

INDIAN MEDICAL ASSOCIATION KUNNAMKULAM 2018-2019

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PULSE

QUARTERLY PUBLICATION



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EDITORIAL BOARD MEMBERS

Dr. Saju P. K.

Dr. Harikrishnan K. B.

Dr. Joshi Thomas K.

Dr. P. Rajesh

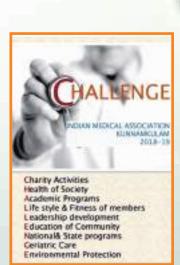




President's Message

At the outset, I would like to thank all our members for their persistent support and encouragement in conducting our activities. Our branch level activities were very vibrant. The New Year and Christmas were celebrated in full spirit along with members and their family. The Cultural Wing had organised a variety of entertainment programs adding colour to the celebration. The Women's Wing of Kunnamkulam International Women's Day observed stressing on the importance of empowering women through motivational speeches by eminent speakers and a fitness program. Under the coordination of our vibrant secretary, the regular CMEs were also conducted methodically. The participation of our members were very appreciable. Our charity wing is also doing regular medical camps. Sports wing is also very active. I have a request, Those who have not joined in schemes of IMA please do it at the earliest.

> Yours in IMA Jain Hind, Jai IMA **Dr. Rajagopalan.K**







Past President's Message

Hello guys..IAM BACK.Greetings everyone!

It gives me immense pleasure to welcome you all on behalf of IMA KKM. I Thought of penning a few lines on a topic on which our President and secretary are passionate about.

Whether one is a small as a kid, an adolescent, an old or moving towards the middle age; at every stage our health is the centre of all our activities and the life we lead. A healthy body is a vehicle and I, the conscious being, am the master or the traveler.

Friends, these days people have become very conscious about their health & are often seen going to gyms, dance classes, aerobics or yoga centres etc. Some of the people do this as a style statement, without knowing how important it is for each one of us to keep fit. And keeping fit does not necessarily mean that one has muscles and can show them off. But it definitely does mean that you have an active lifestyle and are able to do your work without feeling too tired or feel taxed on your strength. I mean you do not feel the daily chores tiring and you are able to enjoy the day fully. For us health must be an integral part of our daily activities woven into a day's schedule. Taking care of your health is something that cannot be thought of as an activity for which you will take out time when you are free from office, or daily chores. There are various aspects on which our health is dependent. They include physical, mental and emotional factors.

For achieving physical strength it is important that we begin our day with some sort of physical exercise. Go for your morning walk or gym, yoga, or simply exercise at home if you like. Basically, do whatever you are fonder of and can take up physically according to your age. Take your pick and then, stick to the schedule. To be with your plan you need a lot of, no, not physical, but mental power too. Yes you got it; a lot of will power is needed to follow your regime. A very famous Spanish proverb says "A man too busy to take care of his health is like a mechanic too busy to take care of his tools."

"To keep the body in good health is a duty... otherwise we shall not be able to keep our mind strong and clear" said Buddha.

Now that you have chosen your sport and a regime and imbibed it in your system, the next best thing to do is to check what you eat. This is the most important aspect of keeping fit and healthy. Eating too little or too much both is bad. As rightly said by Buddha, the wise one, it is our duty to keep our body healthy. By choosing the right food that gives us nutrition and strength, we need to take it in the right quantity. Avoid junk food as much as possible. "Garbage in Garbage Out" is the principle that applies in our life as much as on a computer. Eat junk and the result is a fat lethargic & lazy you! If you want a healthy body and a clear, strong mind then you must eat your greens, have a balanced diet, drink milk, juices and adequate amount of water.

Last but not the least we must keep ourselves mentally and emotionally fit too. Keep our emotions in control. We must learn to handle our anger, learn to be patient and accommodating to the others' needs. This may be easily achieved by some people, credit it to family values or great upbringing. But for those who are still struggling to control their emotions meditation is the answer. Meditation, not just on our goals, but also helps us to achieve more. It helps us to stay focused. It helps us clear our minds and create space for creative and constructive thoughts. Especially in the times of today where there is so much stress is ours lives, we need to distress and think and work rationally. Our EQ is more important than IQ I say. Only a healthy mind can be trained to achieve the unachievable. So meditation is what we must learn to practice, each day. It is the health in totem that is desired after all.

As I said in the beginning, our body is a vehicle, it is important for us to understand that neglecting it will end us up with facing difficulties. Sometimes it may make it difficult for us even to breathe. A little negligence on our part may mean invitation to illness. A very famous Dutch proverb puts things in perspective, It says, "Sickness comes on horseback but departs on foot" One who suffers from ailments can best tell you how important it is to be healthy. So if we need to reach our life's destination comfortably and become successful in our career, be an asset and not a liability, then we have to learn to take great care of this precious gift that we get so naturally. It is important for this vehicle to be in the best of its condition to enable us to enjoy the fruits of our labour.

I urge each one of us to be a health freak. Be super conscious. It is a great thing to do. Stay healthy and fit. Enjoy! Thank you.



JUST A MINUTE PLEASE

Warm greetings to all.

I'm confident that this year's 2nd edition of our quarterly News letter would meet your expectations about the new e-ediction of PULSE.

I express my sincere gratitude to all the fellow editorial board members for their timely help in bringing out this edition of PULSE. I appreciate our president Dr. Rajgopal for his novel idea of making the PULSE, Paperless.

Healthy Constructive criticism is always welcome.

Yours in IMA From the Editor's Desk **Dr. Saju P.K.**



SECRETARY'S REPORT

We were actively involved in all major activities of the IMA Kerala state. With the support of our members, we were able to conduct lots of programs. We have conducted six general body meetings and 3 executive meetings. IMA state leaders Kerala yatra 'Sangaberi' and International Women's day celebration were two important events. The detailed report of activities as follows.



Dr. Mukesh K.R



REPORT OF ACTIVITIES OF INDIAN MEDICAL ASSOCIATION KUNNAMKULAM BRANCH JANUARY 2019

GB& FAMILY MEETING IN CONNECTION WITH CHRISTMAS NEW YEAR CELEBRATION.

We have celebrated new year & christmas program as a family meeting on 2nd of January 8.00pm at IMA house Kunnakulam. President welcomed the gathering, Christmas cake cutting was done by Christmas father. Variety of entertainment programs and quiz were organised by cultural wing. Programs were coordinated by Dr. Harikrishnan, Dr Mallika and Dr. Rema.















EXECUTIVE MEETING

Executive meeting of IMA Kunnamkulam was held on Thursday 3rd Jan 8.30pm at IMA house. Main agenda was on preparations for all India protest day.





ALL INDIA PROTEST DAY

IMA Kunnamkualm Members were also actively participated in national wide protest day held on 4th January by wearing black badges and making awareness to public regarding our issues.





DC MEETING @ THRISSUR

Memebers from our branch attended District council meeting held on 9th January at IMA house Thrissur. Main discussion was on Clinical Establishment Bill. Hospital owners from our region also joined for the program





MEDICAL CAMP& HEALTH AWARENESS CLASS

Health awareness class was conducted by Dr Rajagopalan followed by health check up for inmates of Chavakad Thaluk Muslim Orphanage. The program was held on sunday 13th January 10.30am.







COMMUNITY SERVICE DAY

In connection with community service day on 15th January free health check up and awareness class organised at IMA house. We also donated Rs 10,000/- for the education of Students of Chavakad Thaluk Muslim Orphanage by Dr. Saju P K.





CYCLE RIDE OF IMA FITNESS GROUP

Our fitness group is very active. To propagate the message of healthy lifestyle, IMA fitness group participated in cycle ride @ 30Kms to Thrissur on 20th January.





REPUBLIC DAY



Flag hoisting ceremony in connection with Republic day was held on 26th January 8.00am at IMA house followed by republic day message by president.



NURSES TRAINING PROGRAM

We in association with IAP organised a Nurses training program on 26th January 9am at Royal Hospital, Kunnamkulam. Dr. Manoj V C , NNF state president inaugurated program. A work shop on neonatal resuscitation done with hands on training. Dr. Saju P.K., Dr. Aloke. Dr. Rajagopalan took classes. The program also got KNMC 5 credit hours. Nurses from various hospital of Thrissur attend the Program.









CME & GB MEETING

The 7th General body meeting was held on 29th January 8.00pm at IMA house. Dr. Ramkumar Menon Neurosurgeon, ATREYA Hospital spoke on cerebrovascular surgery. As a part of digitalisation of IMA activity we have inaugurated our own LED projector in the GBM by president. Dr. Ninan koothur explained about this project.







INSTALLATION OF WIMA

After a short gap the new team of WIMA installed on 29th at IMA House. Past chairperson Dr. Thilagavathi Ammiyar Installed Dr Renu. M as new Chairman. Dr. Renu after the acceptance speech introduced team members. Dr. Ambili as Secretary and Dr. Pinky as treasurer









MEDICAL CAMP

As a part of elderly care we have conducted our regular medical camp at IMA house on 27th Sunday 10.00am. Blood sugar monitoring and free medicines were distributed. Dr. Giju Baby, Dr. Mukesh, Dr. Rajagopal participated for the camp. We also stared a regular check up of children of our area in association with IAP.





ANTI LEPROSY DAY

Awareness class and poster presentation done on 30th January at Royal hospital. Dr.Rajagopalan explained about our new mission & How to eradicated the disease.







- Q: What did the man say to the x-ray technician after swallowing some money? A: "Do you see any change in me?"
- Q: Why did the doctor tell the nurse to walk past the pill cupboard quietly? A: So she wouldn't wake the sleeping pills!



REPORT OF ACTIVITIES OF INDIAN MEDICAL ASSOCIATION KUNNAMKULAM BRANCH February 2019

IMA KUNNAMKULAM BADMINTION TOURNAMENT

Sports and Fitness group of IMA Kunnamkulam organised Inter hospital badminton tournament on 3rd Sunday 9am at Chamber of commerce. Both Doubles and Singles matches done. Dr. Akhil Paul co ordinated the event.







- Medical researchers have cautioned physicians and patients not to start treatment for blood pressure after a single measurement, stressing the need for a minimum three measurements for reliable readings. A minimum of 3 measurements in a clinic is recommended Journal of Human Hypertension.
- The combination of Lifestyle interventions and use of metformin can delay progression of pre diabetic to diabetic Diabetes care
- 3) High LDL linked to early-onset Alzheimer's Researchers with the Atlanta Veterans Affairs Medical Center and Emory University have found a link between high LDL cholesterol levels and early-onset Alzheimer's disease.



WORD CANCER DAY

World cancer day was celebrated at St Josephs Hospital, Choon-dal on 4th February. Inauguration of program was done by IMA president Dr.Rajagopalan. Health awareness class was conducted by Dr. Saju P K. Skit by nurses were another attraction of program.







WORD CANCER DAY CELEBRATION BY WIMA

World cancer day held at General Hospital, Thrissur on 4th Feb-ruary. Dr.Renu Chairperson WIMA took awareness class to the public. Inauguration of program was done by Mayor. Mrs Ajitha Vi-jayan

DMO and other dignitaries were present for the function. The main event was followed by musical programme.







DISTRICT COMMITTEE MEETING AT THRISSUR

Eight Members from our branch attended the DC meeting held on 5th February. Honouring of our state president Dr. M E Sugathan also held on same day.





First Aid & BLS class

On 6th February First aid and BLS was conducted for student po-lice cadets at Ansar School , Perimpilavu. Dr.Saju P K and Dr. Ajith took classes for the students.







EXECUTIVE MEETING

Executive meeting of IMA, Kunnamkulam was held on 12th Tuesday at IMA House. Important decision regarding associations future activities discussed.





SEXUAL & REPRODUCTIVE AWARENESS DAY





On 12th February Sexual and Reproductive awareness day was held at Royal Hospital, Kunnamkulam.

Poster presenta-tion and awareness class was conducted by Staff nurses.





ORGANISING COMMITTEE MEETING FOR IMA FITNESS GROUP.

Organising committee meeting for state level inauguration of IMA Fitness group was arranged at Hotel Elite. Members from our branch attended the programme. Our president M E Sugathan presided the function.



STATE LEVEL INAUGURATION OF CULTURAL WING.



State level inauguration of Cultural wing was held on 16th Saturday at Hotel Elite. Members from our branch actively participated in various programmes. Inauguration was done by Mr.Sreevalsan J Menon. Dr Mallika was MC for the programme. Dr. Renu WIMA chairperson also participated for musical event.







SWC MEETING AT IMA PERIYAR HOUSE.

SWC Meeting was held on 17th sunday at IMA house, Aluva. Seven members attended the programme.

CME & GBM ON 19TH FEBRUARY



The eight GBM and CME was held on 19th February 8pm at IMA house. Dr. Jomon Rachel, HOD Radiation oncology, Amala Institute of Medical Science spoke on "Recent advances in cancer care". It was a combined program of IMA and WIMA.



President

Secretary





NURSES TRAINING AND EMPOWERMENT

State level inauguration of Nurses Basic NRP and Essential Newborn care by NNF Kerala was held on 23rd February at Jubilee Mission Medical College. Inauguration was done by state president ME Sugathan. Our president Dr Rajagopalan was speaker for one session





STATE LEVEL INAUGURATION OF IMA FITNESS GROUP.

State level inauguration of IMA fitness group was held on 24th Sunday at Das Continental. Programme was inaugurated by Yatheesh Chandra IPS.







MEDICAL CAMP AT IMA HOUSE

Our Regular Medical camp was held on 24th Sunday at IMA house. Dr. Ashok Varma Charity wing chairman co ordained the medical camp. Free medicines distributed.





REGIONAL CONFERENCE OF APCCM



Regional conference of Academy of Pulmonary and Critical Care Medicine was held on 24th Sunday evening at IMA house Kunnamkulam. Our President Dr. Rajagopalan addressing the ga-thering during inaugural function.

Q: How are enemas and divorces alike?

A: At first they are both pretty crappy but in the long run they feel pretty good!

Q: How many doctors does it take to screw in a light bulb?

A: Three. One to find a bulb specialist, one to find a bulb installation specialist, and one to bill it all to Medicare.

A doctor is the only man who can tell a woman to take off all her dothes and then send a bill to her husband!





CME AND GBM ON 28TH FEBRUARY

The 9th General body meeting was held on 28th February 8pm at IMA house. Dr. Kuldeep, Cardiac Surgeon for Jubilee Hridyalaya spoke on "Reducing mortality of CAD-role of Physicians and Surgeons".



Indian Medical Association

KUNNAMKULAM BRANCH 2018-2019

PRESIDENT Dr. RAJAGOPALAN K. VASUDEVAN' Garchij Nager 1st Avenue

BECRETARY Dr. MUKESH K. R. MANGAL JYOTHF 679 562, Mab : \$4420

24-02-19

Vice President

Dr. SAJU P. K Dr. DITTO TOM P.

Joint Secretary Dr. UMNIKRISHNAN T.

State working Committee Member Dr. NINAN KOOTHOOR

Central Council Members Dr. G. J. JOHN

AN JOSEPH Dr. MACHUSUCHANAN C. K.

Alternate C. C. Members

Dr. T. R. LDUIS Dr. PAUL, C. RAPHEL DV K. ASHOK VARMA

State Council Members

Dr. VARGHESE PAUL DV. KOSNY GEORGE T.

Dr. JAIBOI K. C. Dr. MOHAN THOMAS

Dr. JERRY JOSEPH K. Dr. JOSHY THOMAS K.

Dr. VINCENT A. AKKARA

Dr. SHAJI P. S. Dr. SUNDERESH KUMAR P.

Dr. SHAMEER C. SULAIMAN Dr. AKHEL PAUL

Ex-Oficio Members

Dr. DEVADAS K. V. Dr. P. RAJESH . SURESHKUMAR K. A.

Dear Colleague,

We have great pleasure in inviting you for the 9th General body meeting and CME of IMA, Kunnamkulam on Thursday 28th February 8.00pm at IMA House, Kanippayur.

Speaker: Dr.Kuldeep. MS, MCH

Cardiac Surgeon. Jubilee Hrudayalaya&

Renai Medicity Topic: Reducing the Mortality

of CAD- Role of Physicians and Surgeons

Requesting your presence on time.

Warm regards

President

Dr. Rajagopalan.K

Secretary Dr. Mukesh K R













Use this app to look up drug information and interactions, find other providers for consults and referrals, and quickly calculate patient measurements such as BMI







REPORT OF ACTIVITIES OF INDIAN MEDICAL ASSOCIATION KUNNAMKULAM BRANCH March 2019

CME AND GBM ON 5TH MARCH

The 10th General body meeting and CME was held on 5th March at IMA house. Two topics were discussed. President welcomed the gathering and Secretary itnroduced the speakers.

Dr. Noushif surgical gatsroenerolosit spoke on Management of Liver tumour

Dr. Jacob Eapen spine surgeon spoke on what has changed in spine surgery.



Dr. RAJAGOPALAN K.

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01-03-19

Vox Prosidents Dr. SAJU P. K. Dr. DITTO TOM P.

Joint Secretary Dr. UNNIKHISHNAN Y.

State working Committee Member Dr. NINAN KDOTHOOR Central Council Members

Dr. O. J. JOHN Dr. Cherian Joseph Dr. Machusuchanan C. K.

Stemate C. C. Members Dr. Y. R. LDURS Dr. PAUL. C. RAPHEL

Dr. PAUL, C. RAPPEL Dr. K. ASHDK YARMA State Council Members Dr. YARCHITST PAUL

Dr. AUSSYY GEORGE 1.

Or. JAIBOI K. C.

Dr. MICHAN THOMAS

Or. JERRY JOSEPH K.

Dr. JOSHY THOMAS K.

Dr. JOSEPH P. J.
Dr. VINCENT A. AKKARA
Dr. SHAJI P. S.
Dr. SUADCRESH KUMAR P.
Dr. SHAMEER C. SULAIMAN

Ex-Offico Members Dx. DEVAGAS K. V. Dx. P. RAJESH Dx. SURESHKUMAR K. A.

Dr. ANDRE PAIR

Dear Colleague,

We have great pleasure in inviting you for the 10th General body meeting and CME of IMA, Kunnamkulam on Tuesday 5th March 8.00pm at IMA House, Kanippayur.

1)Speaker: Dr. Mathew Jacob Hepato pancreato biliary surgeon Aster Medcity

Topic: Management of Liver Tumours

2)Speaker: Dr.Jacob Eapen Spine Surgeon Aster Medcity

Topic: What has changed in Spine surgery

surgery

Requesting your presence on time.

Warm regards President

President Secretary
Dr. Rajagopalan.K Dr. Mukesh K R







EXECUTIVE MEETING

Executive meeting was held on March 7th 8.30 pm at IMA house. Main agenda was preparations for international Women's day celebration. Important activities of the month also explained by Secretary.





INTERNATIONAL WOMEN'S DAY CELEBRATION

International women's day was celebrated on 10th March at IMA house. The state level program was inaugurated by Dr. Kavitha Ravi. State Convener WDW& Dr. Amarjayanthi. Mid Zone Convener. The program started at 9 am. The following topics were discussed.

- 1) "Be A Leader Not a Follower"

 Mrs Rema Reghunathanan (Advocate)
- 2) "Its A Women's Life" Motivational Class by Mrs Jaysaree Krishnakumar (Prof. Kerala Agricultural Unive
- 3) "Basic Skin and Hair care" Mrs Aby Paul (Oriflame)
- 4 **Fitness & Nturition.**Mrs Pooja Manoj (Dietitian and Fitness Consultant)







HONOURING NURSES FOR THEIR SOCIAL SERVICE.

We have honoured two nursess R. Sheela joy and R. Molly babu for their sincere service in Pain and palliative care, Kunnamkulam for past many







CHARTIY ACTIVITY

IMA and WDW jointly cotnributed money to Mrs. Jisha for supporting here family. Her husband is heart patient and undergone surgery. Dr. Ravunnikutly our past president and Dr.Renu handed over the money.



HEALTH & FITNESS ACTIVTIY



Along with International women's day we have organised a fitness program -Zumba for our members which was coordinated by Mrs Pooja Manoj. Members actively participated the session.



NO SMOKING DAY

No smoking day was celebrated on 11th March at Royal Hospital. Poster presentation and awareness class conducted.





TABLE TENNIS MATCH

On March 17th Sports wing of IMA KKM organised TT match of members at Athreya Cricket Academy. Match started @ 6.30pm. The winners were 1st Dr. Shejim, 2nd Dr. Harikrishnan& 3rd Dr. Prayeen.









WORLD DOWNS SYNDROME DAY

World downs syndrome day was celebrated on 21st March in association with IAP at chaithnaya special school. We did interaction with students, quiz program and varitey of programs by studenst





BLS CLASS @CHELEKARA FEST

Dr.Ajith took BLS class for public organised by IMA Thalappilly on 22nd March. Our state president inaugurated the program.







WORLD T B DAY @ GH KUNNAMKULAM

World TB day was observed at GH Kunnamkulam on 24th March by WDW by conducting awareness class to doctors and staff. Recent guidelines and treatment of TB explained





World T B Day @ Royal Hospital

World TB day observed at Royal hospital in assocation with IAP on 25th March for the public. President welcomed the gathering. Dr. Jose inaugurated the function. Dr.Saju P K and Sr. Babitha took awareness class. Poster presentation also done.









- Q: How do you tell the difference between anoral thermometer and a rectal thermometer?
- A: Bu The taste.
- Q: Does an apple a day keep the doctor away? A: Yes, but only if you aim it well enough.
- $Q\colon Did$ you hear about the baby born in the high tech delivery room? A: It was cordless!



IMA TELEMEDICINE DAY

IMA telemedicine day observed at Royal Hospital on 24th March by conducting a class on the latest advances in the field of telemedicine and by presenting a vedio to staff nurses of the hospital.





KERALA YATRA 'SANGABERI'



IMA Kunnamkulam organised a grand reception to state office bearers in connection with State presidents Kerala yatra on 28th March 2pm at IMA house. We were able add 10 new members for this membership drive program.





OFFICIAL RELEASE OF PULSE

Our State president officially inaugurated the Updated Website and released the quarterly E journal PULSE. The magazine is available in our website. E edition with reports, articles, Mediquiz, jokes and many other features. Web site was updated by Dr.Ajith and PULSE edited by Dr.Saju P K

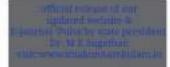


INDIAN MEDICAL ASSOCIATION KUNNAMKULAM

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MEASLES DAY OBSERVATION

WDW conducted class on immunization to public on 28th March . Dr. Pinky took class at Good shepherd CMI school.







GBM& CME ON 29TH MARCH

We have organised a CME on 29th March 8pm in connection with world TB day. Dist TB Officer Dr. Sajeev Kumar inaugurated the function. Dr. Akhil and Dr. Sajeev spoke on Tuberculosis diagnosis and recent RNTCP guidelines.







MEASLES IMMUNISATION DAY

On 31st March Dr. Rajagopalan took class on role of Immunisation & measles vaccines to the public at IMA house.







MEDICAL CAMP AT IMA HOUSE

We have conducted our regular medical camp at IMA house on 31st March. Basic investigations done, free medicines also ditsributed. Dr. Geethadevi, Dr. Ravunnikutty, Dr. Mukesh & chartiy. Wing chairman Dr Ashok Varma were present for medical camp.





PEDITARIC MEDICAL CAMP

IMA in assocation with IAP conducted paeditaric medical camp on 31st March at IMA house. Dr. Rajagopalan coordinated the program. Free medicines also ditsributed.



SPORTS& FITNESS ACTIVTIY

We have organised a cricket match on Sunday 31st March between Spartans and Titans consisting of our own members. Match started 4pm at Malankara Hospital ground. Titans won the match.







WORLD CANCER DAY

Feb 14-

Is a initiative of the union for international cancer control (UICC) 2019 marks the launch of the 3 year theme (2019- 2021) "I AM AND I WILL" Campaign

Empowering call to action, urging for personal commitment and represents the power of the individual action taken now to impact the future. World Cancer Day is a campaign built to resonate, inspire change and mobilise action, long after the day has passed. Multi year campaign offers a chance to create long lasting impact by increasing public facing exposure and engagement, more opportunities to build global awareness and impact driven actions.

To create a future without cancer and the time to act is now.

Why Cancer?

Take action-how much can you give
Map of impact- activities happening around the world.
Understanding Cancer

Why Cancer?

9.6 million people die each year from cancer. That is more than HIV/ AIDS, malaria and tuberculosis combined.

By 2030, experts predict cancer deaths to rise to 13 million if we do not act. If we act; more than one-third of cancer deaths can be prevented. Another one-third can be cured if detected early and treated properly. By applying resource-appropriate strategies on prevention, early detection and treatment, we can save up to 3.7 million lives per year.

Progress can be made by knowing about cancer.

Impact- WHO and other UN Agencies have recognised urgent need for global commitment.

'Equal Access to all can serve lives. Cancer deaths in least developed countries of the world can be reduced by 65%.

Change- Through raising both public and political literacy. Understanding about cancer we can reduce fear, dispel myths and misconceptions and change behaviour and attitudes. Everyone has the power to reduce the impact of cancer. Total annual economic cost of cancer is US 1.16 Trillion.



Tumors-Benign, malignant, precancerous

Causes-modifiable

Alcohol-

Obesity

Non modifiable cause-Age-long age increase cancer

Carcinogens

Genetics - BRCA 1 and 2 breast cancer genes increase breast cancer. Less than 5% of breast cancer is due to genetics.

The immune system is poor when you are affected with HIV/ AIDS and this increases cancer.

SIGN AND SYMPTOMS

Unusual lumps or swelling
Coughing, breathlessness, difficulty swallowing
Change in bowel habits
Unexplained weight loss over short time
Fatigue
Pain or ache
Complications in urinating

New moles or change in moles
Unusual breast changes
Appetite loss
Ulcer that won't heal
Heartburn or indigestion
Heavy night sweats

Treatment-Surgery

RT Chemo, immunotherapy Hormonal, Genotherapy Palliative care-

Why cancer day is observed?

To give awareness to common people about the risk factors and preventive measures of cancer. This will help in early detection and also to remove social myths about cancer.

Prevention/ Detection statement

Founded by UICC (Union for International Cancer Control) to support the goals of World Cancer Declaration written in 2008.

2018 Theme

"WE CAN, I CAN"

Dr. Renu M

Consultant Radiation Oncologist General Hospital, Ernakulam



Immunization in Special Situations

Dr.T.M. AnandaKesavan
MD,MNAMS,FIAP, FIAMS,PGDDN, FRCP(Edin)
Additional Professor, GMC Idukki

The new era immunization schedule is not as simple as before. Many newer and newer vaccines were introduced during last few years. More patients are undergoing transplantation, immunosuppressant therapy and chemo therapy. There is increased survival of HIV and other immunosuppressed children. All these situations will affect the immunization schedule of not only the child but also the relatives in contact with him.

Vaccination schedule will vary from country to country and also from time to time. Many diseases were eradicated in many developed countries but many other diseases are still prevalent in developing countries. Travelling abroad is so common that everybody should have at least some knowledge about the vaccination schedule for an international travel

Nowadays parents are moreaware about the vaccines(and their complications). Antivaccinelobby in our country is spreading the message against immunization. So a treating physician should have a thorough knowledge about different vaccines and special circumstances in which particular vaccine is indicated

National immunization schedule guidelines are different from that of Indian Academy of Pediatrics(IAP). Many vaccines like Pneumococcal vaccine, Varicella vaccine and Hepatitis vaccines, etc are recommended by IAP.

IAP Recommended Vaccines forhigh risk child is given in Table 1

Table 1: IAP recommended vaccines for high risk children

- -Influenza Vaccine
- -Meningococcal Vaccine
- -Japanese Encephalitis Vaccine
- -Cholera Vaccine
- -Rabies Vaccine
- -Yellow Fever Vaccine
- -Pneumococcal Polysaccharide vaccine (PPSV 23)



Immunization of Preterm or Low birth weight babies:

After stabilization and preferably at the time of discharge, BCG and birth dose of OPV can be safely and effectively given.Reduced dosefor preterm baby is not recommended.

Hepatitis B vaccine for Preterm: If the baby is less than 2 kg: birth dose should be delayed for 1 month. Even after one month if the child has not gained a weight of 2 Kg(Eg: birth Wt 1.4 kg, and after 1 mo it is 1.9 Kg),still one can give hepatitis B with adequate seroconversion

If the baby is <2kg, and the mother is Hepatitis B positive: HBV should be given with HBIG with in 12 hrs. We have to give 3 more doses at 1, 2 and 6mo

Immunization with H/O allergy:

Allergic reactions are more attributable to vaccine components than to the antigen itself. So one should be careful and should take necessary precaution to treat anaphylaxis, if any unexpected situation arises.

Vaccines are contraindicated with history of serious hypersensitivity / anaphylaxis in the past. Mild reactions are not a contraindication forvaccination.

After vaccination one has to observe for at least 20-30mts. Also all resuscitation equipment should be kept ready. Table 2 shows common chemicals present in certain vaccine

Table 2: Vaccines and chemicals along with vaccine

- · MMR and Varicella: Neomycin
- IPV: Neomycin, streptomycin and polymyxin B
- MMR, YF, Inactivated and live influenza vaccine: Egg antigens
- MMR, Varicella, and YF: Gelatin
- · Hepatitis: Thiomersal, Aluminium salt

Immunization during illness

One of the most common practice for the postponement of immunization is fever or some other illness. Minor illness is not a contraindication for vaccination. Vaccinations are to be postponed only during serious illness

Table 3 showing situations where one need not postpone the immunization

Table 3: Invalid Contraindications for Immunization

- Low grade fever
- Upper respiratory infection
- Otitis media
- Mild diarrhea
- Antibiotic therapy
- Disease exposure or convalescence



- Pregnancy in the household
- Breastfeeding
- Premature birth
- Allergies to products not in vaccine
- Need for TB skin testing
- Need for multiple vaccines

Lapsed Immunization:

Due to above mentioned reasons or some other reasons child may not have completed the full course of a vaccine. For example child had taken first dose of Pentavac and but did not come for second dose. In such a case there is no need to restart the vaccine series, regardless of time lapsed . We can continue the schedule and restart with next(second) dose of Pentavac

If the child is older (eg.6 years) we have to give many injections at a time. One has to remember that the minimum period of interval between 2 doses should not be less than 26 days. Some general principle of catch up vaccination is given in Table 4

Table 4: General rules for Catch up immunization

- If the immunization status isunknown or documentation not available, consider it as case of unimmunized
- Minimum interval between 2 doses should be more than 26 days
- ② Doses preferably given at minimum possible interval
- Any number of vaccines live/ inactivated may be given on the same day, singly or in combination maintaining a gap of 5 cm
- BCG and measles/ MMR, should not be given on the same day
- ② OPV, rotavirus and typhoid vaccines may be given at any time in relation to any live/ inactivated vaccine
- Serological testing not usually advised

Upper age limit for BCG is 1year(IAP recommends up to 5 years), OPV is 5years and DPT is up to 7 years. After 7 years we have to give Tdap or Td(Table 5). For vaccines like Hepatitis B there is no age limit.

Table 5:Catch up vaccination schedule

Visit	Suggested vaccines
First visit	-Measles (MMR if more than 12mo) -DTwP1/DTaP1 (Tdap if more than 7yrs) -OPV1/IPV1 (only if less than 5yrs) -Hib 1 (only if less than 5yrs) -Hep B1

Second visit (1mo after first visit)	-BCG (only in less than 5yrs) -DTwP2/DTaP2(Td if more than 7yrs) -OPV2 (if OPV is given earlier) -Hib 2(only if less than 15mo) -Hep B2
Third Visit (1mo after second visit)	-OPV 3/IPV2 -MMR(if more than 12mo) -Typhoid(if more than 2yrs)
Fourth visit (6mo after first visit)	-DTwP3/DTaP3(Td if 7yr more) -OPV4/IPV B1 -Hep B3

The interval between 2 doses of the same vaccine should be minimum of 26 days. At the same time there should be an interval of 4weeks between two live vaccine if they are not given on the same day. Table 6 showing interval between different(live or killed) vaccines

Table 6: Minimum interval between two doses of vaccines

Antigen combination	Recommended minimum interval
Two inactivated vaccines	May be administered simultaneously or at any interval between doses
Inactivated and live vaccines	May be administered simultaneously or at any interval between doses
Two live vaccines	28 days minimum interval if not administered simultaneously

Interchangeability of Brands:

If previous brand is not known or no longer available, any brand may be used . The vaccination should not be delayed/cancelled. The brands of Hib, Hep B and Hep A may be safely interchanged. As far as possible

vaccination with DTaP should be completed with the same brand

Immunization for Travelers

The immunization schedule of a country is based on the diseases prevalent in that particular area. In many western countries tuberculosis and poliomyelitis is not a



major problem, so there is no BCG or OPV in their schedule. In India where Japanese Encephalitis is endemic (eg: UP), JE vaccine is mandatory

Immunization for Travelers depends on country and duration of stay. Auniform recommendation is not possible. General guidelines are given in table 7

Table 7: Immunization for Travelers

Travelers to India:

Typhoid, HAV, HBV, Varicella, Rabies & JE (JE endemic areas in JE season)

Travelers from India:

- Yellow fever (South Africa)
- -Meningococcal Meningitis (Haj Pilgrimage)

Immunization in Pregnancy

All live vaccines are generally contraindicated. Measles, MMR and varicella vaccine can be safely given to contact of pregnant women

Immunization in Lactation

All inactivated vaccines(conjugated, toxoid or subunit vaccines) are safe in breast feeding women. Although live vaccines multiply in the body of the mother, most pose no harm to the babies as they are generally not excreted in breast milk.

Rubella vaccine may be excreted in milk but does not infect the baby or if it all causes mild asymptomatic infection. The only exception to live vaccine use is yellow fever vaccine

Vaccination in an Immuno-compromised:

Immunization in immune compromised(IC) children is a unique and difficult situation. IC children are in greater need for immunization because they are more susceptible to infection. While the adverse effects with live vaccines are common and life threatening, the response to killed vaccine is low or ineffective. It is preferable to vaccinate animmunocompromised person and obtain a less-than-optimal response than to withhold the vaccine and obtain NO response

General Principles:

Revaccination following Immunosuppressive therapy is not routinely needed because immunity to vaccine-preventable diseases established prior to immunosuppression is not lost because of the immune- suppression(except in HSCT recipients).

- Severe immunodeficiency -live vaccines contraindicated
- ② Inactivated vaccines -may be given but immunogenicity low



- Higher doses, more number of doses may be required (Hepatitis B)
- ② Antibody titers should be checked post immunization
- ② Regular boosters may be needed
- Household contacts of IC should NOT receive transmissible vaccines such as OPV
- All household contacts should be fully immunized including varicella, rota and influenza to reduce risk of transmission.
- Immunoglobulins (RIG, TIG, HIG) may be needed in some situations.

In severe B cellimmunodeficiency:

- ② All live vaccines contraindicated
- ② Inactivated vaccines may be given, but ineffective
- ② In less severe B cell immunodeficiency, only OPV contraindicated

In severe T cell deficiency:

All live vaccines contraindicated and all vaccines are not effective.

CombinedImmunodeficiency : (Di George, Wiskott Aldrich syndrome, Ataxia telengectasia)

① Live vaccines contraindicated, inactivated vaccines may be given

Complement deficiency:

- All vaccines can be safely administered
- More prone to Hib, pneumococcal and meningococcal infections. So we have to administer all these vaccines

Phagocytic defect:

② Live bacterial vaccines contraindicated, Live viral vaccine can be used.

Secondary Immunodeficiency states

Commonest cause for secondary Immunodeficiency state is use of cortico steroids. There is no immunosuppression if the dose of prednisone is <20mg/day or less than 2 mg/kg in children. Also no immunosuppression with short course steroid of less than 2 weeks duration. Killed vaccines are safe but less efficacious

No live vaccine until 1 month after discontinuation of corticosteroids and better to assess individual vaccine responses

Vaccinesare safe and efficacious in the following conditions where one will use low dose steroid like:

- Inhalation therapy
- Long-term, alternate day treatment



- Maintenance physiologic doses
- Topically (skin or eyes)
- o Intra-articular, bursal injection

Vaccination after treatment with steroids

No live vaccine should be given until 1 month after discontinuation of corticosteroids. Always better to assess individual vaccine responses

Vaccination of the patientwith cancer / chemotherapy:

All live vaccines should be avoided during and at least 3 months after chemotherapy & radiotherapy

Vaccinate with Varicella and MMR before initiation or >3 -6 months after chemotherapy

Solid Organ Transplant

- Immunize prior to transplant in accelerated schedule. Live vaccine-before 2 weeks
- Document sero conversion
- In the post transplant all live vaccines are contraindicated
- Inactivated vaccines can be given after 6mo
- Annual influenza vaccine
- All household contact should be immunized against influenza and varicella
- Revaccination may be needed

Vaccination and immune modulators

- Children on colony stimulating factors, interferons, interleukins, cyclosporine, etanercept, tacrolimus- effects not elucidated
- Live viral vaccines avoided for 3 months of treatment

Low dose immunotherapy

No immunosuppression with low dose immunitherpay, Eg:

- Methotrexate (<0.4 mg/Kg/week)</p>
- Azathioprine (<3.0 mg/Kg/day)</p>
- 6-mercaptopurine (<1.5 mg/Kg/day)</p>

Immunization in relation to antibody containing products

Inactivated vaccines safely administered



- Live vaccines including MMR & Varicella avoided for 3 months
- Antibody containing products avoided for 2 weeks
- Rota virus vaccine avoided for 6 weeks

Issues with HIV positive child:

They are at increased risk of complications from infection. Many vaccines haveimpaired effectiveness of vaccines .Risk of adverse events from live vaccines.

Loss of prior immunity (lack of CMI)

Vaccination in HIV infected children

- All killed vaccines can be administered
- ② Live vaccines: weigh the risks Vs benefits
- Vaccination safe & effective during early infancy
- ② Double the dose of vaccines like Hep-B and give extra doses if no seroconversion
- ② Check for seroconversion

Asplenia, sickle cell disease, splenectomy

Risk of mortality from septicemia:

- -Post-traumatic splenectomy: x 50
- -Sickle-cell disease, Thalassemia: x 350

Risk higher in younger (< 5y)

Vaccination initiated 2wks prior to splenectomy

If not vaccinated before surgery, to be done when the child stabilizes

Need immunization with Pneumococcal, meningococcal and Varicella vaccine

Bleeding disorder

Unless contraindicated, subcutaneous route ideal

Aluminum adjuvanated (DPT,DT,TT, Hepatitis A&B, HPV,PCV) vaccines- schedule after replacement therapy

Use <23G needles

Apply firm pressure without rubbing

Carry Home Message:

- Vaccines are the most cost effective health tool available
- Vaccination schedule vary from country to country and from time to time
- Update our knowledge about vaccines and special situations in vaccinations
- ② Immunization schedule, dose, etc will vary according to immunosuppressed, HIV, bleeding child and clinical situation. So get an expert opinion before vaccinating them





Dr. Hari Krishnan

Consultant Urologist

- 1. Who was the German Physician and winner of Nobel prize for Medicine, to introduce a drug which became famous as the Magic Bullet or Zauberkugel after its discovery in 1909 and was considered as the only cure for Syphilis?
- 2. What do you call the syndrome described by a Swiss doctor in which there is a Eosinophilic pneumonia as a reaction to parasites like Ascaria, Strongyloides and hookworms Ancylostoma and Necator?
- 3. Yallapragada Subbarow was the Indian Biochemist credited with isolation of ATP, discovery of drugs like Methotrexate and another which is listed as the top drug in the list of Essential Medicines by WHO. Which is this drug?
- 4. What do you call the exponential growth curve of malignant cells which takes its name from an Insurance actuary who used to calculate annuities with this curve?
- 5. Rachel Cowden was one of the very few patients in whose name there is a syndrome. Sufferring from the disease complex of malignancies, hamartomas and neuroendocrine tumors what disease finally killed her at the young age of 20 in 1963?
- 6. What do you call the clinical sign in Pneumoperitoneum where the presence of free intraperitoneal air outlines the bowel so that both sides of the bowel wall can be seen?
- 7. What was the innovative revolutionary Endoscopic method devised and developed at the Royal London Hospital in the UK by Professor Paul Swain?
- 8. What was the landmark event that happened at the Massachusetts General Hospital in Boston, USA on 16 October 1846?
- 9. What was developed by Archie Brain, a UK anesthetist as a modification of the mask that provides a reliable means of maintaining the airway and frees the anaesthetist's hands from holding the patient's jaw or face mask?
- 10. What reduces the incidence of Fatal Head injury by one third and and risk of brain injury by 90%?

Please send your Answers to : imakunnamkulam@gmail.com
Or Whatsapp to : 9895057717
Please Respond With Your Name & Phone Number
Surprise Gifts Awaited For Correct Answers

Please send your Answers Before 1st August

Correct Answers Mediquiz First Edition

1. Staphylococcus

2. Ebola fever

3. Vitamin B 9 (folate)

4. Antonie van Leeuwenhoek

5. Herina-Breuer reflex

6. Sarcomere

7. Lisch nodules

8. Menetrier's disease

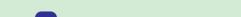
o. Menemens disease

9. Nutmeg liver of congestive hepatopathy

10. Meconium ileus

Congratulations winners

Dr. Koshy George Dr. Sajan Thottan.













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Ajith, Anish, ashok, Aswin, Baiju, ...





Reception of State Leaders in connection with IMA Kerala Yatra Sanghabheri @IMA house, Kunnamkulam,



Congreta to Dr. Ajith for participating Festival held at Chelekara and took BLS class for public.

Program was organised by IMA Thelappilly









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