# amrita patrika

## Amrita School of Medicine

NATIONAL INSTITUTIONAL RANKING FRAMEWORK

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**January - March 2022**
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**A++ Awarded by NAAC**

Dr Prem Kumar Vasudevan Nair
Medical Director

Dr (Col) Vishal Marwaha
Principal

# Editorial

As Amritians enter the silver jubilee year of the institution, we find ourselves blessed with another milestone which is the soon to be inaugurated sprawling extension of Grace in the edifice of Amrita Hospital at Faridabad in the National Capital Region! One crore square feet facility encompassing all modern amenities a quaternary healthcare institution could boast of is getting ready to serve the patients in that region and this very thought makes every member of the Amrita family grow in pride and wallow in humility at being part of such a lofty mission.

As AMMA says, higher the aim of one's mission-propelled by love, proportionately greater shall be the strength that will accrue to oneself! The growth of Amrita Vishwa Vidyapeetham and the healthcare institutions, especially, seem to attest to this insightful declaration of the preceptor of our times. However, love bereft of the key ingredient of selflessness often masquerades as contemporary "modern values" which ends up misleading us; so thoughtfully captured in the poem penned in our national language by a senior student !

The luminaries section of this edition continues to record achievements of our faculty who excel in their respective field of specialization. The student and faculty publications attract our attention by the quality of the research work.

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# LUMINARIES

Dr. Girija K. R

**Dr. Girija. K.R. is Clinical Professor of Microbiology in Amrita School of Medicine, AIMS, Kochi since joining the institution in 2014. She did her MBBS from Government Medical College, Kottayam in 1978 and MD Microbiology in 1982 from Government Medical College, Calicut. She joined the Medical Education Service as Tutor in Microbiology at Government Medical College, Calicut in 1982. She has over 30 years of teaching experience as an undergraduate & Postgraduate teacher in various Medical Colleges. She retired as HOD Microbiology & Vice Principal from Government Medical College, Trichur in May 2014. Her areas of interest are Diarrhoeal Diseases, Infection Control & Microbial Drug Resistance.**

Dr. Unnikrishnan Menon

**Dr.Unnikrishnan Menon currently serves as the Professor, in the Department of ENT, Amrita School of Medicine, AIMS, Kochi. His special area of interest is Laryngology (Voice and Swallowing disorders). Presently, he serves as Honorary Secretary of the Association of Phonosurgeons of India. He has authored two chapters. He is one of the faculty member of the Medical Education Department in our institution. He is an active member of the Dissertation Review Committee and member of the Scientific Ethics Committee of the institution. He is reviewer for many national medical Journals. He is also Associate Editor of Amrita Journal of Medicine and co-ordinator of the departmental IQAC. His active involvement in various extra-academic activities of the Undergraduates, especially in the annual Arts Fest provided great support to students. He is passionate about quizzing and is the founder of the Amrita Quiz Club.**

Dr. Indu R. Nair

**Dr. Indu R. Nair is Additional Professor of Pathology at Amrita Institute of Medical Sciences. She received her MBBS degree from T D Medical College, Alappuzha in 1996. She completed MD Pathology degree from Government Medical College, Trivandrum in 2002. She has held academic positions in government medical colleges at Trivandrum and Alappuzha and also worked in the Regional Cancer Centre, Trivandrum. In 2009, Dr. Indu R. Nair joined Amrita Institute of Medical Sciences. She has over 20 years of professional experience as a practicing pathologist, teacher and researcher in well known academic institutions. Her areas of interest are: lymph node pathology, female genital tract pathology and cardiac transplant pathology.**
**Dr. Indu R. Nair has completed an observership in lymphoma pathology at the Imperial College, London in 2014 under the guidance of Professor Naresh Kikkeri, one of the foremost experts in the field. She has also completed a training programme in Cardiac Transplant Pathology at Sri Ramachandra Medical College under the guidance of Dr Rajendiran S. She has a keen interest in research and has several publications in many national and international journals. She has completed training in clinical research methods from the Indian Institute of Public Health.**

Dr Ajay B

**Dr. Ajay Balachandran is the Professor, Department of Forensic Medicine, Amrita School of Medicine, AIMS, Kochi. He completed his MBBS from Government TD Medical College, Alappuzha and MD Forensic Medicine training at Government Medical College, Calicut. Dr. Ajay has also undergone training in Medical Education Technology at NTTC (JIPMER) and Kottayam Medical College. He has worked at Government TD Medical College Alappuzha, PSG Institute of Medical Science and Research, Coimbatore and MES Medical College, Perinthalmanna. He has been working in Amrita School of Medicine since 2010. He is the Secretary, Curriculum Committee and Coordinator, Institutional Quality Assurance Cell. He has contributed significantly to the NAAC accreditation process of the institute.**

Dr Sudha S

**Dr. Sudha S currently serves as Professor in the Department of Obstetrics & Gynaecology, Amrita School of Medicine, AIMS, Kochi and has been a faculty at Amrita for the last 21 years. She did her graduation, Diploma in Gynaecology Obstetrics, and DNB in Obstetrics & Gynaecology from Government Medical College, Trivandrum. Thereafter, she served as research officer in HRRC, ICMR for one and a half years. She underwent training in laparoscopic surgery in 2000 and had served in various hospitals in private sector before joining Amrita Institute of Medical Sciences, Kochi. She has presented papers in national and international conferences and has multiple publications to her credit.**

Dr. Sajitha S

**Dr. Sajitha S is currently working as Professor in the Department of Pediatrics at Amrita School of Medicine, AIMS, Kochi. She did her MBBS and MD Pediatrics from the Government Medical College in Trivandrum. She joined Kasturba Medical College, Mangalore as Assistant Professor in Pediatrics in 1998 and later joined AIMS, Kochi in 2005. Likewise, she also completed the Post Graduate Diploma in Developmental Neurology in 2009. She has many research publications to her credit and is examiner for MBBS, MD and DNB Pediatrics.**

Dr. Rathi Sudhakaran

**Dr. Rathi Sudhakaran Serves as Professor, Department of Anatomy, Amrita School of Medicine, AIMS, Kochi. She completed M.B.B.S. from Government Medical College, Kottayam and MS (Anatomy) from Lokmanya Tilak Municipal Medical College, Sion, Mumbai. She worked as faculty of Anatomy at MGM's Medical College, New Bombay and LTMMC, Sion, for 13 years. Since 2009, she has been working at AIMS, Kochi. She has published many research papers. She is a very popular teacher and mentor, making anatomy approachable to first year students.**

# LUMINARIES

Dr. Sreekumar K. P.

Dr Sreekumar K P currently serves as Professor, Department of Radiodiagnosis, Amrita School of Medicine, AIMS, Kochi. He completed MBBS from Government Medical College, Thrissur and MD Radiodiagnosis from PGIMS Rohtak. Dr Sreekumar obtained his PDCC (Interventional Radiology) from Sree Chitra Tirunal Institute of Medical Sciences, Thiruvananthapuram. He joined Amrita Institute of Medical Sciences in 1999 as Consultant. His special interests are Interventional Radiology, Musculoskeletal Radiology and GI Radiology. He is a member of several radiological societies (IRIA, ISVIR, ISGAR) and has several publications to his credit. He is often invited as a resource person at state and national level conferences and for PG training programs.

Dr. Sreedevan V, is Professor, Department of Dermatology, Amrita School of Medicine, AIMS, Kochi. He completed his MBBS from Government Medical College, Trivandrum. He finished his MD Dermatology from Government Medical College, Kottayam. He has an excellent teaching career spanning across Government Medical College, Thrissur & Government Medical College, Alappuzha. He served as HOD, Department of Dermatology at Government Medical College, Alappuzha (2008 -2016). He has attended various national and international conferences. His areas of Interest are Papulosquamous dermatoses, Vesicobullous Diseases, Dermatomycosis and Varicose veins.

Dr. Sreedevan V.

Dr. Priya Vijayakumar

Dr. Priya Vijaykumar is the Professor of Department of Geriatrics at Amrita School of Medicine, AIMS, Kochi. She completed her MBBS from Karnataka University and MD in General Medicine from Kasturba Medical College, Mangalore. After joining AIMS in 1999, she did a diploma course in Geriatrics conducted by Indira Gandhi National Open University. She has a visiting fellowship in Geriatrics from Universities of Michigan and Wisconsin, USA. She has many research publications to her credit. Furthermore, she is a PG examiner in Geriatrics.

Dr. George Kurian is a Professor in the Department of Nephrology at Amrita School of Medicine, AIMS, Kochi. He has special interest in Lupus Nephritis, Kidney Transplantation and Transplant Immunology. He has 19 years of experience and has delivered invited lectures in various academic forums and has published several papers in national and international journals. He is a member of IISN, International Society of Nephrology, and Peritoneal Dialysis Society of India. He is the principal investigator in various clinical trials on Lupus Nephritis. He is also the secretary of Nephrology Association of Kerala. He was involved in the First Simultaneous Pancreas Kidney Transplantation and Bilateral Hand Transplant done in Kerala.

Dr. George Kurian

Dr. Nisha B.

Dr. Nisha Bhavani , Professor of Endocrinology, completed her undergraduate training in MBBS from Trivandrum Medical College in 1996. She was the first rank holder and best outgoing student of the MBBS batch in the University of Kerala. She went on to complete her MD and DNB in General Medicine from the same institute in 2001. Her formal training in Endocrinology began in 2004 at AIMS. In early 2007, she obtained her DNB in Endocrinology and joined AIMS as Assistant Professor in Endocrinology. She has done her Clinical fellowship in Pediatric Endocrinology from the Children's Hospital at Westmead, Sydney, Australia. Her special areas of interest in Endocrinology include Pediatric and adolescent Endocrinology, Bone and mineral metabolism and Adrenogenital disorders. She has more than 50 publications in peer reviewed journals and has bagged the IMA research award twice.

Dr. Balu Vaidyanathan is currently the Clinical Professor of Paediatric Cardiology at Amrita School of Medicine, AIMS, Kochi. After completing his MD (Paediatrics) from AIIMS, New Delhi, he pursued his DM Cardiology training from SCTIMST, Trivandrum. He was awarded the prestigious Commonwealth Fellowship in fetal cardiology from the Evelina Children's Hospital, London in 2007. After his training, he established a dedicated Fetal Cardiology division at Amrita Hospital in 2008. He has about 80 research publications and around 400 professional lectures to his credit. His primary areas of interest include prenatal diagnosis, neonatal screening for CHD and epidemiological research in pediatric cardiology.

Dr. Balu Vaidyanathan

Dr. K. U. Natarajan

After a brilliant academic track record and upon completion of his DM Cardiology training at the prestigious Sri Chitra Institute of Medical Sciences Trivandrum, Dr. K U Natarajan joined AIMS in 1998 as Consultant in the Department of Cardiology. With nearly 25 years of experience in the field of Cardiology, Dr. Natarajan is considered a clinician and teacher par excellence, with student following from all over India. He was instrumental in starting the division of Cardiac Electrophysiology along with his mentor Dr. Prakash Kamath in the year 2000. In the past two decades, Cardiac Electrophysiology at AIMS has evolved into a centre of excellence in the country, having performed nearly 10,000 EP +Device procedures. Dr Natarajan is a national level mentor on the nuances of device therapy including implantation and follow up. He is a regular invited faculty in National and International conferences in his chosen field of interest.

# Poetry

## आधुनिक प्रेम

प्रेम नहीं व्यापार हो गया,
वर्णिक यह संसार हो गया।

नैनों का अंदाज खो गया,
लुप्त वह संवाद हो गया ।

प्यार कहीं पर गौण हो गया,
धन. संबंधों का आधार हो गया।

अक्षु  का तो मोल ना रहा,
मोती जबसे हार हो गया ।

गालों की झूठी लाली में,
मन का वह भँगार खो गया ।

मानवता तो क्षीण हो गयी,
मानव भी पाषाण हो गया ।

केश - कंचन का हुआ विवेचन,
प्रीति, तेरा नाम खो गया ।

अरुण तिवारी

*Dr Arun Tiwari is alumnus of Amrita School of Medicine, AIMS, Kochi. He did his DM (Rheumatology) from 2018 to 2021. Currently he is working as a Consultant in Rheumatology at Apollo Adlux Hospital, Angamaly.*

# Student Publications

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## Remediation of Hepatotoxic Effect of Tamoxifen with Ginger in Rat Model

Vanditha. S[1], Princy Louis Palatty[1], Malini Eapen[2], Thennavan. A[3], Manjeshwar. S. Baliga[4] and Greeshma. C. Ravindran[5]

*1. Department of Pharmacology, Amrita School of Medicine, Amrita Vishwa Vidyapeetham, Kochi, India*

*2. Department of Pathology, Amrita School of Medicine, Amrita Vishwa Vidyapeetham, Kochi, India*

*3. Veterinary Medicine Department, Amrita School of Medicine, Amrita Vishwa Vidyapeetham, Kochi, India*

*4. Mangalore Institute Of Oncology, Mangalore, India*

*5. Department of Biostatistics, Amrita School of Medicine, Amrita Vishwa Vidyapeetham, Kochi, India*

**Abstract: Background:** Tamoxifen is a non-steroidal oestrogen receptor modulator. It has strong anti-estrogenic activity on oestrogen receptor 2 in the breast tissue. It is the treatment of choice in breast cancer cases following surgery and radiotherapy, it is the most potent weapon against breast cancer. All stages of hormone-dependent breast cancer are currently treated with tamoxifen. Long-term tamoxifen therapy may cause hepatotoxicity which would perclude the use of tamoxifen. Hence this study was done to determine whether ginger has a role in protecting liver toxicity caused by tamoxifen. **Methods:** Twenty female albino rats (SD) were divided into 4 groups. Each group formed of five rats: Group I: Serves as control group received normal rodent diet and water, Group Ⅱ: Received ginger powder (200 mg/kg) dissolved in normal saline, orally daily for 6 weeks, Group Ⅲ: received TAM at a dose of 20 mg/kg daily for 6 weeks orally Group Ⅳ: Received TAM (20 mg/kg) then after 2 hrs they are orally given Ginger powder (200 mg/kg) daily for 6 weeks. **Results:** Tamoxifen 20 mg/kg/day caused hepatotoxicity in rats. When ginger is added to tamoxifen there is no development of hepatotoxic features like: marked sinusoidal congestion in the lobules and lab parameters showed decrease in serum AST and ALT levels when compared to tamoxifen group levels. **Conclusion:** Ginger supplementation would reduce the incidence of hepatotoxicity & related adverse drug reactions among breast cancer patient on therapy.

**Key words:** Breast cancer, tamoxifen, ginger, raised liver enzyme levels, hepatotoxicity, hepatic sinusoidal congestion.

### 1. Introduction

Breast cancer is a chapter in the life of many across the globe and is the second leading cause of cancer-related deaths in women [1]. Almost 12% of

Tamoxifen, non-steroidal oestrogen receptor modulator, is the most effective (endocraine therapeutic agent) treatment currently used for all stages of oestrogen receptor positive breast cancers [4, 5]. The Food and drug administration in 1977, approved the use

Cureus

Open Access Original Article

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## Comparison of Two Stump Closure Techniques in Laparoscopic Appendicectomy: A Single-Centre Prospective Cohort Study

Ashwin Vinod [1], Binoj ST [2], Nivedita S. Nanda [1], Greeshma C. Ravindran [3]

1. General Surgery, Amrita Institute of Medical Sciences and Hospital, Kochi, IND 2. Gastrointestinal Surgery, Amrita Institute of Medical Sciences and Hospital, Kochi, IND 3. Biostatistics, Amrita Institute of Medical Sciences and Hospital, Kochi, IND

**Corresponding author:** Ashwin Vinod, ashwinvinod04@gmail.com

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### Abstract

#### Introduction

Acute appendicitis is a frequent illness that manifests as an emergency and most of the cases necessitate surgical intervention. One of the most critical processes in a laparoscopic appendicectomy is the closure of the appendicular stump. For the closure of the stump of the appendix, several approaches have been employed and explored, but the one with the best outcomes has yet to be proved. The purpose of this study was to evaluate the medical results and cost analyses of laparoscopic appendicectomy with two of the commonly used stump closure techniques - ENDOLOOP® and Hem-o-lok®.

#### Materials and methods

A two-year prospective hospital-based cohort study was conducted from June 2019 to July 2021. All the patients in the study were randomly assigned to one of two experimental arms (ENDOLOOP® and Hem-o-lok®). The clinical and follow-up data of these patients were collected and tabulated into a data sheet and analyzed.

#### Results

# Faculty Publications



Original Article

## Prospective Randomized Study Comparing the Usefulness of Dexmedetomidine versus Esmolol in Blunting Hemodynamic Responses to Intubation in Surgical Patients

Roniya Ann Roy[1], Rajesh Kesavan[2], Sunil Rajan[1], Niveditha Kartha[3], Lakshmi Kumar[1]
[1]Department of Anaesthesiology, Amrita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham, Kochi, Kerala, India, [2]Department of Biostatistics, Amrita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham, Kochi, Kerala, India

**Abstract**

**Background:** Sympathetic response due to laryngoscopy and endotracheal intubation though transient, could be life-threatening in patients with underlying cardiovascular diseases. **Aim of the Study:** The aim of this study is to assess the effects of dexmedetomidine and esmolol on the hemodynamic response to laryngoscopy and endotracheal intubation in patients undergoing general anesthesia for elective surgery. **Settings and Design:** Prospective, randomized study conducted in a tertiary care center. **Materials and Methods:** Sixty patients were recruited and randomly divided into two groups. Group A received 0.5 mcg kg$^{-1}$ dexmedetomidine and Group B 0.5 mg kg$^{-1}$ esmolol infusions over 10 min. All patients were induced with propofol 2 mg kg$^{-1}$ followed by succinylcholine 2 mg kg$^{-1}$ and intubated. The heart rate (HR) and mean arterial pressure (MAP) were recorded at different time points. **Statistical Analysis Used:** Chi-square test, independent sample *t*-test, and paired *t*-test. **Results:** Baseline HR was statistically different in both groups. There was significant decrease in percentage change in baseline HR in Group A compared to Group B at preinduction (20.44% ± 10.82%, 13.63% ± 11.84%), before intubation (23.49 ± 12.62, 13.95 ± 14.86), and 7 min after intubation (14.65 ± 12.62, 6.80 ± 16.11). Percentage change in HR remained comparable in all other time points. Baseline MAP was comparable between the groups. Percentage change from baseline of MAP was significantly higher in Group B before intubation. All other time points MAP were comparable. The incidence of hypotension was comparable in both groups. **Conclusions:** Both dexmedetomidine and esmolol suppressed the hemodynamic response to laryngoscopy and intubation, but dexmedetomidine was more effective than esmolol in maintaining hemodynamic stability.

Original Article

## Effect of Injection Speed of Heavy Bupivacaine in Spinal Anesthesia on Quality of Block and Hemodynamic Changes

Ann Riya Jacob[1], Jerry Paul[1], Sunil Rajan[1], Greeshma C. Ravindran[2], Lakshmi Kumar[1]
[1]Department of Anaesthesiology, Amrita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham, Kochi, Kerala, India, [2]Department of Biostatistics, Amrita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham, Kochi, Kerala, India

**Abstract**

**Background and Aims:** Spinal anesthesia is a technique widely used for gynecological, lower abdominal, pelvic and lower limb procedures. Even though it causes a profound nerve block, it is associated with profound hypotension. **Aims of the Study:** To assess the effect of the speed of injection of heavy bupivacaine on quality of block and hemodynamic changes in patients undergoing gynecological surgeries under spinal anesthesia. **Methods:** This was a prospective randomized study conducted on 40 patients. Group F patients were given 3.2 mL of 0.5% heavy bupivacaine intrathecally in 15 s and Group S patients were given the same drug over 60 s. The time to achieve $T_{10}$ dermatomal block, maximum block height, block height at 5 min were recorded. Heart rate (HR), systolic, diastolic blood pressures, and mean arterial pressures (MAP) were also recorded at different time points. **Results:** HR, systolic BP, diastolic BP, and MAPs and mean block height at 5 min were comparable between the two groups at all time points. The time to achieve $T_{10}$ dermatome block was significantly faster in Group F (1.85 ± 1.14 min) as compared to Group S (3.98 ± 1.58 min). Majority of patients in Group F (65%) had a maximum block up to $T_8$ and those in Group S (45%) had a block upto $T_9$. The usage of vasopressors was found to be significantly higher in Group F compared to Group S with $P = 0.041$. **Conclusion:** Using faster speed of injection of heavy bupivacaine during spinal anesthesia can lead to faster achievement of blockade but with significantly higher usage of vasopressors.

**Keywords:** Anesthesia, bupivacaine, speed, spinal

Original Article

## Fibrin glue versus autologous platelet-rich fibrin - comparison of effectiveness on the cohort of patients with fistula-in-ano undergoing video-assisted anal fistula treatment

Riju Ramachandran[1], Vaishnavi Gunasekharan[1], Anoop Vasudevan Pillai[1], Suyambu Raja[2], Anjaly S Nair[2]
[1]Department of General Surgery, Amrita Institute of Medical Sciences, Kochi, Kerala, India, [2]Department of Biostatistics, Amrita Institute of Medical Sciences, Kochi, Kerala, India

**Abstract**

**Context:** Minimally invasive sphincter preserving procedures like ligation of intersphincteric fistula tract (LIFT) and video-assisted anal fistula treatment (VAAFT) are being increasingly used in the treatment of fistula-in-ano. The addition of adjuncts like fibrin glue has improved the results for VAAFT. Our unit has used platelet-rich fibrin (PRF) as an innovative adjunct for VAAFT.

**Aims:** To compare the effectiveness of two different adjuncts, fibrin glue and autologous PRF, used to fill the treated fistula tracts following VAAFT.

**Settings and Design:** Retrospective observational study on a cohort of patients undergoing VAAFT at a tertiary centre between 2015 and 2020 comparing two adjuncts used with VAAFT procedure.

**Subjects and Methods:** Data of patients who underwent VAAFT for fistula-in-ano were obtained from the hospital database. Group A included patients treated with fibrin as adjunct and PRF as adjunct in Group B. Patients were followed up at 1, 3 and 6 months post-operatively and by a telephonic interview in 2020 to ascertain recent status. All data were entered into an excel sheet.

Original Article

## Analysis of neuropathological comorbid conditions in elderly patients with mild cognitive impairment in a tertiary care center in South India

Alex Baby Paul, Dakshin Sitaram Padmanabhan, Vineeth Suresh, Sunav Nellai Nayagam, Niveditha Kartha, George Paul, Priya Vijayakumar
*Department of Geriatric Medicine, Amrita Institute of Medical Sciences and Research Centre, Kochi, Kerala, India*

**Abstract**

**Introduction:** Mild cognitive impairment (MCI) is a transitional stage in the continuum of cognitive decline. Multiple risk factors may be involved apart from neuropathological states such as Alzheimer's disease, Parkinson's disease, and vascular dementia. There is scant data in the literature pertaining to our study population in Kerala, South India that provide associations between suggested risk factors and MCI. Most of the elderly present to family and primary care physicians with complaints of some form of memory impairment. **Objectives:** To find out the significant neuropathological comorbid conditions present in elderly patients with MCI. To assess for other risk factors in the same population- including laboratory parameters, comorbidities, and psychosocial parameters. **Methods:** This retrospective record-based study included a sample of 93 patients with MCI as quantified by the Mini-Mental Status Examination (MMSE). These subjects were compared with controls (n = 97) without MCI, with respect to neuropathological diagnoses, laboratory parameters and psychosocial parameters. **Results:** The findings of our study were that female gender, higher depression scores, a greater number of medications taken, benzodiazepine use, higher alkaline phosphatase levels, positive fall history, loss of a spouse, and lower levels of education were associated with MCI. MCI is negatively associated with positive alcohol history. The most commonly seen proven neuropathological diagnosis was Parkinson's disease. **Conclusion:** The risk factors that were found in our study should be highlighted in the elderly and preventive measures should be taken to prevent the downward progression through the cognitive continuum. Prospective studies looking into mild cognitive impairment with better screening tools and proper assessment of neuropathological comorbid conditions can further elucidate the findings related to this study.

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Research Article

## A RANDOMIZED CASE–CONTROL PILOT STUDY ON THE NEUROCHEMICAL BASIS OF PAIN MODULATION IN PATIENTS WITH MIGRAINE, WHO PRACTICED INTEGRATED AMRITA MEDITATION TECHNIQUE

VANDANA BALAKRISHNAN[2]*, ANAND KUMAR[2], ARYALAKSHMI CS[1], MRUDULA M[1], RENJU RAJAN[1], GREESHMA C RAVINDRAN[3]

[1]Department of Physiology, Amrita Institute of Medical Sciences, Kochi, Kerala, India. [2]Department of Neurology, Amrita Institute of Medical Sciences, Kochi, Kerala, India. [3]Department of Statistics, Amrita Institute of Medical Sciences, Kochi, Kerala, India.
Email: vandanabalakrishnan@aims.amrita.edu

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ABSTRACT

**Objective:** The objective of the study was to determine the changes in duration and intensity of headache and associated changes in the plasma levels of neurochemicals, serotonin, glutamate, vasoactive intestinal peptide (VIP), and nitric oxide (NO) in patients with migraine after 6 months of regular practice of integrated Amrita meditation (IAM).

**Methods:** Sixteen patients aged 18–50 with migraine were randomly assigned to 2 groups, one with standard medical care and IAM, and the other only standard medical care. Data were collected before IAM, after 3 and 6 months of IAM practice.

**Results:** After 6 months, a significant decrease in the duration of headache from 2.4±0.54 to 1.4±0.54 (p=0.034) hours and intensity of pain from 3.6±0.54 to 2.6±0.89, (p=0.035) was seen in patients who practiced IAM. Plasma levels of serotonin dropped from 47.29±26.85 to 31.88±8.07 ng/ml, (p=0.050), glutamate reduced from 31.47±8.23 to 21.77±13.62 µg/ml, (p=0.010) and NO levels increased from 423.17±97.90 to 540±88.30 µmol/L, and (p=0.023) in the IAM group in comparison with control after 6 months. A correlating trend was seen within the IAM group in serotonin (47.29±26.85 to 53.85±29.73 ng/ml), glutamate (38.47±8.2 to 29.68±12.57 µg/ml), VIP (28.01±13.64 to 22.23±7.79 pg/ml), and NO (642.26±167.42 to 423.18±97.96 µmol/L).

**Discussion:** The results of our study have been discussed with other migraine and meditation-related studies.

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Indian Journal of Clinical and Experimental Ophthalmology

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INNOVATIVE PUBLICATION ip

Original Research Article

## Retrograde trans-synaptic axonal degeneration in post-geniculate lesions

Sujithra H[1], Rizana V Mohammed[1,*], Gopal S Pillai[1], Greeshma C R[2]

[1]*Dept. of Ophthalmology, Amrita Institute of Medical Sciences, Edappally, Kerala, India*
[2]*Dept. of Biostatistics, Amrita Institute of Medical Sciences, Edappally, Kerala, India*

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Retrograde axonal degeneration

ABSTRACT

**Background:** The concept of retrograde axonal degeneration is well studied for visual pathway lesions upto lateral geniculate body. Since clinically evident optic nerve head changes and papillary changes are usually absent in post geniculate lesions, very few studies have been reported to look for the presence of retrograde axonal degeneration in these lesions.

**Aims:** To analyse RNFL and GCC thickness in patients with retrogeniculate lesions using Spectral Domain OCT and to determine any characteristic thinning pattern corresponding to the visual field defect.

**Materials and Methods:** Patients attending Ophthalmology OPD as diagnosed cases of unilateral retrochiasmal lesions were included in the study. Those who showed homonymous hemianopia corresponding to the retrochiasmal lesions were subjected to OCT RNFL and GCC. Spectral domain OCT was performed on all patients using ZEISS Cirrus HD-OCT Model 400.

**Results:** Mean age of the study population was 55.5±14.02 years. 21(70%) patients were males, 9(30%) were females. Ipsilateral eyes have superior RNFL thinning, contralateral eyes have inferior, nasal and temporal quadrants thinning. Average RNFL thickness and GCC thickness was reduced in the contralateral eyes. In ipsilateral eyes, temporal GCC was thinner compared to nasal, whereas in contralateral eyes, nasal GCC was thinner compared to temporal.

Hindawi

*Research Article*

## Describing the Clinical and Laboratory Features and HLA-B Pattern of Adult-Onset Idiopathic Autoimmune Uveitis at a Tertiary Hospital in South India: A Cross-Sectional Study

Jyothi Visalakshy,[1] Sandeep Surendran,[1] Salil Ganu,[1] Kannisha Shah,[2] C. B. Mithun,[1] Vishal Marwaha,[1] Lalitha Biswas,[3] Niveditha Kartha,[4] and Gopal Pillai[5]

[1]*Department of Rheumatology, Amrita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham, Kochi, Kerala, India*
[2]*Department of Ophthalmology, Amrita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham, Kochi, Kerala, India*
[3]*Department of Molecular Biology, Amrita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham, Kochi, Kerala, India*
[4]*Department of Biostatistics, Amrita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham, Kochi, Kerala, India*

Correspondence should be addressed to Salil Ganu; gsalilkrsna@aims.amrita.edu

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*Introduction.* There is a scarcity of information available on clinical and laboratory features of adult-onset idiopathic autoimmune uveitis. Therefore, we conducted a single centre descriptive cross-sectional study. *Patients and Methods.* A chart review of all patients with idiopathic autoimmune uveitis with onset after 18 years of age who were referred to the rheumatology department between January 2017 and December 2018 was performed. Their clinical features, demographic features, and HLA-B genotypes were documented and described. *Results.* Out of 210 patients referred to rheumatology, 66 were found to have uveitis, and 16 of these had an adult-onset idiopathic autoimmune uveitis. Apart from a slight female preponderance (62.5%), our patients were characterized by a high proportion of panuveitis (4 out of 16, i.e., 25%). There was an increased frequency of occurrence of synechiae (5 out of 16, i.e., 31.3%), retinal vasculitis (4 out of 16, i.e., 25%), optic disc edema (3 out of 16, i.e., 18.8%), and cystoid macular edema (seen in 2 patients i.e., 12.5%). These features correlated with the anatomy of inflamma. Retinal vasculitis and optic

# Student Achievements

Dr. Anjali Jose

**Dr. Anjali Jose, Second year resident in MD Pathology, has won the Best Slide Seminar case for the slide titled "Supratentorial ependymoma, YAP1 fusion positive" in 88th IAPM Kerala Chapter Conference 2022-SLIDE SEMINAR On Neuropathology. The session was moderated by Dr Bindhu M R, Professor, Dept of Pathology, AIMS, Kochi.**

## Indian Society of Nephrology Southern Chapter

Dr Aiswarya Pradeep

Dr Paul Joy

Dr Akhil Rahman

Dr Lakshmi Krishnan

1. ***Dr Aiswarya Pradeep* (Fellow) - 3rd Prize – "Renal Amyloidosis - Clinicopathological correlation and outcome - a follow up study"**
2. ***Dr Paul Joy* (DM Trainee) - 1st Prize – "Effect of Intra-dialytic Exercise on Dialysis Efficacy in ESKD Patients on Hemodialysis at a Tertiary Care Centre"**
3. ***Dr Akhil Rahman* (DM Trainee) - 3rd Prize – "Malnutrition, Inflammation and Atherosclerosis in Advanced Chronic Kidney Disease patients"**
1. ***Dr Lakshmi Krishnan* (DM Trainee) - 2nd Prize – "Prevalence and Outcome of Renal Dysfunction in Patients Admitted with COVID 19 Infection"**

**Dr. Keerthana Chandran, Second year resident in MD Pathology has won the award for Original Research for the research titled Maestro in dissonance: A ten-year study of the pituitary pathology- An update. This was in 88th IAPM Kerala Chapter Conference 2022-SLIDE SEMINAR On Neuropathology moderated by Dr Bindhu M R, Professor, Dept of Pathology, AIMS, Kochi.**

Dr Keerthana Chandran

Dr Aiswarya Pradeep

**Dr Aiswarya Pradeep, Renal fellow in Department of Pathology, has won the award for Original Research for the Best Poster (Case Series) titled "Medical Renal diseases in Elderly - The histopathological spectrum; a single institutional experience of 10 years" in 88th IAPM Kerala Chapter Conference 2022 - SLIDE SEMINAR On Neuropathology. This was moderated by Dr Bindhu M R, Professor, Dept of Pathology.**

**Dr. Deepthi S Pillai, Third year resident in MD Pathology, has won the award for Best paper for the paper titled "Clinicopathological correlation of glomerular mesangial C4d staining in IGA nephropathy" in 88th IAPM Kerala Chapter Conference 2022 - SLIDE SEMINAR On Neuropathology. This was moderated by Dr Bindhu M R, Professor, Dept of Pathology, AIMS, Kochi.**

Dr Deepthi S Pillai

Dr Rosme David

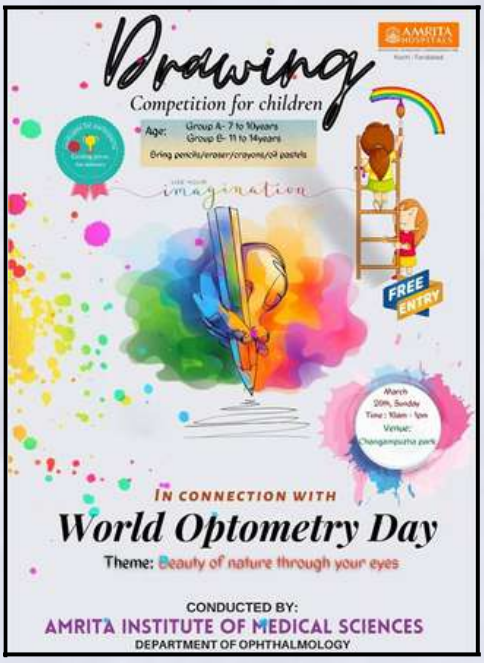
**Dr Rosme David, Third year resident in MD Pharmacology, has won the award for best paper, ASPIRE 2022 for the paper "ANALYSIS OF RADIO-CONTRAST INDUCED ADVERSE DRUG REACTIONS reported to the regional training center at Kochi".**

## National Conference of the Association of Child Neurology

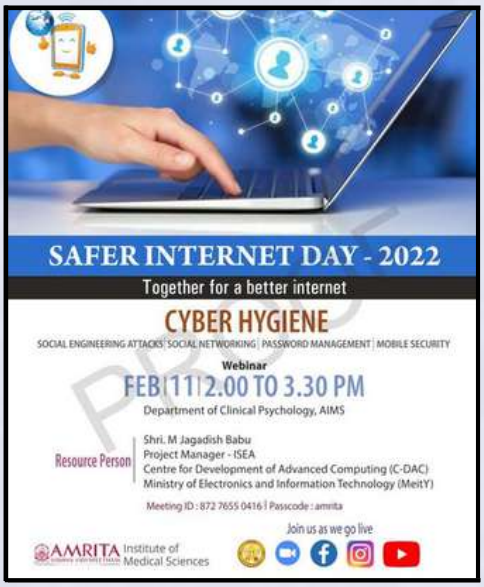
**Dr Jyotsna A S, Third year DM Paediatric Neurology has won the award for Best paper for the paper titled "PROFILE OF NEONATAL AND EARLY ONSET EPILEPSIES – Experiences from a tertiary epilepsy centre" in National Conference of the Association of child Neurology.**

Dr Jyotsna A S

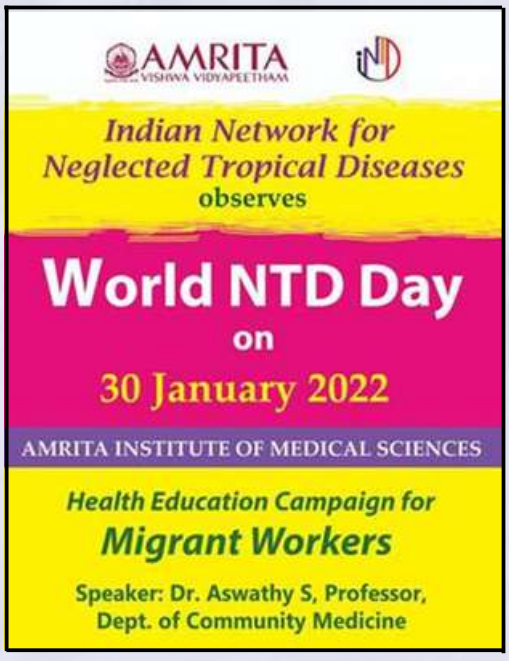
# Social Impact & Outreach

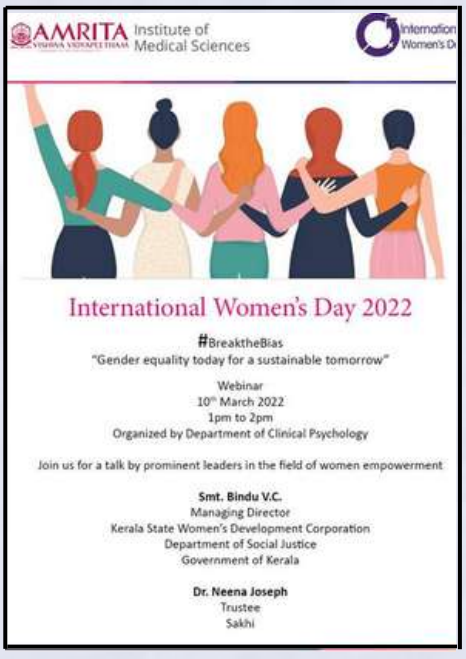









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**+91- 484 285 8131/ 280 1234**