

Vapour

The official E-Newsletter of the
Indian Society of Anaesthesiologists

HIGHLIGHTS

TEACHERS' DAY MESSAGES

From teachers across India

ORGAN DONATION DAY

Dr. Raghunandan N, Dr Veena K

NUTRITION FOR THE ANAESTHESIOLOGISTS

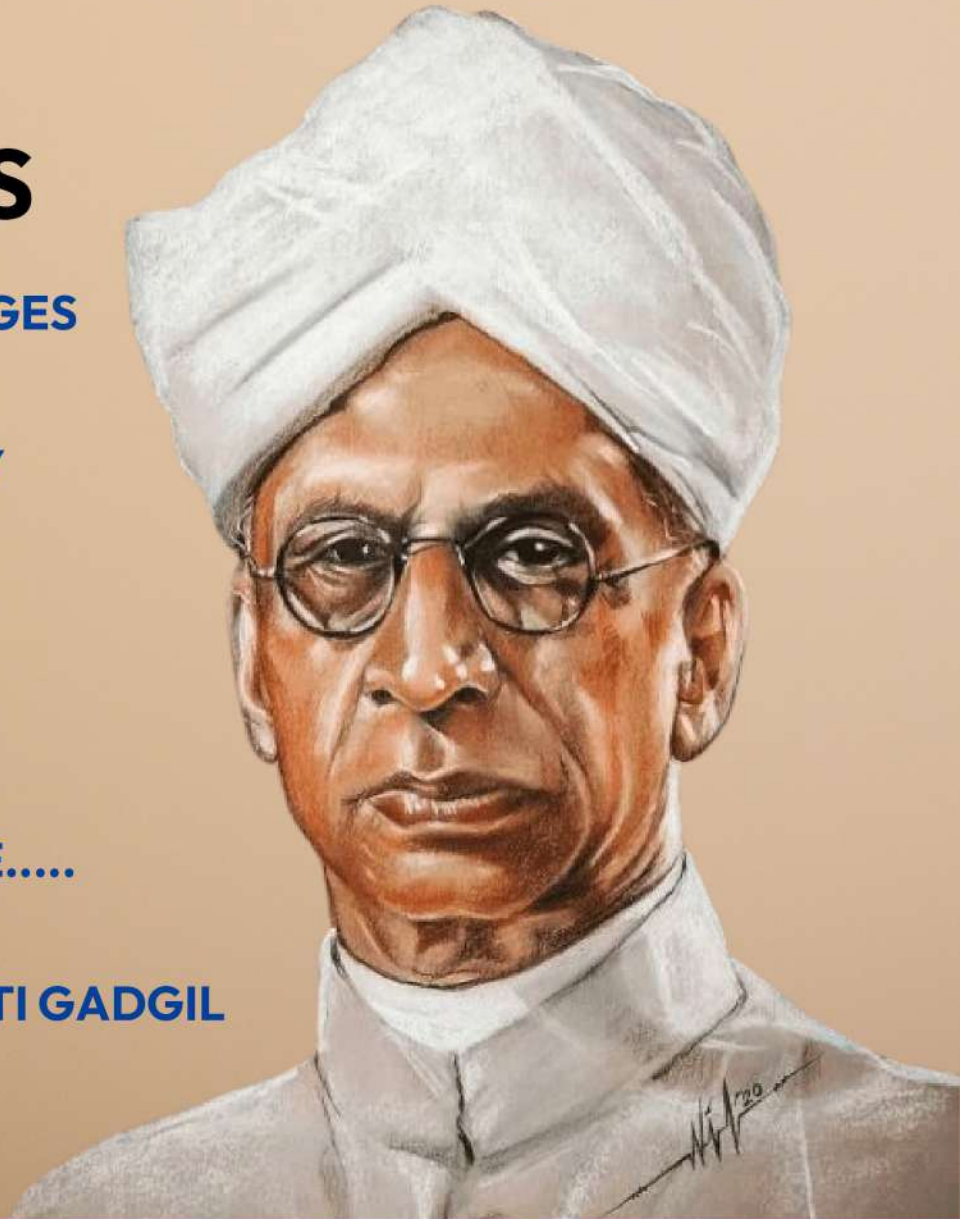
Dr. Anshumati Gadre

THESE AND MUCH MORE.....

A poem by Dr. S N Bhagirath

A TRYST WITH DR. SWATI GADGIL

Kaleidoscope



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EDITOR'S NOTE



Dear esteemed members,
Warm Greetings from the Indian Society of
Anaesthesiologists (ISA) National Headquarters!

Teaching, learning and assessment form the backbone of any curriculum. There exist several approaches and models of these aspects of a curriculum. Every model has its share of merits and demerits and can deteriorate in time due to the demerits and changing scenarios and societal needs. Universities all over the world often embrace new curricula in an attempt to improve the quality of education. Each change brings with it successes, failures and criticism.

The competency based medical education (CBME) curriculum has been adopted by the National Medical Commission in our country.[1]The promise and the potential perils of CBME and the challenges in its implementation have been debated regularly in academic circles. The teachers in the anaesthesia fraternity of our nation have geared up to adapt to the new curriculum. The face of undergraduate and postgraduate education, including anaesthesia education is changing. Nevertheless, one has to keep in mind that the five core pillars of academic anaesthesia will never change viz- Teaching and Learning, training, testing, quality, ongoing research and its application in clinical practice.[2] Also, one should not forget the basic tenets of teaching. Teachers should lead and teach by example and be affectionate, considerate, patient, tolerant and principled.

In today's modern world wherein both the teachers and the students have been infested by the social media bug, the communication and interaction pattern between teachers and their students is also changing. Students often forget or neglect their teachers. Nonetheless, teachers are there to be remembered and not forgotten. Those instances where past students come and stand before their teachers and ask 'Do you remember me?' should bring in happy memories for the teacher and the student. The teacher-student relationship is sacred and should be full of trust and mutual respect. Every student and teacher is unique in his or her own way. One cannot expect all students to possess the same level of sincerity, dedication, hard-working nature and passion. All students cannot be Eklavyas; nevertheless, they can be modern Eklavyas who practise e-learning in addition to the classroom teaching and become self-directed learners.

The various flavours and hues of teaching are reflected in the teachers' messages that are being published in this issue of the newsletter that is being released on Teachers' Day. I thank all these teachers for their reflections and valuable advice.

This issue also brings to you inspiring articles on organ donation and de-addiction work carried out by some of our colleagues in the Indian Society of Anaesthesiologists (ISA). The quiz, art and poem focused on teachers will keep you enthralled. Each issue of VAPOUR thus brings to you the rich aroma and taste of activities of the members of our prestigious body. These should motivate all of us to become more active both professionally and on the non-academic front. All this can collectively lead to the growth of the ISA as a globally respected organisation. Nevertheless, we will have to work hard to ensure that this growth should shift fast from a canter to a gallop.

Long Live ISA!

Dr Sukhminder Jit Singh Bajwa
Honorary Secretary ISA National
Editor-in-Chief

'VAPOUR'

(The official newsletter of the ISA National)

Professor & Head
Deptt. Of Anaesthesiology & Critical Care,
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ISA NOTICE-BOARD

CONFERENCE & CME CALENDER OF ISA (2023)

Conference/CME (Coming up)	Location	Hosted by	Dates
32nd East Zone conference & 50th State Annual Conference 2023	Berhampur, Ganjam Odisha	ISA Odisha state	8th to 10th September 2023
Joint Annual Conference of Anaesthesiology, Critical Care and Pain Medicine 2023	Agartala, Tripura	ISA Tripura State Branch (XVIIIth Annual) & Society of Anaesthesiologists (IXth Annual)	10th September 2023
ISACON UP 2023	Kanpur	ISA UP State	22nd to 24th September 2023
18th annual Chattisgarh state anaesthesia conference	Durg Bhilai, Chattisgarh	Durg Bhilai Anaesthesia association	23rd& 24th September 2023
RAJISACON 2023	Udaipur, Rajasthan	ISA Rajasthan state chapter	29th September to 1st October 2023
ISACON Puducherry 2023	MGMCRI, Puducherry	ISA Puducherry branch	29th September to 1st October 2023
35th BJISACON -2023 Bihar-Jharkhand state conference	Darbhanga, Bihar	ISA Darbhanga city branch	29th September to 1st October 2023
44th ISACON West Bengal	Jadavpur, Kolkata	ISA West Bengal	30th September to 2nd October 2023
MP state conference, ISACON MP2023	Bhopal	ISA Bhopal city branch	1st-2nd October 2023
ISACON Maharashtra 2023	Pune, Maharashtra	ISA Maharashtra state &SAP Pune	5th to 8th October 2023
ISACON AP 2023 Vizag	Visakhapatnam	ISA Andhra Pradesh	6th to 8th October 2023
ISA sponsored National CME	Amritsar	ISA Amritsar	8th October 2023
ISACON Kerala 2023	Thiruvananthapuram, Kerala	ISA Trivandrum city branch	13th to 15th October 2023

Conference/CME	Location	Hosted by	Dates
ISACON Gujarat	Abu Road, Rajasthan	ISA Mehsana city branch	13th to 15th October 2023
ISA Central zone 2023 & ISA-Uttarakhand state annual conference 2023	VCSGGM&RI, Srinagar Garhwal	Uttarakhand Society of Anaesthesiologists	28th, 29th October 2023
ISACON 2023 (Annual conference of ISA)	Gurugram, Haryana	ISA Haryana state	22nd to 26th November 2023

Note: The dates mentioned in the above table are tentative & as per information received.
The list of upcoming conferences will be updated in subsequent issues.

Indian Journal of Anaesthesia
The ISA-IJA REAP academic webinar series (fortnightly, every Thursday between 5pm to 6pm) is being conducted.

ISA academic webinar series
The ISA-Clinical Practice oriented webinar series (CLIP) and Clinical Reasoning and Problem Solving webinar series (CRISP) (fortnightly, every alternate Thursday between 6.30pm to 8.30pm) are being conducted regularly and they have received good feedback.

ISA National PG online classes
These are being regularly conducted every Monday between 6.30 to 8pm. Experienced PG teachers are taking PG oriented classes including exam-oriented topics.

Teacher's Day Messages

WEST ZONE

Dr. Shirley Ann D'Souza

Professor & Head, Government
Medical College Bambolim, Goa

Anaesthesiology, a multifaceted speciality, and its teaching interweave a gamut of roles. My teaching experience has cruised through rudimentary education involving blackboard, overhead projector and LCD projection to basic mannequins & e-classroom.

To hone education competencies, I conducted quizzes, debates, essay and elocution competitions on vital topics to make students delve and dwell deeper into the topics. A thumbs up for ISA for the CRISP & CLIP series which provides insight into current practices. My vision is to stimulate learning by easy accessibility to simulators and mannequins using AI technology, embracing CPR and administration of anaesthesia, and treatment of complications thereby promoting skilled and precision-targeted care.



Dr. Sadhana Kulkarni

Professor, Emergency Medicine, MGM
Medical College, Aurangabad

I have enjoyed the wonderful journey of my 46 years of teaching. Even though information is available on internet, students get knowledge from teachers and teaching is irreplaceable. This is evident from a large number of students and consultants joining online educational programmes and newsletters. ISA is taking student education seriously which is evident by special post graduate issues of IJA. Kindly arrange online programmes related to problems of anaesthesia at peripheral health centres. We can arrange online case presentations by students moderated by DNB examiners and senior faculty in medical colleges. Thank you for this opportunity. Long live ISA!



Dr. Kanta Bhati

Senior Professor & Former HOD, Sardar Patel
Medical College, Bikaner, Rajasthan

In the 23 years of my teaching experience, I have learned that social and emotional development must be a part of the academic process so as to develop a more amicable environment for learning while crafting skilled and empathetic doctors. I am still striving hard to become more of a guru to my students. In a techno-savvy world, students tend to skim through easily available knowledge rather than diving deep into the subject. This is



counter-productive to their clinical acumen and detrimental to mental health. Technology and textbook learning should be amalgamated to help the multifaceted development of budding doctors. ISA is doing a marvellous task by conducting weekly webinars, CMEs, and case scenario discussions by eminent faculty which is easily accessible to seemingly far-flung areas. A learnable framework should include a standardised curriculum to learn effective communication, adaptability, collaboration and reflective listening.

Dr. Indrani Hemantkumar

Professor, Department of Paediatric Anaesthesia, Seth GS Medical college, KEM Hospital, Mumbai



A Guru or a teacher is one who is a “Dispeller of Ignorance” through education. In our culture, the relationship between a teacher and student is that of God and a devotee. ISA has encouraged students and teachers in their advancement of education and scientific progress. They have

conducted national conferences and CMEs across the country to update knowledge and advocate safe anaesthesia practices. They have created a myriad of educational efforts for post-graduates through their online lectures, quiz, and mock exams. In fact, ISA is focused on the all-round growth of students by motivating and promoting them to participate in sports, arts and cultural events organised by them. ISA has published guidelines. It also has a journal to spread research and quality improvement. Hopefully, we should be able to have a multi-institution database and offer high-fidelity simulation workshops in the future. On this special “Teachers Day”, I offer my salutations to every teacher who inspires hope, ignites the imagination and instils a love of learning in all their students.

Long live ISA!

Dr. Heena Chhanwal

Professor and Medical Superintendent, GCS Medical College Hospital & Research Centre, Ahmedabad



Teaching is a very noble profession that shapes the character, caliber and future of an individual. If people remember me as a good teacher that will be the biggest honor for me.

However, life and time are the best teachers globally. Under my guidance many students achieved high rank in universities and attained laurels in their career not only in India but abroad also.

One of my PG students was diagnosed with SLE in the first year, she became critical and was on the ventilator for around 15 days with ARDS, had an arrest but was revived. Unfortunately, she again became critical a month before the PG University theory exam and succumbed. We lost a brilliant young life in April 2023.

I am certain that we can prepare more and more youngster ISAians at all levels. Wishing Happy Teachers Day to all!

Teacher's Day Messages

SOUTH ZONE

Dr. Pratheeba Natarajan

Professor & Head, Indira Gandhi Medical College
and Research Institute, Puducherry



Regards and best wishes to all my dear teachers and my colleagues on this Teachers' Day.

The future of teaching envisions personalised and adaptable learning experiences, leveraging technology for interactive and immersive education. Focus on critical thinking and problem-solving skills plays a significant role and has an immeasurable impact. Remote and online teaching and learning will continue complementing traditional classrooms, offering flexibility and educational access to larger students. The ISA (national) has rightly enhanced its contribution by fostering online platforms for knowledge sharing by experts from all over India, promoting workshops and collaborating with medical institutions to improve anaesthesia education nationwide. This collaborative effort would ensure up-to-date and accessible learning resources for aspiring anaesthesiologists. "Teaching is more than imparting knowledge; it is inspiring change". Wishing you all a Happy Teachers Day!

Dr. Padmaja Durga

Professor & Head, Nizam's Institute of Medical Sciences,
Hyderabad



I have seen the evolving landscape of education for thirty years as a teacher. The concept of teaching has undergone transformative changes. Education is not just textbooks and techniques; it is also about non-technical skills: critical thinking, problem-solving, adaptability and collaboration. Education today is confined to traditional classroom settings and extends to virtual platforms and interactive simulations focusing on real-world applications, recognising that complex issues require multifaceted solutions. The future of teaching and assessment should be learner-centric. Technology serves as an enabler, facilitating personalised learning experiences through AI-driven assessments, virtual reality simulations and instant feedback mechanisms. Future training should promote the integration of interdisciplinary knowledge. Teachers must integrate technology and develop innovative approaches to prepare learners for future challenges.

The pivotal role of the ISA in shaping anaesthesia education and research and embracing technological integration to promote continuous learning is notable. Instituting mentorship programmes would allow experienced anaesthesiologists to guide and nurture younger professionals. A teacher needs to ensure that the students not only know the latest medical knowledge but also possess the skills necessary to navigate the complexities of healthcare in the 21st century.

Dr. C L Gurudatt

Professor of Anaesthesiology, JSS Medical College,
Mysore, Karnataka



Teaching has been a passion of mine. Over the past many years, I have taught undergraduates, postgraduates of PG Diploma, MD, and DNB students. When I teach, I prioritise helping students grasp the fundamentals of the subject and understand how this knowledge applies

to our day-to-day anaesthesia practice. I've always believed that teaching is the most effective way of learning. For teachers to teach effectively, they must possess an in-depth understanding of the subject to ensure student comprehension.

I consistently structure my classes as interactive sessions, encouraging students to address any uncertainties they may have. Additionally, I emphasise the importance of patient safety. I stress that every aspect of patient care should be tailored to the individual, whether it involves optimising comorbid conditions, selecting the appropriate anaesthesia technique, or choosing the right drugs throughout the postoperative period.

My primary goal and vision are to ensure that every student possesses comprehensive theoretical knowledge of the subject and can practically apply this knowledge to administer safe anaesthesia. The Indian Society of Anaesthesiologists is dedicated to supporting these efforts through numerous high-quality articles published in the Indian Journal of Anaesthesia and by hosting weekly webinars aimed at assisting students.

Dr. Ekta Rai

Professor & Head, CMC Vellore



I am incredibly fortunate to be a teacher for one of the most vibrant groups of doctors: the anaesthesiologists. The gratification I get from sharing my students' journeys and watching them progress is unparalleled. As a guru, I always aim for my 'shishyas' to grow into loving

and compassionate people, and as a teacher, I want them to succeed professionally. "Walk your Talk" is the most crucial trait a teacher should have. I have learned this guru mantra from my teachers and would like to pass it on to the next generation.

The most pressing requirement of the hour is to provide all students with access to structured and standardised education, allowing us to offer cost-effective, high-quality treatment to our patients. ISA has worked extensively to provide comprehensive education both online and offline. ISA develops anaesthesiologists not only professionally but also personally.

Dr. Allu Padmaja

Professor & Head, Andhra Medical College, King
George Hospital, Visakhapatnam

A very happy Teachers Day!

A teacher inspires us to do our best and helps us strive for our goals.

We find guidance, friendship, discipline, love and everything in a teacher
-who affects eternity; no one can tell where that influence stops.



He was a potter when we were only a chunk of clay to make us into a beautiful vessel, a mentor when we were perplexed, a pole star who guided us to face life's challenges. Maatrudevobhava, Pitruudevobhava, Aacharyadevobhava..... teachers should always be respected and worshipped along with parents.

Dr. Lakshmi Kumar

Professor & Head, Anaesthesia, and Critical Care,
Amrita Institute of Medical Sciences, Kochi, Kerala

Knowledge grows like a flame as you impart it to others. As a teacher, I can feel a sense of overwhelming pride as I see my students tackling the most challenging cases with overwhelming precision and caution while retaining humility!

The avenues for teaching unearthed with the COVID pandemic. The ISA has risen to the occasion, organising meetings on updates and postgraduate training, and bringing several hundred students and teachers together on a virtual platform. I congratulate ISA on its efforts to improve the knowledge that will raise the standards of anaesthesia in India!



Teacher's Day Messages NORTH ZONE

Dr. Nandita Mehta

Prof & Head, ASCOMS & Hospital, Jammu & Kashmir

At the outset, I would like to thank all my respected teachers for shaping my future. As teachers, we should inspire our students to think out of the box in every challenging situation, beyond the usual realms of anaesthesia as a subject.

I try providing my students with opportunities to utilise their fertile minds to develop both technical and non-technical skills in any emergent situation and inculcate in them the habit of giving priority to patients and their safety. We do encourage sharing light moments with the students, in order to destress them so that they learn to develop good interpersonal relations and grow holistically.

ISA is doing a great job by not only conducting regular teaching sessions by involving the country's best academicians but also organising many activities which help the students in overcoming their inhibitions. It is a great initiative to provide opportunities to Yuva anaesthesiologists to display their talent.



Dr. SK Singhal

Senior Prof and HOD, Pt. BD Sharma PGIMS, Rohtak, Haryana

I started my journey as a house surgeon in anaesthesia in 1984. Later, I did my MD in 1987 from PGIMER, Chandigarh and joined as assistant professor in 1989. I feel fortunate to have witnessed the tremendous growth of anaesthesia from open ether to trilene and now to sevoflurane and desflurane, from morphine to remifentanyl, from d-tubocurarine and gallamine to Cis-atracurium, from negative pressure ventilators to newer advanced ones, from precordial and oesophageal stethoscope to advanced monitoring devices including radiology. From the start of four PG seats to 44 MD seats and DM and faculty strength from six to 45, a great expansion of the specialty has taken place. Technology and drugs which were 30-40 years away from us are now at our door step due to globalisation and information technological development. Every six months we get a new monitoring device. Post graduate curriculum and modules have become more clinical and patient oriented. Communication skills and our services during COVID-19 pandemic have given recognition to the speciality.



Dr. Kirti N Saxena

Director Professor and Ex-HOD, Maulana Azad Medical College, New Delhi

My experience as a teacher in the subject of Anaesthesiology has been very rewarding. I continue to take pride in teaching postgraduate students many of whom have already blossomed into remarkable anaesthesiologists and are now working all over the world.

ISA has done a great job in bringing anaesthesiologists together. The online classes on varied subjects will surely help postgraduate students. I would suggest that video-based teaching of skills and procedures could be added to the teaching in future.



Dr. Sanjeev Palta

Prof & Head, GMCH-32, Chandigarh

Teacher is not a person who teaches us the subject but a Guru in the essence of Indian culture, who adopts a student and shapes his or her life. Nothing gives me more satisfaction than being in touch with my students of yesteryears who are a reflection of my teaching to them, definitely not the subject which I taught them, but the essence of life which I made

them understand. The present time is the time of artificial intelligence and overexposure to information. It's a real daunting task to filter out the right knowledge and the role of the present-day teacher is more complex. In addition to the changing human/cultural value system, the task to shape the future of our pupils is tough and I am sure the present generation of teachers are accommodating well to the changing scenarios.

ISA has integrated so well with the information system that the teaching imparted by them is now reaching to the last desk. Our monthly webinars and classroom series is a powerhouse of knowledge which can be accessed anytime anywhere. In the end, I bow down to my teachers who shaped me as a person beyond the subject.

Blessing all students and wishing all teachers on this Teacher's Day.



Dr. Shelly Rana

Professor, Dr. RPGMC Kangra, Tanda, HP

Since its inception, ISA has always been an outstanding platform inspiring and supporting the anaesthesiologists. The PG residents are the budding specialists and are in the process of becoming safe anaesthesiologists and teaching them as per the new competency-based curriculum is the need of the hour. The ISA national PG online classes have the greatest of the minds at a single platform. This will certainly yield a more scientific and clinically competent ISA community in the days to come. The Clinical Practice Oriented Programme (CLIP), Clinical Reasoning and Problem Solving (CRISP) webinar series complement the efforts of ISA. I extend my wholehearted best wishes to all on this auspicious day.



Dr. Tej K. Kaul

Ex-Professor & Head, DMCH, Ludhiana

Ex Chief Editor of JOACP

It is with great joy and pleasure to be invited to write this message to appear in the "VAPOUR" newsletter to be released on "Teachers Day. " Teaching is the noblest of all noble professions. I have enjoyed being a medical teacher teaching Anaesthesiology since 1976.

My association in dealing with young minds to clear the basics and inculcating vital points in a receptive way was most satisfying. Grooming and polishing the young intellect is a glorious job. My students who are spread all over the globe are my assets and watching them excelling is a great reward.

Teaching is a continuous process and I am happy that our ISA is contributing a lot in this aspect for the last few years. The ISA online PG classes/KAP series /Annual conferences/Workshops, Midterm CMEs have revolutionised teaching. Thanks to ISA national office bearers particularly Dr. MV Bhimeshwar, Dr. Venkatagiri KM, Dr. Naveen Malhotra, Dr. S Bala Bhaskar, Dr. Sukhminder JS Bajwa, Dr. Rakesh Garg and others.

At the end I want to quote from Brain Tracy "Commit yourself to lifelong learning. The most valuable asset you ever have is your mind & what you put in it."

Happy Teacher's Day!



Teacher's Day Messages **EAST & NORTH EAST ZONE**

Prof Dr. Nibedita Pani

Director, PGIMER & Capital Hospital, Bhubaneswar

My journey as a teacher for the last 30 years was a challenging yet fulfilling one, which offered me an opportunity to shape the budding medical minds. The enriching experience of teaching gave me an opportunity to teach medical students aspiring to be anaesthesiologists / intensivists and helped me to achieve my goal in contributing to the excellent health care service that they provide. My vision is fulfilled in every sense today when I watch my devoted, selfless, knowledgeable and hardworking students, now consultants who are excelling in their respective areas of interest. ISA has played a very important role in the sharing of knowledge via updates, CMEs and live workshops and health care services for our society.



Dr. Ajit Gupta

Prof & Head, Netaji Subhas Medical College and Hospital, Patna

We have a large variation in our medical education system whether it is UG or PG. At one end, we have age-old AIIMS, new AIIMS, contemporary institutions like SGPGI, JIPMER, PGI, IGIMS, IMS with good infrastructure, teaching faculty and an enormous inflow of funds. Then, there are government and private medical colleges across the country who are facing faculty, infrastructure and fund crunch. Of course, many of them are complying well with NMC guidelines but in reality, the condition is not so. It's very difficult to have equivalent standards for all (approximately 650 Medical colleges) and for students getting education in other countries. Once NMC introduces NEXT, some standardisation might follow.



Regarding the Post Graduation education in Anaesthesiology, the Covid period was less of a setback; rather it was a bigger boost to our speciality. It was a hard time for anaesthesiologists especially in the initial phase. ISA National as well as state and city branches came to our rescue and my hats off to them for, they showed us how to tide over the problems. Regular online PG classes, seminars, lectures by specialists, online/offline workshops have updated our post graduate students and also our teachers, which at individual institutional level was not possible. If an audit is conducted, one can find that the number of seminars, lectures, research publications are at an all time high at present.

The NMC revised curriculum and theme of Competency Based Medical education is in itself enough to produce more practical and competent anaesthesiologists in future. ISA is doing its best and it is our responsibility to guide our students to participate more and more in ISA led activities, that will help them in all three components of medical education i.e., clinical, academics & research.

Dr. Vaskar Majumder

Associate Professor in Anaesthesiology

Agartala Government Medical College & G.B.P Hospital, Tripura

Since last 16 years I have learned a lot about the ways of teaching and how to guide properly the students of different nature as each one learns differently. Simultaneously, I have observed that nowadays students have higher expectations than before. I feel very proud seeing the success of my students.



ISA National sponsored postgraduate cloud meeting and different series are helping the postgraduate students a lot. We expect more national level exposure and discussion from all corners of the country.

Dr. Sarbari Swaika

Professor of Anaesthesiology, HOD, Emergency Medicine
In-Charge, Level-I Trauma Care Centre, IGPME&R &SSKM
Hospital, Kolkata



The core intent of the graduate medical education of NMC is to create a doctor who emerges from the undergraduate and postgraduate training programme and who meets or exceeds the global bench mark in knowledge, skills, attitude and communication.

CBME, which is an outcome-based approach, is gaining momentum across the globe both in the field of UG and PG training through demonstration of the knowledge, skills, values and attitudes required for dealing with real life situations. Students are facing challenges, as the new curriculum is competency driven and learner-centric.

Faculty development is a challenge during implementation of CBME. Faculty needs to be well versed with the evaluation of the programme, assessment of competency to target at the 'Does' level first and then at the level of 'EPA' (Entrustable Professional Activity) and its movement in right direction. Group discussions in the operating room would be an effective way of teaching. Theory examination should focus more on case-based questioning and the practical examination on the 'Does' level.

Teachers should be knowledgeable enough to let their learners get involved in the learning process of all three domains such as cognitive, affective and psychomotor domains for making the competency-based approach successful.

ISA is dynamic enough in pursuing such methods of teaching through workshops, group discussions, mock tests throughout the country and maintaining the standard of teaching in every aspect.

Dr. Ajit Deka

Retd. Prof & HOD, Gauhati Medical college.
Chief consultant, ICU, Nemcare Hospital, Guwahati
ISA No: D/0481



I consider myself fortunate enough to be engaged in teaching anaesthesiology & critical care for over the past 44 years. All throughout my teaching I strongly believed in interactive teaching. I believe teaching should always be a two-way communication between students & teachers. As a teacher, my experience has been wholly satisfying & overwhelming.

It is heartening to see ISA engaging in regular academic activities in recent years both online & offline. My humble suggestion is that academic activities should be not only examination-oriented but should also train students to conduct safe & comfortable anaesthesia.

Teacher's Day Messages

CENTRAL ZONE

Dr. Ashish Sethi

Professor, Netaji Subhash Chandra Bose Medical College, Jabalpur

Discover the dynamic world of anaesthesia in Modern Medicine! 🌟

In today's medical landscape, anaesthesia stands out as an exceptional career choice with a perfect blend of challenge, adrenaline rush and work-life balance. We anaesthesiologists, often dubbed "jacks of all trades," bridge the gap between medicine and surgery, ensuring seamless patient care during the perioperative period.

The Covid pandemic spotlight has illuminated our pivotal role as intensivists, propelling us to the forefront of medical recognition. The crisis highlighted our competence, adaptability and resilience by bringing to the fore our skills as experts in airway management, vascular access and patient stabilisation.

It is our moral obligation as teachers to create awareness about our mother speciality and promote it as a promising career option among NEET aspirants in our country. During their clinical rotations with us, all medical students should be given a sneak peek of the incredible work that we do. On this Teachers' Day, let us also inspire and empower the young practitioners of our noble fraternity to adeptly traverse this ever-changing field and to carry forward the legacy.



Dr. Nandkishore K. Agrawal

Prof & Head, AIIMS Raipur, Chhattisgarh

Saving a life is the most prestigious gift a human being can return to nature. Anaesthesiologists save hundreds of lives in their life span. A teacher's responsibility is to teach the students with full devotion and acquaint them with the values, discipline and culture of anaesthesia. It is the responsibility of students to work hard, acquire knowledge and be obedient, sincere and

careful in their work. One mistake can cost a family and their loved ones, Be a Life Saver and not a taker. Recently, the COVID pandemic outbreak showed the world how important an anaesthesiologist is in saving lives in critical situations. Proud to be an Anaesthesiologist. Long Live ISA. Jai Hind.

रख कर हाथ नब्ज पर
दिल की धड़कने सम्भाल लेते हैं,
दे कर ऑक्सीजन श्वासों में
दर्द चुरा लेते हैं,
ऐसे ही होते हैं एनेस्थेशनोलॉजिस्ट
जान पर खे
श्वास सम्भाल लेते हैं,
छूकर नसों कोल कर
आपकी जान बचा लेते हैं।



Dr. Shikha Mehrotra

Professor and Ex-HOD, Gandhi Medical College, Bhopal

“Teaching is the greatest act of optimism for me”.

As a teacher for the past 38 years, training students in the field of Anaesthesiology has been my critical responsibility. Treating each student as unique and worthy of being taught is an everyday challenge. I try to adjust my way of teaching according to their needs to develop a clear path of communication that helps them. I try to ensure that students have a solid

understanding of the basic sciences, physiology and pharmacology as true understanding is a catalyst for action. Besides allowing students to practise hands-on skills under supervision, the essence of my teaching strategy is also to place responsibility on them, making them choose what not to do and to let them know that I trust them. I always emphasise “learn from your mistakes instead of dwelling on them.” It’s really awesome for me to get messages like “You have given me a confidence that is priceless!”

I believe that students can be trained effectively by establishing a strong foundation and giving ample opportunities by allowing them to participate in real clinical settings and to learn effective communication skills, to follow a patient-centred approach and to give importance to patient safety, comfort and well-being, by creating challenging scenarios to handle emergencies and unexpected situations, instilling a culture of lifelong learning, providing timely and constructive feedback on their performance and to make them acquainted with ethical conduct and maintaining a high level of professionalism. The students should be educated about plagiarism, proper citation practices, and the importance of academic honesty.

The ISA team is working tirelessly to enrich the lives of our young generation and developing a passion for learning amongst them by holding different academic and extracurricular activities. This is helping in promoting continuous learning and keeping them updated with the latest developments. I am sure this will definitely help us to mould them to be competent and compassionate anaesthesiologists. Cheers to the endless enthusiasm and energy of the ISA team! Happy developing and learning to all!



Dr. Sadhana Sanwatsarkar

Dean & Professor, LNCT Medical College & Sewakunj Hospital, Indore

Happy Teacher’s Day to all the eminent teachers and students!

As an experienced educator, I’ve had the privilege of shaping minds and fostering a deep love for learning. My teaching vision centres on cultivating critical thinking, empathy and adaptability in students, and

preparing them for a dynamic future. The Indian Society of Anaesthesiologists plays a vital role in advancing anaesthesia education through conferences, workshops and research dissemination. To further enhance its impact, focusing on online platforms, interactive simulations and collaboration with medical institutions can broaden its educational outreach and foster innovation in anaesthesia education.



Dr. Anil Kumar Verma

Professor and HOD, Department of Anaesthesiology,
GSVM Medical College, Kanpur

Mr. Swami Vivekanand once said, and I quote, "It is easier to be jivanmukta (free in this very life) than to be an Acharya" as the job of a teacher doesn't end by just awarding a degree but by building up a person who earns knowledge and a sense of sincerity. In medicine, teachers have to make their students to empathise with the patient and acknowledge the duty to stand as life saviours to keep up with goodwill as well as the public spiritedness to create a healthier tomorrow.



WCA



18th World Congress
of Anaesthesiologists
3 - 7 March 2024 SINGAPORE

Together We Can



WFSA
WORLD FEDERATION OF SOCIETIES OF
ANAESTHESIOLOGISTS



Save The Date

3 - 7 March 2024

18th World Congress of Anaesthesiologists

Call for Abstracts opens in **May 2023!**

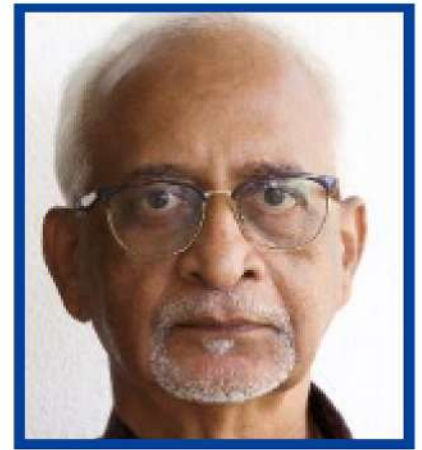


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ARCHIVES OF 'A THEMATIC PHILATELIST & ANAESTHESIOLOGIST'

Dr. Chandrasekhar Krishnamurti,
Retired Professor in Anaesthesiology, NRIIMS, Visakhapatnam
ISA No. S0468



AMBU BAG

In 1953, Dr Holger Hesse, a Danish engineer, partnered with Professor Henning Ruben, an anaesthesiologist, to design a breathing apparatus to improve the survival chances of patients in emergencies outside the hospital. It was the first portable, self-inflating manual resuscitation device that worked without a battery or an oxygen supply and was an instant success when introduced in 1956.

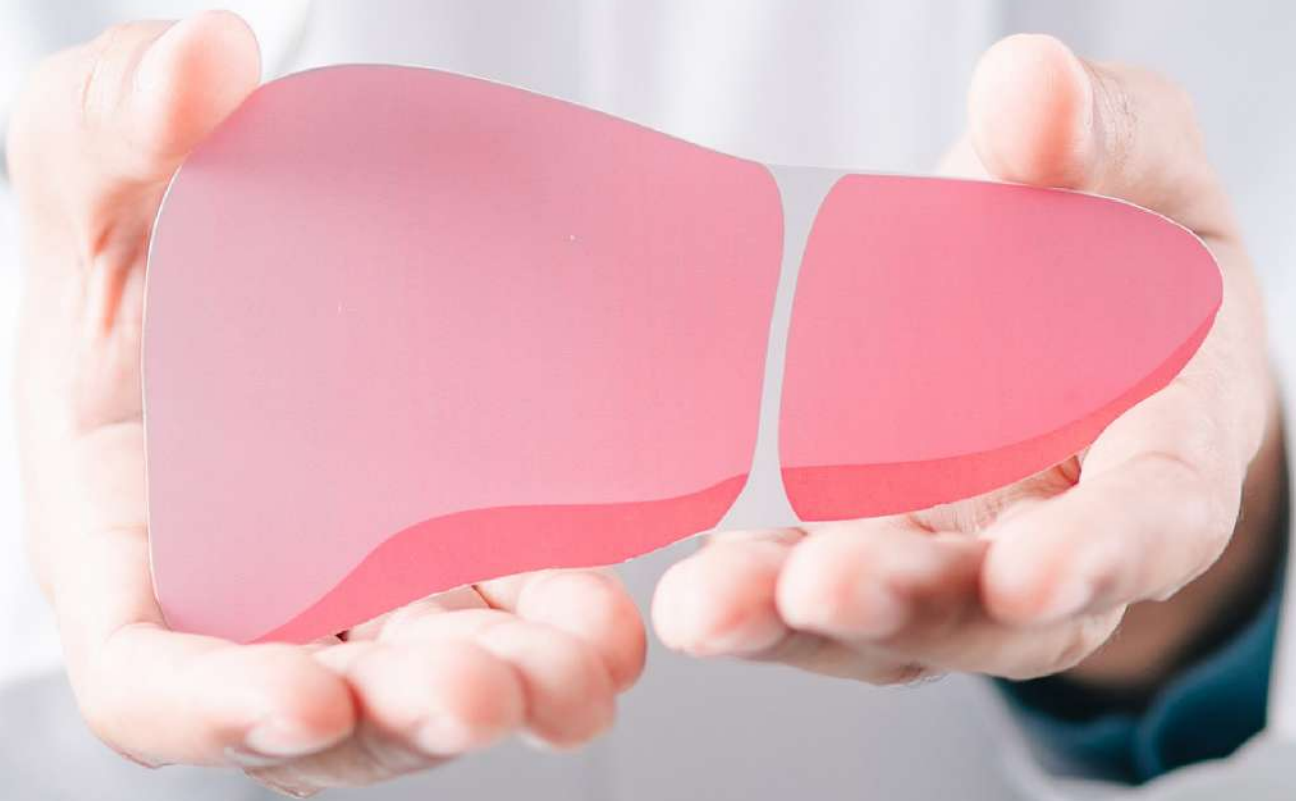
The product was the Ambu bag. "Ambu" came from the word ambulance and an acronym for Artificial Manual Breathing Unit and the reference to "bagging" was coined by rescue workers Dr Holger Hesse and Dr Henning Ruben who named the company "Ambu." [1]

References

1. Woodlibrarymuseum.org [homepage on the Internet]. Illinois: Wood Library-Museum of Anaesthesiology (WLM).; c2021[cited 2023 Aug 27]. Available from: wlm@asahq.org

Organ Donation Day

**Anaesthesiologists'
contribution to a noble cause**



CELEBRATING NATIONAL ORGAN DONATION DAY

Let my sunset be a sunshine for someone

Dr. N. Raghunandan
H.O.D. Emergency Medicine SSIMSRC, T-Begur
ISA Number - 3064



3rd August is celebrated every year as the **National Organ Donation Day** by our Ministry of Health and Family Welfare's National Organ and Tissue Transplant Organisation (NOTTO) and State Organ and Tissue Transplant Organisation (SOTTO) departments. Hosting this day in India has a dual significance. Firstly, it affirms our commitment that altruism should be the sole motivator for organ donation and, secondly, it helps focus attention on the untapped potential of organ donation in our country.

This year, on this day, to promote the "Deceased Donor Programme" in India, all state governments encouraged citizens to volunteer for organ donation and save lives. SOTTO Karnataka (formerly 'Jeevasarthakathe') continued the effort with a series of activities this year. Karnataka has seen the highest number of donations in 2023 in India. These are the highest numbers of organ donations since the legislative assembly of Karnataka adopted the Central "Human Organs Transplantation Act-1994" in the year 1995.

The National Organ Donation awareness campaign not only deals with understanding of basics in organ and tissue donation but also motivates young Indians to adopt the practice of goodwill and influence them in the right direction.

I had a chance to airlift a 28 year old young male who had met with an accident in Bagdogra, West Bengal.

His family in Bangalore decided to airlift him for his treatment as there were inadequate facilities in Bagdogra. We airlifted him to Manipal Hospital in Bangalore, where he did not recover, despite the best efforts in the Intensive Care Unit, and was declared brain dead. I was taken aback when his family decided to go for organ donation. This was a surreal experience for me as a medical practitioner to see such an admirable gesture. I could understand and appreciate the desire of the family members to keep him alive by gifting his organs to others and bringing light to others lives with such a noble step.

When we did our first big campaign last year, we had a student who was a part of a human chain of 1,500 students. A few days later, tragedy struck when he lost his father in a road traffic accident in Tumkur. He convinced his mother and sister to donate his father's organs, which was the 'first organ retrieved and transplanted' in the SSMC Hospital at Tumkur.

Both these experiences have made me realise that by our efforts we can change the lives of many around us. As anaesthesiologists and intensivists, we see death from near very often.

We are often a part of the team that declares a patient brain dead. Every now and then, we come across young patients with no comorbidities who have by the worst stroke of luck ended up being brain dead.

In such cases, it becomes our duty to inform and motivate the patient's family for organ donation as a noble cause. Once the family of the deceased accepts the harsh reality and comes to terms with it, we can counsel them and seek the help of SOTTO/ NOTTO coordinators.

A crisis is currently being faced by the healthcare system in our nation which has the infrastructure and technology for organ replacement but no donors. Hence, it is felt that there is an urgent need to create awareness among the general public through print and media outlets and through various modes of mass communication to the common man by the means of skits, plays, roadshows and media. Poster presentations for medical and paramedical students can be arranged in order to raise awareness among the medical fraternity towards the same cause. Nevertheless, I recently organised a road show in our city on the busy main road with the help of 130 2nd MBBS students on National Organ Donation Day (3rd August 2023). The students performed a skit to create awareness amongst the general public. They proudly held up slogans for this year's campaign such as -
"A ray of hope for the needy. Donate organs, save lives."

"Let my sunset be a sunshine for someone"



All this goes to show that the little impacts that we have on our society as individuals can together amount to a grand change as a whole. This can take our country to newer heights of development and help in betterment of the world that we live in.



TRANSPLANT COORDINATOR: THE RECIPIENT OF UNTOLD HAPPINESS.....

Dr Veena K

**Assistant Professor, Department of
Anaesthesiology, KIMS, Hubli, Karnataka**



The topic of brain death and organ donation was just theoretical to me till one day when the head of my department suggested my name for an online diploma course in transplant management programme by the Transplant Procurement Management-Donation and Transplantation Institute (TPM-DTI) with European Accreditation Council. Donation after brain death (DBD) is the most complex procedure that involves early detection of donors and accurate management of their haemodynamics as these patients are very unstable due to loss of sympathetic and hormonal support from the central nervous system.

Many departments including Microbiology, Pathology, Pharmacology, Forensic Medicine, Neurology, Neurosurgery, Urology, Nephrology, Cardiology, Ophthalmology, General Medicine, Radiology etc are involved in the donation and transplantation process. There is a need to coordinate between all these departments and surgeons who come from other places for organ retrieval. Nevertheless, the diploma certificate that I was holding did not have any significance in my life until the day my institute received license as an organ retrieval centre. Since I had already intimated the administrators about my training, they encouraged me to initiate the procedure.

After some days, I confronted one brain dead patient with a lot of enthusiasm. I counseled the relatives, and this is technically one of the most challenging steps of organ donation in a highly emotional situation. Thereafter, I ensured that all necessary tests required for the procedure were done; some tests inside and some outside the institute. Unfortunately, we had to abandon the procedure after the patient was found to be positive for hepatitis C virus and cytomegalovirus infection. However, I was better prepared for the next case. I took a complete history of the patient including that of lifestyle and high-risk behaviour (Organ donation is contraindicated in patients with high-risk behaviour) and ensured the conduct of all relevant investigations. All this went on till the midnight. During the same time, our zonal coordinator went to a remote village to get consent from the donor's wife who had delivered recently. He alerted the recipients, sent police intimation, and informed the Department of Forensic Medicine. Organ retrieval was scheduled in a way to keep cold ischaemia time to minimum. I was busy doing investigations of the patient periodically as demanded by various surgical teams and simultaneously maintaining the haemodynamic stability of the donor. This was the first case for me, and I received guidance from one of the senior coordinators from Chennai.

I had known the fact that few donors do suffer from cardiac arrest on the operation theatre table leading to wastage of money, manpower and time. This thought kept increasing my apprehension. My entire concentration was on the monitors, investigations and infusion of drugs (lot of running

around for investigations and drugs in the middle of the night; what easily happens in private hospitals is most difficult in government set ups due to lack of man-power and resources). Also, this was the first case, not only for me, but also for my institute and I got maximum support from the administrators.

Finally, the time came when the surgeons arrived from Belgaum and Bangalore. The procedure went on smoothly, and the organs reached their destiny. Although intense work over the last two days and one night had fatigued me, I had a unique sense of happiness and fulfillment. After the case, I returned back to my daily routine of administering anaesthesia.

Each step during the organ donation process including detection, evaluation, brain death declaration, counseling, obtaining family consent, donor management, informing police, alerting airport authority and traffic police for green corridor, should be done systematically, with highest regard to ethical and legal regulations. Such a complex procedure needs good efficiency, dedication, motivation, team-work and communication. From ward boy to operating surgeon, everyone's work is important. The transplant coordinator is the backbone of the entire process, starting from donor identification, donor management, family counselling to retrieval of organs and dispatch for which there are no extra monetary or other benefits. Who else can be better suited for this complex job than an anaesthesiologist? The anaesthesiologist, in addition to technical skills is well equipped with non-technical skills such as task management, teamwork, situation awareness, decision-making, communication, leadership and emotional intelligence. These skills make an anaesthesiologist a successful coordinator in the organ donation process. Till now, I have coordinated five brain dead donations with similar enthusiasm. The recipients of these organs are pursuing higher education and doing well in life and all this gives me a feeling of contentment. I feel truly blessed to be a part of this noble venture as transplant coordinator.

The Transplant Coordinator is thus not just the Master of Ceremony in the Organ Donation Process, but a recipient of untold happiness and blessings. I would advise my other Indian Society of Anaesthesiologists (ISA) colleagues, too, to take up this work and experience the inner bliss that is sure to follow.

NUTRITION FOR THE ANAESTHESIOLOGIST

Dr Anshumati Gadre

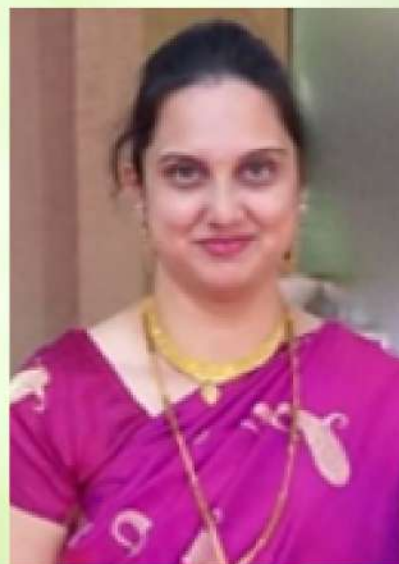
Anaesthesiologist, Clinical Nutritionist at Heart Health Clinic, AHA Instructor for BLS and ACLS courses, Pune, Maharashtra

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🌐 www.hearthealthclinic.com

☎ +91-9130084934

ISA No: G1101



As we all know, Anaesthesiology is a stressful branch. Odd working hours, being on toes all the time, can impact diet. We forget that Nil by Mouth (NBM) is not for SELF, but for the Patient.

Many of us thrive on short tea breaks in between the cases.



A shloka in Vriddha Chanakya has this powerful verse on food:

“Deepo Bhakshyate Dhvantam Kajjalam Cha prasuyate

Yadan Nam bhakshayyanityam Jayate Tad Rishi Prada”

“The Lamp eats oil and produces black soot, What food (quality) one eats daily, so will one produce”

It simply means “We are what we eat”

Nutrition is defined as the process of taking in food and using it for growth, metabolism and repair. Man needs all essential nutrients like carbohydrates, proteins and fat which are

commonly referred to as proximate principles. These are oxidised in the body to yield energy which the body needs.

Foods can be divided into

- **Energy rich foods** like carbohydrates and fats
- **Body building foods** like proteins.
- **Protective foods** like vitamins and minerals

Carbohydrates are a class of energy yielding substances which include starch, glucose, cane sugar, sugar etc.

Types -

Simple carbohydrates are monosaccharides and disaccharides

Complex carbohydrates include starch and fibres.

Carbohydrates derived from cereals form chief the source of energy in Indian diet.

Carbohydrates should contribute to 55 to 60 % of total calories. **High fibre intake** of at least 40 g /day should be in your daily diet.

Complex carbohydrates should be included in the diet. Low glycaemic index foods like beans, whole fruit, vegetables and whole grains should be preferred. Don't forget the legumes like beans, lentils, peas.

5 -6 servings of fruits and vegetables should form part of your diet.

Starches are digested to give energy and Fibre provides 'roughage' to the diet, aids digestion and counteracts constipation.

Glycaemic index indicates food impact on blood glucose.

Glycaemic index	Examples
Low (<55 or less)	Whole grains and pulses, Green leafy vegetables, fruits like papaya, oranges, milk and milk products
Medium (56-69)	Brown rice, basmati rice
High (>70)	Confectionary, bakery items, processed flours, sweets, fruit juices like mango, pineapple

Proteins are essential for growth, repair, hormone synthesis, formation of antibodies etc.

Protein rich foods: animal foods- meat, fish, eggs, plant foods - pulses, oil seeds and nuts and milk.

Normal protein requirement is 0.8-1gm/kg for adults.

10-35% of daily calories should come from proteins

Animal based proteins and egg are complete proteins (9 essential amino acids). Plant proteins need balance. Cereal protein is poorer in the amino acid lysine while pulses are rich in lysine but poorer in sulphur containing amino acids like methionine. Hence, the combination of **Idli and Sambhar** or **rice and dal** balances the amino acids.

Animal sources should not be overconsumed as we all are aware.

Fats are essential for energy and nutrient absorption.

They are classified as saturated (butter, ghee) and unsaturated fats [polyunsaturated fatty acids (PUFA) and monounsaturated fatty acids (MUFA)]. Fats are concentrated sources of energy, impart palatability to diet and retard stomach emptying time. Fat is also important for the absorption of fat-soluble vitamins.

PUFA are omega 6 and omega 3 FA. PUFA, especially the arachidonic acid are precursors of prostacyclins (vasodilators), thromboxanes (vasoconstrictors) and leukotrienes. Omega 6 FA raise the endothelial derived relaxing factors. Omega 3 PUFA confer cardioprotective and anti-inflammatory effect.

Total fats should contribute between 25 to 30% of total energy intake.

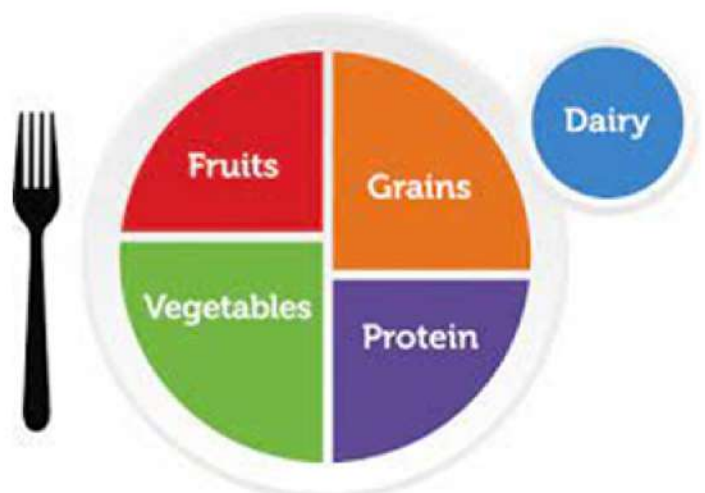
Blended oils help in getting correct proportion of Omega 3 and Omega 6 FAs.

Various sources like fatty fish salmon, mustard oil, flax seed oil, canola oil soyabean oil and walnuts are good sources of Omega 3 FA.

MUFA are present in vegetable sources such as olive oil, canola, almond oil, and groundnut oil.

A **Balanced Diet** provides all the nutrients in proper proportions.

60-70 % carbohydrates, 10-12% proteins and 20 -25% of fats.



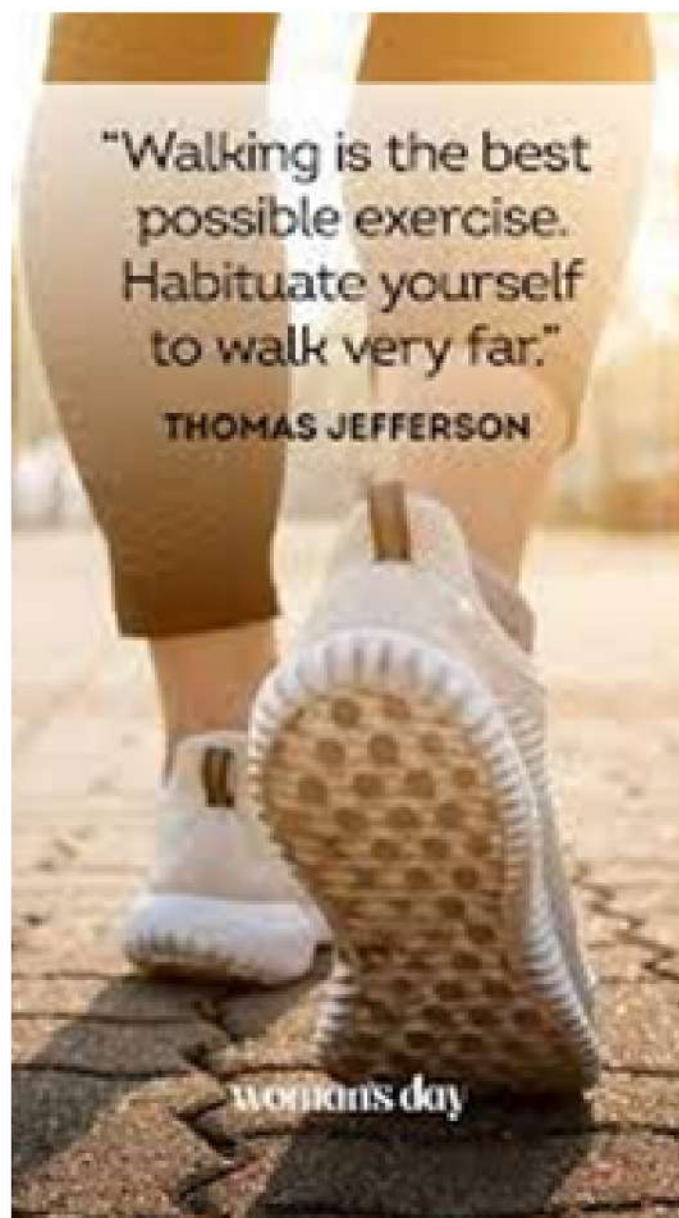
My Plate

Following things were observed among my anaesthetist friends.

- Regular meals are skipped, especially during emergencies.
- Tea breaks are frequent.
- Many eat canteen food which is oily or spicy.
- Fruits are rarely consumed.
- Water intake is inadequate
- Some are regular in exercise mainly in the form of Yoga, cardio while few played sports.

Basic dietary guidelines are as follows-

- Follow a balanced diet plan that includes whole grains and legumes, millets, sprouts, fermented foods, dry fruits, fruits and vegetables.
- Plan meals weekly with preparation a day before.
- Eat fruits at least twice or thrice a day.
- Eat complex carbs.
- Use Blended oils.
- Avoid refined cereals like polished rice or maida (white flour), packed foods, fried and fatty foods and red meat.
- Skipping meals slows down the metabolism, increases craving for food and weight gain.
- Eat almond, walnuts, Flax seeds, brown raisins, cashews and mix seeds.
Consumption of dry fruits will augment the antioxidant status and protect against chronic diseases.
- One can carry fruits, dry fruits, curd or buttermilk, sprouts salad, mix salad as mid-morning or mid evening snacks which can be eaten in between the cases/during emergency and will reduce the hunger pangs.
- Exercise regularly. You just need a pair of shoes. Regular exercise enhances metabolism and reduces stress related eating. Exercise at least for 30 minutes daily for 5 days a week.



Different diet plans are formulated according to one's age, weight, height i.e., body mass index (BMI), as well as various health conditions like diabetes, hypertension, obesity etc. Take opinion of the clinical Nutritionist/Dietician before starting any diet plan. Different exchange lists are available to have variety in diet plan.

Sample diet plan:

Note: This is a general diet plan. The plan will differ according to one's age, weight, or health conditions. Please contact your dietician.

6.00 am	Wake up. Glass of warm water.
6.30 am	Handful of dry fruits/banana.
8.00 am Breakfast	1 Boiled egg/ 1egg omelette /if vegetarian 1 katori (small bowl) sprouts + 1 chapati/1 veg or paneer paratha/1veg thalipeeth/ 1/2 katori veg poha /1/2 katori veg upma /1/2 katori rice with vegetables
	1 chapati/1 veg or paneer paratha/1veg thalipeeth/ 1/2 katori veg poha /1/2 katori veg upma /1/2 katori rice with vegetables
10 am	Any one fruit
11.45 -12pm Lunch	1 katori curd/ buttermilk +
	1 katori dal (Toor/ masoor/ matki/Moog/kulith/rajmah /chole +
	1 katori vegetable
	2 chapati/ 1chapati and ½ katori rice +
	Salad (cucumber/carrot/beet/lettuce/ asparagus/brussels sprouts ...)
3 -4 pm	1 cup tea/coffee
	1 fruit/ makhana/khakhra/mix dry fruit laddu/handful of nuts

7- 7.30 pm Dinner	1 chapati +1 katori paneer/ soya veggie/+salad or 1 bowl of vegetable rice with dal +salad or 1 bowl rice and 1 katori chicken curry
9 pm	1 cup milk

India is an example of culinary heritage with mixed food cultures. Incorporate regional culinary diversity and savour different foods in moderation and prioritise your health.

References:

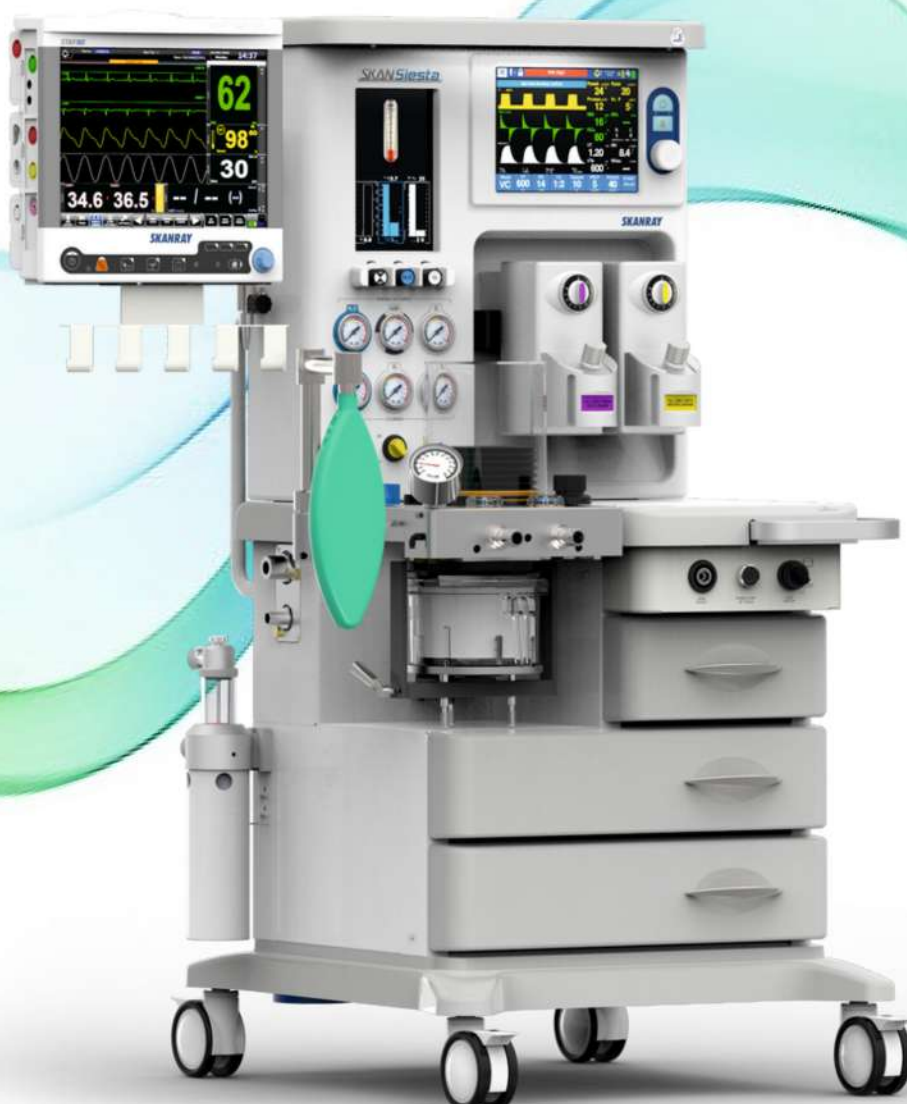
- 1.Nutritive Value of foods by C. Gopalan, B.V. Rama Shastri & S.C. Balasubramanian.
2. Dietetics by B. Srilakshmi.

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Advanced anaesthesia workstation

Skansiesta pro is designed for maximum performance, and combines the cost-effective low-flow technology with a host of patient safety features. It packs the sophistication of advanced ICU ventilation technology with a simple user interface for managing patients effectively.



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Conferences of ISA & ISA sponsored CMEs

3^d YUVAMAHA CON, Nagpur
(4th - 6th AUGUST 2023)



Conferences of ISA & ISA sponsored CMEs

South Zone ISACON 2023, Mysore

(9th- 13th AUGUST 2023)



Conferences of ISA & ISA sponsored CMEs

ISA Sponsored National CME & Workshop at Kolhapur
(26th - 27th AUGUST 2023)



Yuva Parnika (Youth Zone)



QUIZ ON ANAESTHESIA HISTORY

'TEACHERS DAY SPECIAL'



Dr Parul Jindal (ISA No P1190)

Professor & In charge Paediatric Anaesthesia
HIMS, SRHU
Dehradun, Uttarakhand



Dr. Madhuri Kurdi (ISA No K1014)

Professor and Head
Department of Anaesthesiology,
Karnataka Institute of Medical Sciences,
Hubballi, Karnataka.

Questions

1. Name the two assistants of Sir James Young Simpson who experimented with Chloroform.
2. Bier allowed this junior colleague to inject 2ml of 1% cocaine into his own spinal fluid. Name this colleague.
3. Who introduced cocaine to Dr Karl Koller, a Viennese ophthalmologist ?
4. Who was the world's first Professor of the practice of Dentistry, Anaesthetics and Anaesthesia?
5. Name the two medical students who developed the first anaesthesia record by using observed respiratory rate and palpated pulse rate?
6. Name this person who was the pioneer of oral and nasotracheal intubation as an alternative to tracheostomy. He was also an early exponent of aseptic surgery. He held the position of Regius Professor of Surgery at the University of Glasgow for 15 years.
7. What were Dr Ralph Water's trainees affectionately known as?
8. He became assistant to the Professor of Surgery, Von Eschmarch. He later became Professor of Surgery at Bonn and later at Berlin. He was one of the great teachers of German surgery. His name is related to spinal anaesthesia and intravenous procaine analgesia. Who was he?
9. In which year was the American Board of Anaesthesiology (ABA) granted independent board status?
10. Who pioneered the understanding of medical ethics, patient consent, clinical trials, the placebo effect and "brain death"?
11. His needle-free "Peace Guns" featured as the "Hypo spray" in Star Trek and many science fiction films. Name this personality.
12. In 1945, who announced his plans for New York's First Postgraduate Assembly in Anaesthesiology (PGA)?
13. Name the person who developed The Overseas Teaching Program (OTP) in 1990. The objective of this programme was to use American Society of Anesthesiologists (ASA) members as volunteers to educate anaesthesia providers in undeveloped or developing countries.

14. In 1890, two students were deputed for all cases that were to be given chloroform anaesthesia, one person administering anaesthesia and the other taking detailed notes at the Hyderabad Medical School. What were these trained anaesthetists called?
15. Who was fondly referred to as Uncle Harold by his younger colleagues due to his humble and benevolent nature? He revolutionised the practice of anaesthesia by demonstrating that the substance which was considered as a poison could be safely used to produce muscle relaxation during surgery.
16. Who coined the words “Anaesthesiology” and “Anaesthesiologist”?
17. Name the person who became special lecturer in Regional Anaesthesia at the Mayo Clinic in 1920. He later became clinical Professor of Surgery (Anaesthesia) at the New York University.
18. Who organised ‘The Anaesthetists’ Travel Club in 1929?
19. Who was the person who instituted the examination for Diploma in Anaesthetics and the first such exam took place in 1935?
20. He was appointed as Professor of Anaesthesia at McGill University. He had a degree in Homeopathic Medicine and he had served as a stretcher-bearer of the Canadian army. He was a founder member of the WFSA. Name this personality.
21. Dr Ronald D Miller was the Professor and Chairman of the Department of Anaesthesia at which University/institute and place?
22. Name the Professor of Anaesthesia who died in a dental chair following thiopentone given by his own resident.
23. The first degree course of Diploma in Anaesthesia was started in India where & when?
24. Lectures on anaesthesia for undergraduates were first started officially in India in which university and when?
25. Name the first examiners for the examination in Diploma of Anaesthetics by

the Conjoint Board of the AAGBI (held in 1935).

Answers

1. George Keith Matthew Duncan
2. Otto Heilbrandt
3. Sigmund Freud
4. Henry I. Dorr at Philadelphia College of Dentistry in 1893
5. E. Amory Codman (1869-1940) and Harvey Cushing (1869-1939)
6. Sir William Macewan
7. “Aqualumni”
8. August Karl Gustav Bier
9. 1940
10. Henry K. Beecher
11. Dr. Robert Hingson
12. Paul M. Wood
13. Dr. Nicholas M. Greene
14. Chloroformists
15. Harold Randall Griffith
16. Dr. Mathias J. Seifert of Chicago
17. Gaston Labat
18. Dr. John S. Lundy
19. Sir Ivan Magill
20. Harold Griffith
21. University of California, San Francisco
22. Dr. MM Desai
23. Bombay in 1946
24. Calcutta University in 1906
25. HEG (Cockie Boyle) & CW Morris

MY QUOTES

Dr. Ankur Khandelwal

Associate Professor

Department of Anaesthesiology, Critical Care
and Pain Medicine, AIIMS, Guwahati

ISA NO: A1907



1. Vision loads the Gun; Attitude pulls the Trigger.
2. Protocols and Checklists are Saviours; Memory is Capricious.
3. There is no dearth of ideas, the dare lies who takes a step forward and executes it.
4. Create opportunities instead of searching for them.
5. It's good to master one art but it's great to learn many trades.
6. Embrace healthy competitions. If you don't win, you certainly improve.
7. If you find happiness in situations, no matter how little they may seem, certainly, you know the art of living life.
8. Every individual is a potential contributor. Some project on their own, while others need to be identified.
9. Never let the child in you die. It guides you to follow your passions.
10. Where there is a Will, there is a Way but that Way should be created rather than awaited.



*My Pages: Art,
Culture & Literature*

THESE AND MUCH MORE I REMEMBER...

By Dr. Bhagirath. S. Naganath

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Sakra World Hospital, Bengaluru

ISA No. B1247



Gazing out over yonder
reminiscing of times past
of hours spent listening and days seeing
of unforgettable hours spent discovering
of memorable moments learning things
of enchanting memories of enduring friendships
These and much more, I remember...

Of years of hard work and toil
of sweet victories and bitter sweet failures
of many conquests and many more defeats
of moments of crowning glory and those of crushing
humiliation
of endurance, persistence and stoic resilience
to brave against all odds, to hold steadfast
to trip, fall and fail
to be offered a helping hand to stand up
These and much more, I remember...

Of friends who came by and those who went past
of fleeting romances and unforgettable infatuations
of sparks of love that seemed to last forever
and yet vanished in an instant
of relationships that stood the test of time
and those that didn't
of memories that were forged in the happiest and
saddest of hours
of bonds of affection that transcended boundaries
of reason
of temperamental feelings that knew no season
These and much more, I remember...

Of places visited and monuments toured
of essays written and competitions won
of debates argued for and those against
of matches fought, as though all life depended on
them
of events on and off stage, that meant everything
of points and marks, of grades and ranks

of these and more momentary laurels
of these all too fleeting awards and rewards
of these all too vainglorious things
These and much more, I remember...

Of these and more memories, I remember the
one constant
of guiding hands through the thick and thin of life
of leading lights and beacons of hope
of inspiration and much more
of tempering influences and sobering moments
of the quiet clapping of hands celebrating our
small victories
of sporting subdued smiles of pride
of keeping egos and hollow pride in check
of such quiet emotions and not so quiet ones
These and much more, I remember...

I continue to gaze out into the yonder...
maybe it's time to turn that gaze inward
to reflect and reminisce on the humble
beginnings
to recollect and remember that which is easily
forgotten
to be not ungrateful for those who never ask for
gratitude
to acknowledge the quiet titans and silent giants
on whose shoulders I now find myself standing
as I look out into the yonder and beyond
how lucky I have indeed been, to have been under
their hand
to have been under their warm embrace
their endearing tutelage
These teachers and many more, I remember....

For without them, I would be nowhere
without them, I would be nowhere
nowhere at all!

Thank you.

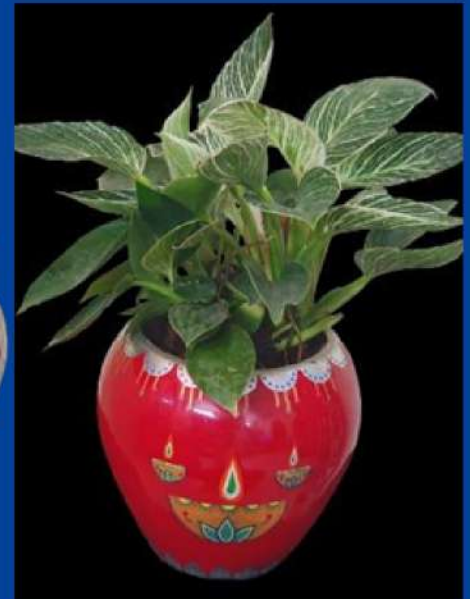
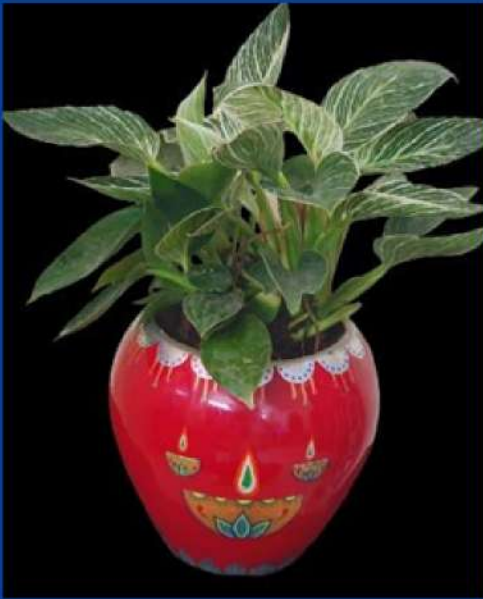
CARTOON SKETCH

by Dr Prasanna Vadhanan

Professor & Head, Department of Anaesthesiology,
Vinayaka Missions Medical College,
Vinayaka Missions Research Foundation, Karaikal, Puducherry



ARTWORK BY OUR ISA MEMBERS



Pot Paintings by Prof. Vasantha Kumar KR
AIMS, BG Nagara, Karnataka

Touching the highest mountain
range from equal height



Our major source of energy kissing an
important component that
constitutes 70% of our body: WATER



Photography by Dr Mayank Massand
Senior Consultant Anaesthesiologist, CHL Hospital 114, Indore

A TRYST WITH DR. SWATI GADGIL

Freelance Anaesthesiologist

Member ISA Kalyan Branch

ISA No. S-2437

Woman with a mission: Gender Sensitisation and De-addiction



Hello Dr.Swati! Warm greetings from the editorial team of VAPOUR! You are a 'woman of substance' with a focused mind and a great vision. Apart from your profession, you are actively involved in many social activities, which we would like to know about.

1) Since how long have you been practising anaesthesia? Can you tell us in brief about your professional career?

I did my undergraduation and postgraduation from Grant Medical College, JJ Hospital Mumbai and in 1991, joined Rajawadi Hospital, Ghatkopar as a Lecturer for few months. Then I started private practice at Dombivli where my Gynaecologist husband started a Maternity Home and simultaneously, I was freelancing. It has been a journey of 32 years now.

2) You are having varied extra-academic interests: Poetry, Gender sensitisation & De-addiction. When did you develop this passion for Poetry, De-addiction and gender sensitisation?

I had a flair for writing and oration since school days, as my mom was a teacher and would encourage us to indulge more in creative pursuits.

I started serious poetry only after my second child started her college and I started getting some 'Me Time'. Children being away, it was nature that kept company and dark nights were lit by the full moon at my window sill.

Regarding Gender Sensitisation, I can say I was working on it since my school days. I grew up with my brother and other boys in the

neighbourhood. I was always with boys as there were no girls around my house. Probably that got me in to 'Save Girl Child, Educate Girl Child'. I was the first child of my parents and they never hesitated getting me admitted in to Medical School, though it was a stretch on their finances.

I established a non-governmental organisation (NGO) with like-minded friends by the name Dombivli Women's Welfare Society and its youth wing Naya Savera, where in addition to our gender activities we started Anti-Spitting Campaign in a big way.

While counselling people against spitting, I, as a doctor would always try to dissuade people from Substance Abuse. That's how De-addiction was always on the agenda but I started making a note of my sessions only last year when I took it up as a Mission.

3) What inspired you to take up work on gender sensitisation & de-addiction?

As an anaesthesiologist, I have a chance to interact with various sections of the society. It hit me predominantly in the operation theatres during caesarean sections. If it would be a second girl child, the mother's heart would go racing and blood pressure would shoot, with teary eyes. I would always stand by such mothers and gruel the family against gender discrimination.

I clearly remember that evening 10 years ago when I was doing a Caesarean section at a charitable hospital when the mother got her third female child and she was inconsolable.

She told us that her mother-in-law had declared that if it was a third daughter, then she would not be allowed to come home and that she could choose a place to go!

There were many such instances, and it drove me further on this path and as I have already mentioned I was a defiant daughter! That is how this journey of Gender Sensitisation began!

Regarding De-addiction, as I have already mentioned, I have launched Anti-spitting campaign and we have already installed Spit Basins in near about 25 villages in Maharashtra under my NGO and it so happened last year that when I visited Himachal Pradesh for a trek, the severity of drug and alcohol addiction there caught my attention which led to this serious Mission De-addiction!

4) Tell us about your experiences with patients during the process of deaddiction-both alcohol & drug de-addiction.

It is a serious job and an art to deal with addicts, as the major issue is of denial. The task is half accomplished when they accept that they are addicted and need help to recover. The family members have to be extremely supportive and patient. And of course for admission and treatment at a treatment and rehabilitation centre, they need to have basic financial backing. To convince them for one out patient department (OPD) visit or getting familiar with Alcohol Anonymous (AA) Meetings is also a strenuous task, forget about admission! I normally start with basic counselling of the person who is in need of help and keep the accompanying person or family member in the loop. The help of the supporting person can make the treatment quick and effective.

When I reached Kenya and decided to visit a rehab, my anxiety was at its peak as I stood at the gate talking to the security guard! I knew that the drug menace was very high in Kenya and those who are in withdrawal and undergoing a detox process are kept in strong

rooms as they could be violent. Yet, for a fleeting moment I was anxious, wondering what if some client who is unhappy about being held inside decides to charge at me or harm me? But as I said it was a fraction of a moment and I soon walked past some of the clients unhesitatingly, completely confident and compassionate. Some of them who were sitting around a tree with cups of tea, greeted me and I responded with a smile and namaste! Soon they all wanted to talk to me and share their woes.

One morning, a newly admitted client who was high on marijuana insisted on talking to me, and I was told to do the counselling under a tree, in the open. I felt a bit uncomfortable about doing it under the tree and the counsellor on duty at the rehab offered to let me use one of the offices. As he led me to it, he ensured that my chair was near the door and the client was to sit inside closer to the wall. The office door was kept open and soon it struck me that this was for me to be able to leave instantly if I felt threatened. Relapse is very common in recovering addicts. Once a lady who had relapsed on alcohol addiction was secretive about the cause and was giving evasive answers to the rehab counsellor but opened up with me and shared her fertility problem which according to her was the reason for her relapse.

So many such instances to share!

5) Do you think that drug addiction is a major upcoming issue in our country?

Yes indeed! Drug addictions have reached an alarming level and unless the government implements the law strictly and the masses take it seriously this is going to explode one day!

It is a time bomb which is ticking away fast. To diffuse it we need to join hands and control this menace.

I think I have already stated that the immediate trigger for my Mission De-addiction was the drug and alcohol addiction problem in Himachal Pradesh and Sikkim.

Parents who are busy with their life tend to compensate by giving unreasonable amount of money to their children and never expect them to be accountable for it. This is true across all socio-economical stratas and that is a serious concern! Recently a racket was unearthed in Karnataka where chocolates laced with drugs were sold outside schools, each costing Rs. 20. Parents observed that children's behaviour was getting a bit weird and they were insisting on buying the same chocolate every time which made them suspicious and police complaint was lodged. It was found that they were made in Uttar Pradesh. Now this is something that we need to check on a war footing as chocolate is liked by people of all age groups.

I repeat that drug abuse has already reached an alarming level and needs a massive crackdown with severe punishment and penalties.

6) Do you think opioid addiction, narcotic abuse, Ketamine addiction are now becoming common in India as in other countries?

Narcotic drugs and Ketamine abuse is nothing new. This has been more amongst medics and para medics. Some memories around it are so vivid and painful as I have seen few colleagues and nursing assistants who were addicted to Fortwin (Pentazocine) and Halothane in those days when we did not have the current inhalation agents. 23 years ago there was a middle aged female who would pass by our hospital reception every day to check whether someone would prescribe or inject Injection Fortwin for her and when refused she would aimlessly roam around the premises in her night dress. She was from an affluent family, but unfortunately her family had no concern for her.

In January 2023 there was a shocking news from USA saying that a veterinary tranquiliser called xylazine was infiltrating street drugs. It was added to Fentanyl for enhancing its bulk

and effect. It deepened addiction and caused blisters on the skin which would blacken and cause gangrene, so severe that some landed in amputations. It is called Zombie Drug. The authorities acted on this immediately to curb its use. Thus, even as we speak of substance abuse, there could be some new threat to mankind.

As per the Comprehensive National Survey on Extent and Pattern of Substance Use in India conducted in 2018, the estimated number of users of Opioids between age 10-17 years is about 40,00,000 and between 18-75 years, it is 1,86,44,000! Figures of other substances are also shocking and rising since then. Government launched a Nasha Mukta Bharat Abhiyan in 272 most vulnerable districts in August 2020! Incidentally I had the privilege of being a part of two such events in Sikkim. estimated number of users of Opioids between age 10-17 years is about 40,00,000 and between 18-75 it is 1,86,44,000! Figures of other substances are also shocking and rising since then. Government launched a Nasha Mukta Bharat Abhiyan in 272 most vulnerable districts in August 2020! Incidentally I had the privilege of being a part of two such events in Sikkim.

7) What are the various strategies that you adopt for de-addiction?

The most important of the various strategies that I adopt for de-addiction is to reach out to children across India and around the world to discuss this issue. There is absolutely no point in shielding kids from this information, rather I believe that if children are well informed about substance abuse they will certainly save themselves from it and also help the adults in their family and society to recover. It is crucial to save our kids from the trauma of being trapped in addictions. I reach out to schools and colleges to conduct interactive sessions on this topic. I explain everything starting from tobacco which according to many is not a big deal and feel that they can consume it anytime

and in any place.

There are “No Smoking Zones” but for people who use tobacco and gutkha, there are no restrictions except, may be a few signs like ‘Do Not Spit’. This social acceptance of certain substances is the main cause of enhanced substance abuse in the society.

To deal with this, I reach out not only to children but target industrial workers, officers, media personnel, drivers, daily wage labourers, and also womenfolk! Addictions have transcended the age, sex, rural, urban, socioeconomic and nationality barriers!

I am conducting online sessions all across India and in Africa. I am reaching out in person of course, to as many places as possible.

I talk to everyone I come across about the importance of health and why it is indispensable to understand the hazards of substance abuse and categorically staying away from all such substances! I am doing it to an extent that even on my family vacations I club these activities in my itinerary! This is because I am certain about my Mission and the path that I have chosen.

I help anyone and everyone to reach counsellors, AA meetings, treatment and rehabilitation programmes and relapse prevention efforts.

I had a pleasant surprise in Kenya when a WhatsApp group was formed and I was added to it by a group of medical students who were in to a variety of substance abuse and wanted help to recover from it. This gave me further hope and encouragement while I was already giving voluntary services to a Treatment and Rehabilitation centre in Kenya.

8) How successful have you been so far in de-addiction?

If you ask me about success, I firmly believe that anybody who sets earnestly on a path for a cause, giving 100% efforts and with utmost sincerity is already on a successful journey! It is an ongoing process.

It is difficult to quantify but every child who

surrenders his tobacco pouch, every driver who discards his gutkha packet, every pedestrian who drops his tobacco or cigarette at my request is my reward!

One cannot count success, there is no measure to count success, no number of awards can prove success, no amount of media publicity can prove success! It lies within the heart and mind of the crusader.

9) What exactly do you do for gender sensitisation?

For ‘Gender Sensitisation’, I started visiting the antenatal and postnatal wards of the Municipal Hospitals with my NGO members once a month for mass counselling since October 2012, and this has continued ceaselessly till now. It is an ongoing project where we welcome the newborn baby girls and boost the self-confidence of the mothers, while driving the point of Gender Equality. We are not feminists, and we are not women’s liberation activists. I have trained my members to understand Gender Equality in the real sense and thus counsel different sections of society towards a better world.

I have personally conducted over 1000 interactive sessions on Gender Sensitisation, again a majority of them in schools and colleges apart from various other organisations like Rotary, Corporate offices, Women’s organisations etc., where I am invited to speak on this topic, very dear to my heart. While talking on this topic, I stress on importance of educating the girl child and opposing the tradition of Dowry and also exchange of expensive gifts. I educate girls and boys equally about this social menace and that they should together fight this social monster.

10) What kind of poetry do you write?

Poetry means emotions, poetry means pure thoughts, poetry means honest expression, poetry is catharsis. This is what poetry is to me.

I have written about everything that touches my soul, about every such instance that reminds me of the essence of life! I have pointedly never written about politics, but my poems revolve mainly around nature, kids, tender emotions, spirituality and such topics. I believe poetry has to flow out spontaneously and should never be written as a task! I write in English, Marathi, Hindi-Urdu. I have three Poetry books published and one more book of English Poetry is in the pipeline.

11) Do you think gender inequality is a cause for concern in India in current times?

Even today so many of my friends are one of the five sisters or one of the four sisters! And I feel that they have suffered in silence! It is quite obvious that the girls were born with a secret wish of having a son. Some couples stop after five or six daughters, some choose the unlawful means for sex determination (sad part is the families go unpunished). Every news article of a murder or a suicide or kidnapping for not getting a son makes me feel sick. Around our Independence Day celebration this year on 7th August, a boy was kidnapped from a waiting room at Kalyan railway station near Mumbai by a man who admitted his crime and said he did it because he did not have a son and he is a father of four girls! We are in the twenty first century and it is 'Azaadi ka Amrut Mahotsav' for India, but for me it will be a Mahotsav in true sense when every girl child is received without bias and unadulterated love!

12) What is your advice to the youth & young anaesthesiologists of today?

I request the youth with folded hands to stay away from substance abuse, come what may and understand gender equality in the true sense. All of us need to love ourselves while respecting every other human being! It takes courage and clarity to choose a path of honesty and compassion, to walk away from bad influences, and to say a loud "No" to bad things/bad ideas!

Our worldly pursuits must be firmly anchored to spiritual truth. We need to understand the difference between reality and fantasies. We need to inculcate values and qualities like empathy and humility while ascending the ladder of success and prosperity!

For my anaesthesiologist colleagues, I will just add one thing, Ethical and best practice in Medicine is the only way to improve the Doctor-Patient Relationship!

I express my heartfelt gratitude towards the ISA, Dr. Sukhminder Bajwa, Honorary Secretary ISA National and the entire Editorial team of 'Vapour' for giving me this opportunity to speak to our ISA members through this interview.

I need your blessings and support to give me the strength and determination to stay on the path that I have chosen.

That was indeed quite inspiring.

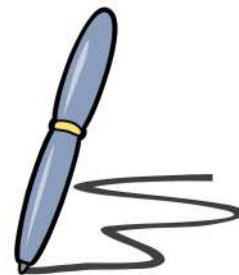
Thank You!

Editorial Team, VAPOUR





INVITATION TO CONTRIBUTE



‘Vapour’, the official newsletter of the Indian Society of Anaesthesiologists invites contribution of articles originally written by ISA members (Life and associate). The articles can be in the form of interesting case reports for discussion, articles on topics of current clinical relevance, photo-essays, articles on medicolegal /health/ financial/extracurricular issues of interest to the anaesthesiologists. Original literary works such as poems, funny cartoons or paintings on topics of anaesthesia are also welcome. Information about extraordinary achievements /experiences of ISA members, book publication can be sent.

The articles should be brief and written in font Times New Roman 12-14 size and presented in Microsoft office word document (rtf/doc files). Plagiarism and violation of copyrights should be strictly avoided. The articles should be e-mailed to isanhqvapour@yahoo.com with a covering letter addressed to the Honorary Secretary ISA National.

Dr Sukhminder Jit Singh Bajwa

Honorary Secretary ISA National & Editor-in-Chief

VAPOUR

(The official newsletter of the ISA National)

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