

Ankuran : Volume 1, Issue 1; October 2022

Ankuran



The Newsletter of
Dhubri Medical College
Volume 1, Issue 1; October 2022



Chief Editor:
Dr. Shyamanta Das

Co-Editors:
Dr. Dina Raja, Dr. Sabrina Yasmin, Dr. Parimita Roychoudhury

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Volume 1 Issue 1, October 2022

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Dr. Shyamanta Das

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Ankuran: The Newsletter of Dhubri Medical College

Das S, Raja D, Yasmin S, Roychoudhury P, editors

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ANKURAN

ড° হিমন্ত বিশ্ব শর্মা
Dr. Himanta Biswa Sarma



মুখ্যমন্ত্রী, অসম
Chief Minister, Assam

Dispur
5 Asvinah, 1429 Bhaskarabda
22nd September, 2022

MESSAGE

I am happy to learn that Dhubri Medical College & Hospital has taken the initiative of publishing a quarterly newsletter titled *ANKURAN*, that would act as mouthpiece of the institution.

Some of the most potent challenges to mankind today are the threats in the forms of diseases and afflictions affecting human health. In order to mitigate these threats, there is no alternative to rapid progresses in the field of medical sciences and technology. One way of achieving the progresses is through sharing of knowledge among the scientific community and practitioners of healthcare sciences. One of the most glaring examples of wonders that knowledge-sharing can do were the breakthroughs achieved in production of vaccines against the coronavirus. Collaborative attitude would also act as enabling steps towards UN Sustainable Development Goal 3 (*Ensure healthy lives and promote well-being for all at all ages*) being achieved in letter and spirit. *Antyodaya* cannot be achieved till progresses in medical sciences are not made accessible to the last person.

I take this opportunity to state that the current dispensation at the Centre and the State attach great importance to the uplift of the healthcare sector. It is in this regard that Assam has allocated 6.6% of its total expenditure on health for the 2022-23 fiscal year. Moreover, from three medical colleges earlier, the State, by the end of this year, shall be able to boast of nine colleges dedicated to medical education. It would not be wrong to say that Assam currently is witnessing a healthcare revolution.

I hope, *ANKURAN*, which roughly translates into "Germination", would be a fertile ground for dissemination, discussion, dispersal and germination of novel developments, happenings, events and ideas in the field of medical sciences. I extend my best wishes to everyone associated with Dhubri Medical College & Hospital on their endeavor.


(Dr. Himanta Biswa Sarma)

ANKURAN

Keshab Mahanta



MINISTER
Health & Family Welfare Dept.
Medical Education & Research Dept.
Science, Technology & Climate Change Dept.
Information Technology Department

MESSAGE

During the last few years, the Government of Assam has been laying special emphasis on improvement of Health sector in the state. And, the people of Assam are reaping the fruits of the all-out efforts of the State Government in Health sector.

As we all are aware that under the visionary stewardship and guidance of our Hon'ble Chief Minister Dr. Himanta Biswa Sarma, during the last few years, State's Health sector has witnessed a sea-change in all its spheres. Besides infrastructure development in the Health sector, the standard of health services has also improved manifold along with dynamic progress in the field of medical education. I share the privilege of announcing that the 9th Medical College of the state, Dhubri Medical College and Hospital (Dhubri MCH), after its formal inauguration on October 12, 2022, has started its significant and noble journey towards improvement of medical and health services. At the same time, the construction work of seven new Medical Colleges are presently underway at Nalbari, Nagaon, Kokrajbar, Tinisukia, Charaideo, Biswanath Chariali and Guwahati (second one). The process has already begun to establish 7 more Medical Colleges at Tamulpur, Dhemaji, Bongaigaon, Morigaon, Golaghat, Goalpara and Karimganj. Along with increasing the number of Medical Colleges, we are planning to expand the periphery of medical education as well as para-medical education.

It gives me immense pleasure to know that Dhubri MCH, Assam's 9th Medical College & Hospital, is going to release the inaugural issue of its newsletter, entitled 'ANKURAN' on October 19, 2022 coinciding a Continuing Medication Education (CME) Programme to be held on the same day. I hope the newsletter turns out to be a highly appreciated scientific journal with research based write-ups from the Faculties and Residents of Dhubri MCH. I believe that the newsletter will be a great help for the practicing doctors.

(Keshab Mahanta)



MEMBER OF PARLIAMENT
(RAJYA SABHA)



ଶ୍ରୀ,
ଘନଶ୍ୟାମୀୟ ଘନଶ୍ୟାମୀୟ
ଝରୁଧରନ.

ନିତ୍ୟମ୍ - ନିତ୍ୟକ୍ରିୟ ଘୋର ଅଧିକାରୀର ଗୁମ୍ଫା-
କାହାଣୀ ସ୍ତୁତି ନିତ୍ୟମ୍ ଅଧିକାରୀଙ୍କ ନିତ୍ୟକ୍ରିୟ
ଆହୁତ 'ଝରୁଧରନ' ନାମର ଘନ ଝରୁଧରୀ ଅଧୀନ
ଶ୍ରୀ ଝରୁଧର ଅଧିକାରୀ ନାମ ସୁଧା ହେଉ ।

ଝରୁଧର ନାମ ଅଧିକାରୀ ଅଧିକାରୀ
'ଝରୁଧରନ' ଅଧିକାରୀଙ୍କ ଝରୁଧର ; ଝରୁଧରୀ ଝରୁଧର ।

ଝରୁଧର 'ଝରୁଧର'ର ଅଧିକାରୀ ଅଧିକାରୀ
ଝରୁଧର, ନିତ୍ୟକ୍ରିୟ ଝରୁଧର ନିତ୍ୟକ୍ରିୟ ଝରୁଧର ସ୍ତୁତିକାରୀ
ଝରୁଧରୀ ଝରୁଧର ଝରୁଧର ଝରୁଧର ଝରୁଧର ।

ଝରୁଧର

ଝରୁଧରୀ, ଝରୁଧରୀ ଝରୁଧର
ଝରୁଧରୀ ଝରୁଧରୀ ଝରୁଧରୀ ଝରୁଧରୀ

ANKURAN

Jayanta Mallabaruah
Minister
Government of Assam



Public Health Engineering,
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and Tourism Departments.
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MESSAGE

It gives me immense pleasure to be apprised that Dhubri Medical College is publishing inaugural edition of their newsletter "ANKURAN".

This fresh endeavour of the newly formed institution will certainly provide a platform for both faculties and resident doctors to pen down their ideas and knowledge related to modern medical practices. The healthcare information put out through this periodical will help medical practitioners develop a brand new outlook towards their profession and also help the common man to understand the world of medicine from a physician's perspective.

I hope this mouthpiece of the college will turn out to be a popular scientific journal carrying well researched write ups of noted medical practitioners from all over the world. I firmly believe the inaugural issue of this quarterly publication will be a grand success and will be appreciated by all.



(Jayanta Mallabaruah)

ANKURAN

অনবামুথান এম. পি., আই.এ.এস.
উপায়ুক্ত, ধুবুৰী
Anbamuthan MP, IAS.
Deputy Commissioner, Dhubri



Office of the Deputy Commissioner, Dhubri
Govt. of Assam
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Message

It is a matter of great satisfaction that Dhubri Medical College and Hospital (Dhubri MCH) has taken the initiative of bringing out a newsletter/ mouthpiece of the new college titled "ANKURAN". I congratulate the Dhubri MCH authorities and faculty alike for this inaugural issue.

Establishment of Dhubri Medical College and Hospital, the 9th Medical College of the state in the westernmost part of the state will ensure universal health coverage and quality services to the last mile beneficiaries in any remote corner of the district in an affordable manner. More students will be encouraged to pursue careers in the medical sectors. It shall also elevate access to quality medical education and address the shortage of medical health care professionals in the district and in the state as a whole. This infrastructural headway would set another milestone towards evolution of enhanced medical research and innovation.

I compliment and congratulate Dhubri MCH authority for their initiative and sincere efforts for the newsletter. I am hopeful that this newsletter will serve as a window through which the readers will gain an insight into the Mission, Vision and Achievements of Dhubri MCH and it will go a long way to become a Scientific Journal of repute with contributions from not only the faculties and residents but also with contributions from all round the globe in coming days.

On this occasion, I also extend my heartiest wishes to the Principal, faculties, staff and especially the editorial team of the newsletter of the Dhubri Medical College & Hospital.

Date : Dhubri the 11th Oct'2022
Place : Dhubri


(Anbamuthan M.P., I.A.S.)
Deputy Commissioner,
Dhubri



From the Principal's desk.....

It is a matter of great pride and satisfaction for Dhubri Medical College and Hospital, Dhubri that the institute is going to publish a Newsletter named “Ankuran” from the current year, the first issue of which will be released on 19th October, 2022. A newsletter is like a mirror which reflects the clear picture of all sorts of activities undertaken by an institute and helps in showcasing the various creative skills and talents by the students and teaching faculties. “Ankuran” will contain various updated medical information related to Medical and Public Health in the form of Case-reports, Case-series and Research article etc. as well as all sorts of activities undertaken by the Institute and all creative contributions. I hope that “Ankuran” will act as mouth piece of the Dhubri Medical College and Hospital, Dhubri and will contribute to the overall growth and development of this institution which is still a new-born. I am hopeful that this small piece of technical work shall not only develop the taste for reading among students and faculties but also develop a sense of belongingness to the institution as well. However, the efforts shall continue to transform this mouthpiece into a highly valued and indexed scientific journal. My best wishes are with “Ankuran” for carving a niche in the intellect of its readers and for reaching the pinnacle of glory and success.

Assam has a long history of producing excellent writers from the scientific community in general and medical practitioners in particular. The past and the present literary journals of Assam bear testimony to this fact. I hope “Ankuran” will turn out to be the budding ground for many promising writers from the students and teaching faculties of Dhubri Medical College and Hospital, Dhubri who would enrich the Indian literature in near future.

ANKURAN

The first of anything needs to be unique and fulfilling because it creates the most lasting impression. I am confident that the first issue of “Ankuran” will stand out in terms of both these aspects and be the coveted canvas that will reflect the brilliant, multihued talents of the teaching faculties of the institution as well as students.

I congratulate the faculty members and all the doctors of Dhubri Medical College and Hospital, especially the Editorial team who took the responsibility for the arduous task with utmost sincerity. I applaud the contributors for their stimulated thoughts and varied hues in the articles as well as the creative pieces contributed by them.

I wish all the success to this commendable endeavour and hope “Ankuran” will be immensely beneficial to all concerned.



Anku Moni Saikia

Prof. (Dr.) Anku Moni Saikia
*Principal cum Chief Superintendent,
Dhubri Medical College and Hospital,
Dhubri*

From the Superintendent's Desk.....

The foundation laying ceremony of Dhubri Medical College and Hospital, Dhubri was on 1 March 2011. The 'bhumi puja' and starting of construction work was on 17 February 2017. The Principal and Superintendent were appointed on 5 April 2022. The faculties were appointed on 26 May 2022. The current strength consists of 17 professors, 25 associate professors, 38 assistant professors, 31 registrars and demonstrators as well as 28 senior residents; a total of 139 doctors. The outpatient department (OPD) started from 1 June 2022. The operation theatres (OT) were renovated and started on 26 July 2022. The National Medical Commission (NMC) inspection took place on 5 August 2022. The Letter of Intent (LOI) was issued on 8 August 2022 and the Letter of Permission (LOP) was received on 23 August 2022. The average patient attendance in OPD is 700-800 along with emergency attendance of 150-200. The Department of Obstetrics and Gynaecology has carried out 60 caesarean sections (CS), seven abdominal and two vaginal hysterectomies as well as two ectopic pregnancies. The Department of Ear, Nose, and Throat (ENT) has performed 20 major and 30 minor operations. The Department of Surgery has done 177 major and 215 minor operations. The Department of Eye has operated 312 major and 95 minor cases.

A handwritten signature in black ink, appearing to be 'G. Das', written in a cursive style.

Prof. (Dr.) Gunajit Das
Superintendent,
Dhubri Medical College and Hospital,
Dhubri

About Dhubri Medical College and Hospital



Dhubri is a historical border district on the bank of river Brahmaputra. Bounded by two states, Meghalaya and West Bengal, it also shares international boundary with Bangladesh; so, a historically and strategically important district. Its economy is primarily dependent on agriculture and forest product. Dhubri is an aspirational district with poor health indicators and poor living conditions. The people of the district are deprived of quality, State of the Art healthcare facility for a very long time. Therefore, to receive a high standard care, the poor people have to travel a lot with many difficulties. There is a long-felt need of such institution

that will cater not only to the population of northern part of Assam, but also to the neighbouring states or countries. Establishment of Dhubri Medical College is a game changer for the people of this region. The college will boost a modern healthcare facility with 100 MBBS seats per year along with other healthcare and paramedical teaching and training. With all modern specialist diagnostic and treatment facilities, the fulfilment of health gaps will be achieved. That will bring a dramatic improvement in the overall socioeconomic development of the area. Dhubri Medical College will go long way in fulfilling the dreams and aspirations of the people.

Area of land is 108 bigha. Project cost is Rs. 508.02 crores. The facilities for the hospital include five modular operation theatre (OT), male and female wards, intensive care unit (ICU), heating, ventilation, and air conditioning (HVAC), closed-circuit television (CCTV) system, etc. The intensive care unit (ICU) has 80 beds. The college has four lecture halls and solid waste treatment plant (SWTP) with support facilities like laundry, kitchen, incinerator, and mortuary. Dhubri Medical College has 24 Departments.

The campus is self-sufficient with provision for residential campus including hostel accommodation for the students for boys and girls totalling together to 352 students. Intern hostel for boys and girls for a total of 120 students. Nurses' hostel for the nurses, having a capacity of 62 numbers. The doctors' hostel for male and female have also been provided separately with a total capacity of 62 numbers. Residential quarters for principal, medical superintendent, assistant professors, demonstrators, grade-III, and grade-IV have been provided.

Excellence in patient care, education and research is the vision and mission of the institution.

Third culture



**Dr. Shyamanta Das,
Dr. Dina Raja,
Dr. Sabrina Yasmin,
Dr. Parimita Roychoudhury**

“Computers are incredibly fast, accurate, and stupid; humans are incredibly slow, inaccurate, and brilliant; together they are powerful beyond imagination.”

- Albert Einstein

The two cultures was the first part of an influential 1959 Rede Lecture by British scientist and novelist Barron Charles Percy Snow that was published in book form and a scientific revolution follows the same year.[1] The whole society’s intellectual life is split into two cultures by science and art. In solving the world’s problems, this division was a major handicap. The stark division between art and science is lamented. The outcome was a wave of interdisciplinary scholarship. New insights and holistic solutions to societal issues were offered by cross-disciplinary collaborations. These two cultures still have much to learn from one another despite these efforts.

Art and Science

Drawing the line that divides science and art is questionable. How many of us think music to be science? When we look into the musical notes, what we see is nothing but mathematics only. Now,

how many of us believe that mathematics is an art? Interestingly enough, music was considered nothing but a branch of mathematics from the days of Pythagorus. Even evidence shows that one who is exposed to music in the early part of life is better acquainted for mathematical skills in later years.[2] Not only music, even something as 'art' as painting draws heavily from the 'science' of mathematics. In fact, the distinction between science and art is a comparatively newer development. Before the 16th century, there was no such division. With newer observations also, we see the uselessness of such dichotomy.[3]

The Museum of Modern Art (MOMA) and third culture

In New York city, the United States of America (USA), in between fifth and sixth Avenue, 53rd Street, there is a special museum - the museum of modern thinking and modern art.[4] In 1928, Abby Aldrich Rockefeller, Lillie P. Bliss, and Mary Quinn Sullivan have developed the museum aiming the revolution in modern art and culture. The inauguration of this museum was done by the portrayal of Van Gogh, Georges Seurat, and Paul Gaugin's modern art on 7 November 1929. This museum was not the first step in modern art of its kind. Since 1908, photographer Alfred himself solely developed an art gallery named "291." After that also in 1920 and 1928, many of such modern art loving people tried to develop art galleries.

The need of such endeavour was that in 20th century, there was no acceptance of modern art in the conventional art-line which has changed now. In the Museum of Modern Art (MOMA), other than modern paintings, there are modern sculptures, sketches, prints, performing arts, modern movies, modern architectures, and illustrated books. A total of around two lakhs of such collections are

there. MOMA has also included 'computer art' which comprises digital art and media art. Earlier, the new concept of digital art was not acceptable in modern art. But, now as this form of art is also a depiction of modern thinking and digital advances, it is being included in modern art. There was a thinking in initial days that computers cannot compete with the creation and imaginary capacity of human being; so, it was not accepted back then.

Snow was straightforward to pinpoint how art and science have always been separated from each other and both are mutually independent streams in their contributions towards human civilization. He has also elaborated the fact that as human knowledge advances, the gap between the two streams see an increasing trend. However, Snow had also mentioned specially that a time will come in our civilization when both art and science will eventually amalgamate into one. That will be the time when a third culture will come into existence which will act as a link between the two cultures. According to him, the third culture will evolve from the amalgamation of computer science with art. The advent of new age computer science in art will help diminish the said gap between the two disciplines. MOMA is the symbol of the inclusion of computer art in modern art and which is the sign of the rise of third culture.

Working towards a third culture, being in between

The medical profession is traditionally considered as a 'science' stream. In the newsletter, 'Ankuran,' the practitioners of this 'science' are trying their hands on the 'art' of literature. Another example of the third culture. Digital literature[5] is such an endeavour where the age-old print editions have their presence in digital forms too. Though the actual meaning of the term covers a lot more than that. We also wish to have a wider audience by making

the newsletter available in digital form. But, at the same time, not to miss the pleasure of having the print version in hand. “পাহৰিব নোৱাৰিলো যি”[6]-ত কবি নীলমনি ফুকনে কোৱাৰ দৰে যিদৰে তেওঁ মালিগাওঁৰ পৰা চিটিবাছেৰে আহি কাছাৰী বাচষ্টপেজত নামি ‘মেঘদূত’ ভৱনৰ সন্মুখৰ ফুলৰ গছবোৰৰ আগেৰে খোজকাটি কটনৰ কেমেট্ৰী বিন্দিঙৰ কাষেৰে গৈ পানবজাৰ পায়। আৰু পানবজাৰৰ কিতাপৰ দোকানবোৰত সোমাই কিদৰে নতুন কিতাপবোৰৰ পাত লুতিয়াই তাৰ গোক লৈ আনন্দ উপভোগ কৰে। সেই আনন্দ অনুভৱ অটুত ৰখাৰ উদ্দেশ্যে ‘অংকুৰণ’-ৰো থাকিব এটি মুদ্ৰিত সংস্কৰণ।

তথ্য সূত্ৰ

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4. বৈশ্য মুকুল মাধৱ। দি মিউজিয়াম অব্ মডাৰ্ন আৰ্ট (MoMA) আৰু তৃতীয় সংস্কৃতিৰ সপোন। গৰীয়সী। ২০২২;২৯(৭):১১-৩।
5. দত্ত পংকজ কুমাৰ, ডেকা অংকুৰ, বৰদলৈ ঋতুপণা, বৰ্মন তন্ময়া, মহন্ত ধৃতিমান, বৰা শ্ৰাৱণী। ডিজিটেল সাহিত্য। গৰীয়সী। ২০২২;২৯(৭):২০-৭।
6. ফুকন নীলমনি। পাহৰিব নোৱাৰিলো যি। গুৱাহাটী: বনলতা; ২০১৮।

Dr. Shyamanta Das is Associate Professor and in-charge Head of the Department, Department of Psychiatry, Dr. Dina Raja is Professor and Head of the Department, Department of Microbiology, Dr. Sabrina Yesmin and Dr. Parimita Roychoudhury are Assistant Professors, Department of Community Medicine, Dhubri Medical College

অন্য এক অফুৰন্ত যাত্ৰা



ডাঃ তপন শৰ্মা
মুৰব্বী অধ্যাপক,
শৰীৰতত্ত্ব বিভাগ,
ধুবুৰী চিকিৎসা মহাবিদ্যালয়

নৱ নৱ সৃষ্টিৰ জোৱাৰেৰে এক অভিনৱ অসম গঢ়াৰ সপোন অতিজৰে পৰা দৃষ্টিমান যদিও ব্যক্তিবিশেষৰ অভাৱত সেয়া সম্ভৱ হৈ উঠা নাছিল। কিন্তু বৰ্তমানৰ দৃষ্টিপটত এজন অতিকৈ সৰল, গুণবান, দূৰদৰ্শী আৰু গতিশীল ব্যক্তিক আমাৰ অসমে লাভ কৰিছো। লুইতৰ দুইপাৰে, ইমুৰৰ পৰা সিমুৰলৈ জ্ঞান বিজ্ঞানৰ জেউতিৰে জিলিকাই তোলাৰ সপোন আমাৰ সকলোৰে প্ৰিয় শ্ৰদ্ধাৰ মাননীয় মুখ্যমন্ত্ৰী শ্ৰীযুত হিমন্ত বিশ্ব শৰ্মা ডাঙৰীয়াৰ তেখেতে ২০১১ চনৰ ১ মাৰ্চত ধুবুৰী চিকিৎসা মহাবিদ্যালয়ৰ আধাৰশিলা স্থাপন কৰি তাক বাস্তৱিক কৰাৰ আৰু এটি প্ৰয়াস কৰিলে। আমি সকলোৰে এটি প্ৰগতিশীল মন লৈ অসমৰ একেবাৰে পশ্চিম দিশত থকা ঐতিহাসিক ধুবুৰী চহৰলৈ ধাবমান হ'লো। আমাৰ মনোভাৱে আৰু অগ্ৰগতি লাভ কৰিলে যেতিয়া আমাৰ প্ৰিয় শ্ৰদ্ধাৰ প্ৰাক্তন মুখ্যমন্ত্ৰী মাননীয় শ্ৰীযুত সৰ্বানন্দ সোনোৱাল ডাঙৰীয়াৰ সহিতে শ্ৰদ্ধাৰ কেন্দ্ৰীয় স্বাস্থ্যমন্ত্ৰী শ্ৰীযুত জে, পি, নড্ডা ডাঙৰীয়াই ১৯১৭ চনৰ ১৭ ফেব্ৰুৱাৰীত চিকিৎসা মহাবিদ্যালয়খন স্থাপন কৰাৰ উদ্দেশ্যে ভূমি পূজা আৰু নিৰ্মাণ কাৰ্য্যৰ শুভআৰম্ভ কৰে। আমি সকলোৰে দেহে কেহে অনুস্থানটিৰ সম্পূৰ্ণতাত লাগি পৰিলো। কিন্তু সম্পূৰ্ণতা শব্দটোৱে আমাক আমনি কৰিব ধৰিলে। ইয়াত ডাঙৰ ডাঙৰ অট্টালিকাই গঢ় লৈ উঠিল। কিন্তু বহুত কিবাকিবি অভাৱে যেন আমাৰ মাজত হাহাঁকাৰ কৰিব ধৰিলে। আমি ক্ষনিকৰ বাবে চিন্তান্বিত হ'লো আৰু ক্লেঞ্চ অনুভৱ কৰিলো কাৰণ, আমাৰ থকা খোৱাৰ যিখিনি সুবিধা পাব লাগিছিলে সেইখিনি হৈ উঠা নাছিলে। পিছে তিনি গৰাকী উদ্যমী, সাহসী আৰু সৎ ব্যক্তি, শ্ৰদ্ধাৰ ধুবুৰী চিকিৎসা মহাবিদ্যালয়ৰ অধ্যক্ষা আৰু মুখ্য অধীক্ষক ডাঃ অংকুমনি শইকীয়া, অধীক্ষক ডাঃ গুণজিত দাস আৰু ধুবুৰী জিলাৰ উপায়ুক্ত শ্ৰীযুত অশ্বামুখন মহোদয়ে আমাৰ সমস্যাবোৰৰ বুজ লয় আৰু সমাধানৰ বাবে উঠিপৰি লাগিলে। এটি এটিকৈ এদিন সকলো সমস্যাৰ অন্ত পৰিল।

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এয়া যে আমাৰ সপোন বাস্তৱ কৰাৰ সময়। সেই সবল পদক্ষেপ দিবলৈ যাওঁতে আমাৰ শ্ৰদ্ধাৰ মাননীয় স্বাস্থ্যমন্ত্ৰী শ্ৰীযুত কেশৱ মহন্তদেৱে বহুখিনি সহায় কৰিলে। তেখেতৰ অনুপ্ৰেৰণা আৰু উপস্থিতিত যোৱা ২০২২ চনৰ ১ জুনত বহিঃ বিভাগৰ শুভাৰম্ভ হয় (ছবি ১ আৰু ২)। আমি সকলোৱে আৰু উৎসাহিত হ'লো।



ছবি ১ আৰু ২

আমাৰ মহাবিদ্যালয়ৰ চৌহদত গছ গছনিৰ একেবাৰে অভাৱ। সেয়ে এটি সেউজ পৰিবেশ গঢ়ি তোলাৰ পণেৰে যোৱা ৫ জুনত বিশ্ব পৰিবেশ দিৱসত আমি প্ৰায় এশতকৈও অধিক বৃক্ষ ৰোপণ কৰিলো আৰু সমাজলৈ এটি বাৰ্তা প্ৰেৰণ কৰিলো “Only one earth. Let’s all make our world a better place to live in... Let’s go green” (ছবি ৩ আৰু ৪).



ছবি ৩ আৰু ৪

ইতিমধ্যে শিক্ষামূলক বিভাগবোৰৰ মুখ্য অধ্যাপক, সহকাৰী অধ্যাপক আৰু পঞ্জীয়ক সকলৰ সহযোগিতাত সজাই তোলা হ’ল। শৈক্ষিক অগ্ৰগামীতাৰ প্ৰয়াস হিচাবে যোৱা ১০ জুনত এখন

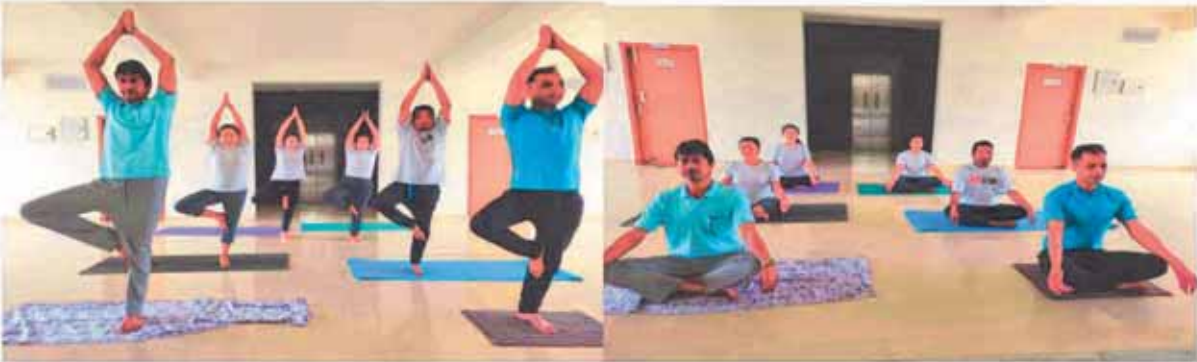
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CME অনুষ্ঠান আয়োজন করা হয়। CME-র বিষয় আছিল “Recent approach in management of Type 2 Diabetes: a special emphasis on cardiometabolic risk reduction” (ছবি ৫).



ছবি ৫

“স্বাস্থ্যই পবন ধন” কথাটো আমি সকলোরে জানাও কেতিয়াবা কেতিয়াবা পাহাৰি যাওঁ সেই কথাফাঁকি সোৱঁবাই যোৱা ১১ জুনত যোগ দিৱস উদযাপন কৰো (ছবি ৬ আৰু ৭)।



ছবি ৬ আৰু ৭

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সংগীত এনেকুৱা এটা মাধ্যম যিয়ে সবু বৰ, জাতি কুল নেওচি আমাক মিলি যোৱাৰ সুযোগ দিয়ে আৰু দুখ বেদনা পাহৰাই সুৰৰ মাদকতাই আনন্দ দিয়ে। আমিও সেই উদ্দেশ্যে যোৱা ২১ জুনত চিকিৎসক আবাসত সাংস্কৃতিক সন্ধিয়া পাতে। তাত সকলো চিকিৎসকবৃন্দই গীত পৰিবেশন কৰি এক মধুৰ পৰিবেশৰ সৃষ্টি কৰে (ছবি ৮)।



ছবি ৮

এনেকৈ আমাৰ দিনবোৰ মধুৰ সৃষ্টি হৈ বলা তাৰ উদাহৰণ হিচাবে যোৱা ১ জুলাইত Doctor's Day বৰ ধুমধামেৰে পালন কৰো। বিশেষকৈ friendly race, musical chair, dumb charade and dance আছিল অতি বোমাঞ্চকৰ। ৰাতিলৈ এটা প্ৰীতিভোজৰো আয়োজন কৰা হৈছিলে (ছবি ৯ আৰু ১০)।



ছবি ৯ আৰু ১০

সংগীতৰ দৰে খেলেও আমাক আনন্দ দিয়ে। সেয়ে আমাৰ চৌহদত এখন বেদমিন্টন কৰ্ট ১৪ জুলাইত সজাই তোলা হ'ল (ছবি ১১ আৰু ১২)।



ছবি ১১ আৰু ১২

সেউজীয়া পৰিবেশ গঢ়ি তোলাৰ প্ৰয়াসেৰে আকৌ এবাৰ “A special plantation drive” যোৱা ১৮ জুলাইত মাননীয় উপায়ুক্ত শ্ৰীযুত অন্বামুখন মহাশয়ৰ সৌজন্যত “Under Chief Minister’s Institutional Programme” ৰ অধীনত ধুবুৰী চিকিৎসা মহাবিদ্যালয়ৰ চৌহদত বৃক্ষৰোপণ কৰা হয় (ছবি ১৩ আৰু ১৪)।



ছবি ১৩ আৰু ১৪

আমি আমাৰ ৰাজ্য, দেশখনক সদায় প্ৰগতিৰ পথত আগুৱাই লৈ যাব লাগিব। সেই মনোভাৱেৰে যোৱা ৭৬ সংখ্যক স্বাধীনতা দিৱস “Azadi ka Amrit Mohotsav” উলহ মালহেৰে পালন কৰিলো।

সময়বোৰ স্মৃতিৰ সোতত ভাহি গৈ থাকিল। আমাৰ অভাৱ দুৰ্যোগৰ সময়ত আমিবোৰে সহায় সহযোগিতাবে আগবাঢ়িছিলো। তেতিয়া অনুভৱ হৈছিল আমি সকলোবোৰ যেন একেটা

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পৰিয়ালৰে সদস্য। আমাৰ বহু আকাংক্ষিত NMC inspection নোহোৱাত, সকলোৰে আবেগ আৰু অনিশ্চয়তাত বুৰ গৈ আছিলো। তেনেতে হঠাৎ যোৱা ৫ আগষ্টৰ দিনা খবৰ আহিল যে NMC inspection কিছু সময়ৰ পিছতে আৰম্ভ হ'ব। কথা মতেই কাম। আমাৰ অধ্যক্ষ্যা মহোদয়াৰ ধৈৰ্য্য, চেষ্টা আৰু সাহসিকতাৰ বাবে inspection সুকলমে হৈ গ'ল আৰু আমি এশ গৰাকী ছাত্ৰ ছাত্ৰীৰ খুবুৰী চিকিৎসা মহাবিদ্যালয়ত নাম ভৰ্তিৰ বাবে অনুমতি (LOP) পালো। আমি আনন্দত আত্মহাৰা হৈ গ'লো আৰু ইজনে সিজনক ধন্যবাদ জনালো। “Congratulation” শব্দটো যেন গোটেই চিকিৎসা মহাবিদ্যালয়ৰ চৌহদত প্ৰতিধ্বনিত হ'ল। সদৌ শেষত অধ্যক্ষ্যা মহোদয়াই সকলোৰে দুখ কষ্টৰ শলাগ ললে আৰু এই সাফল্যৰ আৰত থকা সকলো ব্যক্তিলৈ ধন্যবাদ জনালো। বাইদেউৰ এই মহানতাই আমাৰ সকলোকে বৰ উদ্বুদ্ধ কৰিলো। খুবুৰী চিকিৎসা মহাবিদ্যালয়ৰ নাম লুইতৰ পাৰত জিলিকি থাকক তাৰেই কামনাৰে আমাৰ যাত্ৰা অফুৰন্ত হওঁক।

স্বীকৃতি: ডাঃ বৰ্ণালী হাজৰিকা

সহযোগী অধ্যাপক,

শৰীৰতত্ত্ব বিভাগ,

খুবুৰী চিকিৎসা মহাবিদ্যালয়



The stirrings of new beginnings

Dr. Basabdatta Choudhury

Out of vast nothingness, out of rubble, dust, sweat and toil, out of a vision, out of strength, sacrifice, integrity and dedication, a great institution is taking shape in a corner of Assam, erstwhile considered relatively remote. The pictures are my impression of this behemoth coming into being, emerging out of brick, concrete and iron, shaping itself into a living, throbbing entity – a beacon of service, knowledge and hope (Figures 1, 2, 3, 4, 5 and 6).



Figure 1

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Figure 2



Figure 3

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Figure 4

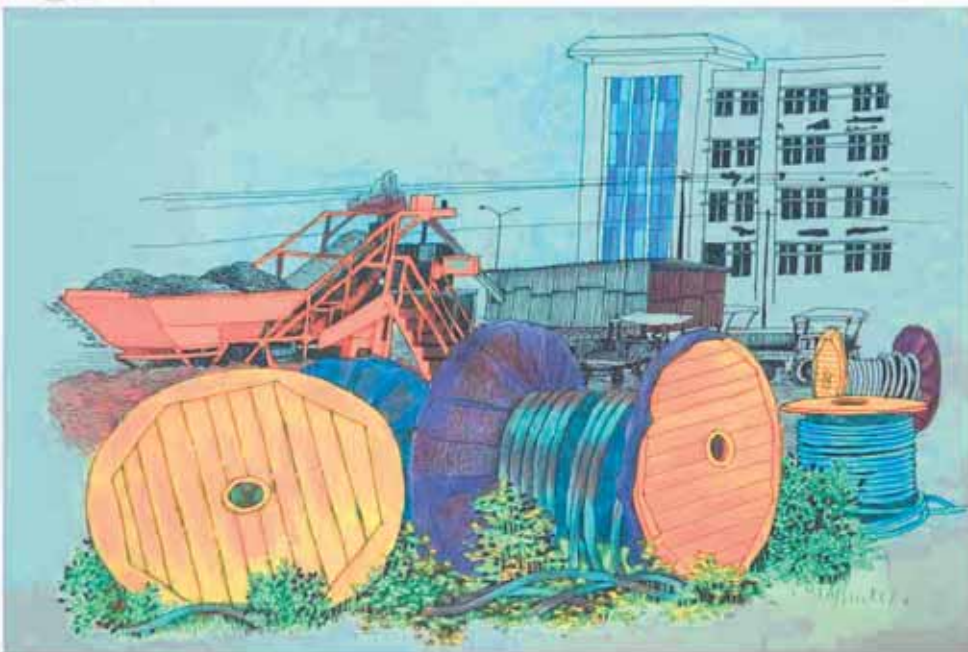


Figure 5

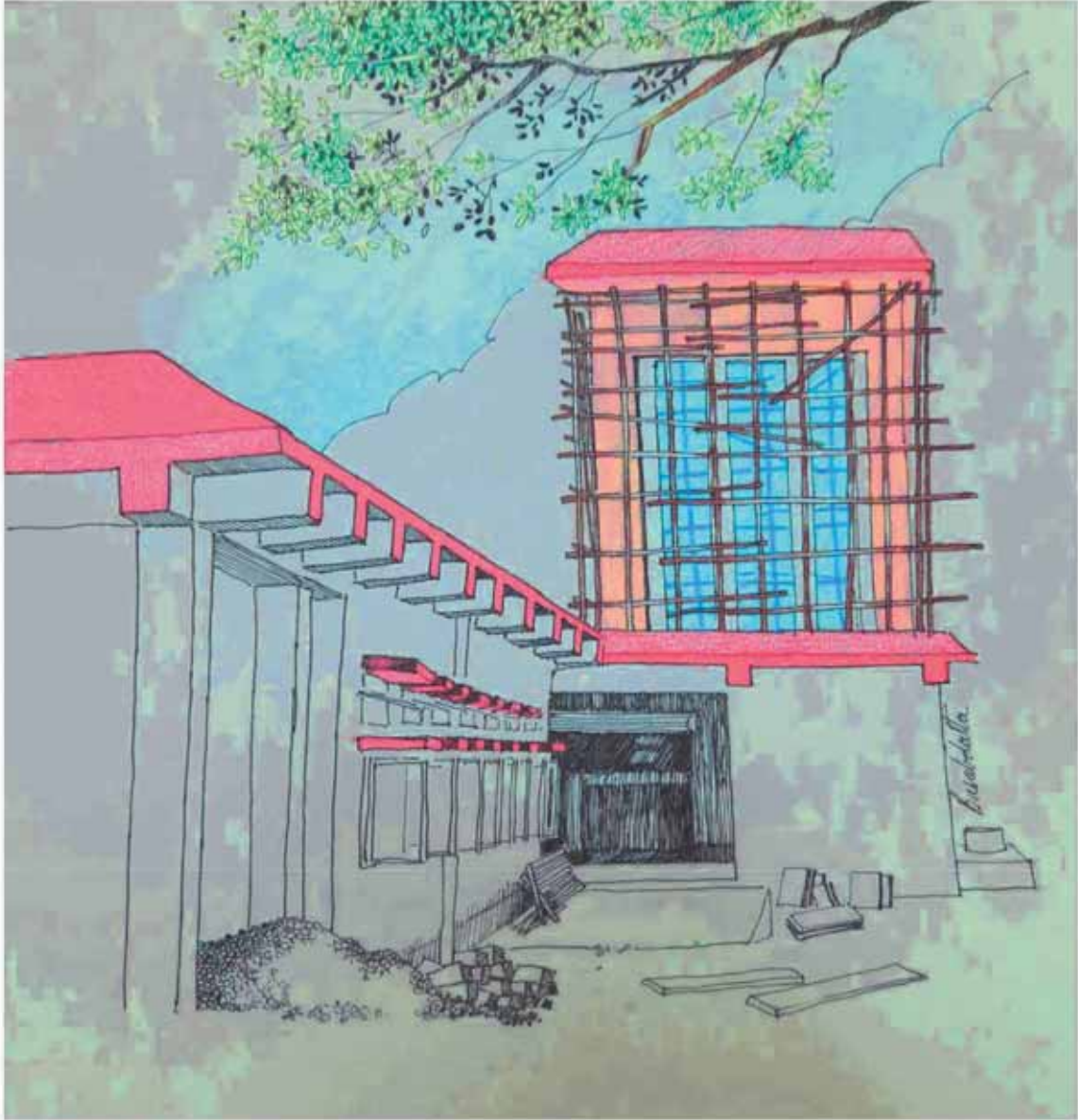


Figure 6



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এটা বীজৰ “অংকুৰণ”



ডাঃ পুলিন চন্দ্ৰ কুমাৰ
মুৰব্বী অধ্যাপক,
শৈল্য চিকিৎসা বিভাগ,
ধুবুৰী চিকিৎসা মহাবিদ্যালয়

“ন হি জ্ঞানেন সদৃশং পৰিত্ৰমিহ বিদ্যতে”।

জ্ঞানৰ সমান পৰিত্ৰ বস্তু একোৱেই নাই। আৰু এই জ্ঞানৰ অন্বেষণ, জ্ঞানৰ নিৰন্তৰ চৰ্চাৰ বাবে প্ৰয়োজন হয় একো একোটা জ্ঞানমন্দিৰৰ। মানৱ সভ্যতাৰ আৰম্ভণিৰে পৰা নিৰবিচ্ছিন্নভাবে অহৰহ এই চিকিৎসাজ্ঞানৰ চৰ্চা হৈ আহিছে। সভ্যতাৰ আদিভাগত প্ৰকৃতিৰ কোলাতেই এনে ধৰণৰ চৰ্চাবোৰ চলি আহিছিল। কালক্ৰমত মানৱ সভ্যতাই যেতিয়া দোপতদোপে উন্নতিৰ জখলাত বগুৱাবলৈ ললে তেতিয়াই প্ৰয়োজন হ’ল ইবিলাকৰ বিজ্ঞানসন্মত পদ্ধতিগত অধ্যয়নৰ। প্ৰয়োজন আহি পৰিল চিকিৎসা বিদ্যালয়ৰ (Medical College)।

বহুদিন আগৰেপৰা শুনি আছিলো অসমৰ একেবাৰে পশ্চিম প্ৰান্তৰ পুৰণি নগৰী ধুবুৰীত হেনো এখন মেডিকেল কলেজ স্থাপন হ’ব জনসাধাৰণৰ চিকিৎসাসেৱাৰ স্বার্থত। বিশ্বাস হোৱা নাছিল যে এনেকুৱা ভিতৰুৱা পিছপৰা অঞ্চলত এখন মেডিকেল কলেজৰ জন্ম হ’ব য’ত যোগাযোগৰেই কোনো সুব্যৱস্থা হোৱা নাছিল আৰু এইটো একেবাৰেই বিশ্বাসৰো অগোচৰ আছিল যে এই ধুবুৰী চিকিৎসা মহাবিদ্যালয়লৈ আমিও এদিন চিকিৎসাসেৱা আগবঢ়াবলৈ আহিবলগীয়া হ’ব।

ভাবিছিলো যে এইবিলাক মাথো ৰাজনৈতিক দলবোৰৰ ইলেকচন ধামাকা, সময়ত সকলোৱে পাহৰি যাব। কিন্তু নহয়, লাহে লাহে ধুবুৰী চহৰৰ বিভিন্ন ধৰণৰ উন্নতি হ’বলৈ ধৰিলে। ৰাস্তাঘাটৰ উন্নয়ন হ’বলৈ ধৰিলে। যোগাযোগৰ সুব্যৱস্থাবিলাক হৈ উঠিল। ঐতিহাসিক ভাৱে সমৃদ্ধ ধুবুৰী চহৰৰ নিকটবৰ্তী বহু পুৰণি বৃপসী বিমান বন্দৰটো আধুনিক বৃপত সজাই পৰাই তোলা হ’ল। ৰাজনৈতিক

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প্রতি সদায় এটা আন্তৰিকতা, সসন্মান আৰু সহায়ৰ ভাৱ। আমাৰ বাবে ইয়াতকৈ আৰু সোভাগ্যৰ কথা কি হ'ব পাৰে বাৰু। একেখন মঞ্চতে আমি একেলগে বহি আলাপ-আলোচনা কৰো, একেখন পথাৰতে একেলগে বৃক্ষবোপনকে (ছবি ১) আদি কৰি খেলাধুলা (ছবি ২ আৰু ৩), নাচ-গান (ছবি ৪ আৰু ৫) কৰিবলৈ ললো। পোন্ধৰ আগষ্টৰ দিনটোত একেখন পতাকাৰ তলতে সমবেত হৈ আমি জাতি আৰু দেশ গঢ়াৰ সংকল্প ললো (ছবি ৬)। সকলোবিলাক অপূৰ্ব।



ছবি ১



ছবি ২ আৰু ৩



ছবি ৪ আৰু ৫

এতিয়া আমি আশা ৰাখিছো যে এই ধুবুৰী চিকিৎসা মহাবিদ্যালয়ত সোনকালেই পাঠদান আৰম্ভ হওঁক। এজাক নতুন তৰুণ-তৰুণীৰে ওপচি পৰক আমাৰ এই ধুবুৰী চিকিৎসা মহাবিদ্যালয় চৌহদ। নানা ৰং-বিৰঙী সাজ-পাৰ পিন্ধি উজলাই তোলক ইয়াৰ পৰিবেশ। এক জীপাল-জীৱন্ত বাটাৱৰণৰ সূচনা হওঁক এই পৱিত্ৰ জ্ঞানমন্দিৰত। জ্ঞান গৰিমাৰে পুষ্ট হৈ মানৱসেৱাৰ মনোভাৱেৰে সিহতবিলাক পৃথিৱীৰ চুকেকোনে সিঁচৰিত হৈ ধুবুৰী চিকিৎসা মহাবিদ্যালয়ৰ জ্যোতি বিয়পাই তোলক।

“জ্ঞানার্থে প্ৰৱেশ, সেৱার্থে প্ৰস্থান”।

জয়তু ধুবুৰী চিকিৎসা মহাবিদ্যালয়।

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ছবি ৬

Activities by Department of Community Medicine

**Dr. Parimita Roychoudhury,
Dr. Sabrina Yasmin,
Dr. Rinku Borah**

Since the birth of Dhubri Medical College and Hospital, Department of Community Medicine has been conducting different field level activities along with awareness campaigns and training of healthcare workers in collaboration with District Health Society (DHS), Dhubri and National Health Mission (NHM), Dhubri for the benefit of the community.

As per National Medical Commission (NMC) norms, it is mandatory to have an Urban Health and Training Centre (UHTC) and a Rural Health and Training Centre (RHTC) under the Department of Community Medicine. The Urban Primary Health and Wellness Centre, Baluchar, Dhubri and Golakganj Block Primary Health Centre (PHC) has been designated as UHTC and RHTC under the Department of Community Medicine, Dhubri Medical College and Hospital. Apart from these a Non-Communicable Disease (NCD) clinic has been set up in the outpatient department (OPD) complex to provide counselling on drug compliance, dietary as well as lifestyle modification and follow up of those suffering from NCDs.

In accordance to that the in-charge Head of the Department along with the faculties have visited the above-mentioned health care facilities for supervising its current status and had discussion with members of the DHS, Dhubri. Faculties have also visited routine

immunisation session sites at different wards under Urban Primary Health and Wellness Centre (Figures 1, 2 and 3).



Figures 1, 2 and 3

On the occasion of World Breast Feeding Week (first to seventh August 2022) in association with DHS and NHM an awareness generation programme was organised by the Department at Shantipur Primary School on 5th August 2022 among the pregnant and lactating mothers (Figures 4 and 5).



Figures 4 and 5

As Dhubri is an endemic district for Japanese encephalitis (JE), Acute Encephalitis Syndrome cases (AES) surveillance has been done by the Department along with the District Integrated Disease Surveillance Programme (IDSP) team at Nyerlga and West Nyerlga under Raniganj Block PHC on second August and seventh

September 2022. The team members had to travel by boat for case investigation in West Nyeralga (Figures 6 and 7).



Figures 6 and 7

To improve the health outcome of the people of Dhubri, mainly the slum areas, the members of the Department participated in special health camps at Sonallah Lower Primary (LP) School and Vivekananda Bidyapith High School (where Department of Psychiatry has also participated) on 25th August and 16th September 2022 respectively (Figures 8 and 9).



Figures 8 and 9

Prof. (Dr.) Anku Moni Saikia along with Dr. Parimita Roychoudhury were invited as guest resource person in third foundation day of Dhubri District Senior Citizen Association on 22nd September, 2022 to generate awareness on “Health problems of senior citizens and its remedies” (Figures 10 and 11).



Figures 10 and 11

Since Dhubri is an endemic district of lymphatic filariasis, a training programme by video conferencing (VC) was conducted on lymphatic filariasis and hydrocele by DHS, Dhubri. Dr. Sabrina Yasmin was invited as a resource person for training the medical officers and community health officers (CHOs) on the above-mentioned subject (Figure 12).

National Deworming Day (NDD) is one of the largest Public Health Programme implemented on a single day every year to make every child worm free. In this regard, Dr. Rinku Borah participated as resource person in the district level orientation cum convergence meeting on NDD, September, 2022 (Figure 13).



Figure 12

Faculty members of the Department of Community Medicine have also participated in three days' training programme on "Elderly and palliative care" for the urban Accredited Social Health Activists (ASHAs) as resource person from 20th to 22nd September, 2022 (Figure 14).



Figures 13 and 14



Dr. Parimita Roychoudhury and Dr. Sabrina Yasmin are Assistant Professors and Dr. Rinku Borah is Demonstrator, Department of Community Medicine, Dhubri Medical College

কবিতা



ডাঃ দীপা ডেকা
পঞ্জীয়ক, দত্ত চিকিৎসা বিভাগ
ধুবুৰী চিকিৎসা মহাবিদ্যালয়

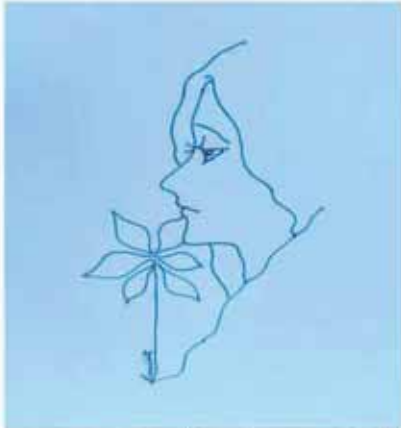
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পঙ্কিলতাৰ জেওৰা ওফৰাই
পদূলিত প্ৰগতিৰ মুকলি দুৱাৰ
শাৰদীয় উছাহত জোতিৰ্ময়
এভাগ বিপ্লৱী বৰষাৰ ॥

ধূমুহাৰ স'তে যুজি
কত সবু সবু পৃথিৱীৰ
মিলিছে আকাশ,
তুমি অহা বাবেইটো
উমলিছে অযুত হেঁপাহ
সৌৱা চোৱা জাকবুৱা
সকাহৰ উশাহ ॥

ঘোপমৰা একাৰবোৰ গিলি
তোমাৰ সাহসৰ শলিতা জ্বলিব
শত যুগৰ কত হুমুনিয়াহ
লুইতে বুকু পাতি সামৰি লব ॥

স্তব্ধ কবিতাৰ মৃত শব্দবোৰ
 কোবাই থৈ গ'ল
 আহিনৰ এজাক চৈঁচা বতাহে ।
 দ্রুত গতিত বাঢ়ে
 অস্থিৰ হৃদয়ৰ স্পন্দন
 উজাই যাবলৈ
 সেই চিনাকি বাটেদি
 যৰ পৰা তোমাৰ সুবাস বৈ আহে ।
 ভাগৰৰ কেঁচা চিঞৰত
 শুনিবানে তুমি
 শীতল দুচকুৰ মায়াবী ভাষা ?
 অন্তহীন আকাশৰ নীলা
 বুকুৰ কেনভাছত ছটিয়াই
 জগাবানে সুপ্ত হৃদয়ৰ তৃষা ?



অলংকৰণ: ডাঃ বাসৱদত্তা চৌধুৰী
 সহকাৰী অধ্যাপক, অনুজীৱ বিজ্ঞান বিভাগ
 ধুবুৰী চিকিৎসা মহাবিদ্যালয়



কোনখিনিত কাক হেৰুৱাই
 কাৰ সাহসত আকৌ জী উঠে
 ভাবিবৰ অৱসান ক'ত ?
 শেষৰ ডফাতেই চেন
 আকৌ আৰম্ভ হয়
 হেজাৰ জোনাকীয়ে পোহৰাই তোলা
 আঁউসীৰ জোনালীত
 আধাডুখৰীয়া সপোন গাথা ।
 নুফুলা শেৱালীৰ পৰশত উপজা
 বিষন্নতাৰ অবগুঠন খহাই
 ভৰি উঠে কল্যাণ বাগৰ কবিতা ।
 পুৱতিৰ হেঙুলীয়া বোঁৱতী সুঁতিত
 বহিমান যি সুবাস
 পাহৰিব নোৱাৰা সেই আবেগৰ
 বৈ যাওক ফল্গুধাৰা সীমাৰ শেষত ॥



A fairy tale princess

(This poem is dedicated to all the street children)



Dr. Heemanshu Shekhar Gogoi
Demonstrator,
Department of Physiology,
Dhubri Medical College

As long as there is love in me... I need no money

For I am the fairy-tale princess.

Poverty is a vice... richness is a virtue.

For I know in my heart that this is not entirely true.

For street children like us, unlike many,
we still have the richness- an ocean of love.

Which itself is all we have and all we need.

Which in itself is true.

Tasty meals, beautiful clothes, barbie dolls, schooling...

I sometimes look for them in shops and schools.

When the harsh reality strikes that I can't have any,

then I say to myself these things mean nothing.

For as long as I have my family... I have everything.

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I have never seen my father or my mother.

But that's not to despair.

For I am rich in heart, for I am rich in friends.

I stay with my puppies, I play with my puppies.

They are my world for they are all I have.

For I am all they have.

They are not just puppies... they are my family.

As long as I am with my family

I fear no fear. I fear no poverty.

As long as I am with my puppies

I feel no cold... no disharmony.

As long as there is love in me... I need no money.

For I am the fairy tale princess.

Biopsy: the science of seeing life



Dr. Dharmakanta Kumbhakar
*Professor and Head of the Department,
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Dhubri Medical College*

A biopsy is a medical process that involves the sampling of cells or tissues taken from the body of a living subject in order to examine it microscopically by a pathologist. The term biopsy is of Greek origin- bio meaning life, and opsia meaning 'to see'. French dermatologist Ernest Besnier introduced the word "biopsy" to the medical community in 1879.

What is the purpose of a biopsy?

Biopsies can diagnose diseases; determine the extent of disease and adequacy of surgical removal. It can determine whether a lesion is benign or malignant, and can help differentiate between different types of cancer and its spread. Biopsies can help to identify many other conditions such as inflammatory conditions, kidney disease, infectious disease, metabolic disease, rejection of transplantation organ, causes of infertility, etc. In most cases, a biopsy is done to diagnose a problem or to help determine the best option of therapy. If a condition has already been diagnosed, a biopsy can be used to measure how severe it is or what stage it is at.

Types of biopsies

There are several types of biopsies: bone marrow biopsy, gastrointestinal tract biopsy, lung biopsy, liver biopsy, prostate biopsy, the nervous system (brain biopsy, nerve biopsy), urogenital system (renal biopsy, endometrial biopsy, cervical conisation) and others like breast biopsy, lymph node biopsy, muscle biopsy, skin biopsy etc.

Some biopsies involve removing a small amount of tissue with a needle while others involve surgically removing an entire lump or suspected tumour. Biopsies may also be performed using imaging guidance such as ultrasound, computed tomography (CT), magnetic resonance imaging (MRI) or endoscopy guided for deep and smaller masses.

Surgical biopsy is a more extensive procedure and may require hospital stay. In “excisional biopsy,” an entire lump or suspicious area is removed with a rim of normal tissue (to evaluate cancer free border). In “incisional biopsy” only a sample of tissue is removed with preservation of the histological architecture of the tissue’s cells.

A few other techniques of biopsy are fine needle biopsy, vacuum assisted biopsy, brush biopsy, cone biopsy, core biopsy, endoscopic biopsy, percutaneous biopsy, punch biopsy, shave biopsy, stereotactic biopsy, sternal biopsy, etc.

Post-biopsy

After a biopsy is performed, the sample of tissue that was removed from the patient is sent to the pathology laboratory. The laboratory records the gross morphological feature of the tissue, history and clinical information of the patient. The tissue is then fixed,

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processed in various solvents, embedded in paraffin and an extremely thin slice of tissue is removed from the block and attached to a glass slide. Any remaining tissue is saved for use in later studies, if required. The slide with the tissue attached is treated with dyes that stain the tissue, which allows the individual cells in the tissue to be seen more clearly. The slide is then given to the pathologist, who examines the tissue under a microscope, looking for any abnormal findings. Time required to get the report of biopsy depends on urgency of the disease and type of disease.

Monkeypox outbreak 2022: a review

**Dr. Dina Raja, Dr. Amrit Kumar Borah,
Dr. Basabdatta Choudhury, Dr. Harekrishna Nath,
Dr. Swagata Roy, Dr. Rika Engtipi, Dr. Anindita Kurmi**

INTRODUCTION

After the global ordeal of the coronavirus disease 2019 (COVID-19) pandemic, outbreaks of zoonotic origin have emerged as a significant international concern and interest. One such recent outbreak encompassing endemic as well as non-endemic regions is monkeypox disease. The disease was first discovered in 1958 in colonies of monkeys kept for research and hence the name 'monkeypox'. With the augmentation in the incidence of cases worldwide, it is important to update our knowledge in order to create awareness and to understand the broader implications of the current outbreak.

EPIDEMIOLOGY

Monkeypox has been endemic in 11 countries in western and central Africa since 1970. In May 2022, monkeypox disease outbreak started in various non-endemic countries and by June 2022, the disease was reported by 36 non-endemic countries. [1,2] Cases outside endemic regions have typically been linked to international travel or importation of animals infected with monkeypox virus. The World Health Organization (WHO) declared monkeypox disease as Public Health Emergency of International Concern (PHEIC) on 23rd July

2022.[3] Globally, more than 64000 cases have been reported till September 2022.

India reported its first case in July in a 35-year-old man having a history of travel from the United Arab Emirates (UAE) to Kerala.[4] As of August 2022, four cases were reported from Delhi and five from Kerala taking the tally to nine. On 1st August 2022, India reported its first monkeypox death which was also the first monkeypox death in Asia and fourth monkeypox death globally.[5]

VIROLOGY

The aetiologic agent monkeypox virus (MPXV) is an enveloped double-stranded deoxyribonucleic acid (DNA) belonging to Orthopoxvirus (OPXV) genus of the family Poxviridae. It is grouped into two genetic clades, namely West Africa (WA) clade and Congo Basin (CB) clade with the former having a case fatality rate (CFR) of less than one per cent and the latter having a CFR of 11%.[6]

CLINICAL PRESENTATION

This viral zoonotic disease has incubation period of six to 13 days and manifestations similar to smallpox, although with less clinical severity. It is transmitted among humans primarily through large respiratory droplets or direct contact with body fluids or lesion material. Transmission from animal to humans occurs by bite or scratch of infected animals.

The typical presentation initiates with the short febrile prodromal period followed by progressive development of a classic rash with indurated and umbilicated lesion starting on the head or the face and progressing to the limbs and trunks (Figure 1). Swollen lymph nodes

are typical of monkeypox. However, in the current outbreak, various atypical presentations such as genital ulcers, labial ulcers have been noted.



Figure 1: Classic rash of monkeypox with indurated and umbilicated lesion.

Most of the monkeypox cases are expected to recover without complications. However, in rare instances severe complications like pneumonia and encephalitis may occur.

DIAGNOSIS

High index of clinical suspicion and awareness regarding both typical and atypical presentations are very important from diagnostic point of view. Detailed history of international travel, sexual contact or any close contact with suspected or confirmed case of monkeypox should be elicited in case of clinical suspicion.

The optimal diagnostic procedure for a suspected patient is to obtain a specimen from skin lesion which is then subjected to molecular testing by polymerase chain reaction (PCR). Certain laboratories perform diagnostic testing for specifically MPXV whereas others perform generic OPXV testing that requires a confirmatory testing at a reference laboratory. However, in context of the current outbreak, a positive OPXV test can be reasonably concluded to represent diagnosis of monkeypox infection before confirmatory results are available.

MANAGEMENT

The mainstay of clinical management for typical management is supportive care. No specific treatment has been recommended, however experience with smallpox suggests that the vaccinia vaccine, cidofovir and tecovirimat may be useful.[7] Education of the patients and healthcare workers is of utmost importance and containment is the best defense against spread.

CONCLUSION

Human monkeypox has become a global concern and possess unique challenges even to well resource healthcare systems. Deaths amongst persons infected with monkeypox are usually related to medical vulnerability due to other health issues or due to lack of access to healthcare. Prolonged upper respiratory tract viral shedding after skin resolution has challenged current infection prevention and control guidelines. To further enhance understanding and to strengthen the defense against the disease, improvement of patient recognition, reporting fidelity, and access to diagnostic capabilities are the need of the hour.

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Youngest patient operated in ENT OT

Dr. Rakesh Talukdar, Dr. Smrity Dutta

This is to mention that a patient, aged one year and six months, attended Ear, Nose, and Throat (ENT) outpatient department (OPD) with history of difficulty in speaking since birth. On evaluation, patient was found to have tongue tie, which was hampering free movement of her tongue. On proper counselling and explanation to the patient party, it was decided to operate the patient under general anaesthesia. Hence on 22/09/2022, tongue tie release was done in the newly started ENT operation theatre (OT) of Dhubri Medical College (Figures 1 and 2).



Figures 1 and 2: Tongue tie release.

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She is the youngest patient to be operated in this newly established ENT-OT complex. Post-operative period was uneventful and during follow-up, patient was doing fine and was able to speak clearly and fluently.



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Decoding psychiatry at Dhubri

Dr. Ish Garg,
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INTRODUCTION

According to the tenth edition of the World Health Organization's International Statistical Classification of Diseases and Related Health Problems (ICD-10),^[1] dissociative (or conversion) disorders share a common theme of loss of normal integration between memories of the past, awareness of identity, immediate sensations, and control of bodily movements. In the dissociative disorders, it is presumed that the ability of our conscious mind, which controls the movements, memories of the past and sensations are lost, to varied extent which were under our voluntary control. The term 'conversion' is widely applied to few disorders, broadly implied to the unpleasant affect, which is believed to be due to traumatic events in the past, intolerable pain, disturbed relationships and stress that the person cannot solve and that gets transformed into physical symptoms.

Purpose of study

As we know that psychiatric disorders, particularly neurotic, stress-related and somatoform disorders are usually seen in areas where self-esteem of the population is low as well as emotional expression and ability to communicate their sufferings are also limited. It has also been seen that prognosis of dissociative disorders is affected by

sex, culture, educational and socioeconomic background. This type of study has never been conducted in this part of the state of Assam and can thus give us an insight regarding the nature of diagnosis of the population of this region, which can be used in future for the therapeutic intervention.

Aims and objectives of the study

To study the diagnoses of psychiatric patients admitted in Dhubri Medical College and Hospital, erstwhile Dhubri Civil Hospital in relation to demographic profile, e.g., age, sex, religion, and marital status.

METHODS

Place of study

Dhubri Medical College and Hospital, erstwhile Dhubri Civil Hospital, Dhubri, Assam, India.

Study design

Retrospective Chart review.

Study duration

1st June 2022 to 31st August 2022.

Methodology

Data was obtained from the register of the indoor patients admitted in Dhubri Medical College and Hospital, erstwhile Dhubri Civil Hospital in the initial three months of its functioning.

RESULTS

Out of total 159 patients, 134 (84.28%) were women and 25 (15.72%) were men. Muslim patients were 135 (84.91%) and Hindu patients were 24 (15.09%). Among the 134 women, 116 (86.57%) were Muslim and 18 (13.43%) were Hindu. Among the 25 men, 19 (76%) were Muslim and six (24%) were Hindu (Table 1).

Table 1: Distribution of patients according to their sex and religion

Sex/religion	Muslim	Hindu
Women	116	18
Men	19	6

Of the 134 women patients, 98 (73.13%) were with dissociative [conversion] disorder, 30 (22.39%) with intentional self-poisoning, three (2.24%) each with somatization disorder and psychosis. Ninety-two (93.88%) women with dissociative [conversion] disorder were Muslim and six (6.12%) were Hindu. Twenty-one (70%) women with intentional self-poisoning were Muslim and nine (30%) were Hindu. All the three women patients with somatization disorder were Hindu and all the three with psychosis were Muslim. Each one of these six patients were married. Among the Muslim women with dissociative [conversion] disorder, 77 (83.70%) were married and 15 (16.30) were unmarried. Among the Muslim women with intentional self-poisoning, 12 (57.14%) were married and nine (42.86%) were unmarried. All the six Hindu women with dissociative [conversion] disorder were married while all the nine with intentional self-poisoning were unmarried (Table 2).

Of the 25 men patients, 20 (80%) were with intentional self-poisoning, three (12%) with psychoactive substance use disorder,

one (four per cent) each with dissociative [conversion] disorder and somatization disorder. Fifteen (75%) men with intentional self-poisoning were Muslim and five (25%) were Hindu. Majority of them were married: 11 (73.33%) Muslim and three (60%) Hindu. All the three men psychoactive substance use disorder were married; two (66.67%) were Muslim and one (33.33%) was Hindu. Both the men with dissociative [conversion] disorder and somatization disorder were Muslim and were married (Table 3).

Table 2: Diagnosis with respect to marital status and religion in women

Diagnosis	Muslim women		Hindu women	
	Married	Unmarried	Married	Unmarried
Dissociative [conversion] disorder	77	15	6	0
Intentional self-poisoning	12	9	0	9
Somatization disorder	0	0	3	0
Psychosis	3	0	0	0

There were 52 (38.81%) women in the age group of ten to 20 years, 45 (33.58%) in 21 to 30 years, 30 (22.39%) in 31 to 40 years, and seven (5.22%) in 41 to 50 years. Dissociative [conversion] disorders topped in all the age groups with highest numbers in the 21 to 30 years. Intentional self-poisoning was maximum in the ten to 20 years. All the three women having psychosis were of 31 to 40 years of age. The women with somatization disorder were of 31 to 50 years of age (Figure 1).

Table 3: Diagnosis with respect to marital status and religion in men				
Diagnosis	Muslim men		Hindu men	
	Married	Unmarried	Married	Unmarried
Dissociative [conversion] disorder	1	0	0	0
Intentional self-poisoning	11	4	3	2
Somatization disorder	1	0	0	0
Psychoactive substance use disorder	2	0	1	0

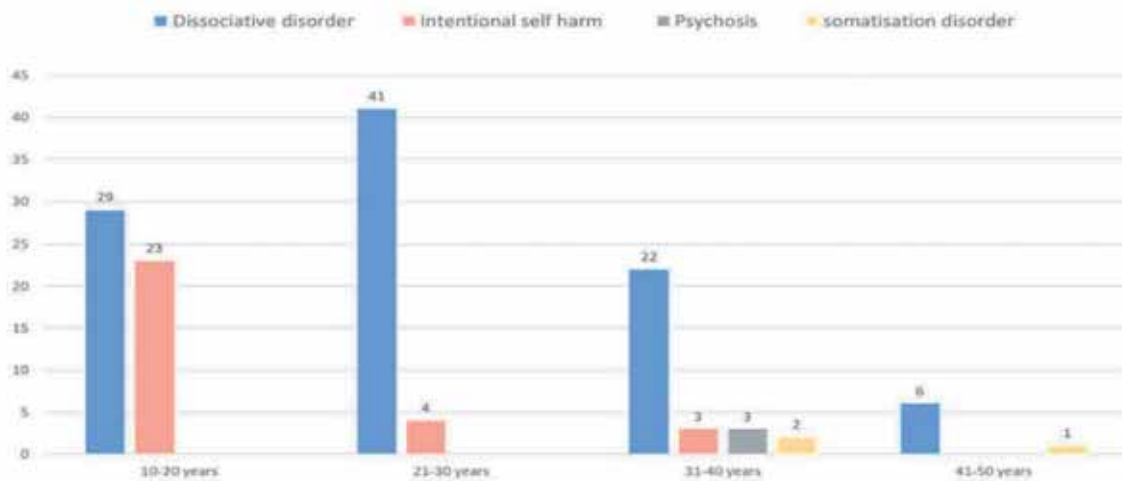


Figure 1: Diagnosis in women according to age.

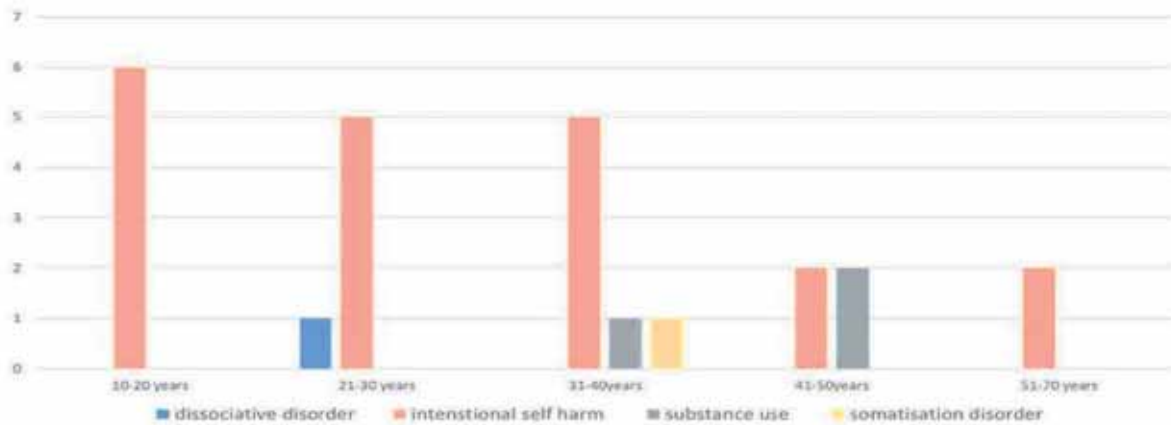


Figure 2: Diagnosis in men according to age.

There were six (24%) men each in the age groups of ten to 20 and 21 to 30 years, seven (28%) in 31 to 40 years, four (16%) in 41 to 50 years, and two (eight per cent) in 51 to 70 years. Intentional self-poisoning topped in all the age groups with more numbers in the younger groups. Psychoactive substance use disorder was found in the age groups of 31 to 50 years. The only man with dissociative [conversion] disorder was in 21 to 30 years age group while the only man with somatization disorder was in 31 to 40 years (Figure 2).

DISCUSSION

We studied the different diagnoses of admitted psychiatric patients in relation to their demographic criteria like age, sex, religion, and marital status. We found maximum number of patients with dissociative disorder (62.26%). Majority of them are women (73.13%) with most in the age group of ten to 30 years (52.24%) which are in line with other studies conducted across the world.[2,3] In men, majority are with intentional self-poisoning (80%).

The reason for such high rate of dissociative disorder found in women may be because of the cultural and environmental differences in this region. Majority of the population here belongs to lower socioeconomic background with less education. Most of the girls are not allowed to go to school or if allowed, they are early drop-outs from school due to financial or cultural factors. Girls in this region are married at young age, leading to increased stress of in-laws and childbirth. High rates of dissociation in married women (84%) may also be because of high incidence of sexual, physical or emotional abuse. Women are not able to express to anybody about their problems as they are neglected and are seen inferior to men in this part.

In 19th century, an Austrian neurologist, Sigmund Freud suggested the term 'hysteria', which he believed to be result of repression.[4] According to him, childhood traumatic experiences or conflicts usually which were 'sexual' in nature, got repressed with time or due to its painful or unacceptable nature, our mind tries to forget them. But, traces of these memories persist in our unconscious mind in the form of repressed memories.[5,6]

They remain inactive until a disturbing or traumatic event revives them again. When the defence mechanism of repression fails, patient experiences bodily symptoms. By exhibiting these bodily symptoms, patient gets relief from the anxiety, usually known as primary gain which is believed to be an unconscious phenomenon. Few physicians in the past believed this phenomenon of the patient as an acting or drama, put by the patient; however, that was not true according to psychiatrists.

The 'hysteria' term has now been replaced in ICD-10 by 'conversion and dissociative disorders.' The course of the symptoms is usually

acute in nature which resolves mostly within two weeks; however, if persists beyond six months, prognosis is usually poor.[7] The proportion of dissociative disorder in an inpatient setting as conducted by an institute in India was found to be between 1.5 and 11.6 per 1000 patients,[2] whereas a study conducted in the United States of America (USA), found prevalence rates to be one to two per cent.[6] According to a study conducted by Shah *et al.*,[3] it was seen that dissociative disorders were more prevalent in females and in areas with rural population, low literacy rate and lower socioeconomic status.

The study is limited by inclusion of only few demographic characteristics. Being the pioneering work in this field for here is a strength. This study has helped us shedding light on alarmingly high rate of dissociative disorder in this region. It can be useful in future in understanding the psychopathology behind dissociative disorder in this population as well as in management of patient and psycho-educating their family members, so that recurrence and re-admissions in hospital can be reduced.

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Exercise: is it a double-edged sword?



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Exercise and sports means fitness and endurance, regeneration and balance, game and fun. Lack of physical exercise is one of the main risk factors for cardiovascular (CV) diseases. Evidence indicates that moderate regular exercise is beneficial for both normal individuals and patients with CV disease. However, intense and strenuous exercise in individuals with evident or occult underlying CV abnormalities may have adverse effects with provocation and exacerbation of arrhythmias that may lead to life-threatening situations. Terrifying and not conclusive in the public's mind are events of sudden death, due to nontraumatic cause and thus of CV origin.

Physical exercise remains one of the best ways to lower heart disease risk overall and that while exercise-induced cardiac arrest can happen to anyone, rates among young and healthy people remain very low. Even when it does happen, outcomes are often better. In a 2013 study from the *European Heart Journal*, 46% of exercise-related cardiac arrest victims survived, compared to just 17% of victims whose cardiac arrest was not exercise-related—even after results were adjusted to account for age, location, and rates of

cardiopulmonary resuscitation (CPR) and automated external defibrillators (AED) use.

Sports activity may precipitate acute fatalities in both adults and young competitive athletes with concealed heart diseases. However, the risk-benefit ratio of physical exercise differs among these two age groups. Sports is not “per se” cause of the enhanced mortality in the age group of adolescents and young adults; rather, it acts as a trigger of cardiac arrest in those who are affected by silent CV conditions, mostly cardiomyopathy, premature coronary artery disease and congenital coronary anomalies, which predispose to life-threatening ventricular arrhythmias during physical exercise. In adults, on the other hand, physical activity can be regarded as a “two-edged sword”: vigorous exertion increases the incidence of acute coronary events in individuals who did not exercise regularly, whereas habitual physical activity reduces the overall risk of myocardial infarction and sudden coronary death by preventing development of coronary artery disease (CAD) and progression of coronary atherosclerotic lesions.

The relative risk increases with age and intensity of endurance. For people who are untrained or not used to train, the risk of sudden death is potentially higher. In athletes >35 years of age, CAD is the most common cause (85%) of sudden death. In the group <35 years, CAD and acute myocarditis are the predominant causes of sudden death, but also hypertrophic cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy (ARVC), disorders of the conducting system, and Marfan’s syndrome.

A wide spectrum of CV abnormalities may cause sudden death in young athletes, and even minor lesions may be life-threatening by jeopardising the electrical order of the heart during effort. The

culprit diseases are clinically covert and difficult to diagnose or suspect. Early identification during systematic preparticipation screening might reduce the risk and incidence of sudden death. The rarity of prodrome in patients affected by CAD, both acquired and congenital, particularly the absence of chest pain, stresses the difficulty in suspecting these lesions. On the opposite, most of athletes with ARVC had something that might have alerted, either in terms of family history or electrical disorders.

Cardiac arrhythmias in athletes are frequent events in medical practice. It is necessary to differentiate between harmless alterations of cardiac rhythm and potentially dangerous arrhythmias. While the former is mostly the result of an increased vagotone as a consequence of endurance training, the latter is raising the question whether intensive physical and mental strains in competitive exercise are compatible with the cardiac arrhythmias diagnosed. Vagotone-induced alterations of cardiac arrhythmias generally disappear under exercise conditions. It is essential to include the type, intensity and duration of the athletic activities into the differential diagnostic evaluations. Sinus bradycardia is a typical example of vagotone-induced arrhythmias, which may be observed especially in highly endurance-trained athletes. Sinus bradycardias are mostly asymptomatic and rarely the cause of grave complications; therapeutic interventions are only required if clinical symptoms such as orthostatic disturbances are present. The different variants of cardiac conduction defects are also frequently induced by an increased vagotone; and they require an intensive cardiologic diagnosis. Another frequent form of arrhythmia is ventricular extrasystoles, which may be assessed by exercise electrocardiogram (ECG). Disappearance under exercise conditions is, generally, a positive sign. Diagnosis and therapy of cardiac arrhythmias are based on the established guidelines. Additionally, regular cardiologic

screenings are required in high-performance athletes of all age groups.

The European Society of Cardiology recommends the implementation of a common screening protocol essentially based on 12-lead ECG on pre-participation screening of competitive athletes. Physical examination as a precaution and prevention strategy should be available for leisure sports as well as for athlete sports. The message here is that we need to know our own risk factors for CV disease and have those addressed by a physician. “Exercise, in general, is a good thing, but we can’t always predict every single cardiac event.”

Framing the universe



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As we know, it all started with an unimaginably hot and dense single point that inflated and started expanding over the next 13.6 billion years, what we call “The Big Bang Theory”. Since then, the universe is constantly expanding, constantly changing, but to the human eyes, its unchanged. The very reason of such human perception lies at the unimaginable distance between us and the objects of the universe. Except for our own solar system, the deep sky objects are hundred, thousand light years away. If we calculate one light year in terms of kilometres, it is equal to a jaw dropping value of 9.461 trillion kilometres.

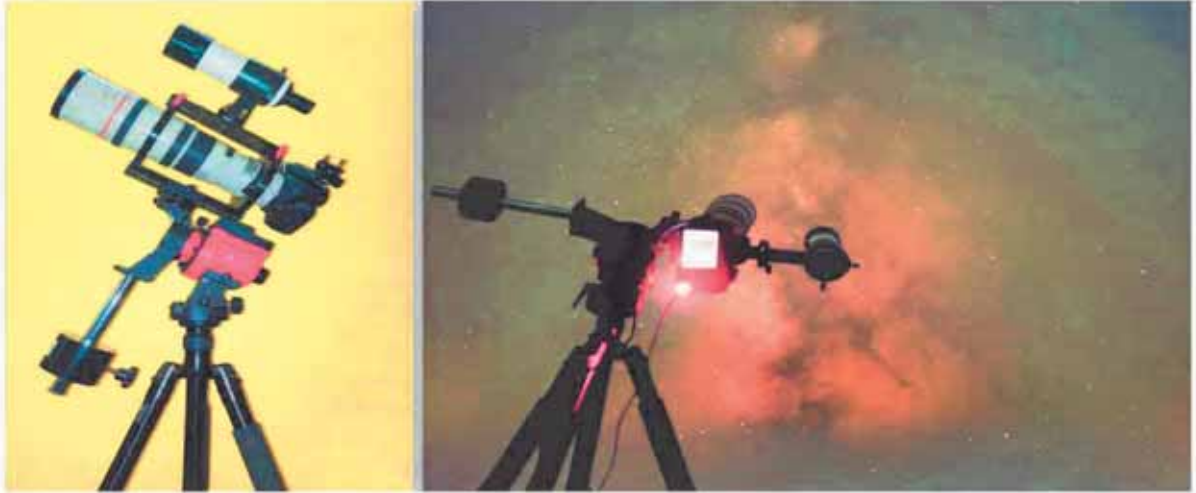
Since the evolution of humans from the apes, the universe has always fascinated the human mind and soul. People have associated the stars, objects of the night sky with their culture, Gods and Goddesses. Ancient people discovered many stars showing patterns and they drew and created the various constellations. With the discovery of telescope, people started looking into the night sky with an open mind. With time, the human approach towards the universe changed from imaginary mythology to a more scientific and adventurous one.

My interest into the cosmos started back from my childhood days. I still remember the view of the pitch-dark sky with thousands and thousands of twinkling stars which I used to stare every night before our family dinner. With my growing interest in stars, my father gifted me a binocular. Then came the great comet “Hale Bopp” in the year 1997 which was visible to the naked eye for a record 18 months. The view of the comet through the binocular was a refreshing delight. Years passed in pursuit for a good career and under the heavy burden of medical course, my interest for stars was lost somewhere in the darkness of sky. I did not see it coming that it was just like the calmness before a storm. If everyone remembers, a bright beautiful inter-stellar visitor visited our solar system during the worldwide Covid lockdown days in the year 2020. The visitor was “Comet NEOWISE”. Since it was peak monsoon season time during that moment of the year, a mere sight of the comet was not easy at all. Every evening, I used to set up my camera so as to frame the comet. It was after two failures that I was finally able to see and frame the comet in my camera. The first glimpse which came out of the frame was a bright fuzzy green ball with a faint whitish tail. That was a moment that thrilled my heart with adrenaline and gave goosebumps over my body. After the departure of that comet a few days later, my actual journey into the universe started. I started looking for objects to shoot. I began by shooting the easiest object in the night sky, our own natural satellite, “the Moon”. Like the immense expanding vastness of the universe, my thirst for new deep sky objects also grew strong. But every journey has some obstacles, so does the journey of becoming an Astro-photographer. Now let me throw some light on few technical topics related to Astro-photography so that your journey into cosmos gets easier.

The basic need is a good digital single-lens reflex (DSLR) camera with a full spectrum sensor. A full spectrum sensor is one which can

collect the ultraviolet and infrared wavelengths apart from VIBGYOR (Violet–Indigo–Blue–Green–Yellow–Orange–Red) wavelengths. The DSLR which is available in the market has ultraviolet and infrared cut filters in front of its sensors which blocks these two wavelengths and collects only the VIBGYOR part; in common terms, we call it daylight camera. Since the universe and most of the objects are full of hydrogen alpha emitting regions which falls in infrared region, I decided to take a big risk myself by opening and self-modifying my DSLR camera. As I did not have any sort of knowledge regarding the internal circuits of a DSLR camera, opening and modifying it was like an interneer doing a critical surgery. Finally, I was able to remove the unwanted filters. This kind of modification is known as Astro-modification which is rarely done commercially in India. The next requirement in Astro-photography is a sky or star tracker. As we all know, the sky rotates from east to west through an imaginary axis which lies in the north star “Polaris”. In Astro-photography, a photographer needs to take the same photo of an object for several hours. As the sky is constantly drifting, a star tracker does the magic. By its calibrated motorised movement, it counteracts the apparent rotation of the night sky. Figure 1 shows a basic entry level Astro-photography rig. Figure 2 shows an active rig directed towards Milky Way.

The most widely framed objects in Astro-photography are the nebulae. A nebula is a part of inter-stellar region consisting of ionised or molecular hydrogen and cosmic dusts. In common terms, nebulae are the star forming nursery. They are abundant in our night sky and appear in various magnificent shapes and sizes. Figure 3 shows Soul nebula above and Heart nebula below. Figure 4 shows the Brain nebula with some sulci-gyri like appearance. Figure 5 shows the core of Orion nebula with glowing gases and dust.



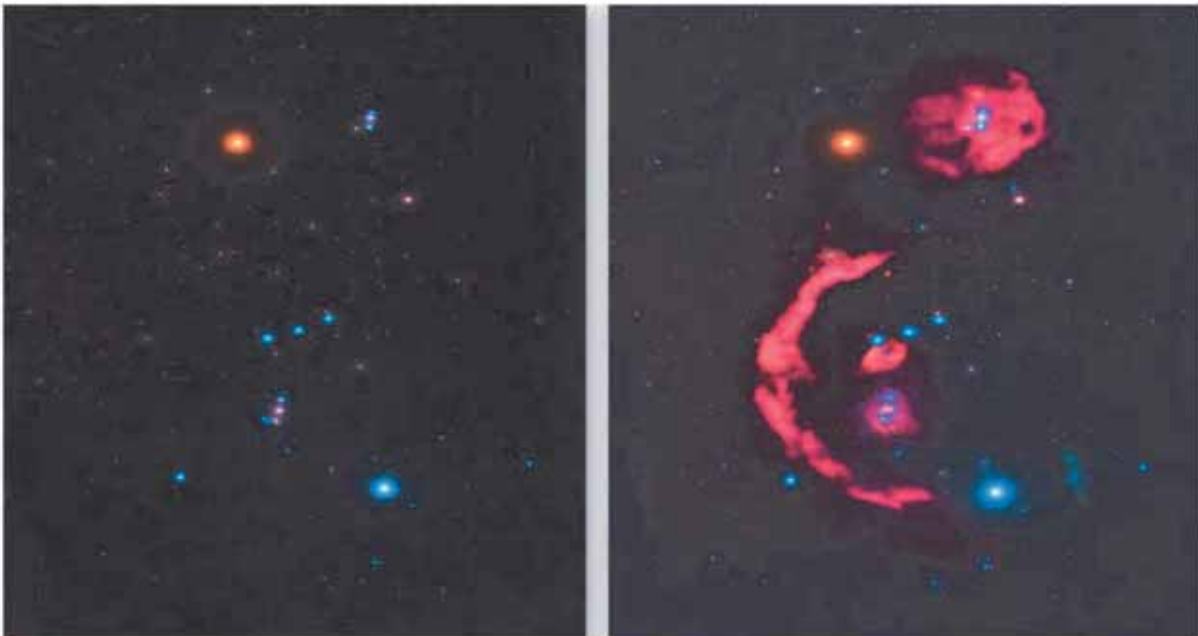
Figures: (1) Star tracker with Camera and scopes; (2) Star tracker with Milky Way in backdrop. Courtesy- Dr. Arunava Borah



Figures: (3) Heart and soul nebula; (4) Brain nebula; (5) Core of Orion nebula. Courtesy- Dr. Arunava Borah

If we closely observe some group of stars in the night sky, these stars form some outline representing an animal or some mythological forms. These group of stars form the various constellations. Our ancestors had categorised these patterns long back and taking pictures of such constellation is always a fun. However, one does not need any modified camera to shoot

constellations. But in order to get other details present, one needs an Astro-modified camera. Figure 6 shows the Orion constellation a.k.a “Kaalpurush” which is a representation of Hindu God Vishnu taken with normal DSLR camera. Figure 7 shows same constellation taken with an Astro-modified camera revealing a lot of nebulae present within it, like Horse head nebula, Orion nebula, C shaped Barnards loop, and Witch head nebula near bottom right blue star Rigel.



Figures: (6) Orion constellation taken with normal DSLR camera; (7) Taken with an Astro-modified DSLR camera. DSLR: Digital single-lens reflex. Courtesy- Dr. Arunava Borah

As we all know, our very own solar system is a part of a galaxy called the “Milky Way”. Our Milky Way galaxy is not the only galaxy in this Universe. There are hundreds, thousands of galaxies drifting towards or drifting away from each other. They also appear in various shapes and sizes relative to our point of observation. I would better refer these as “Jewels of the night sky”. Figure 8 shows the Andromeda

galaxy, figure 9 shows Pinwheel galaxy and figure 10 shows the Triangulum galaxy.



Figures: (8) Andromeda galaxy; (9) Pinwheel galaxy; (10) Triangulum galaxy. Courtesy- Dr. Arunava Borah

The universe is so vast that any change occurring is hard to detect and to perceive by humans. But with advanced techniques, these changes however can be detected and measured over long time observations. There are many events which occur at a blink of an eye and can be seen with our naked eye. These events include the eclipses, inter-stellar visitors like comets, meteor showers, moonrise, transit of international space station in front of sun and moon, etc. These events put a photographer in a “now or never” like situation as these moments are livelier and more exciting, some even are once in a lifetime. Figure 11 shows the great planetary conjunction of Jupiter and Saturn in 2020 and figure 12 shows the Perseids meteor shower. Figure 13 shows comet Leonard passing near M3 star cluster.

Like after every beautiful artwork, there lies the hidden hard work and sacrifice of an artist, the same goes for Astro-photography. For being an Astro-photographer, one must have patience and

consistency which is the key to success. But an Astro-photographer must not fear the dark and should be ready to sacrifice the comfort of his/her sleep. I would rather say that some nights are not meant for sleeping, they are meant for talking to the stars and embracing the calm blanket of the night sky. Astro-photography is actually like a time travel because the images which we get are the result of collection of photons which have travelled hundreds, thousands of light year distance across the great universe. If somebody ask me why you like to do Astro-photography, well my punch line will be – “No matter how bad or good your day ends, at the end of the day I am going on a never-ending cosmic voyage, sailing through the stars”.



Figures: (11) Great conjunction of Jupiter and Saturn; (12) Perseids meteor shower; (13) Comet Leonard passing near M3 star-cluster.
 Courtesy- Dr. Arunava Borah

Untitled



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Top six Indian interior decoration ideas that beautify your home



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Our India is rich in different cultures and traditions. Indian interior design is nothing but it itself is a style that comes from the influences of ours mixed cultures and histories. Indian ancient temples and monuments are the proven examples which draw such heavy Indian interior design. When it comes to a thought of decoration, a mixture of modern and antique design tremendously enhances the beauty of any house. So, here I am sharing five tips which will not only aesthetically beautify your interior but also give a traditional essence to your home.

1. Play with vibrant colours (Figures 1, 2 and 3)

Bright and vibrant colours always work as the keymark for Indian interior design, but you should select colours intellectually so that it does not make any interior disaster. You can go for some earthy colour like burnt oranges, brown or ochre yellow for your walls and floors. Blue and green can be used for your pillowcase and chairs and at the same time white, black or dark brown colours work magical for your dining set. For your kids' room, you can opt for any shades of pink for your girl child and blue for your boy child.



Figures 1, 2 and 3: Play with vibrant colours.

According to some interior expert, blue colour works great for concentration of students. Nowadays, most of the people are using bi-colour theme. Basically, in bi-colour, you can use a neutral shade as a base over which a primary peppy colour is applied to have the accents.

2. Solid wooden furniture are now in trends again! (Figures 4, 5 and 6)



Figures 4, 5 and 6: Solid wooden furniture are now in trends again!

Nothing is as classy as solid wooden furniture when one talk about Indian interior decoration. It will not only increase the grace of your home but also reflects our culture and tradition. Dark polished wooden furniture and some antique pieces like armchair, curved legged corner chair, wooden chest of drawer or dresser will be classic addition to your home. If your living area is huge, you can

keep a wooden classic swing which will definitely steal the heart of any guest coming to your house.

3. Décor your wall (Figures 7, 8, 9 and 10)



Figures 7, 8, 9 and 10: Décor your wall.

You can décor your wall by mixing both traditional and modern paintings. For example, if you have a foyer or entry area or a small corridor way to your living area, you can use some traditional paintings like Mahbubani painting, kalamkari painting on the wall. In the main hall, you can use a large modern painting in one wall just back of your sofa or you can go by mixing of both traditional and modern paintings. Warli folk art can also be opted to bring the traditional touch to your home.

4. A serene pooja area (Figures 11, 12 and 13)



Figures 11, 12 and 13: A serene pooja area.

Every Indian house should have a serene pooja area at their home which must be designed according to the Vaastu. Nowadays, whether it is a small or large house, every house is designed with a pooja corner which enhance the serenity of the house. You can opt for a wall mounted aesthetic pooja unit in your living room itself.

5. Greenery to enhance the positive vibes (Figures 14, 15 and 16)

Adding greenery to your home always enhance the positive vibes and makes the environment pleasant. Try to add some indoor plants like money plants, snake plants, lucky bamboo plants, areca plants, rubber plants in the corners of your home specially in your living room. Putting some fresh flowers and potted plants will not only beauty your home but also keep your mind pleasant. If you have a balcony space, then nothing like. Decorate your balcony with different kinds of plants. It does not matter whether it is a small or big space. Play with some bright colour for the plant pots. Make your oxygen zone special and vibrant by adding some creativity with colours.



Figures 14, 15 and 16: Greenery to enhance the positive vibes.

6. Do soft-furnishing wisely (Figures 17, 18, 19 and 20)

You go for Indian or desi prints and patterns when you are choosing fabrics, but you must use them in a creative way. Cotton, khadi or jute are some of the most popular fabrics that can be used to enhance the authentic Indian look. Always choose colours wisely for your bedsheets, cushion covers, throws, curtains according to theme of your house otherwise it will create a complete interior chaos. If your wall colours are bright, then you must go for light fabrics and if your wall colours are already in light shade, you have a chance to play with different colours of fabrics.

Always try to keep a balance while doing your interior decoration. Do research before investing in decoration. Nowadays, internet makes everything easier than earlier days. You can take help from interior design expert if you are confused. Last but not the least, I would love to say only one thing that your home is the reflection of your personality and taste. Style it with your choice and creativity.

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Figures 17, 18, 19 and 20: Do soft-furnishing wisely.

Silver lining



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Those are her clipped wings but she didn't stop flying

Those are her wet lashes but she didn't stop smiling

The first tumble you faced

The first failure you felt, didn't break you.

Either you cracked a wee or galvanized but

Never broke.

Trust me...we all have been there

Things seemed suffocating

People untrustworthy

You doubt your own gut!

ANKURAN

Believe me...you are alive and fighting but never my dear broke

People will push you to the edge of the cliff, it's now when you
spread your wings and fly high

Life is no Hogwarts where a wand and a cloak is all you need

Life is but the dark alleys you feared,

The monsters under your bed

No knight in shining armour, no prince charming for you my
Rapunzella

Cause you need no such drama

You feel that thumping in your chest, yes that's it.

Believe it. Your heart.

You shall rise from all the ashes cause you are the Phoenix.

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