Bhaarath
MEDICAL COLLEGE & HOSPITAL

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BIHER
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# BHAARATH MEDICAL COLLEGE AND HOSPITAL

## BHAARATH MEDI NEWS

JANUARY - 2026


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## BMCH IT Wing

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# ACHIEVEMENTS

# TRANSFORMING LIVES THROUGH KIDNEY TRANSPLANTATION

Our hospital's Organ Transplant Program has been a beacon of hope for patients with end-stage kidney disease, offering a new lease on life through successful kidney transplantation. Since the inception of our kidney transplant services in 2023, the program has steadily grown in expertise, infrastructure, and outcomes.

We are proud to perform both living donor and deceased donor kidney transplants, adhering to the highest standards of safety, ethics, and clinical excellence. Each transplant reflects the spirit of generosity from donors and the tireless dedication of our multidisciplinary transplant team.

Program Highlights

- 2025 Achievements:
- 3 Living Donor Kidney Transplants
- 3 Deceased Donor Kidney Transplants
- 2 Organ Retrievals, supporting the broader transplant network and giving multiple patients a second chance at life

- January 2026 Milestone:
- 1 Successful Living Donor Kidney Transplant, marking a strong start to the year

Our transplant program is supported by experienced nephrologists, transplant surgeons, anesthetists, intensivists, transplant coordinators, and nursing teams who work seamlessly to ensure optimal patient care from evaluation to long-term follow-up.

Beyond surgery, the program emphasizes:

- Thorough donor and recipient evaluation
- Ethical and transparent allocation practices
- Lifelong post-transplant care and counseling
- Public awareness about the importance of organ donation

Every successful transplant is more than a medical procedure—it is a story of compassion, teamwork, and renewed life. We extend our heartfelt gratitude to donors and their families for their selfless contributions, and to our hospital management for continuously supporting the growth of this lifesaving program.

Together, we continue to give the gift of life and hope for a healthier tomorrow.

# ADVANCING CARDIAC CARE: CATH LAB MILESTONES IN 2025–2026

Our hospital's Cardiac Catheterization Laboratory (Cath Lab) continues to play a pivotal role in delivering timely, life-saving cardiac care. Equipped with modern technology and supported by a skilled multidisciplinary team, the Cath Lab has significantly expanded its services and impact over the past year.

In 2025, the Cath Lab successfully performed 285 coronary procedures, reflecting the growing trust patients place in our cardiac services and the efficiency of our clinical pathways.

Building on this momentum, January 2026 alone witnessed a high volume of interventions, including:

- 31 CAGs (Coronary Angiographies) – diagnostic procedures that visualize blood flow in the coronary arteries to detect blockages.
- 11 PTCAs (Percutaneous Transluminal Coronary Angioplasties) – minimally invasive procedures to open narrowed or blocked coronary arteries and restore blood flow.
- 3 CABGs (Coronary Artery Bypass Grafts) – surgical procedures that create alternate pathways for blood to flow to the heart muscle when arteries are severely blocked.

These numbers highlight not just procedural volume, but our commitment to early diagnosis, prompt intervention, and comprehensive cardiac care. Each case represents coordinated teamwork between cardiologists, cardiothoracic surgeons, anesthetists, nurses, and technicians working together to ensure optimal outcomes.

Our Cath Lab remains dedicated to:

- Rapid response in cardiac emergencies
- Evidence-based interventional care
- Patient-centered treatment planning
- Continuous quality improvement

As we move forward, the department aims to further strengthen preventive cardiology, community awareness, and advanced interventional capabilities. We thank our management and the entire cardiac team for their unwavering support in making these achievements possible.

Healthy hearts, stronger lives — our mission continues.

# BHAARATH MEDICAL COLLEGE & HOSPITAL – NABH READINESS AND ACCREDITATION INITIATIVE

Bhaarath Medical College & Hospital is a comprehensive teaching-cum-clinical healthcare institution located in Selaiyur, Chennai. It operates under the umbrella of Bharath Institute of Higher Education and Research and is recognised by the National Medical Commission for its medical education programmes. The institution also holds an 'A' grade accreditation from NAAC, indicating academic quality and institutional strength.

With a vision to provide world-class healthcare and education, the hospital is expanding its clinical services and infrastructure positioning itself among the largest private healthcare providers in the region.

## Objective of NABH Accreditation

The National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of the Quality Council of India (QCI) that sets stringent quality and patient safety standards for healthcare organizations nationwide. Accreditation from NABH signifies excellence across clinical care, patient safety, governance, processes, documentation, and continuous quality improvement.

For Bhaarath Medical College & Hospital, NABH accreditation aligns with its strategic goals of enhancing healthcare quality, improving patient outcomes, and benchmarking its services against national and international standards.

Strategic Preparation for NABH Assessment

1. Leadership & Governance Alignment

The hospital leadership has constituted a NABH Steering Committee to guide the accreditation journey, involving senior clinicians, managers, nursing leaders, and administrative heads.
This team is responsible for policy approval, resource allocation, and monitoring overall accreditation progress.

2. Gap Analysis & Standards Mapping

A comprehensive gap assessment is underway to compare current practices against NABH standards and identify areas needing enhancement.

All departments are evaluating workflows, evidence-based protocols, patient management systems, and documentation practices.

3. Documentation & Standard Operating Procedures (SOPs)

Drafting and implementation of hospital-wide SOPs that comply with the NABH framework for clinical care, infection control, medication management, and emergency response.
Creation of structured policies and departmental manuals to support consistent, auditable, and traceable processes.

4. Quality & Patient Safety Initiatives

Strengthening incident reporting systems, root-cause analysis (RCA) practices, and safety checklists.
Training staff on Infection control protocols, risk management, patient rights, informed consent, and surgical safety checklists.
Regular mock drills and peer reviews to reinforce readiness across all service areas.

5. Staff Training and Workforce Development

Ongoing accreditation awareness sessions and specialised training programs tailored for doctors, nurses, managers, and support staff.
Emphasis on competency development for documentation accuracy, patient interaction standards, and quality improvement methodologies.

6.Infrastructure & Facility Upgradation

Ensuring that clinical facilities, emergency services, ICU setups, diagnostic departments, CSSD (Central Sterilization Services Department), and inpatient care units meet NABH requirements.
Focus on patient-friendly environments, safety signage, accessibility, and facility cleanliness aligned with quality benchmarks.

7.Mock Surveys and Continuous Monitoring

Conducting periodic internal mock surveys to emulate NABH assessment conditions.
Departments are participating in tracer methodology exercises, compliance audits, and corrective action planning.

## Expected Outcomes Post-Accreditation

Enhanced quality of patient care and clinical governance through systematic process standardisation.
Improved patient safety and satisfaction, with robust feedback mechanisms and risk reduction strategies.
Recognition and trust among patients, insurers, and healthcare partners, potentially expanding empanelment and insurance coverage.

Professional development for clinical and administrative staff via standardized procedures and performance measurement.
Greater visibility for research, academic excellence, and healthcare innovation in alignment with global healthcare quality standards.

Conclusion

The journey towards NABH assessment and accreditation reflects Bhaarath Medical College & Hospital's commitment to transforming its healthcare delivery model into one of the highest quality benchmarks in India. With structured frameworks, strong leadership, comprehensive preparation, and a patient-centred ethos, the institution is poised to meet and uphold the rigorous requirements of NABH, ensuring sustainable quality improvement and safe clinical outcomes.

# CELEBRATIONS

# PONGAL 2026

A Vibrant Harvest Festival: Pongal Celebrations Bring Warmth and Tradition to Bhaarath Medical College and Hospital, Selayur, Chennai.


Bhaarath Medical College and Hospital resonated with the spirit of thanksgiving and joy as the student community came together to celebrate the auspicious harvest festival of **Pongal** on 10/01/2026, Organized by the Department of Forensic Medicine the celebrations were a colorful tapestry of traditional rituals, cultural performances, and communal feasting, highlighting the rich agrarian heritage of Tamil culture.

## The Festive Ambiance:

The venue was transformed into a festive hub, adorned with beautiful "kolam" (rangoli) designs at the entrance, sugarcane stalks, and traditional clay pots ("mann paanai"). The air was filled with the enticing aroma of the special Pongal dish being prepared, creating an atmosphere of warmth and anticipation.

## HIGHLIGHTS OF THE CELEBRATION:

### 1. Traditional Pongal Cooking:

The heart of the celebration was the symbolic cooking of the "Sakkarai Pongal" (sweet rice dish). Students, dressed in traditional attire, gathered around the decorated pot as it was placed on a firewood stove. The joyous moment of the milk boiling over ("Pongalo Pongal!") was met with cheers and applause, signifying prosperity and abundance for the year ahead.

## 2. Cultural Extravaganza:

The stage came alive with a series of captivating performances. Energetic dances by students showcased traditional art forms. Soulful renditions of Tamil songs and classical music added to the cultural richness. Traditional folk dances such as mayilattam, chandimelam was performed







### 3. Traditional Games & Competitions:

To add a fun, competitive edge, various traditional games were organized. Events like **"Uri Adithal"** (breaking the pot blindfolded), **"Tug of War"** ("Vadam Valai"), and **"Kolam" competitions** saw enthusiastic participation, fostering teamwork and laughter.

## 4. Inclusivity and Learning:

The event was marked by its inclusivity, with students from all regions and backgrounds actively participating. A brief explanation of the **four days of Pongal** (Bhogi, Thai Pongal, Maattu Pongal, Kaanum Pongal) was shared, making it an educational experience for everyone.



## 5. AWARD PRESENTATION:

The event was concluded by award presentation honorable Dr.S.Shwetha Sundeep Aanand managing director,BIHER and JL Sri Rashika chairperson,BIHER

The Pongal celebrations at Bhaarath Medical College and Hospital were a resounding success, beautifully blending reverence for tradition with youthful exuberance. It was more than just a festival; it was a celebration of gratitude for nature's bounty, a showcase of cultural pride, and a testament to the college's vibrant, multicultural spirit. The event left everyone with sweet memories, a sense of community, and wishes for a year filled with growth and success—much like the overflowing Pongal pot.

A special note of thanks to the organizing committee, faculty advisors, all participating students, performers, and support staff for their dedication in making this celebration a memorable one.

**"Pongalo Pongal!"**

# REPUBLIC DAY CELEBRATION

The Department of Anatomy organized the Republic day celebration this year. The function was presided over by the Dean Ma'am, Dr. Rajashree and the CEO Sir, Dr. Thanigai Vendhan along with our Vice principals Madams', Dr. Vijayamalathi and Dr. SreeRanjani. After the unfurling our national flag by our chief guest, the Dignitaries in the dias addressed the gathering following by the vote of thanks by Dr. Kafeel Hussain, Professor and Head, Department of Anatomy.




This was followed by cultural performances from all over India by our MBBS students and nursing college students.The theme of this year's republic day being, 150 years of Vandematram was celebrated during the cultural events The Programme came to a conclusion with the National Anthem.


# OUTREACH PROGRAM

# HEALTH CAMP - ACCORD HOTEL

A health camp was organized for the staff of Accord Hotel Teynampet by the staff of Bhaarath medical college and hospital in association with the IMA BMCH branch. It was a screening camp which was conducted for four days from 28.01.2026 to 31.01.2026. Around 350 to 400 staff of the hotel benefitted from this camp. Complete health screening was done by the doctors and counselling for the health condition was given.



# BLOOD DONATION CAMP REPORT 2026

PLACE: L & T Metro Rail Construction Labour Colony, Chemmanchery
DATE: 31/01/26

A blood donation camp was successfully conducted on 31st January 2026 at the L&T Metro Rail Construction Labour Colony, Chemmanchery, Chennai, organised by Vaazhvoli Trust. The camp witnessed active participation from the labour community, with many voluntary donors coming forward to donate blood. The programme aimed to promote awareness about the importance of voluntary blood donation and to support local blood bank requirements.




# HEALTH CAMP - SSM NAGAR

The IMA Selaiyur Bhaarath Medical college and hospital branch organized a health camp for the residents of SSM nagar. Around 115 residents benefitted from this camp. Basic health assessment and recoding of vitals was done.

# FAMILY ADOPTION PROGRAM MEDICAL CAMP

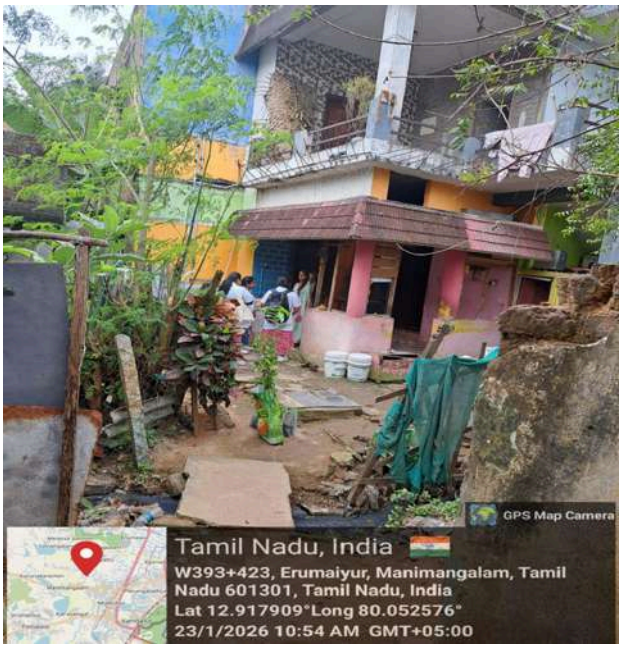
The Family Adoption Program Medical Camp for 2024 – 25 MBBS Batch was conducted on 03rd January 2026, provided students with experiential learning in community health service delivery. Active involvement in planning, mobilization, screening, and health education enabled students to integrate theoretical knowledge with practical public health practice. The camp strengthened community trust, improved access to basic health services, and reinforced the role of medical students as future first-contact physicians committed to community-oriented care




# PLANTATION DRIVE

The Plantation Drive and Health Education was successfully conducted by First year MBBS students (2025 – 26 Batch) on 23rd January 2026& 31st January 2026, achieving its objectives of promoting environmental conservation, sustainability, and health awareness. Students gained practical experience in community engagement, health education, and environmental promotion. The event reinforced the importance of individual actions in protecting the environment and promoting public health.






**Visit to Govt. Hospital of Thoracic Medicine, Tambaram** - 2023-2024 MBBS- B Batch students visited the **TB Sanatorium** on **21.01.2026** as part of their field-based learning, gaining first-hand exposure to tuberculosis care, control measures, and patient management services.



**Interns from Community Medicine department of Bhaarath Medical College and Hospital participated in fever screening camp conducted by Kulakarai PHC ON 31/1/2026.**


31.01.2026 தினகரன் சென்னை

சிறப்பு மருத்துவ முகாம்

தாம்பரம்

தாம்பரம் மாநகராட்சி 23வது வார்டுக்கு உட்பட்ட பஜனை கோயில் தெருவில், தமிழக அரசு சார்பில், காய்ச்சல் தடுப்பு சிறப்பு மருத்துவ முகாம் நேற்று நடந்தது. இதில், ஏராளமானோர் பங்கேற்றனர்.

# PROGRAMS AND EVENTS

# DEPARTMENT OF ANATOMY

The Department of Anatomy had organized a CME on the topic **“INFERTILITY: BREAKING THE BARRIERS”** in association with the IMA, Selaiyur branch on 19.01.2026. Two speakers were invited to deliver guest lectures. The first guest lecture was delivered by **Dr. INDHUMATHI MBBS MS , Professor,** Department of Anatomy, Panimalar Medical College Hospital & Research Institute on the topic **“Embryological perspective on infertility”.** Two Credit hours was awarded for the program from TNMC.


The second guest lecture was delivered by **Dr. PUVITHRA THANIKACHALAM** MBBS, DNB(OG), FRMA, FCSM, Senior Consultant Fertility Specialist, Andrologist & HOD Chettinad Fertility Services on the topic “Basics of infertility & Assisted Reproduction”.

Tamil Nadu Medical Council

No. 959 & 960, Poonamallee High Road, Purasaiwakkam,
Chennai, Tamil Nadu, India - 600 084.
https://tamilnadumedicalcouncil.org

Continuing Medical Education Certificate

Infertility:Unlocking The Barriers

on 19 Jan, 2026 (1 Day)

Conducted by

Bhaarath Medical College And Hospital, Chennai

Program venue

College complex I, Bharath medical college, Selaiyur, Chennai, Tamil Nadu, India-600073

This institute activity has been reviewed, accredited, and it has been awarded

2
Credit Hours*

* One additional credit hour will be awarded to the Speakers and Observer

Live Surgical Demonstrations shall strictly comply with the norms prescribed by the National Medical Commission. Any deviation will be treated as a serious violation.

Dr. A. Senthil Vadivu
REGISTRAR

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Awarded On
23 Dec, 2025

# STUDENT ENRICHMENT PROGRAMS

Student Enrichment Programme comprising of debate competition, rangoli competition and body painting competition were held on 19.1.2026, which were judged by various faculties from the college and hospital. The prize winners were awarded withcertificates, trophies and books.

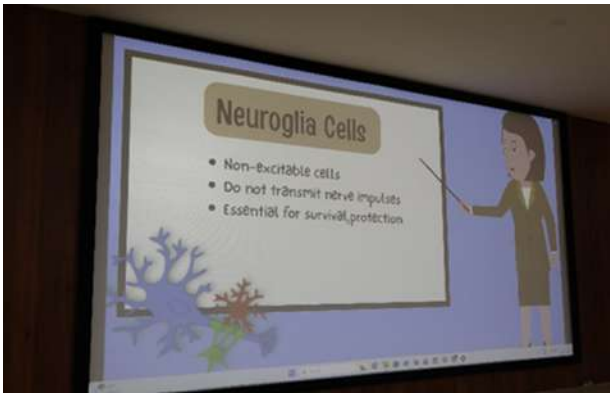

# PHYSIOTALK'26 - PHYSIOLOGY

The year 2026 commenced with significant academic activities, marked by scholarly engagement, student creativity, and notable achievements.

The department organized the first guest lecture of the year PHYSIOTALK'26 on the topic "Glia – The Silent Architects of CNS" delivered by Dr. Semmal Syed Meerasa – International visiting scholar from Shaqra University, Saudi Arabia. The session was graced by the presence of the Dean, Vice-Principal (Student affairs), and faculty members from the Departments of Anatomy and Biochemistry. The lecture highlighted the underappreciated role of neuroglial cells in maintaining neural homeostasis, synaptic modulation, metabolic support, and neuroprotection. Dr. Semmal skillfully explained recent advances in glial biology, emphasizing their involvement in neurological disorders helping students connect basic physiology with clinical medicine. The talk proved to be intellectually enriching and inspired deeper interest among students towards learning neurophysiology.



Following the guest lecture, a Student Enrichment Programme in the form of an animation competition titled "Neuroglimation'26" was conducted on the theme Neuroglia. Around 10 student teams actively participated. The animations were screened for the audience and evaluated by the Chief Guest and Dr. Hannah Sugirthabai Rajila, Professor of Anatomy, Bhaarath Medical College and Hospital. Winners were honored with trophies and certificates were presented to all the participants.




Adding to the month's achievements, Dr. Latha, Professor & Head of the Department, brought laurels to the institution by securing First Prize in the poster competition at the DEEPAM MEDCON, organized by Government Tiruvannamalai Medical College on 23rd & 24th January 2026. This accomplishment reflects the department's strong academic and research orientation.

Overall, January stood out as a month of academic excellence, student engagement, and professional recognition.

# MARTYR'S DAY

**Martyr's day commemoration**

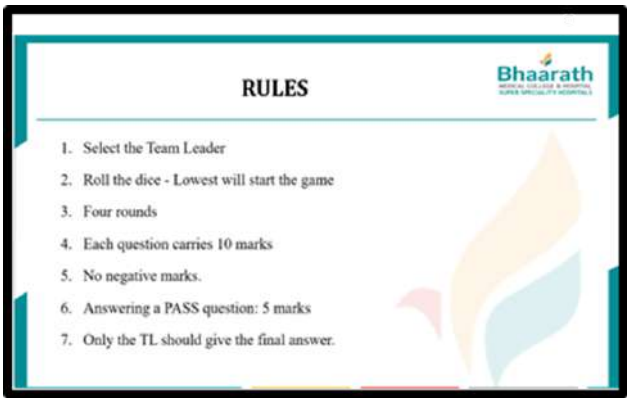
On 30/1/2026 we commemorated Martyr's day (Shaheed Divas) as a day to honor Mahatma Gandhiji and his Legacy of Non-Violence and sacrifice of our freedom fighters. So we the **IMA Selaiyur BMCH** branch in association with all Doctors, Nursing staff, non-medical staff and all medical CRRI'S gathered in front of our hospital premises to stand and observe 1 minute silence followed by Oath taking. Also we had lighted candles in the hospital premises evening between 7.00-8.00pm to commemorate the COVID MARTYR'S



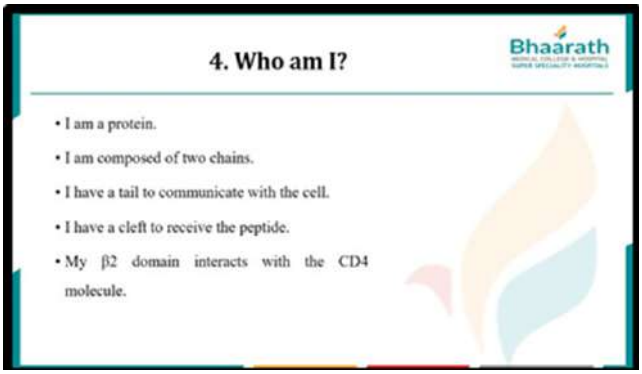

# STUDENT ENRICHMENT PROGRAM

As a part of Student Enrichment Program, the **Department of Microbiology** conducted a quiz competition for MBBS Undergraduate students on 31st January, 2026. The quiz comprised of four rounds. The students participated enthusiastically in the quiz, and Team 'A' won the title.

Dr. Shaweez Fathima. S, Faculty of Department of Microbiology, Bhaarath Medical College and Hospital, received training on Infection Prevention Control audits in various high risk areas which included Cath Lab, Endoscopy units, and Dialysis units conducted by Rela Institute, Chennai with title "IPClinMic – 2026" on 30th January 2026








# STRESS MANAGEMENT FOR EDUCATORS

Dr Varsha Viswanathan, **Dept. of psychiatry**

Teaching is often described as a noble profession, but it is also one of the most emotionally demanding. I had the opportunity this month to address the teachers of an Armed Forces School on the topic of **stress management**, focusing on the unique challenges faced by educators and practical ways to maintain psychological well-being.

Teachers play a pivotal role not only in academic instruction but also in shaping emotional resilience, discipline, and values in students. In Armed Forces schools, this responsibility is even greater, as teachers support children who may experience frequent relocations, parental absence due to postings and heightened expectations of discipline and performance. These factors, combined with routine academic pressures, can contribute to significant occupational stress.

A key message of the talk was that **self-care is not a luxury but a professional responsibility.** Teachers who care for their own mental health are better equipped to support their students. Simple acts such as setting boundaries, engaging in enjoyable activities and taking regular breaks can have a profound impact on overall well-being.

The session began with a discussion on stress as a **normal and universal response,** emphasizing that experiencing stress does not reflect personal or professional inadequacy. Key stressors commonly faced by teachers' time constraints, classroom management challenges, work life imbalance and performance expectations were openly acknowledged. This helped normalize their experiences and encouraged teachers to reflect on their own mental well-being without stigma.

Teachers were encouraged to seek professional support if stress becomes persistent, overwhelming or begins to affect daily functioning. Early intervention can prevent long-term mental health issues and promote sustained professional fulfilment.

The interaction with the teachers was marked by openness, reflection and active participation, underscoring the growing awareness of mental health in educational settings. Promoting mental well-being among educators ultimately benefits not only teachers themselves but also students, institutions, and society at large.

An encouraging outcome of the program was the increased willingness among teachers to seek professional help. Following the session, a few teachers independently visited the **Psychiatry Outpatient Department** for evaluation and management of stress-related and other psychiatric concerns. This reflects growing awareness, reduced stigma and the effectiveness of mental health outreach in educational settings which was a key target of the session.

Supporting teachers' mental well-being ultimately strengthens the educational system and positively impacts students and institutions like ours. By creating awareness and encouraging help-seeking, the session marked a meaningful step toward fostering resilience and psychological well-being among educators.

# GUEST LECTURE ON STRESS MANAGEMENT

**IMA Selaiyur Bhaarath medical college and hospital branch** in association with Nestle India conducted a guest lecture on stress management for the non-medical frontline workers of the hospital. Around 50 staffs attended the program. The inaugural address was given by Respected Dean of the institute Prof Dr Rajshree. She welcomed the guest speaker Mrs Priya Ganesh - a motivational speaker. Mrs Priya delivered an engaging session on the topic ,involving the participants who participated enthusiastically. The causes of stress and various coping mechanisms and strategies were discussed in detail in this enthralling session. The vote of thanks was given by Dr Arulraj , Consultant Pediatrics department.


# BIOCHEMISTRY HIGHLIGHTS: A MONTH JANUARY 2026 IN REVIEW

The Metabolic Maze Crossword Puzzle Quiz Competition was conducted by the Department of Biochemistry, Bhaarath Medical College and Hospital, on 23rd and 31st January 2026 with the objective of enhancing students' understanding of metabolic pathways in an engaging and interactive manner. The competition was organized for undergraduate students, who were divided into groups comprising 15 students in each team, encouraging teamwork, critical thinking, and collaborative learning. Through a well-designed crossword puzzle format, students applied their conceptual knowledge of biochemistry to solve clinically and academically relevant questions. The event generated enthusiastic participation and a healthy spirit of competition, making the learning process enjoyable while reinforcing core biochemical concepts beyond routine classroom teaching.



# Early Clinical Exposure on Diabetes Mellitus



An Early Clinical Exposure (ECE) session on the topic Diabetes Mellitus was conducted on 30 January 2026 for First MBBS students by the clinical faculty of the Department of Biochemistry, Bhaarath Medical College and Hospital. The session aimed to bridge the gap between basic biochemical concepts and their clinical application, thereby enhancing students' understanding of the disease from an early stage of medical education.

During the program, students were introduced to the biochemical basis, pathophysiology, clinical features, diagnosis, and management of diabetes mellitus through interactive discussions and real-time clinical correlation. The faculty emphasized the importance of early diagnosis, metabolic control, and lifestyle modification in the prevention of complications.

The session was well received by the students and successfully reinforced the relevance of biochemistry in clinical practice, making the learning experience meaningful and engaging.

# ANAESTHESIA

## SKILL BASED TRAINING

A skill based training by IRCF was conducted for Allied health science students on 21st & 22nd January 2026 at skill lab Bhaarath medical college and research institute.

Basic life support and Orientation lecture with hands on workshop

Pre and post assessment tests were conducted based on the results of which certificates were issued. The program was started with the welcome address delivered by our beloved head of the department Dr. Sree Ranjani. A comprehensive explanation was given regarding the importance of basic life support inside health care system and outside hospital. The resuscitation guidelines of basic cardiopulmonary life support for the management of adult & pediatric victims with cardiopulmonary arrest outside the hospital were discussed. Paediatric & Adult choking management was also taught.



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Chennai,Tamil Nadu,India
2nd Street, Selaiyur, Chennai, Tamil Nadu 600073, India
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# FACULTY CORNER

**Dr. M. Meenakshi,** Assistant Professor , Department of Anatomy,BMCH received the Best Paper Award for oral presentation at the International Stem Cell Research Conference – SSSANATCON 2026, held from 23rd to 25th January 2026. The conference was organized by the Department of Anatomy, Shri Sathya Sai Medical College & Research Institute (SBV University), Chennai Campus.



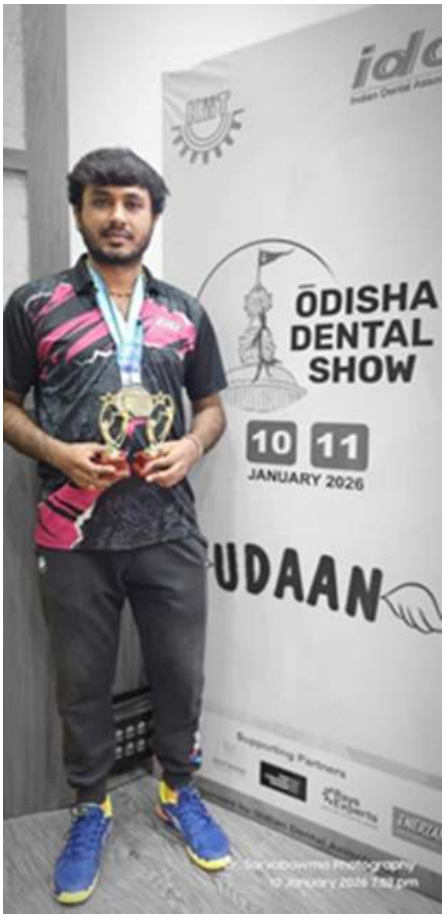
SHRI SATHYA SAI MEDICAL COLLEGE & RI
SBV Chennai Campus, Shri Sathya Sai Nagar Ammapettai 603108

DEPARTMENT OF ANATOMY
CERTIFICATE OF APPRECIATION
SSSANATCON- JAN 2026

This is to certify that Dr/Mr/Ms M. MEENAKSHI has participated in ORAL PRESENTATION – BEST PAPER, International Stem Cell Research Conference, SSSANATCON 26 held from 23/01/2026 -25/01/26 conducted by the Department of Anatomy, Shri Sathya Sai Medical College& Research Institute.,SBVU Chennai Campus.

PROF & HOD ANATOMY | DEAN, SSSMCRI | ORGANISING SECRETARY

**Dr.Kishok Rajkumar,** MDS, Assistant Professor, Department Of Dental Surgery, achieved a remarkable double victory at the All India Sports Dental Summit 2026, held at KIIT Deemed to be University, Bhubaneswar, Odisha, by securing first place in both Table Tennis Singles and Doubles events.His exceptional performance highlights a commendable balance of sporting excellence alongside professional dedication,bringing pride to our prestigious institution.




**Dr. Muthukumar T,** Professor, Department of Community Medicine, Bhaarath Medical College and Hospital, successfully completed the ACME (Advanced Course in Medical Education) during the academic year 2025–2026, conducted by Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai. ACME Project title: Effectiveness of Using Standardized Patients for Communication Skill Assessment among Medical Undergraduate Students

004 /ACME-2024 & 015

ADVANCE COURSE IN MEDICAL EDUCATION

CERTIFICATE OF COMPLETION

This is to certify that Dr. Muthukumar T.,

bearing registration number 92749 of Tamil Nadu Medical council,

from Bhaarathi Medical College, and Hospital Chennai - 600073

has successfully completed a Project based Advance Course in Medical Education

conducted by NMC Nodal Centre SRMC & RI, Porur, Chennai - 600116.

Convener Nodal centre
Date 19.06.2025

Dean/ Principal
Date 19.06.2025

**Dr. Vanitha**, Associate Professor, Department of Community Medicine, Bhaarath Medical College and Hospital, successfully completed the ACME (Advanced Course in Medical Education) during the academic year 2025–2026 conducted by Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai. ACME Project title: Evaluation of Performance and Communication Skills in Undergraduate Medical Students through Direct Observation during Family Adoption Programs

SRI RAMACHANDRA
INSTITUTE OF HIGHER EDUCATION AND RESEARCH

Dr. LATHA RAVICHANDRAN
Convener- SRMC & RI, Nodal Centre
Dean – Education

Dr. R.KALPANA
Co-Convener-ACME

07.08.2025

TO WHOM IT MAY CONCERN

This is to certify that Dr. D. Vanitha, Associate Professor, Department of Community Medicine, Bhaarath Medical College and Hospital, No:173, Agaram Main Road, Selaiyur, Chennai-600073, has participated in the Second Contact Session of **Advance Course in Medical Education (ACME)** organised by the NMC Nodal Centre, Sri Ramachandra Medical College and Research Institute, Porur, Chennai – 600 116, Tamil Nadu from 05th to 07th August 2025.

Dr. R.Kalpana
Co-Convener – ACME
SRMC & RI, NMC Nodal Centre

Dr. Latha Ravichandran
Convener
SRMC & RI, NMC Nodal Centre

**Dr Kalaivani A**, Dr. Inba Raja A, Dr Ezhilarasan, Department of Community Medicine, Bhaarath Medical College and Hospital, participated in the CME on “Infertility: Unlocking Barriers” conducted by Bhaarath Medical College and Hospital on 19 Jan 2026

Tamil Nadu Medical Council

No. 959 & 960, Poonamallee High Road, Purasaiwakkam,
Chennai, Tamil Nadu, India - 600 084.
https://tamilnadumedicalcouncil.org

TNMC Reg. No:120753

Continuing Medical Education Certificate

Dr.Inba Raja, Alagesan

This is to certify that above mentioned medical practitioner has participated as Participant on

19 Jan, 2026
in the topic of

Infertility:Unlocking The Barriers

conducted by

Bhaarath Medical College And Hospital, Chennai

College complex I, Bharath medical college, Selaiyur, Chennai, Tamil Nadu, India-600073

This institute activity has been reviewed, accredited, and it has been awarded 2 credit hours.

2 Credit Hours*

Dr. A. Muruganathan
DESIGNATED MEMBER

Dr. A. Senthil Vadivu
REGISTRAR

C26911401

Please use this link to verify
https://www.tamilnadumedicalcouncil.org/verify/C26911401
or Scan the QR Code

Awarded On
05 Feb, 2026

**Dr. Zubaidabegum A**, Assistant Professor, attended the Prevencon26 Preconference Workshop on Systematic Review and Meta-analysis of Diagnostic Accuracy Studies, held on 7 January at Government Omandurar Medical College. The one-day workshop focused on key concepts, methodology, and hands-on training related to diagnostic accuracy studies and evidence synthesis.

# RESEARCH CORNER

1. Dr. Seshathri E. - Anti-Asthmatic Activity of Caesalpinia pulcherrima in Guinea Pigs. International Journal of Medical and Pharmaceutical Research. 2026 Jan;7(1):17-28
2. **Vidya DC, Kalaivani Annadurai, Rekha P.** Traces of Tobacco: A Silent Threat of Third-Hand Exposure in Children. International Journal of Preventive Medicine. 2026(accepted) (Scopus, Pubmed)
3. Reena Mohan, **Hemakairavi R.** Enhancing cancer knowledge among allied health care students in South India through cross-over teaching method. Journal of Clinical and Scientific Research. 2026 (accepted)
4. **Ezhilarasan Selvaraju,** Goel PK, Gour N, Kumar A. Malaria Prevention Knowledge and Practices Among Mothers of Under 5 Children in Rural Southern Haryana, India. Global J of Med and PH.2026 (Accepted)
5. Sourav Kumar Pattanayak, **Inba Raja Alagesan**, Sarnava Saha Ray, Suchetana Bhattacharyya, Tapobrata Guha Ray. Risk factors and awareness about non- communicable diseases among adolescents: A school based study in rural and urban areas of West Bengal. Preventive Medicine: Research & Reviews. (Accepted)

**Ongoing research projects (IEC approved projects)**

1.Dr Kalaivani. Dr Rekha, Dr Pragadeesh Raja, Dr Moien Khan. Clinical Reasoning Skills assessment among Final Year MBBS Students using Comprehensive Assessment Framework: A Multi-centric study. (with UAE University; Father Muller Medical College, Mangalore)

2.Dr Kalaivani. Development, Validation and Evaluation of teaching Medical Humanities for under-graduate Medical Students in Community Medicine through Learning Management System

3.Dr Rekha, Dr. Zubaida Begum, Dr Vidya, Dr Kalaivani. Evaluation of checklist based peer assessment of documentary videos on socio-cultural practices by undergraduate medical students – An Analytical cross sectional study.

4.Dr Rekha, Dr.Inbaraja. A, Dr. Zubaida Begum, Dr Kalaivani. A mixed method study on feedback, experiences, perceptions of third year undergraduate medical students on family adoption program – Three years' experiences

5.Dr.Inbaraja.A, Dr Rekha, Dr. Zubaida Begum, Dr Kalaivani. Assessment of Primary Health Centers (PHCs) based on Indian Public Health Standards (IPHS) 2022 and National Quality Assurance Standards (NQAS) in the field practice area of a tertiary medical college and hospital in Chennai

6.Dr.Inbaraja.A, Dr. Zubaida Begum, Dr Rekha, Dr Kalaivani. Exploring language barriers in Family Adoption Program among non - dominant regional language speaking undergraduate medical students: A mixed method study

7. Dr. Zubaida Begum, Dr.Inbaraja.A, Dr Rekha, Dr Kalaivani. Assessment of morbidity profile and status of personal hygiene among urban school children aged 6 to 14 years' in Chengalpattu district, Tamil Nadu – A cross-sectional study.

8.Dr Kalaivani, Dr Rekha, Dr Vidya, Dr Muthukumar, Dr Zubaida Begum, Dr Inbaraja, Dr Hemakairavi. Assessment of physical and mental health status of police officers of Chennai

9. Dr Inba Raja, Dr Paramita Sarkar, Dr Janani L, Dr Vanitha, Dr Kalaivani. Development and Validation of the Family Adoption Program – Institutional Sensitization Index (FAP-ISI) among Faculty and Administrative Stakeholders in Medical Colleges in India

10.Dr Inba Raja. Prevalence, determinants and behavioural impact of mealtime screen exposure among children (24 – 60 months) attending Paediatrics OPD in Medical College

11.Dr Inba Raja. Assessment of pesticide residue in cereals and blood samples of consumers in South Chennai of Tamil Nadu.

12.Dr Gothai. Financial Burden of Infertility Treatment and Its Impact on Quality of Life Among Middle and Lower Socio-Economic Couples in South Chennai

13.Dr Ezhilarasan. Adherence to treatment and its association with quality of life among adults with Diabetes Mellitus: A cross sectional Analytical study.

14.Dr Ezhilarasan. From Bite to Care: Epidemiological Patterns and Stakeholder Insights on Animal-Bite Management in Rural Health Centre of Medical College in Chennai

15. Dr Ezhilarasan. Morbidity Patterns among School Children: Insights from Secondary Data Analysis of Health Screening Records of a Tertiary Care Centre in Chennai.

16.Dr Ezhilarasan. A Cross-Sectional Analytical Study on the Association between Sleep Quality and Blood Pressure Among Adults Attending a Primary Health Centre in Rural Chengalpattu

17. Dr Vanitha D - Competency Assessment of the Seven Roles of the Indian Medical Graduate Among CRMIs During Community Medicine Posting

18. Dr Vanitha. Health challenges among urban street vendors – A mixed method study in Chennai

19. Dr Vanitha, Dr Hemakairavi - Respiratory Health Challenges among Construction Workers in Chennai, India: A Mixed-Method Study

20. Dr Zubaidabegum – Effect of structured Digital Detox Intervention on Psychological Well Being and Sleep Quality among Adolescents

21. Dr Zubaidabegum – Perceptions, attitudes and experiences of parents towards the JE vaccination campaign in Chengalpattu District, Tamil Nadu

# SPECIAL CASE REPORT

# DENTAL - ORAL LEUKOPLAKIA

## 1. Introduction

Oral leukoplakia is defined clinically as a white patch or plaque of the oral mucosa that cannot be characterized as any other defined disease and carries a risk of malignant transformation into OSCC. Despite its long-recognized significance, the biological behavior of leukoplakia remains unpredictable, complicating clinical management and patient prognosis. The term leukoplakia itself emphasizes clinical appearance rather than molecular or histologic definition, often necessitating biopsy for confirmatory diagnosis.

## 2. Epidemiology and Risk Factors

### 2.1 Prevalence and Demographics

Oral leukoplakia prevalence varies globally, heavily influenced by tobacco use patterns, areca nut chewing, and alcohol consumption. Systematic reviews estimate variable malignant transformation rates from less than 1% to over 30%, reflecting heterogeneity in clinical definitions, study populations, and follow-up durations.

### 2.2 Behavioral and Environmental Risk Factors

Major etiological contributors include:

- **Tobacco use (both smoked and smokeless forms)**
- **Areca nut/betel quid chewing**
- **Alcohol consumption**
- **Chronic trauma or irritation**

### 2.3 Host Factors

Age and gender distribution varies among studies, with some reporting higher malignant transformation rates in females and older age groups. Genetic predisposition and molecular alterations likely contribute to individual susceptibility, though definitive genetic markers remain under investigation.

## 3. Clinical and Histopathologic Features

### 3.1 Classification

Clinically, OL is described as:

- **Homogeneous: flat, uniformly white patches**
- **Non-homogeneous: mixed white and red areas, verrucous or nodular texture**

Non-homogeneous lesions have consistently higher risk for dysplasia and malignant progression.

### 3.2 Lesion Sites

High-risk sites include the lateral border of the tongue and the floor of the mouth, with studies demonstrating increased rates of malignant transformation at these locations.

### 3.3 Histopathology

Histopathologic evaluation can range from hyperkeratosis without dysplasia to mild, moderate, or severe epithelial dysplasia. The presence and grade of dysplasia remain strong predictors of malignant transformation.

## 4. Pathogenesis

The pathogenesis of leukoplakia involves genetic, epigenetic, and environmental interactions. Chronic exposure to carcinogens leads to progressive molecular alterations, including changes in tumor suppressor genes, cell cycle regulators, and genomic stability. Emerging studies suggest that molecular subtypes of OL with specific genomic signatures may have differing malignant potential, although no single predictive marker has been universally validated.

## 5. Malignant Transformation: Evidence from Clinical Studies

### 5.1 Transformation Rates

The reported malignant transformation rate of OL varies widely:

- Early retrospective reviews suggest mean rates ~3.5–15% with a broad range depending on study methods.
- Recent meta-analyses estimate a pooled MT rate of approximately 6–10%, influenced by lesion characteristics and population demographics.

### 5.2 High-Risk Subtypes

- Proliferative Verrucous Leukoplakia (PVL): A distinct clinical variant presenting with multifocal and progressive white lesions, PVL shows markedly higher transformation rates (reported near 40–50%).

### 5.3 Prognostic Factors

Established risk factors for malignant transformation include:

- Non-homogeneous clinical type
- Larger lesion size
- High-grade epithelial dysplasia
- Location on the tongue or floor of the mouth
- Female gender and older age
- Tobacco and alcohol use

These factors have emerged consistently across cohort studies and systematic analyses.

### 5.4 Molecular Predictors

DNA aneuploidy shows some promise as a predictive biomarker with moderate evidence quality. However, most molecular markers investigated to date lack sufficient predictive power for routine clinical use.

## 6. Diagnostic Challenges

Diagnosis of OL is primarily clinical, supported by biopsy and histopathologic analysis. Standardized diagnostic criteria are lacking, contributing to variability in reported incidence and outcomes across studies. Biopsy remains essential for evaluating dysplasia; however, sampling error and inter-observer variability in grading dysplasia pose challenges.

Emerging diagnostic adjuncts (e.g., molecular profiling and computer-aided image analysis) may enhance risk stratification but require further validation.

## 7. Management Strategies

### 7.1 Surveillance and Risk Reduction

All patients diagnosed with OL require long-term follow-up due to persistent risk of transformation, even after lesion regression. Behavioral modification (cessation of tobacco, areca nut, and alcohol use) is crucial for reducing malignant risk.

### 7.2 Therapeutic Options

Management may include:

- **Surgical excision:** Especially for lesions with dysplasia or high MT risk
- **Laser ablation:** Minimally invasive option with varying efficacy
- **Cryotherapy and photodynamic therapy:** Adjunctive modalities
- **Chemopreventive agents:** Under investigation with mixed results

Choice of therapy depends on lesion size, location, degree of dysplasia, and patient preference. Regardless of intervention, recurrence is common, necessitating ongoing monitoring.

## 8. Future Directions and Research Gaps

Despite significant research, key gaps remain:

- **Standardized diagnostic criteria** to reduce heterogeneity in research and clinical practice
- **Reliable molecular biomarkers** for predicting malignant transformation
- **Large prospective cohort studies** using unified definitions and staging systems
- **Assessment of novel biomarkers and imaging technologies** for early risk stratification

Future research should focus on integrating clinical, histological, and molecular data to create robust predictive models for individualized patient management.

## 9. Conclusions

Oral leukoplakia remains a clinically significant PMD with considerable potential for malignant transformation. While clinical and histopathological risk factors are well documented, the unpredictability of individual lesion behavior poses challenges for clinicians. Advances in molecular characterization offer promise but are not yet ready for routine use. Strong emphasis on early diagnosis, patient education, lifestyle modification, and structured surveillance remains central to optimal management.

# ENT

40 year old lady presented with complaints of right sided cheek swelling and pain for the past 2 months. Her symptoms started after a dental procedure. No complaints of blurring of vision or loosening of teeth. No history of tobacco or alcohol use.

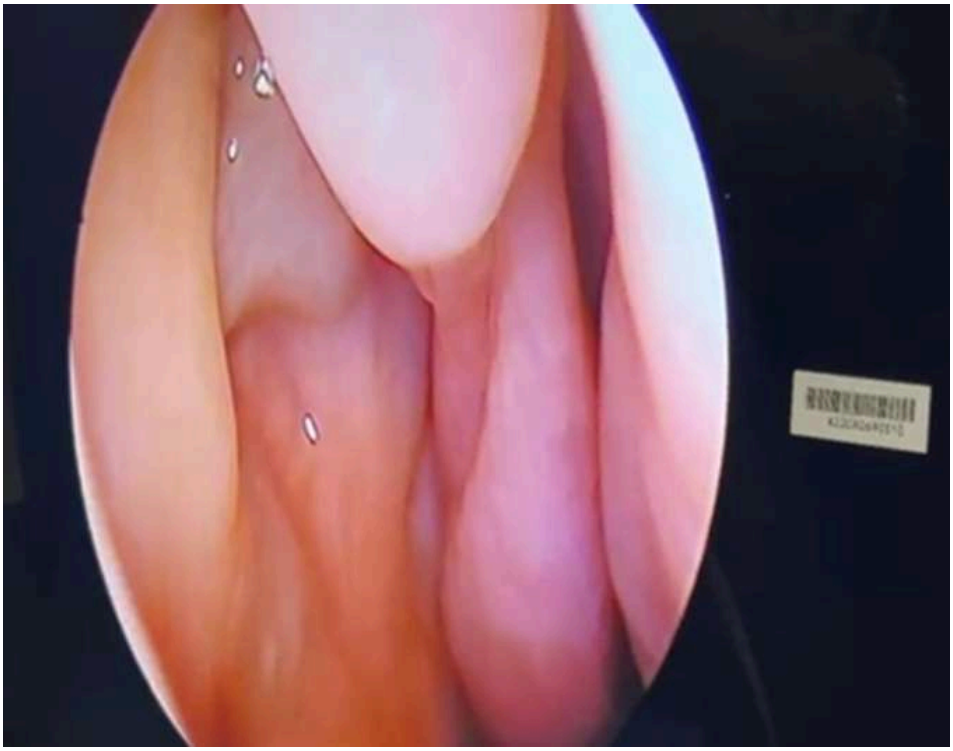
O/E:
Mild diffuse cheek swelling present on right side.

Nose: Deviated nasal septum to right present. No mass seen

Oral cavity- Palate Normal.

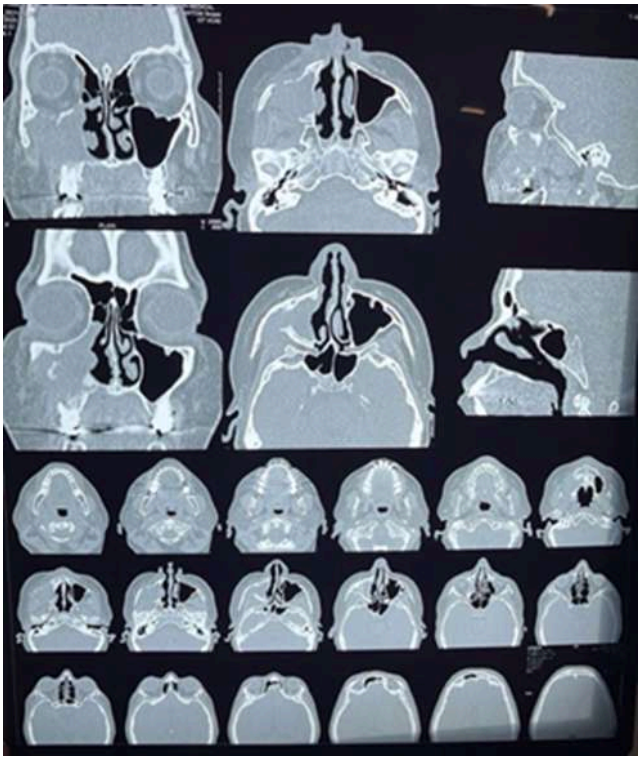
Neck – No nodes.

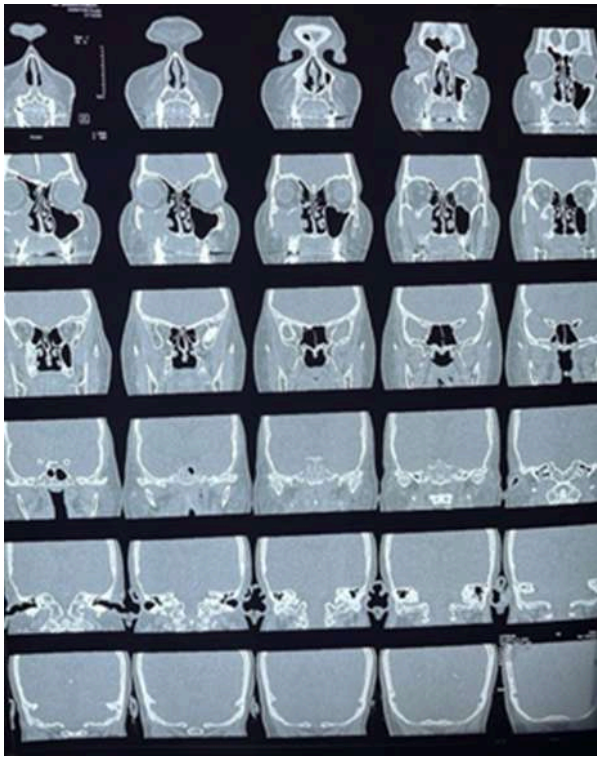
Diagnostic nasal endoscopy- Deviated nasal septum to right. Lateral wall pushed medially.Middle meatus normal, Nasopharynx – normal.



## CECT PNS:

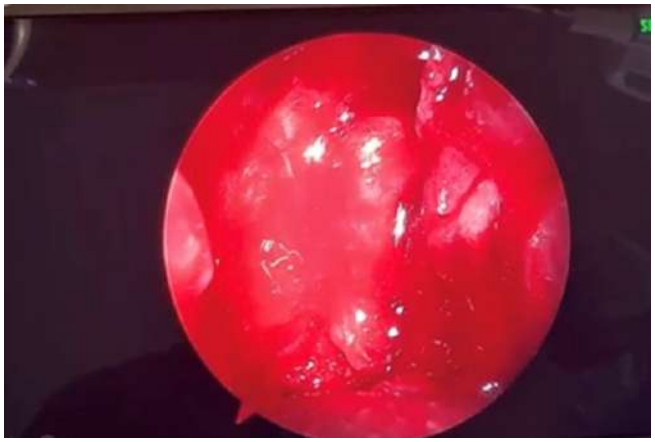
Ill- defined hypoenhancing mass lesion of size ~3.4x3.5x4.0 (APxTRxCC) noted within the entire right maxillary antrum causing its mild expansion and multiple bony erosions in walls of right maxillary sinus, floor of right orbit, anterior part of right zygomatic bone, alveolar ridge of right maxilla and hard palate on right side. Minimal extension noted into floor of right orbit, premaxillary fat pad and infra-temporal fossa on right side.

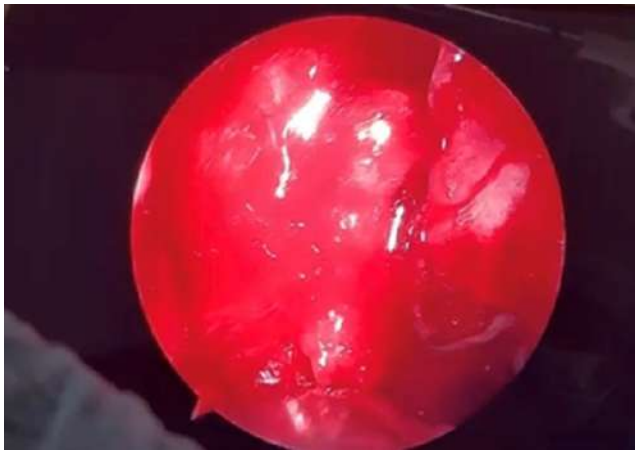




Endoscopic Biopsy was taken from maxillary antrum and Middle meatus.

Intra-operative findings: Mucosa of maxillary antrum appears hypertrophied and unhealthy and biopsy taken and sent for histopathology, fungal culture and AFB stain.





Differential diagnosis: Malignant neoplasm of maxillary sinus (? Adenocarcinoma, Squamous cell carcinoma), Invasive fungal sinusitis, Fibro-osseous lesions (Fibrous Dysplasia).

Further management to be decided based on biopsy report

# ORTHOPAEDICS

Central Disc Herniation at L4–L5 Managed by Percutaneous Transforaminal Endoscopic Discectomy and Foraminotomy

## Background

Chronic low back pain remains one of the leading causes of disability worldwide, often resulting in significant functional limitation and reduced quality of life. Advances in minimally invasive spine surgery have expanded treatment options for patients who fail to respond to conservative management. Endoscopic spine surgery has emerged as an effective technique offering targeted decompression with minimal tissue disruption.

Lumbar disc herniation accounts for approximately 5% of low back pain cases but represents a major cause of work-related disability. The L4–L5 level is the most commonly affected segment, particularly in males aged 30–50 years, the most economically productive age group.

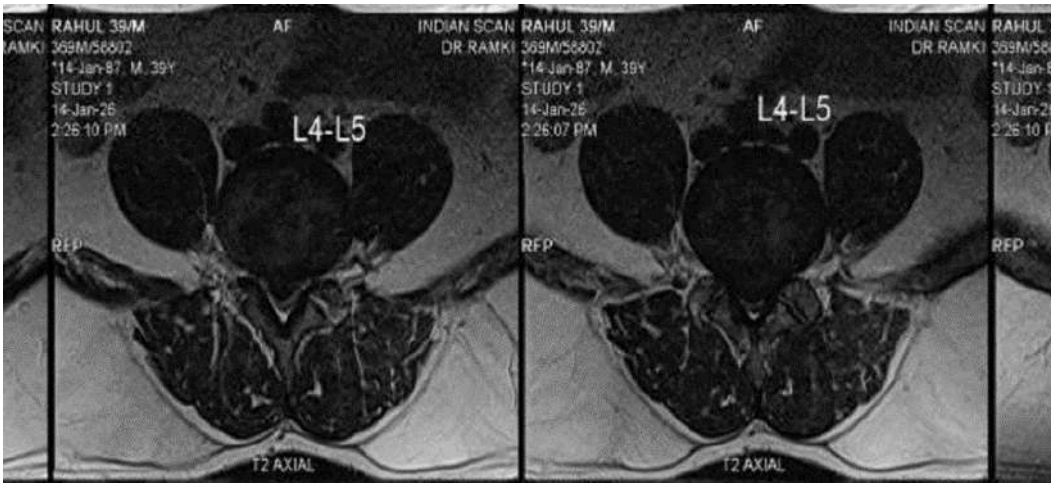
Nearly 85–90% of patients with lumbar disc herniation improve with conservative treatment; however, 5–10% develop persistent symptoms requiring surgical intervention. Central disc herniations are more likely to cause spinal canal stenosis and bilateral nerve root compression, especially when the canal diameter reduces below 10 mm.

Minimally invasive endoscopic lumbar discectomy demonstrates 85–95% success rates, with reduced postoperative pain, same-day discharge, and early return to work, making it a valuable option in selected patients.

## Patient Profile

A 39-year-old male businessman presented to the outpatient department with a history of low back pain for the past 6 months, radiating to the right lower limb. The pain was mechanical in nature, aggravated on walking and prolonged activity, and partially relieved with rest and analgesic medications. On clinical examination, lumbar spine movements were restricted and painful. The Straight Leg Raise test was positive, reproducing radicular pain, consistent with nerve root irritation.

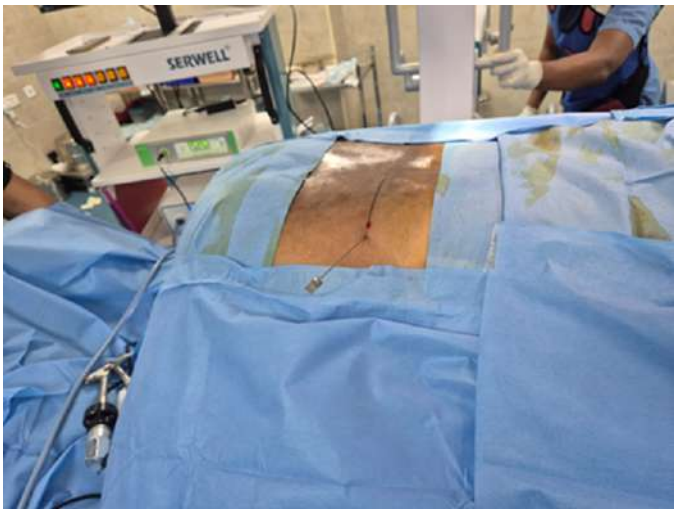
## Radiological investigation

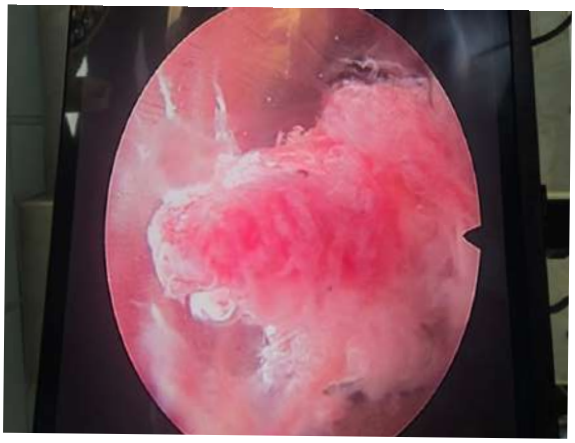


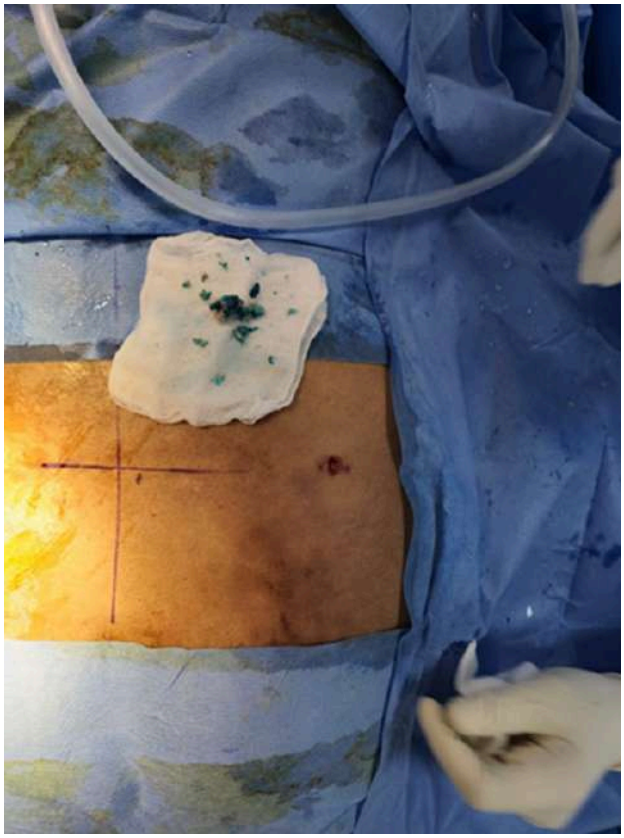
MRI of the lumbosacral spine reveals a posterior central disc extrusion at the L4–L5 level, resulting in severe spinal canal stenosis with bilateral compression of the traversing L5 nerve roots. There is a marked reduction in the anteroposterior diameter of the spinal canal at L4–L5 (approximately 6 mm) compared to adjacent levels. The remaining lumbar levels demonstrate relatively preserved canal dimensions. The radiological findings correlate with the patient's clinical presentation of low back pain with radiculopathy.

## Treatment Approach

In view of persistent symptoms despite conservative management and radiological evidence of central disc herniation at the L4–L5 level causing significant neural compression, the patient was planned for **Percutaneous Transforaminal Endoscopic Discectomy with Foraminotomy.** The procedure was performed under local anaesthesia through a small transforaminal incision. Endoscopic visualisation allowed targeted identification and removal of the extruded central disc fragment, along with foraminotomy to achieve adequate decompression of the traversing L5 nerve roots. Care was taken to preserve surrounding musculature, ligamentous structures, and bony anatomy, thereby minimising tissue trauma. This minimally invasive approach facilitated effective neural decompression while reducing postoperative pain and enabling early mobilisation.





## Postoperative Outcome

The patient had an uneventful postoperative course and was discharged on the same day of surgery. There was a significant reduction in low back and leg pain within 24 hours of the procedure, allowing early mobilisation. The patient was able to resume routine daily activities with minimal discomfort. No perioperative or postoperative complications were reported. At the 6-week follow-up, the patient demonstrated marked improvement in pain scores and functional capacity, with sustained symptomatic relief noted in the postoperative period.

## Key Advantages of Endoscopic Spine Surgery

- Minimal soft tissue damage
- Reduced postoperative pain
- Faster recovery and rehabilitation
- Short hospital stay
- Early return to work

## Conclusion

Endoscopic spine surgery offers a safe and effective minimally invasive option for carefully selected patients with chronic low back pain. This case highlights its role in achieving excellent clinical outcomes with minimal morbidity.

# WALKING BACK TO INDEPENDENCE: SUCCESSFUL SURGICAL MANAGEMENT OF CERVICAL COMPRESSIVE MYELOPATHY

## Introduction

Difficulty in walking, numbness of limbs, and loss of hand coordination are symptoms that clinicians across specialties encounter in daily practice. While these complaints may appear subtle initially, they can often indicate a serious underlying neurological condition. Cervical compressive myelopathy is one such progressive disorder that, if left untreated, can significantly impair mobility and independence.

Degenerative changes in the cervical spine, including disc osteophyte complexes and ossification of the posterior longitudinal ligament (OPLL), are common in elderly patients. These changes gradually narrow the spinal canal and compress the spinal cord, leading to worsening neurological deficits.

At Bhaarath Medical College and Hospital, we recently managed a case of advanced cervical compressive myelopathy in a 62-year-old male. With timely surgical intervention and multidisciplinary care, the patient experienced remarkable neurological recovery. This newsletter highlights the clinical journey, surgical management, and outcome of this case, emphasizing the importance of early recognition and referral.

## Patient Presentation: When Walking Becomes a Challenge

A 62-year-old gentleman presented to our Orthopaedics outpatient department with progressive difficulty in walking for six months. He also complained of numbness involving all four limbs and increasing unsteadiness while ambulating. Over time, he noticed reduced grip strength and difficulty performing fine motor tasks.

There was no history of trauma or acute illness.

Clinical examination revealed features typical of cervical myelopathy. The patient had a spastic gait, brisk reflexes in all limbs, and positive Hoffmann's sign. Sensory deficits were noted in both upper and lower extremities, with mild weakness in limb muscles.

Based on functional assessment, he was classified as Nurick Grade 3, indicating difficulty in walking but preservation of independence in daily activities. His modified Japanese Orthopaedic Association (mJOA) score suggested moderate neurological impairment.

For clinicians across specialties, such symptoms—especially gait disturbance combined with upper limb numbness—should always raise suspicion of cervical cord involvement and prompt further evaluation.

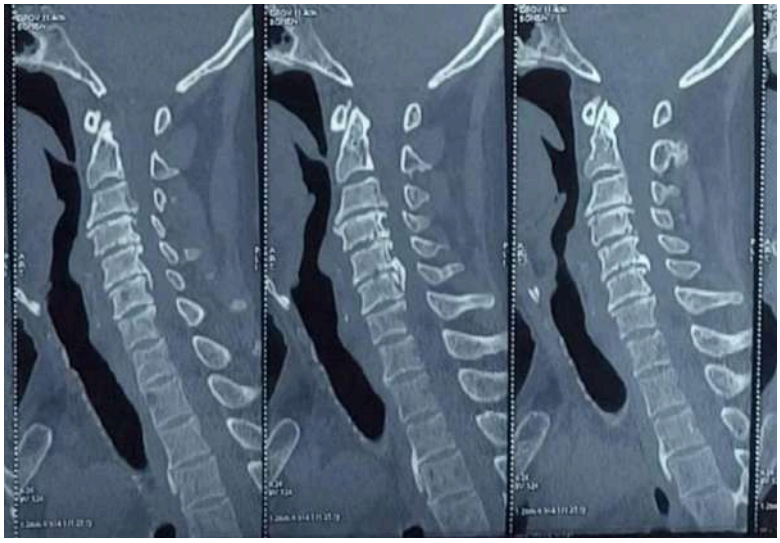
## Imaging: Revealing the Cause

Magnetic Resonance Imaging (MRI) of the cervical spine provided crucial diagnostic clarity. The scan demonstrated multilevel disc osteophyte complexes at C3–C4, C4–C5, and C6–C7. In addition, there was evolving ossification of the posterior longitudinal ligament (OPLL), contributing to significant anterior compression of the spinal cord.

Of particular concern were signal changes within the spinal cord on T2-weighted images, consistent with myelomalacia. These findings indicate chronic cord compression and are often associated with poorer outcomes if intervention is delayed.

The most severe compression was seen at the C4–C5 level.

Given the progressive symptoms and radiological evidence of cord compromise, surgical decompression was advised without delay.




## Surgical Strategy: Precision with Protection

After thorough counselling of the patient and family regarding the nature of the condition, treatment options, and potential risks, informed consent was obtained.

Considering that the compression was predominantly from the front of the spinal cord, an anterior surgical approach was selected. The patient underwent C4–C5 corpectomy and fusion under intraoperative neuromonitoring guidance.

Neuromonitoring, including somatosensory and motor evoked potentials, was employed throughout the procedure to continuously assess spinal cord function. This technology enhances surgical safety by providing real-time feedback and allowing

immediate correction if any neurological compromise is detected.

Using a standard anterior cervical approach, the affected vertebral body and compressive osteophytes were carefully removed, achieving direct decompression of the spinal cord. Reconstruction was performed using an interbody cage packed with bone graft, followed by anterior cervical plate fixation to restore stability.

Importantly, neuromonitoring signals remained stable throughout the surgery, indicating preserved neural function.

The procedure was completed without complications, and the patient was transferred to recovery in stable condition.

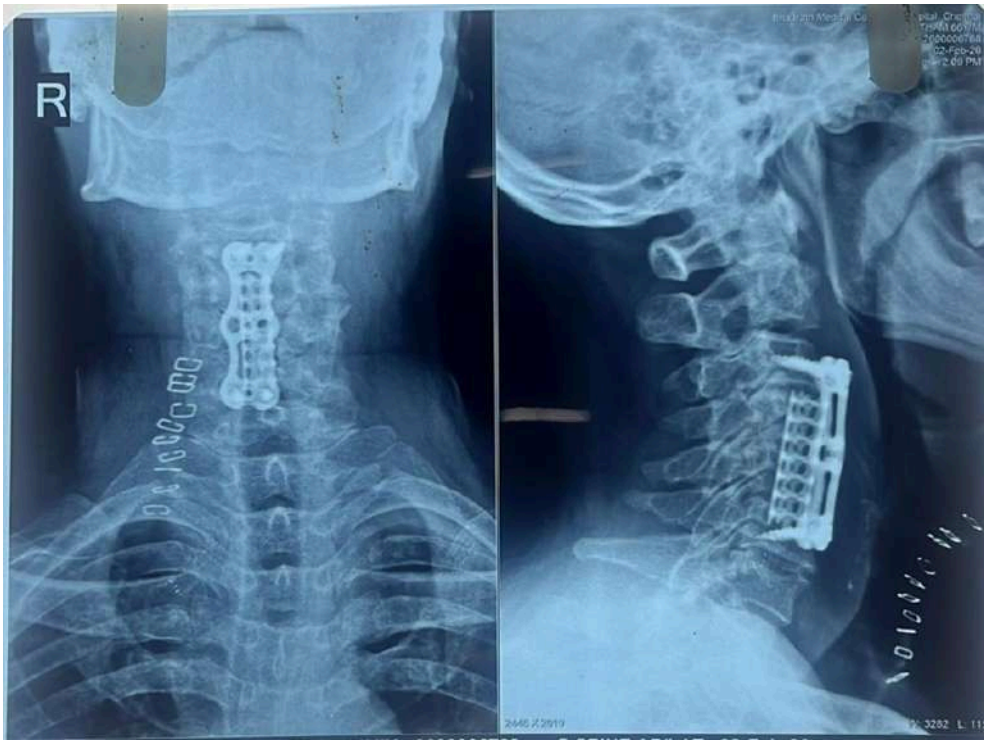



**Fig:Postop xray showing good restoration of lordosis with stable fixation**

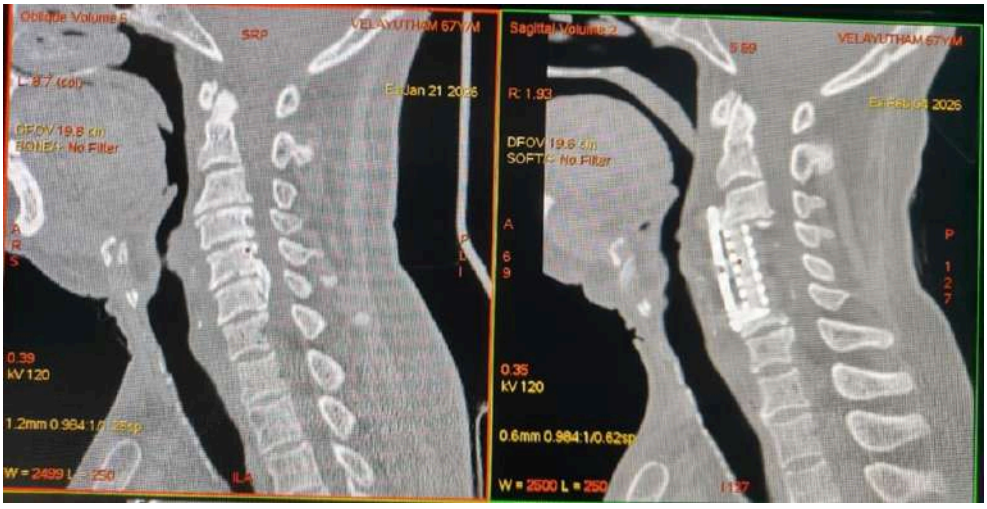



**Fig: Postop CT showing good decompression**

## Recovery and Rehabilitation: Small Steps, Big Gains

Postoperatively, the patient was closely monitored for neurological status and airway safety. He was mobilized with cervical support from the second postoperative day.

Over the following days, gradual but definite improvement was observed. The patient reported reduced numbness in all four limbs and increasing confidence while walking. By discharge, his gait had noticeably improved.

At subsequent follow-up visits, the progress was even more encouraging. He was able to walk independently with good balance, and upper limb coordination showed clear recovery. Objective assessment demonstrated significant improvement in his mJOA score compared to preoperative values.

Follow-up imaging confirmed good implant positioning and effective spinal cord decompression.
For the patient, this translated into regained independence and improved quality of life.

## Why This Case Matters to All Clinicians

Cervical myelopathy is often under-recognized, especially in its early stages. Patients may initially present to physicians, neurologists, diabetologists, or geriatric specialists with nonspecific complaints such as imbalance, numbness, or hand clumsiness.

## Key red flags include:

- Progressive gait disturbance
- Numbness or weakness in multiple limbs
- Loss of fine motor skills
- Hyperreflexia or spasticity

Early MRI evaluation and timely referral to spine specialists can dramatically alter outcomes.
This case also highlights the role of modern surgical techniques and neuromonitoring in managing complex spinal conditions safely. Even in the presence of cord signal changes, meaningful neurological recovery is possible when decompression is
performed at the right time.

## Team-Based Care at Bhaarath Medical College and Hospital

The successful outcome in this case reflects coordinated teamwork involving spine surgeons, anesthesiologists, neuromonitoring specialists, nursing staff, and physiotherapists. Comprehensive perioperative care and structured rehabilitation played a vital role in maximizing recovery.

At Bhaarath Medical College and Hospital, the Department of Orthopaedics continues to expand its capabilities in advanced spine surgery, focusing on patient safety,
evidence-based practice, and functional outcomes.

## Conclusion

Cervical compressive myelopathy is a potentially disabling condition, but timely diagnosis and appropriate surgical management can restore mobility and
independence. Anterior cervical corpectomy and fusion, supported by intraoperative neuromonitoring, offers effective decompression in selected patients with anterior cord compression.

This case demonstrates that even patients with moderate to advanced myelopathy can experience significant improvement in gait and neurological function when treated promptly.

For clinicians across all specialties, recognizing early symptoms and facilitating timely referral remains the first and most crucial step toward successful outcomes.

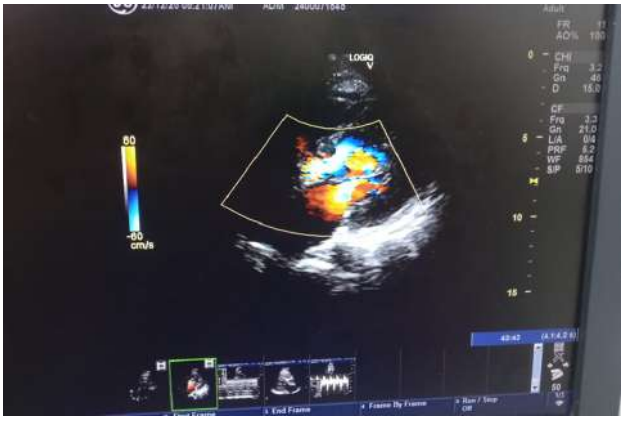
# CARDIOLOGY STRUCK VALVE MANAGEMENT

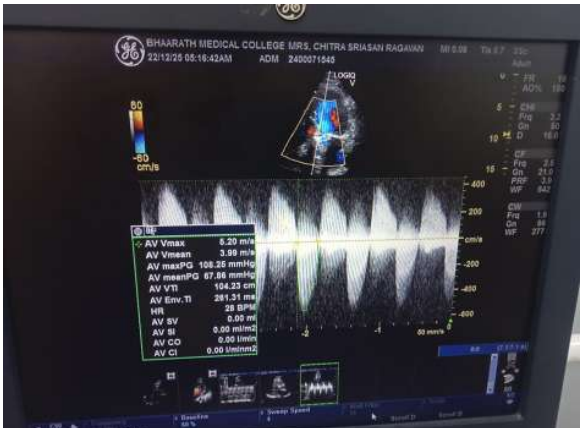
Dr Ragavendra, Senior interventional cardiologist, Bhaarath medical college and hospital

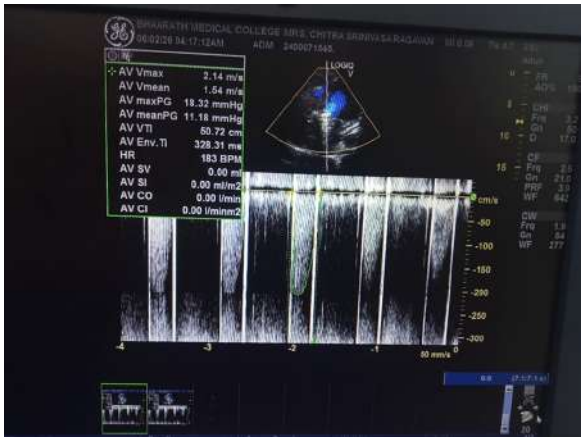
A 52 years old female presented with complaints of breathlessness associated with chest pain on and off since 2 months 2 years back(10.06.2024) . Her echo revealed Severe Aortic Stenosis with peak gradient of 90mmHg , mean gradient of 46mmHg . Hence she was advised to undergo angiogram followed by aortic valve replacement .

Successful Aortic Valve Replacement was done on 17.06.2024 with 18 mm MILTONIA. She was on anticoagulants from then. Post operative status was uneventful . She was on regular follow up. Her PT /INR was maintained in normal limits . On 22.12.2025 she was presented to us with the complaints of sudden onset of breathlessness (DOE-4) , she was advised to do echo which revealed Struck Valve (post AVR) with peak gradient of 108 mmHg and mean gradient of 67 mmHg.

Following that on 22.12.2025 she was thrombolysed with injection streptokinase with 2.5 lakh units bolus followed by 1 lakh unit per hour infusion for 24 hours. Slowly her status improved . Repeat echo revealed normally functioning AV prosthesis with Peak gradient 32 mmHg, mean gradient of 16mmHg , hence being discharged with stable condition with medications T. acitrom 5mg . Her PT / INR are stable now . After 3 months her follow up echo Reveals normally functioning AV prosthesis with normal gradients.







# STUDENT CORNER

# STUDENTS SHINE AT DYNAFEST ATHLETICS MEET

Our students showcased exceptional sporting talent and brought pride to the institution at the recent Dynafest athletics meet held at SRM College. Competing with enthusiasm and determination, they secured multiple podium finishes across events.

In the Long Jump, Ms. A. G. Aradana (2nd Year MBBS) delivered an impressive performance to clinch 2nd place, demonstrating excellent technique and consistency.

Adding to the success, Ms. Udaya (2nd Year MBBS) achieved a commendable double win by securing 3rd place in Long Jump and 3rd place in the 100 meters sprint, reflecting both strength and speed on the track.

In the Javelin Throw, Ms. Chandikasri (2nd Year MBBS) earned 3rd place with a strong and competitive throw.

The highlight of the meet was the stellar performance of our 4 × 100 meters relay team, comprising Ms. A. G. Aradana, Ms. Udaya, Ms. Chandikasri, and Ms. Vishvarupika, who sprinted to victory and secured 1st place, showcasing teamwork, coordination, and athletic excellence.

These achievements are a testament to the students' hard work, discipline, and sporting spirit. We congratulate all the winners for their outstanding performances and for representing the college with pride. Their success serves as an inspiration for fellow students to actively participate in sports and strive for excellence.

## CASH AWARDS

In observance of World Health Day, the **Indian Association of Preventive and Social Medicine** conducted a state-level quiz for undergraduate medical students. Three Final MBBS students **Ms. Mahera, Ms. Nasiha, Ms. Rubica** from Bhaarath Medical College and Hospital secured **First Place** after advancing through the initial round. The online quiz, hosted via **Kahoot!**, tested knowledge in preventive and social medicine through rapid MCQs. Following this achievement, the team has been selected to represent Tamil Nadu at the national-level competition, and they received a cash prize in January 2026.

IAPSM World Health Day QUIZ

## IAPSM WHD Quiz 2025 – National Level Competition!

**Exciting Announcement! For the first time, the IAPSM WHD Quiz will be conducted at the national level!**

**Competition Structure: (Stage III &IV)**

- College-level winners will compete for the state first position. (Stage III)
- State-level winners will advance to the national stage. (Stage IV)
- The National Coordination Committee will oversee the state and national competitions in collaboration with state nodal officers and regional nodal officers from the representing colleges.

**Prizes**: 🏆 1st Prize: Rs. 21,000 + Certificate
🥈 2nd Prize: Rs. 15,000 + Certificate
🥉 3rd Prize: Rs. 11,000 + Certificate

# From Theory to Therapy: The Evolution of a First-Contact Doctor

**By KEWIN KIRSTEN C, MBBS Intern**

The Compulsory Rotatory Residential Internship (CRRI) is often described as the bridge between being a student and becoming a doctor. However, "bridge" feels too static a word. In reality, it is a crucible. It is the transformative phase where the comfort of a library is replaced by the controlled chaos of the Casualty, and where theoretical knowledge finally evolves into hands-on clinical competence.

As I look back on my rotations, the journey was defined not just by the procedures I learned, but by the confidence I gained and the lives I touched.

## THE SURGICAL SUITE: PRECISION AND PRESENCE

My time in **Obstetrics & Gynaecology and General Surgery** served as my introduction to procedural discipline. In OBG, the transition from observer to participant was swift. By the fifth day, scrubbing in for an LSCS and performing my first subcuticular suture felt like a rite of passage. Beyond the technicality of conducting deliveries or monitoring partographs, I learned the gravity of "The Golden Hour" and the necessity of teamwork in managing emergencies like PPH.

In General Surgery, the focus shifted to anatomical dexterity. Assisting in mastectomies and hernia repairs taught me more about the human body than any cadaver ever could. From mastering sterile techniques to the meticulous care of post-operative drains, I learned that a surgeon's work begins long before the first incision and ends long after the last suture.

### Medicine & Pediatrics: The Art of Healing

If surgery is about precision, **Internal Medicine** and **Pediatrics** are about perspective. Managing chronic conditions like Diabetes and Hypertension required a holistic approach—treating the patient, not just the pathology. I sharpened my skills in systemic examination and the "bread and butter" of clinical life: IV cannulation, ECG interpretation, and fluid management.

The **Pediatrics** wing offered a different lesson: communication. Whether it was calculating precise drug doses for a neonate or counseling anxious parents, I realized that a doctor's words are often just as therapeutic as their prescriptions.

### The Frontlines: Seconds That Count

There is no place that tests a doctor's mettle like **Casualty and Anaesthesia**. In the Emergency room, triage is a high-stakes puzzle. Handling road traffic accidents and acute poisonings forced me to develop rapid-fire decision-making skills.

Simultaneously, my Anaesthesia posting provided the technical backbone for life-saving care. Mastering endotracheal intubation and the protocols of ACLS/BCLS transformed my fear of "the crashing patient" into a structured, calm clinical response.

## Beyond the Ward: The Public Health Perspective

Perhaps the most eye-opening experience was **Community Medicine**. For 12 weeks, the hospital walls disappeared. Managing patients at the primary healthcare level and participating in national health programs taught me that the most effective medicine is often preventive. It reinforced the idea that a doctor's responsibility extends beyond the individual to the entire community.

This was complemented by postings in **Psychiatry, Dermatology, and Forensic Medicine,** which rounded out my clinical perspective—reminding me of the legal, ethical, and mental health dimensions of every case.

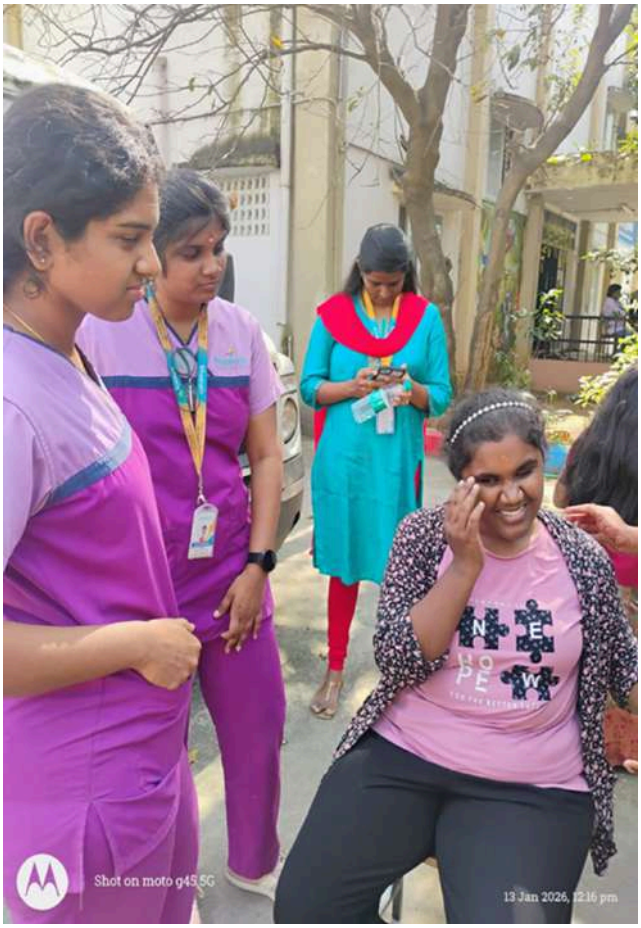
## The Transition Complete

I entered this internship as a student who knew the "what" of medicine. I leave it as a clinician who understands the "how" and the "why."

This journey has been a collection of firsts: the first delivery, the first intubation, the first time breaking difficult news. Each moment has contributed to a foundation of competence and compassion. As I step out of the CRRI phase, I am no longer just a student of medicine; I am a professional ready to serve as a confident, empathetic first-contact doctor.

# INTERNS ACTIVITIES

**Department of Community Medicine** participated in the **Pongal Celebration** organized by Government Institute for Intellectual Disability (GIID), Tambaram which was held on **13.01.2026** with enthusiastic participation **interns of the**. The event fostered cultural bonding and community engagement through traditional Pongal festivities




# MEDICAL UPDATE

# 2025 NOBEL PRIZE IN MEDICINE: UNCOVERING THE IMMUNE SYSTEM'S "SECURITY GUARDS"

### A Historic Honor in Medicine

The 2025 Nobel Prize in Physiology or Medicine was awarded on October 6, 2025, to three scientists who unlocked fundamental secrets of the human immune system. The prize recognizes discoveries that explain how the immune system avoids attacking the body's own healthy cells — a breakthrough that reshapes our understanding of autoimmune diseases and opens doors to new therapies.

### The Laureates

- Dr. Mary E. Brunkow, co-winner of the 2025 Nobel Prize.
- Dr. Fred Ramsdell, co-winner of the 2025 Nobel Prize.
- Dr. Shimon Sakaguchi, co-winner of the 2025 Nobel Prize.

The 2025 Prize was shared equally by:

- Mary E. Brunkow, born 1961. Ph.D. from Princeton University, Princeton, USA. Senior Program Manager at the Institute for Systems Biology, Seattle, USA.
- Fred Ramsdell, born 1960. Ph.D. 1987 from the University of California, Los Angeles, USA. Scientific Advisor, Sonoma Biotherapeutics, San Francisco, USA.
- Shimon Sakaguchi, born 1951. M.D. 1976 and Ph.D. 1983 from Kyoto University, Japan. Distinguished Professor at the Immunology Frontier Research Center, Osaka University, Japan.

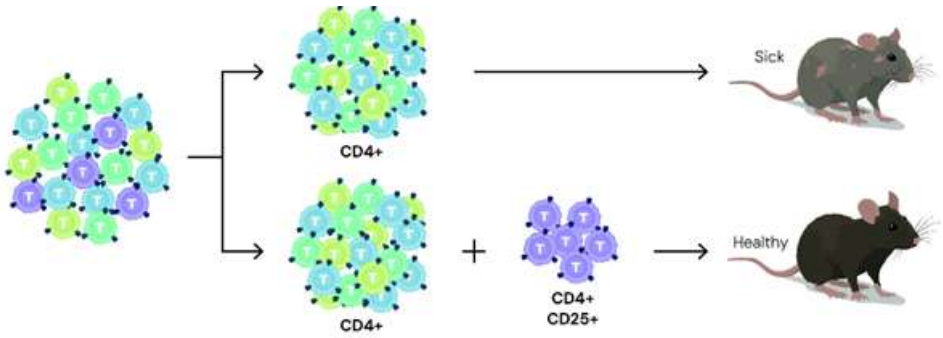
These scientists were honored for their discoveries concerning peripheral immune tolerance — mechanisms that keep the immune system in balance so it can defend the body without causing harm to itself.

### The Discovery

At the core of their research are specialised cells called regulatory T cells (T-regs) — often described as the immune system's "security guards." These cells play a crucial role in telling the immune system what to attack and what to leave alone.

Regulatory T Cells and Immune Balance

- Shimon Sakaguchi in 1995, made the first key discovery. At the time, many researchers were convinced that immune tolerance only developed due to potentially harmful immune cells being eliminated in the thymus, through a process called central tolerance. Sakaguchi showed that the immune system is more complex and discovered a previously unknown class of immune cells, which protect the body from autoimmune diseases.
- Mary Brunkow and Fred Ramsdell made the other key discovery in 2001, when they presented the explanation for why a specific mouse strain was particularly vulnerable to autoimmune diseases. They had discovered that the mice have a mutation in a gene that they named Foxp3. They also showed that mutations in the human equivalent of this gene cause a serious autoimmune disease, IPEX.
- Two years after this, Shimon Sakaguchi was able to link these discoveries. He proved that the Foxp3 gene governs the development of the cells he identified in 1995. These cells, now known as regulatory T cells, monitor other immune cells and ensure that our immune system tolerates our own tissues.This work explained why autoimmune diseases such as type 1 diabetes, lupus and multiple sclerosis can occur, when the immune system mistakenly attacks healthy cells.




**Sakaguchi defines a new class of T cells**

Sakaguchi showed that the T cells with CD25 on their surface protect against autoimmune diseases through an experiment in mice that lacked T cells. If he injected CD4-bearing T cells into the mice, but removed all the cells with CD25, the mice developed serious autoimmune diseases. If he added CD25-bearing cells, the mice remained healthy.

**THE IMPLICATION**

- The discoveries recognized by the Nobel Prize don't just explain how the immune system works — they have real clinical potential:
- Autoimmune diseases: Better understanding of immune suppression could lead to new treatments.
- Cancer therapy: Modulating regulatory T cells might improve immune-based cancer treatments.
- Organ transplants: Controlling immune tolerance can help prevent rejection of transplanted organs.
- Today, hundreds of clinical trials are underway exploring therapies based on regulatory T cells and immune tolerance.

Global collaboration

The laureates span the globe — from the United States (Mary Brunkow and Fred Ramsdell) to Japan (Shimon Sakaguchi) — underscoring how international collaboration and decades of persistent research can lead to world-changing discoveries in medicine.

# Bhaarath

## MEDICAL COLLEGE & HOSPITAL

## Bhaarath Medical College and Hospital

**A constituent institution of Bharath Institute of Higher Education and Research (BIHER)**

(Declared as Deemed-to-be University under section 3 of UGC Act, 1956)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