The Medical Council of India recognizes all academic degrees given by the Institute.

The Ministry of Human Resource Development (Dept of Higher Education) has in the past year short-listed the Institute for establishment of a center of excellence in field of biomedical sciences and modern biology. The bigger grants are also flowing to department of medical genetics & clinical immunology. The Institute attaches much importance to high quality clinical and basic research and has made significant contributions in this area with the faculty contributing more than 300 peer reviewed papers in indexed medical journals in the year 2015.

In the year 2014-15, Institute faculty members were successful in getting 19 new extramural grants amounting to Rs 4.42 Crore. The Institute's intramural research fund is designed to encourage new research aspirants, and in the year 2014-15, it supported 26 projects with a total amount of Rs 1.08 Crore.

सम्मान समारोह

प्रत्येक वर्ष की भाँति इस वर्ष भी दिनाँक 15 अगस्त को संस्थान में स्वतंत्रता दिवस अत्यंत उल्लास व हर्ष के साथ मनाया गया। इस वर्ष संस्थान परिवार के कुछ सदस्यों के उनके उत्कृष्ट कार्यों के लिये सम्मानित किया गया। न्यूरोलॉजी व न्यूरोसर्जरी वाहय रोगी विभाग में कार्यरत चिकित्सा सामाजिक कार्यकर्ता डा. राम प्रमोद मिश्र को रोगी हित में उनके योगदान के लिये सम्मानित किया गया। रोगी हित में यदि उनके कार्यों का अवलोकन किया जाये तो यही ज्ञात होता है कि रोगियों की कठिनाइयों को समझकर, तदनुसार समुचित परामर्श देना और मनोवैज्ञानिक संबल प्रदान करना उनकी कार्यशैली की विशेषता है। अनेकों बार अति निर्धन रोगियों के लिये उन्होंने औषधियों की भी व्यवस्था करवाई है। उन्होंने मिर्गी, रोग पर हिन्दी में एक पुस्तक की भी रचना की है। जन संपर्क अधिकारी श्री आशुतोष सोती को भी उत्कृष्ट जन सम्पर्क के द्वारा रोगियों की सहायता हेतु सम्मानित किया गया। उनके व्यक्तित्व की ये विशेषता है कि वे अपने विस्तृत व कठिन प्रशासनिक उत्तरदायित्वों के पश्चात भी कभी तनाव ग्रस्त नहीं दिखते। मृदुल व अपनत्व से परिपूर्ण अपने व्यवहार के कारण वे अत्यंत लोकप्रिय हैं और कर्मठ अधिकारी के रूप में जाने जाते हैं। अभियंत्रण विभाग की यांत्रिक इकाई में कार्यरत सहायक इंजीनियर श्री एम.एन. शुक्ला ने

सदैव अपने दायित्व का निर्वहन तत्परता से किया। अस्पताल के सभी विभागों से संबंधित फर्नीचर, व्हील



चेयर स्ट्रेचर इत्यादि की टूटफूट व मरमत्त का कार्य उनका दायित्व है जो, उन्होंने अत्यंत मुस्तैदी से

करवाया है। रोगियों की सहायता हेतु स्थान-2 पर लगाये गये दिशा संकेत (Sinages) भी उन्हीं के मार्गदर्शन में लगाये गये हैं। पैथोलॉजी ओ.पी. डी. में कार्यरत श्री बी.पी. पाठक को भी उनके श्रेष्ठ कार्य सम्पादन हेतु सम्मानित किया गया। (ओ.पी.डी.) पैथोलॉजी में रक्त की जाँच हेतु रोगियों की लंबी-लंबी कतारों को अत्यंत धैर्य व तत्परता से निपटाते हुये ये कर्मचारी कभी भी व्यथित दिखाई नहीं देते। इसी प्रकार चिकित्सा अधीक्षक कार्यालय में कार्यरत प्रवर वर्ग सहायक श्री माता प्रसाद पाल व रिसर्च सेल में कार्यरत श्री ब्रज बिहारी राम को भी अपनी व्यवहारकुशलता व कार्यदक्षता के आधार पर सम्मानित किया गया, विभिन्न संवर्गों के भिन्न-भिन्न प्रकरणों से संबंधित फाइलों के समुचित न्यायसंगत व त्वरित निस्तारण के लिये वे सदैव प्रतिबद्ध रहे हैं। कार्यस्थल पर मिलने वाला ऐसा हर सम्मान सदैव व्यक्ति के आत्मविश्वास को और भी सुदृढ़ करता है व संस्थान के हित व बेहतर की दिशा में किये जाने वाले उसके अथक प्रयासों को पुष्ट करता है। यह सर्वमान्य तथ्य है कि सम्मान के योग्य वही व्यक्ति व कर्मचारी/अधिकारी होते हैं, जो सच्चाई, लगन, ईमानदारी, एवं निःस्वार्थ भाव से अपने उच्च अधिकारियों द्वारा दिये गये कार्यों को सम्पादित करते रहते हैं।

कुसुम यादव

कुछ लोग

यूँ तो डाक्टर मेहता के पास अधिकाँशतः सेमिनार और कान्फ्रेंस के ही पत्र आते थे, लेकिन एक पत्र जो उनके सामने पड़ा था उस पर लिखा था "कृपया यह पत्र पढ़ कर ही नष्ट कीजियेगा"। डाक्टर मेहता की भी उत्सुकता बढ़ी और उन्होंने पढ़ना प्रारम्भ किया—

"सम्माननीय डाक्टर साहब!

करीब तीन महीने पहले जब मैं अपने अचेत पति को लेकर उस विख्यात चिकित्सालय के 'इमरजेन्सी' में पहुँची तो आप शायद अपनी 'ड्यूटी' पूरी कर निकल रहे थे। रात 8 बजे का समय था। मैंने बिलखते हुये कहा — डाक्टर साहब! मेरे पति को बचा लीजिये, मेरे साथ कोई नहीं है। तब आपने कहा था — मेरी ड्यूटी खत्म हो गई है। इस समय जो मेडिकल आफिसर हैं — उनसे कहिये। मैं दौड़कर जब उनके पास गई तो उन्होंने किंचित तटस्थता से कहा — 'बेड' खाली नहीं है, किसी और हॉस्पिटल में ले जाइये। मैं दौड़ते हुये आपके पास वापस आई और आपके पैर पकड़ लिए। आपने भी बड़े ही बेमन से कहा — अरे भाई? पैर छोड़िये, उन्हीं डाक्टर से कहिये, मेरी 'स्टाफ बस' छूट जायेगी और आप मुझे यूँ ही बिलखता छोड़ चलने को ही थे कि मैंने कहा — डाक्टर साहब? मेरे तो पति ही मुझसे छूट जायेंगे — कहकर मैं विलाप करने लगी। मेरी यह बात सुनकर न जाने क्यों और क्या सोचकर आप वापस लौट आये। वास्तव में 'बेड' खाली नहीं था। आपने 'स्ट्रेचर' पर ही मेरे पति को देखना शुरू किया और बताया 'ये लकवे के शिकार हो गये हैं' और फिर आपने तुरन्त किसी और डाक्टर को फोन किया। आधे घन्टे के भीतर ही मेरे पति को

'न्यूरोलॉजी वार्ड' में स्थानान्तरित कर दिया गया। तत्पर इलाज और उचित देख-भाल से मेरे पति के प्राण बच गये। हालाँकि उनके शरीर का बाँया भाग लकवे से प्रभावित हो गया था। न्यूरोलॉजी के डाक्टर ने कहा कि आप इन्हें समय से लेकर आ गई हैं इसीलिये बड़ी अनहोनी व अपंगता से आपके पति बच गये पर कुछ महीनों में ये ठीक हो जायेंगे। मैं अपने पति को लेकर वापस आ गई और आपसे मिल भी न पाई। आप यह सब कुछ भूल चुके होंगे जो स्वाभाविक है किन्तु मैं आपको भला कैसे भुला सकती हूँ। आगे लिखा था.....

.....डा. साहब! मनुष्य के व्यक्तित्व की एक बहुत ही स्वाभाविक अनिवार्यता है — अहंकार। अनिवार्य इसलिये कि यदि हममें अहंकार न हो तो हम भी ईश्वर हो जाते। अहंकार की अनेक परिभाषायें हो सकती हैं किन्तु मैं तो समझती हूँ कि मनुष्य के अन्दर का कोई भी 'अहं' जब 'आकार' ले लेता है तो अहंकार का उदय होता है। लेकिन डाक्टर साहब — जब हम अपने धन, वैभव, पराक्रम, ज्ञान, कौशल, सौन्दर्य इत्यादि पर अहंकार करते हैं तो यह भूल जाते हैं कि हमारा यह अहंकार दूसरों को कितनी पीड़ा देता है। मैं यह तो नहीं जानती डाक्टर साहब कि आपको अपने डाक्टर होने का अहंकार है या नहीं किन्तु इतना अवश्य जानती हूँ कि उस रात, उस क्षण आप केवल और केवल एक संवेदनशील व्यक्ति थे जब आपके प्रयासों से मेरे पति बच पाये।

डाक्टर साहब! मैं एक प्राइवेट स्कूल में हिन्दी पढ़ाती हूँ, बड़ी कठिनाई से सारे उत्तरदायित्व पूरा कर पा रही हूँ। अपने जीवन में हम प्रतिदिन

भिन्न-भिन्न परिस्थितियों में भिन्न-भिन्न लोगों से मिलते हैं लेकिन सबको हम सदा याद नहीं रख पाते किन्तु कुछ लोगों का जीवन में प्रवेश संगीत और सुगंध की तरह होता है। संगीत हमें दिखता नहीं लेकिन उसकी धुनें, उसकी स्वरलहरियाँ, उसके राग और आलाप का अनुभव तो हम करते ही हैं। जो लोग हमारे जीवन में संगीत की तरह अपनी पहचान छोड़ जाते हैं, वे हमें कभी विस्मृत नहीं होते। सदैव कर्णप्रिय धुन की तरह, एक बेसुध कर देने वाली रागिनी की तरह हमारे जीवन में अपने होने का एहसास कराते रहते हैं। इसी तरह कुछ लोग हमारे जीवन में सुगंध की तरह आते हैं। सुगंध भी हमें दिखती नहीं लेकिन उसके आने से हमारा जीवन भी सुगंध की तरह ही महक उठता है और हम अपने जीवन के दुःख रूपी दुर्गन्ध को भूल जाते हैं। ऐसे लोग फिर चले जाते हैं लेकिन छोड़ जाते हैं सुगंध की परछाईयाँ जिन्हें चाहकर भी हम अपने जीवन से अलग नहीं कर सकते। डा. साहब! मेरे जीवन में आप भी संगीत और सुगन्ध की ही तरह हमेशा अपने होने का एहसास कराते रहेंगे। ईश्वर सदा आपके साथ रहें।

पत्र पढ़कर डा. मेहता सोचने लगे — अहंकार से मैं भी अछूता तो नहीं। न जाने क्यों यह पत्र पढ़कर उनके मन का अहंकार पिघलने लगा। उनका अर्न्तमन उस अपरिचित महिला के प्रति कृतज्ञता से भर उठा जिसने उन्हें (एक डाक्टर को) संगीत और सुगंध जैसे मधुर एवं मोहक सम्बोधन दिये। वे सोचने लगे — और कौन हो सकते हैं ऐसे लोग? क्या आप?

राम प्रमोद मिश्र

पुस्तक समीक्षा- संजय गाँधी आयुर्विज्ञान संस्थान

प्रकाशक हिन्दी वाङ्मय निधि, लखनऊ

किसी भी अतीत को आज के सन्दर्भ में लिपिबद्ध करना असंभव तो नहीं पर श्रमसाध्य अवश्य है, संजय गाँधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ के नींव से निर्माण तक की यात्रा को इसी शीर्षक से एक पुस्तक के रूप में प्रस्तुत करने का कार्य श्रीमती मोनालिसा चौधरी द्वारा सम्पन्न किया गया है जो वास्तव में एक कठिन और धैर्य से पूर्ण किये जाने वाला उत्तरदायित्व था। जिसे उन्होंने आत्मीयता, कुशलता, स्पष्टता व सफलता पूर्वक पूरा किया।

पुस्तक को पढ़ने के उपरान्त यह अनुभव होता है कि यह रचना मात्र एक विशाल भवन के निर्माण की श्रृंखलाबद्ध प्रस्तुति नहीं है बल्कि यह स्पष्ट प्रतिबिम्बित होता है कि इस संस्थान की स्थापना के प्रारंभिक वर्षों में कितने अवरोधों एवं विषमताओं का सामना करना पड़ा। इस पुस्तक के सम्पादकीय, भूमिका और लेखकीय के बाद लेखिका के द्वारा कुल आठ अध्यायों में इस संस्थान के प्रस्थापन की पूर्व कथा से लेकर आज के अन्तर्राष्ट्रीय ख्याति की गाथा को अत्यन्त ही रोचक शैली में रचा गया है।

पुस्तक के प्रथम तीन अध्यायों में संस्थान के संस्थापन की कल्पना से लेकर उसके निर्माण, विकास एवं विकास में अन्तर्राष्ट्रीय सहयोग का उल्लेख किया गया है जो आज के पाठकों को शायद ज्ञात न हो। इसी क्रम में अध्याय चार में संस्थान की अनवरत प्रगति का क्रमबद्ध प्रस्तुतीकरण लेखिका ने संक्षेप में किन्तु सारगर्भित रूप में किया है।

किस प्रकार और कब - कब संस्थान में शनैः शनैः नई सुविधाओं, नई तकनीकों, नये प्रशासनिक सुधारों और प्रयासों का समावेश किया गया - यह सब जानना सचमुच अत्यन्त ही रोचक अनुभव है। अध्याय पाँच और छः में हम इस संस्थान के आधुनिक रूप की प्रस्तुति पाते हैं। एक नये रोगी के रूप में, इस संस्थान में उपचार पाने के प्रारंभिक चरणों से लेकर निदान और परीक्षण कराने के सभी कदमों का अत्यन्त ही सरल वर्णन किया गया है। इन अध्यायों से यह भी जानकारी मिलती है कि कैसे-कैसे जटिल रोगों का परीक्षण, निदान एवं उनका उपचार किन-किन विभागों द्वारा किया जाता है। जो रोगी उपचार के

लिये वार्ड में भर्ती होते हैं उनको वार्ड में मिलने वाली सुविधाओं का भी उल्लेख है। चिकित्सालय के लेखा विभाग की कार्य-प्रणाली का भी बड़े विस्तार से वर्णन किया गया है। लेखिका ने अपनी लेखनी से ऐसे सभी छोटे से छोटे विषयों को भी स्पर्श किया है जो किसी न किसी रूप में रोगी की सहायता एवं सेवा से जुड़े हैं।

यह संस्थान अपने शोध अनुसंधान एवं शिक्षा कार्यों के लिये आज अन्तर्राष्ट्रीय स्तर पर जाना जाता है। सप्तम अध्याय में शिक्षा, शोध एवं अनुसंधान सम्बन्धी उपलब्धियों का क्रमवार विवरण प्रस्तुत कर लेखिका ने अपनी अंतर्दृष्टि को प्रभावपूर्ण ढंग से प्रतिबिम्बित किया है।

पुस्तक के अन्तिम अध्याय में इस संस्थान के वर्तमान परिदृश्य को रेखांकित किया गया है। अपने विषय वस्तु को समेटने और सुन्दर प्रस्तुति के दृष्टिकोण से पुस्तक सम्पूर्ण है, सफल है। लेखिका ने अत्यन्त ही सरल रोचक और क्रमवार वर्णन के रूप में इस संस्थान के विगत, आज और आगत को लेखनीबद्ध करने का कठिन कार्य सम्पादित किया है किन्तु कहीं-कहीं टंकण त्रुटि भी दिखती है पर इससे पुस्तक के कथ्य पर कोई प्रभाव नहीं पड़ता। कुछ और तस्वीरों को यदि पुस्तक में स्थान मिलता तो पुस्तक और भी आकर्षक हो जाती।

संक्षेप में, राष्ट्रीय और अन्तर्राष्ट्रीय स्तर पर संस्थान की प्रतिष्ठा का उल्लेख पढ़कर हृदय में अनायास ही इस उपलब्धि पर गर्व होता है कि ऐसा विश्व स्तरीय संस्थान हमारे लखनऊ में है। संभवतः इसी दृष्टिकोण और यथार्थ को ध्यान में रखकर इस पुस्तक की रचना-‘हमारा लखनऊ पुस्तक माला-38 वाँ पुरुष’ के रूप में हिन्दी वाङ्मय निधि द्वारा प्रकाशित किया गया है। सम्पादक श्री राम किशोर बाजपेयी, अध्यक्ष श्री शैलेन्द्र नाथ कपूर एवं सचिव सुश्री रागिनी चतुर्वेदी निश्चय ही इस प्रस्तुति के लिये बधाई और धन्यवाद के पात्र हैं।

श्रीमती मोनालिसा चौधरी की यह अनुपम रचना वास्तव में इस संस्थान और लखनऊ के लिये एक अमूल्य कृति एवं धरोहर है।

राम प्रमोद मिश्र

‘हे प्रभु’

तुमने ही तो पंख दिए हैं, क्या उड़ने को आकाश न दोगे,
मेरे मन के वातायन को, शुभ्र सलिल आभास न दोगे।
तुमने ही तो कंठ दिए हैं, क्या मुझको अरदास न दोगे,
चरण तुम्हारे परम समर्पण, क्या मुझको मधुमास न दोगे।
प्रज्ञा के बढ़ते तारों को, क्या थोड़ा अवकाश न दोगे,
परम चेतना के अनंत से, छोटा दीप प्रकाश न दोगे।
जीर्ण वसन चेतन को क्या तुम, थोड़ा दिव्य सुवास न दोगे,
सौंप दिया जीवन तक अपना, क्या अनंत विश्वास न दोगे।
सतरंगी जीवन दी तुमने, क्या मुझको सन्यास न दोगे!
..... क्या मुझको सन्यास न दोगे !!

राजेश हर्षवर्धन



सराहनीय दवा आपूर्ति प्रणाली मिशन सप्लाई ऑल

(एच.आर.एफ.)

संस्थान के “हॉस्पिटल रिवाँल्विंग फण्ड” अर्थात दवा की आपूर्ति प्रणाली को जब 1997 में लागू किया गया था तो उसका उद्देश्य संस्थान के प्रत्येक रोगी को, चाहे वह संस्थान में भर्ती हो अथवा बाह्य रोगी विभाग में दिखाता हो, दवाओं की आपूर्ति सहज व सुलभ करवाना था। इस प्रणाली की न केवल उत्तर प्रदेश अपितु अन्य राज्यों में भी भूरि-भूरि प्रशंसा की गई है। हाल ही में त्रिपुरा के माननीय मुख्य न्यायाधीश श्री दीपक गुप्ता ने दवा की आपूर्ति प्रणाली की सराहना की और इसे अपने प्रदेश में भी क्रियान्वित करने की इच्छा व्यक्त की। त्रिपुरा उच्च न्यायालय द्वारा दिये गये निर्देशों के पालन के अनुक्रम में अगरतला, त्रिपुरा से स्वास्थ्य विभाग के दो वरिष्ठ अधिकारियों की एक दो सदस्यीय टीम संस्थान की इस दवा आपूर्ति प्रणाली का अध्ययन कर रही है। डा. शुभाशीष वर्मा एवं डा. रंजीत कुमार नन्दी इस प्रणाली का गहन अध्ययन कर इसे उनके त्रिपुरा राज्य के अस्पतालों में लागू करने की दिशा में प्रयास करेंगे।

एच.आर.एफ. की कार्य प्रणाली अत्यन्त पारदर्शी व सुगम है। सभी प्रमुख फारमास्यूटिकल्स कम्पनियाँ व्यापक रूप से प्रकाशित राष्ट्रीय खुली निविदा द्वारा दवाओं और शल्य चिकित्सा उपभोग्य सामग्रियों के लिये दर अनुबन्ध करती है और प्रतिस्पर्धी दर पर अस्पताल के लिये दवा और शल्य चिकित्सा उपभोग्य सामग्रियों की अनिवार्यता व आवश्यकता के अनुसार इन्हें खरीदकर बाजार से कम दरों पर (एम.आर.पी. से 10 प्रतिशत से 40 प्रतिशत कम) इन्हें संस्थान के ओ.पी.डी. रोगियों, भर्ती रोगियों, ओ.टी., गहन चिकित्सा इकाई एवं आपातकालिक इकाई में भर्ती रोगियों को उपलब्ध कराती है।

यह प्रणाली संस्थान हित में संचालित एक अत्यन्त पारदर्शी योजना है जिसके द्वारा रोगियों एवं उनके सम्बन्धियों को अनावश्यक भागदौड़ से बचाते हुए चिकित्सक द्वारा प्रस्तावित औषधियों को न्यूनतम मूल्य पर तुरन्त उपलब्ध कराने की दिशा में सराहनीय कार्य किया जा रहा है।

कुसुम यादव

'Arogya Swaraj' In Search of Health Care for People

Public Lecture by Dr. Abhay Bang

Dr. Abhay Bang is a paediatrician and Dr. Rani bang is a gynaecologist. Both of them have obtained their master's in public health from Johns Hopkins Bloomberg School of Public Health, the best school in the world and took a decision to go where no one goes. The couple represent the true spirit of Mahatma Gandhi.

They have been bestowed various honours like MacArthur prize, "Time Magazine" couple of year, IBN-CNN award and other numerous awards. Maharashtra Government has conferred its highest award "Maharashtra Bhushan" on doctor couple. As a researcher of repute Bang's have published work in world's leading scientific journal like Lancet. Lancet "Vintage issue" that published important "manuscripts of the century" has only one publication from India. They chose Dr. Bang's work for inclusion in Vintage issue. Dr. Abhay Bang the people's doctor delivered his oration in Shruti Auditorium of SGPGIMS on 27th September, 2015.

Dr. Abhay Bang a Gandhian social thinker began by narrating the highly risky flight he undertook to return to India his native land on just landing at New York airport. His realisation of a pending heart ailment and its financial as well as emotional consequences forced him to take this



extreme step. It dawn on him that even getting treated at Sanjay Gandhi Postgraduate Institute of medical sciences, Lucknow, a paying public hospital costs a fortune. He learnt his first lesson that falling sick with severe sickness in India is a risky proposition. A serious ailment can even make a middle income person like him that too a doctor a bankrupt one. He shuddered with the thought

of teeming millions who cannot afford the costly treatment options. Most often they die. Every year 4 million go below poverty line due to unaffordable health care. He shared with the audience his life's experiences.

His early work in most backward tribal district Gadchiroli confronted him with another truth. His findings on sickle cell anaemia as a keen researcher returning from US

with best degree offered in public health was published in Lancet and formation of a tribal research centre in Pune. The exercise ended up in tribals telling him that anaemia is not their problem and they gave a drop of blood only seeing his enthusiasm and not to disappoint the young couple. He learnt first lesson in public health "never try to solve a problem when people do not consider it as their problem". Research should address the problems of communities rather than communities you to report to. People know what their priorities are and what is pinching them. National priorities identified by the government experts are not the ones identified by the people. Lay people most often come up with correct priorities and correct solution. Thus answer to the first question what are people's problems is ask people. The second question, what kind of health care/hospitals people need? People came up with answer that it should be people friendly and they should have a sense of ownership. Thirdly he learnt that where patients cannot reach doctor, health care should reach people. He proved that a trained community health worker with skills in her hands and with compassion in her heart she can literally become worker a mobile ICU for new-born care. He also touched upon tobacco and alcohol addiction problems faced by communities. At the end he presented data to emphasise his point that merely increasing the budgetary allocation is not going to solve the health care problems of poor but they can be solved through empowerment of communities.



The entire SGPGI family were overwhelmed by the wisdom that Dr. Bang shared with them.

M.M. Godbole

Independence Day

69th Independence Day was celebrated with its usual color and fervor. Prof Rakesh Kapoor, Director addressed the gathering of faculty, officers, staff and students of SGPGIMS after the formal flag hoisting and salutation. He stressed on how SGPGI can scale new heights in the field of patient care by building a new work culture. Patriotic songs were sung and awards were given to employees for their outstanding services. The program ended with releasing of doves as symbol of peace.



New Dean



Prof Rajan Saxena Head of Surgical Gastroenterology was designated as Dean of SGPGIMS on 1st September 2015. He was handed over the charge by the outgoing Dean Prof R.N. Misra, Head of Department of Clinical Immunology after his successful completion of tenure. Prof Rajan Saxena, is

a noted gastro surgeon of India and has been bestowed with Padmashree for his exemplary services in the field of medical sciences especially liver transplant.

Award

Dr. Hem Chandra, Head deptt of Hospital Administration, has been elected as National Vice President of the Academy of Hospital Administration, Noida. He is said to be the first professionally qualified hospital administrator of Uttar Pradesh.

Forthcoming Events

- 19th -22 November, 2015 : UPASICON 2015 -41st Annual Conference of Association of Surgeon of India (UP Chapter)
- "DR R K Goulotia CME" UP state chapter of IRIA on 5th and 6th December 2015. The theme of the CME is Abdominal Imaging.
- National Conference of Forum For Ethics Review Committees in India Theme : Accreditation and Quality Ethics Review December 11th & 12th, 2015.
- IACTSCON 2016 18th to 21st February 2016 : Indian Association of Cardiovascular and Thoracic Surgeons.

Farewell

- | | |
|----------------------------|----------------------|
| 1. Sri Suneel Kumar Dutta | Daftari |
| 2. Sri Vijay Shankar Gupta | Bearer Masalchi Gr-I |
| 3. Smt. A.S. Nath | Nursing Supdt. |
| 4. Sri Patras Lal | A.N.S. |
| 5. Smt. Kumudini Devi | A.N.S. |
| 6. Smt. Roja Joseph | Sister Grade-1 |
| 7. Sri Bechu Ram Dubey | Driver Grade-1 |

Nursery School



The Nursery School celebrated Independence Day in the School campus. The little ones (3-4 years old) dressed state wise in vibrant colours performed on the old number 'Aao bachho tumhe dikhaaye jhanki Hindustan ki'. The 4 year olds wore colours of the national flag and danced on the tune of the popular song 'Hai preet jahaan ki reet sada'. Parents and guardian watched the performance of their tiny tots and proudly applauded them.

Kamini Pradhan

Letter to Editor

I would like to raise an issue that everybody should really be concerned of. Just like a taste bud that enthralls you with different delicacies, some people get their adrenalin pumping when they keep the 'accelerator' of their two or four wheeler pressed all through their driving. It is the basic right of everyone to feel safe and secure.

Now a days you will find a competition going on among some of residents of the campus to show or to hone the skills of driving and definitely this is becoming very dangerous for other residents.

The life of everyone is very precious but these "accelerator freaks" keep their speed constant whether they are sailing through the campus by lanes or speed breaker. I do not want to demean anybody but I think one should introspect for the safety of themselves and others.

Hence it is my sincere request to our authorities to do something in this regard. Many a times we have to force something by making a law or importantly to inculcate a good habit. A few suggestion to implement may be to construct rumble strips on vulnerable points. To organise Traffic Week in campus to educate the younger ones. But something urgently needs to be done otherwise, we, definitely would be witnessing a painful event in near future.

Vikas Kanaujia

हमारी भूमिका के बिना ये अधूरे हैं...

हर बीमारी का इलाज दवा या सर्जरी से डाक्टर करते हैं लेकिन क्या दवा देनी है या सर्जरी करनी है यह तय करने में लैब टेक्नोलॉजिस्ट की अहम भूमिका है। बीमारी का पता लगाने के लिए हजारों लैब टेस्ट के साथ ही रेडियोलॉजिकल जांच होती है। परीक्षण रिपोर्ट और लक्षण के आधार पर डाक्टर डायग्नोसिस बनाते हैं। एक लैब टेक्नोलॉजिस्ट की जरा सी चूक मरीज के भारी पड़ सकती है साथ डाक्टर की परेशानी बढ़ा सकती है। लैब टेक्नोलॉजिस्ट का काम बहुत ही संवेदनशील काम है जिसमें अतिरिक्त सावधानी बरतने की जरूरत होती है। असावधानी होने पर मरीज के जांच का नमूना बदल गया तो दूसरे मरीज की जांच रिपोर्ट चली जाएगी, जिस मरीज में बीमारी नहीं होगी उसमें भी बीमारी निकल आएगी। ऐसे में मरीज के साथ तीमारदारों की परेशानी बढ़ जाती है। डाक्टर लक्षण के आधार पर जांच को दोबारा करता है लेकिन इसमें मरीज का खर्च बढ़ जाता है। संजय गांधी पीजीआई में हर विभाग की अपनी विशेष लैब है जहां पर दक्ष लैब टेक्नोलॉजिस्ट परीक्षण करते हैं। इस नए दौर में परीक्षण तकनीक में बदलाव आया है, पहले खुद रीजेंट तैयार कर मैनुअल तरीके से जांच करनी पड़ती थी जिसमें अधिक समय में कम मरीजों की जांच हो पाती है लेकिन अब रोबोटिक मशीनों, ऑटोमेटिक एनलाइजर के आने से कम समय में अधिक मरीजों की जांच संभव हो पा रही है जिसमें लैब टेक्नोलॉजिस्ट को सही तरीके से मशीनों को आपरेट करना होता है। सही जगह पर सही नमूना लगाना होता है। रेडियोलॉजिकल तकनीक में कोई खास बदलाव नहीं आया लेकिन तकनीक से तमाम तरह के परीक्षण बढ़े हैं जिसमें मरीज को सही स्थिति में रख कर एक्स-रे एक्सपोजर देना होता है। असावधानी होने पर जांच दोबारा करनी पड़ती है। संस्थान में लैब टेक्नोलॉजिस्टों को अच्छा काम का वातावरण दिया गया है। समय से लैब में रीजेंट मिलता है। इसी तरह की व्यवस्था हर अस्पतालों में होनी निजि परीक्षण केंद्रों पर मरीजों को नहीं जाना पड़ेगा। एक लैब टेक्नोलॉजिस्ट का काम सुबह 9.30 बजे मरीजों की जांच की लिस्ट, नमूने की नंबरिंग के साथ शुरू होता है। इसके बाद टेस्ट लगाने से जांच रिपोर्ट एचआईएस सिस्टम में फीड करने के साथ खत्म होता है जिसमें शाम को 6 से सात तक बजते हैं। लैब टेक्नोलॉजिस्ट परीक्षण के दौरान कहीं जा नहीं सकता है क्योंकि समय दूसमय पर रसायन डालना होता है। रेडियोलॉजिकल तकनीक में मरीजों को एक्सपोजर देना होता है। बाकी सर्वग में फाइल बंद काम बंद होता है लेकिन इसमें ऐसा संभव नहीं है। इस समय संस्थान में लैब टेक्नोलॉजिस्टों की कमी है जिसे पूरा करने की कोशिश संस्थान प्रशासन पूरा कर रहा है। इस सर्वग में वही लोग आए जो मरीजों की सेवा के लिए समय दे सकें क्योंकि इस काम में कल कुछ नहीं होता है जो करना है आज करना है क्योंकि बीमारी कल का इंतजार नहीं करती है। लैब टेक्नोलॉजिस्ट को मरीज या तीमारदार नहीं जानते क्योंकि वह पर्दे की पीछे होता है। डाक्टर और नर्सज सीधे मरीज के संपर्क में रहते हैं लेकिन हमारी भूमिका के बिना यह अधूरे हैं.....

संजय द्विवेदी

Faculty Club Celebrations



The PGI faculty club makes sure the kids enjoy their break fully by organizing various workshops. This year the kids put up an interesting funny play



called Bhagwat aju kam based on a famous story about exchange of souls and what happens thereafter.

The kids also put up dance and vocal singing performances and showed a short animation movie they had learnt to make in the holidays. For the first time ever saplings were given to each kid as a participation prize thus driving home lessons in nurturing and going green. Hariyali teej, celebrating the advent of monsoons, is celebrated by the ladies and girls of the faculty club.

Another first this year was the organization of a night football match. The blue team



led by Dr Anil Agarwal and the red team headed by Dr Aneesh Srivastava fought out an adrenaline filled soccer match in true world cup style.



Janmastami was celebrated with traditional zeal to mark the end of suffering and beginning of a new life. The artistic rangoli made painstakingly and lovingly by Dr Shubha Phadke was the highlight as usual and bhajans and dances by kids enthralled the audience.

Prerna Kapoor

Avians of SGPGIMS



The SGPGI campus become an island of greenery among the spreading concrete jungle of a modernizing Lucknow city. With its rich and diverse habitats like gardens, grasslands, lake and the open fields and wetlands (in the surrounding villages) have attracted a diverse array of resident and migratory birds. The rare and beautiful Siberian rubythroat (*Calliope calliope*) had made the campus its home last winter besides the striking Tickell's blue flycatcher. The former is a visitor from Eastern Siberia and was the first modern sighting from the state of Uttar Pradesh. The globally threatened Bristled grassbird *Chaetornis striata* endemic to the Indian subcontinent was found breeding in numbers in the tall grasslands of campus this July-August.



Other rare visitors to the SGPGI campus include Barwinged flycatcher-shrike and Orange-breasted green pigeon. Altogether one hundred and seventy two species of resident, winter or passage migrant birds have been documented in the SGPGI campus and its surroundings making it the prime hotspot for bird watching in Lucknow.



Places to watch birds in the campus include the parks and gardens in the residential area, the ISACON Vatika, the grasslands near the lake in the new Campus besides the reserved forest inside the campus. In addition the fields and wetlands in the villages around the campus are also rich in bird diversity.

Photo & Writeup : Able Lawrence



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