



# Sir Ganga Ram Hospital

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किलकारी किल्लोल मचाकर, सूना भर आवाज किया।  
रोगा और मचल जाना भी क्या आनंद दिलाते थे।  
बड़े-बड़े मोती से आँसू जयमाला पहनाते थे।।  
मेरे रोई, माँ काम छोड़ कर आई, मुझको उठा लिया।  
झाड़-पोंछ कर चूम-चूप, गोले गालों को सूखा दिया।।  
—सुभद्रा कुमारी श्रीवास्तव

कर मैं उसके डल्लर से संतुष्ट हो गया।  
फिर एक छुट्टी के दिन कुछ सोचने पर  
लगे अपने बिस्तर पर जा लेना  
में चल रहे विचारों  
ही मैंने

अभी कुछ दिन पहले ही घनिष्ठ मित्र  
के दौरान उसने कहा कि  
तनाव-रहित जीवन  
में कितना



# Latest cutting-edge diagnostic technologies for infectious diseases at the Institute of Clinical Microbiology and Immunology

The challenges faced by clinicians in accurately diagnosing infectious diseases has been alleviated to a major extent by the cutting-edge technologies introduced in the field of diagnostic clinical microbiology. The aim is to decrease the turnaround time (TAT) to stay relevant in delivering state-of-the-art clinical care in infectious disease (ID) practice. The Institute of Clinical Microbiology and Immunology, SGRH, has emerged as one of the pioneers in the field of diagnostic clinical microbiology in the country. The department is seen as a trendsetter in India by embracing the latest cutting-edge technologies.

## VITEK MS PRIME System

VITEK MS PRIME (bioMérieux, France) is a benchtop high-throughput automated identification system with a robust database, which includes intra-species diversity and replaces our older model of VITEK MS. The VITEK MS PRIME is a mass spectrometry system using matrix-assisted laser desorption/ionization time of flight mass spectrometry (MALDI-TOF MS) for the identification of microorganisms cultured from clinical specimens, comparable to the 16 S ribosomal RNA analysis which is the gold standard besides the whole genome sequencing. The identification with MALDI-TOF MS is quick, and only a small number of microorganisms are required for a reliable result. The instrument has a new continuous load-and-go sample loading system, urgent slide prioritization for critical patient samples and new internal components, which may contribute to enhance the sample processing and reduce the handling time to just five minutes. The system is a qualitative *in vitro* diagnostic device (US FDA-approved) indicated for use not only for routine bacterial identification, but also for rapid and accurate identification of mycobacterial, fungal

(moulds and yeasts) as well as *Nocardia* isolates with its robust directory for the same. A case in point is a brain abscess case caused by *Nocardia farcinica*, a known drug-resistant species could be identified and treated appropriately only because of the accurate species identification. In other instances, rare isolates of non-tuberculous mycobacteria (NTM) spp. like *M. simiae*, *M. goodii* infections could be diagnosed and treated timely. It has a high accuracy and reproducibility with overall identification rate to the species level of 97%.<sup>1</sup> In combination with our automated blood culture system (BacT/Alert Virtuo, bioMérieux, France) and automated mycobacterial culture system (MGIT 960, Becton Dickinson, Sparks, Md.), the VITEK MS PRIME for species identification ensures a considerable reduction in TAT of culture reports. The repeatability achieved for the VITEK MS PRIME system is greater than that achieved by previously used MALDI-TOF based systems.<sup>2</sup> In addition, the VITEK MS PRIME system shows promising ability to identify bacterial microcolonies isolated from blood cultures, particularly Gram-positive bacteria.<sup>2</sup> In short, it provides precision reporting and reduces the TAT.

## Sensititre

We have recently procured the Sensititre Automated System based on broth microdilution (BMD), which delivers accurate antimicrobial sensitivity testing (AST) for bacteria, Mycobacteria, *Nocardia* spp., *Candida* spp. as well as filamentous fungi like *Aspergillus* spp. This system combines the accuracy of BMD with time-saving benefits of automation to optimize patient care and support antimicrobial stewardship. It also gives the flexibility of designing our own customized plate tailored to our hospital formulary and including novel, last resort antimicrobial agents such as meropenem/

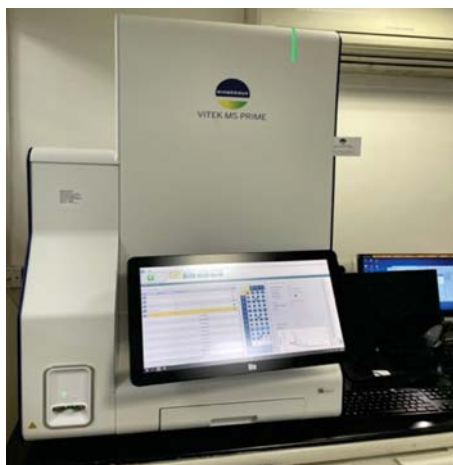


Fig. 1. VITEK MS PRIME



Fig. 2. Sensititre



**Fig. 3.** BacT/Alert VirtuO



**Fig. 4.** MGIT 960 TB automation



**Fig. 5.** BioFire

vaborbactam, cefazidime/ avibactam, ceftolozane/ tazobactam, plazomicin, omadacycline, and eravacycline. The major advantage of the system is for susceptibility testing of NTM, *Nocardia* spp. and filamentous fungi for which AST is proven to be a major challenge.<sup>3</sup>

### Latest addition in molecular assays

#### Xpert MTB/XDR

Xpert MTB/XDR detects drug-resistant mutations of *M. tuberculosis* (MTB) in INH and five second-line drugs, fluoroquinolones, amikacin, kanamycin, capreomycin and ethionamide directly from patient samples with a turnaround time of <2 hours. With diagnostic accuracy of 94% for isoniazid, 94% for fluoroquinolones, 54% for ethionamide, 73% for amikacin, 86% for kanamycin, and 61% for capreomycin, specificity was 98%–100% for all drugs; thereby helps physicians in selecting the most appropriate combination of therapy right from the beginning.<sup>4</sup>

#### Truenat PCR for *Mycobacterium tuberculosis*

Truenat MTB Plus and Truenat MTB-Rif Dx (Molbio Diagnostics, Goa, India) are chip-based microreal-time PCR-based assays for detection of *M. tuberculosis* as well as rifampicin resistance directly from patient samples. The assay is developed and manufactured in India and is characterized as a more affordable alternative to GeneXpert. Pooled sensitivity and specificity of Truenat MTB was observed to be 80% and 96%, respectively and that of Truenat MTB-Rif Dx was 84% and 97%, respectively for detection of MTB and detection of rifampicin resistance.<sup>5</sup>

#### BioFire joint panel

The BIOFIRE Joint Infection (BJI) panel is the latest addition to our

list of BioFire Assays. It is a multiplexed film array based molecular diagnostic test designed for simultaneous qualitative detection of multiple bacterial and yeast nucleic acids that cause bone and joint infections and detects antimicrobial resistance genes from synovial fluid obtained from individuals suspected of joint infection overall sensitivity of 90.2% and specificity was 99.8%. The test has added advantage in detecting microorganisms difficult to grow in culture as well as those cases which are partially treated.

#### STD panel

A multiplex PCR, STD panel (TRUPCR, 3B Black Biotech India Ltd) was also introduced, which detects *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Mycoplasma genitalium*, *Trichomonas vaginalis*, *Gardnerella vaginalis*, *Ureaplasma urealyticum* and Herpes simplex virus for easy diagnosis of commonly occurring sexually transmitted diseases in one go.

### New serological assays for fungal infections and parasitic infections

We have added two new assays, namely 1-3 β D glucan as a biomarker for systemic fungal infections in addition to galactomannan, which was being done earlier and also started histoplasma lateral flow assay recently. In addition, we have started aspergillus IgG/IgM antibody testing. These newly added serological assays help in early presumptive diagnosis of fungal infections in situations where there is difficulty in obtaining appropriate samples for fungal culture or smear examination.

In the area of parasitic and rickettsial serology, we have started three new tests, namely, rapid filaria antigen test, rapid amoebic antigen test and rapid scrub typhus total antibody test.



**Fig. 6.** GeneXpert and Truenat systems

### Recognition by peers

The Institute of Microbiology and Immunology started the EQAS programme under the aegis of IAMM with the Chairman Microbiology as the Chairman of the programme and consultants of microbiology as the coordinators and quality and technical managers of the programme in the year 2014 with 300 laboratories, which has grown to 700 laboratories across the country. This EQAS programme has obtained NABL accreditation in the year 2018 as a proficiency testing provider and has won the prestigious Professor SK Joshi Laboratory Excellence Award in the year 2022 from QCI.

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## ERAS protocols – Our steps towards implementation in onco-anaesthesia

The Enhanced Recovery after Surgery (ERAS) protocols are designed to enhance recovery after major surgery and have an increased relevance in oncosurgery. The ERAS approach was first described by Henrik Kehlet in 1995. It consisted of various fast track programmes.<sup>1</sup> Since then, the guidelines have been revised for different surgeries by the ERAS Society. These interventions have shown positive effects on post-surgery recovery and serve to modify the endocrine, metabolic and inflammatory responses to surgical procedures. The ERAS framework rests on three primary pillars: evidence-based perioperative care practices, collaborative efforts from a diverse healthcare team, and continuous audit of the practices.

The reduction in stress responses is significant for patients with cancer, who often contend with frailty, anxiety and comorbid conditions. The fundamental principles of the ERAS protocol encompass preoperative counselling, preoperative nutritional support, elimination of perioperative fasting, carbohydrate intake up to 2 hours before surgery, standardized approaches to anaesthesia and pain management (utilizing epidurals and non-opioid pain relief), and early mobilization.

The outcomes in oncosurgery depend on their earliest return to intended oncological treatment (RIOT). This means that after completing the surgery, the patient may be fit for chemotherapy or

radiotherapy as early as possible. In patients undergoing oncosurgery, the practice of following ERAS recommendations has helped patients in gaining confidence by their active participation in the treatment process. It has been shown to achieve superior patient satisfaction, improved outcomes, increased turnover of hospital beds.<sup>2,3</sup>

The components of ERAS have been incorporated in our setup as a multidisciplinary approach. The implementation and adoption of ERAS has been gradual mainly because they challenge the traditional surgical doctrine.

After consultation with the oncologist, the patient is advised to interact with the dietician, the physiotherapist and anaesthesiologist. We, in the pre-anaesthesia clinic, assess the patient and focus on the options in ERAS protocols which will make him RIOT early.

The short-term and long-term side-effects of administration of opioids have emphasized the usage of opioid-sparing multimodal anaesthesia techniques as well as management of pain. Nerve blocks (peripheral nerve blocks and interfascial plane blocks) are safely practised. The availability of ultrasound machine for nerve blocks has made it easier to practise the nerve blocks and insert catheters for long-term pain relief. The practice of indwelling catheters in erector spinae block, transversus abdominis plane

**Table 1. ERAS strategy in oncosurgery**

		TICK-✓ or X
<b>PREOPERATIVE</b>		
Preoperative counselling and education	ERAS protocol and strategy explained in detail. Patients are explained the benefits of abstaining from alcohol and smoking. Relatives are explained the benefits of early ambulation and discharge from the ICU. Active involvement with the nursing team to assist in postoperative feeding and ambulation under nursing supervision is encouraged.	
Prehabilitation	Nutritional assessment and correction Increasing aerobic capacity	
Preoperative fasting	Preoperative maltodextrin 200 ml on the night before surgery or 100 ml of apple juice 2 hours before surgery	
Mechanical bowel preparation		
<b>INTRAOPERATIVE</b>		
Normothermia	Ensured with warm IV fluids and forced air warmers and body temperature monitored via temperature probe	
Intraoperative IV fluid therapy	Goal-directed approach	
Nasogastric tube		
Surgical technique	Minimally invasive	
Surgical drains		
Multimodal analgesia		
DVT prophylaxis		
<b>POSTOPERATIVE</b>		
Assessment of pain and management		
Day of removal of NG tube, Foley's, surgical drains		
Early oral sips or through RT	Encouraged immediately or within 2 hours of extubation	
DVT prophylaxis	Pneumatic compression pumps applied immediately postoperatively. Chemical prophylaxis considered	

NG: nasogastric; RT: Ryle's tube; DVT: deep venous thrombosis

block, epidural space and other blocks have enabled the anaesthesiologists to practise postoperative analgesia to patient satisfaction.

Our institution has prepared a ERAS Checklist and the different check boxes are ticked as applicable (Table 1).

The roles of the nurse coordinator, physiotherapist and the different disciplines are defined. Our initial endeavour focuses on achieving a compliance of 60 to 75 percentage of the strong evidence recommendations of ERAS protocols. This can be further enhanced by discussing with the different care-givers and individualizing for each patient.

As personnel from different specialties play their individual roles, the whole-hearted support from the hospital management with essential and human resources is playing a role in holistic care of patients diagnosed with cancer.

The challenges lie in implementation and the audit of different components of ERAS.<sup>4</sup> The hesitancy, on the part of surgeons and anaesthesiologists, to follow the new approaches in the ERAS guidelines, can be overcome by emphasizing their importance and evidence-based practices. The results of the audit of ERAS practices in our hospital give inputs about the lacunae and gaps in our system, which guide us to take corrective measures.

We continuously strive to make the patient experience, after diagnosis of malignancy, better by adopting the evidence-based guidelines. This has helped us to alleviate the anxiety of patient and

the relatives and nurtures positive attitude towards treatment.

ERAS protocols awareness, adherence and adoption in oncosurgery benefits the patients resulting in increased patient satisfaction, decreased morbidity, shorter hospital stay, faster return to intended oncological treatment as well as higher turnover of beds.

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## बचपन का वो निरभ्र आकाश

(निरभ्र - बिना बादल का)

किए दूध के कुल्ले मैंने चूस अँगूठा सुधा पिया।

किलकारी किल्लोल मचाकर, सूना घर आबाद किया।।

रोना और मचल जाना भी क्या आनंद दिलाते थे।

बड़े-बड़े मोती से आँसू जयमाला पहनाते थे।।

मैं रोई, माँ काम छोड़ कर आई, मुझको उठा लिया।

झाड़-पोंछ कर चूम-चूम, गीले गालों को सुखा दिया।।

—सुभद्रा कुमारी चौहान

अभी कुछ दिन पहले ही घनिष्ठ मित्र के साथ बातचीत के दौरान उसने कहा कि मित्र अब बचपन के जैसा तनाव-रहित जीवन किसी भी प्रकार नहीं मिल पाता है चाहे मैं कितना ही घूम लूँ, पैसे खर्च कर लूँ या छुट्टी करके आराम कर लूँ। मैंने उसे जवाब दिया कि इसके दो कारण हैं, पहला कारण – हमारे बचपन में सारा तनाव हमारे माता-पिता अपने कंधे पर लिए फिरते थे और जिसका एहसास हमें नहीं था और दूसरा कारण – अब हम बच्चों के पिता हैं और वही तनाव से भरी छतरी अब हमारे हाथ में है। कुछ देर विचारों को साझा करने के बाद बातों का अंत हुआ और फोन का लाल बटन छूकर उसे शांत कर दिया गया।

इस बातचीत के कुछ समय बाद एक दिन भरी दोपहर के समय सहसा ही मेरी आँखों के सामने मेरे बचपन के वह सारे दृश्य तैरने लगे। अभी कुछ देर हुई थी कि तभी पास में आकर बैठे अपने 10 वर्ष के बालक से मैंने पूछ लिया कि मेरा बचपन कब आएगा? मुझे भावुक व मार्मिक उत्तर की उम्मीद थी, उसके विपरीत उसने कतई व्यवहारिक बात कही कि किसी का बचपन कभी लौटकर नहीं आता है, बुढ़ापे के बाद ज्यादा बुढ़ापा व मृत्यु ही आती है, हाँ अगले जन्म में बचपन जरूर आ जायेगा। मैं ठगा-सा बैठा रह गया, कुछ मुरझा-भी गया, फिर मन में आया कि मेरी क्या, सभी की परिणति यही है, यह सोच कर मैं उसके उत्तर से संतुष्ट हो गया।

फिर एक छुट्टी के दिन कुछ सोचते हुए खिड़की से लगे अपने बिस्तर पर जा लेटा, आँखे बंद थीं पर अन्तर्मन

में चल रहे विचारों का ज्वार अपने उफान पर था। सहसा ही मैंने पाया कि 10वीं के बोर्ड के एक एग्जाम के बाद मैंने घर पर पेपर और पेन रखे और दौड़ कर अपने साथियों के साथ कॉलोनी की गली में कंचे खेलने भाग पड़ा, अम्माजी पीछे से आवाज लगाती रह गयी 'अरे ये तो बता कि एग्जाम कैसा हुआ, कुछ खा तो ले' पर मैंने कहा ठीक हुआ है चिंता ना करो पास हो जाऊँगा, इससे पहले की दूसरी आवाज आये मैं बाहर भाग चुका था। कुछ देर बाद अम्माजी मुझे कान पकड़कर घर ले जाने लगीं तो मुझे एहसास हुआ कि तीन घंटे से ज्यादा का समय बीत चुका था और अग्रिम एग्जाम की तैयारी भी करनी थी। परीक्षा के नाम से झटका खा कर मेरी तंद्रा टूटी और एक सिहरन-सी हुई। वर्तमान में वापस आया तो एहसास हुआ कि अब तो जीवन के पाँचवें दशक में जा पहुँचा हूँ और 10वीं तो मैं बहुत पहले ही पास हो चुका हूँ। अब इस बात की शान्ति थी कि अब परीक्षा की तैयारी नहीं करनी पड़ेगी, फिर कुछ खुश होकर एक दीर्घ श्वास के साथ सामान्य हुआ।

सन् अस्सी के दशक में खासकर गर्मियों में हम सभी बच्चों को बिजली जाने का इंतजार रहता था कि अब रात को भी दोस्तों के साथ बाहर घूमने का मौका मिलेगा। अथाह गर्मी में लू के थपेड़ों के समय, कभी-कभी रात को आँगन में चारपाई बिछाकर, खुले आकाश के नीचे मच्छरदानी के अंदर लेटकर आकाश के तारे देखना एक अलग एहसास देता। वहीं मेज पर रखा पंखा (टेबल फैन) खड़-खड़ की आवाज के साथ मध्यम गति की हवा देता जो आज के वातानुकूलित से ज्यादा ठंड प्रदान करता व हम किस्से कहानियों की बातें करते हुए और दिन भर की थकान से गहरी नींद में सो जाते। कुछ दोस्तों ने बताया की वे अपनी गलियों में छत से एक दूसरे के यहाँ चले जाते और रात को पानी डाल कर छत को ठंडा करते और फिर उस पर बिस्तर बिछा कर सो जाते थे। अगले दिन सवेरे उठकर फिर वही खेलकूद से भरा दिन और वही पुरानी-सी निक्कर व टी-शर्ट, उसी में हम लोग ना जाने कितना समय बिता दिया करते थे। ऐसा प्रतीत होता

है जैसे तब सभी कुछ विशुद्ध था, स्वच्छ हवा, झिलमिल तारों का आकाश, कभी-कभार तेजी से आते उल्का पिंड व विशेष मौसम में छोटी लालटेन से जलते बुझते इधर-उधर उड़ते हुए जुगनू।

सवरे-सवरे खेलने को जाते समय हम केवल घर से चल पड़ते थे, ना कोई क्विट ना कोई और सामान। मेरे उस नटखट बचपन के समय मैं कहाँ खेल रहा हूँ और क्या खेल रहा हूँ पूरे परिवार में किसी को पता ही नहीं होता, ना ही कोई जानना चाहता था। गर्मी की छुट्टी का मतलब ही था केवल खेलना, लेकिन साथ ही साथ हमारे लिए जरूरी था कि साँझ तक घर पर पहुँच जाएँ वरना कुटाई तय थी।

स्कूल, मैदान या घर के सामने की मिट्टी भरी सड़क, हमारी नजरें सदा ही किसी दोस्त को खोजते रहती थी। हमारा हर त्योहार उत्साह से परिपूर्ण था खासकर दीपावली, कम-से-कम महीने भर पहले से तैयारियाँ शुरू हो जाती थीं। घर के आस-पास एक जरा-सी पटाखे की आवाज भर आ जाये तो घर के बाहर जाना बहुत जरूरी हो जाता था, जैसे हमारे बिना अगला पटाखा फूटने से ही मना कर देगा।

पानी की बोतल तो हमने कभी-कभार ही किसी के पास देखी होगी, नल या हैंडपम्प का पानी ही पर्याप्त था, आजकल तो छाना हुआ (फिल्टर का) पानी पीते हैं परन्तु उस कालखण्ड में शायद पेट के अंदर ही छन्नी (फिल्टर) लगी थी, सभी कुछ पच जाता था। हमारे लिए जैसे कोई तनाव था ही नहीं, जैसे तनाव शब्द पैदा ही नहीं हुआ था। जो है उसी में मस्त रहते और दोस्तों के साथ खेल में डूब जाते, ना कोई बड़ा बनने की बड़ी इच्छाएँ ना बड़े सपने और ना किसी तरह का कोई झुकाव, क्योंकि पता ही नहीं था भविष्य में करना क्या है? मन में हमेशा यह रहता था कि क्या करना है वो देखा जायेगा पर अभी तो खेल लो।

स्कूल, मैदान या घर के सामने की मिट्टी भरी सड़क, हमारी नजरें सदा ही किसी दोस्त को खोजते रहती थी। दीपावली के आस-पास एक जरा-सी पटाखे की आवाज भर आ जाये तो घर के बाहर जाना बहुत जरूरी हो जाता था जैसे हमारे बिना अगला पटाखा फूटने से ही मना कर देगा। गर्मी की छुट्टी का मतलब ही था केवल खेलना या नानी का घर।

एक दिन एक धार्मिक पुस्तक में मैं ये देख कर बड़ा अर्चभित हुआ कि देवी के सुन्दर चित्र में कान से लटकते सुन्दर कुंडलों में मणियों की जगह बालक जैसी नन्ही मूर्तियाँ

थी। मैं इसका अर्थ ना समझ पाया, पर जब कुछ दिन खोजा तो पाया कि माँ उन्ही की बातें सुनती है जो बाल-सुलभ और सरल होते हैं, मैं स्तब्ध था कि इतना गहरा अर्थ और इतनी सरलता से समझा दिया गया। असल में बाल्यावस्था का मन बहुत सरल, सत्य व निश्चल होता है। इसलिए माँ सदैव बालकों की तरह सरल, निश्चल लोगों की ही बातें सुनती हैं।

बचपन सरल तो है पर इस स्वच्छ मन पर उस कालखण्ड में कही गयी बातों का बहुत गहरा प्रभाव पड़ता है और उसे किसी भी तरफ ढाला जा सकता है। बचपन में ही सारे जीवन की नींव भी पड़ती है। यही समय उपयुक्त होता है जब उसे सत्कर्मों व संस्कारों से पल्लवित किया जाता है। मेरे एक साथी ने बताया कि एक बार उसने छुटपन में अपने घर से कुछ पैसे चुराये तो माता जी ने डाँटा और कहा कि अगर जरूरत थी तो माँग लेता चुराये क्यों? और फिर उसे तब तक नहीं छोड़ा, जब तक कि माफी नहीं माँगी और दोबारा ऐसा कभी ना करने कि बात कही। एक बुरी आदत के बीज को पनपने से पहले ही नष्ट कर दिया गया। उसके जीवन में इस बात का ऐसा गहरा प्रभाव पड़ा कि आज तक उसके मन में भी दोबारा चोरी का विचार नहीं आया। माताजी के वो शब्द आज भी उसे अक्षरशः याद है और नेत्रों में नमी लाने के लिए पर्याप्त है।

मेरे एक बहुत अच्छे दोस्त ने बताया कि उनके घर में किसी मेहमान आने पर छह समोसे रखे गये, कुछ ही देर में सारे भाई बहनों ने परदे के पीछे रहकर ही समोसों का बँटवारा कर लिया। पर यह क्या मेहमान ने जब तीन समोसे खा लिए तो बच्चों में जबर्दस्त जंग छिड़ गयी। मम्मी ने गुस्सा हो कर जब मेहमान के सामने बुलाया तो बच्चे ने शर्माते हुए बोला कि अंकलजी मेरा और बहन के हिस्से का समोसा खा गये। मेहमान को अब काटो तो खून नहीं, आधा समोसा मुँह में आधा हाथ में, करे तो क्या करे। उस बात को बीते तीन दशक से ज्यादा हो चुके हैं पर आज भी मेरा मित्र बड़ी गरमजोशी से यह किस्सा सुनाता है, बचपन है ही इतना सुंदर और भीना।

मेरे एक वरिष्ठ ने बताया कि गणित में कम अंक के लिए जब गणित को अलग से सीखने (ट्यूशन) की बात हुई तो अध्यापक ने मूल्यांकन के बाद कहा कि तुम्हारी सब्जी में नमक की कमी है, बाकी सब ठीक है, जब इसका कारण पूछा तो सर ने बताया कि तुम्हारे सारे विषय में अच्छे नंबर

है यानी सारे मसाले उचित मात्रा में है, पर गणित का नमक सही नहीं है, इसको ठीक करने के बाद पूरी सब्जी स्वादिष्ट हो जायेगी, यानी सारे विषय अच्छे हो जाएँगे। कुछ ही समय में गणित में अच्छे परिणाम आने लगे, पर उन्होंने कहा कि भले ही गणित में अच्छे नम्बर आ रहे हैं पर तुम्हारा अंतर्मन दूसरी विधा के लिए ज्यादा अनुकूल है। सर की यह सीख उनके लिए मील का पत्थर साबित हुई और चिकित्सा सेवा के पुनीत क्षेत्र में अच्छा कार्य कर रहे हैं। हमारे आदरणीय अध्यापक गण अपने शिष्यों को उचित राह ही दिखाते हैं।

यूँ तो सभी माता-पिता अपने बच्चों को सीख देकर उनकी त्रुटियों को सुधारते रहते हैं, पर माता-पिता में से कोई अध्यापक हो तो उनकी सीख का तरीका निराला होता है। कुछ दशक पहले जब मोबाइल फोन जैसा कुछ नहीं था, तब हमारी प्रिय वरिष्ठ छात्रावास में रहने गयीं और वहाँ से माताजी को पत्र लिखा करतीं, इसके उत्तर में माताजी कुशल पूछने के साथ साथ, प्रत्येक बार पिछले पत्र की त्रुटियों को सही करतीं व उसे और निखारने के तरीके बता देतीं, शनैः शनैः निखार आता रहा और आज उनकी लिखावट व भाषा दोनों ही एक अलग ऊँचाई पर है। लेकिन यह सुधार उस आयु में ना होता तो शायद ऐसा संभव ना हो पाता।

अनगिनत किस्से, सीख और खट्टी-मीठीं सुनहरी यादें,

हर किसी के बचपन का हिस्सा होतीं हैं। आजकल के जीवन की आपा-धापी में बचपन की वो सरलता व नानी के घर की यादें कहीं खोती जा रही हैं, जो कि एक चिंता का विषय है। बचपन इसीलिए अच्छा है क्योंकि इस समय जीवन तनाव-रहित, सरल और निश्चल होता है यानी कि बचपन का वो समय सच में ही अद्भुत होता है। इस समय तनाव रुपी बादल का लेशमात्र अंश भी नहीं होता और सारा नील गगल स्वच्छ व सरल वायु से परिपूर्ण होता है। प्रत्येक व्यक्ति इस समय को सोच कर प्रसन्न हो जाता है क्योंकि वो भीनी-सी यादें उनके अंतर्मन को छू जाती है और गुदगुदा एहसास करती हैं। छुटपन में कुछ ऐसे देवतुल्य लोग जीवन में बदलाव लाते हैं और जीवन-धारा को उर्ध्व दिशा पर मोड़ देते हैं। इस कोमल मन की छोटी अवधि में अगर कुम्हार की तरह अंदर से सहारा और ऊपर से थपकी दी जाये तो बनने वाले वाले सुपात्र का भविष्य उज्ज्वल होता है और वो गगन सदृश ऊँचा उठ जाता है।

सब कहते हैं 'मेरा बचपन सबसे अच्छा'

*Contributed by*

*Dr Bhuwan Chand Pandey*

*Senior Consultant*

*Institute of Anaesthesiology, Pain and Perioperative Medicine*

## First Annual Dental Update

The Department of Dental Surgery organized the first annual dental update, a culmination of the untiring efforts of the entire Department of Dental Surgery and Dr Bela Jain, Chairperson. Delegates from all over the city assembled in the auditorium of SGRH to enjoy the academic feast of the superb talks and hands-on workshop.

Dr Bela Jain as organizing chairperson, Dr Vikas Sethi as vice chairperson, Dr Karan Rai as organizing secretary, Dr Devika Duggal as treasurer and Dr Ajay Bharija as chairman of scientific committee working as a well-organized team took care with dedication and diligence to make it a resounding success. We were also privileged to have Dr Janak Raj Sabharwal as our chief guest to inaugurate the first annual dental update. He is an oral and maxillo-facial surgeon, also the former president of the National Indian Dental Association.

The inaugural function started with the lighting of the lamp by the Chief Guest Dr J.R. Sabharwal, Dr (Prof) D.S. Rana, Chairman Board of Trustees, Dr Bela Jain, Chairperson Department of Dental Surgery, Dr Jaya Sood, Vice Chairperson Board of Management, Dr (Prof) A.K. Bhalla, Honorary Secretary Board of Management and Dr Vikas Sethi, Vice Chairman Department of Dental Surgery.

The scientific session curated by Dr Ajay Bharija, Chairperson



Scientific Committee, entailed a gamut of diversified and educative lectures. These were given by Dr Harshita Vij, Oral and Maxillofacial Surgeon, on the current perspectives in the management of impacted third molars; Dr Karan Rai, Paediatric Dentist, on Pediatric Dental Rehabilitation – Anesthesia considerations; Dr Tanvir Singh, Orthodontist, and Dr Gunita Singh, Cosmetic Dentist, speaking jointly on Smile Design – Invasive vs Non-invasive techniques; Dr Nishtha Glodha, Orthodontist, on Interceptive Orthodontics and the Art of Treating early followed by Dr Devika Duggal, Endodontist, on the Ascent of Bioceramics sealers in Endodontics.

*Compiled by Dr Karan Rai, Paediatric Dentist*



*In memory of*

**Padma Shri Professor Ishwar Chander Verma, FRCP (London), FAMS (India), FAAP (USA)**

(25 December 1936 to 8 February 2024)



Professor I.C. Verma was the founding Chairperson of the Institute of Medical Genetics and Genomics at Sir Ganga Ram Hospital, which he established in 1997. Starting from a small room in the hospital, he rapidly set up a state-of-the-art genetic centre that boasts of internationally and nationally acclaimed expertise.

Professor Verma had his schooling in East Africa, MBBS at Amritsar Medical College where he was awarded the PN Chuttani Gold Medal for standing first in Clinical Medicine. He did residency training in Dar-es-salaam, Tanzania and obtained MRCP London in 1966, and DCH at Glasgow University. He received genetic training in Zurich, London, Edinburgh, Manchester, Boston and NIH, USA. Dr Verma is credited with setting up two genetic centres in India – the first at AIIMS, Delhi where he joined as a Lecturer in 1967, and was appointed Professor in Paediatrics and Genetics in 1988. He served at AIIMS for 30 years before setting up the centre at SGRH.

Dr Verma is hailed as the 'Father of Genetics' in India for his sterling qualities. His unwavering commitment to his patients set him apart as a compassionate and pioneering figure in medical genetics for which he was awarded the BC Roy National award.

Dr Verma brought in the latest knowledge and tests – the felt need being to make it available in our country. Advances in genetics excited him, he saw the turn of the era in genetics. We would see the parents coming to meet him in desperation to bring therapies for their children – he always gave them hope of a brighter future ahead and worked wonders with his thought processes and his writings to start the first ever compassionate access programme in the country in 2007 from which more than 300 patients have benefited across the country.

Dr Verma was a stalwart visionary and had dedicated his life to advancing genetics in India. His career spanned innovating simple genetic tools to screen, diagnose and treat genetic disorders. He was instrumental in starting a number of patient societies – for thalassaemia, mental retardation, muscular dystrophy, etc. His research provided the burden of genetic disease in India and the health problems in the tribal community, data that was used to plan genetic services in India and save the Onges – a Negrito tribal community – from extinction. His extensive contributions within the field of genetics earned him multiple awards from ICMR, NAMS, AIIMS, Ranbaxy Science Foundation, etc, and the most coveted Padma Shri in 2023.

Professor Verma was an extremely humble person. He discussed just everything with his juniors, colleagues and students in an atmosphere of sharing and learning and this is how it will always remain in the department to take forward his legacy. He has touched many lives and lasting imprint on who have been fortunate to have known him.

There were multiple lighter moments – he laughed when his conversations especially those when he angry/upset were mimicked in our Diwali parties. He enjoyed food, especially sweets. When there was a cricket match he just had to have regular score updates...and the memories are endless.

He transformed the landscape of genetics in India and leaves a lasting imprint on who were fortunate to have known him.

*How do you thank someone  
Who stands on that pedestal  
I know that I have lost my best mentor and friend  
But his memory is eternal  
To Sir with Love*

**Ratna Dua Puri, Institute of Medical Genetics and Genomics**

## Interactive sessions on Palliative Medicine

The Department of Palliative Medicine organized interactive sessions on Palliative Medicine at the Centre of Social Medicine and Community Health, Jawaharlal Nehru University (JNU), and the University School of Law and Legal Studies, GGSIP University on 23–24 February, respectively.

The session at JNU focused on an introduction to Palliative Medicine, current treatment paradigms and the regulatory landscape in India and abroad. The second session at the GGSIP University was held online. In addition to an

introduction to the subject, it included the development of the services in SGRH and a discussion of the legal aspects of palliative medicine. The speakers were: Dr Jayashree Sood, Vice Chairperson, Board of Management and Advisor to the Department of Palliative Medicine; Dr Bimla Sharma, Chairperson, Department of Palliative Medicine; Dr Puneet Rathore, Consultant; Ms Sunita Sharma, Nursing Staff Officer; and Tushar Jain, a volunteer and Professor Ravinder Kumar, a faculty member from GGSIP University.

### CROSSWORD ANSWERS

**ACROSS:** 1. Kidney 3. Balak-Ram 7. Baisakhi 9. Mangtanwala 11. Daulat-Ram 12. Fatima-Jinnah 14. Ghodha-Train 16. Kanhaiya-Lal 17. Sub-Inspector 18. Agrawal 20. Khalid-Ahmed 21. Pyare-Lal-Bedi 23. Delhi-Durbar 24. Sons 25. Buckingham-Palace 26. Montgomery  
**DOWN:** 1. KC Mahajan 2. Imperial 4. Amritsar 5. Lady-Hardinge 6. Model-Town 8. Dharma-Vira 10. Jawahar-Lal-Nehru 13. Rai-Bahadur 15. Malcolm-Hailey 19. Thomason 21. Punjab 22. CT-Scan

## Obituary

### Dr Ashwin Dewan



*'There are special people in our lives that remain with us in spirit, even after they are gone.'*

We are deeply grieved by his untimely demise. Dr Ashwin Dewan had a very special place in our department. He was born on 15 August 1958, the son of Late Dr M. Dewan (Founder

Member, Board of Management and Ex-Chairman, Department of Dental Surgery).

He did his Bachelor of Dental Surgery in 1982 from Osmania University, Hyderabad and Master of Dental Surgery, Prosthodontics in 1987 from Patna University, along with several special courses in Dental Surgery.

Dr Ashwin Dewan joined SGRH as a Part-time Junior Consultant in

Dental Surgery on 9 November 1987. He was promoted as an Associate Consultant in Dental Surgery with effect from 1 April 1993 and appointed as a Senior Consultant with effect from 17 April 1999. He was appointed as the Chairperson, Department of Dental Surgery for the year 2016–2017.

Dr Ashwin Dewan left for his heavenly abode on 7 February 2024. He is survived by his wife, Mrs Sabeena Dewan and sons, Mr Kuber Dewan and Dr Nakul Dewan. His sister Dr Bindu Dewan is a Senior Consultant in the Department of Dermatology.

He lived life on his own terms and faced troubles head on. He fought his disease bravely with a positive attitude right up to the very end. We pray for the liberation of his soul.

**Dr Bela Jain, Chairperson, Department of Dental Surgery**

*The Paediatric Haemato-oncology Unit of SGRH organized a CME on 'The New Era of Pediatric Hematology Oncology' at Hotel Siddharth on 12 January 2024. The CME was attended by 70 delegates from the Delhi NCR region.*

*Dr Pallav Gupta, Senior Consultant, Department of Histopathology, SGRH was conferred with the prestigious K.V. George Kottukulam memorial award for excellence and outstanding work in renal and transplant pathology by the Tamil Nadu Kidney Research Foundation and Kerala Kidney Research Foundation at Chennai on 25 January 2024. The award was presented by the Secretary, Ministry of Health and Family Welfare, Tamil Nadu Government.*

*Dr Suresh Gupta, Senior Consultant, Institute of Child Health was conferred with the Sishu Raksbaka Prashasti Award in recognition of his exemplary services and leadership in the field of paediatric emergency medicine at the 2nd LAP-PEM conference (15th National Assembly of Paediatric Emergency Medicine [NAPEM] 2024) held at Bengaluru, Karnataka on 2–3 March 2024.*

*Dr Vijay Arora, Emeritus Consultant, Department of General, Laparoscopy and Laser Surgery, has been awarded the certificate of appreciation in recognition of his contribution to the Royal College of Physicians and Surgeons of Glasgow. He is also international adviser to the Royal College of Physicians and Surgeons of Glasgow.*

*Dr Anjali Gera, Senior Consultant, Institute of Anaesthesiology, Pain and Perioperative Medicine, was awarded the first prize for her e-poster titled 'Lignocaine versus dexmedetomidine infusion for postoperative pain relief in patients undergoing laparoscopic cholecystectomy: A randomized controlled study' at the 18th World Congress of Anaesthesiologists held at Singapore, 3–7 March 2024.*

*The Department of Non-invasive Cardiology, SGRH and Delhi branch LAE conducted a 1-day Transoesophageal Echo (TEE) workshop on 4 February 2024. The workshop highlights included didactic lectures, live TEE procedures done and hands-on simulator training.*

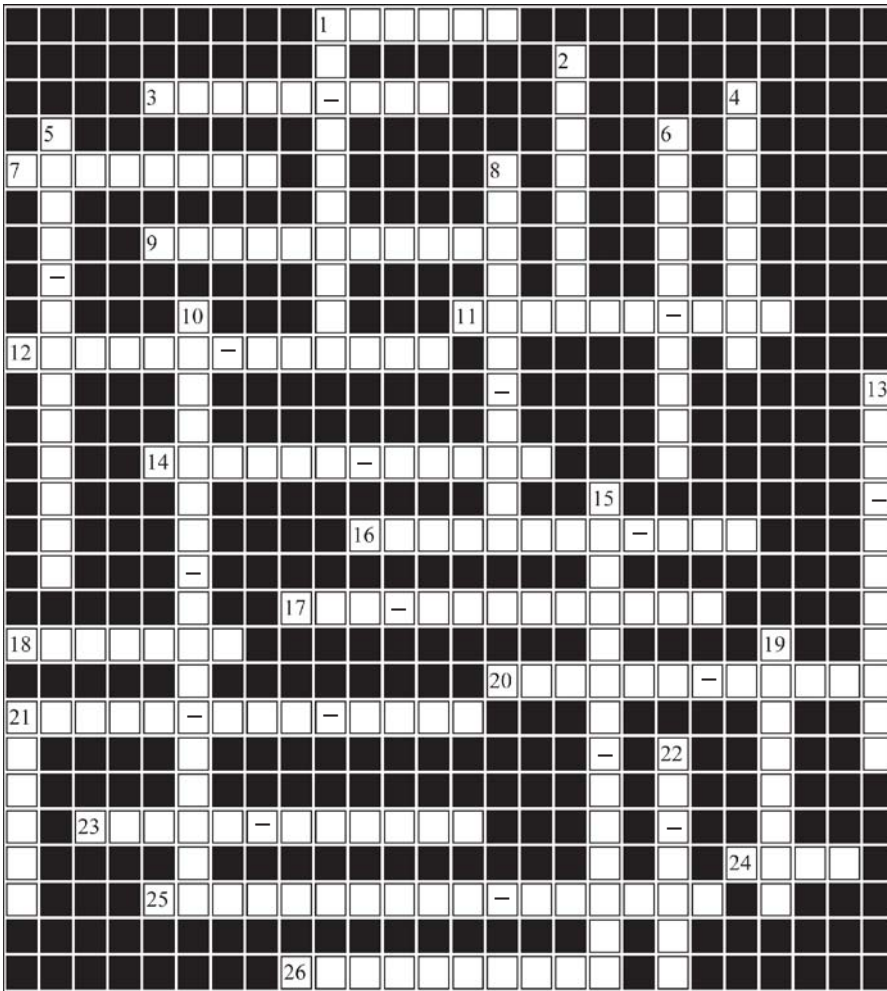
*Dr Anil Sachdev, Senior Consultant, Institute of Child Health, was conferred with the 'Lifetime Achievement Award' by the International Asthma Services, Colorado, USA and Dr Neeraj Gupta, Senior Consultant, Institute of Child Health was felicitated with the 'Special Recognition Award' by the American Association for their exemplary work in the field of Paediatric allergy and Asthma at the 7th International Conference on Childhood Allergies (ICCA) – The Global Summit organized by the Division of Paediatric Allergy and Immunology, Institute of Child Health, SGRH, New Delhi and the Centre for Food Allergy and Asthma Research, Northwestern University, Chicago, USA held on 9–11 March 2024 at New Delhi.*

*Dr Neeraj Gupta, Consultant, Department of Paediatrics, SGRH received the Best 'Young Researcher Award' across the country at the 61st National Conference of the Indian Academy of Paediatrics held at Kochi on 26 January 2024.*

*Sir Ganga Ram Hospital has been recognized as a 'Centre of Excellence' by the World Allergy Organization at the 7th International Conference on Childhood Allergies (ICCA) organized by the Division of Paediatric Allergy and Immunology, Institute of Child Health, SGRH, New Delhi and the Centre for Food Allergy and Asthma Research, Northwestern University, Chicago, USA held on 9–11 March 2024 at New Delhi. SGRH is the country's first 'Centre of Excellence' to receive the accolade by a global apex body in the field of allergy.*

# CROSSWORD

(Based on history of Sir Ganga Ram and SGRH)



## Across

1. Sir Ganga Ram Hospital became the first private hospital in India to start this transplant programme (6)
3. The name of the medical college which Sir Ganga Ram started for benefit of hindu boys (5-3)
7. Birthday of Sir Ganga Ram falls on this important festival – the beginning of wheat harvesting season in Punjab (8)
9. The village where Sir Ganga Ram was born (11)
11. Father of Sir Ganga Ram, a wealthy God (6-3)
12. The name of Balak Ram medical college was changed to this medical college after partition in 1947 (6-6)
14. Sir Ganga Ram devised this travelling system as railway track from Budhiana railway station to village Ganga Pur (6-5)
16. After receiving his engineering degree with top order Sir Ganga Ram became apprentice to this famous chief engineer of Lahore (8-3)
17. Rank at which father of Sir Ganga Ram was working at a police station in Mangtanwala (3-9)
18. The last name of Sir Ganga Ram (7)
20. This renowned Pakistani journalist described Sir Ganga Ram as father of modern Lahore (6-5)
21. The famous author who wrote Sir Ganga Ram biography – harvest from the desert – life and works of Sir Ganga Ram (5-3-4)
23. The place where Sir Ganga Ram was conferred order of Indian Empire (CIE) in 1903 (5-6)
24. Relation of Balak Ram and Sewak Ram to Sir Ganga Ram (4)
25. The palace where Sir Ganga Ram was knighted in 1922 by King George V (10-6)
26. In this district, Sir Ganga Ram converted 200 sq miles of barren unirrigated land into fertile fields in 3 years (10)

## Down

1. The first chairman of Sir Ganga Ram Hospital (1,1-7)
2. Soon after appointment as civil Engineer Sir Ganga Ram was called to help in building of this assemblage (8)
4. Father of Sir Ganga Ram shifted to this city from the place of his birth (8)
5. This medical college was constructed by Sir Ganga Ram in 1914 and named in honour of the wife of the then viceroy of India (4-8)
6. Sir Ganga Ram constructed this locality in Lahore, which also exists in North Delhi with same name (5-4)
8. This grandson in law of Sir Ganga Ram, Principal Secretary to Jawahar Lal Nehru, played a crucial role in land allocation for Sir Ganga Ram Hospital (6-4)
10. The then PM who inaugurated Sir Ganga Ram Hospital in April 1951 (7-3-5)
13. This award was conferred to Sir Ganga Ram in 1903 for exemplary services (3-7)
15. This Governor of Punjab said that Sir Ganga Ram earned liked a hero and spent like a saint (7-6)
19. In 1871, Sir Ganga Ram graduated from this college (now IIT Roorkee) (8)
21. Province of Pakistan where Sir Ganga Ram was born (6)
22. In 1982, Sir Ganga Ram Hospital became the first hospital in Delhi and second in India to install this facility (1,1-4)



## Pearls of Wisdom

### MANTRA OF SUCCESS:

*To achieve success in life, besides hard work and discipline have passion, perseverance, patience and positive thinking.*

*Dr A.K. Bhalla, Hony Secretary Board of Management, SGRH & Director, CLS*

**'The First Patent of Sir Ganga Ram Hospital' and successful completion of 600 Inguinal Hernia repairs by the innovative 'Manish Technique'**



### NEW ENTRANTS

- Dr Shelley Hukku *Radiation Oncology Senior Consultant* 01.01.2024  
Dr Ashmita Jawa *Obstetrics & Gynaecology Associate Consultant* 01.01.2024  
Dr Vinay Goel *Interventional Neuroradiology Associate Consultant (Ad hoc)* 11.01.2024  
Dr Hirak Pahari *Surgical Gastro, GI & HPB Onco-Surgery Consultant* 16.01.2024  
Dr Arjun Maria *Paediatrics Gastroenterology Associate Consultant (Ad hoc)* 01.02.2024  
Dr Sneyhil Tyagi *Neurosurgery Associate Consultant (Ad hoc)* 24.02.2024

### PROMOTIONS

- Dr Praveen Kumar *Paediatric Neurology Senior Consultant* 01.01.2024  
Dr Neeraj Dhamija *Laparoscopic & General Surgery Senior Consultant* 01.01.2024  
Dr Sharmishtha Garg *Obstetrics & Gynaecology Consultant* 01.01.2024

**We welcome your comments. Please send us your feedback at 'sgrhnewsletter@sgrh.com'**

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