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THE ALUMNI NEWSLETTER

EDITORIAL

PICK A WORTHY FIGHT

How often were you, particularly when you were young and struggling to establish your practice, childed by a senior colleague of your speciality as brash and inexperienced? How often have they gone out of their way to tell a patient, who has approached them for a second opinion, that you still were fresh and lacked the judgment and the skills? And how often have you seethed with anger and were ready to pick up a fight?

Fights are a part of our life and have been so since times immemorial. It is how the fittest have survived the gruels of evolution. As we grow however we tend to fight for different reasons and issues. As a child we can pick up a fight for a lollypop, then soon we are ready to give up the lollypop but not the joystick of our Nintendo. Petty soon we stop worrying about the Nintendo but are ready to fight it out for a girl/boy friend. Surprisingly we get over this phase too and now fight for money. And would you believe it, a stage comes when you stop fighting for money too, but the fight in you is not gone. Now you fight for peace, tranquility and wellbeing! This tale of ever-changing priorities is called 'life'! And that is why I feel, with a great deal of conviction, that life is a tenderizing experience and as we live it to its fullest the rawness in us gets smoothened, mellowed and tenderized.

I am a fighter by nature. There is a daily battle to keep that instinct under lock and key and that is likely the cause of most of my inner angst. With tenderizing I have realized that being "right" isn't always a good enough reason for creating a confrontation and possible hardship. For the first 10 years in my career, my theory was that being "right" was important. This caused more strife than it did good. Today I am of the opinion that being honest and useful myself without any similar reciprocal expectations brings the most joy. It is invariably a win-win situation, for instead of fighting for what is right, I am fighting for the 'joy'.

But, there are times when "a fight" is order. These battles have to be chosen wisely and, when these battles happen, you really need to make sure that you are the one on top. The best way to ensure this is by being 'right'. Don't fight a battle that you cannot win and don't fight *for* a wrong position and *from* a wrong position. Don't ever battle someone for "personality" issues or "I don't like the way they talk to me/treat me". For an issue to be worthy of a fight, it has to be bigger than 'me'.

Choosing a worthy adversary and picking up a worthy fight is of paramount importance. Why else do you think Microsoft giant Bill Gates retired from his dizzy heights and decided to concentrate all his energies to the Bill & Melinda Gates Foundation? He must have felt bored by the technology lollypop, and chose to move to the next orbit to fight more worthy adversaries – poverty, malnutrition and AIDS. For we professionals, as it is with anyone else, financial wellbeing is vital and indeed a parameter of success. But it isn't the purpose of life. If that was the case, Mr. Ambani would not show up for work. Shah Rukh Khan would stay at home and not dance anymore. Saurav Ganguli would not fight his way back in the cricket team for a last hooray. Steve Jobs won't be working hard to make a better iPhone, as he sold Pixar for billions of dollars already. Why do they do it? What makes them come to work everyday? They do it because it makes them happy. They do it because it makes them feel alive. They do it because they have propelled themselves into the next orbit, and are prepared to fight a much fiercer adversary – their own current form and performance!

Sergei Bubka and Yelena Isenbyeva are two of my most favourite athletes. Every time they win a pole vault event I have seen them doing something, which inspires me immensely. With the gold medal in their pocket, they walk up to the bar stand, raise the bar a bit more and try for that dizzy new height. They don't have to do it, but why do you think they do it every time? They are most certainly not taunting their opposition, which they have just vanquished; they are challenging themselves, their present form and performance. And they continue to do so till the very last limit of their ability.

For all these men and women, who have become the yardsticks of success in their respective fields, just getting better from current levels feels good. And so long as they choose to defy the doubting mediocre and take on a worthier opponent, they are keeping the youthful spark alive, the spark, which you see in every schoolboy and girl, but sadly not often in their parents.

So my sincere advice to you all younger folks, who are often childed by people who consider themselves as Gods on ivory pedestal is try to contemplate if they are really worth your adrenaline. These are small battles you can afford to loose but loosing the youthful spark in you which prompts you to be a better you every day is a war which you have to win. Let us pick a worthy adversary – ourselves, let us pick a worthy battle - self improvement!

CURRENT AFFAIRS

(The Campus News has been provided by Prof. Apul Goel, Department of Urology, King George's Medical University, Lucknow)

CME ON KIDNEY CANCER: Multidisciplinary consensus generation

The Department of Urology organized a CME on kidney cancer on September 6, 2008. Participants included urologists, surgical oncologists and radiotherapists from CSM Medical University, Command Hospital and Sanjay Gandhi Post Graduate Institute of Medical Sciences and city doctors. The speakers were Prof D Dalela (CSMMU), Prof Arun Chaturvedi (CSMMU), Dr Divya Mishra (Pfizer, Mumbai), Col A Venniyoor (Command Hospital), Dr Neeraj Rastogi (SGPGIMS) and Prof ML Bhatt (CSMMU).

FOUNDATION DAY CELEBRATION OF THE DEPARTMENT OF ORTHOPAEDIAS

The Department of Orthopaedic Surgery celebrated its Foundation Day on October 17th, 2008. The Department initiated the "Prof AN Srivastava Annual Oration" in the memory of its former head of department Dr Akhileshwar Nath Srivastava. The first Oration was delivered by Dr RK Srivastava, Director General of Health Services, Govt. of India, New Delhi on "Regulating orthopaedic implants – a government's perspective".

CONFERENCE ON "Relevance of modern methods of pharmacological studies to traditional medicine"

The Department of Pharmacology & Therapeutics organized a conference on October 17 – 18, 2008. The various guest speakers were Dr KK Bhutani, NIPER, Chandigarh, Dr SH Ansari, Dean, Jamia Hamdard, New Delhi, Dr U Thatte, Head Clinical Pharmacology, BL Nair Medical College, Mumbai, Dr YK Gupta, Head Pharmacology, AIIMS, New Delhi, Dr KR Kohli, Director (Ayurved), Govt of Maharashtra, Mumbai, Dr VK Joshi, Dean (Ayurveda), BHU, Varanasi, Dr A Latif, Tibiya College, Aligarh, Dr A Ray, Head Pharmacology, VP Chest Institute, New Delhi, Dr N Singh, Director R & D, Organics India Ltd., Lucknow, Dr S Kumar, In charge, CRI & National Resource Center (CCRH), Noida, Dr A Ansari, Head Kulliyat, Aligarh Muslim University, Aligarh, Dr VS Chauhan, Head Herbal Operations, Piramal Life Sciences Ltd., Mumbai, Dr CK Katiyar, Ranbaxy Ltd., Gurgaon, Dr S Khattri, CSMMU, Lucknow and Dr KK Pant, Haed Pharmacology, CSMMU. The organizing Secretary was Dr Sanjay Khattri.

ALL RELIGION MEET

The University organized an all-religion meet on October 2, 2008. Speakers highlighted the similarity in the various religions. The speakers were Dr Ramakant (for Hinduism), Dr Nuzhat Hussain (for Muslim religion), Dr CS Sambi (for Sikhism), Ms NJ Dhulia (for Christianity), Dr SN Kureel (for Buddhism) and Dr Vinod Jain (for Jainism). Dr Vineeta Singh sang *bhajans* of *bapu* while Prof Saroj Churamani and Dr GK Singh also addressed the gathering.

ANNUAL PROF. M.L. BHATIA MEMORIAL ORATION

The Department of Surgical Oncology in collaboration with Prof ML Bhatia Memorial Oration Foundation organized the Annual Prof ML Bhatia Memorial Oration on October 29, 2008. Prof Sen Pathak, Distinguished Research Professor of Cytogenetics, UT MD Anderson Cancer Center, Houston, Texas delivered the oration on "Telomere Dynamics in aging and cancer".

10th. NAPCON 2008

The Department of Pulmonary Medicine organized the 10th NAPCON 2008 (Joint conference of the National College of Chest Physicians (India) and Indian Chest Society). Shri Sukhdev Rajbhar, Chairman, UP Vidhan Sabha on November 6, 2008, inaugurated the conference. The organizing chairman of the conference was Dr PK Mukherjee and the organizing secretary was Dr Rajendra Prasad.

COLONOSCOPY WORKSHOP

The Indian Cancer Society, UP Branch and Indian Society of Colposcopy and Cervical Pathology organized a colposcopy workshop on November 15-16, 2008 at the Scientific Convention Center. Prof Indu Tandon was the organizing secretary. The faculty, which participated in the workshop, was Dr Partha Basu, Dr Vijay Zutshi, Prof PL Mahajan, Prof AN Srivastava, Prof Indu Tandon, Prof HP Gupta, Prof Uma Singh, Prof SP Jaiswar, Dr Urmila Singh, Dr Rekha Sachan, Dr Seema Mehrotra and Dr Renu Singh.

3rd FOUNDATION DAY CELEBRATION OF THE DEPARTMENT OF GERIATRIC & MENTAL HEALTH

The Department of Geriatric Mental Health celebrated the 3rd Foundation Day on August 20, 2008. The Chief Guests were Prof Helen Fung-kum Chiu, President, International Psycho-geriatric Association and Prof AK Agarwal, Retd Head, Department of Psychiatry. Prof Chiu also delivered the Foundation Day Oration "Suicidal behavior in Asia: Focus on the elderly". This was followed by Public Health Lectures on "The elderly: their scores" by Prof Parwathi Devi, Former Director & Prof, Institute of Physiology, Madurai Medical College; Former Dean, Madurai Medical College & Govt Rajaji Hospital, Madurai & Emeritus Medical Scientist, ICMR. Another public Health lecture was delivered by Dr Vijay Chandra on "Health is wealth in the golden years".

TEACHER'S ASSOCIATION MEETING

The Teacher's Association organized a cultural function followed by dinner on August 28, 2008. Shri Lalji Verma, Hon'ble Minister of Medical Education joined for dinner as chief guest.

OPINIONS

FLOWER POWER

What do flowers mean to you? Freshness? Probably. Romance? In some cases. Beauty? All the time. These are edifying attributes. They contribute to an indefinable feeling of happiness.
In short, flowers make us feel good.

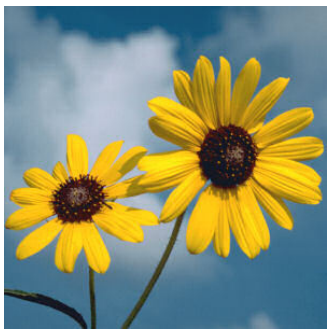
It's a bit of a surprise to learn that flowers can contribute something rather more physical to our wellbeing.
Essential oils of flowers have been used for years in alternative therapies. A lot of research has gone into it and you'll find flowers in several creams, lotions and even capsules and tablets.
Let's Find Out then..!

The seeds of the evening primrose are used to produce evening primrose oil, an excellent source of the omega-6 essential fatty acid. This is used for several skin disorders, and may also help prevent diseases involving the breasts and central nervous system. Studies have shown that oral supplements containing this oil can help inflammatory skin conditions including eczema, and atopic dermatitis.

"Primrose oil is also beneficial for pre menstrual syndrome (PMS) and attention deficit / hyperactivity disorder (ADHD). It is easily available in capsule form," says Dr Budhiraja.

Aside from its health benefits, says Dr Shushant Shetty, vice president, beauty services, at the beauty chain VLCC, evening primrose oil has good cosmetic uses. "It helps cure acne scars, dry eyes and dry skin, and also contributes to strong and healthy hair and younger looking skin," he says.

Doctors recommend sunflower oil as a cooking medium because sunflower seeds are an excellent source of vitamin E, the body's primary fat-soluble antioxidant. "Vitamin E also plays an important role in the prevention of cardiovascular disease," says Dr Budhiraja.



The vitamin E content is also useful if you have acne, because it soothes several types of skin irritations. "Like every other oil, sunflower oil helps the skin retain moisture. What sets sunflower oil apart, however, is that it provides the skin with a natural barrier against bacteria and other irritants that are at the root of most blemish issues" says Suparna Trikha, a natural beauty expert. "That's why sunflower oil can be found in skin care products such as soaps, body wash and lotions," adds Dr Shetty.

Commonly known as the English marigold, calendula is particularly remarkable in the treatment of wounds. That's because it contains chemicals that increase blood flow to the affected area, and promote the production of collagen proteins.

"Calendula petals have anti-inflammatory, astringent, and antiseptic (antibacterial and antiviral) properties, and may even offer immune-stimulating actions," says Dr Amrit Kalsi, senior medical officer (homeopathy), Delhi government. "Astringent actions promote healing. Moreover, it can reduce the swelling and itching associated with insect bites and may even help to prevent infection due to its antimicrobial actions." The dried petals of the calendula plant are used in tinctures, ointments, and washes to speed the healing of burns, bruises, and cuts. It is also drunk as a tea for gastro-intestinal disorders. This tea can be refrigerated and used to take care of nappy rashes and sunburns. Says Blossom Kochhar, "Add marigold flowers to your bath water as they are effective for broken veins as well as certain types of acne."

While essential oils from geranium leaves are known for their toning, anti-inflammatory, and antimicrobial strengths, geranium can also help relax tight muscles. "Add the geranium flower to bath water as it helps improve circulation. Besides this, it is widely used in hand and body lotions and moisturisers," says Blossom.

The oil of the geranium makes a good astringent. "It also has great antiseptic properties and restores the balance to dry or oily skin and hair. You can also make a tea with the leaves and flowers. Geranium is perfect for making face creams and if you add oatmeal to it, you get an excellent body scrub," reveals Suparna.
The geranium also has soothing qualities and helps relieve symptoms of anxiety and insomnia as well as PMS. It is reputed to help heal bruises, sunburns and varicose veins too.

TRADING PATCHES FOR PILLS

Forget about popping pills. Today, many people are slapping on skin patches instead.

Transdermal patches have come a long ways since 1979 when the first one was approved to treat motion sickness. Since then more than 35 others have followed, including patches that prevent osteoporosis, treat Attention Deficit Hyperactivity Disorder and relieve chronic pain.

For some consumers, patches are a way to avoid the side effects associated with oral medications. For others, they're a way to deliver medications to a noncompliant patient. For many, patches are simply convenient. "You can put some on once a week so you do not constantly have to take medicine every three or four hours," said Dan Hopper, chief pharmacist at the University of North Texas Health Science Centre.

Patches also are also less likely than oral medications to cause liver problems, Hopper said. Unlike pills that are metabolized by the liver, patches deliver a controlled dosage through the skin.

On the downside, patches can be harmful, especially if they are left on the skin too long. In 2005 the Food and Drug Administration investigated reports of deaths linked to fentanyl skin patches used to treat severe chronic pain. Concerns about patch-related overdoses were raised but the product has remained on the market as a controlled substance.

When using patches, consumers should follow the directions carefully, Hopper said. Some can cause skin irritation when left on too long. Others must be placed on different areas of the body each time and removed on a strict schedule. Although patches have been designed to stay on when swimming, showering or exercising, users should check to make sure the patches - some as small as a coin - stay in place. Patches also tend to be expensive.

When a patch containing nitroglycerin was first introduced to treat angina it was very expensive, Hopper said. But since a generic version became available, the price has dropped. As a result of the popularity of patches, more are in the pipeline. A patch that would deliver insulin is being studied. Other patches being considered include vaccines for diseases like the flu and medications for wheezing associated with asthma.

A SOULFUL SURGEON

(Talk to a physician about glimpsing God through his patients' souls--and how you can stay spiritually sane in a hospital. Interview by Valerie Reiss)

In 30 years as a Harvard-trained brain surgeon, Dr. Allan Hamilton has not only seen disease and healing--he's also glimpsed the mystical side of medicine. After suffering a devastating back injury while serving in Desert Storm, Dr. Hamilton learned to be a patient. It infused his life with new purpose: While in a body cast, he invented a now widely-used method for treating tumors. As a medical professor at the University of Arizona, he teaches surgeons to avoid fatal mistakes. And he runs an equine-assisted therapy program for cancer patients and survivors at Rancho Bosque outside of Tucson.
Dr. Hamilton's new book is, "The Scalpel and the Soul: Encounters with Surgery, the Supernatural, and the Healing Power of Hope." He recently talked to Beliefnet about his most inspiring patients, how to stay positive in medical settings, and the spirituality they didn't teach in medical school.

What inspired you to write about your spiritual experiences as a surgeon?
I felt I had gone far enough in my career that I could say I was totally unprepared for the spiritual challenges that I encountered in taking care of my patients. When people are facing a severe illness or a major surgery, that may be one of the most significant opportunities for spiritual transformation that they will encounter.

So as a doctor, if you don't take that into account, you're missing a big piece of the picture?
I tell residents, if you gave me two patients with identical problems and one of them had family at the bedside with a lot of laughter, plus photos and a quilt from home, and next door was another patient who was alone every time I came by—I'm going to be very nervous about the isolated patient's mental status.

Have you observed that affecting their physical outcome as well?
Well, there are plenty of studies that have shown that depression is associated with decreased immunity. So I want to harness all of the positive emotional energy I can in a patient to get better. If there's not a lot of energy there, or if it's very negative, that's going to make the task of getting them through surgery and having a good recovery much more difficult.

In the book you talk a lot about hope. There's one moving story about a patient named Donald.
That was one of the saddest experiences I have ever had as a physician, and probably one of the most insightful. This was a young man I got very close to. He was an avid fisherman. And he had a malignant brain tumor. He did very well with the surgery, chemotherapy, and radiation. This was a kid with an irrepressible spirit--it was exactly the kind of shining emotion that you love to see.

And one day he took me aside and looked me square in the eye and said, "When it's time for me to 'go fishing'--and you know what I mean--tell me." I gave him my word that I would.

Over several more years there were problems, but we fought them off. But, finally, the tumor was really invading his brain. One morning I said, "I promised you that I would tell you when it was time to go fishing. It is now time."

He went home, and the next morning his mother called and told me that he had died. You could say he died of his disease. He didn't. He died because I cut his string of hope. It taught me how powerful that is, and that nobody, no physician, ever has the right to take away somebody's hope. As well as intentioned as it might have been, I literally just snipped it, and it was a mortal snip.

But you also want to honor a request like that.
Yes, you do. In retrospect, he was saying, "You tell me when you've given up hope, and then I'll give up mine." If the conversation had been in those words, I would have said, "I'll never give up hope."

Can you talk about the patient whose brain had to be shut down so you could repair an aneurysm?
This is a technique that's used on a handful of difficult cases. They put the patient on a heart pump, then cool down the blood. The heart flutters and stops. There's no blood flow to the brain, and no electrical activity in the brain. Now you can operate on a very significant blood vessel while no blood is flowing through it.

Once the procedure is finished and you realize you're within the time limit of 20 minutes or so, everybody breathes a sigh of relief. And then the team gets ready to slowly warm the patient up. Sometimes there's some banter. One of the nurses said she was getting engaged, and that they had gone to this restaurant, and had gotten the ring at this particular store, etc.

When the patient woke, she reported the entire conversation. While her heart was stopped, while her brain had no activity, she somehow remembered that conversation.

And that is scientifically impossible. If the brain is essentially dead, then how can it make a memory? A case like that shakes you up. You're getting very close to the Holy Grail: "Is this what we mean by a soul? Is this what we mean by an entity that can exist separate from the physical body and the brain?"

And what do you do with that, personally?

People think of science as rolling back the mystery of God. I look at science as slowly creeping toward the mystery of God.

Here I have an example of consciousness existing outside of the body and any physical parameters that we associate with somebody being conscious. That really changes how I look at what happens when the functions that we associate with life disappear.

How can patients preserve their spirituality in a traditional medical setting?
1) First, hospitals do not like individuality. They're trying to turn you into a number. That's the last thing I want. So lose the hospital gown. A gown that opens up in the back with your butt hanging out, and that is how you're supposed to walk down the hallway to get exercise after surgery is ridiculous. Get your sweats. Get your T-shirt. Get your sneakers and start thinking like an athlete. Start thinking like somebody who's getting better.

2) If you have your favorite quilt, sleep under that. Surround yourself with things that remind you of the positive influences in your life. I tell patients they have to take responsibility for surrounding themselves with positive energy. If you have a special picture or positive music, bring those in.

3) Create your own healing ceremonies. If prayer is important, use it. Have a family circle. Very often I'll say, "Let's circle up and have everybody tell the patient how important that person is to them and how they're looking forward to them getting better."

4) Hospital food is terrible. They cook everything vital out of it. Have your family make meals and bring them in. Eat food that's organic and in its natural, potent state, with all the minerals and vitamins.

5) Get out as soon as you can. Hospitals are bad for everybody, but they're especially bad for people who are sick. They're toxic. Go home where positive influences are concentrated.

How can patients coach a doctor who is not interested in any of this stuff?
One, you've got to have a doctor you feel comfortable with. I'm always amazed that patients are turning their lives over to somebody, and then they go, "I don't feel comfortable with them."

The second thing is that the patient has the right to say, "Here are some things that are really important to me." For example, many people want to have specific music played during surgery, and a lot of doctors may pooh-pooh that. I don't. That's the patient's prerogative.

And last but not least, you've got to hire a tough guy. You appoint a guardian angel, and their job is to make sure that you are respected as an individual. If you want crystals organized on your bedside table and they're supposed to stay that way, then you put somebody in charge of saying, "This is very important, and we are going to respect that, and so is the medical staff."

In 2004 you had your own surgery, how did that change your view of medicine?
One of the most important experiences a physician can have is becoming a serious patient. In this case, I broke my back and had 10 hours of surgery. I lost half my blood volume during the surgery and I wasn't sure I was going to walk again.

For so long, my identity had been wrapped up in being a surgeon, in trusting my physical strengths. Then all of a sudden, you're just one of the people in the hallway shuffling along with a cane and you realize that the hospital staff and doctors are not looking at you anymore as a physician.

But patients began to look at me differently too. They'd give me this little secret smile, that said, "We know what we're going through, don't we?"

And it really changed my feelings about medical errors. I had a couple [mistakes] happen. Here I am, a surgeon in the hospital, and I still can't stop a mistake here, a mistake there. If I can't, how can an ordinary patient? I realized this was something that I'd to dedicate myself to.

You're still teaching?
Yes, and I spend a lot of time working with surgeons, simulating mistakes, and asking, "How could we do this differently?" I study how jet pilots are trained. The amount of people dying in the United States due to hospital errors is the equivalent of a 747 falling out of the sky every single day, 365 days a year. Medical error is becoming the fourth leading cause of death. We would never set foot on a jet if that was happening every single day. And yet, we have no choice.

Is there anything you want to add?
At some point, we are all going to face a severe challenge to our mortality. And that is a very frightening moment, but it is also a moment in which there is tremendous potential to change our lives. I have not met one cancer patient who said, "I wish I could go back and not have cancer." Their values and what they wanted to do with their lives changed.

So, as terrible as a severe illness or major surgery may be, it may be the great opportunity to find your passion, figure out what is important to you, and what you're going to devote yourself to. Ultimately, that's what we're all looking for.

OUT OF SHAPE LADIES BEWARE!

Out of shape wives beware! Married men are now spending more on their looks to become trimmer, fitter

and sexier and in the meantime are also attracted to women with similar characteristics. Health experts in the capital city are of the opinion that there is an increasing concern among married men to look slimmer and smarter, an obsession they attribute to the evolution of MNCs and increasing westernization of the Indian culture. On the flip side, there has been ironically a downward shift in the ever so looks conscious Indian women as they generally get busy with their household affairs ignoring their looks, resulting in being out of shape. "Today, the prosperity among Indian men begins at an early age, where they are slightly balding, confident, mature and wealthy. At this prime of their career, they are going for cosmetic surgeries, skin toning, facials and massage, which we have never heard from them (men) earlier," says eminent Plastic and Cosmetic Surgeon, Dr Devansh, Max Healthcare hospital. "It's natural to be attracted by a young secretary or a female employee in your office who works closely with you taking care of your business and projects," adds another plastic surgeon Dr R Khajanchi, Sir Ganga Ram Hospital. However, experts say there are many cosmetic therapies and procedures available through which a woman can regain her looks and shape, which includes botox, fillers, tummy tucks and liposuction.

(Source: Sabi Hussain New Delhi, Aug 21 PTI)

DOCTOR'S SLANG – A DYING ART

Doctors in the U.K have long used these abbreviations and terms:

MEDICAL ABBREVIATIONS
CTD - Circling the Drain (A patient expected to die soon)
GLM - Good looking Mum
GPO - Good for Parts Only
TEETH - Tried Everything Else, Try Homeopathy
UBI - Unexplained Beer Injury

MEDICAL TERMS - A GLOSSARY
Digging for Worms - varicose vein surgery
Departure lounge - geriatric ward
Handbag positive - confused patient (usually elderly lady) lying on hospital bed clutching handbag
Woolworth's Test - Anaesthetic term (if you can imagine patient shopping in Woolies, it's safe to give a general anaesthetic)

The inventive language created by doctors the world over to insult their patients - or each other - is in danger of becoming extinct. So says a doctor who has spent four years charting more than 200 colourful examples.

Medicine is a profession already overflowing with acronyms and technical terms, and doctors over the years have invented plenty of their own. However, Dr Adam Fox, who works at St Mary's Hospital in London as a specialist registrar in its child allergy unit, says that far fewer doctors now annotate notes with abbreviations designed to spell out the unsayable truth about their patients.

The increasing rate of litigation means that there is a far higher chance that doctors will be asked in court to explain the exact meaning of NFN (Normal for Norfolk), FLK (Funny looking kid) or GROLIES (Guardian Reader Of Low Intelligence in Ethnic Skirt). Dr Fox recounts the tale of one doctor who had scribbled TTFO - an expletive expression roughly translated as "Told To Go Away" - on a patient's notes. He told BBC News Online: "This guy was asked by the judge what the acronym meant, and luckily for him he had the presence of mind to say: 'To take fluids orally'."

Quaint up North
Regional dialects abound, even in the world of the medical abbreviation.
In the north of England, the TTR (Tea Time Review) of a patient is commonplace, but not in the south.
And the number of terms for patients believed to be somewhat intellectually challenged is enormous.
From LOBNH (Lights On But Nobody Home), CNS-QNS (Central Nervous System - Quantity Not Sufficient), to the delightful term "pumpkin positive", which refers to the implication that a penlight shone into the patient's mouth would encounter a brain so small that the whole head would light up.
Regular visitors to A&E on a Friday or Saturday night are also classified.
DBI refers to "Dirt Bag Index", and multiplies the number of tattoos with the number of missing teeth to give an estimate of the number of days since the patient last bathed.
A PFO refers to a drunken patient who sustained injury falling over, while a PGT "Got Thumped" instead.
This is an international language - Dr Fox's research reveals that a PIMBA in Brazil can be translated as a "swollen-footed, drunk, run-over beggar".

Doctor insult
And much of the slang is directed at colleagues rather than patients.
Thus rheumatology, considered by hard-pressed juniors one of the less busy specialties, becomes "rheumaholiday", the "Freud Squad" are psychiatrists, and "Gassers" and "Slashers" are anaesthetists and general surgeons respectively.
Dr Fox is keen to point out that neither he, nor the other authors of the paper, published in the journal Ethics and Behavior, actually advocate using any of the terms. He said: "It's a form of communication, and it needs to be recorded."It may not be around forever."
He said: "I do think that doctors are genuinely more respectful of their patients these days."
If that is the case, perhaps the delights of a "Whopper with Cheese", "Handbag positive" or "Coffin dodger" could be lost forever.

(Source: http://news.bbc.co.uk/2/hi/health/3159813.stm)

BRUTAL ANALYSIS OF INDIA AND INDIANS

In this last Swaminomics of the millennium, I would like to sum up our performance in the 20th century in one sentence. Indians have succeeded in countries ruled by whites, but failed in their own.

This outcome would have astonished leaders of our independence movement. They declared Indians were kept down by white rule and could flourish only under self-rule. This seemed self-evident. The harsh reality today is that Indians are succeeding brilliantly in countries ruled by whites, but failing in India. They are flourishing in the USA and Britain.

But those that stay in India are pulled down by an outrageous system that fails to reward merit or talent, fails to allow people and businesses to grow, and keeps real power with *netas*, *babus*, and assorted manipulators. Once Indians go to white-ruled countries, they soar and conquer summits once occupied only by whites.

Rono Dutta has become head of United Airlines, the biggest airline in the world. Had he stayed in India, he would have no chance in Indian Airlines. Even if the top job there was given to him by some godfather, a myriad *netas*, *babus* and trade unionists would have ensured that he could never run it like United Airlines.

Rana Talwar has become head of Standard Chartered Bank Plc, one of the biggest multinational banks in Britain, while still in his 40s. Had he been in India, he would perhaps be a local manager in the State Bank, taking orders from *babus* to give dud loans to politically favoured clients.

Rajat Gupta is head of Mckinsey, the biggest management consultancy firm in the world. He now advises the biggest multinationals on how to run their business. Had he remained in India he would probably be taking orders from some *sethji* with no qualification save that of being born in a rich family.

Lakhsmi Mittal has become the biggest steel baron in the world, with steel plants in the US, Kazakhstan, Germany, Mexico, Trinidad and Indonesia. India's socialist policies reserved the domestic steel industry for the public sector. So Lakhsmi Mittal went to Indonesia to run his family's first steel plant there. Once freed from the shackles of India, he conquered the world.

Subhash Chandra of Zee TV has become a global media king, one of the few to beat Rupert Murdoch. He could never have risen had he been limited to India, which decreed a TV monopoly for Doordarshan. But technology came to his aid: satellite TV made it possible for him to target India from Hong Kong. Once he escaped Indian rules and soil, he soared.

You may not have heard of 48-year old Gururaj Deshpande. His communications company, Sycamore, is currently valued by the US stock market at over $ 30 billion, making him perhaps one of the richest Indians in the world. Had he remained in India, he would probably be a *babu* in the Department of Telecommunications.

Arun Netravali has become president of Bell Labs, one of the biggest research and development centres in the world with 30,000 inventions and several Nobel Prizes to its credit. Had he been in India, he would probably be struggling in the middle cadre of Indian Telephone Industries. Silicon Valley alone contains over one lac Indian millionaires.

Sabeer Bhatia invented Hotmail and sold it to Microsoft for $ 400 million.

Victor Menezes is number two in Citibank. Shailesh Mehta is CEO of Providian, a top US financial services company. Also at or near the top are Rakesh Gangwal of US Air, Jamshd Wadia of Arthur Andersen, and Aman Mehta of Hong Kong & Shanghai Banking Corp.

In Washington DC, the Indian CEO High Tech Council has no less than 200 members, all high tech-chiefs.

While Indians have soared, India has stagnated. At independence India was the most advanced of all colonies, with the best prospects.

Today with a GNP per head of $370, it occupies a lowly 177th position among 209 countries of the world. But poverty is by no means the only or main problem. India ranks near the bottom in the UNDP's Human Development Index, but high up in Transparency International's Corruption Index.

The *neta-babu raj* brought in by socialist policies is only one reason for India's failure. The more sordid reason is the rule-based society we inherited from the British Raj is today in tatters. Instead money, muscle and influence matter most.

At independence we were justly proud of our politicians. Today we regard them as scoundrels and criminals. They have created a jungle of laws in the holy name of socialism, and used these to line their pockets and create patronage networks. No influential crook suffers. The Mafia flourishes unhindered because they have political links.

The sons of police officers believe they have a license to rape and kill (ask the Mattoo family). Talent cannot take you far amidst such rank misgovernance. We are reverting to our ancient feudal system where no rules applied to the powerful. The British Raj brought in abstract concepts of justice for all, equality before the law. These were maintained in the early years of independence. But fifty years later, citizens wail that India is a lawless land where no rules are obeyed.

I have heard of an IAS probationer at the Mussorie training academy pointing out that in India before the British came, making money and distributing favors to relatives was not considered a perversion of power, it was the very rationale of power.

A feudal official had a duty to enrich his family and caste. Then the British came and imposed a new ethical code on officials. But, he asked, why should we continue to choose British customs over *desk* ones now that we were independent?

The lack of transparent rules, properly enforced, is a major reason why talented Indians cannot rise in India. A second reason is the *neta-babu raj*, which remains

intact despite supposed liberalization. But once talented Indians go to rule-based societies in the west, they take off. In those societies all people play by the same rules, all have freedom to innovate without being strangled by regulations.
This, then, is why Indians succeed in countries ruled by whites, and fail in their own. It is the saddest story of the century

Ravi Shankar Jayaram
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ANTI AGING TREATMENT

Everyone in the world wants to look young. Unfortunately, we cannot stop the aging process. Once you cross your 30's you will start to feel that there is no hope of being beautiful anymore. Or is it? Actually, there are many ways in which you can feel younger and look more beautiful. You have to take care of yourself, both from the inside and the outside. Most men and women don't realize that there are many simple anti ageing treatments that they can use in order to avoid or slow down aging.

There are 2 main types of anti ageing:
1. Natural: This type of aging is hereditary and depends on the genes & hence it is quite difficult to prevent.
2. Un-natural: This is caused by the extrinsic factors like exposure to sun, over drinking, bad eating habits etc.

While comparing both the types of aging, you can come to a conclusion that you can prevent the second type of ageing. Here are some tips for the prevention of un-natural aging:
1) you should maintain a diet that is low in sugar and fat.
2) You need to consume lots of water, i.e. 5- 8 glasses of water daily.
3) You should exercise regularly.
This will help you look younger. In addition, you may consider the following anti-aging treatment products:-

1. Anti ageing treatment (Creams): People whose skin is always exposed to the sun are at more risk since the sun's rays can cause wrinkles on the face. Thus, wrinkle creams have become one of the major anti aging treatment products today. Scores of anti ageing wrinkle creams have entered the anti-aging market. But it doesn't mean that all these creams are good. The introduction of many "herbal and ayurvedic creams" has made it difficult for the women to decide on which product is right for them. So choose carefully.
2. Anti ageing treatment :(Genetic Treatment) The most dynamic aspect of the genetic research is to create genetic treatments for anti ageing. Geneticists say that, human beings have 30,000 active genes. As we grow older, these genes become inactive which ultimately results in ageing looks. With respect to the researchers, anti ageing treatment with animals is likely to continue in next few years, before tests with human begin. Thus, this Anti ageing treatment will be a boon for the coming generation.
3. Anti ageing treatment (Copper peptide treatment): One of the anti aging treatments that are booming today is the copper peptide treatment. Copper is normally found in trace quantities in our cells. When this is converted into copper peptide results in the skin regeneration. Since copper is an anti oxidant, it damages free radicals leaving a better skin.
4. Anti ageing treatment through vitamin tablets: We need anti ageing vitamins to suppress the free radicals. They are the protective force against free radicals. Let us explore some important anti ageing vitamins:-
   i) Vitamin C - It lowers the blood pressure . It fights cold and flu. It is also a very good anti aging treatment agent.
   ii) Vitamin E - It is a good supplement of anti oxidants. It helps to maintain healthy cells and acts as a good skin and hair repair agent.
   iii) Vitamin A - It is a very good anti oxidant that neutralizes the free radicals in the body which causes tissue and cellular damage. It also has retinol which helps to keep the skin and eyes moist. Apart from using vitamins as an anti ageing treatment, it is always better to go with proper eating habits too.

HGH or human growth hormone is another product that you can opt for to fight aging. This is the latest in the field of anti aging treatment and its effects have been proven in many cases too. HGH supplements, for instance, can induce your body to produce more natural HGH, thus resulting in you looking and feeling years younger. As you can see, there are many anti aging treatments and they all play a vital role in human life. Science is trying to find new remedies today and skin care treatment is on the frontiers of scientific research. Thus there is hope yet for you to look fabulously young again.

RESEARCH

(This is a segment in which we will discuss research projects being conducted by Georgians in the campus and elsewhere in the world and so your input would be vital. We will also discuss some outstanding research being conducted in the leading centers of the world, which will have special significance to India)

RESEARCH SHOWCASE

The Research Cell organized the Annual Research Showcase on October 21, 2008 at the Auditorium of the Scientific Convention Center. Prof AK Mahapatra, Director, SGPGI was the Chief Guest, Dr VP Kamboj, Former Director, Central Drug Research Institute, Lucknow was the Guest of Honor and also delivered the Plenary Lecture on “Issues on Intellectual Property Right in Biomedical Research”. A book, “Prosthetics and Orthotics” written by Prof AK Agarwal was released by Dr Saroj Chooramani Gopal, Vice Chancellor. A souvenir, ‘Research Showcase – CSMMU UP’ was also released on this occasion. Best PhD thesis award was bagged by Ms Puja Budhwar and best PhD poster award was given to Ms Sona Saksena (both from Pathology Dept). Ms Parul Jain won best student intramural poster award in medical section while Ms Amita Dhakad won the same award for the surgical section.

TURMERIC – THE WONDER DRUG!

Turmeric is called curcumin, and has been used in Asian cookery for thousands of years. Powder ground from the dried root is an ingredient in curry. Turmeric holds a high place in Ayurvedic medicine as a "cleanser of the body" and today science is finding a growing list of diseased conditions which turmeric's active ingredient heals. Broad interest in curcumin's anti-inflammatory effects is increasing. Since India won a claim against two US scientists who shamelessly patented turmeric the tide of interest may naturally be driven in part by Asian pride in phytomedicinal heritage.
Researchers are examining curcumin as a possible immune system stimulator that can modulate the activation of T cells, B cells, macrophages, neutrophils, natural killer cells, and dendritic cells; downregulate various pro-inflammatory cytokines and chemokines, and enhance antibody responses. This activity, write M. D. Anderson researchers G. C. Jaggetia and B.B. Aggerwal, suggests "that curcumin's reported beneficial effects in arthritis, allergy, asthma, atherosclerosis, heart disease, Alzheimer's disease, diabetes, and cancer might be due in part to its ability to modulate the immune system. Together, these findings warrant further consideration of curcumin as a therapy for immune disorders. (J Clin Immunol. 2007 Jan;27(1):19-35).

Some researchers say curcumin inhibits angiogenesis, i.e. formation of new blood vessels, which tumors use to nourish themselves as they spread (Mol Med 1998 Jun; 4(6):376-83). As an anti-inflammatory, turmeric triggers heat-shock stress response (see Wiki Online Encyclopedia for heat-shock). Heat shock proteins stimulate the immune system. "The mechanism of the stimulation by curcumin of the stress responses," Japanese researchers say (Cell Stress Chaperones 1998 Sep;3(3):152-60), "might be similar to that of salicylate [active in aspirin and similar drugs derived from willow bark], indomethacin [a nonsteroidal antiinflammatory drug] and nordihydroguaiaretic acid [an anti-oxidant, antiflammatory, lipoxegenase inhibitor found in chapparel, that interferes with arachidonic acid metabolism].

Ground from the root of a plant (Curcuma longa L.) of the ginger family, found wild in the Himalayas and grown across South Asia, turmeric powder is surprisingly bland, not hot, tangy or peppery. Turmeric is pungent, bitter and astringent, not sweet like ginger. Fresh root, which goes well in snacks and main meals, as yet may be hard to find outside of stores in Asian neighborhoods. That gaudy, store-bought, hot-dog-stand glow comes from curcumin, the intense yellow pigment in turmeric. And curcumin protects the stomach against tainted foods. According to University of Chicago scientists, curcumin inhibits a cancer-provoking bacteria (H. pylori) associated with gastric and colon cancer (Magad GB, Anticancer Res. 2002 Nov-Dec; 22(6C):4179-81).

On the margins, so some biologists say, eco-diversity sprouts. Today curcumin is on a margin between ancient food customs and cutting-edge medicine. In suburban cuisine it can brighten and glorify nutritious foods (cauliflower, white fish). At ballpark, beach and food mall a dab of "hidden" curcumin helps carnivore bellies lower risks from gorging on over-handled broiled oddments. In Asia the root and powder are used in cooking, home remedies and medicine: to gild and help preserve festive dishes and in drinks, ointments and poultices to treat sore throat, sprains, inflammation and wounds. In the lab, scientists are dosing rats with curcumin to measure its effects on cancer. Scientists at M. D. Anderson, Texas, wrote in January 2003: "Extensive research over the last 50 years has indicated [curcumin] can both prevent and treat cancer. The anticancer potential of curcumin stems from its ability to suppress proliferation of a wide variety of tumor cells, down-regulate transcription factors NF-kappa B, AP-1 and Egr-1; down-regulate the expression of COX2, LOX, NOS, MMP-9, uPA, TNF, chemokines, cell surface adhesion molecules and cyclin D1; down-regulate growth factor receptors (such as EGFR and HER2); and inhibit the activity of c-Jun N-terminal kinase, protein tyrosine kinases and protein serine/threonine kinases." In their latest of a series of reports the M. D. Anderson says: "Curcumin can suppress tumor initiation, promotion and metastasis. Pharmacologically, curcumin has been found to be safe. Human clinical trials indicated no dose-limiting toxicity when administered at doses up to 10 g/day. All of these studies suggest that curcumin has enormous potential in the prevention and therapy of cancer." [Aggarwal, BB et al,Anticancer Res. 2003 Jan-Feb;23(1A):363-98].

Several breast tumor cell lines, "including hormone-dependent and -independent and multidrug-resistant

(MDR) lines," respond to antiproliferative effects of curcumin. Aggarwal et al examined cell lines "including the MDR-positive ones," and found they were all "highly sensitive to curcumin. The growth inhibitory effect of curcumin was time- and dose-dependent.... Overall our results suggest that curcumin is a potent antiproliferative agent for breast tumor cells and may have potential as an anticancer agent." (Anticancer Drugs. 1997 Jun;8(5):470-81). Other laboratories offer varying explanations but confirm the activity level of curcumin against breast , prostate and other cancers. See e.g., Ramachandran C, Miami 1999; Hidaka H, Japan, 2002(human pancreatic cells lines); Elattar TM, University of Missouri-Kansas City, 2000(oral cancer cell-line).

MOBILE CANCER? ARE THEY BEING ALARMISTS?

HIGH-profile Sydney brain surgeon Charlie Teo has made enemies in his profession for many reasons, but not for his opinion on the link between mobile phones and brain tumours. On ABC TV's *Enough Rope* last week, he was asked for his view on that topic by host Andrew Denton, and the response was chilling.
"Personally, I think there probably is," said Dr Teo. "There's an association, and the association is quite compelling … we know that EMR — electromagnetic radiation — is going to take at least 10 years to create brain tumours and probably longer, 15 to 20 years. So if you just pull out studies that have followed patients for more than 10 years, it becomes really, really compelling, that link."
Then, an even worse story from Europe appeared. Lennart Hardell, of the University Hospital in Orebo, Sweden, told a conference on health and mobile phones that his team had found that "people who started mobile phone use before the age of 20 had more than a fivefold increase in glioma" — glioma being one of the most common brain tumours. Even using a cordless home phone produced a fourfold risk of gliomas.
Professor Hardell also told the conference, held at the Royal Society in London, that young mobile users additionally suffered a fivefold risk of a benign tumour called acoustic neuroma, which causes deafness.
By contrast, people who were in their 20s before using mobiles were half as likely as teen users to contract gliomas and acoustic neuromas. This was because, he said, children's skulls are thinner and allow mobile phone radiation to penetrate deeper.
"It is very worrying," said Professor Hardell. "We should be taking precautions."
"We may be facing a public health crisis in an epidemic of brain cancers as a result of mobile phone use," conference attendee David Carpenter, dean of the School of Public Health at the State University of New York, said.
That means, given Australia's rate of mobile usage — among the world's highest — so would we. But the Australian Mobile Telecommunications Association rejected Professor Hardell's assertions, calling it "alarmist" research that "had not undergone a proper process of review by scientific peers".
"People can be confident there is no biological, medical or statistical basis to assert a link between mobile phone use and brain cancer," said AMTA chief executive Chris Althaus. "The World Health Organisation's most recent health advice says none of the recent reviews have concluded that exposure to the radio frequency fields from mobile phones and their base stations cause any adverse health consequences."
Commenting on the British Interphone study, Patricia McKinney, professor of pediatric epidemiology at Leeds University, said: "Overall, we found no raised risk of glioma (brain cancer) associated with regular mobile use and no association with time since first use, lifetime years of use, cumulative hours of use, or number of calls."
Mr. Althaus also dismissed the idea that children were especially susceptible.
Independent experts in Australia tend to back the AMTA's view. David Hill, director of the Cancer Council of Victoria, noted that the Swedish research was not peer-reviewed.
Cancer specialist Bruce Armstrong, of the University of Sydney, agrees. "I think it's highly unlikely that that statement (fivefold risk of glioma) is true … there's no evidence of any substantial trend to an increase in risk of brain tumours in younger people in Australia."
A caveat: "If there is an increase in risk, children and younger people may be more susceptible to it than adults. One can't rule out the possibility, but I wouldn't think that five times would be probable."
But, irrespective of age group, is there any increase in the risk of getting a brain tumour as a result of using a mobile phone? "At this point in time the reviews … have not drawn that conclusion," Professor Hill said. "I see some evidence of an increase in risk but I don't find it, as Charlie Teo says, 'compelling' … even for people exposed for more than 10 years," Professor Armstrong said. But, he warns, things may change. "There's room for more data to come along and for the possibility of that evidence becoming compelling."

(Source: http://www.theage.com.au/national/doctors-at-odds-over-mobile-cancer-risk-20080927-4pdw.html?page=-1)

NAILS HAVE A STORY TO TELL

Prof. S.N. Chakraborty of Medicine was indeed a great clinician. Many of his utterances were so casual and yet so profound. While examining a patient he once asked us what the nails have to offer in making a diagnosis. We, a fairly studious batch, could hardly utter beyond a few common observations.

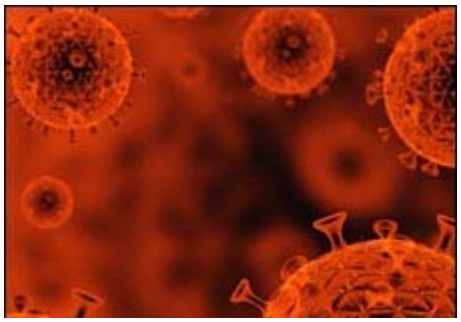
What do your nails say about your health (the following is excerpted from - and added to - Bate's, a medical text book):

- **Black streaks:**
  Can be a sign of heart trouble.
- **Blue nails:**
  Bluish nail beds can be a sign of respiratory problems, such as emphysema or even asthma.
  A dark blue line in the nail can be a sign of skin cancer.
- **Brittle nails:**
  Signify possible iron deficiency and thyroid problems, impaired kidney function, and circulation problems.
- **Brittle, soft, shiny nails without a moon:**
  May indicate an overactive thyroid.
  Chipping, peeling, cracking or breaking Nails:
  Indicator of nutritional deficiency and insufficient hydrochloric acid and protein.
  Minerals are also needed.
- **Darkening of nails:**
  May be a sign of insufficient vitamin B12.
- **Dark lines under the nail:**
  May indicate melanoma.
- **Depression in the nails:**
  Possible sign of psoriasis.
- **Downward curved nail ends:**
  Possible heart, liver, or respiratory problems.
  Possible iron deficiency.
- **Dry and brittle nails:**
  May indicate a lack of vitamin A, calcium or iron.
  Fragile Nails with Horizontal and Vertical Ridges:
  Vitamin B deficiency
  Excessive dryness, rounded and curved nail ends and darkened nails:
  Insufficient intake of vitamin B12
- **Half white, half pink nails:**
  Can indicate kidney problems.
- **Hang nails:**
  Can be a sign of a lack of protein, folic acid, or vitamin C.
- **Horizontal ridges (sometimes referred to Beau's lines):**
  Can indicate circulatory problems, such as Raynaud's disease, or diabetes.
  Can also be caused by a severe illness, like a high fever or pneumonia.
- **Inversion of the nail:**
  Can indicate lung problems.
- **Nails separated from the nail bed:**
  A nail coming off the nail bed can be an indication of thyroid disorder, psoriasis, or an allergic reaction to nail products
  Nails raised at the base ("clubbing") with small white ends:
  show a respiratory disorder such as emphysema or chronic bronchitis. ("Clubbing" with lung disorders is one condition of the nails that is recognized by Standard Medicine.)
- **Pale, white nail beds:**
  Can be an indicator of anemia or liver problems.
- **Pits in the nails:**
  Possible sign of psoriasis.
  Red beds:
  a possible indicator of heart disease
- **Reddish-brown spots:**
  Can indicate a deficiency of folic acid, protein or vitamin.
- **Red lines at the base of the nail fold:**
  Can be a possible sign of lupus or connective tissue disease.
- **Ridges:**
  Possible infection.
  Vertical ridges can be caused by iron deficiency, poor absorption of vitamins and nutrients. They can be an indicator of overall poor health or they could be a sign of kidney trouble.
  Vertical ridges, as well as bumpy nails, can also indicate a tendency to develop arthritis.
  Ridges running horizontally across the nail can indicate physical or mental stress.
- **Rippling of the nail surface:**
  May indicate psoriasis or arthritis.
  Splitting nails:
  may indicate hydrochloric acid deficiency.
- **Vertical ridges:**
  Not usually a cause for concern; however these ridges could be a sign of iron deficiency.
- **White, pale nail beds:**
  Can be an indicator of anemia or liver problems.
- **White lines across the nail:**
  May indicate a liver disease, possible heart disease, high fever, or arsenic poisoning.
  White bands:
  Can indicate protein deficiency.
- **White spots:**
  White spots or white lines could be symptoms of a serious disorder - but in most cases are caused by iron or zinc deficiency. To rule out a serious disease, it's best to see a doctor who should also test your levels of iron and zinc. Zinc supplements are found in any drugstore. Iron intake should be monitored by your physician.
- **Yellow nails:**
  Can indicate internal disorders long before other symptoms appear. Some of these are problems with the lymphatic system and liver disorders.
  Yellow, thick, slow-growing nails are a possible indicator of respiratory problems.
  Yellow-tinted nails with blue color at the base may be a sign of diabetes.
- **Supplements for Healthy Nails:**
  Of all the nutritional supplements touted for treating nails that split, break, and peel, only one has gotten a universal thumbs-up from science: biotin.
  Biotin, a B-complex vitamin, has long been used to treat damaged hooves on horses. Since our nails are made of the same stuff (keratin), it turns out the vitamin works for us, too. When dermatologists first put biotin to the test in humans nearly 20 years ago, they found that extra biotin intake could increase nail thickness up to 25

percent in women who had soft or brittle nails. One study used 2.5 milligrams of biotin daily to help strengthen nails, which is quite a bit -- more than most diets and multivitamins contain. However, your diet is always your best and safest source of vitamins and minerals, so if you want to strengthen your nails naturally, try eating more biotin-rich nuts (peanuts, filberts, cashews, and almonds), eggs, soybeans, tomatoes, sweet potatoes, fish (haddock and salmon), or vegetables like chard or carrots. But if your nails are still brittle, investigate a supplement with your doctor.

NOBEL PRIZE COMITTE ACKNOWLEDGES HIV AIDS RESEARCH

The scientists who discovered HIV will share the Nobel Prize for medicine with the expert who linked human papilloma virus (HPV) to cervical cancer. French team Françoise Barré-Sinoussi and Luc Montagnier were recognized for their groundbreaking work in uncovering the virus responsible for Aids. Harald zur Hausen, from Germany, received the prize for making the link between HPV and cervical cancer.



More than 25 million people have died of HIV/Aids since 1981. Globally, more than 33 million people are living with HIV.

Following medical reports of a new immunodeficiency syndrome in 1981, Professor Barre-Sinoussi, of the Institut Pasteur, and Dr Montagnier, director of the World Foundation for AIDS Research and Prevention, were the first to identify HIV as the culprit. In its citation, the Nobel Assembly said their discovery was vital in enabling scientists to begin to understand the biology of a virus which continued to pose a huge public health threat throughout the globe.

Major advances

Their work led to the development of methods to diagnose infected patients and to screen blood products, which has limited the spread of the pandemic. It has also led to new treatments. There is still no cure for HIV. However, for many the disease is no longer an imminent death sentence thanks to the major advances in research and drug development over recent years. With treatment, people with HIV can live for decades with the condition.

However, HIV medicines are not widely available in many poor countries around the world. The citation said: "Never before have science and medicine been so quick to discover, identify the origin and provide treatment for a new disease entity."Successful anti-retroviral therapy results in life expectancies for persons with HIV infection now reaching levels similar to those of uninfected people."

Nick Partridge of the HIV charity Terrence Higgins Trust said: "Françoise Barré-Sinoussi and Luc Montagnier are very deserving winners of the Noble Prize for Medicine. "Their work was hugely significant, leading to enormous progress in the understanding and treatment of HIV."

Both Dr Montagnier and a US researcher Dr Robert Gallo are co-credited with discovering that HIV causes Aids, although for several years they staked rival claims that led to a legal and even diplomatic dispute between France and America. The Nobel jury made no mention of Dr Gallo in its citation.

Professor Barré-Sinoussi said the award was "a great honour that I wasn't expecting."

Vaccines developed

Professor zur Hausen, of the University of Duesseldorf, was praised by the Nobel committee for going "against current dogma" to discover that HPV infection caused cervical cancer. HPV can be detected in 99.7% of all women with cervical cancer, and persistent infection with the virus is estimated to be responsible for more than 5% of all cancers worldwide. Professor zur Hausen's work helped others to develop vaccines against HPV, which are now routinely given to millions of teenage girls in many countries to prevent cervical cancer.

Dr Adriano Boasso, research fellow at Imperial College and Wellcome Trust Research Career Development Fellow, said: "Isolating the causing agent of an infectious disease is the single most important step toward developing a vaccine. "The availability of a vaccine against HPV is now a reality thanks to the original discovery of the virus by Harald zur Hausen.

"HIV vaccine research has instead recently suffered the failure of promising clinical trials, but there is no doubt that the discovery of HIV by Françoise Barré-Sinoussi and Luc Montagnier will be the pillar on which an efficient vaccine will eventually be built."

Professor zur Hausen, 72, received half of the prize with Professor Barré-Sinoussi, 61, and Dr Montagnier, 76, splitting the other half.

(Source: http://news.bbc.co.uk/2/hi/health/7654214.stm)

FELLOWSHIPS AND JOB LINKS

(In this segment we expect the various Georgian Alumni Associations, Georgians who are a part of the human resource management scheme n both public and private sector and entrepreneur Georgians announce Jobs, Fellowships, Scholarships, and professional development opportunities for fellow Georgians)

YOUR FEEDBACK

LPG CYLINDERS HAVE EXPIRY DATES

Do you know that LPG gas cylinders have an expiry date...
I also didn't know how to find LPG cylinder's expiry date? Expired Cylinders are not safe for use and may cause accidents. In this regard please be cautious at the time of accepting any LPG cylinder from the Vendor.

Here is how we can check the expiry of LPG cylinders: On one of three side stems of the cylinder, the expiry date is coded alpha numerically as follows A or B or C or D and some two digit number following this e.g. D06.

The alphabets stand for quarters -
1. A for March (First Qtr),
2. B for June (Second Qtr),
3. C for Sept (Third Qtr),
4. D for December (Fourth Qtr).

The digits stand for the year till it is valid. Hence D06 would mean December qtr of 2006.
Please Return Back the Cylinder that you get with an Expiry Date, they are prone to Leak and other Hazardous accidents

(Source: Dr. Vinay Agarwal, Lucknow)

A GREAT MIND

The following concerns a question in a physics degree exam at the University of Copenhagen.

"Describe how to determine the height of a skyscraper with a barometer."

One student replied:

"You tie a long piece of string to the neck of the barometer, and then lower the barometer from the roof of the skyscraper to the ground. The length of the string plus the length of the barometer will equal the height of the building."

This highly original answer so incensed the examiner that the student was failed. The student appealed on the grounds that his answer was indisputably correct, and the university appointed an independent arbiter to decide the case. The arbiter judged that the answer was indeed correct, but did the problem it was decided to call the student in and allow him six minutes in which to provide a verbal answer which showed at least a minimal familiarity with the basic principles of physics.

For five minutes the student sat in silence, forehead creased in thought. The arbiter reminded him that time was running out, to which the student replied that he had several extremely relevant answers, but couldn't make up his mind which to use.

On being advised to hurry up the student replied as follows:

"Firstly, you could take the barometer up to the roof of the skyscraper, drop it over the edge, and measure the time it takes to reach the ground.

The height of the building can then be worked out from the formula H = 0.5g x t squared. But bad luck on the barometer."

"Or if the sun is shining you could measure the height of the barometer, then set it on end and measure the length of its shadow. Then you measure the length of the skyscraper's shadow, and thereafter it is a simple matter of proportional arithmetic to work out the height of the skyscraper."

"But if you wanted to be highly scientific about it, you could tie a short piece of string to the barometer and swing it like a pendulum, first at ground level and then on the roof of the skyscraper. The height is worked out by the difference in the gravitational restoring force T = 2 pisqroot (l / g)."

"Or if the skyscraper has an outside emergency staircase, it would be easier to walk up it and mark off the height of the skyscraper in barometer lengths, then add them up."

"If you merely wanted to be boring and orthodox about it, of course, you could use the barometer to measure the air pressure on the roof of the skyscraper and on the ground, and convert the difference in millibars into feet to give the height of the building."

"But since we are constantly being exhorted to exercise independence of mind and apply scientific methods, undoubtedly the best way would be to knock on the janitor's door and say to him 'If you would like a nice new barometer, I will give you this one if you tell me the height of this skyscraper'."

The student was Niels Bohr. He gave us the structure of an Atom, for which he won the Nobel Prize in 1922.

(Source: Dr. Mahendra Harbola from Gorakhpur)

BEWARE OF MAGNETIC KEYS

Have you ever wondered what is on your magnetic room - key card which your Hotel has given to you? It has Customer's name, Customer's partial home address, Hotel room number, Check-in date and out dates, and Customer's credit card number and expiration date! When you turn them in to the front desk your personal information is there for any employee to gain access by simply scanning the card in the hotel scanner. An employee can take a hand full of cards home and using a scanning device, access the information onto a laptop computer and go shopping at your expense.
Simply put, hotels do not erase the information on these cards until an employee re-issues the card to the next hotel guest. At that time, the new guest's information is electronically overwritten on the card and the previous guest's information is erased in the overwriting process. But until the card is rewritten for the next guest, it usually is kept in a drawer at the front desk with YOUR INFORMATION ON IT!
The bottom line is: Keep the cards, take them home with you, or destroy them. NEVER leave them behind in the room or room wastebasket, and NEVER turn them into the front desk when you check out of a room. They will not charge you for the card (its illegal) and you'll be sure you are not leaving a lot of valuable personal information on it that could be easily lifted off with any simple scanning device card reader. For the same reason, if you arrive at the airport and discover you still have the card key in your pocket, do not toss it in an airport trash basket. Take it home and destroy it by cutting it up, especially through the electronic information strip! You can also use a small magnet and pass it across the magnetic strip several times and then try it in the door. It will not work. It erases everything on the card.

Information courtesy of: Pasadena Police Department

(Source: Dr. Rajesh Pratap Singh from Nagpur, 1975 Batch)

CELEBRATION!

YOUR EDITOR ENCOURAGED

Yours truly has been offered the job of Editor of Indian Journal of Plastic Surgery. The Journal, which is today an International Journal of repute with both hard copy as well as an Electronic version *http://www.ijps.org* is amongst the most professionally peer reviewed journals of Plastic surgery and has had another Georgian, Prof. Ramesh Chandra as its editor in the past.

ON THE HORIZON

March 19-21, 2009
International Conference on Advances in Free Radical Research: Natural Products, Antioxidants and Radioprotectors &8th Annual Meeting of the Society for Free Radical Research – India
Venue: Scientific Convention center, KGMU
Contact: Prof. A.A. Mahdi, Organizing Secretary, AFRR – 2009, Medical Elementology & Free Radical Biology Lab.Department of Biochemistry, K.G.M.U, Lucknow 226003, INDIA

Tel. & Fax: 91-522-2253030, +91-9839011192; +91-9415007706
Email: mahdiaa@rediffmail.com
URL: www.sfrrlko2009.com

2009
INTERNATIONAL GEORGIANS ALUMNI MEET
Venue: Melbourne, Australia
Contact: Dr. M.C. Pant, Hony. Secretary, Georgian Alumni Association, Department of Radiotherapy, KGMU, Lucknow 226003, INDIA
Tel: +91 9415021773 / 9415085625
Email: drpant@rediffmail.com

MOTIVATION POINT

BALANCE SHEET OF LIFE

In these troubled financial times when the stock markets have taken a tumble like never before and savings have evaporated like anaesthetic ether, it is really heartening to see the average working man still going about his day doing what he does best….work and hope! The same can not be said for some corporate magnets of the past like Lehman Brothers or Washington Mutual, who have sunk like the Titanic or Citi group and AIG, who have turned paupers with a begging bowl.

So what keeps the small fish going while the big ones are dying with a bloated belly full of your money? The answer lies in the way they look at life:

Our Birth is our Opening Balance!
Our Death is our Closing Balance!
Our Prejudiced Views are our Liabilities
Our Creative Ideas are our Assets
Heart is our Current Asset
Soul is our Fixed Asset
Brain is our Fixed Deposit
Thinking is our Current Account
Achievements are our Capital
Character & Morals, our Stock-in-Trade
Friends are our General Reserves
Values & Behavior are our Goodwill
Patience is our Interest Earned
Love is our Dividend
Children are our Bonus Issues
Education is Brands / Patents
Knowledge is our Investment
Experience is our Premium Account

The Aim is to Tally the Balance Sheet Accurately.
The Goal is to get the Best Presented Accounts Award.

Some very Good and Very bad things ...

The most destructive habit.....Worry
The greatest Joy.....Giving
The greatest loss.....Loss of self-respect
The most satisfying work.....Helping others
The ugliest personality trait.....Selfishness
The most endangered species.....Dedicated leaders
Our greatest natural resource.....Our youth
The greatest 'shot in the arm'.....Encouragement
The greatest problem to overcome.....Fear
The most effective sleeping pill.....Peace of mind
The most crippling failure disease.....Excuses
The most powerful force in life.....Love
The most dangerous pariah.....A gossip
The world's most incredible computer.....The brain
The worst thing to be without..... Hope
The deadliest weapon.....The tongue
The two most power-filled words.....'I Can'
The greatest asset.....Faith
The most worthless emotion.....Self-pity
The most beautiful attire.....SMILE!
The most prized possession.....Integrity
The most powerful channel of communication.....Prayer
The most contagious spirit.....Enthusiasm
The most important thing in life.....GOD

Life ends; when you stop Dreaming,
Hope ends; when you stop Believing,
Love ends; when you stop Caring,
And Friendship ends; when you stop Sharing...!!!

"Life is a problem to be solved, but also a gift to be enjoyed!!!"

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KGMC Alumni of the United Kingdom
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