



# YOU



MULLERPULSE 2016  
Fr Muller Medical College

*Small signature or logo in the bottom left corner.*



# YOU

Mullerpulse 2016

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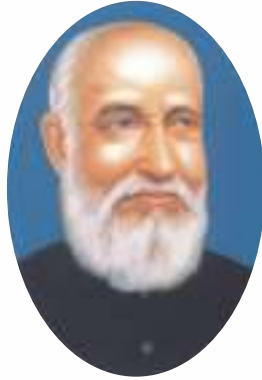
Mullerpulse 2016 'YOU' is a magazine by the 'Creative Junkies' (Ed Board 16) for Fr Muller Medical College, Mangalore.

All artwork, layouts, content, literature, photography have been compiled, created, designed and put together by Ed Board 16.

The poetry, prose and personal entries to the magazine belong to the respective authors.

The views expressed in 'Muller Speaks' are personal opinions of the author and do not represent FMMC or the Ed Board 16 members.

The front and back covers have been created digitally by Drake George (a.k.a Daron M) for the magazine.



## Fr. Augustus Muller

*In the golden pages of history, the name Rev. Fr. Augustus Muller shines bright.*

*Sent from Venice to teach French and Mathematics, this graduate of Fordham University and trained homeopath reached the small town of Mangalore. He was moved by the lack of healthcare available to the sick and downtrodden. Believing that he had been chosen by God to use Homeopathy to care for the sick, Fr. Muller started his mission. He began taking care of the sick and suffering. Not only did he personally wash the wounds of those suffering from leprosy, he opened his own doors to accommodate the victims of plague.*

*Fr. Muller did more than just treat the sick. He lived his life as an example to others. He inspired ordinary people. He made them believe.*

*Although, Fr. Muller passed away in 1910 he left behind a group of people who believed in his vision.*

*Even today, years after his passing, his vision of "Heal and Comfort" is passed on from generation to generation.*

we must be stupid, overconfident, chaotic, rebellious, free, smart, creative, lazy and more stupid. we can destroy and we can create.

It's only when we've been through each of these trials of letting our self experience everything, that we can truly discover ourselves.

This magazine is an ode to feeding our egos, to enrich it and understand the importance of where we are, what we're doing, and most importantly, who we are, now, and who we can become, in the future.



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Wise

GIBBERISH

- The editors speak



# EDITORS WORD



## IT'S OKAY TO BE ME.

I've been hiding for a long time now. Being an ambivert, more on the introvert side, and the occasional jumping around - I don't do much.

**“OUR LIVES ARE NOT OUR OWN. WE ARE BOUND TO OTHERS, PAST AND PRESENT, AND BY EACH CRIME AND EVERY KINDNESS, WE BIRTH OUR FUTURE.”**

DAVID MITCHELL, CLOUD ATLAS

Making Mullerpulse happen has been more about finding myself than getting the magazine done. It's been a journey of rediscovery, experiencing different people and having a feel for what lies ahead in this tiny blue planet.

I think rediscovery is essential for all of us at this juncture in our lives. This could be as simple as finding our taste in music, to something as big as

figuring the world out; at least a part of it. I know it's not every day that people worry about such mundane things, but this is where most of us lose ourselves. As an artist what I feel is important, is to always have your soul colour everything around you. It just acts as a balm to make every day seem better.

Experiencing different people has been what I was looking forward to at the outset. The ideas that surged, the people that made me feel that I can still believe in humanity, the people that proved otherwise, have all broadened my perspectives of a planet that appears so insignificant when compared to the vast expanses of the universe, yet big enough to be overwhelming.

Earth is a wondrous place for us to be in. It's tiny and blue. I feel we have an ecosystem that's failing and morally deficient. Morally deficient because we still haven't learnt to be free from the constraints of irrationality which still pervades freedom. We cling to silly simplified versions of a planet that has so much to offer. And all this is only on the other side of learning to let go of our clinginess. What I'm trying to say is that we can only achieve the next big breakthrough in ethics and freedom of expression when we learn to break limiting world views which only

suffocate and impede growth. What I hope, is for people to build an ecosystem of acceptance. Acceptance of new ideas. Imagine the beauty of a world in which the potential to grow is tapped into.

And what's all this yapping about? Well that's the scope of this magazine. It doesn't have all this on repeat beyond this page. But what I want you to realise is that it's all about YOU. YOU are the next change. I've brought out a part of YOU in this edition. From the seemingly random to the well-constructed ideas, which may be unrelated or related to YOU, to artwork that has been painstakingly created by me and my fellow humans, I want you to rediscover, enrich, and help find something new. Find yourself and be the best possible version YOU can be. Never give up on being the best YOU can be. Cause our greatest adaptation through years of refinement of our genetic code is the ability to hope.

Remember!  
**IT'S OKAY TO BE YOU.**

A handwritten signature in black ink, appearing to read 'Daron Nevin Mascarenhas'.

Daron Nevin Mascarenhas  
MBBS Batch 2012

# STAFF EDITOR



## 12 Mullerian years down and this is what I learned about myself-

- I'm not bad, but I'm not good either. I'm a little crazy
- I'm loud and opinionated
- I'm silent and misunderstood
- I'm a mystery
- I'm as bright as the sun and as dark as the night
- I'm a realist but I'm also a dreamer
- I'm a friend, advisor and the occasional 'questionable' joke provider
- I'm a hopeful cynic
- I'm a hopeless romantic
- I'm a believer in the universe and beyond
- I'm not sarcastic, just intelligent beyond others understanding
- I'm a fighter and a survivor
- I'm a rebel with a purpose
- I'm a woman, sometimes a child
- I'm a force of nature
- I'm flawed, curvy, perfectly imperfect
- I'm a beautiful disaster

**12 Mullerian years and I realised, this is not it.** This is not just who I am. It is a passing phase. My journey to self discovery continues. Have you found yourself? Who are YOU? If not, then STOP! This. Here. It is now. The only second you are in control of. Find out who you are and do it on purpose. Let this magazine be a guide to your journey. Live. Dream. Believe.

**BE—YOU.**

Dr Rhea Ashelle Pinto  
MBBS, MS (Gen. Surgery)

## Online Presence

**DARON M**

*"Find all my artwork here"*


 drakegeorgeart

*" Rants about artsy things "*

 artsyrant.wordpress.com

**DR RHEA PINTO**

*Follow me on social media*

 rhea.pinto.7

 hearapoint





**Rev. Fr Patrick Rodrigues**  
Director

# MESSAGE

I am happy to note that Father Muller Medical College is bringing out its annual magazine 'Mullerpulse'. "Writing makes a perfect man" said Francis Bacon, the great writer. Writing brings out creativity, crystallizes ideas, fine tunes expressions and clarifies concepts. I think future physicians certainly need these qualities.

Father Muller Medical College has much to present to the society concerning its academic, cultural and extra-curricular achievements. This will not only be a motivation to the students but also will give a sense of joy and satisfaction to the parents of the students and well-wishers of the college. It will also help document for the future what is achieved in the present times.

I take this opportunity to thank and appreciate the Editor and the Editorial Board for their labour of love.

***God bless all.***



**Dr. Jayaprakash Alva**  
Dean

# MESSAGE

The Legend Pele said, "SUCCESS IS NO ACCIDENT. IT IS HARD WORK, PERSEVERANCE, LEARNING, STUDYING, SACRIFICE AND MOST OF ALL, LOVE OF WHAT YOU ARE DOING". So is the College Magazine.

The College Magazine is a link between the present and the past. Most importantly, it is a portal through which it reaches the past and the present and gives an insight into the Institution. It also gives us an opportunity to present newer things from different perspectives. While the magazine gives an opportunity to showcase the hidden talents of our students, it also helps in fine tuning the skills of each individual. The reflection of these talents exposes the caliber of the institution and may also inspire institutional growth.

I am sure that the Editorial Board have succeeded in molding this year's magazine into a true treasure. I wish to thank the Editorial team for the wonderful effort and hope they inspire future batches for further improvement.

***"YOU CAN NEVER CROSS THE OCEAN, UNLESS YOU HAVE THE COURAGE TO LEAVE THE SHORE"***  
**- Christopher Columbus.**



**Fr Rudolph Ravi D'Sa**  
Administrator

# MESSAGE

Father Muller Medical College, with its teaching hospital, has been a forerunner in recognizing the needs of the healthcare industry and providing the best patient care to the sick and quality education to all those who aspire to become healthcare professionals. Our College is one of the most eminent medical education institutions today in the State, which moves ahead with a vision to become a global leader in the field of healthcare and medical education. In order to realize this goal, the Institution focuses on quality which is partially achieved by getting accreditation from NAAC for the Medical College, NABH and NABL for the teaching hospital and a fully functional state-of-the-art Simulation and Skills Centre. This enables the students and the faculty to improve their knowledge base, skills and competence. The aim of the Institution to form personally mature, professionally equipped and service oriented healthcare professionals is achieved through the relentless efforts of the supportive management and committed faculty.

'MULLERPULSE', our college magazine, is a mirror and a witness to the excellence, innovation, creativity, literary skills and the potential of our students. I congratulate the Editor and his team for their tireless efforts and contribution to make every page of this magazine interesting, creative, beautiful and artistic.

# ANNUAL REPORT 2014 – 15

Father Muller Medical College has over 1450 Students studying in various Courses. Out of these, 770 are Undergraduates, 252 are Postgraduate and 428 students are in Para Medical Courses.

## RESULTS:

In M.B.B.S, more than 81% pass in all phases. Postgraduate Degree/Diploma results were 88% and Allied Health Sciences the results were above 80%. The Final year MHA, M.Sc. MLT course students have secured 100% result in the University Examinations held in October 2015.

## IMPORTANT EVENTS:

- 3 New rural health clinics were added to the rural health centres.
- Father Muller Medical College was selected by the Rajiv Gandhi University of Health Sciences, Bangalore for its Smart University Project.
- Father Muller Medical College was selected by the Rajiv Gandhi University of Health Sciences, Bangalore as Digital Valuation Centre.
- GHLO (Global Health Learning Opportunities) Collaborative Participation Agreement was executed between the Association of American Medical Colleges, USA and Father Muller Medical College, Mangalore from 08.12.2015 to 07.12.2016 for elective posting at Father Mullers.
- The following Increased Postgraduate seats were recognized by Medical Council of India.
  - Paediatrics - 2 to 4 seats.
  - Pathology - 4 to 8 seats
  - Pharmacology - 2 to 5 seats
  - Microbiology - 2 to 6 seats
  - Orthopaedics - 2 to 4 seats and 4 to 5 seats.
- MCI granted renewal of permission for the increase of intake from 100 to 150 MBBS seats for the academic year 2016-17.
- As per the MOU between the Department of Physiotherapy and INTI International University, Malaysia, 21 Bachelor of Physiotherapy students

from Malaysia had undergone their clinical training in 4 speciality areas of Physiotherapy in two batches.

- Annual Inter-Collegiate Cultural and Sports Fest (Adrenaline) was held from 16th to 19th of April 2015.
- The Student Council 2014-15 collected the spare belongings from the students and donated to Infant Mary's Orphanage and St. Anthonys Poor Home.
- Mullerpulse 2015, annual magazine of Fr. Muller Medical College was released on 13.07.2015
- Inauguration of the student council 2015-2016 was held on October 20th, 2015.
- Student's Council carried out Dubsmash challenge as part of Inter-batch cultural fest – Equestrian 2015 with a motto “Give your share to show your care”, and collected Rs. 119000/- for dialysis fund.
- Father Muller Simulation and Skill Centre was inaugurated on 15th November 2015.

## STUDENTS IN NEWS:

1. 7 PG Degree / Diploma Students have secured ranks in the Rajiv Gandhi University of Health Science examination conducted in April 2015.
2. During the year 2015, 9 MBBS, 7 BPT, 4 MIT, 1 RT and 1 M.Sc. MLT students have secured ranks in Rajiv Gandhi University of Health Science examination.
3. Dr. Divya Venugopalan, PG Resident of Pathology department won second place in the quiz on Soft tissue tumour pathology, conducted at the “XXXIII Annual National CME in Pathology” held at J.N Medical College, Belgavi, from 03-06 June, 2015.
4. Dr. Maria B.M., & Dr. Nikhil Victor D'Souza PG Residents of Medicine Department secured 2nd Prize in the prestigious Annual Prof.S.D.Deodhar Memorial Post Graduate quiz in Rheumatology – Regional round at KMC, Mangalore on 6.6.2015
5. Dr. Aaron Charles Lobo, PG Resident & Dr. Peter

George, Professor of Medicine secured the Best paper award for "Paraquat Poisoning- A challenge to the critical care physician: our experience" at IX Annual Conference of Indian Society of Toxicology from 23.8.15 to 28.8.15 in Chennai.

6. Dr Susan Maria Mendonca, PG Resident of pathology department won the first place for her oral paper titled, "Suprabasal mitotic index: A cell kinetic aid in Psoriasis diagnosis" at the CME in Dermatopathology conducted by KMC Manipal between 26-27 September, 2015
7. Dr. Hilda & Dr. Abdul won the first prize in Inter collegiate quiz competition on Neuro -Ophthalmology on 25th October 2015 at KMC Mangalore.
8. Ms. Swathi S & Ms. Sandhya Rao Kordkal MBBS students of our college won First prize in the Zonal level UG Dermatology Quiz 2015 conducted by IADVL, at KMC Mangalore on 13.09.2015 and secured 2nd Place in the Undergraduate quiz of IADVL, Karnataka Branch held at S.S. Institute of Medical Sciences, Davangere on 29th November 2015.
9. Dr. Dhara and Dr. Alveera, PG Residents of OBG Department won 1st place in intercollegiate postgraduate quiz on Ultrasound in Obstetrics & Gynecology held at Kasturba Medical College, Mangalore
10. Dr. Asher George Joseph, Post Graduate Resident of Surgery Department has won the Gold Medal in the Vivekananda Prabhu Memorial Gold Medal Examination conducted by Kasturba Medical College, Mangalore on 03.01.2016.
11. Dr. Mohan Babu M presented a paper at the Silver Jubilee Kancips 2015 at Shivamogga on 30th Aug.2015. He won Rs. 1000 as the best award for the podium presentation.
12. Dr. Samatha M Swamy, PG Resident of Dermatology has been awarded grant to attend SARCD 2015 [South Asian Regional Association of Dermatologists, Venereologists & Leprologists) at Mysore.
13. During DERMACON 2015, Dr. Reeja Mariam George won the first prize and Dr. Namitha Chathra and Dr. Mahajabeen Madarkar, PG Residents of Dermatology won an appreciation award for their Research paper presentation.

14. Dr. Teena Ramesh presented a poster on Immunohistochemistry of Lichen planus and oral presentation on Trans Epidermal water loss in neonates. Her poster was selected as a featured poster during the congress and she received IADVL travel grant to attend the World Congress of Dermatology in Vancouver, Canada from 6th to 13th June 2015. She also received Prof. S. Premalatha Award for the best research project in Basic Dermatology during DERMACON 2016 held at Coimbatore in January 2016.

#### **STAFF IN NEWS:**

- Mr. Arun Kumar completed Ph.D. in Medical Biochemistry from St. John's Medical College, Bangalore.
- Dr. Vishak S., Assistant Professor of ENT has completed his Fellowship in Head and Neck Surgical Oncology in July 2015 under Rajiv Gandhi University of Health Sciences, Bangalore
- Dr Padmaja Udaykumar has been appointed as the member of Board of Studies of (PG) RGUHS and (UG) Nitte University
- Dr Padmaja Udaykumar has been recognized as an external PhD GUIDE – Savita University, Chennai and Deputy chairperson of Central ethics committee, Nitte university.
- Dr. Uday Kumar K. has been appointed as member of RGUHS Board of Studies for PG courses.
- Dr. Nagesh K.R. has been selected for FAIMER at PSG Institute of Medical Sciences, Coimbatore.
- Dr. Shannon has won 1st prize and Dr. Sowmya has won 3rd prize in a quiz competition conducted by A.J. Institute of Health Sciences during the CME on 'High risk pregnancy' on 14.04.2015.
- Dr. Edward Nazareth became a Member of Board of study in Surgery and allied subject under GOA University from October 2015
- Dr. Ramesh Bhat received Prof. Ratan Singh National Award for his contribution to the national body as a teacher, researcher, patient care and dedicated service to the Dermatology speciality during DERMACON 2016 held at Coimbatore in January 2016.

### RESEARCH PROJECTS:

- Rajiv Gandhi University of Health Science has approved Research Project of Dr. Shivashankara A.R., Associate Professor of Biochemistry titled "Proteomic Identification of Salivary Biomarkers of Alcoholism" and sanctioned a grant of Rs. 4,80,000/-.
- Rajiv Gandhi University of Health Science has approved a Research Project by Dr. Beena Antony, Professor of Microbiology titled "Analysis of biofilm product and Antibiofilm activity in Anaerobic microbial community of human body" and sanctioned a grant of Rs. 3,00,000/-.
- Rajiv Gandhi University of Health Sciences approved a Research Project by Dr. Princy Palatty, Professor of Pharmacology titled " Mechanism studies to decipher the pathways responsible for the skin care effects of sandalwood (santalum album linn), a medical plant indigenous to karnataka : cell culture and in vitro studies" and sanctioned a grant of Rs. 4,61,000/-
- 15 MBBS students have successfully completed their STS Projects during the year 2014 and 7 MBBS students have selected for STS ICMR Research Project Award for the year 2015.
- 46 MBBS students of our Medical College have submitted their project proposals for STS ICMR Research Project Award 2016.

### PUBLICATIONS:

- Over 250 Scientific articles have been published by our staff in various Medical Journals during the year.

### ACADEMIC PROGRAMS:

- Over 75 Workshop / Conference/Seminar / CME / Guest Lectures were conducted in our college.

### MEDICAL EDUCATION UNIT:

- During the past year, Medical Education Unit of the college conducted 7 activities including 1 workshop on Basic Medical Education Technologies for the staff, three sessions on research for PGs and Interns, two talks on Competence based education and web based interactive class for teaching staff and a workshop on drug safety for PGs.

### BIOETHICS UNIT:

- During the year, Bioethics Unit of the college organised a National level CME "Psychopharminar", and a National level Seminar on Development in Medical Technologies – Ethical, Philosophical and Religious Implications.

### NSS:

During the year NSS students of the college organised a Children's day, street play on eye donation, book collection Drive and Book Donation at Aloysius College.

### SPORTS & GAMES:

1. During the year 2015, our college students were the winners of Mysore zone Table Tennis Tournament (W) and Chess Tournament (M), Runners up in Basketball Tournament (M) and Football Tournament (M).
2. During the year 2015, our college students were the winners of Inter Zonal Chess Tournament (M) and Football Tournament (M).
3. During the year 2016 our college students participated in University Athletic meet and won medals. Mr. Naeem A.K. MIT Student (200mtr – Silver, 100mtr and 4x100 – Bronze), Mr. Alvin Kuriakose, BPT Student (Triple jump – Silver, 4x100 – Bronze), Mr. Jude Libin Alby, BPT Student (4x100 – Bronze), Mr. Ganesh Gowda, MBBS Student (4x100 – Bronze).
4. The following students were selected to RGUHS Univerisity team
  1. Mr Wilbur Leander Cutinho ( MBBS )got Selected for Table Tennis Tournament.
  2. Ms Shristi J Shetty ( MBBS) got selected for Chess Tournament.
  3. Mr Nihal ( MBBS) got selected for Chess Tournament.
  4. Mr Moraes Terence Macmillan (BPT)
  5. RGUHS Blazer : The following students got the RGUHS blazer for representing RGUHS University in the Inter University Sports / Games during the year 2014-15 on 8th May 2015 at Dhanvanthri Hall RGUHS Bangalore.
    - Paul Vivek Praturi - Chess
    - Veronica Lobo - Athletics





People  
change.  
Memories  
don't.

- Batch Diaries
- Batch trips
- Events

MBBS 2015

# Drug: XANTHRONINE

**Etymology:** From the Latin word "Xanthon," meaning "All for one and one for all."

∞mg / ∞mg

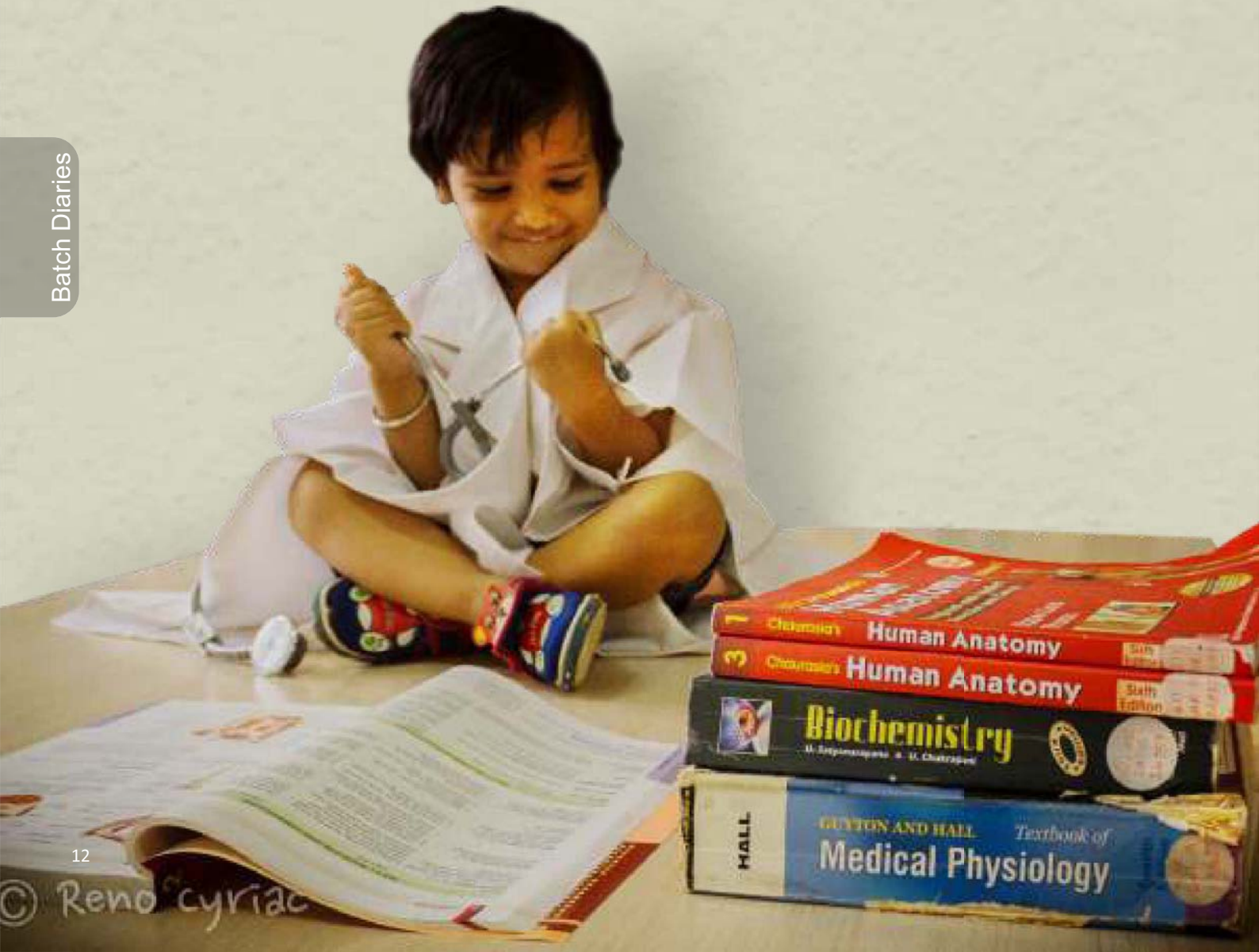
Rx only



Muller Pharma

## DESCRIPTION

Discovered by Fr. Augustus Muller in 2015, Xantronine is the latest drug on the market. Despite the disadvantage of being a relatively new medication for doctors and consumers, Xantronine has achieved widespread commercial success and, since its appearance on the market, has quickly been named a 'Wonder drug.'



# USES

**Events Hosted:** Xanthronine has shown considerable efficiency in planning and hosting events as listed below:

- Intercollegiate Bioethics Skit Competition
- Bioethics Update
- Freshers' Day (In collaboration with the Exorians)

**Academics:** The drug has proven to be enormously successful in academics, making it the most effective drug in this respect in history.

**Sports:** Xanthronine has shown great promise in the field of sports. Not including its significant contribution to the college level sports teams for

the matches during Adrenaline, Xanthronine has garnered an impressive list of achievements:

- Reached the semifinals in both Men's and Women's Basketball
- Football
- Volleyball

**Co-Curriculars:** Although the effects of Xanthronine have not been studied extensively (due to restrictions set on its research), preliminary studies suggest impressive results. The findings are listed as follows:

Active participation in Christmas program for the patients

First place and Second place in Diabetes Awareness Collage Competition

First place in Bioethics paper presentation

First place and Third place in Bioethics Photo Essay Competition

Equestrian 2015

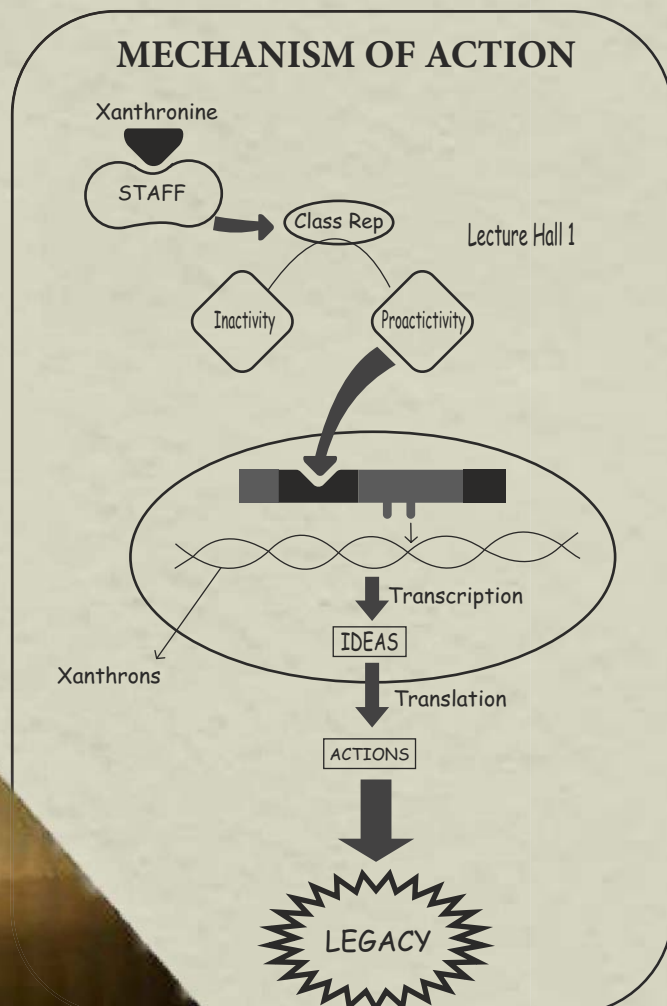
- First place in Poetry
- Second place and Third place in Creative Writing
- Adrenaline 2k15
- Third place in Creative Writing

## ADVERSE EFFECTS

No adverse effects of Xanthronine have been documented thus far.

## ADVANTAGES OVER OTHER DRUGS

True to its name, Xanthronine works by uniting all its subunits towards a common goal and, by combining skill, creativity and sheer dedication, achieves this goal with maximal efficacy.



MBBS 2014

# Drug: EXORIONOL

**Etymology:** From the French word "Exorians," meaning "we rise."

∞ mg / ∞ mg

**Rx only**



Muller Pharma

## Brief Intro:

Formed in 2014, this drug has completed two years of its existence in the portals of FMMC, in which time it has proved to be a worthy competitor to the other drugs out there, across various fields. As its representatives in the Student Council, it has: Head of the Student Development Committee, Ms. Rhea Fernandez; Head of the Media Committee, Ms. Krista Pinto; and the Class Representative, Mr. Jerome Joseph.

**Date of Manufacture:** 01/08/2014

## CLASSIFICATION

- **The Proxy Experts:** However many absentees, on paper we're all there, thanks to these guys.
- **Chronic Snoozers:** No matter the subject, no matter the time, be it in the A/C or not, these guys will be found at peace, napping!
- **Forever Late:** No need to explain this one.
- **The Typewriters:** The ones who've got the whole presentation jotted down, literally!
- **Reading-Room Campers:** You always know exactly where to find them.
- **Mr. Exorian:** The class favorite, the scapegoat for everything, our very own - Number 64.
- **The Mini Militia Gang:** A reason not to bunk classes.

## MECHANISM OF ACTION

Exorionol is a batch with diverse members, comprising of students from different cultural backgrounds. As the saying goes, 'birds of a feather flock together.' The same applies to us

Exorians. Being a part of this batch unites us. When challenged, all differences are forgotten, all hatchets are buried and we come together as one to annihilate our competition.



## USES

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- **Academics:** We had our first tryst with the University Exams which posed for us a do-or-die battle. But we Exorians took them head on and emerged victorious with excellent results to show for it.
- **Culturals:** Our next challenge was the annual inter-batch cultural event 'Equestrian 15,' where we showcased our abilities in various fields. We gave it our all, winning some and battling till the very end, proving our mettle.
- **Adrenaline:** The inter collegiate fest organized by our institution provided an opportunity for us to take up various responsibilities, like organizing and compering events and supporting the organizers at every juncture, making the event the grand success that it was.
- **Mullerscope:** Under the leadership of our fellow Exorian Ms. Krista Pinto, all the events happening all over the campus were meticulously covered by the media committee and uploaded for all to relive them.

## ADVERSE EFFECTS

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As of now, no serious adverse effects of this drug have been noted.

MBBS 2013

# Drug: LUMINOX

**Etymology:** Old French "luminarie" Meaning to inspire, be the leading light.

$\infty$  mg /  $\infty$  mg

**Rx only**



Muller Pharma

Many new anti-depressants have been synthesized lately, none of them as potent.

**Dosage:**  
150mg, continuous release

**Date of Manufacture:**  
August 1st 2013



## CLASSIFICATION

- The snarky chandlers
- The mobile hoppers
- The hakunamatatas
- The narcoleptics
- The happy birthday orchestra
- The kumbhakarnas
- The travel buffs

## MECHANISM OF ACTION

We will compete with every possible receptor such that our action is exposed in the most unimaginable ways in order to ensure 100% efficacy.

## PHARMACOKINETICS

- Absorption is fast and complete
- Converted to active metabolite-'Luminaries'
- Does not get easily excreted, and lingers in your system.



## USES (one too many... Most important being)

1. 'MullerScope'
2. Events hosted: Muller sports 2016, Teachers day programme
3. Sports: Winners of men's Basketball, Women's Throwball, Men's TT, Women's Badminton and Volleyball. Active participation in Cricket, Chess, Football, Sudoku.
4. Academics: Excellent pass percentage yearly, involved in debates and quiz.
5. Culturals: Fashion show, Dance, Acapella, Debate, Cooking without fire... The list is endless.

## ADVERSE EFFECTS

Intake of more than 1 tablet a day, might blow your mind!



MBBS 2012

# Drug: SPARTANAMINE

Etymology: Like Amphetamine

∞ mg / ∞ mg

Rx only



Muller Pharma

From the ancient soil of Sparta, a forgotten land of heroes and wars, comes rising from the brightest minds, a drug of stimulation and ecstasy.

**Date of Manufacture:** 1st August, 2012

**Trial Period:** 2012 – 2018

**Date of Distribution:** 13th March, 2018  
Schedule X – Psychotropic Drugs.

“Psycho” being the key word.

## CLASSIFICATION

- **The Dedicated:** Toil and sweat all year long. They never take a day off, come disaster or not, to reap maximum benefits in the academic world.
- **The Sloths:** Sleeping is their passion. Time not spent sleeping is wasted in bleary-eyed semi-consciousness. Surprisingly, they manage to scrape through the perils of medical education.
- **The Gluttons:** Food is their salvation (not hostel food). They are the first to visit new eating establishments. The midnight hour makes them so delirious that everyone starts looking like food.
- **The Creatives:** The dreamers, the singers, the dancers, the artists. They emerge from behind their medical books to display sparkling spurts of talent and confidence.
- **The Leaders:** A motley crew that undertakes all responsibility and bears the brunt of blame and anger from students and faculty alike.
- **The Athletic:** They engage in tiring and sweaty activities, bring in great crowd support and receive hysterical adulation from girls and guys alike.

# MECHANISM OF ACTION

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Though presently scattered in different areas of the hospital, they come together in unity and team spirit during stress-inducing situations. Eg: Sports events, culturals, impending trouble, and doom with higher authorities (Should I make a flow chart?).

# ACTIONS

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- **Academics:** We're all in fourth year. Need we say anything more?
- **Culturals:** Overall champions of Equestrian 2k15.
- **Adrenaline 2k16:** Organised the biggest intercollegiate festival in Father Muller history.
- **Onam 2015:** Fun-filled, high-energy, exuberant celebration of the traditional festival.
- **Muller MUN:** Taking forward the legacy of hosting Mangalore's first ever Model United Nations since 2014.
- **Sports:**
  - Basketball - Winners (Women)
  - Runners-Up (Men)
  - Football

# ADVERSE EFFECTS

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Accompanied by the milder effects of restlessness, anxiety, confusion and psychosis, we're otherwise a relatively stable bunch.

But recently we've been in the limelight for not getting our hands adequately bloodied and for some unfortunate bursts of celebration that were quickly tempered down.

# CONTRAINDICATIONS

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**Exams:** Gives rise to violence, elation and euphoria. Produces temporarily increased concentration and attention, followed by zombie mode. Temporarily postpones fatigue and sleep, followed by narcolepsy. Long-term use leads to tolerance and assured likeability.

**Attendance Time:** Show loyalty and discretion to absent mates, not otherwise seen before. The teachers won't know what hit them.

# ADVANTAGES

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A batch that practises democracy, treats everyone in an equal manner, and truly has leaders beyond compare.

MBBS 2011 - INTERNS

# Drug: MERCENALINE

Syn: Professional soldiers hired to serve an army, to be the best at what we do.

∞ mg / ∞ mg

Rx only



Muller Pharma

Formulated in 2011 by FMMC, has completed 5 years of first pass metabolism, through which its bioavailability has increased and are currently being used as placebos to help reduce the workload of older accepted drugs.

Date of Manufacture:  
22nd August 2011

## CLASSIFICATION

- **The 'Nerd Herd':** The advanced group which is well accepted by the RGHS pharmaceuticals.
- **DAMS Family:** A synthetic variant of the above group, scattered due to internship, but can still be spotted together in the DAMS pharmaceutical company.
- **Sleepy Sloth:** "I will do my work, but I should definitely sleep more than the hours of work I do" is their motto and nothing stops that, not even the hefty fines.
- **Insomniacs:** Antagonists to sleep; TV Series, Movies and Books being synergists. This trait was acquired after joining FMMC.
- **NBA Dropouts:** Originally manufactured by the NBA (National Basketball Academy), but ended in FMMC.
- **Gym Class Heroes:** 'Stay fit or die trying' is their only line of survival, no busy schedule or heavy workload keeps them away from gym.
- **Event Managers** (Includes all the CR's and Council Members): Every programme requires them, who are dependent on Happy Feets (dancers), Picasso's Progeny (artists), Nightingales (singers), Bluff Masters ('Yea, I will do it', but won't) and Techies.

## MECHANISM OF ACTION

---

A class of 80:20 ratio (girls:boys), with varying therapeutic indices work together to bring about maximal efficacy. Other generations of drugs call this class 'obsessed' but we believe that, it is just a word the unmotivated use to describe the 'dedicated'.

## ACTIONS

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Highly potent, covers a wide range of duties from being doctors to substituting 'annas' .

## USES

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**CNS:** Dear drugs of upcoming generations, we can be used as your source of information to enhance your Higher Mental Functions.

**CVS:** We can correct your arrhythmias with our presence during end posting exams but can induce them during various events we have organized such as the Game of Thrones, Guru Mahotsav and TGP+ Adrenaline.

**Skeletal Muscles:** The XY chromosomes of our batch, though only 20 in number, has undergone clinical trials in every sport and has hence proved their efficacy. As for the XX chromosomes from indoor sports to outdoor, name it we have it.

## ADVERSE EFFECTS (Almost Nil)

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Recent ICMR study shows that this drug had to undergo strict protocols by entering the market due to fear caused to the Mullerian Pharmacopedia by the adverse effect of previous generation drugs.

## CONTRAINDICATION (esp for subclass)

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Contraindicated with Ethanol and Nicotine, because of unpredictable interactions.

AHS

# Drug: CABALLERAMINE

**Etymology:** Derived from the Spanish word “Caballeros,” meaning “knights.”

∞ mg / ∞ mg

**Rx only**



Muller Pharma

We are the ultimate knights and we fiercely fight till the victory is ours!

**Date of Manufacture:**

We are renewed every year, so you ought to receive the freshest and the best of us!

Batch Diaries

# CLASSIFICATION

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- **Bone Setters:** We await for the callous remodelling of your bones, to bring you on your toes!
- **Shutter Bug:** The "Selfie Pros."
- **Mallu Swag:** We are the Malayalis and we hail from God's own country!
- **Book Worm:** Eat. Sleep. Books. Repeat!
- **Escapist:** When the pathway is clear and the time is just right, there you go and we vanish out of sight!
- **Doodlers:** Books, benches or waste sheets
- **are our canvas and there we diffuse the creative side of us!**
- **Miss Goody Two-Shoes:** When work causes you to fear, we are always near!
- **Labsters:** The lab is our kingdom!
- **Vocalist & the sound modulators:** Stuttering and fumbling whatever it would be, soon you would learn to sing Do-Re-Mi
- **Ear fixers:** Remain Glee, for your deafness is soon to flee!

# MECHANISM OF ACTION

---

5 mg of 'susegadness' from the very vibrant Goa, 10g of stylish divas and cool mundas from Mumbai, 50g of God's own people, and we create an affordable drug with 100% bioavailability. And how can we forget the NRIs from the US, Gulf countries and Nepal that add luscious flavours to the drug, thus elevating its quality and making it a valuable and efficient one!

# USES

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**Sports:** Winners of the Father Mullers Intercollegiate Championship in the year 2015.

**Workshops organised:** Taping, Facial Manipulation, Neuraxis.

**International Links:**

Association with INTI University (Malaysia) and South Australian University.

**Academics:** Bagging awards on the university level is our style!

**CMEs:** Scientia and Manipal CMEs were organised by our brave knights!

# ADVANTAGES

---

We the Physiotherapist, Medical Lab Technician, Medical Imaging Technologist, the Radiotherapist and the Speech and Audio Pathologist are highly reactive molecules, that are strongly united with covalent bonds and voila! the potent **CABALLERAMINE** drug is formed. When vigorous catalysts like **ADRENALINE** or the **CULTURALS** for that matter are organised, we blend our talents and qualities, and **BANG!** a jaw dropping performance is showcased to the onlookers.

# ADVERSE EFFECTS

---

Caballeramine is very sensitive to the flames of injustice. If we deserve something, it's ours and no one can ever snatch our victory!

Besides, we are very frequent with Sunday duties, when we are caught missing lectures any day of the week.

PGs and Staff

# Drug: MONARCHAINE

∞mg / ∞mg

Rx only



Muller Pharma

A group of elite drugs capable of vanquishing Hades and in constant battle with camouflaged micro-organisms. Effective 24/7/365 through all seasons.

Responsible quite often and literally for the phrase "get a life."

With a smile on our face, through the death-maze, we help surpass that phase, adding life to patients' days..

## CLASSIFICATION

Batch Diaries

**Thinkers:** Artists at conjuring cocktails of drugs specialized to corner microorganisms from all sides. Specialize in curing with their drug torpedoes, without touching the patient. With a steth around their neck, they can make your heart skip a beat at any moment

**Wicket-keepers:** Specialists in increasing the bioavailability of the Homo sapien population.

Steadily delivering to all gentlemen and ladies, their respective bald-headed babies.

Usually stable in ambient conditions; can explode if exposed to humans with excessively multiple offspring.

**Baby-sitters:** Constantly dealing with elements of low atomic number and low molecular weight. Next in line after the wicket keepers in the periodic table. Dealing with cuteness and sickness with a smile on their face, with no side effects.

**Scanners:** High in sensitivity. Can penetrate deeply but still require clinical

correlation. Deal with black and white images in an era of HD multi-pixelated colour. Synergistic action with most departments, vital to diagnosis. Can get inside your mind without touching you. Always cool minded (thanks to the AC cabins).

**Hallucinators:** Gases most of the time, but in a good way  
The bartender of drugs. Capable of making all patients cooperate with anything (by knocking them out!). Known to have samples capable of crossing the BBB making you sing 'Twinkle twinkle little star, how I wonder what you are'.

**Fashionables:** Beauty lies in the hands of these beholders. The place where the cover is better than the book. Creams, drugs, shampoos, facepacks available in a constant plasma concentration. Where you can find hot Tina and Taenia at the same place

**Eye candy:** People who have been good 'pupils' in class. Improves oxidation and reduction of photons at retinal level, improving the plasma display quality in your brain. Kinetics of

light cannot be matched. We are specialists in the same.

**Nosy Parkers:** Deals with 2 tunnels with no light at the end. Consists of multiple receptors for aromatic senses. Takes care of the main pathway to swallow your drugs.

**Cutters:** Sticks and stones may break your bones but blades and plates will fix them. Direct, deep penetration with open mechanism of action. Definitive mode of cure. Both therapeutic and diagnostic in action with minimal side effects. Work agonistically with hallucinators. Can fix almost anything except broken hearts. Wielding knives and blades in battles against sickness.

**Dominators:** The elite league; head to toe, sickness our foe; slice and chop every bit, only to make you hale and fit! With sutures and needles we can stitch you back faster than "Taylor Swift". The dominators fan you out to further intricacies, with 10 pathways and counting. There's no part of the body where these drugs fail to exert their action

**Incubators:** The genesis chamber of every other drug—bones, muscles, organs galore; they structure, form and function with complex reactions; the place the pro-drugs are prepped for actual clinical trials!

**Conveyors:** The interim between the incubators and the other drugs mentioned- these are the rate-limiting steps in the first order kinetics of the pro-drugs. The microscopic world, the reagents and the rigor mortis—the neo-drugs must pass through this perilous metabolism to get cleaved into their active metabolic state

**Rookies:** The huge community of freshly cleaved drugs that are on the road to chasing their dreams—from annas to mainstream monarchs they can morph into any form when asked; forever supervised by the aforementioned monarchs! Constantly overworked, these keep the Mullerian machinery alive. With a long turnover time of 2 to 3 years, they transform into any of the above mentioned classes.

## MECHANISM OF ACTION

True to the name, they are monarchs with a "cane." From TLC to a blazing furnace, they govern the physiological milieu, the metabolism and the kinetics. Feared yet loved, they constitute the manufacturing and the grooming process of every drug and the very foundation of the Mullerian organism.

## ACTIONS

Modifying other drugs; disassembling and reassembling; these are enzymatic and can cleave and leave; operate in all orders of kinetics; the efficiency close to perfection.

Fiery liberation of free radicals when provoked; these are the real reckoning for the pro-drugs in the event of indiscipline.

Experts at detecting, analyzing and apprehending all covert work done by pro-drugs, neutralizing them in almost every given instance.

CNS:- To all the pro-drugs, we are your makers and breakers, your ultimate assessment of higher mental functions. We simplify the complex

intellectual broth and dilute it to your taste and also check the amount of osmosis and assimilation periodically, with appropriate measures for any drug resistance.

CVS:- the source of your sinus rhythm; these are class-Z anti-arrhythmics; However they can cause the pro-drugs to flutter and fibrillate should the need arise! Asystole to ectopics, these drugs revert all arrhythmias to normalcy. They are the governing council for adrenaline.

Skeletal Muscles:- Variable efficacy from losing to winning; however, when the monarchs are found sporting, all pro drugs through the grounds to witness the monarchs!

## ADVERSE EFFECTS

Range of adverse effects- Fibrillation, flutters, constipation to diarrhoea; these are highly selective adverse effects noted in a few "deserving" individuals; but for the most part these drugs are co-administered with other drugs in perfect harmony.

## CONTRAINDICATIONS

NONE. They are always indicated, always metabolized, adverse effects or not. Hail or storm, night or day, 24/7/365, forever in the foray.

Special Thanks to  
Dr Prashant Das and Dr Jacob Ipe



# Escape artists



It was threateningly close to midnight,  
A legal escape was in mind;  
Stealthy and silent they could not be,  
They left their boarding, way past curfew time.

In the distance, amidst the darkness,  
Blinding lights and accomplices waiting,  
Heavy discussions and strategies planned,  
They got on their getaway, all excited and daring.

The engines roared and the speakers blared,  
It was definitely a crazy, mad sight;  
Youngsters not caring, of endless collisions,  
They rocked and partied all night.

It didn't go unnoticed, they sent their best two,  
The authorities wanted to know their every move;  
So agents "Dr. Sanjay and Dr. Jyothi were the choice of the lot."  
Little did they know they were perfect company for that weekend haunt.

A rustic countryside welcomed them early next morn,  
One sumptuous breakfast down, first 'Rajaseat' led them on;  
Trekking and photographers took to ideas less known,  
Before they knew it, a breath-taking 'view' was to unfold.

Majestic was too small a word, as the thrilled minds stood still,  
It was followed by home grown coffee and lazy lunch on the rocks;  
Daredevilry and adrenaline sizzled out of the next water sport,  
Monks, monasteries & some shopping drained their wallets out of luck.

COORG

Batch Trip



Right into the night, at the outskirts of the city,  
The buses rolled into night life's insanity;  
Disco lights seemed no match for their splendid grooves,  
They danced till their shoes wore off, and dinner approached quite soon.

They invaded the eatery, like they owned it all,  
Tantalising meals to satiety, they got back to their lodge;  
Hours apart, they woke up again, the next day was to plunder,  
Sleepy-eyed yet determined, they made Mysore their encounter.

Entering the city of 'Palaces', breakfast they soon gobbled down,  
And set soon for 'Wonder-La', the crux of their mission bound;  
Hooligans be ashamed the way, the ruckus spread through the bus,  
It wasn't too long before the water-themed park came into focus.

Death-defying rides left them weightless and wooshy,  
They didn't dare stop till their stomachs screamed empty;  
A quick grab of lunch, and then nefarious intentions on their mind,  
Splashing through an array of mind-blowing games to entertain  
their wild side.

It was finally as dusk turned in, that they began to whine,  
For they had to stop and soon enough it was closing time.  
Subdued, they returned to a stop for some delicious dinner,  
Endless banter followed suit about the trip laced with fun and  
humour.

Lights dimmed, eyes glimpsed, the journey had to end,  
Tired and weary, yet reminiscing of the weekend well spent;  
Back to drudgery, they'd all recall, a medico's life that way,  
A treasure chest of indelible moments was the best gift they all  
would take.



WONDERLA

# En Route! Adventure!

"Have you packed the toothpaste, the camera, and oh, don't forget the selfie stick!" this was our last minute clutter! We, the students of BPT batch 2012 would love to give you a glimpse into the mesmerizing experience of the most cherished memories of our batch trip, so fasten your seat belt as we take you through our trip:

## Our destinations of fun : Mysore and Coorg

Day 1: Departure from Kankanady at 10 PM.



### Destination 1: morning 6 am Mysore

**Mysore palace:** The beautifully carved, mighty and gigantic structures of the arena were breathtaking! Seriously, one ought to visit this place to marvel at its beauty.

**Suggestion:** Listen and follow your guide carefully. Otherwise you will end up getting lost!

**GRS water park:** We relived our childhood through the rides, roller coaster, swimming pools and the slides.

**Suggestion:** Do try the 5D movies for only ₹30 in GRS park. Complimentary ice cream and drinks are provided. Students discount can be availed.

**St. Philomena's Church:** The oldest, yet the most beautiful church in the city, where the mass is held in Kannada, Hindi and Latin.

**Suggestion:** Enter the passage which leads to a well-like structure into which one can throw a coin and pray for their heart's desire.



### Destination 2:

night 8 pm  
Coorg

Arrangements were made for campfire with pork and chicken barbeque that night. To sum it up the DJ added beats, everyone partied into the night.

The night ended with deep slumber at Evergreen Resto. With an adventurous day awaiting us, we packed our bags and left for the Tibetan Golden Temple. A place of soothing stillness and tranquillity; a must visit for a restless soul.

Geared up for rafting, we next arrived at Dubare River. Floating, swimming and learning newer forms of strokes was all that we did, and rafting solely added to the thrill.

The day wasn't over for us at Coorg: Spice, condiments and herbal products this land is known to offer, and shopping for such was the need of the hour.



### Suggestions:

Purchase decoratives and antiques, like wind chimes, the Laughing Buddha and lucky bamboo sticks, which are available at the Tibetan Temple in Coorg. Spices, coffee, various flavours of tea, and dried fruits are worth the buy in the spice shop.

### Words of advice:

Our two-day trip wrapped up at ₹3000 per head, including: Bus charges, food charges, water park charges, camp fire charges and stay for a night at a decent hotel.

It's better to plan the trip through an agency, as a better plan can be chalked out.

*We retired to our transport and called it a day, to be welcomed back to our Mullerian abode the next day*



# The Itinerary

## Places of Visit:

## Vagamon, WonderLa (Cochin) and Lulu Mall.



**Date of Departure:** 14th December, 2015

5 pm train from Mangalore Central to Kasargod. Reached at 6 pm the same day. Then a bus to Vagamon, one night's journey.

**Trip Planned:** Sana Agency, in Kannur.

### Description:

**Vagamon Calling!** Vagamon is a hilly place situated in the heart of Idukki district in Kerala. Being with a bunch of our ever-energetic classmates filled us with memories of togetherness, these four days. The pine trees, the hills, the valleys, and the freshness of the air made us go "Ooh La! La!" Campfire Night at Vagamon is something one must do! Music and DJ are the best things to get our groove on.

**Cochin:** Welcoming you to the cosmopolitan destination of our trip. Fun and frolic was experienced in the water theme park **WONDERLA!** Riding and gliding through the twists and turns, wonder and adventure filled our being!

And if you are in Cochin, in this city of spices and traditions, you cannot afford to miss the one and only 'Asia's biggest mall!' That is none other than the Lulu mall. With every floor having something to show off! So shop till you drop.

**Food:** Breakfast, lunch and dinner were included in the package

**Time of Arrival:** Morning 8 AM, FMMC campus.





Krista

Daron

Jason



Monish

# Student Council 2015-16

A good student council is crucial to the working of any college, and I consider myself privileged to have been a part of a great one. Any event in the college is meticulously thought out and planned by the event organizers, staff in charge and members of the student council. Every event is a cumulative result of months of hard work, sweat and tears. While the end result is great, the journey is what makes it all memorable. Working with staff, my seniors, peers and juniors has truly been a great experience for me. It has taught me important life lessons, but above all, formed firm bonds of friendship.

Anagha, General Secretary

My deep passion and love for visual art inspired me to take over the responsibility of heading the Fine Arts Committee of FMMC and it was indeed a fantasy turned to reality. I worked under the guidance of my staff animator, Ms. Jenifer D'Sa who was a constant source of encouragement and support to me and my team mates. The hidden talents and originality of the students from various batches was brought to light. The hard work of many hands working together tirelessly as a team, helped us achieve a mind-blowing result. The compliments received truly brought me a feeling of accomplishment! I am grateful to have been given this opportunity that has taught me so much and helped me grow as an individual. Also, it was an honor being a part of the Student Council and making a contribution. It has been a challenging journey but indeed a beautiful one, that I will cherish for a lifetime.

Kimberly, Fine Arts Secretary

The day I received the post was a surreal one, as I have been wanting it since my first day. It has been a challenging journey from the very start. The whole experience of organizing events, working with several teams and communicating ideas has taught me a lot.

I have truly enjoyed and cherished every moment so far.

The students of Father Mullers are very talented and enthusiastic when it comes to sports.

I am fortunate to have a very supportive batch and student council which have helped me through it all.

I would like to thank God Almighty for his countless blessings, the management, Dr. Prathvi Shetty, sports staff advisor, for his constant support and also Mr.Chandrashekar S.N, Physical Director , for his guidance .

Joseph, Sports Secretary

The initial feelings of elation at having been chosen as the Head of the Media Committee gave way to those of self-doubt, but the journey has been so beautiful that those feelings have now transformed into confidence. A few days after the inauguration of the Student Council, began Equestrian 2k15 - our annual Cultural Event. Although the media committee covered a number of events subsequently, I believe that covering Equestrian was the hardest task as well as the most satisfying. I was new and nervous but with the help and support of other Council members, my batch mates, the previous committee and the rest of the committee, we managed to pull it off.

Another memorable event for the committee was Adrenaline - our Intercollegiate Cultural and Sports Fest. Conducting flash mobs and street interviews in various colleges of Udupi and Dakshina Kannada districts, although daunting was absolutely thrilling. It was a time of great bonding and learning. As my term comes to an end, I feel extremely humbled and grateful for the experience and opportunities presented to me.

Krista, Media Committee



Anagha

Royden

Being in the student Council was one of the best things I've ever experienced. It's been a long tiring journey but at the same time a wholesome learning experience for me. Dealing with people and situations was not a very easy task (other members of the Council would back me up on that), but working as a team to deal with it all was the most important part. Being able to widen my perspective and having a newer outlook on a situation was what I really learnt through this year.

Working for Equestrian and Adrenaline was one of the most memorable experiences that I have had and will carry with me forever. The best part of it all was when students of other colleges would come to me for help and they'd see my badge and look at my with so much awe and respect.

Being a part of the Council, I can proudly say that I've been among some of the best and most vibrant people on campus and I'm glad to have worked with them. Cheers

Rhea, Student Development Committee

Being elected the joint secretary of the student council was a learning experience. I got to witness first hand all the hard work and dedication that goes into planning big events like Equestrian and Adrenaline and I am grateful for the same.

Archana, Joint Secretary

**“No man's knowledge can go beyond his experience.”**

I took over the post of the Vice president of the student council on October 20th. I had a wonderful time working with a dynamic team, led by our President Jason, which tried in all possible ways to help the overall development of the students. I feel proud to see what the council has achieved.

Every second spent has been a learning experience for me which no books can provide. Despite the hectic workload, the sleepless nights and the hungover mornings, I must say it has been a delightful journey. I would like to thank everyone who supported me throughout. As all good things come to an end and so has this council year. It was a wonderful experience that I shall cherish throughout my life.

Royden, Vice-President

**The only place SUCCESS comes before WORK is in the dictionary**

When I took over the responsibility of the technical committee (a committee which nobody knows about) I honestly had no idea what my responsibilities were as a Technical secretary in the council. A committee is as good as its head (as told by my predecessors), and under the guidance of the dynamic and capable Dr. Saurabh Kumar as its animator, we set sail.

Starting off from Equestrian to ADRENALINE 2k16 and whole lot of other programmes conducted by the committees in the council, we provided our technical help and guidance in the form of publicity videos, banners, logistics, etc. forming the backbone in all their endeavour, aspiring the best for the team.

Though happy with what we achieved so far, we still have a long way to go. We are still far from achieving our dream of setting up our very own radio station run by, of and for Mullerians.

Heading this committee over the past year has been fun and has also helped me learn and grow as a leader, organiser and also as an individual.

I would like to sign off by thanking all my committee members and my fellow council members who put up with me and gave it their all.

The unity, teamwork and friendship we forged will go on.

Monish, Technical Committee

Joseph



Kimberly



Archana



Rhea



# Message From the White House

## What's the difference between Equestrian and Adrenaline?

Equestrian, our intercollegiate cultural fest, was more like training ground for us in organizing the mega event Adrenaline; but soon after taking responsibility and having zero organizational skills, even Equestrian seemed like Adrenaline (ha-ha); but yes, we were more confident after Equestrian!!



Jason, President  
2015-16

## How important are these cultural events for a student's life?

We, as medical students tend to focus more on studies. Our parents and teachers also expect us to do just that. So, in a hectic life like ours, it is these cultural activities that give us a break. Also, these events make for amazing memories that we will definitely cherish for the rest of our lives.



Sweena, Cultural Secretary  
2015-16

## How do you manage your time??

The only way was to put in extra time and sacrifice on some things.

## What was your living on the edge moment?

As President; there were many, but the one which I can't forget was during my first speech for the Inaugural of our Student Council, damn nervous!!

During Adrenaline:-When we couldn't find a chief guest for the inaugural of Adrenaline.

## How did you let off steam when things didn't go your way?

My Council members were so supportive and responsible, they never made me feel lonely at any time. We all equally shared our responsibilities and gave our best. Our Council Staff Advisors and few other staff always supported us in every step.

## How was your overall experience??

Once in a life time opportunity!! The amount of knowledge I gained, the number of people I met, molded me to become bolder and more patient

## The tagline of Adrenaline was 'Living on the edge.' Do you have a living on the edge experience of your own that you would like to share?

I would say that I have been living on the edge ever since I took up this post, especially with regards to Adrenaline. This time around, Adrenaline was scheduled earlier which gave us very less time to prepare. So it was quite a big challenge for me and my team.

## What was your feeling when it all came to an end?

I just had two words in my mind, "Mission Accomplished".

## What is the future of Adrenaline the way you see it?

I believe that the future batches can indeed raise the standards and prove that medical students are not just bookworms; we do have lots of talent within us.

## Is there any message that you would like to give to all the readers?

Never stop yourself from doing something just because you are afraid to fail.

Oct • Student Council Inaugural  
• Equestrian

Nov  
Sit and Study

Dec  
• Christmas Celebration  
• Universities

Jan  
Hmm!

Feb  
Adrenaline

March MUN  
• Graduation  
• Sports

April  
Water crisis  
Pack Your Bags

May ☀️  
Please Rain

June  
Fix Your Umbrellas

July  
Sit and Study

Aug  
Hibernate

Sept  
• Onam  
• Teachers Day

On the 20th of October, we inaugurated the student council for the academic year of 2015-2016. Eleven representatives from different batches took their positions and recited their oaths led by the Dean. Under the leadership of president elect, Mr Jason D'souza, the student council set forth to give the student body a year to remember. A year full of activity, fun and drama.

The year started off with the cultural fest, EQUESTRIAN 2k15, which united each batch and pitted them against each other. It was a rollercoaster ride but at the end of it, a week of pure entertainment and relaxation.

Next on the calendar was the most anticipated event for those with a passion for diplomacy & debating. The Inter-Collegiate event, Muller Model United Nations (MUN) was 2 days of discussion, debate and crisis, giving all those involved an excellent chance to play dress up.

Adrenaline 2k16- Living on the edge. The only event in Mangalore on such a large scale to encompass the different genres from sports & culturals to literature & art. From TV interviews and flash mobs, to DJ nights, paintball and live performances, it was a fest that would last long in our memory.

Tapping into the competitive nature of the Mullerians, the inter-batch Sports Tournament was a sight to behold, as players of various sports battled it out from dawn to dusk.

On the 13th of March, we bid farewell to the batches of 2010(AHS & MBBS) and the PGs of various departments. They left with their tassels turned to the right to show the world what they had achieved.

Then came the celebration of flowers and mythology, Onam. Everyone dressed in garments of off-white and gold, irrespective of the state they came from, to celebrate the tradition of Kerala.

The student development committee was highly active throughout the year, organising talks for the benefit of the students & staff.

The last but never the least is the Teachers' Day, a thanksgiving day dedicated to those who inspire and encourage us to be better people.

The year will come to an end with the passing of the college flag to the next president. Good luck to the student council of 2016-2017





Outwit, Outplay, Outlast



KING ARTHUR HAS BEEN  
FATALLY POISONED  
BY HIS ARCH NEMESIS, THE  
SORCERESS MORGANA!  
ONTO LOVE HE NOW  
HANGS BY A FRAGILE  
THREAD  
AND THE FATE OF  
CAMELOT, UNCERTAIN.  
UNDER THE GUIDANCE OF  
KING ARTHUR'S SORCERER,  
MERLIN,  
HIS 8 KNIGHTS NOW  
TRAVEL TO THE EXOTIC  
LAND OF INDIA  
IN SEARCH OF THE  
MYSTICAL ELIXIR OF LIFE  
THE ONLY HOPE TO SAVE  
THE KING'S LIFE!  
THE BRAVE KNIGHTS  
GATHER THE MULLERIAN  
OF VARIOUS BATCHES  
TO JOIN THEIR  
CAVALCADE,  
PREPARE THEIR ARSENAL  
AND CHARGE INTO THE  
INTER-BATCH BLITZKRIEG  
OF MUSIC, ART, DANCE AND  
MORE  
THAT IS \*EQUESTRIAN  
2K15!!

# DAY 1

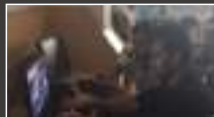


## Day 1:

The academy hall was overflowing with excited Mullerians as the festivities kicked off with the most anticipated event of every Mullerian fest: knock out dancing! The crowd was not disappointed as every batch put their best dancers forward to fiercely battle it out on stage to a mix of various genres of music! Following this was the formal inauguration of Equestrian 2k15.

## Day 2:

The second day of Equestrian started off with Gaming, competitors facing off in Counter Strike and such and went onto the brain twisting quiz and then the even more challenging Treasure Hunt! The campus was filled with groups of determined contestants wracking their brains to decode the cryptic clues (composed entirely of emojis!), dashing madly to click group selfies at every location till in the end it was AHS that breezed through the competition and found the bounty first! The ever entertaining Pot Pourri followed suit with 2010 proving to be the most witty and expressive. The day ended on a high with the wacky Mad Ads show, the PG and Staff teams hilarious ad for "Jiagra Pens" winning first place.



# DAY 2

## What made you take up this responsibility?

Honestly, I have Sweena and Jason to thank for this opportunity. Those two would come to me every day for almost a week to convince me to take up the responsibility. Seeing how I wasn't even from a medical background, I thought it would be a challenge. Today, when I look back I think that has been one of the best decisions I have ever made!

## How was it working with medical students?

The team I worked with was absolutely bonkers! Their energy was so contagious and they had such fresh ideas to offer.. You tell them to do something and the next thing you know, it was happening! I met a lot of interesting people and made a lot of friends. Even today, when the students acknowledge me and come wish me and talk to me, it feels very humbling!

## Are there any favourite memories you have of the event?

I have a lot of them! The whole journey taught me so much! But there are two names I need to mention. One was Jeffrey. He wanted to do something very different. So we thought we'd do something on the music front and that's how the equestrian theme song happened! Jeff came up with it and when I heard it, I was sold!

And then there was this weird looking kid with glasses, who came up to me with a tablet in his hand and explained to me what 3D art was and showed me some crazy mind blowing picture and said Daron, we want to do this!! And I'm like you're joking right? But he was confident. So we got him the things. And for three days Daron, Rakshith and Melbin worked their asses off in karate kid mode and what came after, is history! (#livingontheedge)

### Day 3:

Nicki Minaj, Superwoman, Radhe Maa and even Sunny Leone graced the grand stage of Equestrian 2k15, as things kicked off with Mock Press, the ever witty duo of Dr. Pavan and Dr. Arun (for the last time), rigorously and humorously drilling the "celebrities", much to the amusement of the audience. The instrumentals competition after turned out to be the most diverse show case of instruments Mullers has witnessed till date; flutes, tablas, harmonicas and sitars came together to give fresh twists to popular songs. The day ended with the thematic dance, a dazzling spectacle of dances interwoven with powerful messages.

### Day 4:

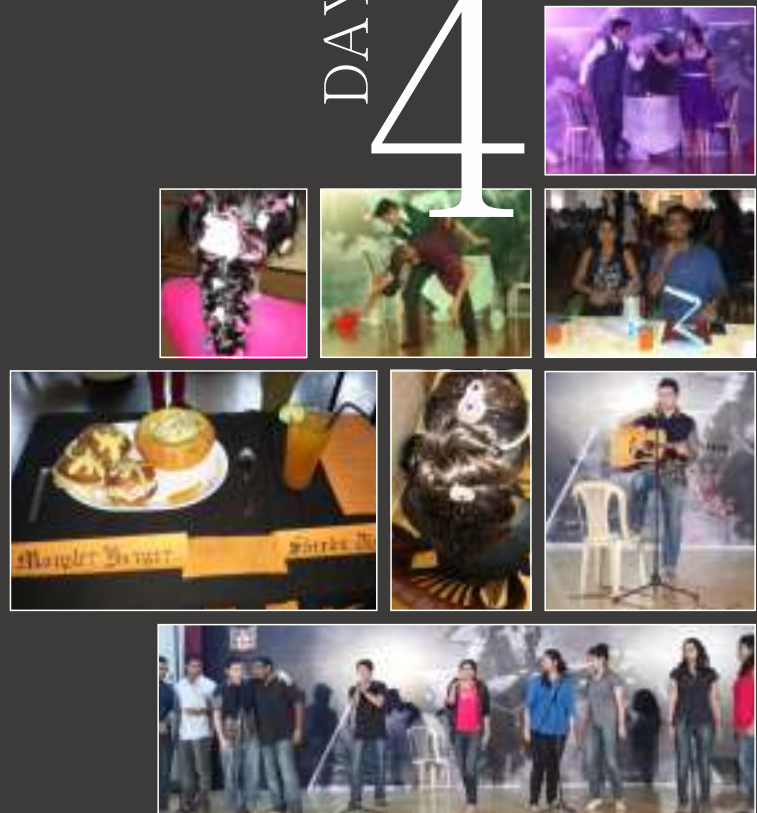
Hair Styling, Cooking without fire and Wordsworth were the curtain raisers for day 4, followed by the eagerly anticipated Western Singing event. Superb solos, acapellas, duets and a surprise performance by Mullers very own diva Jacqueline Fernandes and her band made for a real extravaganza. The night ended with the screening of the very thought provoking entries for the movie making event, the theme being "Drug abuse in medical colleges", 2012 producing the best entry.



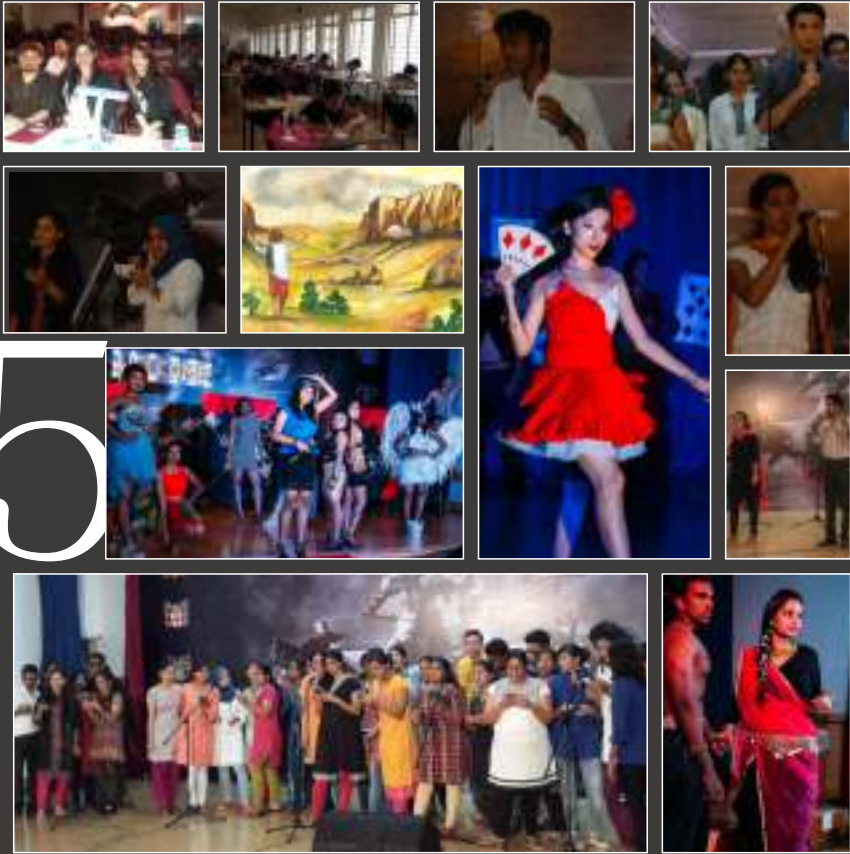
## A Chat with Jacqueline



## DAY 4



# DAY 5



**Day 5:**  
The evening air was filled with the sweet melodies and vivacious beats of Hindi music as Eastern Singing began and built up an exciting transition into another major event of the culturals: the fashion show. The most poised walks, the best physiques, the most creative concepts and sartorial ingenuity. The fashion show is the event that brings together every possible facet of entertainment in one package and the competing teams sure did deliver; on-stage dress changes, entertaining emcees, colourful costumes, our beloved staff members taking to the ramp and an unceasingly enthusiastic crowd all made for a totally thrilling night!

**Day 6:**  
The final day of battle. The limitlessly creative chaos of non-thematic dance was the final event following which the scores were tabulated and double checked one last time. After a nail-bitingly exciting few days, 2012 were declared the ultimate victors followed by 2013 and PGs & Staff in 2nd place. The rising crescendo peaked with the closing ceremony.



# DAY 6

# Give your share to show you care

It's a novel initiative by the Student Council as part of Equestrian to live up to our college motto of "To heal and comfort" by helping the dialysis patients of our hospital. With a great deal of support from students and teachers alike we managed to raise ₹1,18,981 in less than two weeks!!! On behalf of the council, I would like to thank everyone for their support.

## Jason

President, Student Council



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## #LivingOnTheEdge



Creators: Daron, Rakshith & Melbin  
MBBS 2012



Dr Kuldeep & Dr Veena Living on the Edge



Slam Dunk



Game on



Checkmate



Only his smile is brighter than his shirt



I'd rather eat it



Ooo. Talented peeler in the house



Mr. Muller at his best



Mother of all things good



Setting off oestrogen everywhere!!



I think we have such great chemistry



Testing.... Biceps...  
1 2 3.... Biceps Check



When your makeup is on point!



The authentic Indian experience



Did they think we wouldn't have light!?



Now we know how she played in the mud



Guess he has something to say



Shake that booty



It's Guy Love.  
It's you and me....  
and them.



The walking violinist



Leap-Frog



All you mallus raise your hand!



When the whole college comes together for one performance



DJ got us fallin' in love again



When your teacher dresses better than you



Straight to the heart



All hail the Greek God!



Watch me whip, watch me nae nae



Rock & Roll



He's my jam



Pitch Perfect 3



Brownie points



Seventh Harmony



And then there were 4



Ankit's Chords



And the crowd goes Who!!







## Interview of Dr. Sudharshan Pai Staff Coordinator, Adrenaline 2k16

### **Can you tell us how your experience on the rollercoaster of a journey Adrenaline 2k16 was?**

Honestly, the team I had to work with for the event was so talented, so hardworking and so sincere, they made it all seem very easy. Irrespective of what branch they belonged to, everyone came together to make the event a success. I will forever be indebted to the students of Father Mullers for giving me this amazing experience.

### **What motivated you to take up this responsibility?**

I have had a lot of experience in organizing events right from my UG days and even during my post-graduation! So when my students came to me, I could not say no.

### **Were there any challenges you faced?**

Oh, so many! You know students have block postings in their third year. Students cannot afford to miss these postings. So, in spite of having tests and exams the students never backed down. Managing between the students' postings and immense workload of the fest was indeed very challenging.

### **If you had to do this all over again, would you?**

(smiles) That's a million dollar question you have asked me. When I take up a responsibility, I have to make sure that it is done right all the way through. It takes a lot of time, hardwork and discipline into making an event of this dimension a success. So there's a lot to consider before I make this decision. Lets see what the future holds for me.

When we joined Fr.Mullers, graduating was a far off dream and graduation day meant long speeches and cultural performances by us before a huge crowd, who were mostly busy eating. But in the years to come, we began to wonder in awe how it would feel to walk down that ramp. Time flew quickly, and it was our turn to graduate. The month of March was filled with talk about dresses and graduation.

# 13<sup>TH</sup> March



**O**n the 13th of March, the solemn and grand mass we all attended really inspired and gave us the strength, consolation and guidance that we would need to go out into the world after Mullers. After that during the day, all of us graduates were busy dressing up in our best attires. As we met to collect our graduation gowns, I felt a multitude of mixed emotions on wearing it, happy that we were finally done and sad that we had to let go of a part of our life that we were so attached to. During the grand parade, we all felt

so proud, with all the cheering by our friends and family and watching our faces on the LED screen. As we sat waiting for our names to be called out, reality finally hit us. Our long journey, filled with tears of sadness and joy, moments of desperation and triumph and infinite bitter sweet memories has finally come to an end. We are done! As we received our medal and certificate, we were filled with pride and as we walked down the ramp, we were no longer naive teenagers, but mature, successful and accomplished

healthcare professionals. The speeches didn't seem boring that day and we paid heed to every word of wisdom. The rest of the day followed with endless photographs, selfie sessions and watching our juniors perform during the cultural programme. This brought a wave of nostalgia over us bringing tears to our eyes as we remembered, it was like yesterday we were in their place performing, but today we have finally done it.



Kryson S D'Gama  
BPT Batch 2011



# EVERYTHING YOU NEED TO KNOW ABOUT MUN-ING!

Yes, I do know how to spell, and no, I haven't been autocorrected in the title. MUN-ING is a classic art form seen in many countries wherein people politely argue about things that they wouldn't otherwise politely argue about.

Well . . . more or less. You know what? Let's walk you through it real quick. If you're a newbie, this might be a little helpful. Else, you might just have a good laugh.

Either way, I'd like to welcome you to the Wonderful World of the Muller Model United Nations! Delegates kindly take your seats as we will now commence our session.

## What is MUN?

The word MUN stands for Model United Nations, and it's basically a simulation of the actual United Nations General Assembly at a much smaller level. (*Technically, but have you seen the Harvard MUNs?*)

## What do we do there?

Basically, we simulate the UN General Assembly. Each member of the *house* (the big room where all the fancy parliamentary talk is taking place at) [*Read: Knowledge Center, FMMC*] is called a **delegate** (a mock-representative of a particular country).

A typical Muller MUN is usually a two-day affair, and for each day there's an *agenda*—a topic of discussion that we will spend eight or so hours arguing about.

{*Examples for agendas are:*

*Protecting the rights of homosexuals in legislative procedures (circa MUN 2014);*

*The Millennium Development Goals and what each country has done to achieve them (circa MUN 2015);*

*The Syrian refugee crisis and impact of ISIS as a global threat (circa MUN 2016);*

*The environmental threat presented by the coming of round pizzas in square boxes (still in consideration). }*

## Shoot, this sounds scary. What do I do??

Don't worry, it's not as bad as it sounds. All you have to do as a delegate of the country is to prepare for each agenda as though you were an **actual delegate of the country**. That means: know your foreign policy inside out, know your country's stance on the matter (past, present and future), know your country's legislative policy on the matter and, most importantly, be able to *defend your country against all those who criticize it!*

Now you're really scared, aren't you? Let's break it down for simplicity's sake. Say you're the delegate of . . . Mulleria, for example. Your research on this country should look a lot like this:

**General Knowledge:** Which continent is your country located in? Who're your neighbours? What's your population? Who's your president? Is he a nice chap? (*Doesn't matter if you don't think so, you work for him.*) What's your country's GDP? Where does it stand on the global development scale? What's your main source of income, favourite sport, favourite thing to do on weekends?

**Foreign policy:** This is really important.

Who're Mulleria's friends? Does it *have* friends? Frenemies? Nemeses? Who do you trade with? Who do you backstab? Which is that one country that always comes up in every conversation that makes your knuckles go white?

**International Organizations:** Is your country into after-school extra-curriculars? Are you a part of the NATO/GCC/permanent house members/international knitting league? This is very important. You'll need to read up on your clubs guidelines too, for added research.

**Your country's stance on the matter:** What does Mullerian law have to say about round pizzas in square boxes? What does its president say? Its people? Has there ever been any disagreement on this? Discussions/debates/revolts? Past/present/future? Does Mulleria even *like* pizza?

*Keep in mind: your views should be the views of the President and the government. Not the people. You are the representative of the government. You should only be aware of what your people say so that you can defend yourself against them. Harsh, but that's how MUN goes.*





## Double shoot! I don't know where to start!

Well one good place to begin is **the position paper**.

*The what?*

**The position paper**—an A4 sheet detailing your country's exact stance on the matter at hand. It's optional, but it gets you bonus points in the overall competition. Mention the past/present/future and close it off with some fancy words, you're good to go.

{Example: Mulleria's position paper should look a lot like this:

## THE ENVIRONMENTAL THREAT PRESENTED BY THE COMING OF ROUND PIZZAS IN SQUARE BOXES

**Country:** Mulleria

**Delegate:** Mullerianna

**Topic:** Mulleria's stance on the current crisis

We've always had round pizzas in square boxes.

I mean... hasn't everybody?

But I guess if y'all are changing then we gotta blend in and stuff.

So like... we're cool with switching over to round boxes. Or square pizzas. Whatever floats your boat.

But only if everyone else is doing it too.

Our President is great, by the way.

**References:** *not* Wikipedia. }

## Parliamentary Speech

Now obviously you can't go walking around the UN talking like that, so you

might want to know a little about parliamentary speech. It's a formal, respectable manner of third-person speech that is peppered with words too big for anyone to understand.

I'm exaggerating, of course, but when in parliament, you *must* stick to the rules of parliamentary speech. That means, instead of saying:

*I seriously hate burgers like I don't even know why Burgeria exists anymore it's a total waste of space.*

You should say:

*The country of Mulleria has always had a strained relationship with that of Burgeria, but Mulleria is respectful of Burgeria's ideals and will fully uphold the values of its constitution and not impeach upon the rights of its people.*

Precise, respectful, "third-personed" and bizarrely-worded, with a little dash of how awesome your country is. Parliamentary speech requires a bit of patience and practice.

## Okay, so I got the rules down. What's a typical day going to look like?

So you're decked out in your Sunday best, got a folder full of important papers (and hopefully a functioning pen). Once you're seated in that air-conditioned room, the **chair** of the house (the one who's going to be calling all the shots) will commence session. Day 1 will look something like this:

**Roll call vote:** basically, attendance.

**Setting of the agenda**

**Moderated caucuses:** respectable arguing for five minutes.

**A crisis:** more on this later

**Unmoderated caucus:** respectable socializing

**Drafting a constitution**

**Saying goodbye**

## What's that white piece of cardboard that everybody's holding?

That, my friend, is a placard. Every time you want to speak or vote, you raise it like so.

## Le Press

Also known as 'The bane of your existence'. A press conference looks something like a viva, but only more public. This is when you've got to keep your wits about you, because when they ask: 'If Mulleria is as kind and respectful as you make it out to be, then what about, oh I don't know, the nuclear missile you sent flying off at them like, two days ago?' You've got to be able to justify yourself.

## What's my resource?

BBC news, the United Nations public portal, CIA world factbook... just *don't* say Wikipedia.

## It all sounds so scary...

But it's not! Trust me, the MUN is a great way to meet new people and venture into things outside of your daily comfort zone. It teaches you the art of diplomacy, public speaking and the importance of being aware of a bigger world outside of us. It's an educational experience that teaches you the essence of polite and mindful debating, and the importance of reaching a conclusion and forming resolutions.

If you've never MUN-ed before, I suggest you give it a try! Because you never know until you do... you might just win 'best delegate of the house' next time.





# POT POURRI

*People • Ideas • Art & Soul • Humour*

# MULLERS SPEAK

■ Voice of the people ■

## SECTION 377

**1. Dr NICOLE PEREIRA,**  
*Department of Pharmacology*  
I think it's very sad that we live in a society where somebody who identifies as something different from most people, can't stand up and say "Yes, this is who I am". Sexuality is very complex and MLAs and MPs, who've barely got any educational qualifications pass judgements on it; how can they decide what another person's sexuality is? It's just not fair.

**2. Dr PRINCY PALLATI,**  
*Department of Pharmacology*  
I definitely think it should be revoked. People have the right to live their life the way they want to, according to their personal choices. However, I don't think just revoking this law would help. The government should also introduce new laws which will protect homosexuals from being marginalised and bullied into becoming a vulnerable minority.

**3. Dr VARUN PAI,**  
*Department of Forensic Medicine*  
I think it should be decriminalised. They are also human beings who just happen to have a different orientation.

We can't say whether it is right or wrong because that is the way God has made them and they have the right to live their life.

**4. Dr OLIVER,**  
*Department of Community Medicine*  
It may have made sense once, but today it no longer makes any sense. It's a law made by the Britishers who have themselves repealed this law 50 years back and yet, we are still struggling to do so.

**5. Dr PRAKASH SHETTY,**  
*HOD, Anatomy*  
I think everybody should have the freedom to live their life according to their sexual preference. I don't see anything wrong with that.

**6. SHWETA SAMUEL,**  
*MBBS BATCH 2014*  
You know like how telling a lie is not against the law? It's morally wrong, I agree, but it's not a written law to not lie. So I feel that way about the gay rights. I personally won't judge you if you're gay, and I don't feel that they need to be punished by the law.

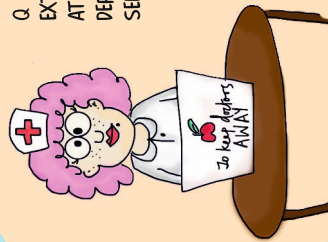
Disclaimer: Views expressed in Mullers speak are personal opinions of the author and do not represent FMMC/Ed Board 16.

# Humour



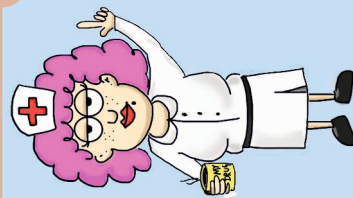
Q: DEAR SISTER COREEN, MY GIRLFRIEND HAS RECENTLY BEEN STRESSED WITH WORK AND STUDIES. SHE'S DIFFICULT TO READ AND HAS RANDOM MOOD SWINGS DURING THE DAY. WHAT SHOULD I DO?

**PMS**  
allows us Ladies a couple of days to act like men do every **freaking day!**



Q: DEAR SISTER COREEN, MY SENIOR STAFF ARE EXTREMELY RUDE TO ME IN SPITE OF MY BEST EFFORTS AT WORK, I FEEL UNAPPRECIATED AND SOMETIMES DEPRESSED. WHAT POLITE YET FIRM REPLY CAN I GIVE MY SENIORS WHEN FACED WITH SUCH A SITUATION?

Behave yourself and **remember what happens today goes on Facebook Tomorrow**



Q: DEAR SISTER COREEN, I'M AN INTERN, NIGHT OWL AND ABSOLUTELY NOT USED TO EARLY MORNINGS. SO WHEN I HAVE EARLY MORNING DUTY, I'M NOT THE MOST FUN PERSON TO BE AROUND. WHAT DO I DO?

**A magical substance that turns,**  
"Leave me alone or die." **into,**  
"Good morning Honey."

# ★ ★ ★ People ★ ★ ★

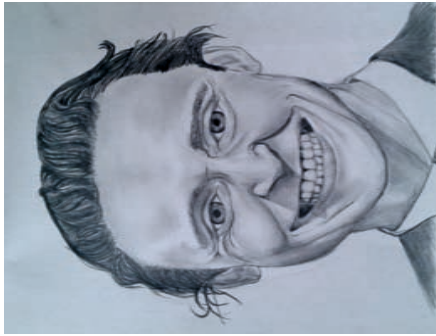
**Dr. Sumanth, Department of Pathology**



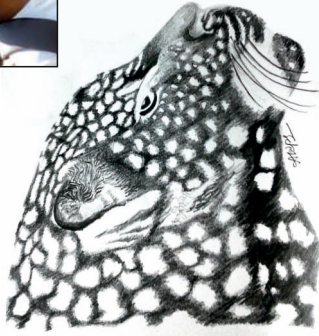
- 1. What is the best part of your practice?**  
The best part of my practice would be arriving at a diagnosis in brain teasing cases.
  - 2. Would you like to share a funny experience you've had as an undergraduate?**  
Ragging sessions were in full swing when I had just joined MBBS and on one such day, I came across a classmate wandering restlessly asking everyone he met on his way if he could borrow a bowl from them. When asked why, he revealed he was going to buy milk from a dairy for a senior. It turned out that particular senior had asked him to buy him a bar of dairy milk chocolate and this incident soon became a standing joke.
  - 3. Which is the most beautiful place you've been to?**  
Victoria Falls, also called Big Falls, at Zimbabwe. True to its name, it's so humongous that it can be viewed from a distance of 1.5km and is said to form the largest sheet of falling water in the world.
  - 4. What is the funniest experience you've had with your students?**  
One of my post-graduate students was once given the responsibility of escorting an external examiner to Suman Residency, a hotel, where we had made arrangements for his accommodation. Some time later he was seen asking around for directions to "Sumanth sir's residence"
  - 5. Have you ever become the target of any prank played by your students?**  
How easy do you think playing pranks on a prankster is?
  - 6. How would you attempt to get the remote from your spouse?**  
Such a situation would hardly ever arise, with my son being adamantly in possession of the remote at all times. What works out with him is staying mum for a while, after which he hands it over to me with an apologetic smile on his face.
  - 7. Who do you think make better drivers- men or women?**  
Obvious, isn't it? For women who can drive anything under the sun, including us men, driving vehicles isn't a big deal at all.
  - 8. What is your passion in life?**  
Travelling. It not only broadens your mind and makes you wiser, but also opens you up to yourself- your strengths and weaknesses, your presence of mind, your ability to adapt. The fulfillment you get out of it is unmatched.
- Favourite food and drink- Home-cooked Akki rotti with kotgaru and tea**  
**Favourite books- The Da Vinci Code, Five-Point Someone, Asterix comics**  
**Favourite music- Careless Whisper, Don't worry Be happy, Old Hindi and Kannada songs**

# Art & Soul

by **Alphy Philips, MBBS 2014**



▶ **"Tom Hiddleston"**  
By far, my favourite portrait is that of Tom Hiddleston, better known as 'Loki' from 'Thor' and 'The Avengers'.



▶ **"Leo"**  
Believe it or not, this fierce side profile of a leopard wasn't merely drawn on white paper the way it looks now...It was drawn in the negative.



▶ **"3D Swing"**  
I've always wanted to explore new forms of drawing, 3D being the most fascinating. Curiosity got the better of me as I stumbled upon the idea of drawing a swing in perspective. As a matter of fact, I was so excited by the prospect of this drawing that I stayed up till 4a.m. in my library finishing the drawing (P.S: I love my sleep)

## Dr. Prema D'Cunha, HOD, OB-GYN



### 1. Have you ever come across a hypochondriac in your profession?

Yes, I have. But in my experience it's more of a way to gain attention, usually from their husband. Especially, if their husband works abroad or far from home, some ladies tend to come with various complaints when their husband is home.

### 2. Do you have any funny experience as a UG/PG?

There are many such incidences, this particular one may not have been funny then, but thinking back it definitely was. Back when I was a senior PG, we were in the labor room assisting in the delivery of twins. Since in those days, delivering twins was not common and as I was the senior PG, I took the opportunity to teach the others present about the delivery process, so we delivered one baby and then the second one and as I was explaining something to the others, someone pointed out a third baby! We missed the triplet. Those days ultrasound wasn't around to assist us and twins would usually be the maximum we'd diagnose. Anyway, that incident taught me something. Hence, when I take class, I always say check if there's another baby.

### 3. What do you do to blow off steam?

I just get done with it on the spot. I don't save it for later. And once I'm done, I forget about it. That's why I don't miss an opportunity to correct your mistakes, because that's how you learn.

### 4. What is the most beautiful place you've been to?

I've been to a lot of places, each more beautiful than the other. My Top 3 would be

Petra, Jordan for its exquisite craftsmanship on stone all those years ago, The Grand Canyon, for its rugged beauty and Tuscan, Italy for its beautiful landscape.

### 5. What is the funniest experience you've had with your students?

Once when I was taking class on the ureter, a PG who was presenting a seminar put up a picture of the sagittal section of the pelvis with the ureter, but of the male anatomy! All the students burst out laughing. Yes, the ureter is the same, but being in OBG where all the patients are female, such mistakes can't be ignored.

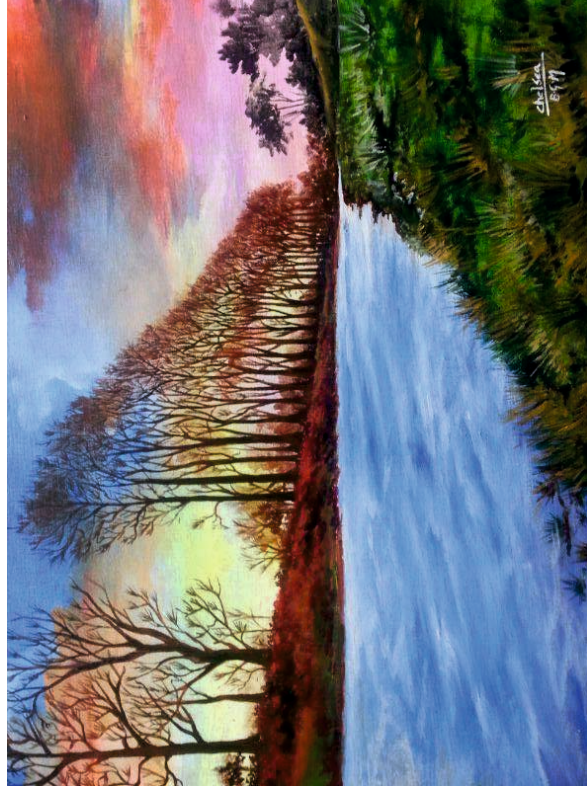
### 6. What is your idea of an ideal scenario after a long day at work?

I would love to go swimming. If not, some English classical music and a good book or a good movie.

### 7. What are your views on rural service being made compulsory for all students?

I think it should be mandatory for all students, because that's when you inculcate your morals and your values. The people in those areas treat you differently, you won't see many hypochondriacs and such. It's also an opportunity for you to develop your skills as a physician because you won't always have technology to aid in your diagnosis and it forces you to rely on your basics, which grooms you to be a better doctor. It's also a way of giving back to society, and according to me, a better way than giving back in terms of money, which may not always be of help to the people.

## by Chelsea Miranda, MBBS 2014







# Mullersoup for the chicken soul

Studying is never easy and getting to the library is half the battle. Library: a place swarming with people you never thought you'd meet; and suddenly you find yourself in uncomfortably close proximity to them, hoping you'll never have to meet again!



### The Diligent Worker:

This is the person who always sits down, does his/her work, gets done with it and leaves. No time is wasted on their phones, doodling in their notebooks or socializing with their buddies. You watch these people and wish you could be half as productive as they are, then you go right back to scrolling through Instagram.

### The Guest Appearance:

This person comes to the library only on 'special' occasions. They either have a seminar the next day or an exam in a couple of days. So it's pretty obvious that their appearance gathers a lot of attention. They are like the celebrities of the library :p

Now that we've seen the two most obvious kinds, let's take a look at the more interesting and unique ones.

### The Social Butterfly:

There's always that one person who rolls up to the library with their squad, somehow overlooking the 'quiet zone' signs and pathetically attempting to whisper to their friends about last night's 'crazy' occurrence or something else irrelevant that nobody cares to overhear. Everyone around the social butterfly is wishing she would kindly close her mouth so the peaceful quiet of the library can be restored. But they all just roll their eyes and attempt to tune them out.

## The Professional Procrastinator:

They text. They colour-code all their notes according to subject. They lay out their stationery. They call their mother. They check if Selena Gomez and Justin Bieber are back together. They scroll through their FB timeline. Every single activity you could possibly do but study. They're definitely not getting anything done, so why did they even bother to come. The answer? Refer to point 3:P

## The Fashionista:

You don't even like to wear heels on fancy occasions, so you're not sure how this student is wearing them to the library. There is always one student who is 'dressed to the nines,' even though they're pulling an all-nighter just like you. While you thought jeggings and a top were a decent combination, their outfit makes you look like your mom in the '70s...(and not in a good way).

## The people watchers:

This is the group that makes up 80% of the library population. For these people, their books are opened and papers are strewn everywhere. But their eyes are never focused on the pages of their notes. Nope, the random thoughts circulating through their heads are probably something close to "Oh! That's the cute boy from the basketball team," or, "That girl is wearing such a cute top".

## The WiFi Snatcher:

Well, we all know that libraries are storehouses of knowledge, but they are also a storehouse of something even more precious: free WiFi! And this person takes full advantage of that. You can see him/her slumped in a corner with their phone in hand instead of books, downloading stuff, watching videos and doing everything except studying, because, "Hey, free wifi!"

## The Project Group:

Five unhappy students working on a group project with one dictator running the show. 98% of the group can't really be bothered but there's that one 'Straight A' student who doesn't want a blip on their student record. They've booked a section in the library, brought flash cards, given out responsibilities and timetables. Oh, and they've brought snacks too. So annoying...

## The Couple:

The library is apparently the only ideal place to hang out with your bae (the harsh truth of life at Mullers). In theory, it seems cute for two lovebirds to study together. But it's not that way in person. You don't realize how much PDA bothers you until you encounter the library couple. At least it might make you appreciate the single life.

## The Snoozer:

A quiet atmosphere and comfy seats (this is debatable); how ideal for a perfect nap...zzz... This is the person who treats the library as their own private bedroom. They have either turned three chairs into a functional bed or are sleeping uncomfortably with their head on a desk as they cuddle their scarf like a blanket. Dude, snap out of it!

## The Aggressive Camper:

Now this is the student who's there for the long haul. Objects on this student's desk: a kettle, lunch box, coffee, pillow, toothbrush, toothpaste, phone charger... The list goes on...

# ROADMAP 1



# TO RESEARCH

GET TO PICK UP YOUR  
YOU KNOW THE WAY  
AND CAN TAKE THE  
WHEN YOU SLEEP.

MAKE A PLAN AND PUT IT ON PAPER.

REFER 'ROAD NOT TAKEN' BY  
ROBERT FROST



OH, DID YOU THINK IT WAS FREE ?

# INTERVIEW

“Let the experts guide you”

## WHAT DROVE YOU TO BEGIN A RESEARCH PROJECT? WHAT ARE THE ESSENTIALS TO BEGINNING A RESEARCH PROJECT?

**Thilak:** I didn't plan on doing research initially. Research wasn't one of my prime concerns. It was only after I met Baliga Sir that I began to think about it seriously. I was overburdened initially with my work in the media committee, cricket and almost gave up on the idea as a whole. I decided against it when Baliga Sir convinced me to at least apply for an STS so that in case I did like it, I could proceed further.

More than anything I feel a guide who's supportive and experienced is what one would need before beginning a project.

**Thomas:** You need to be prepared to work hard. It is not necessary to have an idea before you meet your guide. Before I began my STS project I had made up my mind on which fields I wanted to do research in viz. oncology and biochemistry and not my topics per say. I had finished first year and I was interested in pursuing a topic in a field I had already been introduced to. It's always good to approach your guide with a list of topics you're interested in because it shows that you're interested.

## WHAT DO YOU FEEL ARE SOME OF THE DILEMMAS FACED BY MOST BEFORE THEY BEGIN?

**Thilak:** Getting a good idea is a problem faced by most. I was clueless at first, but later when I picked my field of interest, things panned out quite well. I chose med oncology as the field that I wanted to do my project in. I was interested in the field, enjoyed speaking to patients and wanted more patient exposure. You can always use the internet to figure out topics in your field of interest. When it comes to an idea it doesn't need to be an area that has never been explored before. If yours is a similar study to something that has been done before, it serves as an evidence to it, saying that the study works. If it is an original idea, well and good.

**Thomas:** Picking a guide who's supportive, knows their way around the entire process and someone who will help you streamline the process is definitely an important decision you need to make and one that I learnt with the projects that I've done. As a student it's difficult to decide whether a topic is feasible financially; a guide's input definitely helps.

## WHAT SHOULD EVERY STUDENT WHO INTENDS TO DO RESEARCH LOOK FOR IN A GUIDE?

**Thilak:** Experience. As I spent more time with Baliga sir, I learnt how to write review articles and research papers. He involved me in studies conducted by other researchers as well. Most of us attempt to do research projects in our second or third year and at that point your take on the clinical scenario is minimal so it's beneficial to ask your seniors and find guides who'll take you from the point of inception to the end, with time to support you through. A clinical study under an extremely busy clinician pretty much leaves you to fend for yourself.

**Thomas:** Its easier for a student who's just getting into research for the first time and who's completely clueless to pick someone who's experienced but at the end of the day your guide can only tell you what to do, it's up to you to get the work done.

“More than anything I feel a guide who's supportive and experienced is what one would need before beginning a project.”



## IT'S IMPORTANT THAT THESE IDEAS ARE 'FEASIBLE', FINANCIALLY AND IN TERMS OF THE FACILITIES AVAILABLE, SO HOW DO WE KEEP COSTS LOW?

**Thilak:** It becomes expensive when you involve lab parameters that aren't done routinely. If it's just a clinical study or one that involves a questionnaire, it won't cost you much. If it is one that involves such investigations, my advice would be to work in groups. It might not be the same study. Take my study for example, wherein I was analyzing the effect of honey in treating oral mucositis; in a group where other members could be involved in analyzing other parameters taking the same sample viz. saliva. So by pooling in the money required, you can effectively cut down costs.

**Thomas:** My STS project mainly involved routine investigations that were done along with a questionnaire; so cost wise I didn't face much of a problem.

## WHAT ARE SOME OF THE KEY POINTS TO KEEP IN MIND WHILE PREPARING A PROPOSAL? HOW DO WE CHOOSE REFERENCES FOR THE RESEARCH?

**Thilak:** Once you've finalized your topic, you can follow the guidelines provided by the ICMR website. As a template, you can also access similar projects that have been done before and that have been published on Pubmed. You can always frame it along those lines. As for my references, I've always looked for references from trusted sources such as journals in Pubmed. You should look for studies that contain key aspects from your studies and then gradually narrow them down as you get more specific.

**Thomas:** A proposal is a skeletal framework of your final project. Basically, it should summarize it. You need to know how many patients you plan on involving in the study. You need to keep a baseline, a lower limit in mind. You can still expand your population size later on, that's not a problem. The bigger the population size, the more likely the results will be in your favour.

## WHAT SHOULD BE KEPT IN MIND WHILE PREPARING A CONSENT FORM? WHY IS IT ESSENTIAL?

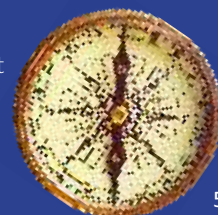
**Thilak:** It's very important that you explain to the patient what you're going to do and what your study entails. In my study, only after I had explained to my patients that the study would be beneficial for them and only after they agreed, could I take the study forward. In terms of components of a consent form, there are standard guidelines but I feel that especially in a setting like our hospital most patients either speak Kannada, Tulu or Malayalam. So it's essential that the details of the study are explained to the patient in their own language and that this is mentioned in the consent form as well.

**Thomas:** There are guidelines provided by the ethics committee and STS that tells you what should go into your consent form. It's always a good idea to get one because it is ethical. It's a humane approach. You're bound to get patients that won't agree at first but once you start the process and they see that other patients are involved, it's reassuring to them.

## A WORD OF ADVICE FOR THOSE WHOSE PROJECTS DON'T GET APPROVED BY ICMR?

**Thilak:** The thing is if your sole purpose was ICMR and if you don't see the potential that the project holds, going through with it isn't what I would advise, however I still feel that you should at least make a paper out of it or get a publication from it. If you've already begun work and you think that it holds promise, finish the project, get it printed through your guide in a state journal if not in an international publication. If you think this has potential, build up on it, explore the lab parameters and expand it. If it gets rejected later on, you have nothing to lose. If you continue, you have a paper in an international publication.

**Thomas:** If it was your topic to begin with, you wouldn't give up and let it go. If it's something you are passionate about you'll make sure you follow through with it. You can always approach your guide and figure out other publications besides STS to publish your work in.





## WHEN DO WE NEED TO GET CLEARANCE FROM THE ETHICS COMMITTEE AND IS IT ESSENTIAL?

**Thilak:** What you need to submit is an informed consent form, a letter to the ethical committee seeking clearance and a copy of your proposal. They will usually give you a deadline within which you need to submit these documents. It is essential in order to complete your project. Since I was in a group, we would submit them together through sir, so we didn't have much of a problem.

## WOULD IT BE HELPFUL TO KNOW YOUR CASES IN POINT THOROUGHLY? COULD THEY PROVIDE CORRELATIONS TO YOUR STUDY LATER ON?

**Thilak:** The thing is under ICMR you have a limited amount of time to complete your project. After you've gone through with assessing the parameters of your study, if you have time, you can always follow up on your patients in order to expand your study.

**Thomas:** Personally, I've stuck to my objectives while I did my previous projects, but if you can find a correlation that adds to it, there's no harm.

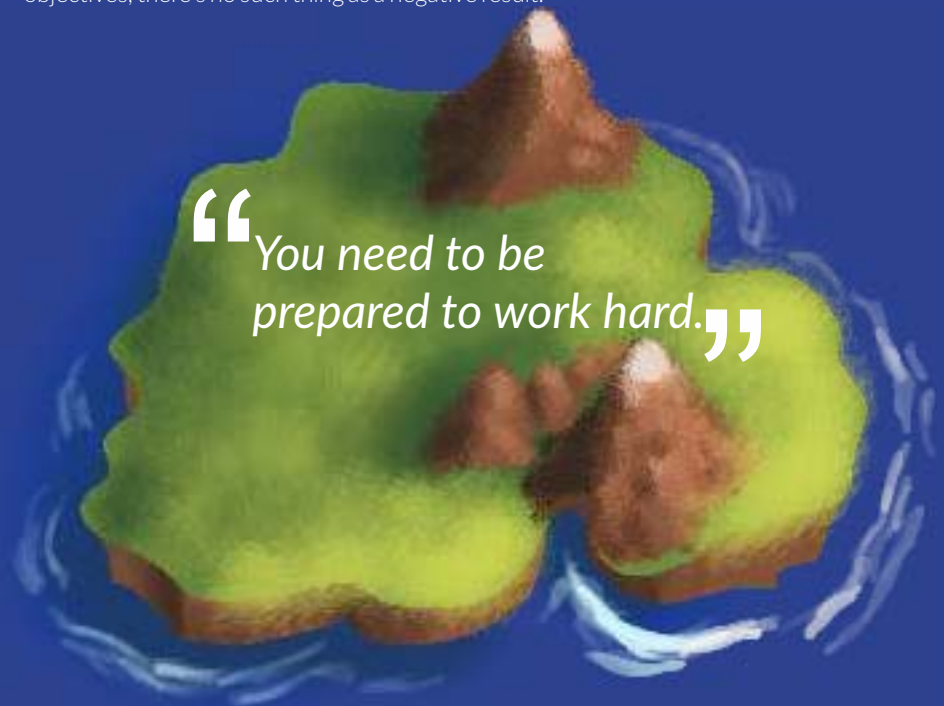
Interviewed by Anu 2013

**Special thanks to** Thomas 2013 and Thilak 2009

## IS IT IMPORTANT TO HAVE A CLEAR IDEA AS TO HOW YOU WANT YOUR IDEA AND THEIR RESULTS REPRESENTED GRAPHICALLY? ALSO, IF A STUDY DOES NOT MEET ITS OBJECTIVES WHAT DOES A RESEARCHER DO AT THIS JUNCTURE?

**Thilak:** Definitely, you need to have an idea before you meet the statistician. A lesson I've learnt from my guides is that, even if it's a negative result, it's still a result. Take my study as an example, honey was effective in treating oral mucositis in the 2nd and 3rd week but results weren't as significant in the 4th and 5th week. If the study shows that the results in the control group and in the test group were the same, it still serves as a result.

**Thomas:** Not necessarily, because your core objective initially is to obtain a population size from your statistician. With it you can tell how many patients you may need in order to make it significant. You need to refer to studies who have done projects that are along the lines of the population size that you've taken. Even if you don't achieve your objectives, there's no such thing as a negative result.



## HOW DO YOU GO ABOUT WRITING YOUR FINAL PROJECT? WHAT ARE ITS COMPONENTS?

**Thilak:** Basically, it consists of an introduction, your review of literature, the aims and objectives you hope to achieve, the observation and results you procured, a conclusion and a summary. Writing the paper isn't something that you should begin at the end though. It's a process that should begin when you start working on your project. As I mentioned before, similar studies that have been done can serve as a framework that you can use to write your project.



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**“A wacky career guide for med students”**  
**“100% fresh content!!!!” “Guaranteed humour!!!!”**

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\_ Part 1 \_

## Biochemistry

In search of some fun? Be here at our den.  
We are the magicians dealing with  
Molecules and metabolisms.  
No late night shifts;  
Back home as the sun drifts.  
Start a reaction and add a little spark...  
And there you are with your research.  
Balance the pH of your career,  
For we will be the base to raise it higher.  
Except for the confusing cycles of oxidation,  
Our work in the lab is no less than an addiction.  
All that you gotta do is:  
Some learning, some teaching and some working.  
Be a catalyst to education and  
Do join us,  
For we believe that the bonding between purines  
Is still a better love story than twilight.

## Microbiology

You have all definitely seen,  
Heard and even experienced  
The umpteen cultures that  
Exist around our globe.  
Here we provide a unique platform  
Where we unveil,  
Little by little,  
A different kind of culture:  
'Microbial Culture.'  
An opportunity to step into the  
Mesmerizing world of tiny organisms  
Through our powerful and thick lenses  
Of 40x & 100x.  
A place where we have fun with 'fun'gi.  
We as a team have declared eternal war  
On infectious diseases and  
Strive to diagnose, prevent and  
treat them.

## Anatomy

When the world asks:  
"Is there a difference between male and female?"  
Well, we answer: "Yeah, VAS DEFERENS."  
From bones to brains,  
We chop them up and expound them all.  
Wanna have some fun?  
Paint the cadaver and publish a paper  
And get the accolade.  
Well that's not all,  
For you get to be "humerus" with the "twenteens"  
As you can tell them that  
"MBBS...yes, its going TIBIA okay,"  
For we raise the excited anatomists.

## OBG

Our day starts with screams  
And ends with sweets.  
Push and catch are normal words  
Our friends tease us with,  
But the magnanimity of holding precious life,  
Every time we experience it makes us smile,  
Cry of happiness for a new horizon of life.  
A place where there is joy,  
And joy will burn out the pain.  
Ever since its inception,  
It's only grown and  
Ensures that women have a  
Better quality of life and a healthy living.

## Physiology

Be here, be there  
Or wander like the vagus;  
For we get to teach  
The working of a marvellous machine.  
Having an endorphin rush?  
Then step into the most interactive territory  
Of medical science, and  
Show the ropes to the young brains,  
The basics of mankind.  
If you are  
"Level-headed, even-handed and sure-footed,"  
For a research and more,  
Be here as one among us.

## Pathology

Robbins and Harsh Mohan you are told to read,  
Ackerman and Sternberg you will also need.  
With the best labs to work in,  
Learning a new language,  
Every single day gives you a different challenge.  
We help you decode the course of a disease,  
While maintaining the best standards is our  
specialty.  
An inquisitive mind and an observant eye  
Will help you help your patient survive.  
A physician's consultant, some do say  
If these you possess, then come our way!

## Orthopaedics

Sticks and stones may break your bones,  
That's when you remember us in your groans.  
We fix you up and the results are there for you to  
see,  
Our doctor-patient relationship is like Calcium  
and Vitamin D.  
Trauma cases we handle like it's no big deal,  
A screw, a plate and your bone is healed!  
We start off our day with a "break,"  
We sometimes miss meals for our patient's sake.  
But when the bones are fixed and there is no pain,  
That's when you realize your hard work was not in  
vain.  
When the patient walks and is ready to go,  
The satisfaction you get is only in Ortho.

## Psychiatry

Scarred are our patients with social stigmata,  
but we don't mind, we say "Hakuna Matata."  
Here's where history taking never gets boring,  
The answers we get are usually confounding!  
We often get to hear tall tales,  
Which go from East to West leaving no trails.  
The working of the human brain is an enthralling  
wonder,  
On our Maker's brilliance it makes you ponder.  
When the tiniest thing goes wrong one's world  
turns upside down;  
But when you set it right you wipe off his frown.  
To make people's lives happier, join psychiatry;  
Get your joy and satisfaction all for free!

# Radiotherapy

Radiation Oncology—Plunge into the Unknown  
'Cancer,' a word more lethal than the disease itself.  
Together with a team dedicated to conquer and  
Ease the claws of this defiant disease  
We radiation oncologists give hope to the  
suffering,  
Add life to years and  
Turn counting of days into days that count.  
A scientific field of medicine  
With highly advanced medical technology,  
Innovation and expertise,  
The effect of unseen hazardous radiation mingles  
With friendship, love and kindness  
To convert a catastrophe into a possible miracle.  
A young upcoming branch blind-sided  
By its diverse indulgence in management  
techniques  
Ranging from medical to surgical,  
Radiation oncology offers an  
Overwhelming journey to any medical  
professional.  
With gratuitous smiles and inevitable twists,  
The strife to victory amidst challenges continues.  
Is it worth the combat?  
Well, there is a CAN in the word CANCER!  
Oh yes! It CAN be conquered and  
Radiation Oncology is your way through it!

---

## ENT

Why ENT?  
Being in charge of the three special senses  
Of the fundamental five.  
We, ENT specialists, represent a field of diversity.  
Functioning somewhere between medicine and  
surgery,  
ENT offers a truly unique niche.  
A little bit of this and a little bit of that,  
The ramifications of which are many.  
Imagine a world deaf and mute, turning upside  
down  
So here we come to your aid,  
Restoring the elusive balance back into life,  
Empowering it and much more.  
We here in ENT do a little more than  
Saving life—we add quality to it.  
So come be a part of this unique speciality  
Which is a perfect blend of the  
Two cardinal tributaries of life and medicine  
And find your life in medicine.

---

# Ophthalmology

“There is no better way to  
Thank God for your sight than  
By giving a helping hand  
To someone in the dark.—Helen Keller  
Imagine what it would be like to  
Not be able to see  
Your surroundings, your home or your loved  
ones?  
Just imagine how your life would change if you  
were blind.  
Now imagine the alternative:  
To be able to bestow this gift upon others,  
To be the reason that an individual can see again.  
Welcome to the Dept. of Ophthalmology.  
Technically challenging,  
One of the toughest but definitely the most  
rewarding career,  
Comprising highly dedicated surgeons with deadly  
skills  
Working with such fine instruments.  
Join us in this fraternity  
To help brighten the lives of millions and  
Make their dreams come true.  
“Of all the senses, sight must be the most  
delightful.”

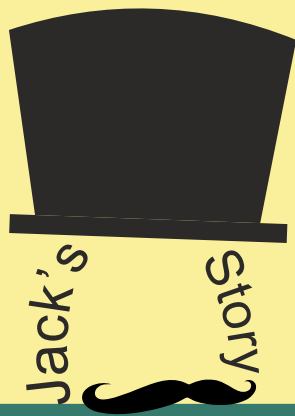
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## Medicine

The department of General Medicine is  
As the name suggests, general.  
One needs to know a little bit  
About everything in the medical field.  
The entire process of treating a patient  
Is like solving a case:  
Initially we grope for details,  
Through history taking,  
Then we examine the patient  
Like Mr. Sherlock Holmes looking for clues.  
The experienced senior doctors of our  
department  
Have a sixth sense about the disease;  
They almost feel its presence.  
We diagnose diseases with  
Minimally invasive investigations,  
And we treat them using minimally invasive  
measures.  
That's us.  
Mostly harmless!

Continues.....

Thanking all the Staff and Postgraduates who helped out!



Entering the portals of Fr. Mullers, Jack wanted to be an ultimate doctor. So he rattled and exhausted himself all night through his books and various question papers, throughout the years straining his neck.

He laboured with rocks and bricks of Sembulingam, K. Park and Harsh Mohan, thus breaking his spine during the 4 years of his study.

(4 years later) Walking through the corridors of Fr. Mullers, now our Jack is Dr. Jack, but wait a minute. did you notice his unwanted wrenching back and neck pain and that nasty cruel posture.



One fine ordinary day something extraordinary happened! No Jack didn't meet his Rose, but yes he did find the physiotherapy OPD, where he was assessed, trained and exercised.



(Few weeks later) Jack realised physio is not all about massage, you do not need a doctors reference to attend a physio, you need not be an injured athlete with sprains to visit a physio, and overall physio is not painful, but they work within the pain limits.

Now, our Dr. Jack is the "most wanted Munda" and is all ready for a dance, date and all this with an amazing gait.

Now that was all about Jack and his tryst with the world of physiotherapy. As students, each one of us suffer, from a horrible neck and back pain due to the worst culprit of them all - "the altered posture".



So we bring you to the world of altered posture and quick remedies to get your back straight!

# the POSTURE story

Want to flaunt off your personality!? Well, a great posture does it all! Let's reckon the worth of posture in one's life by taking a sneak peek into the life of Jack:

## CAUSES EFFECTS

|  |   |
|--|---|
| Overweight, Foot problems, Low self esteem, Chairs that are too high or too low, Hunching to get closer to the screen, Weak postural muscles, Poor lumbar(lower back) support, long hours of downward tilting of the neck. | Bad circulation (decreased blood supply to the vertebral discs), Chronic fatigue, Heel ache, Risk factors for herniated disc, negatively affects muscles and bones due to improper weight distribution. |
|--|---|



## Here 's a test to check your posture



1 Stand with the **back of your head** against a wall



2 Place heels 6 inches from the wall. Your buttocks and shoulder blades should touch the wall.

> There should be **less than 2 inches** between your neck or small of the back and the wall.

A large gap indicates bad posture and a curving spine.



## STANDING

### DO

Keep your shoulders back and aligned.

Use your stomach muscles to keep your body straight.

Slightly bend your knees to ease pressure on the hips.



Use quality shoes that offer good support.



### DON'T

Stick your chest out. Instead, try to keep your chest perpendicular to the ground.



Stand in the same position for long periods of time. Move around and shift your weight.



Wear high heels when standing for long periods of time.



## SITTING

### DO

Keep your head straight and not tilted up or down.



Sit with your knees slightly lower than your hips.



Keep your shoulders back and try to relax.



Keep your feet flat on the floor.



### DON'T



Try to keep your back ramrod straight.



Tuck feet under the chair.



Work without support for your arms.



Cross your legs above the knees, as this may cause poor circulation.



## WALKING

### DO

Keep your chin parallel to the ground.



### DON'T

Look down at your feet. Instead, look several feet ahead of you.



Hit the ground with your heel first, and then roll onto the toe.



Arch your back.



Keep your stomach and buttocks in line with the rest of your body.



Scan the QR Codes

1)



**HAMSTRING STRETCH**



**2) TRAPEZIUS STRETCH**



**3) PECTORALS STRETCH/ CHEST PRESS**



**4) CHIN TUCKS**

## Text neck

To all the cell phone users out there, **TEXT NECK IS REAL! Are you aware?**

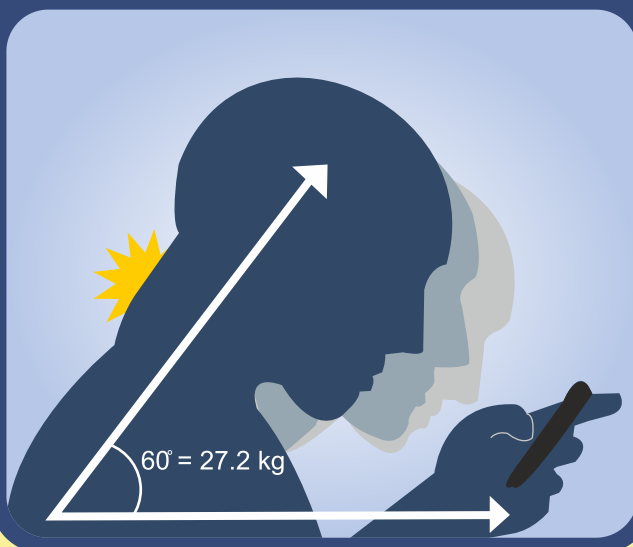
What is text neck? It is a condition that occurs due to overusing the neck, back and shoulder muscles over long periods of forward and downward-looking into mobile equipment like cell phones, notepads, kindles or other e-readers!

Spilling the facts: An average adult head weighs about 10-12 pounds and tilting the head increases the weight on the cervical spine due to increased gravitational pull over the COM of the head.

Did you know, about 60 degrees of head tilt is equivalent to the weight of an average 8-year old.

Fix: Keep head aligned and always straight while using electronic devices.

Limit usage of technology wherever not needed!





# 1 Mutations? Cancer? Death? That must be the MSG... Kidding, it's safe!

You've probably heard a lot about MSG, about how harmful it is, how loads of it is added to Chinese food and all the health problems it creates. First off, MSG is nothing but the sodium salt of glutamate, an amino acid that we all have in our bodies. Despite these rather ominous claims, there has been so significant statistical association between MSG and the Chinese Restaurant Syndrome (also called the MSG symptom complex). These so-called symptoms are triggered very rarely, in very few people, only when MSG is eaten alone. And these symptoms do not persist. In fact, one study proved that the lethal dose of MSG in rats is five times the lethal dose of common salt. So the next time you have cravings for some Umami, go right ahead!



# 2 Did you say you got that cold because it was...well...cold?

You catch a cold by going out when it's cold, right? Wrong! Although the word is the same, the sniffles are caused by viruses and have nothing to do with the weather. Now, you might try to throw some statistics but the increased incidence of the sniffles during the winter months is attributed to the fact that people generally stay indoors. This in turn means close contact, in closed environments with a much greater chance of passing on the virus.



# 3 Did that pizza cause your acne?

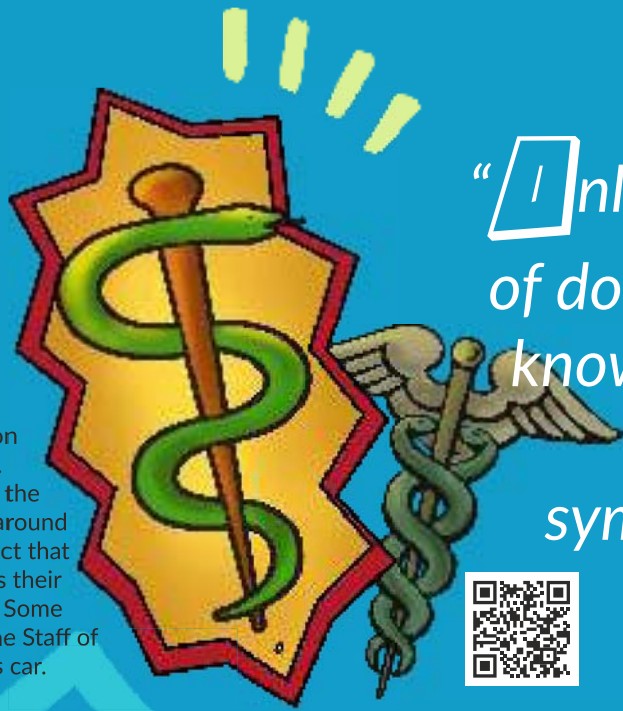
This little tit-bit is sure to bring a smile to anyone who suffers from acne (it definitely made my day). Greasy food, pizzas and the like do not cause acne. You're probably thinking that sebum is just absorbed oil but your body is not a sponge. However, carbohydrates may cause glucose spikes that could trigger acne. Chocolate has been suspected to be linked to acne for long but most studies are inconclusive. It may play a role in some people.



# MYTH BUSTERS

# 4 Asclepius or Caduceus? One snake or two?

Most of you are familiar with the symbol of the physician. Picture it. Do you see a staff with a pair of wings and two snakes wrapped around it? Well, afraid what you're picturing is the Staff of Caduceus. It is the symbol of Hermes, the messenger god who is the patron of merchants and helps escort the dead to the afterlife. The actual symbol of medicine is the staff of Asclepius, the Greek god of medicine. It has a single snake wrapped around a staff with no wings. This myth can be traced to the fact that the US Medical Corps adopted the staff of Caduceus as their symbol in 1902, at the insistence of an army sergeant. Some people who are critical of the mix up even write that the Staff of Caduceus is better suited to a hearse than a physician's car.



“Only 5% of doctors know the real symbol”

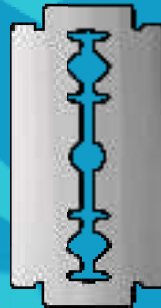


# 5 Can the LIMITLESS pill (NBT) work?



Hubris—it's in our very bones. The most amusing myth out there is that we, the common public use just 5% of our brains. The myth goes on to explain that geniuses do what they do because they use about 10% of their brains and that our brains have a limitless potential that is just waiting to be tapped into. However, as much as we'd like this one to be true, I'm afraid it's not. There is no truth in it whatsoever. Even when we perform a monotonous, routine task, multiple processing areas are required. Brain scans have proved beyond doubt that there are no inaccessible or unused parts that are waiting for you to take some drug or miracle meditation course.

# 6 That's a thick beard you have. Do you shave often?

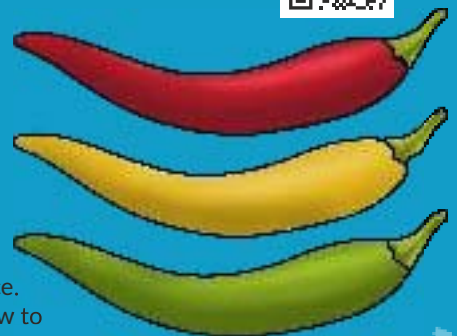


Another pretty prevalent myth is about shaving. Most might've heard, “If you want your beard to grow back thicker, shave often.” This old wives' tale probably is due to the observation that the hair follicles grow back out with sharper edges, giving it a coarse, rough texture. In fact, shaving might reduce the thickness of your beard by causing ingrown hair.



# 7 “Hurry, worry, CURRY?” It might not be the CHILLY!

A common saying is that ulcers are caused by the old trio: hurry, worry and curry. When you think about it, it does seem to make sense. Chillies do burn your tongue, your face turns red, you tear up and it's so hot you imagine that what you're feeling can't be too far off from the mythical fires of hell. Contrary to this oft quoted myth, research has proven that Capsaicin, the active ingredient in Chillies is gastroprotective. If an ulcer has already developed however, it can cause irritation of the denuded surface. Capsaicin reduces secretions, makes it more alkaline and increases blood flow to the stomach, all of which prevent the development of ulcers,





**Heeyeah!** is probably one of the most frequented words used in martial arts, growing up with TV stars like Jackie Chan, Bruce Lee, the Karate Kid . Our knowledge of how to fight stems from the random airkicks, flips , twists thrown into the air at the invisible opponent, but what about the information you need when you are actually thrown into a hot zone? The random wailing of limbs might not get you very far! Security, safety, health are vital for all, and to be self-sufficient when a threat is imminent.

Self-defense personifies the need to be safe, protected at the smell of danger. So the first rule, as in case of most theories, is **“prevention is better than cure!”** which holds true in self-defense. Avoid confrontation if possible, but when that fails we go to plan B which would ideally be to kick ass. Firstly, intimidate. Show him you're not gonna be easy prey. **Shout and tell him to back off.** This is attention-grabbing and will scare away some.

**Security, safety, health are vital for all; therefore to be self sufficient at a time of threat is eminent.**

**Self defence personifies the need to be safe, protected at the smell of danger. So the first rule, as in case of most theories, is prevention is better than cure!**

**SQUARE OFF**



**THE ART OF SELF DEFENCE**

If and when he steps into your personal space, the body is viewed in relation to soft tissue targets which cause pain, throwing the attacker off-guard. Common targets are: eyes—poke, scratch or gouge his eyes; nose—thrust the sole of your palm into the bridge of his nose with your weight behind it; throat and groin, for obvious reasons in case of a guy; strike his knee cap or shin.

Always go for the part closest to you. In case it happens from the back, elbow to face is your best bet.

Also being smart would be grabbing sharp objects like keys, comb, or a knife and jabbing at the mouth. The searing pain throws him off balance giving you a chance to escape!

It may not be a 007 way of fleeing the scene. It's not pretty but if it gets you home safe, why not? To be knowledgeable with information at hand helps you become vigilant and perceptive of the danger at each bend, giving you a better chance out there!

Remember that no place is safe anymore, so we must defend ourselves. The first thing you must learn is to stop being a victim.

## STRIKE FAST, STRIKE HARD, NO MERCY! DON'T WAIT UNTIL IT'S TOO LATE

### HIGH BALLS AND LOW BALLS

The eyes are the high balls. Even a shark, bear or lion will let you go if you start poking him in the eyes. Grab his low balls—the testicles—and squeeze as hard as you can. If you can't get a hand on him, use your knee.

### WHAT IF THE ATTACKER LIFTS YOU AND YOU ARE UNABLE TO GET ON THE FLOOR?

Hammer both your palms to both of his ears simultaneously. This would create pressure changes in his ears and automatically let you off, and then you can go for the HIGH BALLS LOW BALLS TECHNIQUE!

## Here are THREE techniques guaranteed to kill or cripple any attacker.

### 1 GET ANGRY

"Tighten your belly and charge!" Steel yourself! Grit your teeth! MAKE A FIST! Get ready to fight! Your body will do most of the work! If you can't run, ATTACK! Scream at the top of your lungs! Do anything! Hit, punch, kick, or bite.

### 2 ESCAPE

Just because you get captured doesn't mean you can't escape. If your hands are tied, work on the knots. If they are taped, use your teeth. If blindfolded, LISTEN! If gagged, try to find something to hook the gag on and pull it down.

### 3 FIGHT

Once into the fray, attack only the most vital and fatal points of the enemy body.

### GO FOR THE THROAT

The reason is that this area connects the head to the rest of the body and through it all manner of nerves and blood vessels flow, which are exposed to a variety of strikes. The target area lies from the underside of the chin to the jugular notch, between the clavicles. Striking the neck from the front, back, or side, can set an attacker off balance and breathless.

Use the "Hand-Sword," which is created by extending the fingers, knuckles together, and tensing them upward to "harden" the edge of the hand. A sharp blow to the side of the neck with the edge of the hand or "Judo Chop" can often render an opponent unconscious.

The internal jugular vein distends during an exhalation, and collapses during inhalation. If a strike to the side of the neck occurs as the opponent exhales, the artery will be full of blood and semi-rigid. Thus, rupture of the vessel by driving it into the surface of the rigid muscle beneath it could result in a quick death due to massive blood loss. If the artery is collapsed, the jarring effect of the impact against the cervical vertebrae alone is normally sufficient to cause a stunning effect.

Secondly, an attack to this area could result in damage to the Vagus Nerve, which controls the heart contraction and lung constriction. The attack can also damage the Phrenic Nerve, which runs down the neck, and controls the responses necessary for breathing. The immediate effect is a feeling that the wind has been "knocked out" of the chest. Normal functioning returns as a result of massage or resuscitation. If the condition persists, death will result from oxygen starvation in a short time.

Tired of boring mess food? Fed up of plastic dosas and rock hard idlis? Looking for a way to eat tastier, healthier food that won't break the bank and will keep your waistline in check? We've got a plan for you!

# Flab to Fab



Try these dishes to keep your stomach and yourself happy!



## Muesli

It's understandable muesli doesn't sound as good as Chocos, but here's a scrumptious recipe that's easier on the stomach and the wallet.

### Recipe:

Muesli is a cereal made from toasted nuts, oats, wheat flakes and fruits, available in every Mullerian's favorite mini mart, Nilgiri's. Put the muesli in a bowl and add some dark chocolate pieces, nuts and honey. Add some berries for a sweet healthy taste. If desired, add milk.

### Did you know?

Oats have been found to lower the risk of Coronary Artery Disease and colorectal cancer in addition to lowering blood pressure.

Calories-355

## Breakfast Parfait

For most of us yogurt is more of a compulsion to beat the heat than a choice, but then why stick to something plain and tasteless when you can jazz it up with your very own style:

### Recipe:

Fill  $\frac{3}{4}$ th of a glass with plain or flavored yogurt. Add chunks of pineapple, papaya or mango. Sprinkle oats on top and serve.

### Did you know?

Studies show that yogurt may help prevent osteoporosis, lower the risk of high blood pressure and help you feel fuller after a meal.

Calories-225



# Sandwich Bar

## **Peanut butter and Banana sandwiches**

Yes, it's disappointing that Nutella isn't healthy, but why worry when you have peanut butter to the rescue. Pair it up with a banana and you have yourself a delicious treat.

### **Recipe:**

Take two slices of whole wheat bread. Spread 1 tablespoon of peanut butter on each slice. Place banana slices onto the peanut buttered side of one slice, top with the other slice and press together firmly. Sliced apples or pears could be used as an alternative to bananas.

### **Did you know?**

Peanut butter is rich in antioxidants and can actually help you lose weight.

**Calories-942**

## **Scrambled Eggs sandwich**

What's better than getting an all-in-one meal that's easy and quick to make when you're running? I would say nothing (well, maybe a holiday)!

Here's one happy meal for you:

### **Recipe:**

Add a tablespoon of oil into the kettle. Keep the lid open and let it heat. In a tumbler, mix egg and salt to taste, and stir it up with a spoon. Pour into the kettle and let it cook for 5 mins. You can add some milk after 2 mins and let it cook. This is optional. Once the eggs are cooked, take a spoon and scramble them. Garnish with some pepper and herbs and place it between two slices of bread. Add some ketchup if you like.

### **Did you know?**

Eggs are highly proteinaceous and filling, making you eat less calories and thereby helping you lose weight.

**Calories-237**

## **Grilled Vegetable Sandwiches**

So how do you manage to make a grilled sandwich in a hostel where you can barely run a kettle in the room? Simple, use an iron box! It sounds crazy but you would be surprised at the outcome. What's more, it takes less than 10 minutes of your time.

### **Recipe:**

You'll need aluminium foil, vegetables of your choice such as tomatoes, cucumbers, onions, and slices of bread. Make a sandwich with the bread and vegetables. Add some pepper if you like. Wrap the sandwich in the foil. Let the iron box heat at the highest setting. Press it on the flat surface of the sandwich for 30 sec. Keep checking if it's grilled. Switch over to the other side when it's done.

### **Did you know?**

Tomatoes are a rich source of Vitamin C and antioxidants. Onions improve your immunity and beans are a rich source of fiber.

**Calories-201**

## **Green Tea**

We know it sounds extremely healthy and experience has taught most of us that if it's healthy it's not worth trying. But trust us when we say that swearing by this little magic potion with some ingredients of your own is the best choice you can ever make.

### **Recipe:**

Place a bag of green tea in a cup and add boiling water. Steep for a minute or two. Add honey or lemon juice for additional flavor. Pro Tip: Put the boiling water in a travel mug and add a tea bag. Take it to college and drink between classes to pep yourself up. Add a pinch of sugar or a tsp of honey for taste.

### **Did you know?**

Green Tea is the healthiest beverage on the planet. It is loaded with antioxidants and nutrients that have powerful effects on the body including improved brain function and a lower risk of cancer among other incredible benefits.

# WTF

## Where's the Food?!

### CRAVE

**Red Velvet Charlotte-** A delicious pastry with a layer of Crave's classic, moist, and soft red velvet cake and a layer of exquisite chocolate mousse, all wrapped in cream cheese icing.  
**Caramelised Shortcrust-** arguably the pièce de résistance of Crave's goods, this finely crafted dessert hits Crave's shelves quite rarely and sell super quickly and for good reason: a lovely buttery biscuit crust, a layer of smooth chocolate and finally a glistening layer of thick caramel all amalgamate to form this dish you just have to try!

**Chocolate-filled caramel bun-** As it sits there quite inconspicuously in the display, shining ever so subtly with caramel you're fooled into thinking nothing high of it. Once it goes into your oven, then onto your plate and your spoon cracks the beautiful caramel, out comes gushing a stream of delectable chocolate that fills the bowl. The texture of the bread, the sweetness of the caramel, the warmth of the chocolate plus the great music in crave = a quick fix-it for when you're down in the dumps!

*New Yorker - Trattoria's*



*Shin min Rice - Hao Ming*

### PEREIRA'S

**Continental steak-** "A steak?"

In this little run-down lodge in the heart of Hampankatta? No way!" Haha, but yes way! Although it's not really a steak and it's not all that continental. It's just a seriously generous portion of meat cooked the good ol' Mangalorean way (with lots of love and care!) accompanied by oodles of a special sauce. It's worth trying the dish just for the glorious sauce. And it's a steak for just \_\_\_\_.

**Cheese kulcha-** So you're probably expecting some sad, limp piece of batter with a few shavings of cheese but nay my hungry gourmand! What you get is a kulcha SO full of cheese you have to wonder if the business isn't running at a loss with the super cheap price they're selling the kulcha at! Goes great with the sauce of the continental steak and also the sorpothel. It's great to eat just by itself too!

### CLAY OVEN

**GKH with ice-cream-** It may not be a feast to the eyes (not as large a portion as we'd like to see of this gorgeous dessert) but it's sure going to send your taste buds into a world of ecstasy! The contrasting sweetnesses of the ice cream and the halwa, the richness of the halwa balanced by the simplicity of the ice cream, the dual textures, the glorious clashing of the hot and cold temperatures; it sure does one-up any halwa you've had till date!

**Paneer manchurian**

### MOVE N PICK

**Chicken tikka burger-** One of the most popular items from the joint frequented by the male hostelites, the tikka burger is a simple and cheap twist on the easy-to-eat burger. Generous helpings of chicken, mayonnaise and something the food writers couldn't make out plus a super quick preparation time: perfect for those nights you end up missing dinner in the mess hall and need to grab a quick bite before curfew!

*Squid Butter Garlic - Fresh on Tap*



## PIND

**Chicken tandoori kebab stuffed with cheese-** I'm not even going to review this dish. Mouth-watering.

## FROTH ON TOP

**Hun Hun chicken-** Little golden pieces of beautifully cooked chicken coated in a layer that's just the right balance between crispy and chewy. A nice combo of the subtle Thai flavour and classic Indian spiciness. Also goes great with Froth's beer!

**Chilly garlic chicken sausage -** It's on the menu as a starter but it's good enough to be a light main course item.

**Butter garlic squid -** Although the preparation time is a bit lengthy this dish is definitely worth the wait. Rich flavour with a unique texture make for one of the best squid dishes available in Mangalore.

**Kheema rice-** easily Froth's signature dish. Popular for the generous portion and intriguing blend of spices.

## TRATTORIA

**New Yorker pizza-** Cheese (lots of it!), sausages, tomatoes and eggs sunny-side-up—you've probably never heard of a pizza so quirky in its novelty! Many dishes fall flat when they try too hard to stand out but this one definitely hits the mark!

**Iced tea-** Goes great with absolutely everything + refreshes you to the very core of your soul, Trattoria's minty ice tea served in a charming jug is perfect for the often balmy weather.

**Pork pot rice-** KFC's uber secret sauce is nothing compared to the deliciousness infused into this rice. Ample portions and no dearth of pork make this a dish worth your money.

## ROYAL DURBAR

**Paneer tikka (starter)-** A veg delight even you vociferous non-vegetarians would want to make a regular part of your meals at RD! Six big slabs of paneer cooked in an exquisitely spicy marinade served with succulent pieces of cooked tomato, capsicum, tangy shredded cabbage and green chutney.

## BRIO CAFÉ

**Green apple cooler-** You wouldn't think a tiny, bright green drink would pack much of a punch but this sure does! An absolute delight when you want to de-stress in Brio's funky ambience.

## SIZZLER RANCH

**Chicken satellite-** Trust us, it tastes a whole lot better than it's been named! A beautiful sizzling serving of perfectly cooked chicken in a potent mushroom sauce with French fries, assorted vegetables, oodles of cheese and a dollop of sour-cream. We recommend specifically asking the waiter to substitute the mixed vegetables with mashed potato (soaks up every bit of mushroom sauce well).

**Chicken sashlik -** For all you of you from the gulf, tearfully missing kebabs, this is pretty close to what you crave during the

months in between vacations! Do note, "pretty close," but it's still a great item.

## HIGHWAVE

**Mutton lasagne-** A perfectly layered lasagne with ample amounts of mutton and rich flavour. A truly well done lasagne is quite rare in Mangalore and this definitely fits the bill.

## VILLAGE

**Crab meat fried rice-** Very few joints offer crab and out of the ones that do, this dish takes the top spot. A must-try for all you sea food aficionados!

## JANATHA DELUXE

**Veg meal-** Something for you vegetarian guys who've probably been huffing at all the meat in this feature! In a predominantly non-veg food scene, janatha deluxe's veg platter stands out for the wide variety of flavour and choice all in one meal. A reasonably priced vegetarian extravaganza!

## HAO MING

**Shin min rice-** Super large helpings of rice and two varieties of chicken cooked in different Chinese sauces make for a tummy-filling, wallet-happy meal!

**Crispy chicken starter-** Super-soft, super-spicy chicken with super-crunchy coating.



*Paneer Tikka - Royal Durbar*

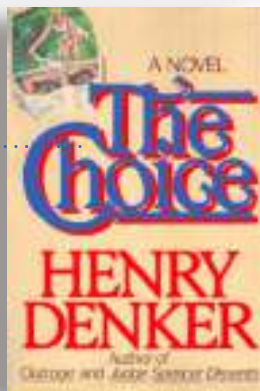
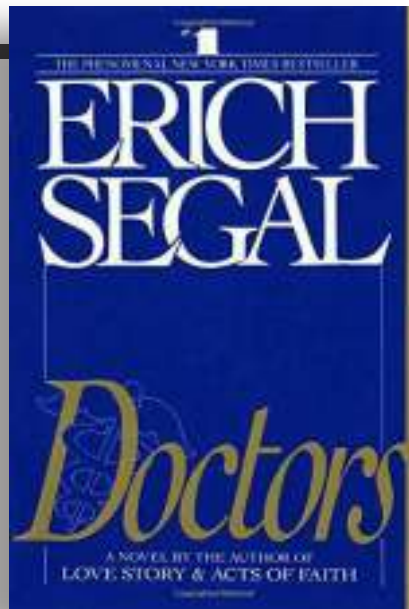
*Chocolate filled Caramel Bun - Crave*

*Red Velvet Charlotte - Crave*



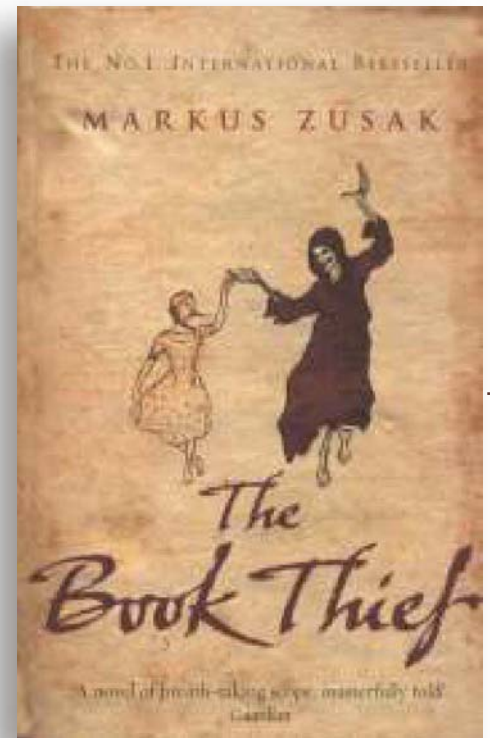
# READ OR REVD?

In high school, shuffling between the demanding subjects of Physics, Chemistry, Math and Biology was taxing in itself. Add to this a novel and reading must have felt like a chore. I'm sure a lot of us may have shelved all those "to reads" and turned them into "I'll read them someday." But as impressionable young adults, there's bound (yes, pun intended) to be a book whose story we still carry with us today, that has shaped the very core of our being. So maybe you were the kid who pulled your covers over your head to read Harry Potter and the Chamber of Secrets, or maybe you wandered through your high school hallways with your nose in *The Perks of Being a Wallflower*. Maybe you were never much of a reader, and you're questioning why you're even reading this article. Don't lose hope—you just might find your love of reading through these books that have inspired me and a lot of other people!



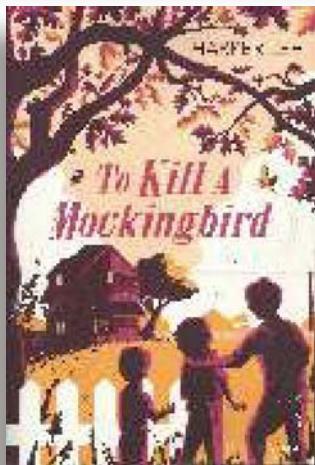
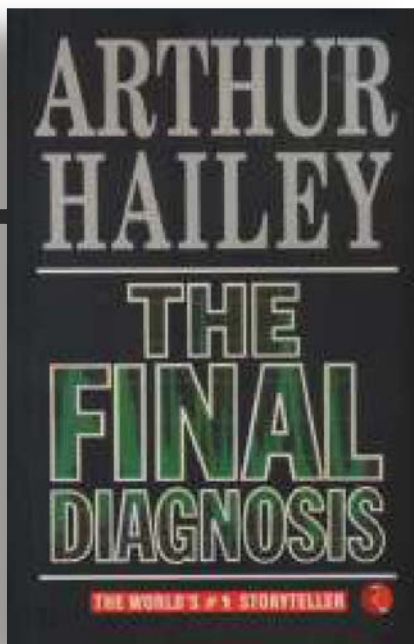
▼ *The Choice*- Henry Denker

This story revolves around Dr. Walter Duncan, an extremely dedicated orthopaedic surgeon who is brilliant at his work. He helps a sixteen year old tennis champion stand back on her feet (literally) after she gets an amputation. But the turning point of the book is when tragedy hits home. The helplessness he feels makes your heart reach out to him! But the best part of the book, along with its course, is the note on which it ends. A very well written book, a must read!



▶ *Doctors* - Erich Segal

An extremely well written story (which as a pre-med gave me the final push into choosing medicine as a profession) about the characters and the trials and tribulations they face as a med student: those all-nighters they pull the week before the exams, those numbing waits for the results, those college romances that almost never work out, those friends they make for life, and the rat race that awaits them out there in the real world. All the characters go through life-altering situations that make them realize what really matters at the end of the day. Again, all you medicos, a must have in your book collection!



► *The Final Diagnosis* – Arthur Hailey

This book gives you an insight into what goes on behind the scenes at a hospital: the conflicts, friendships, drama and of course a little sprinkle of romance too. Arthur Hailey beautifully narrates the lives of a few doctors at Three Counties Hospital and intertwines them in a way that is endearing. Sometimes, the right diagnosis is the difference between life and death. And it is this that forms the core of the book.



► *The Citadel* – A.J. Cronin

This is the story of a young, initially idealistic doctor, who starts off his career in a small town of Wales in the toughest of conditions—performing surgeries on a kitchen table with no means of sterilization whatsoever—before descending into the vanity fair of the glamorous London doctors where he reaches a tipping point and returns to his path of virtue.

Cronin is such a literary genius. He makes the character come alive for me. And it's absolutely fascinating to see how you can come to love a character, respect him, resent him, sympathize with him and love him all in a mere span of 400 pages. A must-read for every aspiring medico out there!

► *To kill a mockingbird* – Harper Lee

*To Kill a Mockingbird* is enormously touching and drives home a very powerful message with its simple story. What appealed to me the most was that the story was narrated by a young and unbiased girl. And as she creates order from chaos, I came to an understanding of her world just as she did. Atticus Finch is my personal favourite because he believes there is good in everyone and that is especially heart moving. Beautifully written, thought-provoking and passionate. In my humble opinion, every person, reader or not, medico or not, must read this book!

▼ *The Book Thief* – Markus Zusak

Instead of writing what this book is about, let me tell you how it made me feel and why I believe every aspiring doctor should read this book. Told from the point of view of Death, this book pulls at all the right strings of your heart. It's nice to be reminded from time to time that we are humans, capable of emotion. Although it's poles apart from *To Kill a Mockingbird* there is a striking resemblance between the two characters—Atticus Finch and Hans Hubermann—in what I can only describe as a genuine “niceness” of their characters. Isn't that why we're all here? To heal and comfort?



# The lazy workout

It's 10pm and you know exactly where your remote is- in the palm of your hand, ready to take you on your nightly trip through the universe of popular entertainment. But on every channel, there's an ad for yet another piece of fitness equipment you have neither the time nor the energy to use.

If it's not a gut-cruncher, it's a butt-shaper or heart-strainer. And if it's not an ad, it's an infomercial, with those death-grin androids pumping away on the featured gear, pretending their fabulous physiques came from short, easy workouts on these products. All promising to be the quickest, easiest path to health and fitness.

Which brings us to the fundamental question: is there a fast, easy way to get healthy and fit? The answer is...YES! "It's all about time management," says Dean Edell, the commonsensical health expert from American College of Sports Medicine (ACSM). "20 minutes of exercise three times a week and let it be moderate and fun".

Find the time to schedule three sessions over a week which is barely 2% of your week and if you can't, then make sure to at least have a gander every now and then in the mirror to ensure there aren't any weeds growing from your couch potato body.

## LEVEL 1 BARE MINIMUM WORKOUT GUIDELINES FOR THE LAZY PERSON

1. Take the stairs. Avoid the elevator.
2. Park your vehicle further away from your college or workplace.
3. Eliminate one 'cheat' food from your diet.
4. Walk one mile three days per week.
5. Drink plain water instead of your cold drinks.
6. Black coffee only. Not the 'foo-foo' caffeinated beverages.
7. Sitting at a PC for most of your hours? Get up every hour, use the stairs, do bodyweight exercises, get on the floor and do some abs.
8. Not a breakfast person? Consume a protein and low glycaemic carbs diet upon waking up.

**BOTTOM LINE:** *Start moving and eating better. Now, if you want to go further, then let's step it up some more.*



# LEVEL 2

1. In addition to the above, hit the gym for some resistance training. Perform various exercises that address major muscle groups. Learn proper exercise technique, machine settings, find proper resistances that are challenging. It is the muscle that gives you the

shape. If you can do this for just twice per week, it's a start. Be steady.

2. Change your steady-state walking into a more intense activity. Add faster walking or jogging to your routine.

## PRO TIPS

Do the **DAY1** and **DAY2** workout on Monday and Tuesday. Take a break on Wednesday. Repeat **DAY1** and **DAY2** on Thursday and Friday. Use weights which are 80% of your maximum.

### **DAY 1:**

*Push ups:* SETS: 3 REPS: 10

*Pull ups:* SETS: 4 REPS: 6

*Dumbbell shoulder press:* SETS: 3 REPS: 10

*Alternate biceps curls:* SETS: 3 REPS: 10

*Overhead triceps extensions:* SETS: 3 REPS: 12



# LEVEL 3

1. Turn up the burner even more. Do your resistance training in a more structured manner. Take minimal rest between maximal efforts on each exercise. This will stimulate metabolically active muscle mass, augment optimal calorie-burning via the high-demand placed on your muscles. Do this thrice a week and you've moved from 'lazy' to becoming a 'dedicated person.'
2. Still walking or jogging? Step it up. Walk or jog faster and longer.

1. Train four days per week.
2. Add High Intense Interval Training (HIIT)
3. Eliminate refined carbs, increase fresh vegetables and fruit intake.
4. Compete with yourself. Enter an obstacle course run or challenge yourself with a military fitness test.
5. Continue circuit training even with more effort. Keep pushing yourself to your limit.
6. Perform a retro-workout. Perform the activities which you did when you were initially 'lazy' and you'll be amazed at how much you have achieved since then.

# LEVEL 4

## PRO TIPS

### DAY 2:

**Dead lifts:** SETS: 3 REPS: 8

**Squats:** SETS: 3 REPS: 10

**Farmer's walk:** 100 yards 3 reps

**Crunches:** SETS: 3 REPS: 15

**Leg raises:** SETS: 3 REPS: 10



High-intensity interval training (HIIT), also called high-intensity intermittent exercise (HIIE) or sprint interval training (SIT), is a form of interval training, an exercise strategy alternating short periods of intense anaerobic exercise with less-intense recovery periods

**Circuit training** is a form of body conditioning or resistance training using high-intensity aerobics. It targets strength building and muscular endurance. An exercise "circuit" is one completion of all prescribed exercises in the program. When one circuit is complete, one begins the first exercise again for the next circuit. Traditionally, the time between exercises in circuit training is short, often with rapid movement to the next exercise

**Strength training** is a type of physical exercise specializing in the use of **resistance** to induce muscular contraction which builds the **strength**, anaerobic endurance, and size of skeletal muscles

These carbs that get absorbed slowly into our systems, avoiding spikes in blood **sugar** levels. Examples: whole grains, vegetables, fruits, and beans. We can minimize the health risk of bad carbs by eating fewer refined and **processed** carbohydrates that strip away beneficial fiber

*Here's the message. If you are lazy, get off your butt and start moving. Doing something is better than doing nothing, all other factors considered. However, doing something eventually leads to doing more because you're becoming more dedicated. A greater commitment means you'll naturally attempt to do more over time.*



\_ Part 2 \_

## Surgery

We're the department that needs no introduction,  
We're the glory and pride of this profession;  
Head to toe, thorax and abdomen,  
You name the organ you have our attention.

The scalpel, cautery traction counter-traction,  
Countless hours till we're trained to perfection;  
This field ain't for the faint hearted,  
With sweat and blood you're just getting started.

Laparoscopy, endoscopy, robotics and  
transplantation,  
You will need perfect hand-eye coordination;  
From the little appendix to a giant tumour,  
Perfect attention with a sense of humour.

Gastro, Onco, Uro, Cardio and Neurosurgery,  
Not to forget Paediatric and Plastic Surgery;  
We're the generals you need to pass through,  
To further specialise in what you'd love to do.

From complexities to emergencies,  
We're prepared for all contingencies;  
Welcome then, to this elite league,  
Filled with bleeding, edge and intrigue.

## Forensics

They call us the 'post-mortem doctors'  
As we deal with the dead,  
But we are also often called to the casualty,  
A fact not frequently said.  
We teach about  
Weapons, poisons and toxins  
That can make you shudder  
And also the tricks to  
Committing a perfect murder!  
Our subject is rife with  
Interesting stories, anecdotes and criminal  
offences  
Enough to give you goosebumps,  
Make your hair stand on end!  
We are called upon to aid court proceedings  
Join us if you wish to lead a life beyond medicine!

## Radiology

When nothing but puzzles can bedazzle you  
And you think you can solve them too,  
You're blessed with a keen eye for detail  
At searching for clues you'll never fail.  
Only a Eureka moment can give you the kicks,  
That's when you know you should step into Radio  
diagnostics.  
9 to 5 is our schedule; we get ample free time  
everyday,  
And when the month's over we receive a hefty  
pay!  
The thrill of diagnosing is ours, treatment's not  
our concern,  
And just with that, our name and game we earn.  
The innumerable risks posed by radiations gives  
us the chills,  
But we're glad we don't deal with meds and pills.  
Let the neck to neck competition for seats not be  
a hiccup,  
Only then, to you, will everyone look up.

## Paediatrics

Where innocent smiles greet you day in and day  
out,  
Where the bond with your patients is the  
strongest without a doubt.  
For there's no greater comfort than healing a sick  
child,  
Watching them grow hale and hearty, gives you  
satisfaction undenied.  
While they may sometimes reject you and let out a  
cry,  
It's also easy to win them back with just a candy  
or a toy.  
Where stress and worries are almost always zero,  
Join us to become every child's 'superhero.'

## Anaesthesiology

Scared out of their wits are patients when  
we meddle,  
Surgeries are such tough times in life, they  
just can't sit idle.  
Making these situations painless, peaceful  
and safe is in our hands,  
We send them dreaming off to snow-  
capped hills and desert sands.  
From where they'd never return upon the  
smallest mistake on our part,  
Or may get up on the surgical table, so  
finding the right dose is an art.  
No OPD's, no rounds, no hassles over  
discharge summaries,  
Name, fame and money would be the least  
of our worries.  
Anaesthesia is such a branch, joining which  
you wouldn't regret,  
You'll get the life you've dreamt of, don't  
you fret!

## Dermatology

"Beauty is but skin deep" has long gone out of  
fashion,  
And mainly on this fact relies our profession.  
Blessed with fixed timings, the schedule not-so-  
tight;  
No emergency calls, no rushing back at midnight.  
The royalty of the medical fraternity, they  
enviously call us;  
To live an easy life of luxury, join us without  
much fuss.  
You might get bugged when family parties turn  
into health camps,  
With your uncles and aunts showing you their  
boils and bumps.  
But if you love the limelight you have nothing to  
worry about,  
Any field better than Dermatology for you, I  
highly doubt!

## Pharmacology

So many interactions, where to begin?  
When you deal with all our drug regimens  
Breaking it down to what we are at the core  
During our working hours of nine to four.  
It's just as simple as learning a drug,  
From its mode of action to classification  
Or the most important contraindications.  
We make our discoveries on  
Mice, guinea pigs and rabbits  
Before we pass our elixir  
Through four more year-long phases.  
You could give them intravenous or even  
interosseous,  
Ways you wouldn't even think of or an array of  
injections.  
And if all of this is just too much to digest  
We've got pills for that too, surely the best.  
From the simple drugs to cocktails to lethal  
combinations  
That you think of before every prescription.  
We always challenge ourselves for better, there's  
no exception  
Just like how we've now caught your attention.

# HOW TO SPOT A MED STUDENT

Hair grooming  $\propto \frac{1}{\text{Proximity to exams}}$

Hairline, higher than a medical student on a Saturday night.

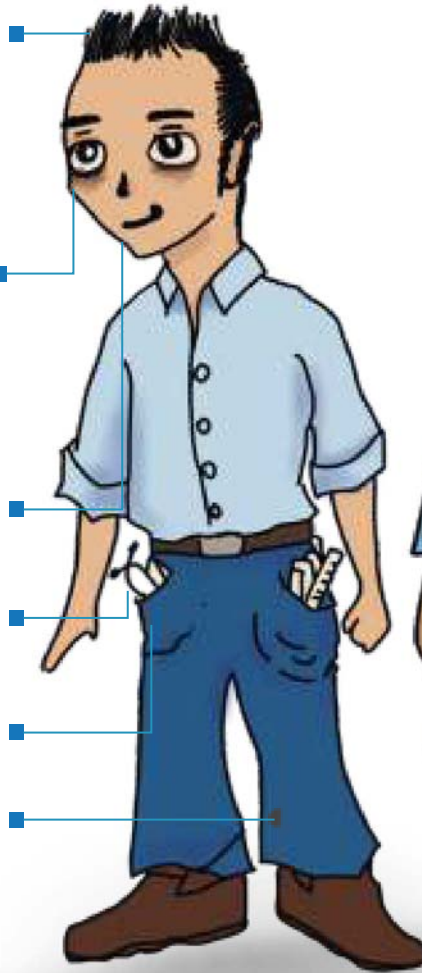
Baggy eyes, due to sleepless nights of Grey's anatomy..... not the text book, not the TV shows either. "wink wink"

Smile, to trick people into thinking its Human

Steth (Stolen)

Pocket full of random stuff, to compensate for the lack of a Social life

Random stain



Mascara  $\propto \frac{1}{\text{Proximity to exams}}$

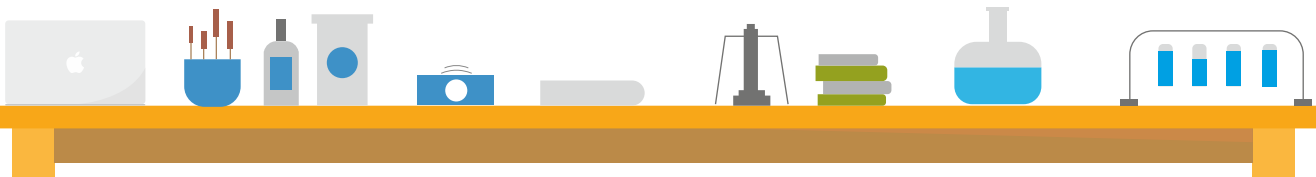
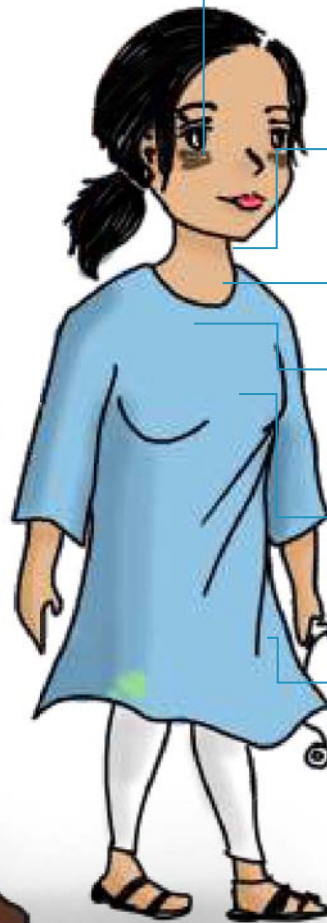
Baggy eyes, a sign of the vast amounts of knowledge\ gossip she possesses

Lip gloss  $\propto \text{Proximity to guys}$

Neatly tied hair, to show a hint of fake Sanskariness

Round high cut neck, screams out, "I was not the one at last night's party !!"

Steth (Stolen)



# LIFE HACKS

Freedom!! That was the first thing to come to your mind when you were packing bags to move to hostel. Am I right? But you slowly realise life's not all rainbows and unicorns like you expected. Well, here are a few hacks to make your life a little easier.

**Food:** The one thing that every hostelite craves for. So, the next time the visuals in your mess hall disappoint you, all you have to do is **IRON YOUR FOOD!** You read that right. You can make perfect grilled sandwiches by simply wrapping the sandwich in foil and a layer of cloth over it, and ironing away for a good 30-40 seconds. Not just that, your iron can double up as a makeshift electric stove ... only, ensure your makeshift stand is sturdy to hold the iron from rolling over.



## Must have coffee:

Aren't allowed to have a coffee pot in your dorm room, yet refuse to let go of that glorious cup of euphoria every morning? You don't have to. Enjoy as much liquid gold as you want with this genius hack. Cut the bottom out of a foam cup, place a coffee filter over the hole and secure with an elastic band. Fill the filter with coffee grinds, and while holding the cup over a mug, slowly pour boiling water (heat water up in your kettle) over the grinds.

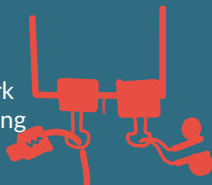


## Moving into your hostel room?

You no longer have the luxury of a big room and, keeping things organised can become one hell of a task. Your one step solutions to these problems are- binder clips! These tiny black things can be extremely handy:

### 1. Organize Your Wires

Got a ton of mixed up wires at your computer? Binder clips work as excellent organizers! Depending on the size of the cord, use different sized clips.



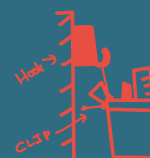
### 2. Smartphone viewing stand

Need a cheap, on-the-fly smartphone dock? Simply get a couple of binder clips and fashion them together with a business card.



### 3. Cup holder

Wisely use vertical space by lifting pencil cups up off your desk with just a hook and a clip



## When you are on the run!

### 1. Running low on battery?

Put your phone on airplane mode and charge, it will charge much faster.

*P.S: You can also use the airplane mode trick to stop all annoying advertisements to pop up while you are playing a game*



### 2. Take 2 minutes to tie your earphones

the right way and avoid 12 minutes you take to untangle it!



### 3. Out of AA batteries?

Roll out a ball of tin foil and place it on the '-' side of the battery when you tuck it batteries in the device. The device will run just fine with AAA batteries that you have.



## Geeks corner

And now something for all the tech geeks.. rather, for all those who are not!

1. If you want to download a YouTube video, just add 'magic' to the URL between you and tube and download any video you want!



3. Want to fix those YouTube videos that have very low sound, even if you push the volume button to the maximum? All you have to do is copy the url link of the video, open VLC player, press Ctrl+N to open a new screen and paste the link there. Voila! You can now use your VLC volume controller to control the sound!

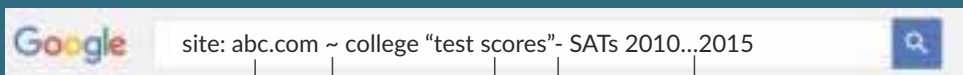


2. Want YouTube to play your favourite song on loop? In the address bar, type listenonrepeat in place of youtube and press enter. Your video will open in a new website that'll play your chosen video on loop!

4. Open listentoyoutube.com and paste the YouTube video url to download its mp3 version.

5. Type 'do the harlem shake' and check out Youtube busting a groove.

### 6. Using Google search



Only searches pages on that site

~ Will search related words eg. higher education

Exact phrase within " " will be searched

- excludes this word from the search

... shows all results from the designated time range

# DIY

And now something for all the girls out there who love flaunting their accessories..



Remember that day when you were just a step away from getting the perfect look because you just couldn't find those cute earrings that perfectly matched your dress? How disappointing! Well, the next time instead of just stashing your earrings into a plain old box, try using a grater instead! Now, who would have thought of that!

**Geometric Memo Board:** This board looks good empty or full of photos. Use bright VELCRO to create a fun pattern and then start hanging all your favourite photos and important notes on it.



*This can also double up as a room décor*

## T-shirt tote bag:

Everyone at some time or another has probably had an old t-shirt that they didn't need or like anymore. This is a way to improve that favorite old tee so instead of tossing it, make it into a reusable tote in about 10 minutes. All you will need is an old t-shirt and a pair of scissors.

**Step 1:** Cut the sleeves off



**Step 2:** Cut the neckline area



**Step 3:** Determine how deep you want the bag to be.



If you haven't already turned your t-shirt inside out, do it now.

Determine where you want the bottom of the bag to be and trace a line across. Keep in mind that depending on the fabric used, your tote is likely to stretch and become longer when it's filled with stuff.

**Step 4:** Cut fringe



Now grab your scissors and cut slits from the bottom of the shirt up to the line marking the bottom of your bag. You'll want to cut both the front and back layers together because they need to match up for the next step.



Then take the remaining strand on the right set and tie it to the next set of strands, and so on and so forth until all the strands are tied. Now turn your t-shirt right side out again and voila, you're done!

**Step 5:** Tie Fringe



Okay, this is going to sound really complicated, but it's NOT, promise. Take your first pair of fringe and tie it into a knot, then tie two more pairs. Now if you lift your bag you'll see that although the pairs are pulling the bag together, there's a hole between each pair. This next step will close those holes.

In the photo above you see three sets of fringe that have been tied in knots. What you do next is grab one strand from the middle set (the one with the arrow pointing left) and tie it in a knot with one of the strands on the left set. Then take the other strand from the middle set (the one with the arrow pointing right) and tie it in a knot with one of the strands on the right set.







# MULLERS SPEAK

■ Voice of the people ■

## MARRIAGE IN THE 21st CENTURY

**1. Dr KULDEER, Department of ENT:** It is very much necessary. It brings out the best and the worst in you. Life can't be sugary all the time. You need salt as well. You need to get married at least once in your lifetime to know what I'm saying.

**2. RAYMOND, MBBS 2013:** For survival? No. But humans, being social creatures, they need companionship!

**3. Dr NAGESH, HOD of Forensic Medicine:** Depends. For most people, it's necessary, because it gives some kind of comfort and a feeling of completeness.

**4. Dr NISHANT, Department of Community Medicine:** I feel it's necessary. It's good to know there's someone on your side all the time, which is one of the many perks of marriage.

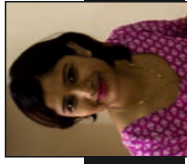
**5. MALAIKA, BPT 2012:** Yes, kind of! Because there's at least some kind of official document to keep the commitment long lasting. Or else in a live-in relationship, despite the commitment, if someone comes along you might tend to give up on the relationship.

**6. NATASHA, BPT 2014:** Not really necessary. Marriage is too much of a ritual, document and hype. Family's likes and dislikes come in the picture and it gets all complicated. All that matters is, you should be married by heart and mind to a person.

**7. Mrs. ANUPAMA RAJESH, Department of Physiotherapy:** It depends from person to person. But in a society where we live especially, if you're above 30 years and a woman, you feel pressurised by your family and others, and it affects you to a certain level. But if you have a goal to achieve your dreams, then what the world says shouldn't matter. Besides, you shouldn't only get married because society says so, because even after marriage they will not stop! Plus if you want to have your own family with the present society, marriage is required to raise your child with proper respect.

**8. Dr PREMA D'CUNHA, HOD of OB-GYN:** According to me it isn't. I think it's just a certificate and a certificate doesn't make a marriage. If two people can live with each other without being married, I think there's nothing wrong in it.

# People



**Mrs. Aneesha Dhanraj Menezes,**  
*Department of Physiotherapy.*

**1. Would you like to share a funny experience you've had as a UG or PG?**

During my UG, I had taken part in a mock press competition, where I had to play Rakhi Sawant, which led to me being tagged the Rakhi Sawant of my batch. I did win the competition though.

**2. What do you do to blow off steam?**

I take a deep breath, purse my lips and blow air out with longer expiration period, like a typical Cardio respiratory physiotherapist. Just kidding. One look at my son is all that's needed.

**3. What is the most beautiful place you have ever been to?**

Churches in and around Mangalore are the most beautiful and peaceful places I have been to. Each one is unique with its own art and age old architecture.

**4. How is your experience being a teacher in the college you studied in?**

There is a huge difference. Student life was fun with lots of activities and friends. The only pressure I had to face was that of exams. Being a teacher is fun as well, but has its own share of responsibilities. Trust me, it isn't easy putting on a strict facade and enjoying it on the inside. Having been a mischie-

vous student has its advantages when you start teaching because nothing of that kind from your students can escape your notice.

**5. How would you attempt to get the remote from your spouse?**

I don't need to try. One order and the remote is all mine. I can get pretty dominating at times.

**6. Who, in your opinion, are better at driving- men or women?**

This sounds like a question in my opinion, on one of the current affairs, since this is the most talked about topic at home, with my pathetic driving skills, testing my husband's patience. But I'm pretty sure there isn't a scarcity of amazing female drivers out there.

**7. What would your idea of an ideal scenario after a long day of work be?**

I like to exercise or do some yoga generally, but if given an option I would choose to Eat-Sleep-and Repeat.

**8. What would you do if you saw a student using his/her phone during class?**

I would snatch it and hand it to, umm, not the senior staff, but to my son who would give it a total makeover, altering the look, shape, texture and the like.

# DONALD TRUMP: a triumph?

**1. Dr OLIVER, Department of Community Medicine:**  
Hmmm...nice wig.

**2. Dr VARUN PAI, Department of Forensic Medicine:**  
The fact that he is the Republican forerunner shows that the American IQ has really gone down in recent years! It would be a real tragedy for the world if he won. I mean the man is a joke! The way he speaks, the fact that his policies are based on his whims; he only cares about himself and his money and I don't think such a person could make a good leader.

**3. NIKHIL, MBBS 2012:**  
In all honesty I have no idea why

everyone, especially Indians, are making such a hue and cry about Mr. Trump. He is brazen, bull headed and strongly opinionated; which causes him to make unconventional remarks but how is it different from what happens in India? We have people in positions of power telling us women ask for rape and to send all Muslims back to Pakistan. In all honesty it's just a stone's throw from building a wall. He is utterly clueless about diplomacy and foreign relations but his business background may help America with their sinking debt. I don't support Donald Trump and I do not wish him well in this election because of his policies rather than his potty mouth.

Disclaimer: Views expressed in Mullers speak are personal opinions of the author and do not represent FMMC/Ed Board 16.



Q: DEAR SISTER COREEN, I'M WORRIED THAT MY ROOMMATE IS GOING TO BE A CHRONIC ALCOHOLIC BY THE TIME WE GRADUATE HE/SHE KNOWS THE CONSEQUENCES...WHAT CAN I TELL HIM/HER THAT WOULD CHANGE HIS/HER MIND?

**Wine doesn't  
have many vitamins.  
That's why you have to  
drink a lot of it.**

## Dr. FEAR, Dept. of Ophthalmology.



**1. Have you ever come across a hypochondriac in your profession?**  
Yes, I have. There was an 83 year old man with a problem in his eye, his symptoms are not congruent with his problem. In spite of telling him that he needs just eye drops, he came here every week with the same complaints. Since he's old and lonely, we listen to his complaints.

**2. What is the best part of your practice?**  
The best part of my practice would be, patients who are brought here with various visual defects, like bilateral cataracts, and then walking out after the surgery, back to normal with smiles on their faces.

**3. Do you have any funny experience as a UG/PG?**  
As a student, my friends and I wrote with coal on top of a male urinal, "Your future is in your hands" and on being asked by the teacher as to who wrote it, we replied "Swami Vivekananda" as it was his quote.

**4. What is the most beautiful place you've been to?**  
Kashmir. To be specific, a place called Chandanwadi in Pehelgaon, beyond which there are uninhabited mountain ranges. I had been there for patrolling

when I was in the army and the valley was beautiful.

**5. How would you attempt to get the remote from your spouse?**  
I dare not. I've now got a second TV, that's the best solution.

**6. Your view on – Men/Women are better at driving and why?**  
Definitely men. I think men are better at concentrating on the road than women, who tend to get distracted.

**7. What is your idea of an ideal scenario after a long day at work?**  
A peg of whiskey and something to munch.

**8. What are your views on rural service being made compulsory for all students?**  
As long as the government can't provide the necessary facilities they should not make it compulsory.

*Favorite food and drink- Tandoori chicken and Whiskey.*

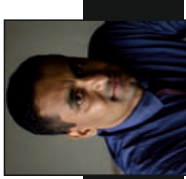
*Favorite book- Catch22 by Joseph Heller.*

*Favorite music- Indian classical/ghazal by Mukesh.*

# People



**Dr. Prathvi Shetty,**  
*Dept. of Surgery.*



**1. What is the best part of your practice?**

The best part of my practice would be the gratitude that the patients show, they thank you after they've been treated and are back to normal. Also surgery, being a hands-on field, you can see the problem being treated then and there; in front of your eyes.

**2. Would you like to share a funny experience you've had as a UG/PG?**

This involves one of the other students really. As a postgraduate, I was on DMO duty in the casualty. It was late in the evening, and this patient had come from Karwar. The medicine postgraduate was called and he was taking the patient's history, and in the process, he asked the patient in the local language if he had 'sugar' (diabetes), to which the patient replied yes. He then asked how much, to which the patient said about normal. On being asked if he maintained a record of it, the patient promptly handed over a card to the PG. It was his ration card, all of us present there burst out laughing.

**3. What do you do to blow off steam?**

For me it's working out or playing any sport. I either hit the gym or come down here to play any sport.

**4. What is the most beautiful place you've been to?**

I think it was a place in Andamans called

Jolly Buoy Island. It was a well preserved island with crystal clear waters.

**5. How would you attempt to get the remote from your spouse?**

You don't. If the remote is with her, it stays with her. Though we've decided beforehand what programs each of us watch and during that time we don't disturb each other.

**6. Your view on – Men/Women are better at driving and why?**

Men, in general. Also under stressful conditions, say an emergency, I think men are better.

**7. What are your views on rural service being made compulsory for all students?**

I'm for rural service. If it's mandatory, then it should be the same for all students because all students are taught equally and not based on which quota they've been admitted under. I might add that the onus is on the government to provide all the facilities required, on failing to do so they have no right to compel students to work in rural areas.

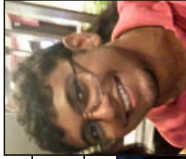
*Favorite food and drink- Mangalorean fish curry with Neer dosa/white rice and tender coconut water.*

*Favorite book- Doctors by Erich Segal.*

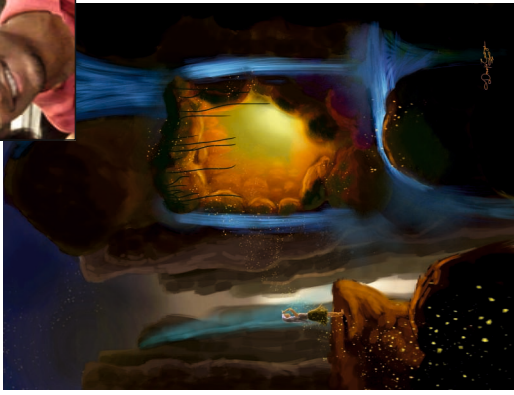
*Favorite music- Old hindi songs.*

# Art & Soul

by Daron Mascarenhas, MBBS 2012



Graceful-acrylic on canvas



The expanse- digital art



Blue- digital art



Golden- oil on canvas



Its Christmas!- digital art

## Dr. Vishakh, Department of ENT



### 1. What is the best part of your practice?

Years from performing an operation when a patient recognizes me and thanks me profusely for helping him lead a happier life, especially when I'm least expecting it-it makes my day.

### 2. Do you have any funny experience as a UG/PG?

The most fun part of my life as an undergraduate was being ragged by my seniors, and later, ragging my juniors. As a PG it was fun training the army way- being part of a batch with senior people, helped me learn lots while having fun.

### 3. Most beautiful place you've been to?

Florence, some parts of Paris, and not to forget Switzerland, where every place looks like a postcard.

### 4. What is the funniest experience you've had with your students?

Humor always finds its way into my classes. You should ask my students for their favorite ones because I have a pretty long list.

### 5. Who do you think make better drivers-men or women?

Women. I wouldn't dare drive near them, for better or for worse, because I'm not sure if I can match their skills.

### 6. What would be your idea of an ideal scenario after a long day at work?

I'm a fitness buff, so I'd do some exercise or go on a long run. And maybe catch up with friends over the weekend.

### 7. What are your views on rural service being made compulsory for all students?

It seems like a good opportunity to learn decision making. As doctors, we have to think on our feet very often and rural service will surely teach graduates to do so. Not having had such an experience myself, I feel it will bring the graduates out of the protected atmosphere they're used to and give them hands-on experience, not only in treating patients, but also life skills.

### 8. What would you like to say about your cooking skills?

I do fiddle in the kitchen & manage to whip up food that people consider edible. As a foodie, besides my South Indian cuisine, I really love my sushi & sashimi- what can be better than some fine raw fish on your plate? Also, Peruvian cuisine will always be my favorite.

### 9. Advice for your students?

Work hard and play harder; give the best of yourself to all you do. Make the most of your time because you'll never get it back.

*Favorite food- South Indian food and home cooked meals*

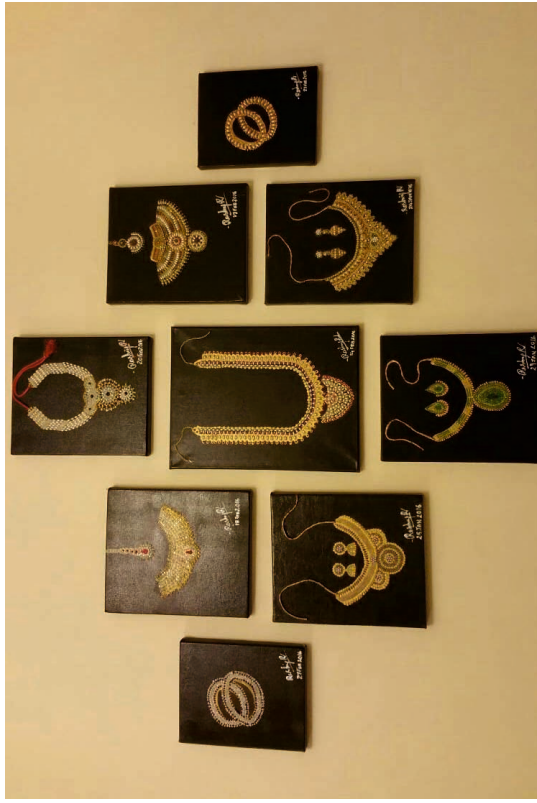
*Favorite book- Too many favorites to pick one*

*Favorite music- Classic Rock*

## by Roshni, MBBS 2011



I was always inspired by complex art and abstract painting and therefore implemented this in jewellery design





when you  
don't know  
how to  
make lines  
rhyme



# I

It isn't everyday  
that I wake up to the  
sound of my ringtone. It  
isn't everyday that I wake up at  
3 in the morning. It isn't everyday  
that I hear someone or something  
screaming at me through the phone. That  
day was special. For a person who lived a rather  
monotonous life, that was indeed something  
special, though not in a good way (or was it?).

I live in an apartment, not luxurious, just enough for the horrible  
excuse of a life that I live. The apartment has a bedroom, a living  
room and a kitchen, and an unnecessarily large store room. There's a  
bathroom attached to the bedroom. My bedroom has a television set and an  
ancient bookshelf ( or at least it looks like one) that delicately stands in a corner.  
The storeroom remains empty, save for a few spiders that exercise their freedom in it.

I was asleep when the phone rang. I woke up and in a half awake state, picked up the phone  
and held it to my ear...waited for a while...waited for any sign of life on the other end...almost  
gave up—when I heard a long shrill scream. The scream lasted for nearly half a minute...and then it  
stopped. I went back to sleep without thinking much of it.

In the morning I remembered answering a strange call. I wasn't sure if it had been a dream or if it had occurred in reality. I browsed through my call history, but the last call I had received was timed 8:37 PM. I assumed that the whole incident was a dream. The rest of the day proceeded as normal. I got another call at about 7:15 PM, while I was commuting from work.

When I answered the call, there was silence, and then a distant, crackling voice spoke. It said, "Meet me in your mirror," in a sing song voice. It was a man's voice. I thought it was weird (who wouldn't?). When I reached home, after stopping at a Pizza joint for supper, I received yet another call. It said, "Follow your footsteps." (What?).

I managed to make note of the caller ID this time. Probably something faulty about the latest software update had enabled me to call myself. At least that was the only plausible excuse my mind was able to conjure to explain this rather ominous occurrence. Not bothering to exercise my brain further by constructing movie-like theories, I decided to watch television (yes, I'm a simple man). The television decided not to display images. The remote decided to jam on channel No. 57. Channel No.57 decided to produce rather loud static. The static decided to produce human-like frequencies. The human-like frequencies decided to mention my name. The electricity decided to take a break. I was left in the dark. I got up to search for a flashlight. Moving carefully, trying not to bump into any of the little furniture in my room. Now that it

was completely dark, and I had nothing much to divert my attention towards, I realized how empty my apartment was (probably based on the ease of navigation I experienced even in the dark). Multiple echoes of every noise I made, every single footstep of mine and every breath I took could be heard with ease. *Follow your footsteps.* That phrase was being played on repeat within my head. With that, I went to bed.

I fell asleep instantly. My dreams were composed of crowded memories captured as photographs within the dream. But the memories weren't mine. People smiling, friends, me having fun, laughing...in fact, everything that I never bothered to be a part of. I had never considered a single person as a friend in my entire life. I had always been someone who was easily ignored.

I awoke with a smile which lasted a few milliseconds at most. It was 4 AM. Still dark. I seemed to have woken up for no reason. I walked to my bathroom, subconsciously aware of the echoing footsteps. I washed my face in the sink, looked up at my reflection in the mirror, stared at my smiling, grinning face for a while. It was an evil grin. That wasn't me. That was my face, but that wasn't me. *I had followed my footsteps to meet myself in the mirror.*

The person in the mirror seemed to be talking to me. "Hello! Do you mind if I come in for a while?" *What?*

"I can make your life better. Much better." *Really? That's funny.*

"Not at all. Trust me. Rather, trust yourself." *I know. It's just a stupid continuation of*

*my dream.*

"I heard that. What do you say? Can I come in or not?"

I didn't reply.

"I'll take that as a 'Yes.'"

I woke up. It was 4AM. I walked to my bathroom, washed my face and looked in the mirror. An evil grin. That was me, not anyone else. "Remember, I am you, you are me."

## II

Life is much more interesting when you actually take part in it, not as a passerby, but as the protagonist. That is something that I have always known but seldom applied in my life. Now I knew better. Now there were people around me, all the time. People laughing, having fun and enjoying my company. A new beginning. A new me.

After the incident with the mirror, my life changed. The old me is now dead. I began to enjoy life, I spent every minute in happiness. I made new friends every day. I had finally acquired happiness. I wanted my friends to myself. They went missing from work, their homes and elsewhere. They were in my home now.

My once empty store room was now full. All my friends hanging around, from the ceiling. The floor was red. My favorite color. The room had a pleasant smell of rust and blood. I wished them good night and went to sleep.



Joel Amirtham  
MBBS 2015



# The Golden Wrapping Paper

Once upon a time, there was a man who worked very hard just to put food on the table for his family. This particular year, a few days before Christmas, he punished his little five-year-old daughter after learning that she had used the family's only roll of expensive gold wrapping paper.

As money was tight, he became even more upset when on Christmas Eve he saw that the child had used all of the expensive gold paper to decorate one shoebox she had put under the Christmas tree. He was also concerned about where she had got the money to buy what was in the shoebox.

The next morning the little girl, filled with excitement, brought the gift box to her father and said, "This is for you, Daddy!"

As he opened the box, the father was embarrassed by his earlier over-reaction and regretted how he had punished her.

But when he opened the shoebox, he found it was empty and again his anger flared. "Don't you know, young lady, when you give someone a present, there's supposed to be something inside the package!"

The little girl looked up at him with sad tears rolling from her eyes and whispered: "Daddy, it's not empty. I blew kisses into it until it was all full."

The father was crushed. He fell on his knees and put his arms around his precious little girl. He begged her to forgive him for his unnecessary anger.

An accident took the life of the child only a short time later. It is said that the father kept this little gold box by his bed for all the years of his life. Whenever he was discouraged he would open the box, take out an imaginary kiss, and remember the love of his darling child who had put it there.

In a very real sense, each of us has been given an invisible golden box filled with unconditional love and kisses from God, our parents and friends. There is not a more precious possession anyone could have. Let us acknowledge and cherish this precious gift before we lose it or time steals it away from us.



JUDE D'SOUZA  
BPT-2012

# THE LIFE OF A

# LAST BENCHER

By Malaika, Dione and Raina  
4th yr BPT

Last benchers are a highly misunderstood lot. They are condemned and scorned by all who don't really know them. They bear the wrath of lecturers and fellow batch mates alike, especially the ones who crave to be in their place. But only a true last bencher knows the joys of being enthroned on the last bench. For them, the last bench holds not just a perfect spot to sit, eat, sleep, gossip and hide from lecturers during question answer sessions, but also a certain charm, that entices them to sit on the last bench every day. So let's unfold the life of a last bencher...

The attraction between a last bench and a last bencher is indescribable. However, not just any last bench will do. There are certain criteria that the last bench should fulfil in order to be accepted as the ideal last bench. The last bench should be under the fan. Presence of an adjacent window to facilitate daydreaming adds brownie points. Most importantly, the bench should be able to accommodate the whole squad, cause sitting alone is plain BORING!

Sitting on the last bench has its pros as well as cons, cons being that the board cannot be viewed without straining one's neck. Also, the intensity of the voice of the lecturer is just a mild whisper, almost on the verge of turning into a lullaby. It takes all the efforts one can possibly muster to master the art of concentration in such lectures. They are also the ones targeted by most teachers and bombarded with questions never heard of by anyone before. Or the lecturer knows that they cannot hear anything and ask the most common question ever, "Yeah, you in the last bench, tell me, what did I say just now?" to which the only hope is a Good Samaritan or a fellow last bencher prompting out the answer to help the one in need. After all, last benchers look out for their kind. But somehow, people, especially lecturers tend to look at them like they are axe-murderers who deserve to be prosecuted in the criminal court.

Despite all the demerits, the last bench holds a special place in the life of a true last bencher. This person is willing to endure all the hatred and annoyance of the teacher. Yet the most horrifying words to him are, "Yeah, you in the last bench, come sit in the first bench," when they see any free places in the front. A fact less known among the faculty is that the last benchers sometimes do know more about what is going on in the lecture hall than anyone else. They are the most vigilant people in class. Last benchers know what everyone is doing in the middle of the class. The last bench is a perfect place to spot people in front using their phones or eating or simply just sleeping. Also, passing around lunch boxes in the middle of the lecture is another common practice among them to satisfy the sudden hunger pangs that arise the moment the teacher starts to speak. Another interesting fact about these people is that they happen to be great doodlers and have the most creative notebooks in class. Be it a caricature of the lecturer or just random scenes out of a movie, lectures seem like a perfect time to bring out the artist in a last bencher. Last but not the least, last benchers are experts at zoning out when they just don't want to listen to a lecture. Months of practice at zoning out can fool even the most experienced lecturers into believing that the student is paying utmost attention in class, while in reality, the mind wanders far and wide exploring the realms of 'What's for lunch?' and 'Why did Jon Snow die?'

Thus, last benchers know just how to maintain the balance between academics and extracurricular activities including daydreaming much better than most of the people in class. They are the ones who know how to enjoy the true essence of college life. Being a last bencher myself, I honestly believe the best life is the life of a last bencher.



## Marissa's last tune

When it got to ten past six, she assumed he wasn't coming, and settled down to some Rachmaninov... She got so absorbed that when the doorbell finally intrudes, her fingers skid along the keys, bringing the piece to a halt in a violent crescendo. She sets down her music and makes her way to the front door, stooping to pick up the *Evening Post* from the doormat before sliding back the chain.

"Hello, Miss D'Souza."

In his black and white football top, Nathan looks more prepared for a kick-about in the park than for his music lesson.



"Come on in."

She leads him through to the parlor and places the folded newspaper on the sideboard between the carriage clock and the cut-glass rose bowl, while Nathan unpacks his music.

"Have you practiced this week?"

"A bit."

"You really must practice," she says. "A once-a-week lesson isn't enough on its own."

He grins, as if it's all beyond his control, and shuffles onto the stool.

"Let's work through the scales, as usual. Start with C major."

The boy's fingers jab at the piano keys, a frown of concentration on his freckled face. She is irritated by a smudge of dirt on his nose. *How can he hope to make music looking like that?* She steals a glance at the newspaper.

*Just over half an hour until I can rest my legs and catch up on the local gossip with a nice cup of tea.*

“Okay, and again!”

Her gaze is drawn to the front-page headline. *Local Girl*, it reads, under a photo of a teenager with her hair scraped back from her face like a ballerina.

“Now, let's try G major.”

She edges closer to the sideboard, doing a little 'pas de basque' to the accompaniment of Nathan's plonking.

“Don't pause before the sharp!”

What a wonderful surprise she thinks: Marissa Fernandes smiling at her from the local paper, as proud as if she's just been told she's the youngest student ever to be admitted to the Royal College of Music. Even the FCUK T-shirt she's wearing cannot detract from her pleasure at seeing her picture after all this time.

“Right, F major, now.”

Nathan prods at the keys, up and down, up and down. Just going through the motions. No feeling in it, like one of those computer games. So different from Marissa. That girl had talent. She always knew she'd make a success of it.

“Okay, let's leave the scales for today.”

She steps across to the piano and rearranges the music sheets.

“You can have a go at the Brahms.”

Nathan takes a deep breath and plunges in. He stumbles over the notes. Even transcribed to F major, it's too hard for him. *But what can I do?* The mothers are never satisfied

unless they have something to show for their money. Never mind the quality of the playing, they always insist on their children having a party piece to rattle off at family gatherings.

She glances back at the newspaper. *Local Girl*. There had to be more to the headline than those two words, but the rest was under the fold, hidden from view. *What if she really has won a place in the College? Now that would be something to celebrate.*

She winced at a note a semitone out. “B flat, Nathan. B flat. And don't rush it!”

She realizes it isn't only the boy's playing that irks her. She can't think of Marissa without being reminded of her mother and her bitchiness that last time. *Calling me controlling! The nerve! And interrupting the lesson like that to drag the poor girl away to that other teacher. No “Let's sit down together and discuss it calmly over a cup of tea.” No “Thanks for all your years of dedication to my daughter, Miss D'Souza.” Just “How dare you presume to know what's best for my child! How dare you presume!” Some people have no sense of decorum.*

The thought of that miserable scene still gave her the goosebumps.

“Andantino, Nathan! You're supposed to be lulling a baby off to sleep, not giving Hades a wake-up call!”

She steps towards the sideboard and leans against it, her arm brushing the edge of the newspaper. She's eager for the boy to be gone so that she can read the report. *As long as they acknowledge me, mention that I was the one who saw her all the way through to Grade Six, I won't feel so bad.* She flips the newspaper over to see the rest of the headline. She gasps, stepping back in alarm.

*Local Girl Missing* the headline reads. Not *Local Girl Gains Top Marks in Music Exams*. Not *Local Girl Owes Her Success to Her Former Teacher*. There must be an explanation in the text but she can't make out any more without her glasses. She dreads to think what could have happened. *It must be something serious. A sensible girl like Marissa wouldn't wander off for no reason.*

Somehow she gets through the rest of Nathan's lesson, letting many wrong notes go by. At seven o'clock, he seems as eager to get away as she was to be free of him. As he runs out into the street he almost knocks into a young woman who is approaching her door with a music case in her hand. Her hair is pulled into a tight pony-tail and she's wearing that unfortunate T-shirt from the newspaper photo. It's an incongruous baby pink.

“Marissa!”

It's only now, seeing her safe, that she realizes how worried she was. You hear of girls going missing and then there's nothing more until their mutilated bodies are all that's recovered days later.

Marissa puts a finger to her lips, shushing her, and walks into the house for all the world as if she's come for her normal Friday lesson. Bang on time, too.

Miss D'Souza approaches to give her a hug, but she steps back. *Of course, she's practically a grown woman now. She needs her space.*

“Sorry.”

Marissa strides into the parlor and takes her seat at the piano, clearly delighted to be back where she belongs.

“Marissa, what happened! The paper

said you'd gone missing.”

The girl shakes her head, too distressed to explain just yet. Instead, she caresses the piano keys, coaxing them into a melody as different from Nathan's effort as a nightingale's song to the squawk of a seagull.

“Did you have a fight with your mother?” *Some mothers just don't know how to handle teenagers.* “Does she know you're here?”

Marissa shakes her head and continues playing.

*It's only right and proper she should come to me, to lose herself in her music after who knows what awful things she's been through. But her family should be informed.*

“Marissa,” she says. “You're welcome to stay here as long as you want, but we need to let people know you're okay. Why don't you ring your mother, while I go and put the kettle on?”

The girl thumps out some somber chords, down on the bass notes.

*Poor Marissa. That woman must be impossible to live with. Her possessiveness. Her jealousy.* Nevertheless, she can't leave Mrs. Fernandes fretting.

“Well, I'll call her then. Just to let her know you're safe and sound.”

Marissa stops playing and looks at her, horrified.

“Don't tell her I'm here!”

Miss D'Souza was seriously worried now. *What did that woman do to her?* She hesitates. “Tell you what,” she says, “I'll do it anonymously. Just to put her mind at rest. Then I'll make you some supper and you can tell me what this is all about.”

That seems to satisfy her. She

resumes her playing: a cheerful little tune Miss D'Souza doesn't recognize. *Maybe she can teach it to me later this evening.* She smiles as she picks up the phone and dials the still-familiar number.

“Who is this?” Mrs. Fernandes snaps at her after she tells her the news.

“I'm sorry, I'm not at liberty to say.”

“I recognize that voice. It's Violet D'Souza, isn't it? What do you think you're playing at! How could you! At a time like this!”

“Don't be upset. I was only—” But there's no time for explanations. Marissa's mother slams down the phone. Miss D'Souza sighed, trying to see it from her point of view. *It must be hard to discover that her daughter would rather stay with her old music teacher than go back home.*

The phone rings again, almost immediately.

“Miss D'Souza? Violet D'Souza?” It's a male voice, not the mother ringing back to apologise. “Miss Grainger, this is Detective Inspector Furtado. I must ask you to leave Mrs Fernandes in peace ...”

“But Inspector—”

“Miss D'Souza, I'm not sure you understand the seriousness of your behavior...”

She feels her cheeks burning, but Marissa's serenity at the piano reassures her.

“Inspector, she's here. I only wanted to let her mother know she's safe.”

“Who? What are you talking about?”

“Why, Marissa of course!”

On hearing her name, Marissa smiles

across at her. But the strain of her ordeal is evident in the pallor of her face. The Inspector gives a coarse laugh. “Marissa?”

“Yes, I'm looking at her right now.” The pink of her T-shirt looked lighter somehow, washed out. *It must be the night drawing in.*

“But that's impossible, Miss D'Souza. I know you're upset, but this is ridiculous.”

Marissa presses her foot on the soft pedal, and the music takes on a mystical tone. *She has wonderful control over her instrument, that girl.* With her free hand Miss D'Souza wipes a tear from the corner of her eye. There's no shame in being moved by a pupil's achievements.

The man on the phone keeps repeating something, but the words make no sense.

“...she's dead, I'm telling you. We found her body in the old factory compound this evening. So stop this nonsense!”

Miss D'Souza puts down the phone and looks at Marissa, crouched intently over the keyboard. She is playing pianissimo, so quietly she has to strain to hear it. She looks ever so anemic. *Poor girl. Her skin is almost transparent.* And then she stops playing, turns to Miss D'Souza and waves goodbye.

When she can bear the emptiness no longer, Miss D'Souza picks up the *Evening Post* and places it on the music stand. She takes her seat at the piano, staring intently at the dead girl's grainy photo, as her fingers search the keyboard for Marissa's last tune.



Astel Pinto  
BPT 2014

# A HUNDIAL OF MEDICINE

**T**ravel back in time to a few generations ago, and you'll realize that life wasn't nearly as luxurious as it is now. Perhaps in a few generations we will feel the same way about the present day scenario. Waking up to the cock-a-doodle has now been replaced by a euphonious alarm tone; from sleeping under a million stars out in the open, to sleeping in the comfort of an air conditioned bedroom. Over the millennia we've witnessed umpteen number of discoveries and technological achievements. However, we cannot afford to ignore the practices of our ancestors as a few of them are still appreciated and can prove useful. As Michael Crichton wrote, "If you don't know history, then you don't know anything. You are a leaf that doesn't know it is part of a tree."

Likewise, the field of medicine has witnessed several developments and had evolved from a crude art to a precise science. With these developments, humans are now living longer than they ever have. The average lifespan in the ancient world was not more than a few decades. Back then, people considered themselves lucky if they lived past the age of 35. Oddly, despite such poor healthcare, it is surprising to note the level of sophistication and skills needed to practice some of these medical techniques.

People of antiquity were well aware of the remedies for a variety of conditions. For example, wild ginger was used to relieve nausea, and a certain type of clay, Tera sigillata, was used to treat dysentery. It was later found that the clay contains Kaolin and Bentonite compounds, which are used in modern medicine as anti-diarrhoeal agents. By the 7th century AD, they had discovered the anesthetic properties of Indian hemp.

Archeology has revealed that the people of ancient times were astonishingly well versed in surgery and had impressive surgical capabilities. We can deduce this from certain excavated skulls of the Mesolithic period, which show evidence of trephination, a procedure used to relieve intracranial pressure by drilling holes into the cranium. Remains from around 200 BC prove their sophisticated mastery of dental therapy. Cavities back then were treated

with bronze wires which were inserted into the tooth as fillings. Procedures such as acupuncture, prosthetic toe fixation, and leech therapy were practiced eons ago and are still practiced till date. Surprisingly, a few traditional practices have proved to be more efficacious than modern day medicine. For example, honey when applied to wounds or burns speeds healing, prevents infections and in fact is superior to Sulfadiazine. Honey is now being increasingly used by the British military to treat burns.

Present day man owes a great deal to the Egyptians, Greeks, Romans and Indians for their contribution to the field of medicine. In fact Egyptians outperform the Greeks and Romans in their level of knowledge and sophistication. The knowledge of the medicines and herbs used by the Egyptian physicians is remarkable. They knew that honey could treat burns, an extract of mint leaves could be used to treat gastric ailments and that a concoction of willow could soothe toothache (Willow formed the basis of modern day aspirin). Similarly, pomegranate was prescribed in infestations by parasitic worms. Modern scientists have proved that this remedy is grounded firmly in science, as the high tannin content of the fruit paralyses the worms (known to the ancient Egyptians as the snakes of the digestive system).

The Egyptians basically believed in treating the disease and relieving its symptoms, while the Greeks believed that most ailments could be cured by praying to the god of medicine. However, Greece went on to produce the most famous physician in human history, Hippocrates, whose oath all doctors pledge to follow. The ancient Greeks believed that there were four humors making up the body, and an imbalance in these would lead to both mental and physical illnesses and ailments. The Greeks were also surgeons of some repute and used tools such as the scalpel, forceps and catheter.

The Roman contribution to the field of medicine has always been overlooked. However, they too have contributed a good amount, primarily focusing on preventive medicine. Their emphasis on personal hygiene and cleanliness drastically reduced the occurrence of epidemics.

The development of the ancient Indian medicine system can be traced right from the Indus Valley Civilization. Ayurveda is an ancient system of medicine and the word 'Ayurveda' translates to 'the science of longevity'. Charaka was a noted Ayurveda practitioner, who like the Greeks, believed that the body functions because it contains three doshas—bile, phlegm and wind. Sushruta, another Indian surgeon was given the title 'the father of Indian surgery', to pay homage to his contributions to plastic surgery.

Thus, medicine has been practiced since time immemorial. Healers have sought to alleviate illness and suffering since the dawn of humanity. We have a lot to learn from history. We should hope to be as smart as the Romans, who believed that prevention is better than cure, and as brave as the Egyptians, to mend what is already broken. Perhaps by looking into the past, we can learn to better deal with the future.



Chelsea Sarah Miranda  
MBBS 2014

# IT'S MY

I can't stand the sight of her! Yes, I truly, passionately hate her! She's getting on my nerves and—and—I'm disgusted by this feeling. It's because she is the most righteous person I know and have met. And better yet, she is my roommate. Don't get me wrong! She's no hypocrite. In fact, almost everything she does, is too good for anyone to believe. I wouldn't too, if we didn't happen to stay in the same room. But she is one person whose true colours don't let you down. On the contrary, they're much better than expected. If I had to describe

her, in one word, I'd use the word "selfless." And that, my friends, is the rarest quality that you can find in a person today, apart from your parents maybe. For this world is highly over-ambitious, just racing to the finish, not bothering about who they are trampling upon, in the process. I know I'm too young to say "I've experienced the world," and I'm pretty sure I'd face some real deadly situations some day, but knowing her was the best thing that happened to me...well...as for this moment, it might just be the worst. So I want your opinion on this dilemma of

mine. Hence, let me start from wherever I can possibly remember, and you can possibly blame our vast medical portions for my rusty selective memory.

A distorted impression of each other were among the only thoughts we had on our first day, while we shifted our luggage into the room. She scared me with the most inappropriate introduction to herself, not about what or who she was, but about what she couldn't stand: lies and fake people. This shook me quite a bit. C'mon! Who says that to an





**T**heir hateful words slice me like the nearly-rusted blade I'm using now. The high from the cut no longer exists. I simply can't seem to get away.

**“When the days are cold, and the cards all fold, and the saints we see, are all made of gold.”**

Nobody understands me. My family can't see past the façade I've built. I'm drowning on dry land without a lifejacket. My insecurities consume my every thought.

**“I wanna hide the truth, I wanna shelter you. But with the beast inside, there's nowhere we can hide.”**

The nicest person in class came to talk to me. But they made her go away. It's just as well. She would have been corrupted by my life. She doesn't need this. Nobody does.

**“Don't get too close, its dark inside. It's where my demons hide. It's where my demons hide.”**

I was beaten today. It was bad.

**“At the curtain's call, it's the last of all. When the lights fade out, all the sinners crawl.”**

My parents are upset and my mother is crying. She doesn't know what's happening. No one does. I went to the doctors to check for fractures. They saw the scars. More disappointment. More tears.

**“So they dug your grave, and the masquerade, will come calling out, at the mess you've made”**

They are making me speak to a counselor. We sit in silence. I just want to go home.

**“Don't wanna let you down, but I am hell bound. Though this is all for you, don't wanna hide the truth.”**

I'm done. I don't have anyone to turn to. I need out. The chair in my room aligns under the fan which is draped with a rope.

**“They say it's what you make, I say it's up to fate. It's woven in my soul, I need to let you go.”**

I struggle for air. I'm gasping out loud. I just wanted to fit in. It hurts. Was this a mistake? It's getting quiet and dark. I think I'm about to...

**“This is my kingdom come.  
This is my kingdom come.”**

**“Demons-Imagine Dragons”**

**Lost**  
save me  
**“I can't do this”**

# “I’m fine” “Need to pretend” alone

**T**he thing about depression is a human being can survive almost anything, as long as he sees the end in sight. But depression is so insidious, and it compounds daily, that it's impossible to ever see the end. The fog is like a cage without a key. There lies the tragedy: when you are the victim of depression, not only do you feel utterly helpless and abandoned by the world, you also know that very few people can understand, or even begin to believe, that life can be this painful.

Try to understand the blackness, lethargy, hopelessness, and loneliness people who are depressed go through. Be there for them when they come through to the other side. It's hard to be a friend to someone who's depressed, but it is one of the kindest things you will ever do.

I believe words have the power to move mountains. You can strike fear or you can alleviate it. Chose your words carefully because they may affect another in a way nobody should ever feel. Let your words inspire hope because once you choose hope anything is possible.



Nikhil Mathew Simon  
MBBS 2012

# An Albatross around the neck



*Disclaimer: The article paints a rather gloomy picture of the profession but on a day to day basis isn't necessarily so.*

'Primum non nocere' or 'First do no harm' is the most important dictum of medicine. It reminds us, that every intervention comes at a cost and anything in excess, can do more harm than good. In the world we live in, abiding by it can be harder than you might think.

Non maleficence can be awfully hard to put into practice. Our lack of foresight means we can never predict if the patient would be better off without these interventions. These troubles are compounded by the fact that we lack a comprehensive understanding of the human body or of drugs themselves. Every drug comes with side effects, idiosyncratic reactions, some have very low therapeutic indices, every surgery has certain recognized complications and we're always expected to weigh in the

risk benefit ratio. Despite all our advances, guidelines as fundamental as the treatment target range for anti-hypertensive therapy are still being revised, the precise benefits of Statins are being questioned and dietary guidelines for Cholesterol intake are being reviewed. We know so little about the human body that we are virtually groping in the dark (I'm exaggerating to illustrate my point).

Beneficence is a very subjective experience. Often, patients have very little control over their treatment protocols and are rushed from one specialist to another. The compartmentalization of the field means that doctors usually see patients as organ systems rather than living, breathing, feeling human beings. They're usually referred to a whole host of specialists for

treatment. Deciding what's best for the patient can be pretty hard. In Oncology for example, patients are sometimes better off with palliative care, so that they may live amidst the comfort of home and hearth rather than living a few extra months; shriveled, tired and reduced to a ghost of the person they once were, only to die in depersonalized hospitals surrounded by grey walls; attached to beeping monitors and IV lines.

Even when it comes to Autonomy, it's actual applicability in the doctor-patient relationship is questionable at best. Everyone knows the power of phrasing, how saying the same thing differently can change the response. If you told someone that a certain intervention had a 70% probability of improving the condition of a patient but the other 30%



Pic: Reno, MIBBS 2012

healthcare services. It means that a person's life is worth more than the money they've earned, the reputation they've built and that when it boils down to it, the rich and poor will receive an appropriate, acceptable quality of healthcare. Someone who is familiar with the healthcare system here will scoff at the idea. Granted, there are quite a few government run and private funded charitable institutions (NABH accredited ones at that) which are trying to even out the scales, but there is only so much that can be done. Healthcare costs are spiraling and the world's biggest economies are burdened by the heavy costs of Social healthcare initiatives. In fact, in the United States, one in every six dollars of the GDP goes towards sustaining healthcare. Cutting edge procedures take years, if not decades to make inroads into third world countries and too often basic healthcare isn't given to those who need it most.

Maybe our job isn't so much to always do the right thing. Deciding what's right and who is right is another matter in itself. Perfection is unattainable but we can constantly strive to come as close to it as we can. The corner stone then of medicine, isn't so much knowledge, as it is patience and understanding. To give it that human touch. It's very easy to forget that and it probably comes from dealing with death on an everyday basis. We all chose a rather morbid profession that deals with death and misery but we mustn't let ourselves become inured to it. Maybe it is impossible to be attached to a person and think objectively about them at the same time. If you ask me though, detachment is too high a price to pay for objectivity. We need to understand where each patient is coming from, what they're dealing with, and develop a deep sense of empathy and understanding of their situation.

Amidst such ethical dilemmas, it can be hard to escape the burden of guilt and accept the weight of responsibility for our decisions. It was René Leriche who wrote, "Every surgeon carries within himself a small cemetery, in which from time to time he goes to pray" (Yes, it is the same surgeon after whom Leriche's

syndrome was named-he was the first surgeon to operate on a patient with Aorto-iliac occlusive disease- and no, the quote is not about that patient. He went

“It was René Leriche who wrote, "Every surgeon carries within himself a small cemetery, in which from time to time he goes to pray"”

on to father a son). Perhaps, the only way to continue to do what we do, then, is to accept that we will make mistakes, that the odds are against us but still hope to do the best for those who repose their faith in us.

This write-up isn't about our ignorance, our callousness nor is it expected that doctors be burdened by the weight of their mistakes. All too often, we forget that we do not live in an Utopian world, that mistakes are an everyday occurrence and that all said and done, we're human and have human failings. Patients may place you on a pedestal but that pedestal is as shifty as our knowledge of the workings of the human body. Not to forget, lady luck has her say too. Sometimes things go perfectly well, sometimes they don't. There's no rhyme or reason why. All we can do then, is hope that we are helping them make the right choices, comfort them with our words when therapy fails, and teach them to deal with the devastation that comes with illness. When all therapy fails, give them hope. As Wilma Rudolph said *"The doctor told me I would never walk again. My mother told me I would. I believed my mother"* (She went on to win four Olympic medals).

do not improve they're more likely to consent to it. If instead you said that there was a 30% chance that the intervention might not help or might even cause further deterioration in their condition, they are very likely to decline the option. Then there is that other question that they invariably ask a doctor; "What would you do if you were in my place, doctor?" When put on a spot like that, it's hard to tell them an answer, more so when you're keen on pursuing a particular treatment avenue. It's worse because we have to deal with these choices, their consequences. You'll always wonder if they would've been better off with symptomatic or palliative care. Trust me, the 'ifs' and 'buts' can haunt a person.

Justice, implies the fair treatment of individuals and equitable distribution of

- Anonymous

# YES! I AM A PROUD MEDICAL IMAGING TECHNOLOGIST

Welcome, you reader, to the X-ray zone! Keep calm and put your lead aprons on! This is about the only group of people in the universe who would certainly say “switch off the lights! I can't see you”, the people for who beauty is “Wow! Nice odontoid”, the group of people who suffer the most when the rest of the world tries to follow the rule “don't break ones heart for they have only one....instead try bones”. Yes! You got me right. I AM a medical imaging technologist.

While you are reading this page you might call—no, no, I am certainly sure—you will call me cranky. Yes, I am bonkers for my profession and the work I do.

I am not a doctor. But I know what's wrong before anyone else does! It's sad that I can't tell you if your bones are broken or you have a mass in your head or elsewhere in spite of this! For example, the tibia is broken and the person with the patient asks me “Madam is there a fracture?” I would need to say, “Sorry, I am not supposed to tell you that. The doctor will let you know.” But for most of the patients (truly innocent), I am a doctor.

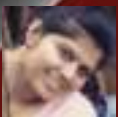
Now that is not all! It's not just taking an X-ray. I wonder if my job is that easy. If it were so then I guess everyone should have known anatomy, radiographic positioning, physics and how to apply properly the inverse square law to kilo volt peak and milliamperes per second!

People call me an X-ray technician! A nurse! A C-arm technician! A photographer! And everything that I am not. Imagine racking your brains with physics for four years just to be called a technician! A mere year's course was enough to call me that. NO! I WILL NOT KEEP CALM BECAUSE I AM NOT A TECHNICIAN! I proudly declare myself a Technologist! Medical Imaging Technologist (I'm a fan of James Bond you know)! The Google goddess says I am 'a person employed in the field of technology who is proficient in skills and techniques, with a relatively practical understanding of theoretical principles!' Thanks to Almighty! At least someone out there said that I do understand theoretical principles.

I don't just operate an X-ray tube, dressing up like an alien to scream at the top of my voice, “EXPOSE, EXPOSE!” Don't you dare enrage me! I can literally kill you with a barium enema! Oops, sorry! I didn't really mean that. I've learnt every imaging modality for a good three and a half years (almost four now) thanks to Rajiv Gandhi University. Understand that it's not just an X-ray. We have given our best in a darkroom and have remained in the dark for years. We are no more in the dark.

I am irked to the core explaining to people “WHAT THE HECK I ACTUALLY DO!” It no longer bothers me now that I am going to fly higher with my profession.

Hope this article has changed your mindset towards us. Well I won't have to mention that ever again. Never mind! I am an idea user! Hearty thanks to all you folks for going through this patiently. Henceforth please don't call me something that I am not. Don't forget! I'm a proud medical imaging technologist.



Shraddha Gadiyar  
3rd B.Sc MIT





# Art & Soul

by Rakshith, MBBS 2012



Charcoal paintings



Raina Quinny, BPT 4th yr



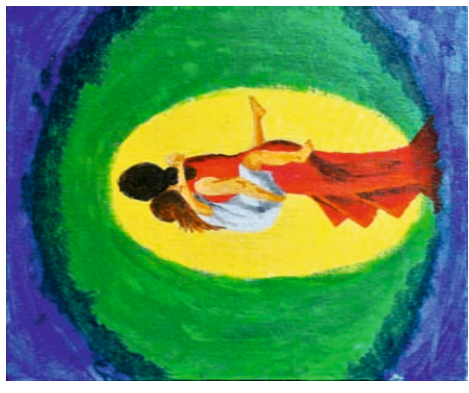
Chrystle Mascarenhas, MBBS 2013



Dione crasta BPT 4th yr



Avila Fernandes, MLT 2nd yr



Ann Mathew, MBBS 2013

# ★ ★ ★ People ★ ★ ★



**Dr. Tessa Kaneria,**  
*Department of Radio Diagnosis*

**1. Would you like to share a funny experience you've had as a UG or PG?**

On a busy day when I was doing my post graduation, one of our nursing aides who was occupied with putting up patients for ultrasounds, brought a patient in, and asked him to undress. The patient, in surprise, did whatever he was asked to. It took her a while to realize that the person she assumed to be the patient was in fact a patient's bystander.

**2. What do you find better- studying or teaching?**

After college, I happily bade goodbye to my studies, not knowing that this field requires constant updating of your knowledge. A doctor has to stay a student throughout his life.

**3. What is the most beautiful place you have ever been to?**

Krabi, in Thailand, is undoubtedly my favorite by far. And it isn't as if there aren't any beautiful places nearby. Coorg is nothing less than heaven on earth.

**4. How would you attempt to get the remote from your spouse?**

I wouldn't. Because we have an unwritten rule at home that if there is any sporting event on TV, no matter what game it is and who is playing it, my husband just has to watch it.

**5. Who do you think make better drivers- men or women?**

The general notion is that men are better at driving, but I know of women who drive really well, and also men who are equally bad at it. So my opinion is unbiased.

**6. What would you like to advise your students?**

Enjoy as much as possible, you'll never get these days back again, but at the same time don't forget the intention you came here with. Clear the course and become good professionals. Balancing studies and fun is the key to a happy and successful life for a student.

*Favorite food- my mom's signature dish- prawn biryani*

*Favorite book- Tuesday's with Morrie*

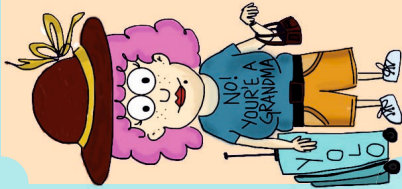
*Favorite music- Bryan Adams and Coldplay*



*Nikitha, MBBS 2014*



*Chrystle Mascarenhas, MBBS 2013*



**Q. DEAR SISTER COREEN, I'M A FINAL YEAR RESIDENT AND I DON'T HAVE A MOMENT TO CATCH MY BREATH. I DON'T EVEN REMEMBER WHAT DAY IT IS ANYMORE. THE LAST MOVIE I WATCHED WAS MAZE RUNNER... I'M EXHAUSTED AND FRUSTRATED. WHAT DO I DO?**

**I need a 6 month Vacation  
twice in a Year!  
Anyone else with me on this ?**



**Q. DEAR SISTER COREEN, I JOINED THE MEDICAL FIELD, AND NOW I'M SERIOUSLY RECONSIDERING MY CAREER CHOICE! ALL I'VE GOT ARE PROBLEMS AND THE FRUSTRATION THAT FOLLOWS! MY CURRENT STATE CAN'T GET ANY WORSE, SO WHAT DO YOU SUGGEST I DO?**

**When I'm Sad I SING.  
Then I realise  
my Voice is worse  
than my PROBLEMS.**



**Dr. Habib Khan,**  
*Dept. of Paediatrics*



**1. What is the best part of your practice?**

For a pediatrician who loves kids, work isn't work at all. But to be precise, replacing tears with happy smiles gives me more joy than anything else can.

**2. Would you like to share a funny experience you've had as a UG?**

I had skipped breakfast on the first day of my OBG posting and consequently passed out in the labour room and became the laughing stock of the class. My classmates couldn't keep themselves from making predictions on what would happen to me once I got married.

**3. What do you do to blow off steam?**

Playing tennis would be what I'd choose to do, but when I don't find anyone to play with, I hit my racket hard against a wall and that cools me down.

**4. What is the funniest experience you've had with your students?**

Though this incident per se isn't what I'd call funny, the fact that even knowledgeable students mess up over the easiest of jobs just because a teacher around is funny. One of our post graduates, a smart one at that, after clamping the umbilical cord, cut it above the clamp instead of below it because apparently my presence had made her nervous.

**5. Have you ever been the target for any prank played by students?**

Not yet. Do you want to give it a try?

**6. How would you attempt to get the remote from your spouse?**

I prefer not to make a sound when she watches her favorite soaps, so that when my favorite sports are telecasted I can have the remote all for myself.

**7. What have you got to say about your mastery of cooking?**

My mother, fearful that I'd get married to a novice in cooking, had taught me the basics. But to my good luck, my wife happens to be a very good cook and I rarely get to put my skills into action.

**8. What is your passion in life?**

All Day I Dream About Sports. And I'm proud to say that my son who takes after me in that matter, has reached great heights in two sports and is planning on taking it to a professional level. The joy I get when he beats me at any game is unmatched.

**9. What are your views on rural service being made compulsory for all students?**

I don't see why a similar kind of service isn't expected from engineers and IITians.

*Favourite food and drink- Chicken tikka and Sprite*

*Favourite book- Archie's comics*

*Favourite songs- Kishore Kumar's Evergreen hits*

# MULLERS SPEAK

■ Voice of the people ■

## MEDICAL BRAIN DRAIN:

### Is India crippled by it?

**1. Dr OLIVER, Department of Community Medicine:**

So you've got 150 students graduating from our college and maybe only 90 Postgraduate seats available for them. Where are the remaining 60 supposed to go? If you don't want Indian students to leave the country, make sure they have the opportunity to learn and become professionals here in India itself! I mean you can't bake a cake and have it too (unless of course it's a chocolate cake)!

**2. Dr PRINCY, Department of Pharmacology:**

Rather than brain drain I would call it brain circulation! From what I can see nowadays a lot of students who leave India only do so to gain knowledge and experience they wouldn't be able to gain here and then come back to repay their dues to the country. So, in the long run, having doctors return after some foreign exposure could have a lot of benefits. But to ensure their return, I think we need to highlight the moral obligation doctors have to the country that provides them with the opportunities and environment to become the doctors they are.

## MORAL POLICING:

### Is Mangalore becoming the hub?

**1. Dr PRAKASHSHETTY, HOD of Anatomy:**

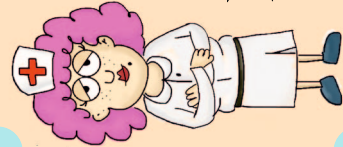
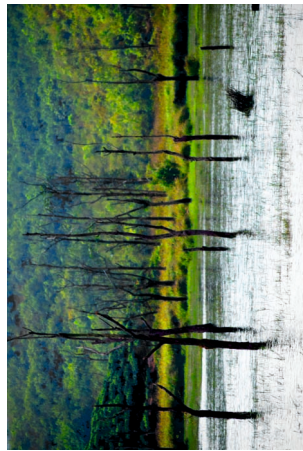
Definitely it's wrong! There's no doubt about it. Nobody has the right to interfere in other people's lives. Everybody should have the freedom to decide the way they want to live their own life. It's just unacceptable.

**2. Dr OLIVER, Department of Community Medicine:**

I think we should have it only in our medical college because students are immodestly walking around without wearing their lab coats!

# Art & Soul

by Nibin Wilson, MBBS 2011



Q: DEAR SISTER COREEN, I'M A MEDICAL STUDENT, AND I'VE BEEN PRESENTING MEDICAL CASES TO MY STAFF SINCE SECOND YEAR, AND ALTHOUGH I'VE HAD LOADS OF PRACTICE, APPARENTLY THERE'S NOTHING CALLED A PERFECT CASE PRESENTATION CAUSE EVERY PROFESSOR I'VE PRESENTED TO HAS ALWAYS HAD SOMETHING TO ADD AND TO CORRECT. I GET EXTREMELY UPSET AND SAD AFTER ALL THE EFFORT I'VE PUT IN, TO BE STEREOTYPED AS A "NEVER TAKEN A CASE BEFORE" STUDENT...

Whenever you feel SAD just remember that **SOMEWHERE IN THIS WORLD** there's an idiot pulling a door that says 'PUSH'

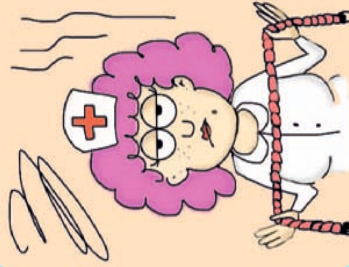
### 3. Dr VARUNPAI, Department of Forensic Medicine:

I think all this moral policing that is happening is because of certain elements in society who are not properly educated nor well employed, who develop a jealous mind-set towards people who are better educated, more affluent and who consequently do and believe in things that these so called moral policemen do not. So this plus the current political scenario results in their unlawful acts. This can only be curbed if the police increase their vigilance and their presence.

### 4. JANE THOMAS, MBBS 2013:

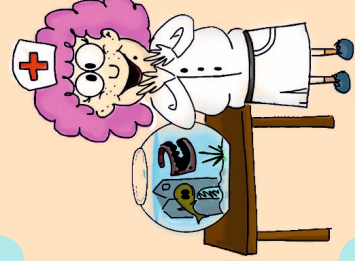
We live in a society where if a girl walks in "inappropriate" clothes, she is slut shamed. We live in a really backward society. So I see where the law is coming from but it's absolutely ridiculous and it should be absolutely changed.

Disclaimer: Views expressed in Mullers speak are personal opinions of the author and do not represent FM/MC/ Ed Board 16.



Q: DEAR SISTER COREEN, HOW DO I DEAL WITH EXTREMELY FRUSTRATING PEOPLE?

Some **PEOPLE** just need a **HUG..** around the **NECK** with a **ROPE**



Q: DEAR SISTER COREEN, I'M A FINAL YEAR MEDICAL STUDENT, AND AM EXTREMELY STRESSED OUT. I'VE GOT FINALS COMING UP, SEMINAR PRESENTATIONS EVERY WEEK AND CASE PRESENTATIONS ALMOST EVERY SECOND DAY. HOW DO I DEAL WITH THIS CRAZY AMOUNT OF STRESS?

**LIFE IS SHORT.** smile while **YOU** still have **TEETH.**



# SCINTILLATION

# STIMULATE YOUR CRITICAL THINKING THROUGH CLINICAL SIMULATION

**Critical thinking is a crucial outcome of healthcare educational programmes.** It can be defined in a number of ways but perhaps it is easiest to comprehend when you understand that it includes identifying a problem, determining the best solution and choosing the most effective method of reaching that solution. After execution, participants reflect on the situation to figure out if their response was effective and if it could have been done better. Effective caregivers should be knowledgeable about varied patient situations, confident in their skills and be competent to handle such stressful situations. One teaching strategy recently adopted by educators to develop critical thinking, confidence and competence is simulation. Simulation is a well-established tool for training personnel in aviation, the military industry, and now has made inroads in healthcare training. It has the potential to revolutionize health care and address the patient safety issues if appropriately utilized and integrated into the educational and organizational improvement process.

## What is simulation?

Arrays of dummies with palpable pulses, which can talk, breathe and cough, which we can "kill" and bring back to "life"? Well, not exactly. Simulation can take various forms, from a simple role play model to use of high-tech simulators. The point to emphasize here is that **simulation is a teaching technique and not a specific technology.** It can be effective with low- or no-tech options. Alone or in combination with mannequins, human actors or virtual computer programmes, a simulation can provide the hands-on experience that connects theory to practice. The Virginia State Simulation Alliance in 2008 has defined a **clinical simulation experience** as, "An active event in which learners are immersed into a realistic clinical environment or situation. During this authentic clinical experience, learners are required to integrate and synthesize core concepts and knowledge and apply appropriate interpersonal and psychomotor skills. They must incorporate critical thinking

and decision making skills involving assessment, diagnosis, planning, implementation or intervention and evaluation".

The purpose of a simulation experience in education is to use an innovative teaching method to **create a shift from teacher-centered to student-centered learning.** Teacher-centered learning is a form of passive learning, where information is presented to the student in a lecture format and evaluated using formal testing. Unlike the traditional classroom setting, where instruction is teacher-centered, simulation is student-centered with the teacher as a **facilitator** in the student's learning process. Simulation encourages the student to develop psychomotor, cognitive and affective skills prior to entering the real-world clinical setting. The facilitator has the opportunity to assess and evaluate the student's skill level and ability to meet learning outcomes. Remediation of the learner can occur almost immediately,



Dr Rithesh Joseph D'Cunha, Administrative incharge of FMSSC briefing the dignitaries about the birthing mannequin.



Inauguration on 13th March 2016 by Guest of Honour - Dr Dinker Pai; the Chief Guest - Dr Manju Singh; Bishop of Shimoga - Most Rev. Dr Francis Serrao and the Management.



Dr Elroy Saldanha, coordinator of Gen Surgery, orienting the Chief Guest, Dr Manju Singh to the LapVr simulator

the real world. Hence, as a healthcare training approach, simulation offers an opportunity to teach and engage learners in a manner far superior to traditional methods of lecture and demonstration and the highlight of this teaching methodology is that the simulation activities are designed to provide learners with opportunities to learn in a safe, non-threatening and controlled environment. It is safe to allow students to actually make an error in order to reflect and learn to recognize their own errors.

A critical element of simulation is **fidelity**. This is the degree to which a key element of a situation, action, or object resembles real-life. In simulation, we can manipulate realism. Learners should think of simulation as real from day one. The degree of fidelity required is determined by the type of learner, the complexity of what they need to learn and how best to achieve learning outcomes. Careful scenario construction and planning will prevent the technology from becoming the focus of the simulation. Depending on

the type of simulation, the learner receives the scenario ahead of time to review and prepare for the simulation. The scenario will consist of a brief synopsis of the patient's condition along with the learning objectives. The simulator and the environment will complement the scenario, thus requiring the learner to reflect on the patient holistically and not just focus on the diagnosis. The framework for simulation methodology includes briefing of the scenario prior to the session, orientation to the simulator & environment, followed by the short simulation experience and the final debriefing session where the actual guided reflective learning takes place. To be successful, each learner must be self-motivated and self-directed to learn during the simulation.

Even though simulation is arguably the most prominent innovation in medical education over the past 15 years, we have to bear in mind that the simulation training programme does not replace clinical training and does not guarantee clinical competency. It serves

to enhance the performance of the learner in a safe and supervised realistic setting, with an aim to improve clinical outcomes in the real world. The creation of an international academic society dedicated to simulation and proliferation of simulation-based literature and research have all heralded the promise of simulation as being a keystone of healthcare education and patient safety in the future.

We are privileged, proud and thankful to the management of our institute for setting up a comprehensive simulation centre in the campus. **The Father Muller Simulation and Skills Centre (FMSSC)**, a unit of Father Muller Charitable Institutions, is a state of the art, multi-professional, training facility equipped with the most advanced medical simulators and skills trainers. The centre is one of its kind in India and has been providing healthcare training to the non-healthcare community, clinical undergraduates, postgraduates and qualified professionals from the fields of medicine, nursing and other allied sciences. The centre is also the first medical college in Mangalore to be accredited by the American Heart Association as an authorized training centre for CPR & ECG courses. Established in November 2015 as the first functioning advanced simulation centre in Mangalore, FMSSC is committed to inculcate evidence based simulation competence into the healthcare curriculum.

**“Ultimately, by far the greatest benefit to patient safety will be achieved by increasing the skills and the knowledge of the many, rather than penalising the very few.” Don Berwick, 2013**



DR LULU SHERIF, MD, DNB  
SIMULATION INSTRUCTOR MASTERCLASS (U.K)  
ASSOCIATE PROFESSOR IN ANAESTHESIOLOGY, FMCC  
ACADEMIC IN-CHARGE OF FMSSC

# ANTIMICROBIAL RESISTANCE

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Travelling through a  
long tunnel of darkness

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In his Nobel lecture on 11th December 1945, Sir Alexander Fleming said, "It is not difficult to make microbes resistant to penicillin in the laboratory by exposing them to concentrations not sufficient to kill them, and the same thing has occasionally happened in the body". He had predicted the development of antibiotic resistance when he discovered Penicillin. Antimicrobials, especially antibiotics save the lives of humans and animals in the face of life threatening infections. When these microbes become resistant to such antimicrobials, the options for treating the diseases they cause are narrowed. The direct consequences of infection with resistant microorganisms can be severe, including longer illnesses, increased mortality, prolonged hospital stay, increased risk for patients undergoing medical procedures and increased costs. Antimicrobial resistance affects all areas of health and has wide implications on society. Economic losses due to reduced productivity caused by sickness (of both human beings and animals), higher costs of treatment, increased financial burden for development of new medicines, diagnostic tools, vaccines and other interventions. Drug-resistant bacteria can circulate in populations of human

beings and animals, through food, water and the environment, and their transmission is influenced by trade, travel and both human and animal migration. Resistant bacteria can be found in animal food and food products destined for consumption by humans.

The growing problem of antimicrobial resistance has been observed since several decades. Some of the foremost reasons being the widespread use of antibiotics on animals and poultry, overuse of antibiotics in humans, inappropriate antibiotic choices, improper dosage, irrational combinations and the use of antimicrobial cocktails. Microorganisms develop resistance by various mechanisms primarily due to antibiotic pressure. In USA, it is estimated that nearly 70% of animal feed has antibiotics and a similar situation or perhaps even worse is seen elsewhere in the world. In India, in addition to this problem, antimicrobials are prescribed by unqualified people (quacks), antimicrobials are available over the counter, spurious and poor quality drugs are sold and many commercially available drug combinations are irrational.



We have reached a state now that many of the infections, particularly bacterial, are due to multidrug resistant (MDR) and superbugs which are resistant to almost all available antibiotics. There are hardly any effective antibiotics left to treat human infections. If this continues, there may not be any effective antibiotic left to treat infections in another 3-5 years. For the pharmaceutical sector, medicines that are no longer effective lose their value. No new major class of antibiotics has been discovered since 1987 and too few antibacterial agents are in development to meet the challenge of multidrug resistance. In the West, Gram positive bacteria are of major

concern whereas in India, most infections are caused by Gram negative bacteria. Since most research is happening in west, whatever new antibiotics have entered the market target Gram positive bacteria. India is thus under a greater threat. Hence, human kind is travelling through a long tunnel of darkness with very little hope of light at the end of it.

Many initiatives have been taken in the past, worldwide and in India to combat this problem and so far there has been little or no impact. Chennai declaration-a roadmap to combat antibiotic resistance, was released on 24th August 2012 by the infectious diseases society of India and with the help of the government. This was supposed to streamline antibiotic use and reduce antibiotic resistance incidence in India within five years. The recommendations of the declaration were only on paper and unfortunately never materialized. WHO (World Health Organization) has released a global action plan on antimicrobial resistance in 2015. The goal of the action plan is to ensure, for as long as possible, the continuity of successful treatment and prevention of infectious diseases with effective and safe medicines that are quality-assured, used in a responsible way, and accessible to all who need them. It was also expected that countries will develop their own national action plans on antimicrobial resistance in line with the global plan. To achieve this goal, WHO global action plan sets out five strategic objectives: (1) to improve awareness and understanding of antimicrobial resistance; (2) to strengthen knowledge through surveillance and research; (3) to reduce the incidence of infection; (4) to optimize the use of antimicrobial agents; and (5) to ensure sustainable investment in countering antimicrobial resistance. With this approach, the main goal of ensuring

treatment and prevention of infectious diseases with quality-assured, safe and effective medicines is achievable. Accordingly, Government of India has released a 'National treatment guidelines for antimicrobial use' in 2016. The guidelines have stressed on empirical or presumptive anti-infective therapy which should be based on a clinical diagnosis combined with evidence from literature. Definitive therapy should be based on the microbiologic diagnosis, assessing the factors affecting activity of antimicrobials such as renal excretion, interactions and allergy before prescribing antibiotics, daily review of antibiotic therapy and escalation or de-escalation of treatment accordingly. The guidelines also recommend using reserve drugs with caution and suggests measures to control the spread of MDR organisms. Some of the measures include, improved laboratory detection and reporting, enhanced infection surveillance and control in ICUs, preventing the spread of infections by practising hand hygiene, the use of personal protective equipment and restricted use of 3rd generation Cephalosporins.

USA has proposed a new policy which states that by 2020, antibiotic usage must be supported by definitive microbiological evidence and restricts use of antibiotics in animals and poultry. In the western countries, the definitive antimicrobial therapy for patients is mainly handled by clinical microbiologists and clinical pharmacologists and the doctor-patient ratio or nurse-patient ratio is good compared to resource poor nations like India. India has several hindrances to the effective implementation of these guidelines. Some of the important issues being, regulating antimicrobial use in animals and poultry, cracking the whip against

quackery, ensuring good quality drugs, issue of antimicrobials only against prescription, issue of reserve drugs only on approval, shortage of quality assured microbiological diagnostic facilities; particularly in rural areas, shortage of qualified clinical microbiologists, shortage of qualified doctors and nurses and a low budgetary allowance to healthcare.

Prevention of infection can be cost effective and implemented in all settings and sectors, even where resources are limited. Good sanitation, hygiene and other infection prevention measures can slow the development and restrict the spread of difficult-to-treat antibiotic-resistant infections. As individuals and healthcare professionals, we can share the responsibility and contribute towards combatting antimicrobial resistance. General public can follow proper hand hygiene on a day to day basis, avoid self medication, use antibiotics only when prescribed by an allopathic doctor and if prescribed continue usage for the duration suggested by the doctor. Pharmacists must not entertain requests for over the counter antibiotics. Doctors must use antibiotics only when absolutely indicated and escalate or de-escalate based on definitive microbiological evidence, follow hospital or national guidelines during treatment and prescribe right doses and the right combination of drugs. Hospitals must ensure supply of good quality drugs, incorporate and enforce antibiotic policy, impart regular training, improve human resources and biomedical waste management to prevent infections.



Dr Anup Kumar  
MBBS, MD Microbiology



# A RECKONING WITH NEUROPSYCHOLOGY

My curiosity to know the workings of the mind leads me to mazes and dead ends. My quest yet surges, to unravel the mysterious mind. Leaving no stone unturned, I have looked from exact sciences—anatomy, psychology—to even the normative sciences—philosophy, theosophy too. This search has been at times rewarding, but the glimpse of understanding makes the unknown even more enigmatic. I have gleaned some information which is worth sharing and debating.

'Attention' and 'alertness' are not 'things,' as we would like to believe, rather, effects of mind processes. It is our 'consciousness' that realises 'attention.' Progressive appearance of stimuli, would lead to 'conditioning.' The progressive activation of the cerebral cortex which is influenced by 'interest' and 'motivation.' It is noted that the highly complex prefrontal cortex of the homo-sapiens is the location of our 'Central Executive' that determines actions and decisions. This is the "I am" area and also the location when we say "I want."

The pervasive consciousness is the "I am" that experiences and 'had experienced' amidst a complex programming that is super controlling of every other aspect of our body. It is the cortical area that denotes "I feel." The functional and anatomical integrity lends success to the decisions of the 'Conscious Well.' It is the upper and dorsolateral areas of the prefrontal cortex that maintain the forces of thought and ideas, and help to perceive the information stored in the mind. Hence, our accumulated experiences add on to the available

information that helps to make prudent decisions. This is the site where "I know" is located.

'Self-control' is exerted by the orbitofrontal cortex, which is central. First receives external impulses that would monitor the myriad of impulses from the deepest areas of brain. The 'emotions' emanating from the limbic area also strongly influences the prefrontal cortex. Social interactions and responses to circumstances are essentially regarded by understanding feelings, so that the appropriate adaptation can occur. Thus, we orient ourselves in time and space and provide behaviour which is in accordance with the 'moment.'

You see, there is an addiction to 'thinking.' The plethora of information from print, online, audio-visual, is immersing the mind into thinking constantly. It is this ability that has kept mankind above all creation.

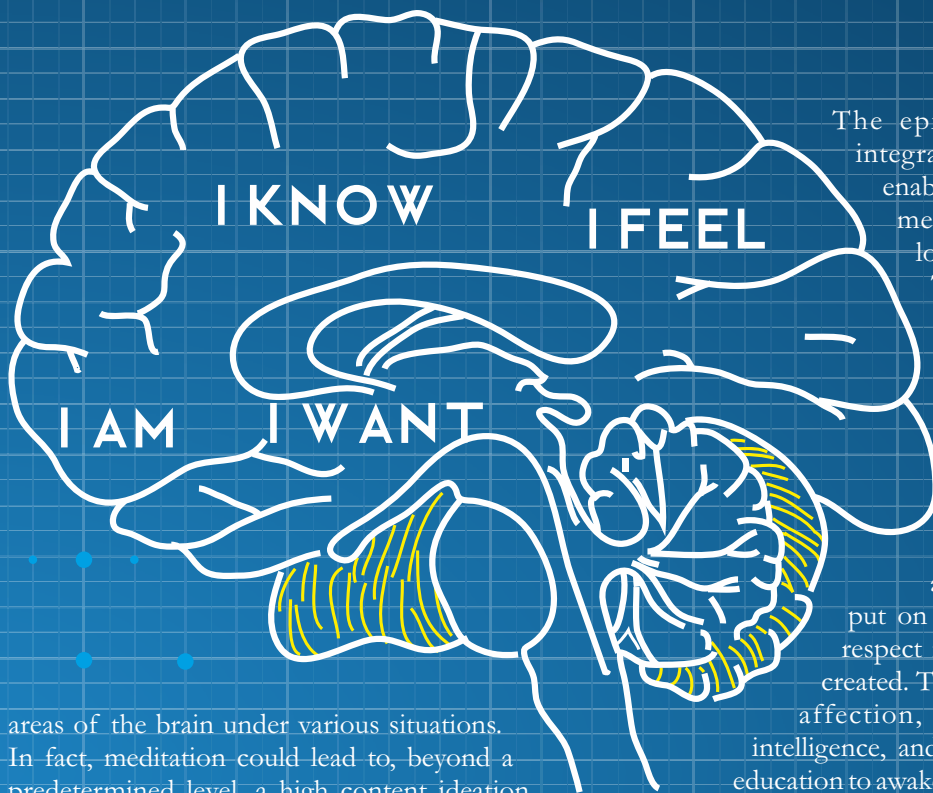
Fatigue easily develops in one stream of thoughts. There is a need for a new structure to upkeep cognition upsurge.

Escape of reality through distraction is more common in the 21st century.

It is the vulnerable psyche that gives into addiction that is drugs and alcohol.

The digital world offers a whole new interest to the craving mind. That leads to ignoring of the analogue universe. The touch with reality is lost. This leads to lack of empathy and compassion in society.

These perceptible changes are being observed with alarm. Thanks to high-end technology i.e., EEG, 3D MRI, CT, PET, functional scanners, we can chart out the working



areas of the brain under various situations. In fact, meditation could lead to, beyond a predetermined level, a high content ideation. The activation of our left hemisphere over the millennium has led to a fragmented reality. The left hemisphere is the seat of criticism, judgement, compassion, merits, values, discrimination, identification, and self-awareness. Our 'self-consciousness' is a process of our conscious state such that it creates a virtual reality. The 'self' is identified in a centre coordinated by thoughts, beliefs, and superstition. The right hemisphere has the inner observer; it is in the eternal present. This leads to analogical theory; it is living in the present, i.e. pays attention to the present. Our intellectual prowess and psychological integrity are held within the pre-frontal cortex. The 'humaneness' of our existence, which keeps us apart from animals, is 'rationality,' which is also domiciled in the prefrontal cortex. 'Reasoning' is integral to humans, The circuits of the phonological visuo-spatial are integrated into the Central Arcuate. So that focus of attention and memory related information all go into producing the 'right action,' these are utilised for various necessary cognitive abilities, such as learning, comprehending, speaking, languages, writing, playing etc.

The episodic and semantic memory is integrated with an 'episode buffer' that enables a functional link with long-term memory. Working memory integrates long-term and short-term memory.

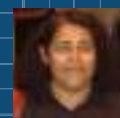
The paradox of the right hemisphere is that it can assess the left hemisphere capabilities while being active and in the present.

The left hemisphere, while it is active, cannot access the right hemisphere.

Thus, the brain of humankind must avoid incorrect behaviours and attitudes, and focus of attention is put on right consciousness, intelligence and respect for life. This is the new culture to be created. The operation should be from love and affection, as love is the highest form of intelligence, and has no motive. The new culture is education to awaken compassion for all creation.

Brain computer interface helps to make quadriplegics walk but in wrong hands could put adverse thoughts into minds of others.

With knowledge and understanding increasing exponentially, mankind uses this knowledge for manipulation that may be put to use either in a good way or a bad way. The era of 'Brain Computer Interface' has begun with much ado. The limited understanding could put over-manipulations on a wrong trajectory of destruction. Hence, caution should prevail in assimilating the increase in our limited knowledge of the central nervous system unknown to man.



Dr Princy Louis Palatty  
Professor, Pharmacology

# MAKING OF

# NIGOODA

[SHORT FILM]

## The idea

The storyline for Nigooda came to me one night in a dream, almost fully formed. I was in bed and happened to be thinking of detective stories that I'd heard when I dozed off. The very same night, I dreamt up most of the story but before I could complete it, I got up. I saw no reason why I couldn't turn it into a movie. I was inspired by other amateur directors from my region. They had fought the odds to get where they are and I decided that I would try to do the same.

## The plan

I had no resources or any experience in movie making and my only source of information was the internet. The very next day, I headed to the e-library to learn as much as I could about cinematography. Over the next three months, I spent one hour everyday learning the intricacies of movie making. I continued to make changes to the script keeping my new found knowledge in mind and at the end of three months I had my script.

From my time in the e-library, I learnt that three things are essential in a short film, to grab the attention of the audience and they were:

1. Suspense
2. Good scenery
3. Great music

I tried my best to incorporate the same into my movie. I used the scenic foothills of the Western Ghats as the

setting against which the suspense-thriller plays out. I also borrowed music from a number of Korean and Hollywood movies.

## Plan → Action

I decided to cast my friends as actors, as I wanted to make memories that we could all look back. With them helping me, I was able to keep the budget of the film reasonably low. Unfortunately, they happened to be in different postings at the time and I had to wait a while to get around to shooting on campus. I waited till the holidays to shoot the scenes set in my village. Despite the delay, I was able to complete filming the movie in six months.

## The shoot

We began shooting in the first location, which is about three kilometres from Kankanady. Nagaraj, Neha D'Souza and I had to take different angles of the shot and it took us three hours to do a thirty second scene.

The next location was the biochemistry lab which featured Jason, Mekala and me. Here, I needed appropriate lighting and camera stabilizers. I had to improvise, so I used incandescent bulbs, mirrors and PVC pipes. I was able to get very good shots with the help of these aids. For this two-minute scene we had to take many angles and numerous re-takes, so it took us six hours to get it just right.

The next location was in my hometown, Kundapura. The



*Stills from the short film*

plan was to shoot indoor scenes at night as there were many outdoor scenes in this location. Murphy's law came into action and soon it began to rain while we were only midway through the shoot. This made the task at hand very difficult as the camera needed special care and the police uniform we rented was getting wet. We waited for three hours hoping the rains would cease. By the time we finished it was four o'clock in the evening. We went home to do the indoor scenes, which formed the climax of the movie. We started at nine in the night, and it went on till three in the morning, at the end of which everyone was dead tired. My friend, Shravan was of great help that day and without him, the scenes wouldn't have been completed.

The next day, it was still raining, so we were able to shoot only a small fighting scene. To add to my woes my camera's battery died. We came to terms with the fact that it was impossible to shoot in the rain and so we decided to return to Mangalore.

Since we had returned before we could finish all the scenes, we had to wait 2 months before we happened to have a two day break, which we needed to complete filming in Kundapura.

### The final touches

The next herculean task ahead of us was to edit the rough footage. This could not have been done without the dedication and passion of my dear friend, Alden D'Souza.

We spent four hours everyday editing the movie and it took us 15 days to finish. Some days we continued to work in his house till two in the morning.

### The publicity

The next logical step was to get the word out. We decided to release a two minute trailer on YouTube. The trailer received good reviews and somehow it reached Dr Sudarshan Pai, whom we had not spoken to or seen before. He was very impressed with the trailer, and made us realize that uploading it on YouTube would not be of much help. So, we decided to host the screening of the movie as a charity event. The proceeds were to go towards the dialysis fund.

### The result

My main pillars of strength were the amazing professors of MBBS first, second and third year, as well as Father Denis D'sa. My team finally succeeded in getting permission from the Dean and the administration to host the screening, which was the first of its kind in FMMC. We were able to raise more than ₹9000. Now Nigooda has more than 6000 views on YouTube. This number is growing everyday, all thanks to my ever supportive professors, friends and batchmates.



Short Film By  
Srishankar Bairy  
MBBS 2012

# Through the looking glass

**Q** When did you land in Mangalore and what was your first impression?

A: August 22nd, early morning. It was a Saturday. When landing, the first thing that struck me was the coconut trees, loads of them. I thought Mangalore was going to be extremely village-like. We've never seen so many coconut trees (laughs).

**Q** How was your experience with the Father Muller community?

A: The students and staff were extremely helpful and friendly. They tried to involve us in all the things they do. Some even taught us Kannada, so that speaking to the patients would be a little easier. They took us out, showed us new places in Mangalore.

**Q** Is the teaching here any different from back in Malaysia? How was the staff at FMMC?

A: The teaching staff and therapists are quite knowledgeable and helpful. When we don't understand something or a specific technique, they teach us in detail. The hands-on experience with patients helped us learn a lot more.

**Q** One fun hang-out spot in Mangalore that you went to often?

A: (Laughs, giving me a look that says...do we really have that many options) City Centre Mall. I think we ended up going there every weekend for groceries and McDonald's.

**Q** Weirdest question a person in Mangalore has asked you?

A: They know we're from the far east, so someone asked us, "Do you eat dogs?", and we were like, "Noooo, (laughs), don't worry, we don't eat dogs." We also got asked if we were from Nepal.



**Q** Funniest memory you'll always remember?

A: The hostel has a curfew of 10 P.M., so one day we were out, having dinner at Mangala, and by the time we were done eating it was 9:45 pm, and there were no autos available at that time. So we ran like maniacs, half running, half brisk walking, that too after a heavy dinner (laughing). We got in just at 9:58, all sweating, panting and tired!

**Q** One thing that you like, and one that you hate about Mangalore?

A: We really liked the staff and students of FMMC. They really made us feel at home.

One thing we hate: the slow internet, with the few usage hours and restrictions, and the slow speed. As we have a lot of work that needs to be done online... Yeah, so that was a bit difficult to deal with.

**Q** What memories are you going to take back with you to Malaysia?

A: All our trips when we went out as a group of friends. Even the interactions with patients: while treating them, they asked us loads of questions about Malaysia... So yeah, the whole 'international experience.'

They made us  
feel at home



Interview done by:  
Tanya Machado  
MBBS 2012

Special thanks to:  
Victoria

*"Source of weekly boost to my relationship with God, amazing fellowship, constant intercession that held us through ups and downs and the sole motivation to take up a medical mission."*

-Dr. Treesa, Batch 2007, Mission Doctor

*"Got to know more of me by knowing more of Him."*

-Regina, Best outgoing student MPT

*"My spiritual backbone that has moulded me, given me another family and drawn me closer to God."*

-Kryson, Vice-President 2014-15

*"Jy has a young vibrant energy which youth of today can relate to, where you dont have to be anyone but yourself because you are amazing just the way you are!"*

-Stephanie, Best outgoing student BPT

*"I pursued happiness and found permanent joy, looked for acceptance and found lasting love, I received more than I could ever ask for - all thanks to JY."*

-Dr. Shastha, Batch 2007, Mission Doctor.

*"I had a big bang turn in my life and I noticed the one who banged the bang."*

-Dr. Steffi, Batch 2009, Mission Doctor.

*"JY in mullers has gifted me many loving brothers and sisters whom I will treasure forever."*

-Tania Alex, Distinction holder MPT

**JY**  
**Stay Blessed!**  
**Stay Beautiful!**



IGNITING MINDS WITH EXTRAORDINARY LIVES.

TO SING FOR HIS GREATER GLORY.

LIFE IS FRAGILE, HANDS THAT HELP HANDLE WITH PRAYER.

WHERE LEARNING BECOMES WISDOM.



### And now it's official!

"The international private association of the faithful with juridical personality." Huh? What are we talking about? To put it in simple words Jesus Youth. An identity that is well known in this city of Mangalore, it's origins taking root in "God's own country", more than a quarter of a century ago. For those of you who still feel this is going way over your heads, let's define it for you: JY (short for Jesus Youth) is a catholic missionary movement at the service of the church and the reason we chose this medium to express it here is, because hey! there's a JY right here in our campus which meets up every wednesday for a fulfilling hour of fellowship. It's been 11 years since 6 people gathered in a room, held hands and prayed for an awakening in this place and from there this lifestyle grew in leaps and bounds, inspiring youth in this campus to 'Rebel' the routine of being academic robots in this competitive world. Being a part of this movement has inspired many to rise above the ordinary and the living proof is "Best outgoing student", "Subject topper" and "MD Paediatrics" to name a few.

# MULLERS SPEAK

■ Voice of the people ■

## MEDICAL MARIJUANA WAS LEGALIZED. WHAT ABOUT RECREATIONAL MARIJUANA?

### 1. STEPHANIE, MBBS 2011:

Sure. Why not? Maybe with an age limit. The more restrictions you put, the more rebellious people get. Once something gets free to acquire, the novelty wears off.

### 2. Dr PRINCY, Department of Pharmacology:

Just like you wouldn't ask a teetotaler to start drinking alcohol for the "social benefits", I don't think we should encourage cannabis smoking for the few benefits it has. Yes it may have anti-cancer, anti-migraine etc. benefits however the cons outweigh the pros. It drastically alters the brains biochemical architecture and eventually even the anatomy, leading to severe psychological dependence. Furthermore it can adversely affect the germ cells and this can lead to drastic problems for future generations.

### 3. Dr VARUN PAI, Department of Forensic Medicine:

I personally believe Indian society is not mature enough for the legalisation of marijuana because of the way things are now; chances of abuse are a lot higher than other societies where it has been legalised. We could start off by legalising cannabis for terminally ill patients and then maybe move on to legalising recreational use. Maybe, if we improved our educational system's reach and the HDI, legalising it wouldn't be harmful. And it's definitely not as dangerous as alcohol which today is perfectly legal.

Disclaimer: Views expressed in Mullers speak are personal opinions of the author and do not represent FMIMC/Ed Board 16.

### 4. Dr PRAKASH SHETTY, HOD department of

#### Anatomy:

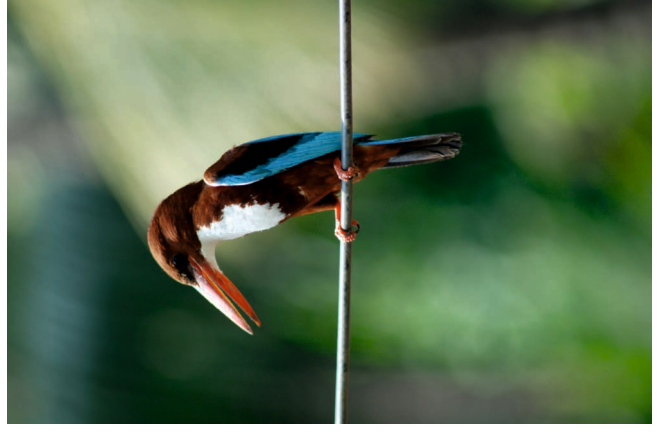
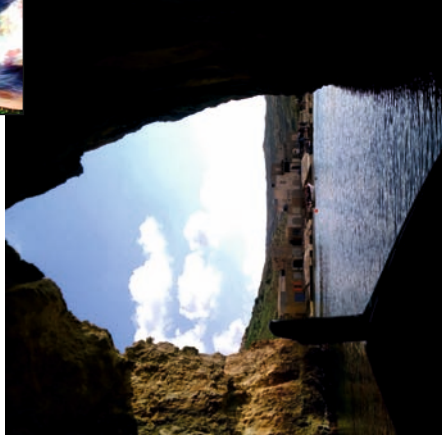
I have my apprehensions about legalisation for recreational use. It might not be too harmful for some people but I think it could definitely damage people who are mentally or emotionally weaker than others. So I'm not a supporter of legalising it.

### 5. JESWIN, MBBS 2012:

With recreational marijuana now legalised in two American states and Canada, political momentum in favour of legalizing recreational marijuana is building across the world. According to the journal Scientific Reports, cannabis could actually be the safest drug available, after a study found it is actually 114 times less deadly than alcohol. In the US state of Colorado, where recreational marijuana has been legalized, crime has fallen by 15% and murder has dropped by 50%. According to a research by National Institute of Drug Abuse, funded by the US government, Marijuana can kill cancer cells. Matthew Lazenka, a researcher at Virginia Commonwealth University Health System, argued this year in Science 2.0 that marijuana is less addictive than coffee. Legalizing cannabis can increase tax revenues in India and create thousands of jobs. Legalization can also help reduce organized crime and spread awareness. Prohibition has never been a solution to any problem.

Art & Soul

by Frana D'Souza,  
MBBS 2015



# FEMINISM ?

## 1. RACHEL, MBBS 2010:

It's definitely become feminazism instead of being feminism. So called feminists make a huge deal out of silly things like certain temples in Kerala allowing only men and not women (while ignoring the temples that allow only women but not men)! Feminism is necessary only if something makes a difference in your day to day life. When your sex is the reason you're not going ahead in your career or personal life, that's when we need feminism. Not when girls want to walk around nude just because they can, abusing their privileges and belittling the real struggles faced by women in far worse conditions.

## 3. Dr NAGESH, HOD of Forensic Medicine:

It isn't a good idea. Men and women should be at par with each other, not one higher than the other.

## 4. Dr OLIVER, Department of Community Medicine:

You cannot have an economy that excludes 50% of its population.

## 2. ARUN, MBBS 2014:

Well it is true that there are instances of extremism in the feminist movement but it should be understood that

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Q: DEAR SISTER COREEN I'M A FIRST YEAR MEDICAL STUDENT, AND I FIND LEARNING THE MEDICAL LINGO REALLY HARD. I KEEP FORGETTING WHAT WORDS MEAN, LIKE RHINITIS IS JUST A FANCY WORD FOR LEAKY NOSE. HOW DO I REMEMBER WHAT WORDS MEAN? IS THERE AN EASIER WAY OF LEARNING THEM?

A condition which causes

the **brain to shut**

down and the mouth to **keep talking.**

**1000s** affected. may be contagious

Best course of action: **Slap hard and run.**

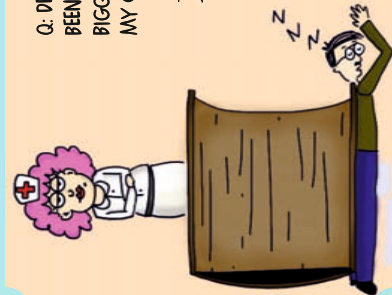


Q: DEAR SISTER COREEN, MY EXAMS ARE ROUND THE CORNER AND I'M STRESSED BECAUSE I'M NOT STRESSED ENOUGH TO STUDY SERIOUSLY. IS THIS BECAUSE I'M COPING WITH EXCESSIVE STRESS?

I do **YOGA** to relieve stress.

Just **Kidding....**

I drink **WINE** in my yoga **PANTS.**



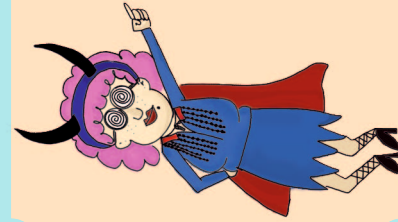
Q: DEAR SISTER COREEN, I'M A MEDICAL STUDENT THAT HAS BEEN DATING FOR 7 MONTHS NOW. THE LATTER WAS A BIGGER MISTAKE THAN THE FORMER. HOW DO I DEAL WITH MY COMPLICATED GIRLFRIEND?

Men say that **WOMEN** should come with **INSTRUCTIONS.**

What's the point?

Have you ever seen a

man **Actually** read them ?



Q: DEAR SISTER COREEN, I'M A FRESHER, JUST JOINED MED SCHOOL, AND I'M A LITTLE HOMESICK. I MISS MY OLD FRIENDS. HOW DO I FIT IN AND MAKE NEW FRIENDS?

I was **Normal** once...  
Worst two minutes of  
my **LIFE**



# GIRLS MAKING THE FIRST MOVE: Why not?

## 1. STEPHANIE, MBBS 2011:

There's nothing wrong in making the first move and if the guy doesn't approve then that's your answer. He doesn't deserve the bold you. Never date a man who can't handle your power, or respect it. This is feminism and equality in the making, one move at a time.

## 2. ANIL, MBBS 2015:

It's absolutely cool. We would really like them to make the first move but we don't see a situation like that happening. Everywhere girls are waiting to see what the boy would do and then when the coast is clear they get in to it.

## 3. ASHUTOSH, MBBS 2014:

Nice, obviously. (laughs). Why, are you making a move?

## 4. ROGER, MBBS 2013:

I think I prefer it the old fashioned way. I would like to make the first move.

## 5. MICHELLE, AHS:

I think it's absolutely cool! If you want it, go get it. If women are fighting for equality in the other

fields, then why not here?

## 6. DEBORAH, BPT 2013:

It's a bold move. And girls these days are pretty bold, and if they feel its promising and worth it, they should definitely make the first move!

## 7. SHERYL, BPT 2012:

Definitely yes! Shows that girls are strong enough to approach someone she really likes. But the guy should equally be open to this move and not get the creepy vibe from it.

## 8. Anonymous:

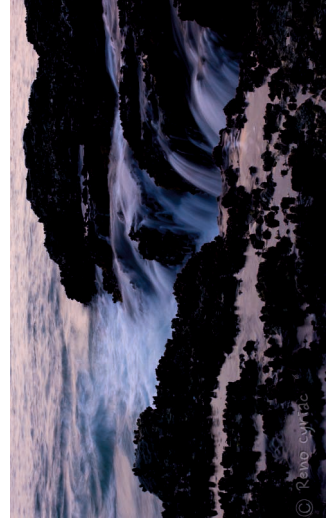
Umm, is this a trick question? Wait, are you making the first move here? Interviewer: \*zapped and speechless\*

## 9. Dr SUMANTH, Department of Pathology:

I can say I'm all for it! Ladies, don't wait for those egocentric guys to step up. If you're genuinely interested, ask them out yourselves because they'll invariably say yes. At least 99% of them will.

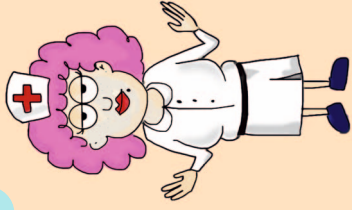
## Art & Soul

by Reno Cyriac, MBBS 2012



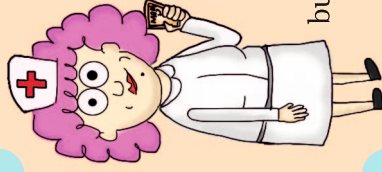
## Spot the 8 differences

- If you got 8/8, you can skip this year's trip to the ophthalmologist.
- If you got 5/8, keep looking
- Below 3...you've been reading too many medical textbooks, and probably need to see the eye doctor.



Q: DEAR SISTER COREEN, I'M A PROFESSOR AT A MEDICAL COLLEGE, AND MY COLLEAGUES AND I DON'T GET ALONG SO WELL, - ON THE GROUNDS OF HAVING DIFFERENT OPINIONS REGARDING ALMOST EVERYTHING. I NEED TO WORK WITH THEM, AND I NEED TO BE DIPLOMATIC. HOW DO I DEAL WITH THEM IN THE FUTURE?

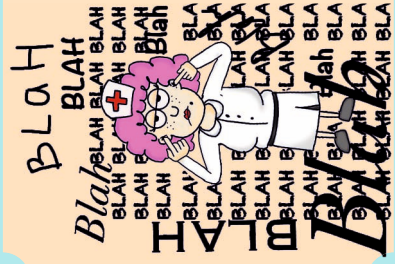
I have to stop saying  
“HOW STUPID CAN YOU BE?”  
To my co-workers....They're  
starting to take it as a CHALLENGE!



Q: DEAR SISTER COREEN, I'M A MEDICAL STUDENT, WHOSE PARENTS FORCED ME TO JOIN THE MEDICAL COURSE NOW THAT I'VE JOINED, I'M JUST TRYING TO GET BY, BUT MY PARENTS KEEP COMPARING ME TO OTHERS AND PRESSURIZING ME TO COME BACK HOME WITH MORE THAN JUST A PASS. HOW DO I DEAL WITH MY PARENTS?

YOU CANNOT CHOOSE  
YOUR FAMILY

but you can choose to ignore their phone calls.



Q: DEAR SISTER COREEN, HOW DO YOU DEAL WITH THE MEGA NERDS IN CLASS THAT KEEP ANSWERING ALL THE TIME, MAKING THE REST OF US LOOK BAD?

Have you Noticed that the  
People with Verbal  
diarrhea are often  
the people with  
crap for BRAINS ?



POETRY.  
It's not  
just for  
funeral  
readings.

# RUSTY SWINGS

I used to stay up  
at night  
to try and catch the rising sun  
before anyone else could  
but now,  
I find myself  
chasing sleep  
no longer remembering what the rising sun  
Looks like.

I used to think  
that rain was pretty;  
pattering on the windows  
the way it does;  
while I  
skip in puddles  
without a care about  
my new pink skirt.  
but now,  
I find myself  
staring  
at melancholy grey skies  
from the dry side of the window.

I used to think  
that if I swing high enough  
I should  
reach the moon,  
and I should be able  
to verify  
whether it is made of Roquefort  
or Swiss.  
but now,  
the swing creaks,  
and my calves almost touch my thighs  
as I sit  
on that abandoned seat.

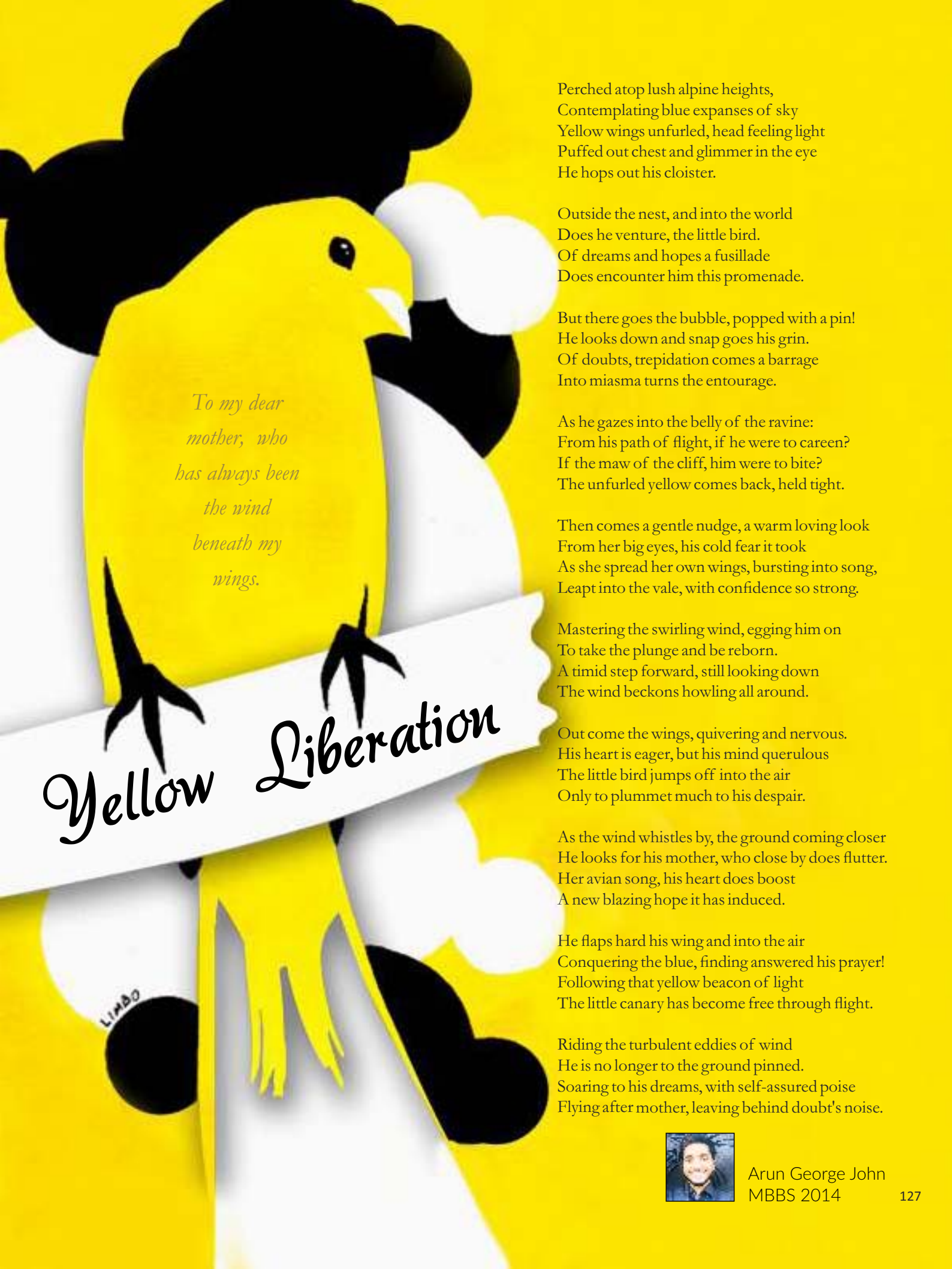
I used to wonder why  
they spoke about race and colour  
and drugs  
and getting high  
as though they were bad things.  
I didn't understand how  
running in the fields  
and crayola  
and cough syrup, however disgusting it may taste,  
and climbing up a tree  
could ever be bad.  
so impatient was I  
to grow up,  
that i didn't even have to wait too long.

Because my books weren't large enough  
And my coffee wasn't strong enough  
And my hair wasn't long enough  
And my bag wasn't heavy enough  
And my dreams weren't real enough.

And if I could ever  
Go back  
To that rusted old swing  
And those wet murky puddles  
And that quiet night's sleep  
I would  
I really would  
And I would tell myself  
To slow down.  
Because growing up is nice,  
But that rusted old swing  
And those puddles  
And that quiet night's sleep  
Were nice too.

I guess  
I just didn't know it at the time.





*To my dear  
mother, who  
has always been  
the wind  
beneath my  
wings.*

## Yellow Liberation

Perched atop lush alpine heights,  
Contemplating blue expanses of sky  
Yellow wings unfurled, head feeling light  
Puffed out chest and glimmer in the eye  
He hops out his cloister.

Outside the nest, and into the world  
Does he venture, the little bird.  
Of dreams and hopes a fusillade  
Does encounter him this promenade.

But there goes the bubble, popped with a pin!  
He looks down and snap goes his grin.  
Of doubts, trepidation comes a barrage  
Into miasma turns the entourage.

As he gazes into the belly of the ravine:  
From his path of flight, if he were to careen?  
If the maw of the cliff, him were to bite?  
The unfurled yellow comes back, held tight.

Then comes a gentle nudge, a warm loving look  
From her big eyes, his cold fear it took  
As she spread her own wings, bursting into song,  
Leapt into the vale, with confidence so strong.

Mastering the swirling wind, egging him on  
To take the plunge and be reborn.  
A timid step forward, still looking down  
The wind beckons howling all around.

Out come the wings, quivering and nervous.  
His heart is eager, but his mind querulous  
The little bird jumps off into the air  
Only to plummet much to his despair.

As the wind whistles by, the ground coming closer  
He looks for his mother, who close by does flutter.  
Her avian song, his heart does boost  
A new blazing hope it has induced.

He flaps hard his wing and into the air  
Conquering the blue, finding answered his prayer!  
Following that yellow beacon of light  
The little canary has become free through flight.

Riding the turbulent eddies of wind  
He is no longer to the ground pinned.  
Soaring to his dreams, with self-assured poise  
Flying after mother, leaving behind doubt's noise.



Arun George John  
MBBS 2014

# THE COMPULSIVE REALIST

Innocent are his beginnings  
his gaze focused on the first innings  
humble are his first steps.  
Realism, one of his many concepts  
breezing through life, without a care in the world  
Until the day comes, calling him to be bold.

His armour braces the cruel winds  
he takes a stand, sets the world in black and white  
to which he comprehends,  
" Thus lies my God given fate, my future lies in sight "  
Henceforth he begins his walk towards self proclaimed idiocy  
a blind eye to the fingers he tramples over and the scorn he  
acquires  
undeniably  
all in good faith, trusting he will gain what he desires  
a world free of all fallacy, where realism reigns ,a dream to  
which he aspires  
Companions were few, to no one's surprise  
suitors fewer still, his love life bid demise  
Acclaiming it to a fight for the greater good  
he wipes a tear away, raising his glass to the future that stood  
Insults and dismissal were of daily occurrence  
to which he smiles in quite acceptance  
saying he would show the world its folly, shed away its  
innocence  
False pretences and facades were to his distaste  
Flattery and compliments, oh !what a waste  
some would call his behaviour judgmental  
He'd just say they were being way too sentimental  
The world needed a realist like him, he claims  
A saviour, a messiah titles upon himself he proudly deems

Consistent dismissal and an utter lack of appreciation  
with time, led to his self inflicted deprecation  
he shifts to the next stage  
no longer a victor, the compulsive realist transforms his  
image  
a victim emerge, bruised and damaged  
Denial one of his many defences  
A better world, a dream he had once foraged  
"no more, I've lost", he confesses.



Anu Mariam Saji  
MBBS 2013

He shrouds himself in the darkness of corners  
eying the world, calling upon its ungrateful lot.  
he swore they'd turn into a world of mourners  
his unselfish motives, they saw naught.  
Failures engorged him, augmenting the pain  
willing himself to cry out against the disdain

An outburst one night,  
broke down walls unbeknownst to himself  
forcing the realist to question his judgement  
were his motives really aimed at social enlightenment ?  
self proclamation of honesty, a facade in itself ?  
had he shown haste in committing himself ?  
the compulsive realist shifts roles once again  
as the doubts begin to flood in.

Thus began a journey of self discovery  
the beginnings of a slow recovery  
a sage emerges from the realist at heart  
aware of his folly and the pitiful mockery  
though his motives were true and his actions a far cry from  
debauchery  
his methods were flawed, his ways impaired  
his position mistaken as the messiah of the nation  
the likes of great dictators to which his actions compared  
hence he only served to be a short lived sensation  
it wasn't his god given right to put others in their place  
to put an end to the charade that had unfolded in space  
for before him presented a fork in the road,  
to one end was judgement and a history repeated  
and the other was a story yet to be told,  
Another day perhaps, left to be told or concocted.

Red crosses, green gowns and the nauseating stench  
I could tell you where I was even in my deepest slumber  
Seated on the cold metal bench, my hands folded in prayer  
This is one day I know, till my last breath I'll remember.

A white coat slung jauntily on his shoulders  
His face unreadable, eyes unfathomable  
as he walks out through those formidable glass doors  
to ask the same questions again, I feel gullible.

He walks straight towards me, making my blood curdle  
My spine chill and hair stand on end  
Though part of me was dying to know more  
Part of me, with the surroundings, tried to blend.

He stops near the man on my right who was to me, all this time, invisible  
Even as I hide myself, relief turns my face into a blooming flower  
And when I hear him say "I'm sorry"  
Pity struggles to show up, as selfishness takes over.

Now I need to wait again, and waiting isn't easy  
Minutes seem like hours, and hours like days  
The butterflies in my tummy engorged to the size of bats  
And every once in a while, at the glass doors I gaze.

They open again, revealing another poker face  
I know he's come for me, this time there's no escape  
Proving my intuition right he strides toward me  
Waiting for the answers to my unasked questions I simply gape.

"We've done all that we could" says he  
"For better or worse, we now leave Him to play His part"  
Realizing that the agonizing wait would still go on  
"Thank you, Doctor" is all I can blurt.

Defeated, dejected and demoted I heave a sigh  
He pats my back and heads to his chamber  
I rest again on the cold metal bench, folding my hands in prayer  
Thinking, this is one day I know, till my last breath I'll remember.

the wait.



Ananya P. R.  
MBBS 2013



Time holds no attraction anew  
For the eyes of the ignorant watcher  
Where lies the unification of all things true  
Uncouth reality chooses to let wither.

Carefully crafted and effortlessly gifted  
Bathed in innocence  
Born to find happiness in a grain of sand  
Torn by man unto perfunctory obeisance.

A beating heart quivers with fear  
Overwhelmed by the enormity of violence  
For walking a path walked before  
Now confined to blatant silence.

The sapling carefully tended  
With love shaded and protected  
Gifted beyond measure  
Treated as would a treasure

# THE GARDENER'S FOLLY

Given unto the Gardener, whose oath is of lore  
Who was once sworn to protect and teach afore  
Filled with the ignorant knowledge of being holy  
Amidst the harshness of humanity's folly.

A venomous heart, with a kind word laced  
A polished gemstone, reeking of intended grief  
To pass on a baton of thorns, connivingly placed  
So the sapling walks on glowing coals, never brief.

Made from the burning embers  
Of once a soul unblemished  
A legacy is redrawn, another curse  
While pitiful eyes watch the punished.

And turn away in sorrow, as the wound gapes  
Knowing another patch of hatred has been sown  
Seeking the tireless quill to escape  
Into a world of infinite dreams, to hope again.



Dr Nithin Nazareth  
Final year post graduate  
Orthopaedics

# ILLUSION

The moon crawls up the starlit sky,  
Enveloping the darkness as it creeps by  
Metamorphosed are the pebbles by moonlight trickling down  
To look like diamonds embedded on the earth's gown.  
The wind casts its spell, hear the leaves rustle!  
Is that what you hear? Or is it a loner's whistle?  
In this theater of a starry night, watch the shadows play  
As they enchant the onlooker, I know you've fallen prey!  
So tell me what's real? What you see? What you hear?  
Is everything true? Do you sense no fear?  
When you are surrounded by deceit and your mind's in a delusion  
Because the world's nothing but an alluring illusion.



Sahana  
MBBS 2012

# ಹೊರಗನಸು

ಪೂರ್ಯಕಾರಿ ಕೆನ್ನೆಯು, ಕ್ಷುಧರೇಷಿತ ಮೈ ಮಾಟನ ಹೆಲುವೆ  
ಬೆಳವಿರಿಗಳ ಹರಿವಿರಂತೆ ಹೊಳೆಯುವ ಆ ವರುಷ ಮುನೋಷರ  
ಮಕೆಗಾಲನ ವೊನಲ ಹರಿಯು ಧರೆಗುರುಳುವಾಗ  
ಪೂರ್ಯರಕ್ಕೆ ತಾಕಿ ಮೂಡಿಸ ಕಾಮುಪುಲ್ಲು ಅವಕ ಗಗೆ.

ಅವಕೋ ಶ್ವೇತ ವರ್ಣನ ಪ್ರಾರಂಭ ಮುಗಿಸ ಫರ್ಗರೋಕನ ಕಿನ್ನಲಿ  
ಪ್ರಾನೋ ಕ್ಷುಧುಗಳೆಲ್ಲ ವುಪಾನಂತೆ ಕ್ಷುಧು ಕಾಣುವ ಕ್ಷುಧುಗಾರ  
ನೂರ ಅಟಗಣಾಂತರ, ಆನರೆ ಕ್ಷುಧಿವ ರೋಕಕೆ ಬೇಲಯಿಲ್ಲ  
ಎನ್ನ ಫ್ಲಾನ್ ಮುಟಕವಿ ಆ ಪ್ರೇಮವೇವತೆಯು ಪೂಜಿಸುವೆ.

ನಟ್ಟು ಕಾಪುನ ವಟ್ಟು ವಾಸವೆ, ನಿಕ್ಕು ತೋಷನೆ ಕರಗಾಲಾಡಾಗ  
ಕಗ್ಗತ್ತರೆಯಿಲ್ಲ ಕಟ್ಟಕಸೆಯು ಖಗರನ ಕೂಗು ನಿರತು ಹೋಡಾಗ  
ಮುರುಖೂವಿಯು ಪ್ರಾಪುಪಿಲಿವಲ ಹೂವಿ ಲೀಲಿಲ್ಲವೆ ಹತಾಶವಾಗ  
ಅಮೃತನ ಸುಂದಿಗೆಯು ಸಿರಿಸು ಧರೆಗಿಳವಕು ಸುಂದಲಿ

ಕಣ್ಣೀಲಿವ ಕರಖರಿಯು ಕರೆಯು ಕರಗುವಾಗ  
ಕಣ್ಣೂರವೆ ಕರಸಂತ ಕ್ಷುಧಿವ ಕಿನ್ನಲಿಯು  
ಕರಸಿರಿಸು ಕರೆಯುಲು, ಕೇವಗಿಯು ಕಲರವ ಕರೆಯೊಡೆವು  
ಕನಿಕರ ಕಾಣಿಸಿ ಕಣ್ಣವೆಲ್ಲ ಕರಗಿತು.

ಹಾಕಾಸ ಈ ಹ್ಯಾವಯವೋಸಿಯಲ ಲೀ  
ಸಯಸೆಗಳಲ್ಲವೆರವು ವಾಪಲಿತಿ  
ಆನರೆ ಎಲ್ಲಿದ್ದರು ಹೇಗಿದ್ದರೂ ಪ್ರಾಪುಗುತ,  
ಪಾನಿರ ಕಾಲ ಹಯವುಬಿ ಖಾಳು ವಲ್ಲೆ,  
ವಿಕೆರವರೆ ವನ್ನ ಹ್ಯಾವಯವಲ ಅಷ್ಟಾಗಿದೆ  
ಅವಕ ಗೆಣ್ಣೆಯು ಪ್ರಾಪು ಇರವು ಎಂದೆರವೂ.....

ಕಾಣನ ಕಸಲಗೆ ಹರಿಖಲಿಸಿದ ಮುಗುವು  
ಫ್ಲಾನ್ಗಳ ಬೆನ್ನೇಲಿ ಎಮರು ನಿರತಾಗ  
ನಿರಾಶೆಯು ವೆರಕು ಮುಗವಲ ಮೂಡಿತು  
ಕತೆಮಹೋನ ವೆರಪುಗಳೆಲ್ಲ ಹೊಳೆಯಾಗಿ ಉಕ್ಕಿ ಬರಲು  
ಎಂದೆಯಲ ಪಾನಿರ ಪೂಜಿ ಹುಣ್ಣಿನ ಹೊಣ್ಣಲ ವೋವು



Kiran Budihal  
MBBS 2013

ಪಾನಿರ ಖಾವನೆಗಳು ತುಂಟವೆಂದೆಯಲ  
ಗಾಕನ ಹಾಕಿ ಪವಿವೆವುಗಳ ಲೀ ಕನಿಯುಬೇಸ  
ಕಣ್ಣಿವ ಮೇಲವ ಕಾಣಿಗಗೆ ವನ್ನ ವೋಸಿ ವಕ್ಕ ವೆವು  
ಲೀವಾಯ? ವಾಪಲಿಯೆ ಎರವು ಹುಸಿ ವುಸಿಯುಬೇಸ.

# ನಘೆ....

ಹೊಡುವೆ ನಿಃ ಹೊಗೆಯನು  
ಕೊಲ್ಲು ನಿನ್ನ ಮಗದ ಹಗೆಯನು  
ನಡೆ ತುಂಟಹೋಗಿದೆ, ಮನನು ಒಡೆದುಹೋಗಿದೆ  
ಬದುತಿಬಾಳುವ ಹವಯದಲ, ನಿಃ ಹಾಯುವಂತಾಗಿದೆ  
ಬರ ತುಂಟಹೋಗಿದೆ, ದೇಹ ಹಗುರಾಗಿದೆ  
ಬೆಳಕು ಕಾಣುವ ಬಾಳು ಕೊನೆಯಾಗಿದೆ

ಮನಸಿನಲ ಆರದ ತಿಟ್ಟು  
ಎದುರಿನಲ ಮಾದಕ ಪುಟ್ಟು  
ದೇಹದಲ ವಿಷಕಾರಕ ಇಟ್ಟು  
ಬಾಳಲ ಎಲ್ಲಾ ಕೆಟ್ಟು  
ಕೇಳಲು ಹಲವು ಕಥೆ  
ಅಂತ್ಯದಲ ಒಂದೇ ವ್ಯಥೆ  
ಸುಖದಲ ಹರುಷ ಅಂದು  
ನಡೆಯಲ ನರಕ ಇಂದು

ಅಮಲು ಹಿಡಿದ ಮನದಲ  
ಮಂಕು ಭ್ರಮೆಯೋ  
ಆ ಗೆಲತಿ ನಿನಹಲ ಈ  
ನಡೆಯ ಹೊಳೆಯೋ  
ಬರ ತುಂಟಹೋಗಿದೆ ದೇಹ ಹಗುರಾಗಿದೆ  
ಬೆಳಕು ಕಾಣುವ ಬಾಳು ಕೊನೆಯಾಗಿದೆ



Srishankar Bairy  
MBBS 2012

# കാലം

മഞ്ഞു തുള്ളികൾ മൗനമെന്ന പോൽ  
മെല്ലെനന്നിലേക്കലിയവേ  
മാഞ്ഞുപോയെന്റെ ഹൃത്തടത്തിലെ  
നൊമ്പരത്തിൻ പാടുകൾ  
വിരഹ ഗാനങ്ങളുവാങ്ങിയ  
വിദൂര ദുഃഖമയ രാഗമോ...  
മൃതിയടഞ്ഞവർ വച്ചുനീട്ടിയ  
വിചിത്ര വിശ്വാസ മാർഗമോ...  
എന്റെ ദുഃഖത്തിനുൾപ്പരപ്പിലേ-  
ക്കന്നു നീവന്ന നിമിഷത്തിൻ  
ഏറ്റുവാങ്ങിത്താൻ വിശ്വ സത്യമാം  
കാലമെന്നൊരാ ഔഷധം...



Stephin Babu  
IV BPT

# RURAL POSTING:

## Is it a solution for vacancies? Is it irrational?

**1. Dr PRASHANT, Department of Medicine:**

I think it can be a learning experience, which can change the outlook of MBBS students by exposing them to the difficulties faced by rural public; but making it compulsory has its issues. It should be incentivized, for example, by giving students an advantage in getting their PG seat. Then, I think, you would have students volunteering to go for rural posting.

We do have a severe shortage of doctors in India, but at the same time, we need our doctors to learn firsthand the latest techniques and methods in healthcare which are being used abroad along with seeing the latest technological advancements. Doctors should be encouraged and not forced by the government, to come back to India and to apply their knowledge and experience.

**2. Dr DAVIDSON, Department of Paediatrics:**

It is true that there is a shortage of doctors, so yes, definitely rural posting is needed. However the students should receive the benefit of having an advantage in the PG entrance exams. A student who dedicates all his time just for entrance preparation, has a far higher chance of getting a seat compared to somebody who is working in the rural

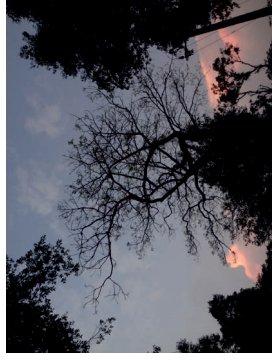
setup. So it is only fair to create a service quota of some sort, to give MBBS students an incentive to serve.

**3. DARON MASCARENHAS, MBBS 2012:**

India is 'still' a developing country. The funds allotted to healthcare have always been low. The attitude meted out towards healthcare services and the lack of seriousness towards it needs to change. Sure... lending healthcare to the masses is noble and all, but I don't think it is a smart move yet. It's too early to do so. Primarily because we are being used as an excuse for shoddy policymaking. Let the funds be allocated, let people respect the profession, let doctor-friendly policies and incentives be made and then it seems right to do it.

If we give in now to such a move we are only preventing change from taking place and aiding intellectually lazy policymaking. If we stand against it firmly, we will help accelerate awareness among people on taking healthcare seriously. We will do good, much faster and efficiently, than taking a soft stand and helping people being the kind noble souls that we are. Why must we be the answer to a problem that can be only solved by first changing attitudes? Why must we be the selfless noble people first? Let's show them the right way.

## Art & Soul



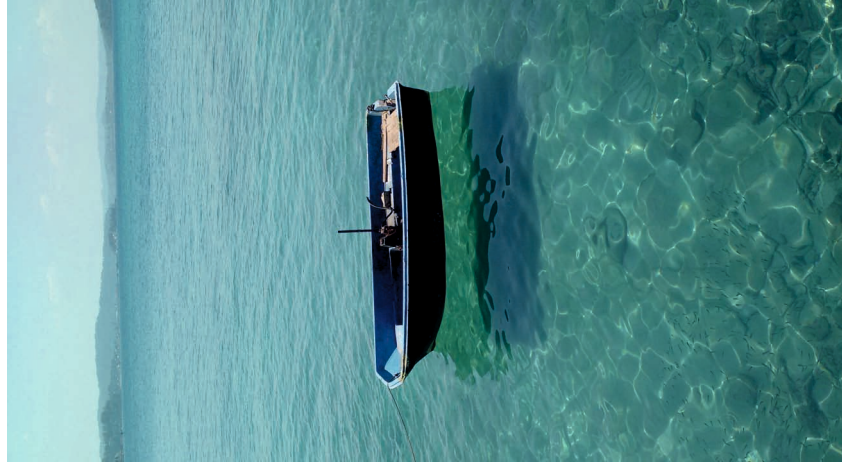
*Hue of dusk* by Gaurav P R,  
MBBS 2012



*Unbreakable* by Suma,  
MBBS 2012

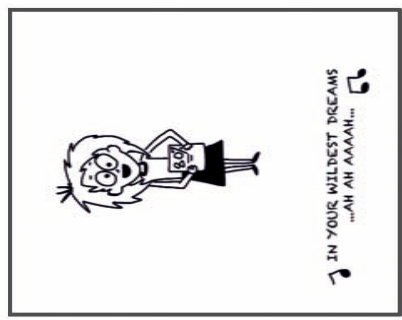
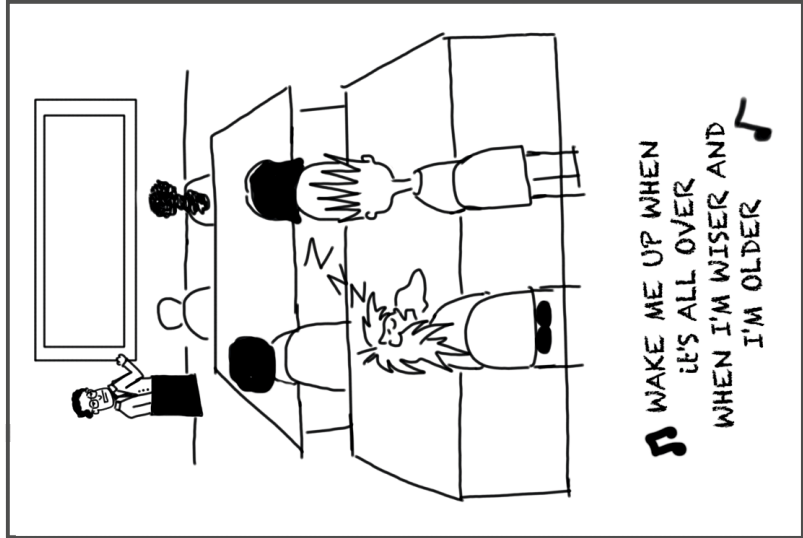
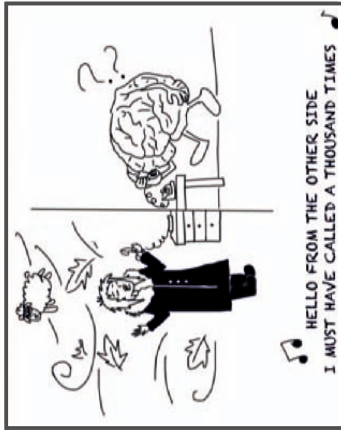


*Living on the edge*  
by Induparkavi M, MBBS 2015



*Andaman Islands*  
by Prajna Shetty, MBBS 2012

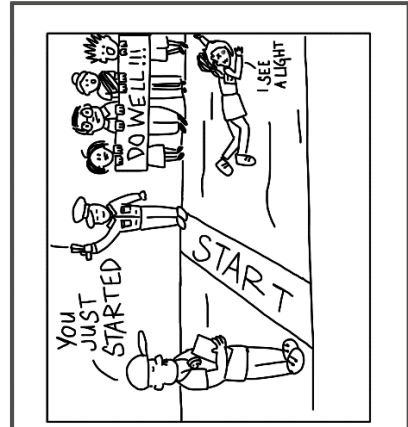
# The Mullerian Playlist



- HOW DO I SNEAK UNDER THE FAN
- FOOD
- A SONG THAT'S STUCK
- THE PATIENT
- MY FEET ARE KILLING ME

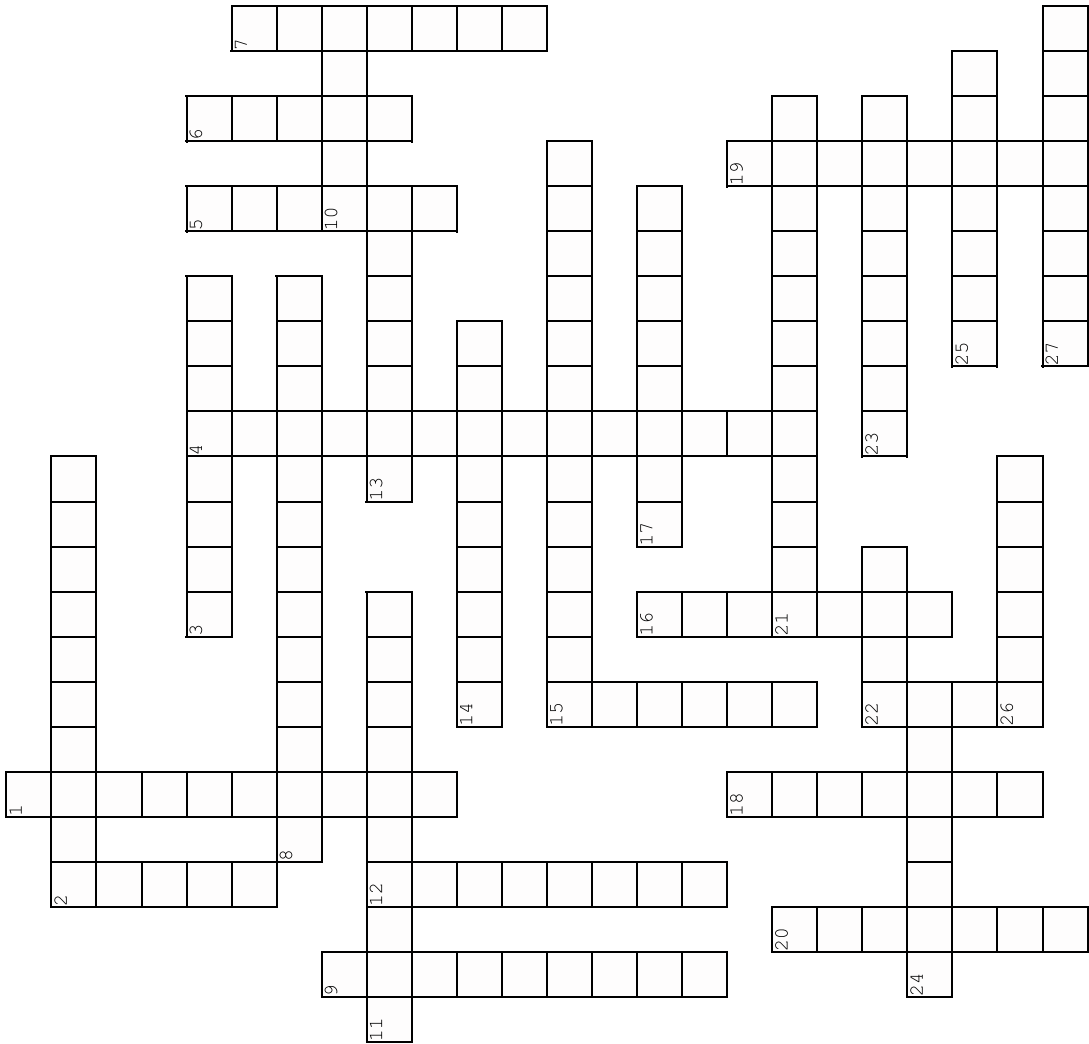
WHAT I'M THINKING WHEN I STAND IN THE OPD

# STUDYING FOR NABBS.....



# Fun Medical Crossword

Complete the crossword below



Q: DEAR SISTER COREEN, MY BOYFRIEND MAKES ME PAY EVERY TIME WE GO OUT. IN THE BEGINNING IT WAS FINE, BUT NOW I'M THINKING ...IS IT JUST ME OR SHOULD I ACCEPT THE FACT THAT I'M JUST AN ATM MACHINE TO HIM?

Sometimes **YOUR** knight  
in shining **ARMOR**  
is just a retard in tinfoil

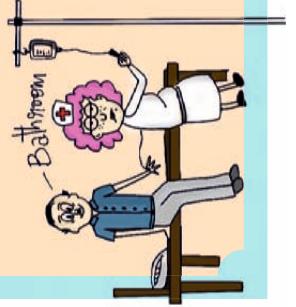


Q: DEAR SISTER COREEN, I'M A DOCTOR, RECENTLY MARRIED. JUGGLING WORK AND MY MARRIED LIFE IS GETTING DIFFICULT. MY SPOUSE COMPLAINS I'M NOT SPENDING SUFFICIENT TIME WITH HER. WHAT CAN I DO TO BRING BACK THE SPARK WHICH WE HAD DURING OUR DATING DAYS?

Walt said the spark between us had gone,  
So I tasered him. I'll ask him again when he  
wakes up.



Q: DEAR SISTER COREEN, I'M A FINAL YEAR RESIDENT AND I DON'T HAVE A MOMENT TO CATCH MY BREATH. I DON'T EVEN REMEMBER WHAT DAY IT IS ANYMORE. THE LAST MOVIE I WATCHED WAS MAZE RUNNER...I. I'M EXHAUSTED AND FRUSTRATED. WHAT DO I DO?



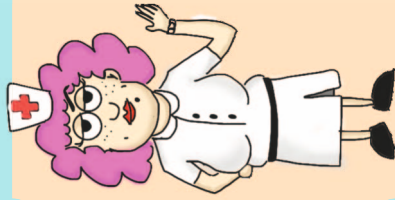
If I died and went  
straight to **HELL**,  
it would take me a  
week to realise  
I wasn't at  
**WORK** anymore.

## Across

2. Blue Bloaters?(10)
3. Where on the human face is there a muscle known as the corrugators?(8)
8. A guy excessively winking at a girl is forgiven if he has?(13)
10. A medicine that strengthens and invigorates your body(5)
11. Gout and self- mutilating disease(10)
13. Syndrome that causes people to believe that complete strangers are people that they know?(7)
14. The vampires disease.(9)
15. According to many, what was the 'ring of roses' in the childhood nursery rhyme?(13)
17. Amitabh Bachchan pretended to have this in the movie "paa"(8)
21. Treatment, when the person hides his seizure?(12)
22. Poisoning showing basophilic stippling?(4)
23. The type of seizures that causes a person to laugh uncontrollably.(8)
24. The disease that means "bad air" in italian(7)
25. Kayser-Fleischerrings(7)
26. Type of spine seen on X-ray in ankylosing spondylitis?(6)
27. Sign where there is facial muscle spasm on tapping?(8)

## Down

1. Disease that makes you feel like a sheep, growing out black threads from your skin.(10)
2. Skin that peels off after a bad sunburn.(5)
4. Werewolf syndrome?(14)
5. Swimmer's ear?(6)
6. Single palmar crease.(5)
7. House's happy pills?(7)
9. Substance present in asparagus that makes your urine smell funny?(9)
12. Illegal substance that helps glaucoma sufferers see at night?(8)
15. What were the first Roman catheters made of?(6)
16. Painless erythematous lesions on palms and soles; Tarzan's girl?(7)
18. I believe I can.....be dead?(7)
19. Disease that J.F. Kennedy suffered from?(8)
20. First shot when you get a boo-boo?(7)
22. In 1667, a human received one of the first blood transfusions. What was the source of the blood?(4)



Q: DEAR SISTER COREEN, MY ROOMMATE AND I DON'T GET ALONG AT ALL FROM EATING ALL THE SNACKS IN MY CUPBOARD, TO NEVER CLEANING THE ROOM I CAN'T SEEM TO FIND ANY COMMON GROUND. HOW DO I STAY...DIPLOMATIC?

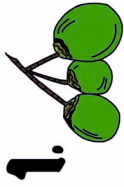
I'm not saying I don't like you, I just hope your next PERIOD happens in a SHARK TANK







Greetings young ones or should I say coconuts. Confused? Well, you are pretty much like coconuts and I'm not just referring to your hollow "ahem" hearts. Let me explain.



**1.** ALL SPECIMENS ARE CAREFULLY 'EXAMINED'. THEY ARE TAPPED, SHAKEN AND THROWN A MULTIPLE DIZZYING NUMBER OF TIMES. ULTIMATELY ONLY THE BEST ARE CHOSEN. LIKE YOU ARE THROUGH THE ENTRANCE EXAMS

**2.** INITIALLY THE YOUNG, TENDER ONE IS CAREFULLY HANDLED IN THE GENTLE EXPERIENCED ARMS THAT PROMISE WARMTH AND CARE, UNTIL.....  
" 

**3.**   
**BAM! THE FIRST HIT. LIKE A KNIFE IN YOUR BACK. LITERALLY IN THIS CASE**

**4.**   
KEEP CHOPPING. DON'T STOP NEVER STOP RAPID PRECISE MOVEMENTS OF ITS HANDLER LEAVE IT EXPOSED AND SCARRED, WITH EVERY BLOW INGRAINED TO ITS VERY FLESH, AN ACT THAT CANNOT BE REVERSED. A MEMORY THAT CANNOT BE ERASED.

**5.**   
JUST WHEN YOU THINK ALL THE DAMAGE IS DONE, THAT THE TORMENT HAS REACHED ITS PEAK. WITH NO MORE BLOOD OR SWEAT TO SACRIFICE; THAT SHORT LASTING PRECIOUS MOMENT IS WHEN YOU FEEL THE HEAT OF THE FINAL BLOW. (Your final exams)  
#thetearsjustgotreal

**6.** BUT DEAR COCONUTS, AT THE END OF THIS LONG (SEEMINGLY SHORT) ADVENTURE, ONE IS 'SHAPED' INTO THE ULTIMATE COCONUT. BOUND TO THE SOLE PURPOSE OF HELPING MANKIND, TO QUENCH THEIR THIRST, TO QUENCH THEIR PROBLEM.



No attendance  
for this but  
here we all  
are anyway



**SURGICAL STAFF**



**MEDICAL STAFF**



**PRECLINICAL AND PARACLINICAL STAFF**





PARAMEDICAL STAFF



NON TEACHING STAFF



# MEDICAL AND SURGICAL POST GRADUATES





**MBSBS 2011**



MBBS 2012



NBBS 2013





NBBS 2014



**ANBBS 2015**



BPT 2012



BPT 2013





BPT 2014



BPT 2015



MPT



MHA



BSC RT



BSC MIT



BSC MLT



MSC





BASLP



BASLP STAFF





VOLLEYBALL MEN



FOOTBALL MEN



VOLLEYBALL WOMEN



FOOTBALL WOMEN



BASKETBALL



ATHLETICS



**BADMINTON**



**TABLE TENNIS**



**CRICKET MEN**



**CHESS TEAM**



**CRICKET WOMEN**



**THROWBALL**



NSS



SPORTS



The last  
impression...

# INTERNS



MBBS

Dr Shibina K



Dr Samatha Jyothi



Dr Rachel V



Dr Joel Kallungal

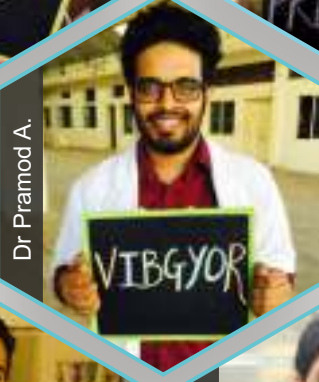


Dr Preetham P.M.



5 years  
1 word ?

Dr Pramod A.



Dr Meera Lalu



Dr Prajwith Rai



Dr Noel Mathew



Dr Marshlin Joseph



Dr Vipin Paul



Dr Jacob J



Dr Paul Simon



Dr Meghana P.R.



Dr Ashish Kumar



Dr Nishchitha S



Dr Faizan M.K.



Dr Ankitha Gundmi



Dr Dushyanth B



Dr Elina Bevin



MBBS

Dr Jerin Francis



Dr Elizabeth A



Dr Athul Francis



Dr Ankith K



Dr Jithin John



Dr Haifa Mariam



Dr Elina James



Dr Geo Raphy



Dr Amala Chacko



Dr Neeti Luke



Dr Esther Praisy



Dr Vaishaka Shetty



Dr Dimple Dias



Dr Martina M



MBBS

Dr Chelsea M



Dr Berly Daniel



Advice

Dr Anchitha Hosad



Dr Ann Jacob



Dr Bely Sebastian



Dr Debora D'Silva



# Advice

Dr Godwin Joy

FACE EVERYTHING WITH A SMILE

Dr Galina D'Souza

GRAB EVERY OPPORTUNITY

Dr Geethu S

ALWAYS HOPE NEVER EXPECT

Dr Linya Thomas

HAVE GOALS NOT DREAMS

Dr Meryn Joseph

WORK HARD DREAM BIG

Dr Lucinda Sajju

LIVE LOVE LAUGH

Dr Livia Saldanha

LIVE LIFE KING SIZE NOW

MBBS

Dr Hawa H

TAKE THE TIME YOU NEED

Dr Jerson M

BE CONSISTENT

Dr Kratika Kamath

TO GET AHEAD GET STARTED

Dr Apoorva N.

DREAMS DON'T WORK UNLESS YOU DO!

Dr Blessy Prabha

HARDWORK PAYS.

Dr Jayashree N.P.

APPRECIATE THE LITTLE THINGS

Dr Anileeta Johny

REAL FRIENDS ARE BETTER THAN 'MORE' FRIENDS

Dr Anish John

BE *live* in YOU *self*

Dr Minu Cherian

FAIRYTALES CAN BE TRUE

Dr Hridhya Jose

LEARN TO LET IT GO...

Dr Aneeshya Celes

IMPOSSIBLE = I'M POSSIBLE

Dr Dipiti Kamath

WORK HARD, PLAY HARD

Dr Diya Mathen

IT WILL BE WORTH IT...

Dr Geetha Bhat

MBBS

# INTERNS

MBBS



Dr. Suhana Banu



Dr. Shruthi K



Dr. Sanjay Kordcal



Dr. Prathyusha



Dr. Ritin Ravi



Dr. Mehathab Bava



Dr. Nisha Davy



Dr. Priyanka John



Dr. Roshen Samuel



Dr. Jeffy Varghese



Dr. Nihanka Shetty



Dr. Priyanka D'Souza



Dr. Jency

MBBS



Dr. Meenu Jorney



Dr. Shyam Rao



Lesson learnt



Dr. Varsha Naik



Dr. Jobita R



Dr. Joyce Christina



Dr. Sonal Fernandes



Dr. Steve Thomas



MBBS

Dr Amal Baby



Dr Anita Lydia



Dr Anjana K



Dr Nisha Johnny



Dr Jensu Varghese



Grateful for...

Dr Jim Job



Dr Joanna S Jacob



Dr Karthik Gowda



Dr Manjula Jayaram



Dr Sona Sojan



Dr Neha Divakar



Sr Sudha. A



Ms Norrisca C

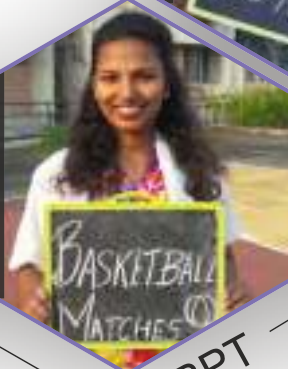


What will you miss ?

Mr Kryson D'gama



Ms Hazel M



Mr Arnold D'souza



Ms Rean Mendes



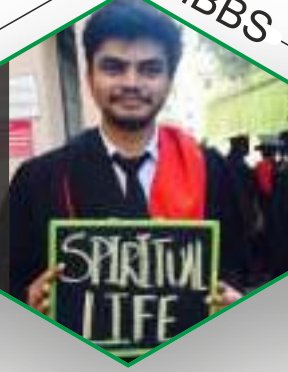
BPT

MBBS

Dr Shashank K



Dr Roshan Suhail



Dr Prithvi C



Sr. Nimmy A



St. Sneha



Ms Alisha M



Ms Kimberly D



Mr Lowell Quadros



Ms Carlona N



Fond memory

Mr Jensen Philip



Mullers in a Word

Ms Divya Martins



Ms Jeneive M



BPT

MIT

Fond Memory

Mr John Mathew



Ms Jijamol George



Mr Hafis M



Ms Helen Babu

Mr Sagar Shrestha



What will you miss ?

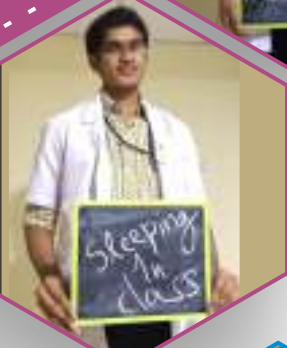
Mr Jasim A



Mr Juswin Rony J



Mr Kevin Neil



Ms Haseeba K



Mullers in a word

Mr Muhammed V K



Ms Sumanjati N



Mr Anshif C K



Ms Sneha T



Mr Vishakh Chandran



Ms Faeba M B



Ms Sunu Francis



Sr. Shibi George



n  
in

MIT



Ms Tincy Thomas



Mr Mithun K



Ms Jamsheera E



Ms Amritha G.S



Ms Jamshenna V V



Mr Akshay Kirtan J P



Ms Kavya Govindan

What will you miss ?



Sr. Tintu Joy



Ms Mounitha M



Ms Shruti V Nair



Ms Clavita D'souza



Ms Cherishma Ina R

Fond Memory

MLT

...mullers  
...a word



Mr Sujesh Shankar



Ms Abi Alphonsa J

MLT

BASLP

Ms Anjaly Sunny



Mr Fredrick D R



Ms Anjana R



Ms Athira Rajan



# Fond memory

Ms Jinta John



Mr Muhammed Jabir



Mr M Ashique



Ms Renu P Joseph



Mr Saajan S M



Ms Steffi Ann M



Ms Angela Alappat



# What will you miss ?

Mr Dany Davis



Ms Dayana Johny



Ms Firoza Ashraf



Ms Hannah Elsa A



Ms Merlin Kurian



Ms Priyanka S



BASLP

# INTERNS



BASLP

Ms Anumol Thomas



Ms Merrin P. Johnney



Ms Sharon Ann M



Ms Rayga Tom



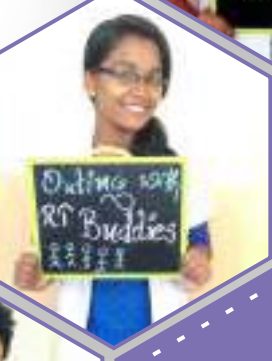
Mullers in a Word

Mr Abbas Patel



RT

Ms Maria Varghese



Ms Mariyammathul



Mr Jins Jose



What will you miss ?

Mr Sanaal M J





# ACKNOWLEDGEMENT

We worked as a single living, breathing organism and everyone contributed to each page. Hence, it is hard to give credit to each and every action regardless of how small or big it is, because sometimes, an ocean is a multitude of drops! All layouts were ideas by the art team at the committee. It mainly comprised of Swati, Sandra, Reno, Sharon and me. This requires special mention because we used artwork and graphics that were for the first time painstakingly designed by us digitally to the last detail. So the artwork you love might just be one of our masterpieces. We got assistance from Colorcode, Mangalore and with their help we were able to improve and bring most of our ideas to fruition effortlessly.

It's worth mentioning a few special people who shed their blood and sweat and helped me in my endeavours. I owe most of my sanity to their continuous support, presence and encouragement throughout the journey.

**Dr Rhea** is the coolest staff who has walked this planet. She was supportive and gave me all the creative freedom I need, something that most people aren't open to. She taught me how to be self-sufficient and was always there on speed dial to solve all kinds of problems.

**Sharon** for pushing me to meet deadlines and giving me clarity on what needed to be done. She was my go-to person for almost the entire magazine and her support helped me move mountains. When I needed something done, her support, interest and acceptance of the task at hand kept me motivated throughout.

**Swati**, the most creative cartoonist I have ever met. Most of the cartoons in this magazine is her work. I wish her well for her own journey as an editor and hope to see her own cartoon series someday.

**Tanya** was of great help in getting things done. She was reliable, ever ready to take up responsibility and a pillar of support. 'Sister Coreen' was her brainchild.

**Sahana** is one of the most creative writers I have met. She has her soul in most feature articles in the magazine. Her interest in the ideas we worked on were amazing.

**Joshua** is one of the brightest minds I know. He completely understood my ideas and helped me have faith in them when I seemed shaky. His thought process matches mine and in the early phase of sniffing out where this magazine was heading, our philosophical conversations helped.

**Reno** is a genius when it comes to photography. From the background images of batch-diaries to those of most layouts, the credit goes to him. I'd say 2/3rd of the photographic background images were taken by him. I wish him well in his adventures in photography.

**Arun**, mainly for getting the interns photographed. He got things done and had good one-liners, comments, my source of entertainment and food for thought.







**Allen** and **Marshal** for their energetic vibes in making the trailer for the magazine. They understood what this magazine stands for and the quick philosophical ramblings helped me solidify my theme.

**Ravi** and **Desmond** from Colorcode, Mangalore for their support and patience throughout. They were ever ready to accommodate our haphazard functioning and delays. They were always accepting of our ideas and made sure it works out in the end.

And lastly **all the members of the committee** who were equally awesome and people whom I might have not mentioned here but for whom credit is due.

There were people outside the committee who helped us out.

**Raveen** for helping with logistics.

**Asmin** and **Astel** for their help with interviews.

**Amanda** and **Diksha** for working on batch-trip and batch-diaries respectively.

**Don** and **Anju** for sorting through images.

**Nikita Crasta** our chief publicist.

All the **models** for photography.

And **many more** who were awesome in their selfless enthusiasm to create. I'm glad they were here to help.

**Neeti** and **Joe**, two former editors of this magazine helped by giving me a treasure trove of advice and support. They gave me a crash course on how to be an editor. They found time to impart tips and tricks that they discovered along the way. Thanks a lot guys!

I'm grateful to the **FMMC management** for giving me this opportunity to create, without which none of this would've happened.

And lastly I owe a big thanks to **my parents, friends** and **loved ones** who were patient and supportive through the challenging times.



Daron Nevin Mascarenhas  
MBBS Batch 2012  
Editor



**THE END** is here. Once you've thoroughly read the magazine, here's a list of things you can do with it:

#Coaster for the OCD's.

#Avoid skin burns, use them as laptop pads!

#Need a last minute gift, turn your magazine hardcover into a picture frame.

#Hollow book safe.

#Sun shield- for those with cars.

#Book shelf stopper- for those med text books.

#Go green and recycle .

#Use this as a conversation starter with your date.

#Make use of the bookmarks.

#Steal bookmarks, since it's awesome.

#Make more bookmarks. Go on... use the colourful layouts as craft paper if you dare :P

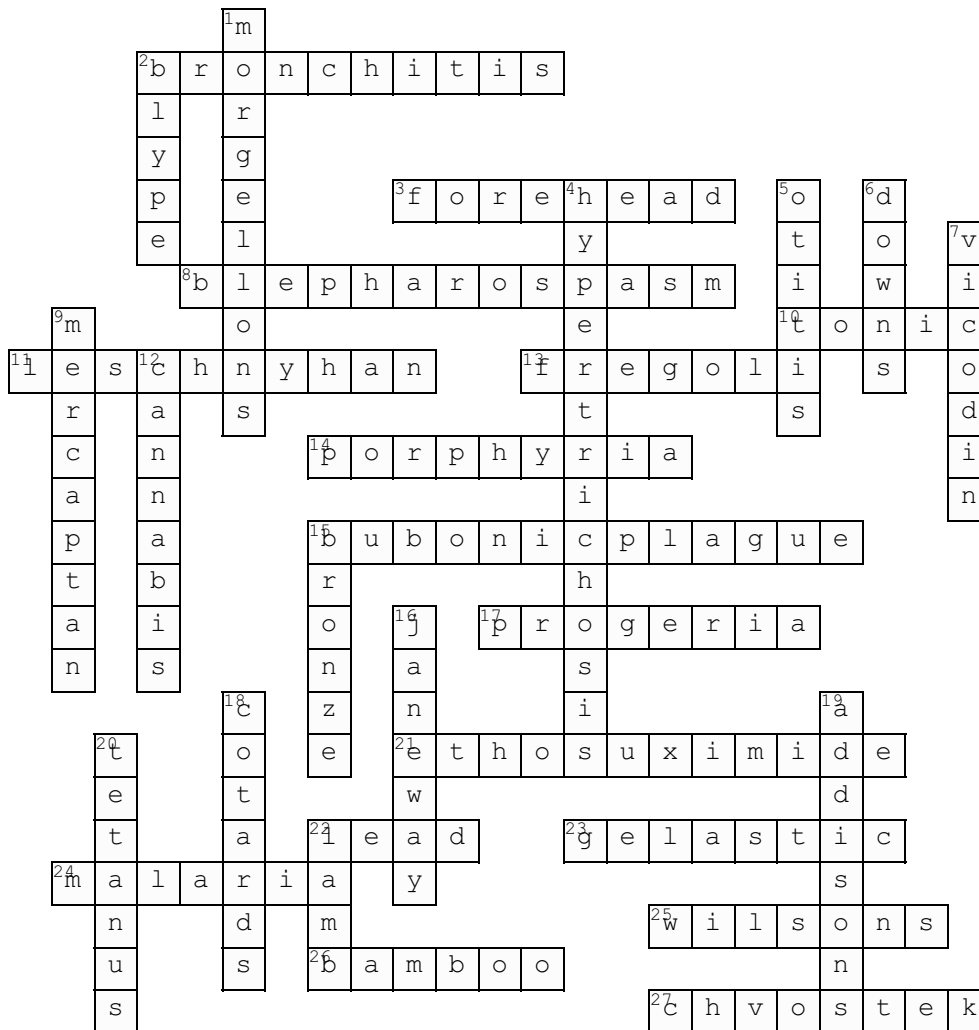
#Phew that's a lot of bookmarks.

In any case... **KEEP THIS BOOK SAFE** so you have memories for later.

Toodles.

# Fun Medical Crossword

Complete the crossword below



## Across

2. Blue Bloaters?(10) (**bronchitis** )
3. Where on the human face is there a muscle known as the corrugators?(8) ( **forehead** )
8. A guy excessively winking at a girl is forgiven if he has ?(13) (**blepharospasm** )
10. A medicine that strengthens and invigorates your body(5) (**tonic** )
11. Gout and self- mutilating disease(10) (**leishmaniasis** )
13. Syndrome that causes people to believe that complete strangers are people that they know?(7) (**Freudian** )
14. The vampire's disease.(9) ( **porphyria** )
15. According to many, what was the 'ring of roses' in the childhood nursery rhyme?(13) (**bubonic plague** )
17. Amitabh Bachchan pretended to have this in the movie "paa"(8) ( **progeria** )
21. Treatment, when the person hides his seizure? (12) (**ethosuximide** )
22. Poisoning showing basophilic stippling?(4) (**lead** )
23. The type of seizures that causes a person to laugh uncontrollably.(8) (**gelastic** )
24. The disease that means " bad air" in Italian(7) (**malaria** )
25. Kayser-Fleischer rings(7) ( **wilsons** )
26. Type of spine seen on X-ray in ankylosing spondylitis?(6) (**bamboo** )
27. Sign where there is facial muscle spasm on tapping?(8) (**chvostek** )

## Down

1. Disease that makes you feel like a sheep, growing out black threads from your skin.(10) (**Morgellons** )
2. Skin that peels off after a bad sunburn.(5) (**blister** )
4. Werewolf syndrome?(14) (**hypertrichosis** )
5. Swimmer's ear?(6) (**otitis** )
6. Single palmar crease.(5) ( **downs** )
7. House's happy pills?(7) (**vicodin** )
9. Substance present in asparagus that makes your urine smell funny?(9) (**mercaptan** )
12. Illegal substance that helps glaucoma sufferers see at night?(8) ( **cannabis** )
15. What were the first Roman catheters made of ?(6) (**bronze** )
16. Painless erythematous lesions on palms and soles; Tarzan's girl?(7) ( **janeway** )
18. I believe I can.....be dead?(7) (**cotards** )
19. Disease that J.F. Kennedy suffered from?(8) (**addison's** )
20. First shot when you get a boo-boo?(7) (**tetanus** )
22. In 1667, a human received one of the first blood transfusions. What was the source of the blood?(4) (**lamb** )





design and print

US

