



# सुख सागर टाइम्स

सुख सागर मेडिकल कॉलेज एंड हॉस्पिटल का आंतरिक प्रकाशन

अप्रैल-जून 2024 | अंक- 6

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Annual Function 2024

22 JUNE RHYTHM raat



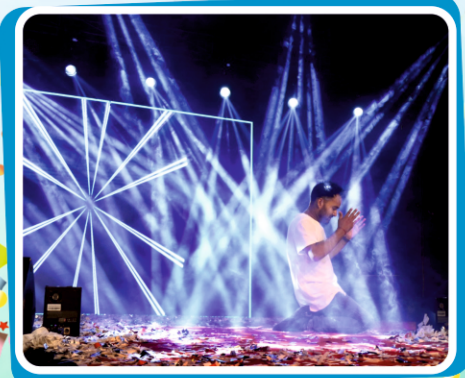
SUKH SAGAR MEDICAL COLLEGE & HOSPITAL JABALPUR

PRESENTS

PLEXUS

3 DAYS OF IGNITED JOY

22 JUNE RHYTHM raat | 23 JUNE delirium | 24 JUNE NEURO NIGHT



*Fashion Show, Music & Play*





SECOND DAY

23  
JUNE

DELIRIUM

BROS





**SUKH SAGAR**  
MEDICAL COLLEGE & HOSPITAL  
JABALPUR  
PRESENTS  
**PLEXUS**  
2024  
3 DAYS OF  
IGNITED  
JOY

**23**  
JUNE

**TREASURE HUNT**  
EXPLORE OUR CAMPUS,  
MEET FELLOW STUDENTS  
CONNECT AND GROW

**BOLLYWOOD**  
*Theme Party*  
FEEL THE DRAMA AND VIBES  
OF BOLLYWOOD WITH MUSIC  
AND MASTI

*Ramp WALK*  
WALKING IN STYLE AND  
FLAUNTING A  
FASHIONABLE LOOK

**DELIRIUM** **DJ**  
**RAYATOR**





THIRD DAY



SABALI  
THE BAND

24  
JUNE

VIVEK SAMTANI

NEUR  NIGHT

STANDUP  
COMEDY

show



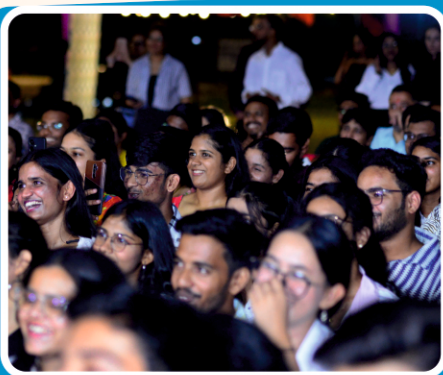
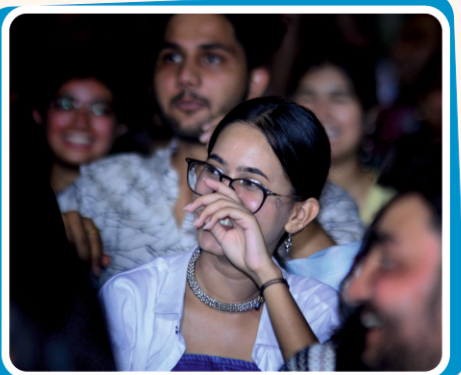
SSMCH



# reMemorable Moments



# reMemorable Moments



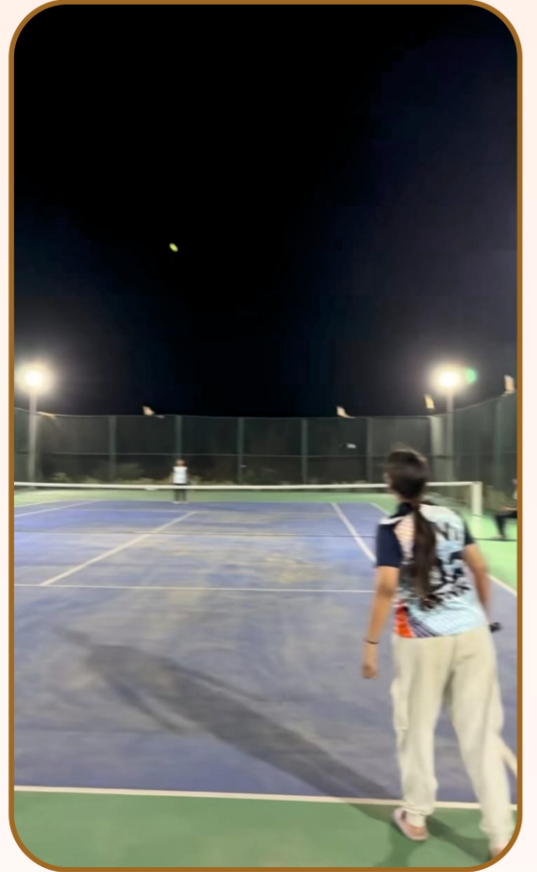
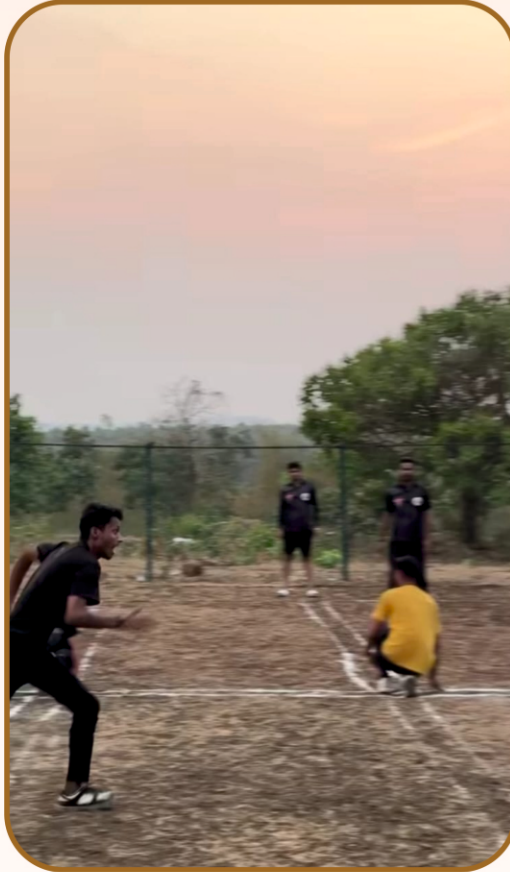


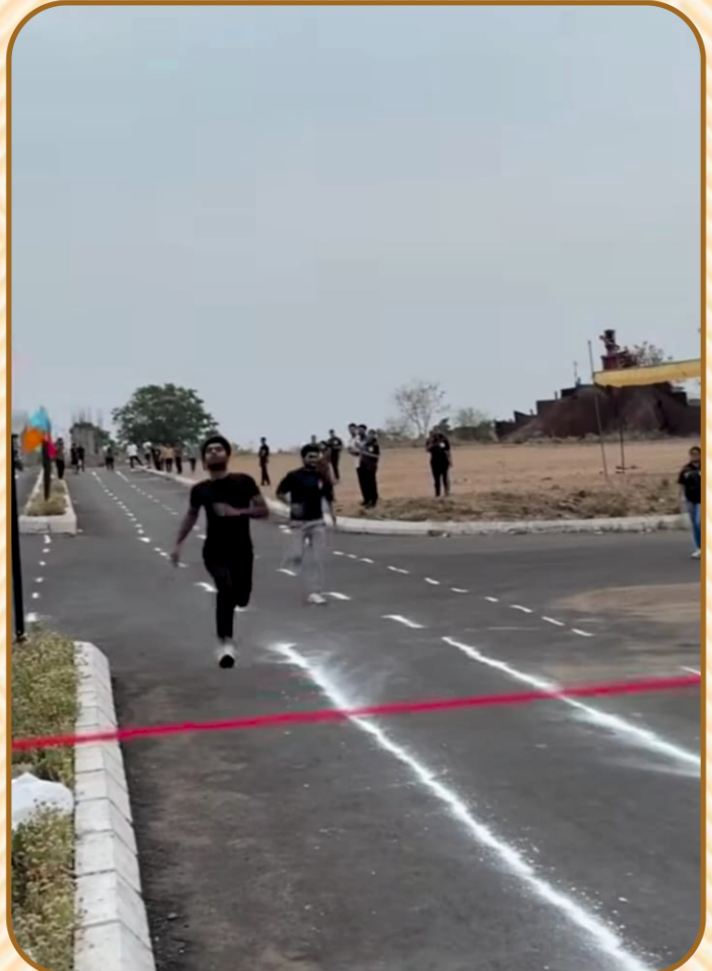
Sports Events





*Sports Events*







## MELIOIDOSIS: THE “GREAT MIMICKER” OF ALL TIMES!

Melioidosis is a potentially fatal life-threatening infection caused by *B. pseudomallei*, the soil-dwelling Gram-negative bacilli. The pathogen is listed as a Tier 1 select agent by the Centers for Disease Control (CDC), since it can be aerosolized and misused as bioweapon.

*B. pseudomallei* is found around the globe-spanning tropical and subtropical regions, with hotspots in Southeast Asia (predominantly in northeastern Thailand) and northern Australia. Currently, the number of estimated melioidosis cases is around 1,65,000 cases and 89,000 deaths per year. The highest burden of the disease was predicted for India with about 52,000 cases and 31,425 deaths annually. Of late, increasing numbers of cases are being reported from different parts of India including Maharashtra, Odisha, Kerala, Karnataka, Tamil Nadu and Puducherry that highlights the importance of this emerging disease in our country.

*B. pseudomallei* inhabits the rhizosphere, moist soil, surface water and ground water. It is frequently found in muddy water and damp soil. The presence of *B. pseudomallei* is deeply associated with high rainfall and wide range of temperature (37 - 42°C). This resilient bacterium can survive under a wide temperature range in extreme conditions with prolonged nutrient



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Department of Microbiology

deficiency (even in distilled water for 16 years) and dehydration. Although *B. pseudomallei* is widely distributed in the environment, a few favourable survival factors include tropical latitudes 20°N and 20°S, ideal temperatures of 24 to 32°C and a soil moisture content of  $\geq 40\%$ , which allows organisms to survive in the soil for more than 2 years, in comparison to only 30 days in dry soil, without water content.

During heavy rains, *B. pseudomallei* moves from the deeper soil layers to the surface with the rising water table. Contaminated water thus serves as a vehicle to spread melioidosis in otherwise naive areas and populations. The number of melioidosis cases spikes during the wet and cooler months apparently for the reason that the exposure to environmental *B. pseudomallei* is highest during this period. Not just the number of cases, but also greater severity has been associated with the monsoon season. The probable reason for this has been explained by a greater inoculum or inhalation leading to pneumonia and sepsis.

*B. pseudomallei* from the soil and surface water can enter the human host via percutaneous inoculation and inhalation or aspiration of contaminated water droplets. Ingestion is the other known route of transmission of this organism. Numerous virulence factors such as surface polysaccharides, secretion systems, flagella, secreted proteins, Quorum-Sensing (QS) and morphotype switching are involved in the pathogenesis of *B. pseudomallei*. These individual factors contribute to a major role

in virulence. Risk factors for melioidosis are age above 45 years, male sex, diabetes mellitus, alcoholism, liver disease, chronic lung and kidney disease, thalassaemia and immunosuppression.

Melioidosis presents with protean clinical manifestations, ranging from mild localized infection to acute septicaemia with multiple organ failure. It is categorised as acute (symptoms present for less than 2 months) or chronic (symptoms present for more than 2 months) and may be fulminant or indolent. Skin and soft tissue infections are not uncommon. Bacteremia is present in more than half of the patients presenting acutely. Pneumonia mimicking tuberculosis is the primary manifestation in acute presentation whereas and nonhealing skin ulcers or abscesses are more common in chronic form. Other nonspecific manifestations include the involvement of joints and bones resulting in septic arthritis and osteomyelitis. Neuromelioidosis is a rare manifestation that can also occur in the absence of risk factors. The mortality rates of melioidosis can be as high as 70%.

*B. pseudomallei* can remain latent for several years until activated by immunosuppression or other host stress responses. The reported period of latency ranges from 18 years to 62 years. Following exposure, cases of melioidosis continued to occur among the veterans of the Vietnam war for 29 years. Because of this unusual ability of *B. pseudomallei* to remain latent and manifest disease several years later, the organism is also named as 'Vietnamese Time Bomb'.

Melioidosis known as the great mimicker, with the absence of specific clinical symptoms is a particularly difficult disease to diagnose. The burden of melioidosis is largely hidden and masked owing to the lack of suspicion among clinicians and laboratory staff in the rural settings. Culture remains the gold standard for laboratory diagnosis but can take up to seven days for confirmation. Moreover, due to the slow growth of *B. pseudomallei* and the outgrowth of other microbes in samples with polymicrobial flora, *B. pseudomallei* is poorly isolated from clinical specimens and can be discarded as a contaminant in nonendemic areas.

Melioidosis is diagnosed by isolation of *B. pseudomallei* from any clinical specimen since it is never a part of normal flora. Since the most common clinical manifestation is bacteremia, blood cultures are the most important sample. Pus from patients with abscesses and respiratory samples such as sputum, endotracheal aspirate and bronchoalveolar lavage from pneumonia patients are the other important samples for successful culture.

Growth of *B. pseudomallei* is slow initially and appears as pinpoint colonies on most routine culture media. Presumptive indication is by Gram stain. The central accumulation of polyhydroxybutyrate (PHB) granules does not retain the stain and give the bacillus a safety pin appearance.

Identification is based on the following characteristic features: Motile Gram-negative bacilli with bipolar staining, greyish white colonies with metallic sheen on 5% sheep blood agar (Fig.1) and wrinkled pink coloured colonies on MacConkey agar (Fig.2), oxidase positive, oxidative utilization of lactose, arginine dihydrolase positive and lysine decarboxylase negative.

The use of selective media (Ashdown's media) is recommended to enhance recovery from non-sterile specimens such as respiratory secretions and rectal and wound swabs. Pre-enrichment in selective broth followed by subculture on Ashdown's agar (Fig.3) helps to improve the isolation rates of *B. pseudomallei* from specimens

containing normal bacterial flora.

Misidentification of *B. pseudomallei* with standard biochemical tests and kit-based identification methods are common. Hence, use of multiple methods is recommended to confirm the identity of *B. pseudomallei*. The Melioidosis detect-lateral flow assay for detection of capsular polysaccharide of *B. pseudomallei* from various sample types has good sensitivity and specificity. Diagnostic supremacy of molecular approach over conventional culture was established with the use of PCR targeting a Type III secretion system gene cluster (TTS1).

The Matrix-assisted laser desorption ionization-time of flight mass spectrometry (MALDITOF MS) instruments approved for clinical use are the Bruker Microflex Biotyper (Bruker Daltonik GmbH, Bremen, Germany) and bioMérieux Vitek MS (bioMérieux, Marcy l'Etoile, France). However, their standard diagnostic database does not include the reference spectra for the identification of *B. pseudomallei*. Moreover, the main disadvantage is the requirement for inactivation of the organism. Therefore, Vitek 2 system is most reliable with the colorimetric-based GN cards. Moreover, it is rapid and accurate with a set of representative biochemical reactions for *B. pseudomallei*.

*B. pseudomallei* is intrinsically resistant to many antibiotics. There is no vaccine available to date. Timely diagnosis and prompt initiation of antimicrobial treatment are crucial for reducing the mortality rate. The treatment for melioidosis is carried out in two phases – initial intensive phase and eradication phase. The drug of choice during intensive phase is meropenem (25 mg/kg up to 1g) intravenous every 8 hours or ceftazidime (50 mg/kg up to 2g) intravenous every 8 hours for at least 2 weeks. Eradication phase with a duration of 3 to 6 months aims to kill any residual bacteria and minimizes the risk of relapse. Double strength cotrimoxazole (160 mg trimethoprim - 800 mg sulfamethoxazole) twice a day or doxycycline (100mg) twice a day alone or in combination are administered during the eradication phase. Although cotrimoxazole is the preferred drug for the eradication phase, doxycycline is used in cases with renal dysfunction or in patients allergic to cotrimoxazole. Not all melioidosis cases necessarily need parenteral therapy. Mild, localized infections can be treated with oral therapy alone. Melioidosis can have relapses (due to reactivation of the original infecting strain), especially if not treated for the entire course.



Figure 1: Colonies of *B. pseudomallei* on 5% sheep blood agar

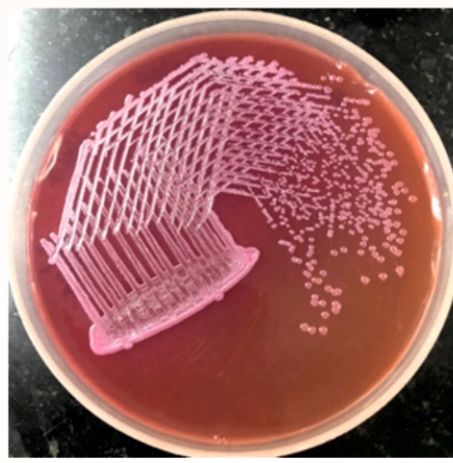


Figure 2: Pink colonies of *B. pseudomallei* on MacConkey agar

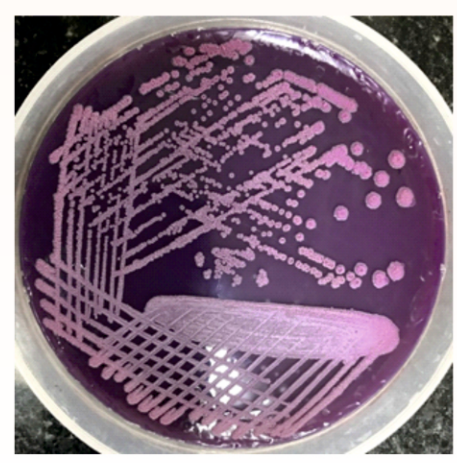


Figure 3: Colonies of *B. pseudomallei* on Ashdowns agar

# SUCCESSFUL SURGERY OF A COMPLEX AND MASSIVE LYMPHATIC MALFORMATION OF NACK



NACK & HEAD SURGERY

A 29 year old lady presented to the OPD of maxillofacial head neck surgery department from a nearby rural region with complaint of swelling over posterior triangle of neck and shoulder since 20 years. She has consulted various hospitals and surgical centres but with no avail to treatment in view of the critical location of the tumor and secondly due to financial constraints. After preliminary workup and investigations a diagnosis of lymphatic malformation was made and the patient was planned for surgery and informed about the associated risks and morbidities due to proximity of neurovascular structures. A vertical drop neck incision was taken and entire tumor was dissected meticulously from the posterior aspect of carotid sheath and removed in toto while preserving brachial plexus and phrenic nerve. Spinal accessory nerve was sacrificed as it was passing through the tumor. Postoperative period was uneventful and patient was discharged on postoperative day 5. Final hpr was suggestive of lymphangioma with an intact capsule.

**Team involved:-**

1. Surgeons- Dr Kavneet Khanna,  
Dr. Punit Singh dikhit
2. Anesthesiologist - Dr. Sharad chandrika
3. Pathologist - Dr. Ankita agrawal

Preoperative picture 1

Preoperative picture 2

Planned incision

Tumor exposed

Excised specimen

Final tumor bedBP- brachial plexus

SCM- sternocleidomastoid



# PATHOLOGICAL GAMBLING (GAMBLING DISORDER) – AN OVERVIEW

**G**ambling disorder is recognized in the diagnostic and statistical manual of mental disorders (DSM-5) as a psychiatric disorder of a non substance related category.<sup>[1]</sup> Pathological gambling (PG) is marked by an intense urge, loss of control over gambling behaviour, which is persistent and maladaptive and causes an individual to engage in frequent and repeated episodes of gambling despite serious adverse consequences.<sup>[2]</sup> Though Pathological Gambling may be construed by some as just a form of entertainment or a stress buster, but for many it becomes a chronic condition resulting in the development of a pattern of gambling that is characterized by a lack of self-control, constant cravings, “chasing of losses”, financial debt, mental stress and illegal acts.<sup>[3]</sup> PG affects an individual's day-to-day functioning and causes significant psychological distress and is characterized by persistent gambling, constantly increasing financial debt, family and social difficulties, employment problems and legal issues finally leading to suicidal ideation.<sup>[4]</sup> The prevalence of Pathological Gambling around the world is not known but a meta-analysis of 119 prevalence surveys conducted by Shaffer et al in 1999, indicated that lifetime prevalence of Pathological Gambling to be approximately 1.8% in the adult population.<sup>[5]</sup>

However, some recent studies highlighted a significantly higher rate of pathological gambling among online gamblers as compared to traditional gambling, with rates as high as 13%.<sup>[6]</sup>

**Risk Factors:** The various risk factors associated with Pathological Gambling

include male sex, being single, divorced or separated, the presence of stressful life events, emotional, physical and psychological health problems and poor financial stability.<sup>[7]</sup>

**Comorbid conditions:** Pathological gambling has been associated with a number of comorbid conditions such as substance abuse disorders, depressive disorders, obsessive-compulsive disorders, attention-deficit and anxiety disorders.<sup>[8]</sup>

**Model of causation:** A biopsychosocial model of causation is proposed. Biological factors such as right-dominant brain activation and involvement of multiple neurotransmitter system (norepinephrine, serotonin, dopamine, opioid and glutamate). Disturbances in cognitive domains like cognitive control, decision-making, reward/loss and “near-miss” processing, delay and probabilistic discounting, reversal learning, learning and risk-taking. Psychological risk factors involved such as negative emotions, motor impulsivity, gambler's fallacy and gambling self efficacy and the role of “variable ratio schedule of reinforcement”. Social factors like availability of gambling platforms.<sup>[9,10]</sup>

**Treatment:** Patients responded well to treatment with an SSRI and a short course of benzodiazepines along with psychotherapy, problem solving, improving coping skills and other supportive measures. Other modalities of treatment include cognitive behavioural therapy, gamblers anonymous, psychodynamic treatments, marital and family counselling.<sup>[11]</sup>



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Asst Prof & HoD Psychiatry

**Conclusion:** The widespread availability of online platforms for gambling and the covert advertising associated with it has led to involvement of the previously shielded strata of our community. The digitalisation and ease of transactions of money through online websites and mobile apps have led to increased participation and awareness about online gambling. The Government and society as a whole need to identify this affliction and take necessary actions to curtail the growth of this industry.

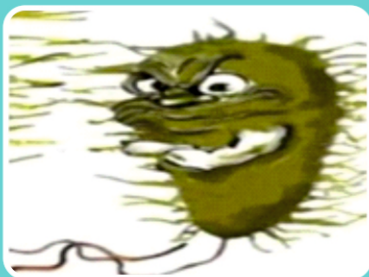
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## KNOW YOUR ANTIBIOTICS & WHAT HAPPENS IF YOU MISUSE THEM

### Introduction

Antibiotics are antimicrobial agents or medicines used to fight organisms that cause infection; they are prepared from other living organisms. However, not all antimicrobial agents are antibiotics because some of them are synthesized chemically and not obtained from a living organism. Antibiotics have been known for at least 96 years, from the time penicillin was discovered by Sir Alexander Fleming in 1928. The 1970s and 1980s saw the rapid emergence of a number of antibiotics and agents that could be used to treat infections caused by microbes. Infections are caused by microbes, may be bacteria, viruses, fungi or parasites. Antimicrobials, as the name suggests, are medicines used to treat infections caused by these microbes.



### Antimicrobial Resistance

Microorganisms that cause infections have devised mechanisms by which they are able to evade the action of antibiotics. This is broadly referred to as antimicrobial resistance or resistance to antibiotics. The emergence of resistance to these drugs is a natural biological phenomenon. The use of antibiotics for any infection, in any dose or for any period of time, causes a selective pressure on the microbial population. Under optimal conditions, the majority of the infecting microbes will be killed and the body's immune system can deal with the rest. However, if a few resistant mutants exist in the population, and the treatment is insufficient or the patient is immunocompromised the mutant can flourish. Thus treatment may fail and resistant microbes multiply.



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The first hint of resistance to antibiotics in mankind came in the 1940s, when penicillin was found to be not useful in some patients suffering from infections that caused abscesses all over the body. The problem has increased and today is a global issue. Many organisms, including those causing serious life-threatening infections have proved resistant to a number of antibiotics, including the newly discovered agents. This is a worrisome situation.

### Antibiotic resistance a serious threat to mankind

A patient admitted to hospital is expected to be cured of illness and be discharged. If during the course of hospitalization the patient is infected with an organism that is resistant to a number of antibiotics, his/her stay in the hospital could be prolonged. Such organisms, which are resistant to a number of agents, are often called multidrug-resistant organisms. Such organisms could cause devastating infections, which fail to respond to any or all of the agents used to treat these infections. Failed treatment could lead to secondary complications, with the infection spreading to all systems in the body. Such patients require constant medical and nursing attention and are housed in

closed units called intensive care units (ICU). They also have a greater risk of death caused by such infections.

When these patients harboring multi drug resistant organisms continue to stay in the intensive care unit of a hospital, it gives an opportunity for the organism to spread from one patient to another. Soon many or all patients admitted to the unit seem to harbor the same multidrug-resistant organism. Thus, these organisms not only cause life-threatening infections and pose a challenge for treatment, but also jump from one patient to another, leading to an outbreak of infections in a unit. These are often called health care –associated infections.

### **Inappropriate use of antibiotics**

Inappropriate use occurs when antibiotics are taken for too short a time, at too low a dose, at inadequate potency, or for the wrong disease. It starts with the incorrect antibiotic being prescribed for a condition. Some conditions like common cold do not even warrant an antibiotic; however, innocent patients and relatives are coaxed into believing that taking an antibiotic medicine for just two days would work miracles for the condition. Wrong doses, incomplete schedules, unnecessary use of multiple antibiotics and inadequate timing of the intake of an antibiotic are all examples of how an anti microbial agent can be abused by medical practitioners.

There are some patients who hope to get rid of their ailment, however minor it may be, almost instantly. While it is known that this is not possible with the usual antibiotics, anxiety and impatience prevail upon them to pressure or even “**window shop**” for a physician who would prescribe a “strong” antibiotic to rid them of their condition in record time. A little knowledge is a dangerous thing, as the saying goes; this is exemplified by people walking into pharmacy and asking for half a strip of ciprofloxacin or azithromycin without having a proper diagnosis or prescription from physician.

Pharmacy practices in several developing countries are also responsible for the abuse, as it is possible for a person to purchase any antibiotic, as just described, over the counter. The dose i.e. the number of tablets or vials purchased is never audited or questioned by the head of the pharmacy as the immediate financial gain from selling the antibiotic is more important than the correct use of the antibiotic for the correct indication by the patient.

In the past, it was erroneously thought that the socioeconomic status of a patient had a lot to do with over-the-counter sale of antibiotics. It is now understood that this is a myth. Patient belonging to all strata of society have been known to buy antibiotics from a pharmacy in improper or inappropriate ways.

**Incorrect marketing strategies** giving incentives to the doctors, who write the maximum number of antibiotic prescriptions, coupled with an understanding with pharmacists and other dealers for personal gain and profit are an impediment to proper prescription of antibiotics. The production of quality drugs with recommended antibiotic potency is also critical in preventing resistance. Effective regulatory mechanisms can ensure that the pharmaceutical industry produces high-quality drugs.

### **How do we overcome this problem?**

**In the hospital** it is important for doctors to investigate a case completely before giving any antibiotics. This will ensure that only patients who require antibiotics will get them. It is also important to diagnose an infection fully before a decision is made as to the most appropriate antibiotic, the dose required and the duration for which it is given. **Hospital antibiotic policy and standard treatment guidelines** are effective tools to encourage rational use of antibiotics.

In the community, it is important to go to a qualified doctor for consultation. This help to ensure proper diagnosis of the illness, which itself will determine whether an antibiotic is required to cure the infection. Many infections

do not require antibiotics.

**General public contribution to fight against antibiotics resistance and to the abuse of antibiotics**

**The following points should be kept in mind:**

- a) Try to prevent infection by observing healthy and hygienic habits.
- b) Always follow the advice of a doctor before you start taking an antibiotic.
- c) Only use a doctor's prescription to procure antibiotics from pharmacy, do not take whatever the pharmacy doles out to you.
- d) Do not store any antibiotic after its expiry or after the course of antibiotics is over.
- e) Do not reuse any antibiotic without a valid prescription from a doctor.
- f) Ask your pharmacist or doctor about the correct method to dispose of the leftover medicines.
- g) Never reuse a medicine with an old prescription on yourself or prescribe it to others based on your previous experience. Do not try to play the role of a doctor.
- h) Follow good hand hygiene: wash hands well with soap and water and dry them before touching other surfaces. This will help prevent the spread of antibiotic-resistant organisms.
- I) Do not stop an antibiotic course just because you or your child feels or looks better. The medicine needs to be administered for a full course in the correct dosage to act on the organism and eradicate the infection. Incomplete course will only contribute to antibiotic resistance.

# REMOVED 6Kg. TUMOUR

OBS  
&  
GYN

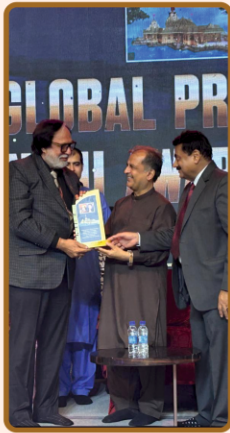
Mrs shanti bai barman 40 yr/f post hysterectomised came with complain of abdominal lump first noticed 1 year back, now gradually increasing in size and have covered the whole abdomen. It was associated with stretching and dull aching type of pain with no other systematic manifestation she came to SSMCH on may 2024 and was admitted for exploratory laparotomy. All specific tumor markers were sent and after arranging blood products patient was taken to OT. Intra operatively large left sided solid ovarian mass was seen extending upto xiphisternum, salpingo oophorectomy was done, mass upto 6kgs was removed. Right sided ovary was not seen. Surgery was performed by Dr. Nimisha Sharma ( Ass. Professor obs & gyn) + Dr. Sandeep Khandare (Ass. Professor obs & gyn) +Dr. Prakriti Samadhiya (S.R. Obs & gyn) + anaesthesia team of SSMCH.Procedure was uneventful, patient had a smooth post op period and was discharged in a healthy condition without any complications.



## ग्लोबल प्राइड ऑफ सिंधी अवॉर्ड से नवाजे गए डॉक्टर लोकवानी

सुख सागर मेडिकल कॉलेज एवं हॉस्पिटल के मेडिकल डायरेक्टर डॉ. लोकवानी को “ ग्लोबल प्राइड ऑफ सिंधी “ सम्मान से नवाजा गया ।

यह सम्मान समारोह मुम्बई के जुहू ऑडिटोरियम में हुआ । जिसमें कई गणमान्य व्यक्तियों ने हिस्सा लिया ।



## मेन्टल हेल्थ पर काम करने के लिए अधिकृत हुआ SSMCH

( जबलपुर संभाग का पहला अस्पताल बना )

सुख सागर मेडिकल कॉलेज एवं हॉस्पिटल मेन्टल हेल्थ एण्ड केयर एक्ट 2017 के अंतर्गत रजिस्टर जबलपुर संभाग का एकमात्र केंद्र है । जिसके अंतर्गत अब यहां मरीजों को भर्ती करके गंभीर मानसिक बीमारियों का इलाज, नशा मुक्ति एवं रिहैबिलिटेशन किया जा रहा है साथ ही मानसिक रोगियों के इलाज के लिए इलेक्ट्रो कनवलसिव थेरेपी भी दी जा रही है ।



## क्विज़ प्रतियोगिता का आयोजन

2  
अप्रैल

## विश्व स्वास्थ्य दिवस

सुख सागर मेडीकल कॉलेज एंड हॉस्पिटल में विश्व स्वास्थ्य दिवस के अवसर पर MBBS प्रथम वर्ष के छात्रों के लिए एक क्विज़ प्रतियोगिता का आयोजन किया गया।

इस प्रतियोगिता का आयोजन कम्युनिटी मेडिसिन विभाग द्वारा किया गया।

इस प्रतियोगिता की विजेता 65 प्वाइंट से टीम A रही, उप विजेता 45 प्वाइंट से टीम B रही।

विजेता टीम के सदस्यों को पुरस्कार वितरण डीन डॉक्टर पी. के. कसार, मैनेजिंग ट्रस्टी, डॉ. कवनीत खन्ना, एक्जीक्यूटिव डायरेक्टर श्री कौस्तुभ वर्मा और प्रोफेसर डॉ. शीतल पांडे द्वारा किया गया।

प्रतियोगिता में भाग लेने वाले प्रतिभागी छात्र-छात्राओं को भागीदारी का मैडल और प्रमाण-पत्र भी दिया गया।

विदित रहे कि 02/04/2024 को विश्व स्वास्थ्य दिवस के अवसर पर एक राष्ट्रीय स्तर के क्विज़ का आयोजन किया गया था जिसमें MBBS के देश भर के 26737 छात्रों ने हिस्सा लिया जो देश के सभी प्रांतों में स्थित 393 मेडीकल इंस्टीट्यूट से थे।

इस प्रतियोगिता का आयोजन इंडियन एसोसिएशन ऑफ़ प्रिवेंटिव एंड सोशल मेडिसिन (IAPSM) द्वारा किया गया था।



## ईएमपी कॉम्प्लीमेंट्री फीडिंग पर कार्यशाला

इस कार्यशाला में 9 महीने से 2 साल के बच्चों की 17 माताओं ने भागीदारी की और बच्चों के विकास में कोम्प्लीमेंट्री भोजन के महत्व को भी समझा। सत्र बाल्य एवं शिशु रोग विशेषज्ञ डॉक्टर रीमा अग्रवाल ने लिया। माताओं और मेडिकल के छात्र-छात्राओं ने इस विषय से संबंधित सवाल भी डॉक्टर से पूछे।



## छात्राओं का नर्सिंग कॉलेज भ्रमण

रानी दुर्गावती स्कूल गढ़ा की कक्षा 11वीं और 12 वीं की 26 छात्राओं ने नर्सिंग कॉलेज का भ्रमण किया और इसमें कैरियर अवसरों को समझा।



**अंतराष्ट्रीय नर्सिंग दिवस समारोह****नर्सिंग मेडिकल सिस्टम की स्पाईन है : डॉ. लोकवानी**

सुख सागर मेडिकल कॉलेज एवं हॉस्पिटल में अंतराष्ट्रीय नर्सिंग दिवस का तीन दिवसीय कार्यक्रम का आयोजन किया गया। कार्यक्रम के अंतिम दिन पर बोलते हुये मेडिकल डायरेक्टर डॉ. डी. पी. लोकवानी ने नर्सिंग टीम का अभिनंदन करते हुए कहा कि आज मेडिकल साइंस की रीढ़ की हड्डी के उत्सव का दिन है। डॉक्टर की हस्ती नर्सों के कारण है। दुनिया में केवल इसी प्रोफेशन से परिवार का रिश्ता जोड़ा जाता है वह है सिस्टर बुलाना। नर्सिंग के अच्छे होने से अस्पताल का आंकलन होता है। कोविड के समयमें हम सबने उनकी भूमिका को प्रत्यक्ष रूप से देखा है। उन्होंने कहा कि आप जहां भी जाएं अपना सर्वश्रेष्ठ करने का प्रयास करे उसे अपनाएं और उसकी जवाबदारी लें तो आपको आगे बढ़ने से कोई नहीं रोक सकता है।

एग्जीक्यूटिव डायरेक्टर श्री कौस्तुभ वर्मा ने इस अवसर पर नर्सिंग स्टाफ को इस दिन की बधाई दी और कहा कि मेरे जीवन में मैंने करीब से नर्सिंग स्टाफ की सेवा को देखा है। कोविड के दौर में पूरी दुनिया ने इनके सेवाभाव को देखा है। उन्होंने नर्सों की उज्ज्वल भविष्य की कामना की। नर्सिंग कॉलेज के छात्र-छात्राओं ने नर्सिंग की मदर कही जाने वाली फ्लोरेस नाइटिंगेल की जीवन यात्रा पर एक प्रस्तुति दी। अंतराष्ट्रीय नर्सिंग दिवस उन्ही को याद करने के लिए मनाया जाता है। सिस्टर नाइटिंगेल इटली की रहने वाली थीं और इन्हें लेडी विथ लैम्प के नाम से भी जाना जाता है। इस अवसर पर नर्सिंग स्टाफ और नर्सिंग कॉलेज की छात्र-छात्राओं ने रंगारंग प्रस्तुति भी दी।





## विश्व रक्तदाता दिवस पर रक्तवीरों का सम्मान

**14  
JUNE**

विश्व रक्तदाता दिवस समारोह का आयोजन सुख सागर मेडिकल कॉलेज एवं अस्पताल में सर्वाधिक रक्तदान करने वालों का सम्मान करके मनाया गया। सुख सागर मेडिकल कॉलेज के मेडिकल डायरेक्टर डॉ. लोकवानी ने इस अवसर पर बोलते हुए रक्तदाताओं की रेड ब्रिगेड का स्वागत किया। उन्होंने कहा रक्त जीवन है। आपदा की विभिन्न स्थिति में जब रक्त मिलता है तो आप ही उस समय उसका भगवान होते हैं। अभी कृत्रिम रक्त नहीं बनाया जा सका है। जब आप रक्त निकालते हैं तो आप नए रक्त को बनने की जगह देते हैं। यह प्रक्रिया आपको बहुत सी बीमारियों से बचाती है। रक्तदान को लेकर कई तरह की गलत धारणाएँ हैं, जिसका कारण अशिक्षा है। उन्होंने कहा कि अपने जीवनकाल में व्यक्ति 120 बार रक्तदान कर सकता है। आज का दिन रक्तदाताओं के सम्मान का दिन है। रक्तदान करके आप सृष्टि का सम्मान करते हैं।

मैनेजिंग ट्रस्टी डॉ. कवनीत खन्ना ने कहा कि रक्तदान करके संतोष और स्वयं के प्रति गर्व की अनुभूति होती है। रक्तदान के लिए केवल जागरूकता फैलाने की जरूरत है और मेडिकल प्रोफेशन में होने के कारण यह हमारा दायित्व है।

150 से अधिक बार रक्तदान करने वाले रक्तवीर श्री सबरजीत सिंह ने रक्तदान के फायदे और अपने अनुभव के बारे में बताया। उन्होंने कहा कि रक्तदान करके आप अपना स्वास्थ्य भी ठीक करते हैं और समाज में लोगों की मदद करते हैं जो आपको आत्मीय संतुष्टि देता है। “स्वच्छ भारत अभियान” की ब्रांड अम्बेसडर श्रेया खण्डेलवाल के साथ अन्य रक्तवीरों का सम्मान डॉ. लोकवानी ने सर्टिफिकेट प्रदान करके किया।

सुख सागर परिवार के सदस्य जिन्होंने सर्वाधिक बार रक्तदान किया था उनका भी सम्मान किया गया। कार्यक्रम का संचालन और आभार प्रदर्शन शामी आकांक्षा ने किया।



## स्वास्थ्य शिविर

27  
APRIL

27 अप्रैल को देवरी, जबलपुर में निःशुल्क स्वास्थ्य शिविर का आयोजन किया गया, जिसमें सुख सागर मेडीकल कॉलेज एवं हॉस्पिटल से डॉ. रंजीत लोधी, डॉ. रेशमा, डॉ. हिमशैल, डॉ. तस्लीन, सपोर्टिंग स्टाफ में जितेंद्र, पूजा, राकेश ने प्रमुख योगदान दिया।

जिसमें कुल 143 लोगों ने निःशुल्क इलाज कराया।



# BCG ADULT VACCINATION @SSMCH



सुख सागर मेडिकल कॉलेज एवं अस्पताल के CMO ऑफिस में 87 लोगो को BCG Adult Vaccination किया गया।

## INTERNATIONAL YOGA DAY @SSMCH

# 21 JUNE



### योगाचार्य दीपक पटेल ने मनाया गया योग दिवस



**जबलपुर।** योग जीवन फाउंडेशन एवं अंतर्राष्ट्रीय मानवाधिकार एवं अपराधरोधी संगठन के तत्वावधान में अंतर्राष्ट्रीय योग दिवस के अवसर पर सुख सागर मेडिकल कॉलेज के शिक्षक एवं छात्र छात्राओं के बीच संगठन के जिला अध्यक्ष योगाचार्य एडवोकेट दीपक पटेल एवं उनके साथी योगाचार्य सुमित पांडेय के मार्गदर्शन में आयुष मंत्रालय के दिशा निर्देश पर योग अभ्यास कराया गया। योगाचार्य दीपक पटेल द्वारा आसन, प्राणायाम, ध्यान की क्रिया एवं इसके महत्व को बताया गया। इस अवसर पर अंतर्राष्ट्रीय मानवाधिकार एवं अपराध रोधी संगठन के प्रदेश अध्यक्ष दीपक सिंह परिहार, कॉलेज की फैकल्टी में राजेश कुमार, स्वामी रजनीश शुक्ला, डीन सविता वर्मा आदि उपस्थित रहे।

**भूमिका भास्कर**  
www.bhumikabhaskar.com

**E-Paper**  
राजिवार, 22 जून 2024

### योगाचार्य एडवोकेट दीपक पटेल द्वारा भावी डाक्टरों के बीच मनाया गया योग दिवस

**जबलपुर जुबैर शेख**

योग जीवन फाउंडेशन एवं अंतर्राष्ट्रीय मानवाधिकार एवं अपराधरोधी संगठन के तत्वावधान में अंतर्राष्ट्रीय योग दिवस के अवसर पर सुख सागर मेडिकल कॉलेज के शिक्षक एवं छात्र छात्राओं के बीच संगठन के जिला अध्यक्ष योगाचार्य एडवोकेट दीपक पटेल एवं उनके साथी योगाचार्य सुमित पांडेय के मार्गदर्शन में आयुष मंत्रालय के दिशा निर्देश पर योग अभ्यास कराया गया योगाचार्य दीपक पटेल द्वारा आसन, प्राणायाम, ध्यान की क्रिया एवं इसके महत्व को बताया गया। इस अवसर पर अंतर्राष्ट्रीय मानवाधिकार एवं अपराध रोधी संगठन के प्रदेश अध्यक्ष दीपक सिंह परिहार, कॉलेज की फैकल्टी में राजेश



कुमार, स्वामी रजनीश शुक्ला, डीन सविता वर्मा आदि उपस्थित रहे।



★ @ इस न्यूज़ लेटर में छापे गए सभी चित्र अकादमिक उद्देश्य के लिए उपयोग किये गए हैं।