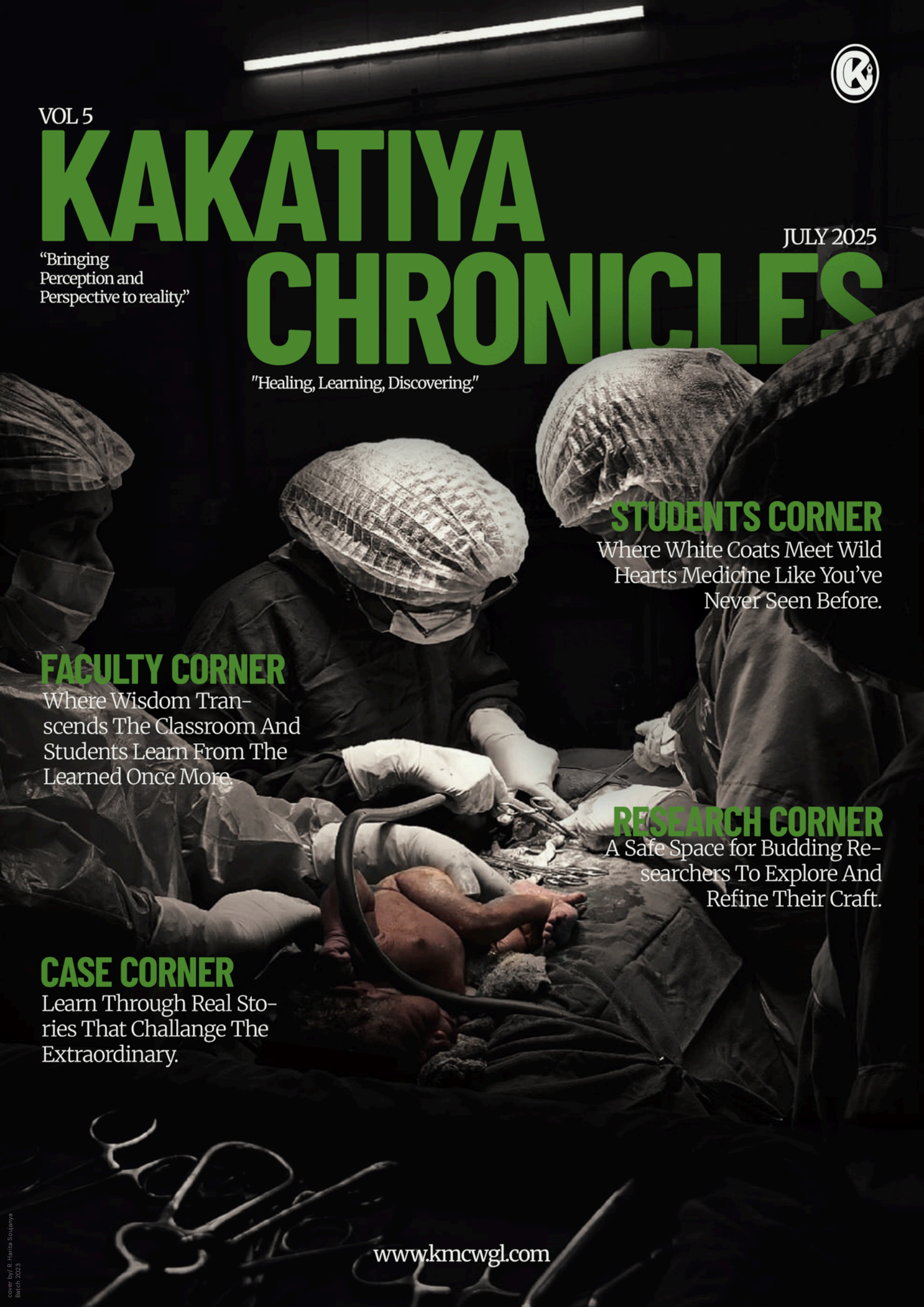

VOL 5

KAKATIYA CHRONICLES

JULY 2025

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cover by/ R. Harita Soujanya
Batch 2023

Many waves rise and fall, some are mighty, some are small.
Yet the ocean remains the same, no wave has ever escaped its name.
Born of depths unknown and deep, they wake, they dance, they fall asleep. Thinking each has its path to claim, yet all dissolve in Ocean's frame.
Foam and spray, a fleeting show, the winds may come, the tides may go. But the vastness whispers clear and true:
No wave was ever apart from you.

#reflections@RV

- **Dr Ramakrishna Vyakernam**

  1988 KMC Batch (Pioneer)
  Intensivist & Anaesthetist
  Wrexham Maelor Hospital UK

DR. S. SANDHYA

FROM THE PRINCIPAL FOR OUR STUDENTS

Kakatiya Medical College (KMC), established in 1959, is one of the oldest and most distinguished institutions in Telangana. It is more than just a college—it is a living legacy, woven with stories of determination, excellence, and a deep-rooted sense of belonging.

My own connection with KMC began in a way that feels almost poetic. In 1966, when the then Prime Minister, Smt. Indira Gandhi, inaugurated this institution, I was just a child in my mother's lap, while my father, who served as the Joint Secretary, was part of that historic day. Little did I know then that this very place would one day become where I'd complete my undergraduate and postgraduate education, and eventually take my first steps into my medical career.

Over the years, KMC has nurtured countless individuals who now stand tall across the globe, transforming the face of medicine with knowledge, empathy, and innovation. I proudly belong to the 1983 batch, and it has been truly heartening to witness the transformation this college has undergone. From humble beginnings to hosting state-of-the-art facilities like COVID diagnostic labs, modern skill labs, and a thriving multidisciplinary research unit—KMC has embraced progress with purpose.

During my previous term, one of the most fulfilling experiences was witnessing the spirit of togetherness that defined our campus culture. Whether it was an academic seminar, a plantation drive, or a cultural event, the synergy between faculty and students was always inspiring. In this term, we aim to build on that energy—with more student-led activities, better research opportunities, and stronger academic support systems.

The Kakatiya Chronicles stands as a testament to KMC's evolving identity. It's heartening to see the magazine highlight not just academic pursuits through research and case discussions, but also student creativity, sports achievements, and campus events.

A final message for my dear Students: Stay focused on your academics, but don't forget to participate and enjoy everything college life has to offer. Finding that balance is the real key. Know when to study, when to engage, and when to take a break.

I also hope to see students making time for their physical and mental health. Be it a jog, yoga session, or a few quiet minutes of meditation—these small routines make a big difference and help you stay sharp and steady through the demands of medical life.

Carry forward the legacy of this great institution. Keep the KMC flag flying high, and always strive to bring about a positive change in society.

Thank you.

DR. RAM KUMAR REDDY

FORMER PRINCIPAL, KMC

Kakatiya Medical College is a dynamic institution where academic excellence and life skills go hand in hand to shape compassionate and capable doctors. Apart from excelling in medical education, our students actively shape the spirit and prowess of this institution. This student-led approach is what truly sets our prestigious institution apart among the medical colleges in Telangana. Every single student at KMC is a vibrant soul and has the potential to become the best version of themselves. Our college is the perfect place for students to grow not just as doctors but also as individuals who would be capable of shaping tomorrow's world. Your commitment, hardwork and determination is what drives our institution to excel and reach new heights.

The college has transformed over the last few months. We've recently established a Multidisciplinary Research Unit which is a state of the art research facility under the Department of Health Research and ICMR, Govt. of India. It hosts a wide range of equipments, enabling our college to excel in molecular biology and emerge as a leader in non-communicable diseases research. We've a well established skills lab with mannequins for student training, a VRDL lab and an Antimicrobial Susceptibility Testing lab on campus. We encourage our faculty and students to utilize these facilities to expand the existing knowledge and make KMC a hub for Medical Research. As undergraduate students, you are open to all fields of medical sciences and it is natural for you to explore and think out of the box. Your ideas are not bound by the department you are in or the faculty you are under. Hence, it is very important that undergraduate students also inculcate the habit of research oriented thinking. Unleash your creativity and critical thinking and utilize the facilities on campus.

We have taken significant steps to create a vibrant, secure, and student-friendly campus. The college and hostel compound walls have been strengthened for your safety. We've added automatic washing machines, established a bicycle club, and renovated the gymnasium with new equipment, along with a new student body room above it. The canteen and mess now serve safer, cleaner food. Fresh roads have been laid, and central lighting will soon enhance safety across campus. We've also laid a new synthetic badminton court, and a basketball court is on the way. I urge all of you to use these facilities responsibly and help preserve them—not just for yourselves, but for the benefit of future batches.

I am very excited to share about the establishment of student clubs in our college. This is a living example of the proactive nature of the students on campus. We've established music, dance, art, research and social services club to make sure that students go beyond studies and explore various fields. I am confident that each of you will excel in your journey to become doctors. At the same time, I urge you to value and develop essential life skills, which are just as important for your growth and for serving society responsibly.

Kakatiya Chronicles is a great student initiative that propels students to learn while being oriented to research. There is an English proverb that goes "Publish or Perish" and Kakatiya Chronicles is the perfect platform for faculty and students to share and celebrate the scientific, academic, and extracurricular activities happening on the campus. I congratulate the entire Editorial Board for the 5th edition of the magazine and wish them all the best for all of their upcoming endeavors.

In conclusion, I would like to convey a small message to all the students through this platform. The first and foremost thing you should develop as doctors is compassion towards a fellow human being. No amount of earning can give you more satisfaction than helping your patients and healing them with compassion. I want all of my students to be passionate towards medicine and compassionate towards your fellow human beings.

I wish you all the very best in your journey ahead and I look forward with great pride and excitement to witnessing your growth, achievements, and contributions here at KMC.

DR. SUJEETH R. PUNNAM

USA ALUMNI ASSOCIATION

Happy to be back with you all with the latest edition of our most loved student journal, Kakatiya Chronicles. For this journal, I would like to extoll the importance of The Ripple Effect of Alumni support for a student's success in this day and age.

Mentorship and networking from alumni help students bridge the gap between classroom learning and real-world situations. Institutions like Harvard with strong alumni engagement report higher success in personality development and career growth. College fraternities and sororities are common scene in the western world campuses. They pull up the junior club members and catapult them to higher achievement. I clearly remember we used to learn lot more from our seniors in the campus than from our family members when it comes to career, how to prepare for exams and what entrance examinations to take etc. It makes a measurable difference.

When students connect with alumni who share similar backgrounds, it fosters a sense of identity and possibility. It builds confidence and belonging. Alumni stories of overcoming challenges can inspire resilience and help students visualize their own success. Alumni donations fund scholarships, research, and student-led initiatives, directly impacting access and opportunity. Engaged alumni are more likely to give back, creating a cycle of support that benefits future generations.
Strong alumni networks enhance a school's reputation and rankings, which in turn boosts the value of every student's degree. It helps in institutional growth. In the western society, alumni involvement in curriculum development ensures academic programs stay relevant to evolving industry needs.

Students supported by alumni are more likely to become engaged alumni themselves, continuing the cycle of mentorship and giving. This creates a self-sustaining ecosystem. In short, alumni support transforms student success from a solitary ascent into a community-powered progress.

In our situation we see KRITI coming of age and becoming a huge success last year just in its second year of existence. KRITI 2024, hosted at Kakatiya Medical College, was a two-day event with 300 delegates and finalists in attendance on Day-1 from medical colleges all across the nation. The day featured a dynamic debate on selective censorship for public welfare, sparking discussions on ethics and public safety, followed by a Jeopardy-style quiz engaging participants in medical knowledge. A hackathon tackled strategies for a simulated virus outbreak, while a USMLE workshop by AMBOSS offered essential insights for aspiring global medical professionals.

KRITI'24 also showcased outstanding academic engagement and dedication. Undergraduate and postgraduate students presented posters and papers, bringing forward insightful research. The day began with a CME talk by Dr. Sreelatha Tumula on cervical cancer screening, setting an educational tone before the inauguration.

It was followed by a research-centered CME talk by Dr. Vijay Yeldandi, who was bestowed upon Dr CDR Memorial Oration Award. Then followed by a Symposium where students displayed remarkable creativity. The prize ceremony ended the day, leaving winners proud and others inspired—affirming KRITI's spirit of camaraderie and excellence.
Dr. K. Ram Kumar Reddy, Former Principal, Kakatiya Medical College and President of KRITI'24, commended both delegates and organizers, calling KRITI "a true celebration of medical excellence and innovation." Dr. Kali Prasad Rao, President of IMA Telangana, echoed their sentiments, applauding the initiative's role in fostering unity and knowledge. With enthusiastic participation, KRITI 2024 set a strong foundation for transformative innovations in healthcare.
Dr Sateesh Kathula, President of AAPI encouraged students to come up with research of quality and which is of help to the society. Dr Sandhya Sunkarneni, Principal, Kakatiya Medical College and Dr Mohan Das, Principal, Narsampet Medical College congratulated the organizers. Dr Venu Bathini from US alumni, Dr Sheshu Madhav, Dr Praveen and other medical dignitaries attended the event.
This event stands as a testament to the dedication of our future medical professionals and the unwavering efforts of our student organizing team led by Rohit Singaraju and Shashank. Let's look forward to a more dynamic KRITI 2025 on October 16th & 17th, 2025

Dr Sujeeth R. Punnam, MD, FACC Interventional & Structural Cardiologist Sutter Health, Stockton, CA, USA Convener, KRITI, Formerly Kakatiya Research Day Co-Chair, NRI Alumni Educational Center

KAKATIYA CHRONICLES

"A physician who fails to enter the body of a patient with the lamp of knowledge and understanding can never treat diseases. He should first study all factors, including the environment, which influence a patient's disease and then prescribe treatment. It is more important to prevent the occurrence of disease than to seek cure."
This is a quote from Acharya Charak, found in Charaka Samhita.

CASE CORNER

Case #1

Surgical Management of Rigid Congenital Talipes Equinovarus (CTEV) in a 2-Year-Old Child: A Case Report

Introduction:

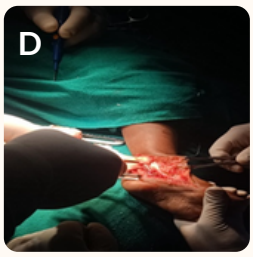
Idiopathic Congenital Talipes Equinovarus (CTEV) is a common congenital deformity affecting the foot and ankle and has incidence of around 1-2 per 1000 live births with racial variations.[22-24] Different studies and review articles from different parts of world show differential sex predisposition varying from just slightly male preponderance ranging up to a ratio of 6:1 in the original series by ponseti.[23,25,26]. It is characterised by a typical fixed pattern of deformities like Cavus-excessive arch of foot, Adduction of forefoot, Varus of hindfoot with heel facing medially and Equinus is plantar flexion of forefoot. The treatment options for an idiopathic clubfoot have seen a significant change in the last 10-15years.However with the popularisation of ponseti's conservative treatment it has now been proved beyond doubt that conservative treatment is the choice in an idiopathic clubfoot. Surgical intervention is now used only in cases not responding to conservative treatment or for patients presenting very late with a very rigid deformity. The ultimate aim of treatment is to achieve a supple, flexible, plantigrade foot without any deformities and with good function. Here we present a case of a 2-year-old boy with rigid CTEV deformity who underwent surgical intervention after failed Ponseti casting.

Case Presentation:

A 27year old women gave birth to her 2nd male boy at 40weeks of gestation via Caesarean section due to absence of labour pains. The obstetric history was good with no pregnancy related complications neither the mother had any comorbidities. At the 20weeks of her gestation TIFFA scan showed left clubfoot of foetus with no other abnormalities in the scan. Older brother was healthy. And the was born after 40weeks of gestation with birth weight of 3.25 kgs. Baby cried immediately with Apgar score 10/10.Initial evaluation revealed with equinus and varus deformity of hindfoot ,adduction of forefoot with cavus of left foot. Pirani score was 5.Rest of the evaluation was normal. Bilateral hip examination was normal(Ortoloni, Barlow, Klistic test are negative.) with no other limb deformities.

Treatment:

Due to viscoelastic nature of the clubfoot, it is best to start treatment as early as possible. So mother was taught to start manipulation of clubfoot immediately after birth. Then he was planned for serial manipulation and ponsetti castings. Regular ponseti castings were done every week for 5months(~20 ponsetti castings).But no major correction achieved. Then patient didn't brought for follow up .Patient started walking at his 8months of age ,he was walking on his talar head with foot in cavus, adducion, equinus and varus. Thus he was brought to hospital after 8months i:e; at his 1 year of age then again weekly serial ponsetti castings were done for 1month then he missed follow up and again showed up to hospital at his 2ndyear of age then again weeekly ponsetti castings were donefor 3months but no significant correction achieved. Given the child's age and rigid deformity, we planned for posteromedial soft tissue release (PMSTR) surgery, also known as the Turco procedure. After surgery, an above-knee cast was applied for 3 months.A Dennis Brown splint was used at night, and CTEV shoes were worn during the day.



Outcome:

Although PMSTR surgery improved the deformity, full correction was not achieved. To address the remnant deformity, Serial ponsetti casting were done for 3months and CTEV shoes were continued for 6 months. At 1-year follow-up, almost all deformities were corrected with remnant of lateral curved border and slight varus .But the patient is walking normally, running and playing happily.

Discussion:

Surgical treatment of clubfoot is restricted to persistent, resistant or relapsed cases of clubfoot following conservative treatment. These may be either soft tissue procedures or bony procedures or both depending upon the deformity and age of the patient. Bony procedures are usually only done after 8-9 years of age when the

bones have sufficiently ossified. Three basic incisions described for these soft tissue procedures are -1.Turco's posteromedial hockey stick incision 2.Cincinnati circumferential incision 3.Carroll's dual incision technique using posteromedial incision and a small lateral incision over the subtalar joint which is especially required in strongly resistant cases where an extensile release is required. This case highlights the effectiveness of surgical intervention in managing rigid CTEV deformities in older children by Turco's procedure.

As the equinus deformity was severely rigid Z-lengthening of tendoachilles was done. The medial release started with release of abductor hallucis at musculotendinous junction. Then the tendons of tibialis posterior(TP),flexor digitorum longus(FDL) and Flexor hallucis longus(FHL) are exposed in the respective sequence and their sheaths are incised to expose the tendoachillis. The master knot of Henry is then tackled and cut in order to mobilize the navicular .This is followed by Z lenthening of the tendo Achilles along with the capsulotomy of posteroir tibiotalar, calcaneofibular ,talonavicular joint and medial calacaneocuboid joint capsule. Next released spring ligaments and Y ligament along with the lengthening of posterior tibial tendon, FDL and FHL. The last structure released medially is the superficial deltoid ligament. Preservation of its deep part is however essential to avoid development of a flatfoot with tilted talus. PMSTR surgery can achieve significant correction, but additional interventions like bracing and orthotics may be necessary to achieve full correction.

Conclusion:
This case report highlights the successful management of a rigid CTEV deformity in a 2-year-old child using Turco's procedure (PMSTR) after failed conservative management. The combination of surgical intervention, casting, and orthotics resulted in significant correction of the deformity, enabling the child to walk normally. This case demonstrates the importance of a multidisciplinary approach in managing complex CTEV cases and underscores the potential benefits of surgical intervention in achieving optimal outcomes. The findings of this case report can contribute to the existing literature on CTEV management and inform clinical decision-making in similar cases.

Dr.Ayesha Parveen 2nd Year, Dept. Of Orthopedics

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Case #2

Tracing the Flings: A Rare Journey to Diagnosis

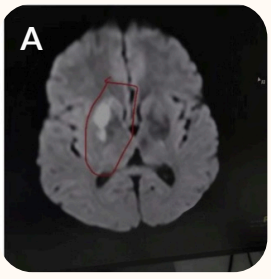
Hemiballismus as a Rare Manifestation of Basal Ganglia Stroke

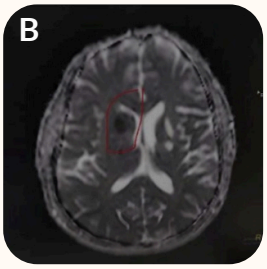
Introduction

Hemiballismus is a rare hyperkinetic movement disorder characterized by sudden, involuntary, violent flinging of the limbs, typically affecting one side. It often results from lesions in the basal ganglia, particularly the subthalamic nucleus, most commonly due to ischemic stroke.

Case Presentation

A 38-year-old male electrician from Warangal presented with sudden-onset involuntary, flinging movements of the head, neck, and left-sided limbs. The movements, more prominent in proximal muscles, began one day prior, were continuous and non-purposeful, and decreased during sleep. They did not improve with distraction or relaxation. On examination, the patient was alert and oriented, with intact cranial nerves, motor .





Investigations and Diagnosis - Neuroimaging revealed an ischemic lesion involving the basal ganglia—specifically the striate nucleus and solitary tract nucleus—confirming a diagnosis of left-sided hemiballismus secondary to acute ischemic stroke.

Management - The patient was treated with Antiplatelets, Statins, Antihypertensives, Haloperidol for movement control.

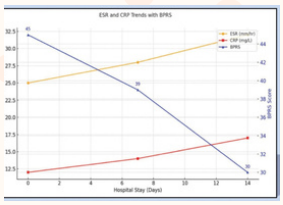
Discussion - Hemiballismus, though rare, is a critical stroke manifestation. Disruption of basal ganglia circuits causes disinhibited motor output and chaotic limb movements. Prompt diagnosis ensures appropriate stroke care and symptom relief.

Conclusion - This case highlights the importance of recognizing rare stroke presentations like hemiballismus to enable timely management and secondary prevention.

Jadhav Rajesh, 3rd year PG General Medicine
Arthi Laxmi, Vaishnavi Reddy, MBBS batch of 2023

Case #3

ACUTE PSYCHOSIS IN MIDDLE AGED PATIENT WITH AMYOPATHIC DERMATOMYOSITITS ON STEROID TREATMENT



A 45-year-old homemaker with no prior psychiatric or medical history presented with a six-month history of hyperpigmented, lichenoid rashes over the nose, ears, and fingers. She was clinically diagnosed with Amyopathic Dermatomyositis (CADM) and started on oral prednisolone. On June 1st, she began exhibiting behavioral changes, including irritability and suspiciousness, which progressively worsened. By June 10th, she required emergency psychiatric evaluation. On mental status examination, she appeared unkempt and restless, with increased psychomotor activity. Her speech was slow but relevant, and her mood was described as subjectively low with an anxious affect. She expressed persecutory delusions and second-person auditory hallucinations, and insight was limited (Grade 1). Laboratory investigations showed elevated ESR and CRP levels, with normal serum creatine kinase. MRI brain revealed T2 FLAIR hyperintensities in the right centrum semi-ovale, suggestive of demyelination or focal gliosis. A diagnosis of steroid-induced psychosis (ICD-10: F06.2) was made. She was started on Olanzapine 5 mg daily, and the steroid dose was gradually tapered. The patient showed steady clinical improvement over the following days.

Discussion & Conclusion:

This case highlights the rare but significant occurrence of psychosis secondary to corticosteroid use, especially in patients with autoimmune conditions like CADM. Psychiatric side effects of systemic steroids—ranging from mood changes to full-blown psychosis—are well-recognized, particularly at higher doses. The interdisciplinary approach adopted here, involving dermatology, psychiatry, and rheumatology, facilitated early recognition and effective management of the adverse event. MRI findings, though nonspecific, reinforced the possibility of steroid-induced central nervous system changes. This case underscores the importance of proactively monitoring mental health in patients receiving long-term immunosuppressive therapy. Routine psychiatric evaluation and integration of mental health services into general medical care are crucial to prevent such complications. Ultimately, this case serves as a reminder that psychiatric symptoms should not be seen in isolation but as part of the broader systemic impact of disease and treatment.

Scan the QR code for the full case report

Dr. Srikar SSB, 2nd Year PG, Psychiatry

Case #4

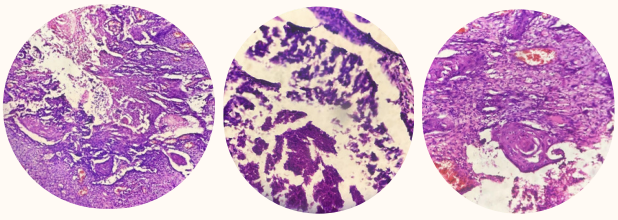
A PUS-DISCHARGING ULCER THAT WASN'T JUST AN INFECTION: METAPLASTIC BREAST CARCINOMA

Introduction - Breast cancer is common, but its rare forms can be deceptive. One such subtype is Metaplastic Breast Carcinoma (MpBC)—a rare, aggressive malignancy comprising <1% of all breast cancers. Characterized by triple-negative receptor status, MpBC is challenging to diagnose and associated with poor prognosis.

Case Presentation

A 38-year-old woman presented with a large, ulcerated lesion on the left breast, associated with pus discharge and intermittent bleeding for two months. Examination revealed a 15 × 8 cm ulceroproliferative growth with ill-defined margins, irregular surface, and a distorted nipple-areolar complex.

Investigations - Breast ultrasound showed lobulated hypoechoic masses with macrocalcifications and increased vascularity. A BI-RADS 5 score indicated high suspicion of malignancy. The contralateral breast and axilla were normal. Core needle biopsy was advised.



Discussion - MpBC can mimic infections or benign conditions due to its ulcerative and inflammatory features. Histologically, it displays heterologous elements like squamous or spindle cell components. It is typically: Triple-negative (ER/PR/HER2-negative), Poorly responsive to standard chemotherapy, Prone to early recurrence and lower survival

Management - involves surgical excision with chemotherapy and radiotherapy, often based on triple-negative breast cancer protocols.

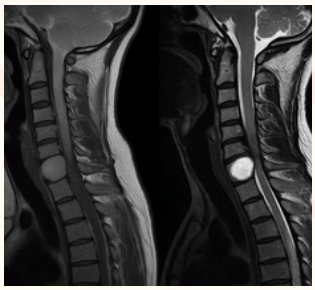
Lovejeet, MBBS batch of 2023

Case #5

A TWISTED SPINE WITH A TWISTED PLOT : A DIAGNOSTIC DILEMMA

Case Presentation

A 40-year-old HIV-positive male presented with fever, chills, cough with yellowish sputum, breathlessness, and generalized weakness for 10 days. He also reported left upper limb weakness, confirmed as true monoparesis on examination. History revealed unintentional weight loss of 12 kg over 6 months. MRI spine showed a space-occupying lesion from C3 to C6, displacing the spinal cord. Lab tests revealed anaemia and a right-sided pleural effusion.



Differential Diagnosis

Given the constitutional symptoms, pleural effusion, anaemia, and spinal lesion, tuberculosis (Koch's disease) was initially suspected—a reasonable assumption in HIV-positive individuals in endemic regions. However, the lesion's cervical location and monoparesis raised suspicion for lymphoma or metastatic disease.

Diagnosis and Outcome - Histopathological analysis confirmed Non-Hodgkin's Lymphoma (NHL), an AIDS-associated malignancy. The case, initially presumed to be tuberculosis, was ultimately diagnosed as lymphoma.

Discussion

This case highlights the importance of avoiding diagnostic anchoring. In immunocompromised patients, especially those with HIV, spinal lesions warrant broad differentials, including tuberculomas, abscesses, lymphoma, and metastases. Timely imaging and biopsy are crucial to avoid misdiagnosis.

Conclusion

What seems common may mask a rarer, more dangerous diagnosis. A thoughtful, systematic approach ensures accurate diagnosis and appropriate care—especially in complex immunocompromised presentations.

N. Usritha Krishna, MBBS batch of 2023

Case #6

Hydroxychloroquine-Induced Acute Generalized Exanthematous Pustulosis (AGEP): A Rare Drug Reaction

Case Presentation

A 37-year-old woman presented with high-grade fever, malaise, and sudden-onset pustular eruptions following hydroxychloroquine use for joint pain. She had no prior drug allergies. Examination revealed multiple non-follicular pustules on an erythematous base across her trunk and limbs. Laboratory investigations showed neutrophilic leukocytosis. Skin biopsy confirmed AGEP with subcorneal pustules, spongiosis, and perivascular inflammation. Hydroxychloroquine was promptly discontinued. The patient received systemic corticosteroids and supportive care, leading to complete resolution within one week.

Pathophysiology

AGEP is a Type IV hypersensitivity reaction mediated by drug-specific T cells. These cells release cytokines such as IL-8 and GM-CSF, which recruit neutrophils to the epidermis, forming sterile subcorneal pustules and systemic inflammation.

Discussion

AGEP is most often triggered by antibiotics, antifungals, calcium channel blockers, and antimalarials like hydroxychloroquine. Key features include - Sudden fever and widespread pustules, Rapid resolution after drug withdrawal, Histopathological confirmation due to clinical overlap with psoriasis or infections. Though typically self-limiting, systemic steroids are useful in severe cases.

Conclusion

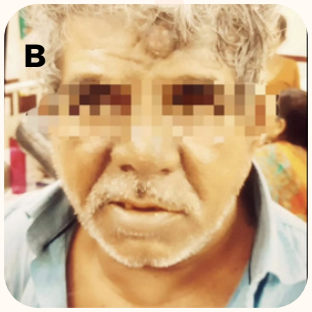
This case highlights the need for prompt recognition and cessation of hydroxychloroquine in suspected AGEP. Early diagnosis prevents complications and ensures favorable outcomes in this rare but potentially severe drug reaction.

Avire Vamshi Krishna, MBBS batch of 2023
Vaishnavi Pandey, MBBS batch of 2023

Case #7

Small signs... Big story!!

What appears to be a simple skin issue can sometimes be a window into a much deeper systemic condition. Tuberous Sclerosis Complex (TSC) is a rare genetic disorder affecting multiple organs—including the brain, kidneys, heart, and skin—caused by mutations in the TSC1 or TSC2 genes, which regulate cell growth. Malfunction of these genes leads to benign tumor formation throughout the body.



Case Presentation

A 70-year-old man presented to the MGM outpatient department with sudden-onset weakness of the left upper and lower limbs, slurred speech, and mouth deviation to the right. Clinical examination revealed - Multiple hypopigmented macules (ash leaf spots)Facial angiofibromas, Adenoma sebaceum, Periungual fibromas, Shagreen patches on the lower back MRI brain showed septum pellucidum lesions and subependymal nodules—findings consistent with TSC. Based on clinical and radiological features, a diagnosis of Tuberous Sclerosis Complex was made.

Discussion

This case emphasizes how cutaneous signs can offer vital diagnostic clues to systemic diseases. Early recognition of TSC is critical, enabling timely surveillance for seizures, renal angiomyolipomas, and cardiac tumors. With appropriate management, including mTOR inhibitors, outcomes can improve significantly.

Conclusion

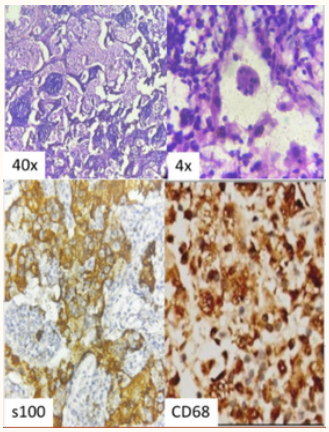
In TSC, the skin can be a key to early diagnosis—small signs revealing a big story.

P. Sivani, MBBS batch of 2022

Case #8

A CASE OF SINUS HISTOCYTOSIS WITH MASSIVE LYMPHADENOPATHY

A male patient, age 19, presented with bilateral cervical lymphadenopathy that had been painless for six months. The lymph nodes were about 2–3 cm in size, firm, mobile, and non-tender. Systemic symptoms like fever, weight loss, or night sweats were absent. The lymph nodes' fine needle aspiration cytology (FNAC) revealed noticeable histiocytes displaying emperipolesis, or the engulfment of intact lymphocytes and plasma cells. The diagnosis of Rosai-Dorfman disease (RDD), also known as sinus histiocytosis with massive lymphadenopathy (SHML), was confirmed by a subsequent excisional biopsy. Large histiocytes with copious amounts of pale cytoplasm and vesicular nuclei were found in the dilated lymph node sinuses, according to histopathology. The diagnosis was confirmed by immunohistochemistry, which revealed positive results for S100 and CD68. Since there was no indication of systemic involvement or severe compressive symptoms, the patient was treated conservatively and closely monitored.



Rosai-Dorfman disease is a rare, benign histiocytic proliferative disorder first described in 1969. It typically affects children and young adults and presents with massive, painless cervical lymphadenopathy, often bilateral. Although its etiology remains unclear, it is postulated to involve an exaggerated immune response to an infectious agent. The hallmark histological feature is the presence of histiocytes demonstrating emperipolesis. Immunohistochemically, these cells are positive for S100 and CD68, but negative for CD1a, which helps distinguish RDD from Langerhans cell histiocytosis. While RDD can involve extranodal sites such as skin, respiratory tract, or CNS, isolated nodal disease—as in this case—usually follows a benign course. Most cases resolve spontaneously or require only supportive care, although corticosteroids, surgery, or chemotherapy may be used in severe or recurrent cases. Early recognition of this entity is crucial to avoid misdiagnosis as lymphoma or infectious lymphadenitis, especially in young patients.

Scan the QR code for the full case report

Dr. K. Shwetha, 2nd Year PG, Pathology

MED TRIVIA

COLOURS OF PHARMACOLOGY...!!

The following colors represent the side effects of different pharmaceutical drugs.

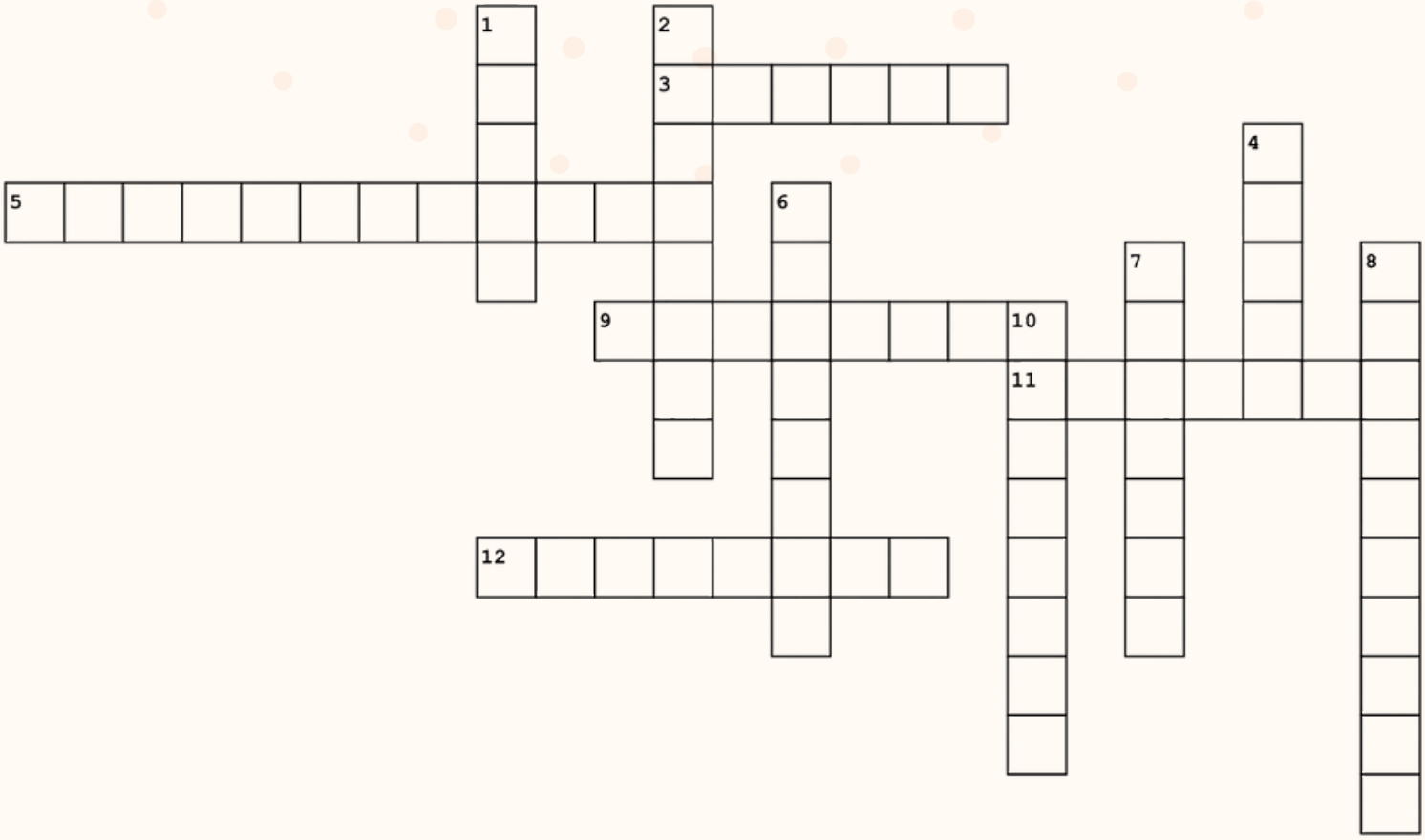
1. Blue man syndrome
2. Red man syndrome
3. Yellow vision
4. Greenish discoloration of urine

1. Reddish orange discolorations of urine
2. Purple toe syndrome
3. Purple glove syndrome
4. Grey baby syndrome

Find the drugs from the word search below

O	O	C	E	G	Y	W	H	Z	G	V	H	X	N	G	U	E	X	D	B	U	F	M
S	Y	V	H	S	A	P	A	G	C	D	H	R	I	F	A	M	P	I	C	I	N	B
X	R	X	Q	L	H	Z	B	R	U	Y	I	I	F	C	P	G	L	P	N	M	X	A
F	O	B	G	S	O	R	F	C	F	Q	X	G	A	M	W	O	X	T	B	Y	N	M
W	W	D	Y	P	Z	R	H	C	O	A	X	A	O	Q	A	V	J	N	F	Y	V	P
K	H	K	H	L	P	J	A	B	V	L	R	A	M	X	K	L	N	G	X	J	X	Z
B	T	C	G	V	H	J	J	M	A	A	L	I	Z	I	I	K	L	Q	J	S	C	D
E	N	D	Z	K	E	F	I	O	P	G	N	S	N	E	O	N	O	O	H	R	M	E
K	S	B	N	U	N	T	B	W	G	H	T	C	Q	Q	P	D	O	H	D	F	O	Y
A	J	E	L	C	Y	N	T	S	M	P	E	I	O	F	N	B	A	A	X	K	H	D
O	N	W	L	X	T	T	Z	P	Q	F	P	N	U	M	I	H	E	R	I	L	F	Y
Q	P	R	X	L	O	V	Q	G	O	T	O	H	I	I	Y	T	Y	J	O	T	G	L
Q	W	F	N	K	I	B	W	H	D	N	A	V	R	C	T	C	Q	B	X	N	X	Z
Y	K	S	W	S	N	C	I	W	K	W	B	T	V	O	O	Z	I	I	N	O	E	X
J	H	P	R	O	P	O	F	O	L	D	P	D	Z	F	A	L	Q	N	X	G	Z	I
P	O	W	Z	J	N	B	F	U	O	U	U	T	X	R	C	U	R	L	N	W	S	U

MED TRIVIA CROSSWORD



ACROSS

3.World breast feeding week is in which month

5.Oil drop cataract is seen in which condition

9.Burnt rope odour is in which poisoning

11.Which syndrome is also known as "Walking corpse syndrome"

12.What are the forceps used for rotational delivery

DOWN

1.What is the colour of meconium stained amniotic fluid

2.Strawberry tongue is seen in which disease

4.L in MALDI-TOF

6.Which species of Bartonella causes Cat scratch disease

7.Drug causing ebstein anomaly

8.Monday fever disease

10.Glass holding cast is used for which fracture


RESEARCH CORNER

The Silent Symphony: How Infection Control Practices (HIC) and Antimicrobial Stewardship (AMSP) Compose Our Hospital's Defense

Imagine the aftermath: the intricate surgery succeeds, the cancer retreats, the fragile newborn stabilizes. Yet their greatest peril whispers not from illness—but from the very air, the steel railings, the hands meant to heal.
This is the realm where Hospital Infection Control and Antimicrobial Stewardship unfold—not as protocols, but as a living composition. A score written in microbial signatures and human vigilance, where every measure holds a life in balance.
Modern medicine thrives on breached boundaries: catheters piercing skin, chemicals dissolving defenses, machines breathing for lungs. Into these openings flow silent opportunists:

- Clostridioides difficile spores drifting like dormant landmines across surfaces.
- Staphylococcus aureus blooming on skin, waiting for entry.
- Klebsiella pneumoniae dancing through ventilator tubes.
- Candida auris, tenacious as shadow on damp linens.

They are not mere pathogens; they are evolution's sharpened edges, testing our walls.
The cost is written in human suturing: sepsis igniting in cleansed veins, recovery unraveling at the suture line, breath stolen by pneumonia gifted in sanctuary.
And deeper still, the unseen shift: antibiotics, once saviors, now sculpting a terrifying landscape.
Against this, we deploy not brute force, but exquisite listening.
The microbiology lab becomes a translator of invisible languages, turning microbial murmurs into decisive strategies of infection control and stewardship—knowing the enemy, tracing transmission, and containing it, guided by local resistance patterns and infection control policies.
Precision diagnosis offers the melody; Antimicrobial Stewardship writes the profound counter harmony.
The art of deliberate pause—de-escalation and appropriate duration—becomes a constant hum of enlightenment.
Interns learn the power of the ungiven antibiotic.
Surgeons internalize prophylaxis's exact rhythm.
Nurses champion cultures before the first pill is popped.
It is the slow tuning of collective consciousness toward precision.
Final Resonance: The Quiet Triumph
This symphony—lab insights guiding isolation, stewardship shaping therapy's arc, every clinician and cleaner a vital player—resonates in tangible silences:

- The receding echo of central line infections, month by month.
- The fading murmur of C. difficile as antibiotic patterns are refined.
- The enduring note of carbapenem susceptibility, holding firm in critical spaces.
- The profound stillness of patients departing—unharmed by the sanctuary itself.

The Unseen Masterpiece

This is more than protocol. It is the continuous, subtle recalibration of humanity's pact with the unseen world that both cradles and kills.

It demands the microbiologist's piercing curiosity, the perfection of a single culture collection, the stewardship team's courage to withhold, the seamless collaboration of many hands.

The composition plays ceaselessly: in the swab's path, the sequencer's hum, the pharmacist's thoughtful review.

Its success is not measured in fanfares, but in disasters that do not happen:

The fevers that never spike.

The resistant strains that never take hold.

The lives that encounter only healing.

It is the sound of medicine safeguarding its own possibility—one meticulous, informed, perfectly timed intervention at a time.

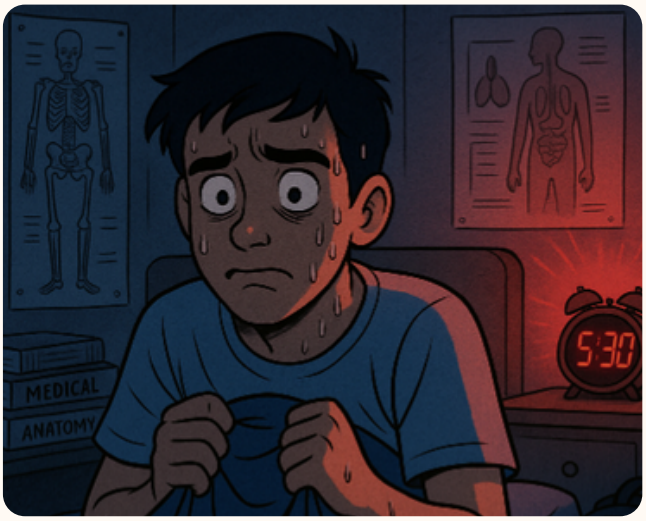
Listen. It is a masterpiece unfolding, invisibly, within these walls.

Dr. Mohammed Ismail Siddique, 2nd Year PG, Dept. of Microbiology

Research Article 2

Alarm-Associated Anticipatory Anxiety: A Hidden Sleep Disruptor in Medical Students

Medical education demands long hours of study, often stretching into the night before important exams. In such situations, students commonly set alarms for early wake-up calls, hoping to get at least a few hours of rest. Ironically, this very act of setting an alarm can lead to increased anxiety, making it difficult to fall asleep at all. Rather than missing the alarm, students often report lying awake with the fear of being unexpectedly awake despite their exhaustion. This is an under-discussed yet widespread issue among medical students. Alarm anxiety is not merely a harmless peculiarity of student life, it carries serious consequences. Sleep fragmentation and deprivation impair working memory, reduce attention span, and slow psychomotor function, all of which are crucial during high-stakes exams. Chronic sleep disruption also weakens immune responses, increases susceptibility to infections, and elevates blood pressure. In the long term, repeated episodes of anticipatory anxiety and poor sleep are associated with heightened risks of mood disorders such as anxiety and depression. When left unaddressed, this pattern may contribute to academic burnout, reduced clinical performance, and mental health deterioration. Physically, it contributes to fatigue. Psychologically, it causes burnout and chronic stress. Despite these effects, alarm anxiety remains under-recognized in academic discussions and medical training environments.



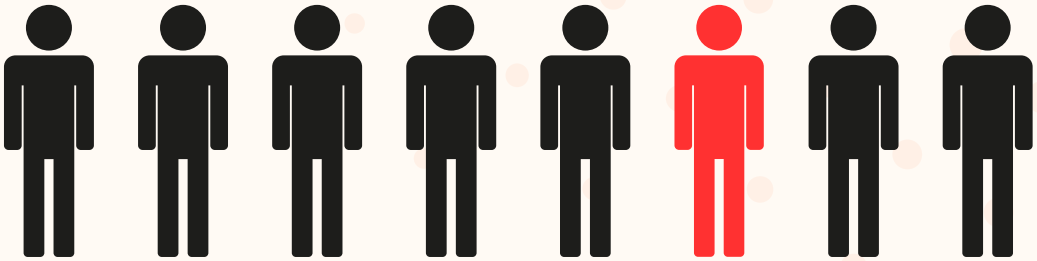
Alarm-induced anticipatory anxiety is a specific kind of pre-sleep cognitive arousal. It involves the brain's fear centers, particularly the amygdala, and is accompanied by an early surge of cortisol (the stress hormone) which disrupts normal sleep onset. Instead of entering restorative sleep stages, the brain remains in a hyperactive state. Students frequently report waking up repeatedly to check the time or imagining the alarm going off at any moment, further fragmenting what little sleep time is available. Some simple behavioral interventions can help. Avoiding clock-watching, choosing gentle alarm tones, reframing sleep expectations, and trying paradoxical intention (i.e., 'I'll stay awake') can reduce anxiety and improve sleep quality. Creating a routine before bed such as reading or journaling can also make a significant difference.

While such strategies are helpful, there is a pressing need for structured research in this area. Understanding how alarm-related anxiety uniquely affects sleep in high-pressure student populations especially in medical colleges can pave the way for institutional support systems, student wellness programs, and improved academic outcomes. Sleep is not a luxury but a necessity, and addressing alarm anxiety is an essential step toward preserving both health and performance among future healthcare professionals.

Avire Vamshi Krishna, MBBS batch of 2023

Research Article 3

Dual Perspectives on Rare Diseases: An Analysis of Diagnostic Delays and Management Challenges from Patients and Physicians



Rare diseases are emerging as a critical healthcare priority in India, demanding urgent attention and integrated strategies to address their unique challenges. World Health Organization (WHO) defines a rare disease as one with a frequency of less than 6.5 to 10 individuals per 10,000 population. A country should define a rare disease in the context of its own population, healthcare system and resources. India, like many other developing nations, lacks a formal definition of rare disease. Despite medical advancements, rare diseases remain a neglected public health issue, affecting millions due to limited awareness, delayed diagnosis and scarce treatment options.

This research was inspired by the case of a seven-year-old boy suffering from Gaucher Disease, whose life-saving enzyme therapy—costing over ₹6 lakhs per month— was sustained briefly through fragmented aid. Similarly, a young girl with Spinal Muscular Atrophy (SMA) was unable to access one-time gene therapy due to its prohibitive cost and absence of public funding mechanisms. These are not isolated incidents but reflective of systemic failures. Through this study, we aim to investigate the challenges in diagnosis, management, and access to therapy, faced by rare disease patients in India and to propose practical, policy-driven solutions to bridge these long-standing gaps.

MBBS batch of 2021 Students

1. Ch. Ramakrishna Rao
2. N. Sai Sudhamsh Reddy
3. M. Lokesh
4. I. Hemangini
5. Mohd. Abdul Raoof
6. R. Neeraj Kumar
7. N. Simon Prabhakar

The team has presented this research work as a Symposium at ILLUMINATI'25 organized by AFMC, Pune. They were appreciated by the Indian Organization for Rare Diseases bringing laurels to Kakatiya Medical College

*Scan the QR code for the complete abstract

Research Article 4

The Focus Dividend: How Physical Activity Offsets Sleep Debt's Cognitive Cost

Introduction:

Sleep is vital for brain function, memory and well being but is often sacrificed for productivity. Sleep insufficiency affects 60% of university students, leading to attention lapses and impaired academic performance. Cognitive performance deficits of a person in chronic sleep reduction of 6 hours is equal to that of a person under sleep deprivation of 2 days. Physical activity may improve sleep quality and cognitive function, potentially reducing these lapses.

Research Hypothesis:

Among sleep insufficient students, higher levels of physical activity are associated with significantly fewer attention lapses.

Methodology:

Consent was taken from the participants prior to the commencement of the study and confidentiality was maintained through anonymized data.

- Type of of study: cross sectional observational
- Sampling technique: Convenient sampling

Inclusion Criteria:
Students who are/have: Studying MBBS, Willing to give consent, Sleep insufficient.

Exclusion Criteria
Students who are/ have: Diagnosed with sleep disorder, Excessive caffeine intake

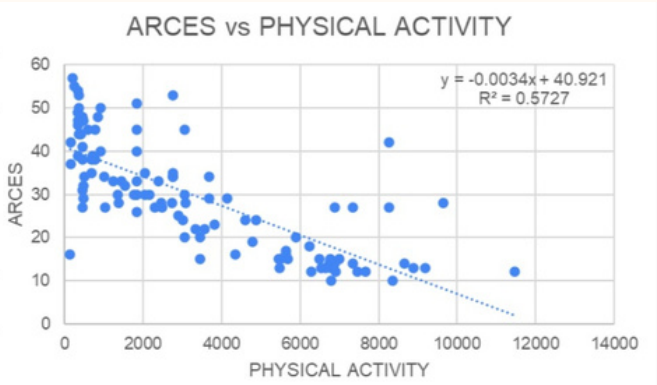
Data Collection tools:

- Socio demographic data sheet
- Sleep insufficiency was measured using
- an 8 item closed ended Epworth sleepiness scale, which is measured on a 4 point Likert scale
- Sleep variability
- Less than 8 hours of sleep
- Physical Activity was measured using International Physical Activity Scale- short form
- Attention Lapse was assessed using 12- item Attention Related Cognitive Errors Scale, which is 5 point Likert scale.

Sample size: 303

Statistical Analysis: The collected data was entered in MS Excel 2019 and analysed using SPSS software

Results:
Of the 303 participants, 110 (36.3%) met sleep insufficiency criteria and were included in the analysis A Pearson's correlation was performed and a significant negative correlation was found between physical activity and attention lapses (r=-0.7, p<0.5). A simple linear regression was performed, which was statistically significant (p< 0.05), with physical activity accounting for 57.3% of the variance in attention lapses(R 2=0.573). The regression coefficient for physical activity was -0.003 (p<0.05) demonstrating that higher physical activity is associated with fewer attention lapses.



Conclusion:
Higher physical activity significantly reduces attention lapses in sleep-insufficient students, highlighting its potential as a protective factor against cognitive impacts of poor sleep.

Discussion:
Physical activity provides a low cost, scalable solution for cognitive protection. Strong negative correlation between attention lapse and physical activity aligns with evidence that physical activity enhances prefrontal cortex function, mitigating sleep related cognitive functions

Naisha Maira, MBBS batch of 2023

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Research Article 5

Custodians of Unborn Dreams: Unveiling Different Paths of parenthood

Introduction

For countless individuals and couples, the journey to parenthood isn't simple or predictable. It involves profound struggles, hope, and decisions that can change the course of their lives. This research explores two deeply transformative paths—*In vitro fertilization (IVF) and adoption—examining their emotional, social, and financial impacts, and the long-term outcomes for both parents and children. This study seeks to illuminate these journeys, offering insights that help others navigate their own paths of kinship.

The emotional and physical toll is enormous, as couples undergo invasive procedures, hormonal treatments, and long waits for uncertain outcomes. Each failed attempt can feel like the loss of an unborn dream, leaving scars invisible to the outside world. Yet, many persevere, driven by an unwavering belief that the reward—hearing their child's first cry—will be worth all the pain. Whereas Adoption offers a different but equally meaningful path. It brings the joy of creating a family, not through biology, but through love. For children who may otherwise grow up in orphanages or foster care, adoption offers a new chance—a future filled with security and belonging. However, adoption isn't free of challenges. Couples must navigate bureaucratic processes, legal hurdles, and sometimes face societal judgment. Even within families, adoptive parents often confront difficult questions about their child's origins. They bear the emotional weight of ensuring their children feel fully loved and accepted, despite societal attitudes that still equate biological parenthood with "real" family.

Deciding between IVF and adoption is often not just a personal decision but one shaped by cultural expectations and societal pressures. Many couples feel immense pressure to pursue biological parenthood, fearing stigma or rejection from family and community if they choose adoption. IVF can also strain relationships, with partners often facing emotional burnout, anxiety, and isolation. Adoption brings its own unique emotional challenges—coping with waiting periods, dealing with uncertainty about a child's past, and adjusting family dynamics to embrace a child who carries their own story. Financially, both paths are demanding. IVF's steep cost often leaves couples drained, sometimes resorting to loans or exhausting savings. Adoption, while not as costly in terms of medical expenses, involves extensive legal processes, counselling, and administrative fees. This research seeks to highlight these financial burdens, helping policymakers and healthcare providers design better support systems, including emotional counselling and financial aid, to make both IVF and adoption more accessible.

Conclusions:

Every journey to parenthood is unique, and every child—whether born through IVF or embraced through adoption—is a testament to the transformative power of love. Custodians of unborn dreams are those who nurture life, whether it begins in a petri dish or a distant foster home. They are parents who defy societal expectations and financial burdens, driven by the profound desire to create a family. This study is a tribute to the resilience of such parents and the children who find homes and hearts ready to receive them. It calls for more inclusive policies, better healthcare support, and a societal shift toward embracing all paths to kinship. Ultimately, IVF and adoption are not just about creating families—they are about rewriting stories. They are about finding joy after loss, discovering strength in vulnerability, and understanding that love, in all its forms, is what truly makes a family whole.

MBBS batch of 2021 students

1. Sai Likith
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8. Ratna Sree

The team has presented this research work in Symposium, PANACEA 2024(November), National Medical Conference,Bangalore Medical College and Research Institute and won 1st prize.

*Scan the QR code for the complete abstract

Research Article 6

Research Proposal for “Evaluation of the prevalence of Undiagnosed Hypertension due to stress among middle-aged adults in Warangal district, Telangana”

Hypertension(HTN) is an iceberg disease where symptoms remain silent for a long period; however, the disease continues to progress inside(1). Undiagnosed HTN increases the risk of severe consequences such as chronic kidney disease(CKD), hypertensive retinopathy, heart failure, and stroke(1). The majority of people are only diagnosed with hypertension when it requires treatment, but not before that/incidental, i.e., screening for any medical/surgical management(2). In India, hypertension remains widely underdiagnosed due to its asymptomatic nature, low public awareness, and limited access to routine health screenings-particularly among middle-aged adults in rural and semi-urban areas. Early detection and timely treatment are essential to mitigate the long-term consequences of undiagnosed hypertension(3). As per WHO, around 46% of people with elevated BP in developing countries are not aware of their disease and less than 42% of adults with hypertension are diagnosed and treated(3).

There are notable gaps in Indian research on undiagnosed hypertension, especially in exploring its links with psychosocial stress, awareness of screening practices, and the use of low-cost digital interventions. In contrast, international studies have examined these dimensions in depth, highlighting the influence of stress, socioeconomic factors, and behavior on hypertension risk and management. Despite the growing burden of non-communicable diseases (NCDs), routine blood pressure screening is still inconsistently implemented at primary health centers (PHCs), resulting in missed opportunities to detect asymptomatic cases.

This research aims to evaluate the prevalence of undiagnosed hypertension and its association with psychosocial stress. It will address the screening gap through community-based blood pressure assessments and investigate the barriers to routine screening in PHC settings. The study supports the objectives of the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), which emphasizes strengthening NCD screening at the primary care level (4). As part of the study, awareness sessions will also be conducted to educate participants on the importance of regular blood pressure monitoring and early detection to prevent complications.

The objective of the study is to ascertain how common hypertension is in rural areas and how it relates to stress. Additionally, it suggests that all adults should participate in routine blood pressure and other non-communicable disease (NCD) screening programs at Primary Health Centers (PHCs). In order to lower the risk of serious complications like stroke, heart disease, and kidney failure, it also places a strong emphasis on increasing awareness and encouraging people to get regular screenings for high-risk NCDs like hypertension. The study also supports regular exercise, yoga, and meditation as useful stress-reduction techniques. Additionally, it recommends equipping people with self-screening tools via smartphones or reasonably priced gadgets and seeking medical advice for prompt treatment of hypertension.

Pulolla Vinay kumar , MBBS batch of 2023

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Research Proposal for "Understanding the Drivers of Antibiotic Misuse: A KAP Study on Drug-Seeking Behavior and Antimicrobial Resistance Awareness Among Outpatients in Warangal, India"

Introduction:

Antimicrobial resistance (AMR) poses a serious threat to global health and is accelerated by irrational drug use. Drug-seeking behavior, wherein patients demand specific medications, particularly antibiotics, contributes significantly to this problem [1]. In India, easy access to over-the-counter antibiotics, poor awareness, and socio-cultural practices promote inappropriate self-medication [2]. Despite growing awareness campaigns, patient-driven misuse remains inadequately addressed. There is limited data on patients' knowledge, attitude, and practice (KAP) related to drug-seeking and its link to AMR in tertiary care settings [3]. Understanding this is critical to formulating behavior-based interventions.

Previous studies have shown, antimicrobial resistance (AMR) is closely linked to irrational antibiotic use and gaps in awareness and education. Abbo et al. (2013) found that many medical students had limited understanding of antimicrobial stewardship, raising concerns about how future prescribers are being trained . Similarly, Kotwani et al. (2012) highlighted the role of pharmacists and revealed widespread irrational antibiotic use in New Delhi, emphasizing systemic issues in dispensing practices . Kumar et al. (2013) reviewed the alarming rise of AMR and emphasized the urgent need for improved regulation and public health strategies .

These findings underscore the critical need for targeted interventions at both the educational and policy levels to address the growing threat of AMR.

Objectives:

• To evaluate patients' knowledge, attitude, and practices (KAP) regarding antibiotic use and drug-seeking behavior, To find out how often people self-medicate with antibiotics and to identify demographic and social variables associated with drug-seeking behavior.

Expected Outcomes:

Clear data on how much patients know about antibiotics, their attitudes toward usage, and actual self-medication practices. Percentage of OPD patients who use antibiotics without prescriptions. Insight into how many patients are aware of antimicrobial resistance and its causes. Identification of patterns, e.g., self-medication may be more common in certain age groups, income levels, or education statuses.

O.Kedhareshwar, MBBS batch of 2023

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Research Article 8

Gen Z's Cultural Coolness: A Medical Perspective on a Silent Mental Health Crisis

Gen Z, born between 1997 and 2012, is the most digitally immersed generation in human history.From altered brain chemistry due to chronic screen exposure to rising rates of anxiety and self-harm, Gen Z's lifestyle is becoming a public health concern that demands urgent attention

A Harvard Medical School study revealed that excessive use of social media platforms activates the same brain reward circuits as addictive substances. This repeated stimulation causes dopamine desensitization, making users seek more extreme digital content to achieve the same pleasure. Over time, this may lead to: Digital addiction, Anhedonia (inability to feel pleasure), Attention-deficit symptoms Such changes in neurobiology impair not just emotional well-being, but also academic performance, impulse control, and social interaction

A 2023 survey by the American College Health Association (ACHA) reported that nearly 60% of Gen Z college students experienced "overwhelming anxiety" in the past year. In India, AIIMS (All India Institute of Medical Sciences) noted a 40% rise in adolescent cases of depression, anxiety, and sleep disturbances post-COVID-19. A longitudinal UCSF (University of California, San Francisco) study tracked over 12,000 students (Grades 9–10) for three years. Findings included:

- **35% increase** in depressive symptoms among heavy social media users
- **2x risk** of suicidal thoughts and substance use in cyberbullying victims

Common clinical presentation now included

- **Anxiety Disorders** – Social anxiety and compulsive comparison triggered by "doom scrolling"
- **Depression** – Often masked by seemingly perfect, curated social media lives
- **Sleep Disorders** – Insomnia and irregular sleep patterns due to late-night screen exposure and melatonin suppression
- **Body Dysmorphia & Eating Disorders** – Fuelled by unrealistic beauty standards and digital filter

Medical intervention & solution

- **Early Screening & Diagnosis:** Routine mental health screening should be integrated into school and college health check-ups. Early identification prevents chronic illness
- **Dopamine Detox & Psychoeducation:** Programs teaching Gen Z how to reset their brain's reward system through screen breaks, mindfulness, and real-world hobbies are crucial.
- **Sleep Hygiene Counselling:** Counselling on reducing screen use before bedtime, maintaining a regular sleep schedule, and using blue light filters can greatly improve sleep quality.
- **Peer Support Groups & Therapy:** Supportive spaces where students share experiences help reduce stigma and enhance emotional resilience.
- **Medical Management** In moderate to severe cases, psychiatric evaluation and pharmacological treatment (such as SSRIs or melatonin supplements) may be necessary under medical supervision

Conclusion

The coolness culture of Gen Z—defined by likes, shares, and digital perfection—comes with invisible costs. As future doctors, educators, and caregivers, it's vital that we see beyond the aesthetic and recognize the neurochemical, emotional, and behavioral toll of the modern Gen Z lifestyle.

By approaching this issue medically and empathetically, we can transform this crisis into a chance for healthier minds and more mindful living

Sonam Saini, MBBS Batch of 2023

Research Article 9

The Silent Link: How Non-Communicable Diseases Steal Memories

Have you ever caught your grandmother losing her glasses or telling the same stories over and over again? While most of us tend to think of this as "normal aging process," the reality might be much worse. Cognitive impairment, particularly when combined with other Non-Communicable Diseases (NCDs), is quietly but increasingly spreading around us. Cognitive decline is the decrease of memory, speed of thinking, attention, and language over time. It may first occur as forgetfulness but later in life develop into full dementia, impacting the person's independence, behavior, and quality of life.

As the elderly population in India increases at an all-time high, there has never been a greater need to identify and treat cognitive impairment. At the same time, India is facing a sudden spike in NCDs such as hypertension, diabetes, and heart disease. While these chronic diseases are famously known to ravage the body, most do not know their quiet but serious effects on the brain.

Conditions such as diabetes and hypertension damage the fine blood vessels and nerve structures within the brain, steadily depriving neurons of their oxygen and nutrient supply. Chronic inflammation increases neurodegeneration, and strokes directly damage the brain. Collectively, these mechanisms set the stage for intellectual deterioration and loss of memory—issues much more prevalent than most of us realize.

Although various international studies have pointed out the increasing burden of cognitive disorders, Indian data is still limited. More importantly, there's hardly any region-specific data for Telangana, and it makes it difficult for clinicians and policymakers to plan efficient screening and intervention programs suitable for our population.

As future doctors, it then becomes our duty to uncover the covert cognitive danger lurking behind each hypertensive or diabetic patient we encounter in OPDs. Early identification and timely intervention can significantly enhance not only the quality of life of the patients but also that of their caregivers and families.

Research projects like the one I am currently working on aim to bridge this knowledge gap by studying the relationship between NCDs and cognitive decline in our local population. With better data, we can advocate for targeted elderly mental health programs in Telangana, and hopefully, across India as a whole.

Because every forgotten name, every misplaced object, and every repeated story might just be a silent call for help—a call that future doctors like us should be ready to answer.

Sanjana Yamsani, MBBS batch of 2023

Research Article 10

Face Mask—An Essential Evil: A Review Article

Ever pulled off your mask after a long day and felt that glorious breath of freedom — only to be greeted by a fresh breakout, a rashy patch, or the feeling that your lungs just ran a marathon? If yes, you're not alone. Masks are a sign of safety — but behind the veil of cloth is a roster of side effects nobody told us about.

Consider your skin, for example. Friction day in and day out, sweat trapped beneath the fabric, humidity: the perfect storm of breakouts — maskne (mask associated acne), the bane of our existence. For some, though, it doesn't end there. Redness, irritation, allergic response to mask materials — it feels like your skin is having a protest. Reportedly, 71 out of 100 people who have mask related troubles, show up with dermatological symptoms.

Mask breathing isn't always easy either. Particularly with tight masks such as N95s, individuals who have asthma or lung problems often report feeling winded or dizzy. 57% of individuals who have trouble breathing in a mask happen to be known asthma patients. Others experience fatigue or headache after extended periods, perhaps from slight oxygen decreases or a mild accumulation of carbon dioxide. It isn't harmful for most — but it is certainly not comfortable.

And then there are your eyes. Ever noticed your vision blurring or your eyes burning after a few hours in a mask? According to a survey conducted in healthcare workers 30.6% reported dry eye symptoms. That's mask-associated dry eye. When exhaled air escapes upward, it speeds up tear evaporation, leaving your eyes dry and itchy — especially if you're already glued to a screen all day.

Communication suffers as well. You can't read expressions. Voices get distorted. Smiles vanish. For hearing-impaired individuals, or even children who are learning to read faces, masks can be a barrier — literally and psychically.

But still, we can't help but acknowledge that masks have shielded us. They've saved lives. But for some, they've also silently eroded comfort and connection. Perhaps it's time we redraft mask design — something breathable, skin-friendly, human-centered.

Because yes, masks are necessary. But let's be honest — they've also been a little bit an evil.

Vaishnavi Pandey, MBBS batch of 2023

Research Article 11

Fecal Matter- A Potential Antidepressant?

Major Depressive Disorder (MDD) is a psychiatric illness characterized by persistent low mood, anhedonia, cognitive disturbances, and in severe cases, suicidal ideation. Globally, around 280 million people are affected by depression. The mainstay of treatment includes psychotherapy, antidepressants, and electroconvulsive therapy, all of which are not universally effective.

Recent research has highlighted that Fecal Microbiota Transplantation (FMT) shows a positive response in the treatment of MDD. FMT is the transfer of processed fecal matter from a healthy donor into the recipient's gastrointestinal tract. It is a well-established treatment for Clostridium difficile infections. But how is it linked to MDD?

The answer lies in the Microbiota-Gut-Brain Axis (MGBA), a bidirectional pathway connecting the gut microbiota with the brain via neural (typically, the vagus nerve), immune, endocrine, and metabolic routes. Gut microbes release neuroactive substances and metabolites such as cytokines, GABA, SCFAs, and amino acids, which influence brain signaling and mood regulation.

Given this association, researchers are exploring FMT as a therapeutic adjunct in psychiatry.

Animal studies have provided compelling evidence. Transplanting fecal matter from MDD patients into germ-free mice has led the mice to develop depression-like symptoms and vice versa, reinforcing the link between gut dysbiosis and depressive behavior.

One of the notable studies on humans is the 2022 case report by Doll et al., which was performed on two middle-aged females with chronic MDD and mild GI symptoms. Both received oral FMT capsules, and after 4 weeks, showed significant improvement in depressive scores on the Hamilton Depression Rating Scale (HAMD). However, symptoms reappeared after cessation of therapy, raising questions about its long-term efficacy.

While long-term safety and efficacy of FMT in psychiatric use is still under investigation, it undeniably introduces a promising paradigm in managing MDD, especially in treatment-resistant cases. If future studies validate these findings on a larger scale, FMT could become a game-changer in the treatment of psychiatric disorders.

K. Sreehitha, MBBS Batch of 2022

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Research Article 12

Electrifying Recovery: Spinal Cord Regeneration Using Electrical Stimulation

Introduction: It's a revolution rooted in the principle that the human body can be retrained. Electric stimulation isn't just a treatment — it's a signal to the nervous system to try again.
For centuries, paralysis meant permanence. Today, electricity might change that.
Spinal cord injuries (SCIs) are often life-altering, resulting in permanent loss of movement, sensation, and autonomy. Modern medicine is now exploring an innovative frontier: using electrical stimulation to awaken dormant neural circuits, bypass injury sites, and restore voluntary movement.

What Is Electrical Stimulation? By restoring some of the electrical rhythm lost after injury, this technique helps synchronize neural pathways, revitalizing the damaged communication highway between brain and body.

Electrical stimulation therapy for spinal cord injury involves delivering controlled electrical pulses to the spinal cord. Two main approaches exist:

- Epidural Electrical Stimulation (EES): Involves surgically placing an electrode array over the lumbar spine to directly activate spinal circuits.
- Transcutaneous Stimulation: A non-invasive method using skin-surface electrodes to deliver current.

These techniques are often paired with physical training to enhance functional outcomes.

How It Works: Rewiring Movement Repeated training under stimulation strengthens these pathways through long-term potentiation, a biological process by which frequently used neural circuits become more efficient over time.

After a spinal injury, many neural pathways are blocked, but not all are completely severed. EES works by reactivating these spared circuits. Stimulation increases the excitability of spinal neurons, allowing even weak brain signals to trigger movement. Over time, repeated stimulation and voluntary effort promote neuroplasticity – the rewiring of neural circuits – enabling new functional pathways to form.

Clinical Breakthroughs In animal models, stimulation has also been shown to promote remyelination and release of neurotrophic factors, supporting the idea that this approach not only enhances function but may also support healing.

Recent clinical trials have shown remarkable results. The Up-LIFT trial (Nature Medicine, 2024) used non-invasive ARC-EX devices to stimulate the cervical spinal cord. After 2 months, 72% of participants with tetraplegia improved in arm and hand function.

In another case, a man with complete paraplegia regained voluntary movement and eventually stood with assistance after years of stimulation-assisted rehab.

These studies show that stimulation can awaken and strengthen neural pathways that were once thought permanently lost.

Beyond Movement: Autonomic Recovery These effects are not just clinically relevant—they offer hope, dignity, and independence to individuals long told that recovery was impossible.

EES has benefits beyond restoring mobility. It has shown promise in improving:

- Bladder and bowel control
- Blood pressure regulation
- Sexual function
- Muscle tone and metabolic health

These effects significantly enhance the overall quality of life for SCI patients.

India's Role in the EES Revolution India's success in frugal innovation and medical device manufacturing can play a key role in making spinal cord stimulation more accessible, especially in underserved areas.

India sees tens of thousands of new SCIs each year, often due to road accidents or falls. Rehabilitation options remain limited. Institutions like NIMHANS and IITs are working on neuroprosthetics and cost-effective electrical stimulation devices. With scalable technology, EES could become a standard part of SCI rehabilitation in India.

Looking Forward: From Lab to Life As interdisciplinary teams collaborate, electrical stimulation might soon be integrated into mainstream neurorehabilitation protocols. For those with SCI, the future is no longer a straight line — it's a circuit waiting to be reconnected.

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Omesa Jhon, MBBS batch of 2024
Nihal Vummaneni, MBBS batch of 2024

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FACULTY CORNER

Biochemical basis of Ancestry
Unravels Life's Mystery.
Every Cell a Biochemical Tale
Where Life never Fail.
Molecules flow and energy release
Provides Biochemical Peace.
Decodes the Code of life's design
Makes Biochemistry Divine.

Dr. A. Pullaiah
Professor, Department of Biochemistry

THE PILLAR OF QUIET INTELLECT

Dr. N.V.N. Reddy, Department of Surgery

Which college did you complete your MBBS from?
I did it from Gandhi Medical College, Hyderabad.

What role did your college play in shaping the person you are today?
It was my teachers. They played a pivotal role in shaping me into what I am today.

What was that one event in your college life that still makes you laugh?
College days were something else. Though there were multiple such incidents, the one which I reminisce the most was jumping the compound walls to avoid ragging by the seniors.

What is the one thing you wish you had done more of in college, except studying?
Socialising with the classmates. I sometimes mourn the connections that I could have made.

What made you choose medicine?
It was the white coat. Since my childhood, I always used to admire the white coat and those who don it.

If you were not a doctor, what do you think you'd be?
Engineer for sure. These days there are individuals trying to pit the two professions against each other, but for me, they had and will always be allied professions.

What made you choose surgery?
It was all fate and destiny.

How would you define your journey as a postgraduate in surgery?
It's like marrying someone you have never been in love with.

What was the first surgery you led? How did it impact you?
Inguinal hernia. I had to care for this patient 24/7 for nearly a month before he succumbed due to an anaesthetic complication.

What is that one surgery you remember distinctly and what made it so?
Removing a razor blade from esophagus of a patient who has swallowed it. That was the first time I explored the neck under C-arm and successfully removed the blade. It was most gratifying.

What has been the most difficult surgery you performed?
It was Pancreaticoduodenectomy for carcinoma, head of pancreas.

While all branches are equally important, what do you think makes surgery different than the other branches of medicine?
It is a dynamic subject where decisions are more important than incisions and these decisions need to be taken extremely quick.

What do you think is the most important attribute for a surgeon? How long did it take you to develop it?
Being a team leader. One needs to be an active member of a team before one can successfully lead a team.

Every successful individual understands that growing is a never-ending process. What approaches do you adopt to grow as a surgeon?
Keep yourself up-to-date. One needs to keep oneself updated with both new knowledge and technical advancements.
Learn, Unlearn, and Relearn.
This is the success mantra.

Surgery is undoubtedly one of the most mentally and physically taxing branches. What methods do you use to maintain the much necessary work-life balance?
Quality is much more important than quantity. To ensure work-life balance, do not run behind numbers.

Failure is inevitable and one of our most important teachers. But when the stakes are high, it takes a lot more than a good night's sleep and a few motivating words to pull through. What are your coping strategies to bounce back from an operation that didn't go as planned?
I try to introspect on what went well and what did not go as planned, on a regular basis. I believe that reflection can lead to perfection.

During your last class, I was completely inspired by your teaching style, and I am sure so were many other students. What made you discover your love for teaching?
Sharing with others what I know and what I do so that they can thrive as well is my motto. This is the reason behind my passion for teaching.

What is your goal when you teach? What expectations do you have from your students?
I believe that I would be able to reach the needy in the society in a much bigger manner through my students which would not be possible as an individual.

What is that one lesson you learned a little late in life that you wish your students understand now?
Do small things which make you happy rather than running after bigger things which can add additional stress in your life.

Everyone has their own non-negotiables and moral conducts that should not be violated. What is the one rule you live by?
Never compromise your self-respect, no matter the circumstances.

INTERNSHIP DIARIES

It was around 12:00 PM on the day of my Medicine practical examination. As I waited for the viva to begin, my mind raced with thoughts of the questions I might be asked. Among them was one critical CNS case that I believed could determine whether the coveted “Dr.” prefix would soon be added to my name.

Through all the ups and downs, the sleepless nights, and the relentless pressure, I finally entered a new and beautiful phase of this journey: Internship—where the theoretical knowledge acquired across 19 subjects began to translate into real clinical practice.

I still vividly remember the first cannula I secured, the first Foley’s catheter I placed, the first sample I collected, and the first surgery I assisted in. Each of these moments marked a milestone in my growth as a medical professional.

My days began with 6:00 AM alarms, rushing through breakfast, checking and rechecking blood pressures, attending morning rounds followed by evening ones, and collapsing into bed after barely 3–4 hours of sleep on duty days—sometimes not even that during double duties.

There were times I regretted choosing MBBS, questioning my decision during moments of exhaustion and self-doubt. But gradually, I came to realize that this profession was truly meant for me. I grew—not just in knowledge, but mentally and emotionally.

Now, as this chapter of MBBS life nears its end, I find myself nostalgic for the 12:00 AM gossip sessions with friends, even as the reality of postgraduate preparation looms ahead. The pressure to enter the competitive world again, to consider which department will choose me, and what path I will follow, constantly runs through my mind.

But I know one thing for certain:
This is not the end. It is just the beginning.

- Dr. M. Jyothsna, Intern (Batch 2020)

ONE AMONG US

From MBBS to where you stand today

It's not just my journey - it's one every medical student can relate to. As teenagers, while others enjoyed life, we were buried in books, dreaming of that stethoscope and apron. The night I got the message I was allotted KMC, I couldn't sleep. That moment made every sacrifice during 11th and 12th worth it.

I had to take a long-term drop for UG, and that scar kept pushing me to make sure my PG selection happened in the first go. AIIMS Delhi the IIT of medicine - was always close to my heart. I gave it everything: extra effort, persistence through ups and downs.

MBBS isn't just about academics. It shaped who I am - emotionally, mentally, and spiritually. I've evolved. And I'm still evolving.

"Scars leave marks, but they also leave strength."

What inspired you to choose Orthopaedics? Was AIIMS Delhi always the dream?

Yes - AIIMS Delhi was the dream. During internship, you truly understand what life will be like in each residency. I explored many fields from OB-GYN to Pediatrics - but eventually found my space in Orthopaedics.

Initially, I never thought it would suit me. But during an ortho posting, a senior said, "Emergency saves lives, but Orthopaedics gives life its quality."

That changed my mindset. I realized I'd be influencing not just patients but families and communities. And today, I can proudly say: "I'm born to be an orthopaedician — and I will grow as one."

How did you prepare for INICET?

Preparation isn't just about reading — it's about strategy. I followed the 80:20 rule:

"Identify the 20% that gets you 80% of the marks."

I solved 300+ MCQs daily — even on low days. My focus was on analysis: revising mistakes from a dedicated diary, recognizing patterns, and never skipping a day. I didn't study subject-wise but topic-wise, targeting high-yield areas. Standard textbooks - BDC, Robbins, Park formed my foundation. Platforms like Marrow or Prepladder were just support tools. During internship, your senses should be alert - what you see, hear, smell are potential MCQs.

"Don't memorise cannula colors - live them in wards."

How did you balance INICET and UPSC CMS prep? Was there any overlap?

Definitely. The syllabus overlaps well — CMS has Medicine, Pediatrics, Surgery, OB-GYN, PSM — all core to INICET. So, while preparing for one, I was unknowingly reinforcing the other.

Giving UPSC was also about the thrill -

"That UPSC tag, the neeli batti — it's a different motivation."

The CMS interview felt like a final-year viva — warm, clinical, and respectful. CMS is a golden opportunity: a stable 9-to-5 central govt job, PG quota after 3 years of service, and the freedom to pursue PG on leave.

In a time of rising unemployment, CMS gives you two careers in one and great experience.

Were there moments of doubt or burnout? How did you manage stress?

Of course - burnout and doubt are inevitable. But I lived by this quote:
"Change it or accept it."
On tough days, I allowed myself a pause — not a stop. Breaks were my commas, not full stops. My stress busters? Music, long walks, temple visits, gossiping with aunties, playing with kids. I also practiced meditation and cried when I had to. Everyone needs an outlet. Have that one person on your contact list you can call anytime.
"It's okay to break - just make sure you rebuild."

What resources or platforms did you rely on?

I used a mix of everything - but smartly. Telegram was a treasure trove. For specific subjects:

- Path: Devesh Mishra
- Anatomy: Dr. Mohd Azam
- Surgery: My own structured notes

For UPSC, I did PYQS directly from the official website. PYQs are non-negotiable for any exam.
"Choose resources that resonate with you. Understand > Memorize."

Define KMC in one word.

Impossible. KMC is not a word - it's an emotion. It's the womb that nurtured us, the ground where we stumbled, grew, and prepared to face the world. No one scolds - they guide. I met people here who'll be with me for life.
"KMC is where I found joy, purpose, and friendships that outlast the syllabus."
From witnessing Dr. Sai Kiran — 19 gold medals — an inspiration to living uthkarsha joy — in every corridor.

Looking back, would you have done anything differently?

Honestly — no.
"What I am today is because of who I was yesterday."
Mistakes taught me. Right decisions shaped me. You'll always feel you could've done better — but that's your current self speaking with upgraded wisdom.
Everything had a purpose.
"Joh hona tha, waise hi hona tha."

Now that you've made it to AIIMS Delhi and cleared CMS, what's next?

As one of the very few female orthopaedicians at AIIMS, I see why others hesitate to choose this field. But that's exactly why I chose it - to break that stereotype.
Technology is reducing the need for brute strength. Robotics, innovation, and empathy matter more now.
"Symptoms don't have gender — neither should doctors."
A little dream of mine? This branch has great Indian legacy. One day, when juniors flip through a textbook and read about — maybe they'll find my name too.

Final message for your juniors at KMC.

Relish every moment.
"GK Pal, Robbins, Park - they won't come back. But the memories will."
Dance, cry, laugh, learn, make friends, fail gloriously. Don't worry about what others think. Just speak up - wrong answers teach you more than silence.
"You're in your twenties - let it be your golden chaos."
Make it count.

Dr. Renuka Ghanatey, MBBS Batch of 2018
PGY1 MS Orthopaedics, AIIMS Delhi

Interviewed by/
Charu Sharma, MBBS Batch of 2022

KAKATIYA GAZETTE

The Crack-Head Genius : Karry B Mullis

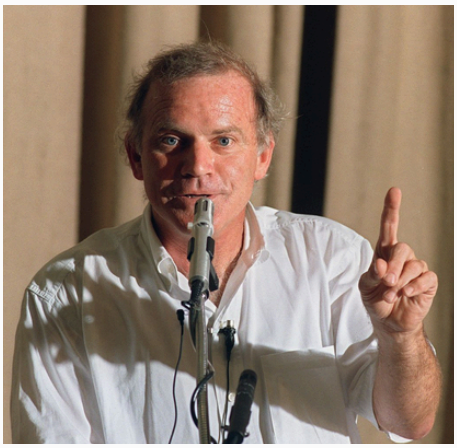
The PCR has changed today's world of Diagnostics. From detecting viral infections to paternity testing in forensics, It rules the world of diagnostics. The man behind this crazy tool is a genius – more like a crackpot genius. He is the very famous and the very controversial, Karry B Mullis.

He was a student of Biochemistry at Berkeley University in the 1960s. His areas of interests were consuming LSD, and not taking university seriously. He never attended classes. After graduation, he started writing fiction and also tried to get a job at CETUS. This was an interesting time in the 1970s and scientists all over the world were trying to manipulate DNA. This man's job here was to just synthesize the probes for Southern Blot. Synthesizing such probes was repetitive and cumbersome. After a few months, this process was automated. Now that machines did most of Mullis' work, he had a lot of time in his lab. On a random Friday evening in 1983, Mullis was driving for his weekend holiday. As he drove down the highway surrounded by mountains, he let his mind wander around about a new DNA test. The problem of finding that one mutation in one gene was a cumbersome process and took a lot of time. This led to his new idea, instead of finding a pin in a haystack; he thought "let's make more pins instead". This right here was his Eureka moment. As he drove on the highway, he was able to "see" molecules of DNA in front of his eyes.

Mullis wrote "Blue and pink images of DNA molecules injected themselves between the mountain and my eyes" as he described his Eureka moment.

He then began designing this new test. First task was to separate the DNA strands. Then, few primers would attach to specific sites on the DNA and with the DNA polymerase, would synthesize new strands of DNA. If he repeated this process a 30 times, he'd have a billion copies of the gene he was finding. Once he started putting his ideas to work, his colleagues did not support him. He had undisputable results, but his colleagues denied any credibility. A group of scientists were appointed to accompany him and after a year of trial and error, they found substantial evidence that PCR can be used as diagnostic tool for Sickle Cell Disease and it would cut down the diagnostic time from a few months to just 10 hours. The group urged Mullis to publish his work but he refused. CETUS group was scared that they'd lose their rights to this golden goose of an invention and published it in the science magazine. By the time he was ready for his own publication, no journal wanted it. He was furious and left the CETUS group.

PCR meanwhile, has transformed diagnostics. They are used for a lot of things like DNA cloning, vaccines, and HIV detection. Mullis was awarded the Nobel Prize in Chemistry in 1993. Though, this would not have been possible without his group at CETUS, he made PCR his story and rose to fame.



FILE PHOTO

He used this fame to openly endorse for LSD consumption and said, "If not for LSD, I'd not have invented PCR". He talked about being abducted by aliens and seeing animals that glow. He said "Anyone can test positive with practically anything if you run it (PCR) long enough". He used his Nobel Prize winner story to back his unscientific claims of the world. He denied the existence of AIDS which led to political decisions in South Africa that caused more than 300,000 deaths from the AIDS epidemic.

The story of Karry B Mullis shows us that Genius doesn't guarantee wisdom and in great fame also lays great responsibility. PCR continues to transform healthcare and diagnostics. Its legacy lives on and it stands as a testament that One Idea can Change the World!

The Cancer District

Gangnauli, a village in UP which has no healthy families, is now battling cancer. Surrounding villages in the Bhagpat dist. have also started showing similar trends. Many attribute this to the contamination of the Krishna and Hindon Rivers.

NEET - PG Chaos Continues

Yet again, the NEET-PG exam has been postponed—hardly a surprise anymore, but still a crisis for thousands of medical graduates. What's at stake is the futures of lakhs of doctors who spend months, even years, preparing for this exam.

NEET - PG is the gateway that defines careers, and shapes the healthcare system's future workforce. While aspiring doctors spend sleepless nights studying, the exam authorities remain indecisive—not just about the exam dates, but also about the rules

Postponements have become erratic, sometimes announced just hours before the scheduled time. Such uncertainty is not just inefficient—it's deeply demoralizing.

There is an urgent need for a standardized, transparent system. The National Medical Commission (NMC), along with relevant stakeholders—including student representatives—must establish a fixed academic calendar and a consistent set of examination guidelines. A clear, predictable framework is the least that future doctors deserve.

Once Bitten, Twice Infected?

Chickenpox, is a contagious viral infection caused by the varicella-zoster virus. It is commonly considered a one-time illness due to the long-lasting immunity typically developed after an initial infection or through vaccination. However, the belief that chickenpox occurs only once in a lifetime is not entirely accurate. Although rare, reinfection can occur, particularly in individuals with compromised immune systems or those who experienced an unusually mild case during their first infection. In such cases, the immune response may be insufficient to provide complete protection against future exposures.

The varicella-zoster virus remains latent in the body after the initial infection, residing in nerve tissues. While it usually does not cause chickenpox again, it can reactivate years later in the form of shingles (herpes zoster), a painful condition characterized by a localized rash and nerve pain. This reactivation risk increases with age or weakened immunity.

Vaccination plays a critical role in controlling the spread of chickenpox. The varicella vaccine is highly effective, offering approximately 90% protection with two doses. Even if a vaccinated individual contacts chickenpox, the symptoms are typically much milder and shorter in duration compared to those in unvaccinated individuals.

In summary, although chickenpox is generally a one-time illness, reinfection is possible under certain conditions. Awareness of this possibility, along with proper immunization and healthcare monitoring, is essential for preventing complications and managing the long-term risks associated with the varicella-zoster virus.

The Vaccine Myths

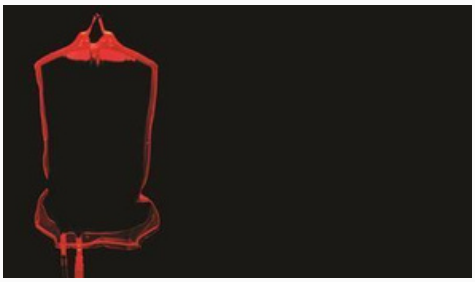
Vaccines are one of the greatest public health tools ever developed, credited with preventing millions of deaths. Yet they've also been at the center of persistent controversy—most famously, the alleged link to autism.

The debate stems largely from a single, now-retracted 1998 study that suggested a connection between the MMR vaccine and autism. Large-scale studies conducted worldwide since then have consistently shown no causal relationship. An apparent association in timing (since autism often becomes apparent around the same age children receive vaccines) can mislead people into suspecting causation—a classic example of "correlation does not imply causation."

For doctors, understanding this history is more than academic. Vaccine hesitancy driven by fears of autism has led to declining immunization rates and outbreaks of diseases once under control. Doctors must be prepared to explain, patiently but firmly, why the science shows no link—and why vaccination remains crucial for individual and community health.

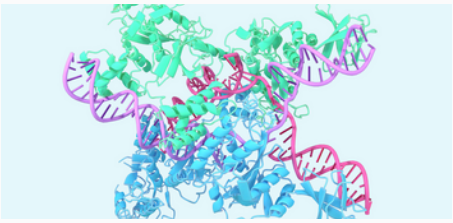
The autism-vaccine myth isn't just a misunderstanding; it's a public health risk. Dispelling it requires both clear evidence and compassionate communication, skills every doctor must master in today's information-saturated world.

Blood, but NOT BLOOD?



Artificial blood is a man-made liquid that carries oxygen and carbon dioxide like real blood. It is used in emergencies when real blood isn't available. It doesn't have white cells or platelets, but can temporarily replace red blood cells.Universally used for all blood types, saving time in critical care, hence no cross matchings are required. Can be stored for months or years, unlike the real one. No risk of infections like HIV or hepatitis from transfusions.

AI Cracks the Protein Puzzle



The 2024 Nobel Prize in Chemistry was awarded to Demis Hassabis and John Jumper for AlphaFold, an AI system that predicts protein structures with remarkable speed and accuracy.

Proteins drive life's processes, but mapping their 3D shapes once took years. AlphaFold's deep learning model changed that—unlocking structures for over 200 million proteins, revolutionizing drug discovery and molecular biology.

The Nobel Committee called it a milestone showing how AI can solve scientific mysteries once thought impossible, heralding a new era where algorithms and scientists advance together. This stands as a proof that AI will not replace doctors but only suppliment doctors in advancing healthcare.

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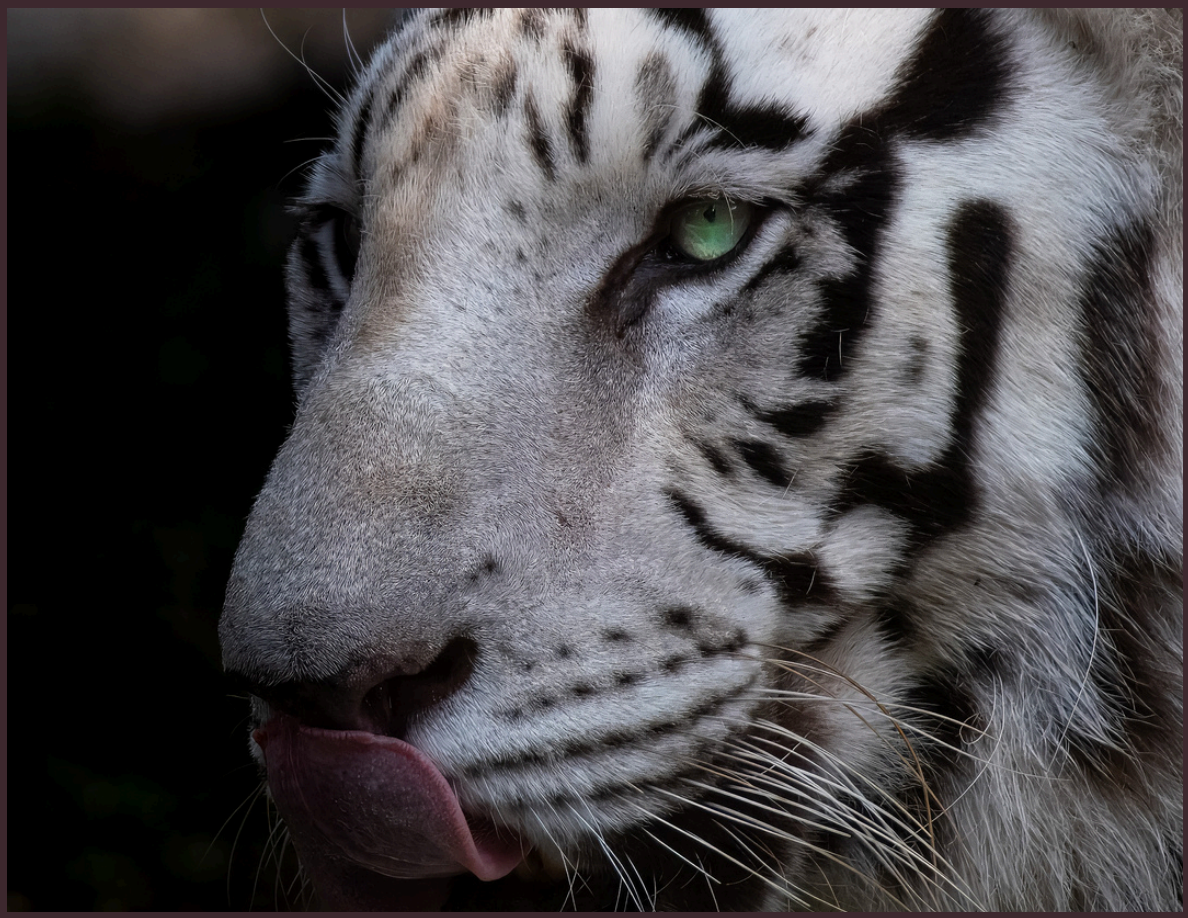
CREATIVITY



THE WHITE TIGER
This shot of the white tiger was pictured by Ashraf Kagaji (Final Year MBBS II) at Nehru Zoological Park, Hyderabad, Telangana, India.

UNSAID FEELINGS OF A DRUG

Unique pills and liquid drops so small
There lies integrated bond of chemistry that can change it all
Romanticizing its precision and accuracy
There lies the unsaid feeling of drugs- which says its efficacy
Each drug with a story deep and vast
There lies a journey from the administration to how long it lasts.
Receptors wait like a magic door
Where the agonist knocks to instigate the core
Antagonist shields and watchguards the gate
A jigsaw puzzle of fate that is left to resolve and navigate
From propranolol calming nerves when the panic grows
To acetaminophen soothing the body when heat flows
Through wild beats there comes the swift Atropine to pay
Along the way it pulls off the oxygen therapy without any delay
Struck among careful eyes where it dwells
There meets the knowledge and healing spell
No less than a code which seeks to mend
Here we go with the power to cure and defend....

Shubham Shekhar
Batch 2023

MORE THAN MEDICINE

For the first time, stepping into sacred art of saving lives, Hands trembling, heart alive,
The journey begins with brightest smiles.
From smell of corpse to electrocautery smoke, From tracing nerves and veins to operating on them, From opening incisions to closing sutures, From dead corpse to alive patient.
Listening for murmurs in crowded wards,
Facing emergencies like a warrior with hidden sword. Sleepless nights to fearless fights,
just to be forgetten with a baby's smile.
To stitch hope into flesh,
To mend what time has torn,
To walk along with fear,
and bring light with each new dawn.
Finally, a day arrives when every sacrifice feels worth the healing light,
A saved life,A soul revived,
It's a tug of war between dead and alive.

N. Usritha Krishna
Batch 2023

ROOTED IN BREATH

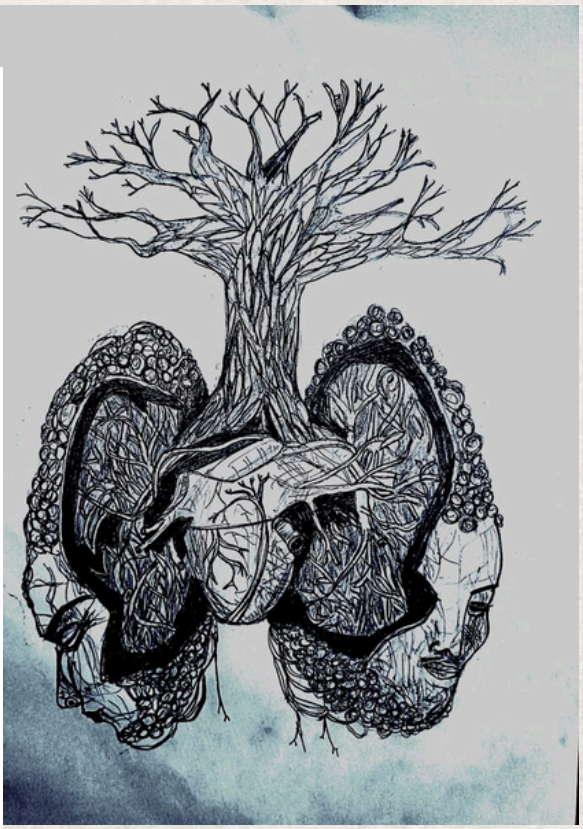
In caverns deep within the chest,
A forest blooms where lungs find rest.
Branches weave through air and skin,
A tree of life, both out and in.

From whispered breath to silent thought,
The body speaks what words cannot.
Faces carved in shaded veins,
Hold stories sung through joy and pain.

Each alveolus like budding leaf,
Each sigh a poem, brief and brief.
Hearts entwined in bark and bone,
No soul, no lung, must stand alone.

We breathe not just to live or die,
But to become the wind, the sky.
And in that pulse, that sacred art—
We find the roots of mind and heart.

Charu Sharma
C. Pragathi
Batch of 2022



Vakiti Pragathi Kumari
Batch of 2024

SALVATION OF THE SOUL DONATED TO SCIENCE

Beneath the boughs of twilight trees,
Where whispering leaves dance with the breeze,
A skull lies still in gentle grace,
Its jaw a cradle for daisies' embrace.

The ribs now rise like temple stones,
Each etched with ivy, moss, and bones.
Once flesh, now roots and marrowed light—
A vessel broken to birth new sight.

Above, a butterfly, bold and bright,
Takes wing in swirls of red and white,
A soul released, no longer bound,
From earthly weight and burial ground.

No funeral dirge, no silent tomb—
But lecture halls and sterile rooms.
The body's map, once lived and worn,
Now opens doors for minds unborn.

R. Harita Soujanya
Batch of 2023

Hands once warm now teach the cold
Of muscle, nerve, and stories told.
In lifeless limbs, a spark remains—
A gift of self, not given in vain.

And as the students learn and grow,
The soul ascends from bones below.
Not lost in dust, nor trapped in clay,
But carried forth in each new day.

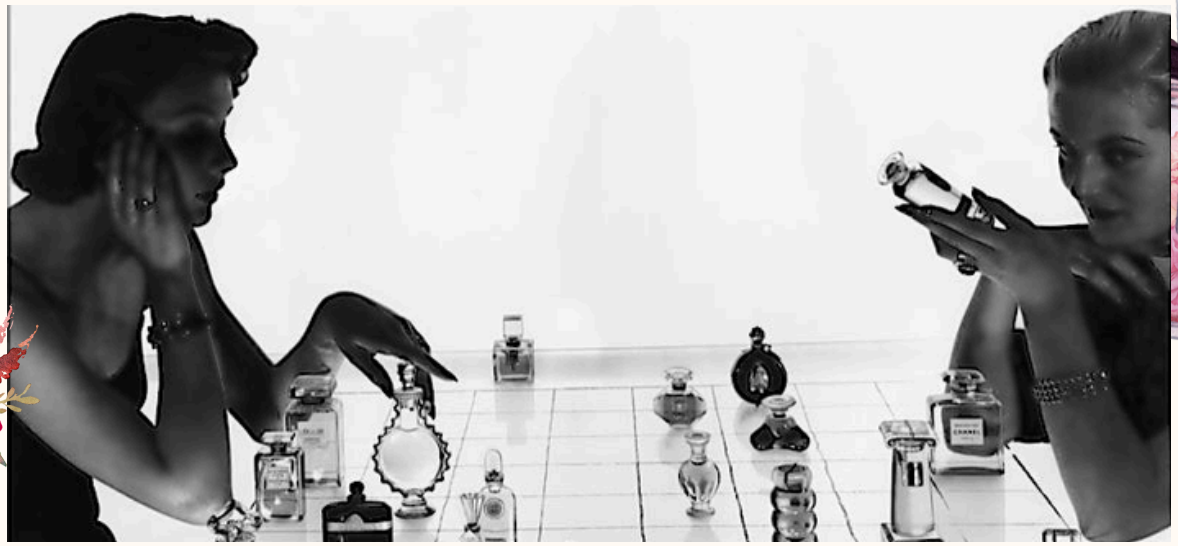
Salvation blooms not just in faith,
But in the lives a gift reshapes.
For death is not an end, but key—
To light, to love, to legacy.

THE MICROBIOTA BENEATH THE BOUQUET

Have you ever noticed how the same perfume smells completely different on two people?
One Spritz, two skin types-and suddenly, the fragrance tells two entirely different stories. While we often blame body chemistry or skin tone, science now points toward something even more fascinating: the Skin microbiome.
What Is the Skin Microbiome?
Our skin isn't just ours—it's home to millions of bacteria, fungi, and other microorganisms that live in a delicate balance. This microbial community, known as the skin microbiota, plays a huge role in everything from immunity to body odour—and now, researchers are learning it even affects how perfume wears on your skin
Some of the key microbes influencing scent include:

- Staphylococcus epidermidis – breaks down sweat and interacts with esters in perfume
- Corynebacterium spp. – linked to body odour, modifies fragrance molecules
- Propionibacterium acnes (Cutibacterium acnes) – abundant in oily areas, metabolizes oils and alters scent expression

These microbes interact with perfume molecules, altering their structure and evaporation rate. This creates a personalized version of the scent, unique to your skin.



The Microbial Twist to Your Signature Scent
Perfume molecules are designed to be volatile—so they evaporate and release aroma. But on the skin, they don't just sit passively. The microbiota can chemically alter certain perfume ingredients (like esters or alcohols), turning a floral top note into something spicy or musky.
A study in Frontiers in Microbiology (2021) found that the skin microbiome varies not only between individuals but also across different body sites. This explains why a fragrance may linger beautifully on your wrist but fade quickly from your neck.

Where Perfumes Work Best—And Why
Different areas of the body provide different micro-environments for scent:

- Wrists and inner elbows: Warm, with moderate bacteria. Great for light fragrances like citrus or eau de toilette.
- Neck and behind ears: Rich in oil glands, with Malassezia playing a role. Ideal for floral or musky notes.
- Chest and back: Oily areas where Cutibacterium acnes dominate. Work well with deep, woody, or spicy scents.
- Clothing: Fragrance stays more stable and unchanged—but lacks the personal microbial transformation that skin offers.

Even skin type plays a role. Dry skin may not hold perfume well, while oily skin can enhance or amplify certain notes. Using antibacterial soaps regularly may also disrupt the microbiome, affecting how your perfume smells.

A Biological Take on Beauty
Perfume isn't just about brand, bottle, or base notes—it's a living experience. As fragrance science evolves, we may soon see microbiome-safe perfumes, customized to blend well with your unique flora.For us as medical students, this intersection of dermatology, microbiology, and chemistry shows how even daily habits—like spraying perfume—are shaped by the silent symphony of microbes living on us.
So the next time someone compliments your scent, smile and remember: it's not just your perfume. It's your microbiome making magic.

Charu Sharma, Batch of 2022

A BATTLE WITHIN ME: A MEDICAL STUDENT PARADOX

Stepping into medical school often feels like walking through a dream come true, one paved with years of effort, sleepless nights, and sacrifices. Yet, behind the confident faces and white coats, many medical students quietly struggle with a surprising internal battle: Imposter Syndrome.

Coined in 1978 by psychologists Pauline Clance and Suzanne Imes, Imposter Syndrome is a pattern where individuals doubt their achievements and fear being exposed as "frauds" despite clear success.
In medical students, it often shows up as feeling undeserving, believing their admission was a mistake, or thinking others are more capable and naturally talented.

Why Are Medical Students Especially Vulnerable?
Medical education is high-pressure, competitive, and demands perfection—where even small mistakes feel catastrophic and overwhelming. Constant peer comparison, pressure to excel in every role, and years of delayed achievement fuel self-doubt. In this environment, imposter syndrome easily takes root and thrives.

How common is this?
Studies have shown that up to 70% of medical students experience imposter syndrome at some point during their training with notably more frequency in medical students than general population

So How does this present?
Medical students with imposter syndrome often struggle with self-doubt, attributing success to luck, and fearing they'll be exposed as inadequate. They tend to overwork, downplay achievements, and feel they must constantly prove their worth.

Many may think imposter syndrome is just a passing phase but it can lead to burn out, depression, anxiety, avoidance of academic opportunities and reluctance to seek help.

What can we do about it?
The most powerful way to overcome imposter syndrome is to recognize that you're not alone—and that what you're feeling is valid, but not permanent. Here are a few steps that shift your perspective and restore your confidence:

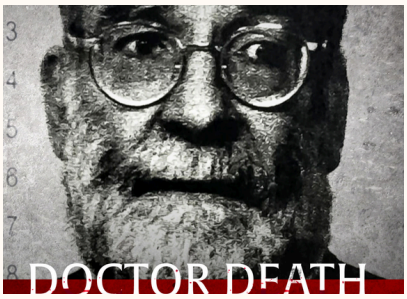
Speak Up: Share your thoughts with trusted peers, mentors, or counselors. Talking about it not only eases the burden but often reveals that others feel the same way too.
Celebrate Small Wins: Keep a record of your progress—a kind word from a patient, a tough topic finally mastered, a compliment from a senior. These are real achievements, not accidents.
Be Kind to Yourself: You are not expected to be perfect. Struggling doesn't mean you're not meant to be here—it means you're human and you're learning.
Find the Right Guides: Surround yourself with mentors who are honest about their own journey. Their stories can remind you that even the most confident doctors once felt exactly like you do now.

Conclusion
If you've ever felt like you're the only one who doesn't belong in the lecture hall, the lab, or the ward—know that you're not alone. Imposter syndrome thrives in silence, but it can't survive in shared understanding.
Always remember: You've made it this far for a reason. You don't have to feel ready to be capable. Growth happens in the discomfort. You DO belong. You are a work in progress, and that is perfectly human even in medicine.

S. Tulya Reddy, Batch of 2022

Angels of Death

WHEN MEDICINE, BECOMES MURDER



What comes to mind when you think of serial killers? Murky figures in dark alleys? Knives, bullets, or guns? Maybe even that "hot" murderer trending on TikTok? We instinctively distance ourselves from them. They seem so foreign, as if from another reality. Surely they don't live in the same spaces we do—certainly not in hospital hallways wearing stethoscopes and scrubs.

Unfortunately, history tells a darker story. From Harold Shipman, a respected GP in the UK, to Charles Cullen, the infamous "killer nurse," certain medical professionals have used their access, authority, and trust to not just harm—but traumatize—those entrusted to them, remaining undetected for years.

In a profession that holds trust above all, even a single betrayal echoes loudly. This is an exploration of the rare but deeply disturbing phenomenon of the so-called "Angels of Death"—healthcare workers who consciously choose to break the oath they once swore to uphold.

Their weapons of choice? Vials, syringes, and silence.

Charles Cullen, a nurse in the U.S., moved between hospitals for 16 years, leaving behind a trail of unexplained deaths. He admitted to killing at least 40 patients, though some estimates go as high as 400. He injected overdoses of insulin and digoxin. Though red flags were raised, they were ignored, dismissed, or quietly buried.

Beverley Allitt, a pediatric nurse in the UK, murdered four children and harmed nine more in just two months. She injected air, insulin, and potassium into children's IV lines. Her coworkers noticed the pattern but hesitated. She was, after all, a nurse.

Harold Shipman, a British GP, was convicted of murdering 15 patients with morphine overdoses, though later investigations suggest he may have killed over 200 elderly women by falsifying medical records and signing their death certificates. How could a man so ordinary become one of the most prolific killers in UK history?

These aren't just "bad apples." They are predators who deliberately chose to harm those who trusted them unconditionally. They are symptoms of a system that protects them instead of their victims—time and again.

Take the case of Lucy Letby, a neonatal nurse in the UK. Even before her arrest, rumors echoed across the hospital: "She was present during every code." "The death rate rose alarmingly after she joined." "She turned off the alarm while a baby was dying and did nothing."

The hospital's response? Management apologized to Letby for the "emotional distress" these rumors caused. They even visited her home to apologize in person. In court, she was permitted an emotional support blanket. In front of her sat parents whose children never lived long enough to be comforted at all. Babies who never got a favorite toy. Never left the NICU. Because she made sure they couldn't.

But what drives someone to do this? To harm the very people they swore to protect? What could possibly justify such betrayal of trust?

Psychological studies point to varied motives:

- Desire for Power and Control: Some describe a godlike feeling—holding life and death in their hands. In high-stress hospitals where staff may feel powerless or undervalued, this control becomes dangerously intoxicating.
- Sadism or Psychopathic Traits: Traits of antisocial personality disorder or sadism—emotionally cold, superficially charming, capable of extraordinary cruelty.
- Pathological Altruism ("Mercy Killing"): Framing their actions as mercy, though usually imagined—not needed or requested. Patients who could have been saved are instead stripped of agency, dignity, and life.

- Munchausen Syndrome by Proxy: In rarer cases, like Beverley Allitt, the motive is attention-seeking—creating a crisis only to act as the savior.
- Compulsion or Addiction to Killing: Some describe the act as addictive. Charles Cullen claimed to feel "relief" after each death, followed by an uncontrollable urge to kill again.

What's most terrifying is how easily these motives hide behind masks of normalcy. Many were calm, competent, even admired—until it was too late.

But why should this matter to us? You might think: I'm not a psychopath. I won't harm anyone. And that's exactly the point.

As future doctors, we are trained to heal, to help, to be trusted. But that trust is sacred—and fragile. It is our duty to not only earn it, but defend it from those who exploit it.

These betrayals don't just kill patients. They damage public confidence in healthcare, corrode medical ethics, and jeopardize the safety of the vulnerable. Understanding them isn't about fear—it's about ethical clarity, systemic accountability, and the courage to speak up when something feels wrong.

So how do we protect patients?

- Audit unexplained deaths or suspicious patterns—even when it feels uncomfortable. Trust your instincts.
- Empower whistleblowers—especially junior staff and nurses—who often notice what others overlook.
- Include mental health screening and ethical reinforcement in medical education.
- Promote a culture where asking questions isn't insubordination—it's responsibility.

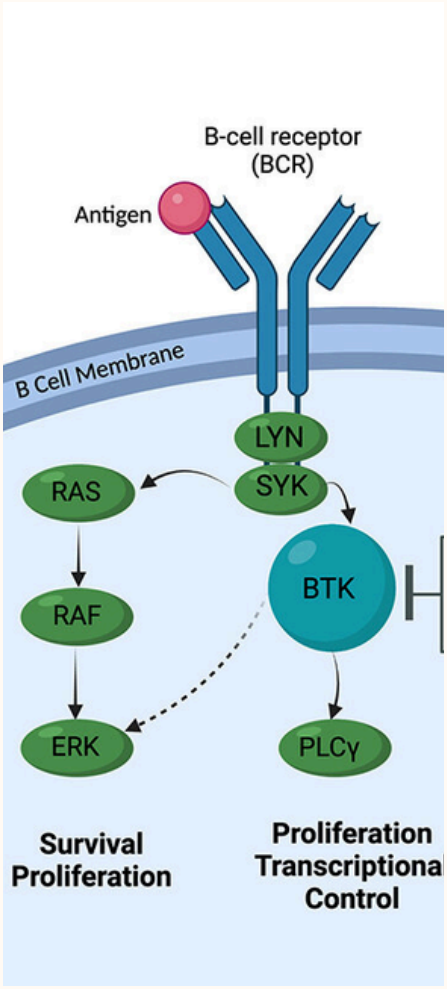
Silence is comfort for predators. Doubt, hesitation, and even politeness can cost lives.

In conclusion, the "Angel of Death" isn't some skull-faced figure cloaked in darkness. It may wear a white coat and a hospital ID. This isn't a horror tale—it's a reminder: medicine is built on trust, and that trust is both a gift and a weapon in the wrong hands.

As medical students, we don't just carry stethoscopes—we carry the weight of our patients' trust, and the responsibility to protect it.

Wasfia K, Batch of 2023

A LIGHT IN THE WILDERNESS : DEVELOPMENT OF BTK INHIBITORS



Bruton Tyrosine Kinase (BTK) inhibitors are paving a new way in treatments once thought impossible. These inhibitors were first developed for B-cell cancers like chronic lymphocytic leukemia mantle cell lymphoma, drugs like Ibrutinib had selective action along with very few side-effects than that of known chemotherapy.

Currently, the newer generation of drugs, Acalabrutinib, Zanubrutinib (covalent BTK inhibitors), are pushing limits further, and moving towards safer options. But the best part is that these inhibitors are getting beyond oncology by shifting from broad toxic treatment modalities to precise medicine.

Imagine if we could stop cancer by a switch or a button. That's exactly what BTK inhibitors do. They block the protein called BTK which stops abnormal B-cell proliferation in these cancers.

In autoimmune diseases like Multiple Sclerosis and SLE i.e. Systemic lupus erythematosus and rare Waldenstrom's Macroglobulinemia, BTK inhibitors are being used as immunomodulators. "Controlling the systems without blanket suppression."

Waldenstrom's Macroglobulinemia is a rare disease which usually remains undiagnosed because it's symptoms are very normal yet they stay with the people for years. This class of drugs made a way for treating this disease which fascinated me to study more about this topic.

BTK inhibitors have shown promising results in reducing disease activity in pre and early clinical trials as Disease-modifying therapy (DMT). They have shown significant success in treating CLL and MCL, yet there are ongoing trials for their use in treating of other B-cell lymphomas.

Recent clinical development of next generation drug i.e Pirtobrutinib which is a non-covalent BTK inhibitor aims to improve efficacy and overcome resistance of earlier generation drugs. A new class of drugs i.e. BTK degraders are being developed to degrade BTK protein, focusing on overcoming resistance mutations seen in the above class of drugs.

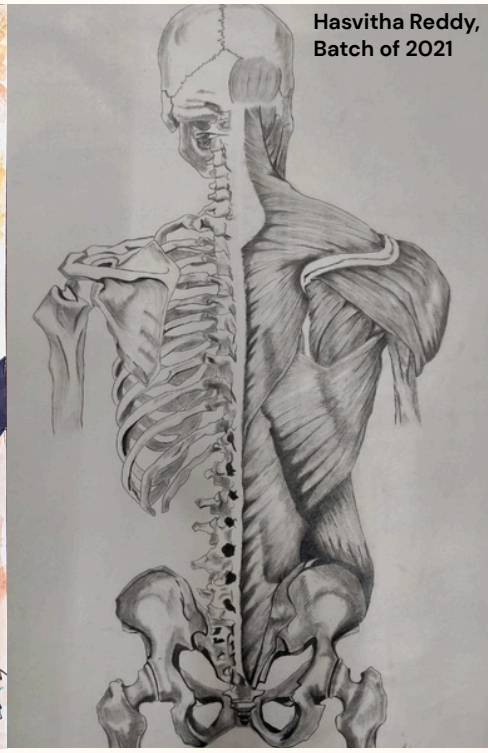
Although these drugs focus on treating the hematological diseases, they are also being investigating in the treatment of ovarian carcinoma and Ig-E anaphylaxis like food allergic reactions due to peanuts.

They work silently yet smartly making once impossible conditions manageable. But still challenges prevail like cost and resistance, BTK inhibitors are leading a silent yet powerful revolution, offering patients not just treatment but hope.

Hitesh, Batch of 2023

HEALERS AT WORK, ARTISTS AT HEART.

Lasya Priya, Batch of 2021



Hasvitha Reddy, Batch of 2021

WEARING THE CADUCEUS; HIDING THE CRACKS

Medical school isn't just about learning how to save lives, it's about surviving on your own. Behind the white coat lies a reality filled with immense pressuré, uncertainty and emotional strain. When society puts up with a statement 'What are you stressing about? You entered the medical field, You're settled!' But no one really understands that our smile is often masked with exhaustion, overthinking and a constant fear of failure.

While others scroll through their life, we scroll through Gray's Anatomy at 3AM with drooping eyes and trembling hands. Whilst we chase a dream that takes a decade to even begin, many of our peers in other fields gets jobs fast, even start earning - sometimes double of what we earn in our first internship year. Even after becoming an adult, We sometimes feel guilty for reaching out our parents for financial stability. Years of uncertainty sometimes make us wonder if we chose the right path. That self doubt we get when our professors tells us "a person's life is in our hands and a single mistake can end a life" which is not a misnomer but a harsh truth! Despite years of studying, a single mistake can set back our career progression significantly.

Society glorifies doctors, family sacrifices financial investment, all these creating a constant pressure for us to meet high academic and moral standards making failure feel unacceptable. One of our classmates even broke down during a viva after hearing a casual "You should know this by now". And yet, we keep pushing forward.

Not only that, AI stormed into medicine with promise of progress. But beneath the innovation lies a danger - "misuse by unqualified people". Some with no medical training use AI tools like chatgpt, google etc.. to look up symptoms and treatments, posing as "doctors" online or even running fake clinics.

While we spend years mastering the basics, they get instant answers without understanding the responsibility and risk involved. It's not just unethical it's dangerous! And worse? It cheapens the effort, sacrifice, and sleepless nights that we, medical students endured. The fear of being uncertain about our own future, cause the AI is shrinking opportunities for doctors.

Amidst the pressure and burnouts, there are moments that remind us why we chose this path and endure the pain without giving up.
Let me take you to a day where a med student becomes a life saver.....
During a train journey, a passanger collapsed, no doctor on board, a second year MBBS student stepped up, checked pulse, started CPR, he kept going for 15 mints until the next station arrived, The man lived.... and later said, "You may not have a degree yet, but you are already my doctor".

Our journey involves making mistakes learning from them, and developing resilience in the face of challenges. Despite the pain, the pressure, the panic attacks. Despite seeing friends in other fields move on faster. Despite AI tools being abused. Despite everything - we stay. Because when a patient looks at us and says, "Thank you, doctor"
All the sleepless nights, the tears, the breakdowns worth it.

NIVEDITHA. N & FIDHA. M MBBS IST YEAR

THE DAWN OF DIGITAL AGE- BOON OR BANE

There's always an urge to just go back to early civilization days where wifi and smartphones only existed in their fiction stories. To live a life that takes us by surprise. This development that has happened over a decade really made us question our way of life.

More can be said about how the digital world has just shrunken the world in these tiny devices we call mobiles.
Want to learn a skill. Or learn a new language. Or just want to plan a trip. It's all become very accessible.

Times like this makes us think of old times. For one second try and remember how fondly you recollect those early 2000's- cartoon network, spiderman and the experience of reading your first ever novel and watching animated barbie and Mr.bean movies and the magic of Harry Potter series on our childhood. Now, we never know how we might recollect present moments of listening to spotify, having the enthusiasm of sharing that story on instagram, writing heartfelt captions to our beautiful pictures to post and scrolling pinterest for DIY activities could become obsolete and a memory down the lane to reiterate in the future. So it could be said to just embrace while all of it makes sense to you. Because time is such a strange trend. Digital media is still a media. For your feelings. For many connections. Because every vintage creation was once a new adaptation.

Vaishnavi Thirunagari
Batch of 2021

CHANGE IS THE ONLY CONSTANT.

THE INTEGRAL ROLE OF PSYCHOLOGY IN PSYCHIATRY

Understanding the interconnectedness of mental health

Psychology and psychiatry, while distinct disciplines, are deeply intertwined in mental healthcare. Psychiatry, a branch of medicine, focuses on the diagnosis, treatment, and prevention of mental, emotional, and behavioral disorders. Psychology, on the other hand, is the scientific study of the mind and behavior. This document will explore how psychological principles and techniques are integral to the practice of psychiatry.

Understanding the Foundation: Psychology

Psychology provides the theoretical framework and research base upon which many psychiatric practices are built. Concepts such as cognitive processes, emotional regulation, social behavior, and personality development are essential for understanding the complexities of mental illness. Psychological assessments, including personality tests and cognitive evaluations, contribute significantly to psychiatric diagnoses.

Patient Assessment and Diagnosis

Psychological assessment is a cornerstone of psychiatric practice. Psychiatrists often rely on psychological tests and evaluations to gather comprehensive information about a patient's cognitive, emotional, and behavioral functioning. These assessments aid in differential diagnosis, treatment planning, and monitoring treatment progress. For example, neuropsychological tests can help identify cognitive impairments associated with conditions such as dementia or traumatic brain injury.

Therapeutic Interventions

Many therapeutic interventions used in psychiatry are rooted in psychological principles. Cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), and psychodynamic therapy are just a few examples of evidence-based treatments that draw heavily on psychological theory and research. These therapies aim to address maladaptive thoughts, emotions, and behaviors that contribute to mental distress. Psychiatrists may deliver these therapies themselves or collaborate with psychologists and other mental health professionals to provide comprehensive care.

The Doctor-Patient Relationship

The therapeutic relationship between a psychiatrist and a patient is a critical factor in treatment success. Psychological principles of empathy, active listening, and unconditional positive regard are essential for building trust and rapport. A strong doctor-patient relationship can enhance treatment adherence, improve outcomes, and promote patient empowerment.

Interdisciplinary Collaboration

Psychiatry often involves collaboration with other professionals, including psychologists, social workers, and nurses. Psychologists bring expertise in psychological assessment, therapy, and research. Social workers provide support and advocacy to patients and families. Nurses play a vital role in medication management and monitoring patient well-being. Effective interdisciplinary collaboration ensures that patients receive holistic and coordinated care.

Conclusion

Psychology plays an indispensable role in psychiatry. From providing the theoretical foundation for understanding mental illness to informing assessment, treatment, and the therapeutic relationship, psychological principles and techniques are integral to the practice of psychiatry. By embracing the contributions of psychology, psychiatrists can provide more effective, compassionate, and comprehensive care to individuals with mental health conditions.

M. Sneha Kumar, Batch of 2020

Covid-19 - The Wretched Curse

The sun was shining bright,
when the beams were cast aside,
by the clouds abruptly formed
and rain upon us stormed.

And one more body goes that way.
the graveyard piling its prey.
Till now a thousand men it's got
still awaiting one more lot!

Down roamed the sirened vans.
Busy with the Covid scans
airing that the steps were five
when kept to, can save a life.

The roadways were silent, still:
cop vans were on their drill.
clinching, they had shut the stalls.
shops didn't open nor no malls.

Men were fainting down the lane,
by the torture of this bane.
Stiffly gasping for some breath.
sensing they were close to death.

Those were not just few, a case.
This curse had got a deadly pace.
It dwelled in every house at street,
On each road, at every feet.

I often by my window, pondered:
listened as the clouds thundered.
Will this rain ever fade?
or would stay this awful shade?

But the ray of joy returned.
wiped all frets and all concerns!
All wishes were heard as prayed
that dark phase ended one day!

Vaishnavi Pandey, Batch of 2023

FROM SRILANKA TO GAZA: ECHOES OF GENOCIDE, WAR'S LASTING SCAR

Sharon Jakuline, Batch of 2023

In the quiet sanctums where medicine is meant to preserve life, a darker reality unfolds—one where hospitals become battlegrounds, ambulances are targeted, and doctors must choose who lives without the means to save anyone. In Gaza today, as once in Tamil Eelam, genocide is not only measured in mass graves but in every untreated wound, every child wasted by malnutrition, every baby born into rubble and silence.

Genocide leaves more than bodies—it leaves care weaponised, generations scarred, and health systems in ruins. Genocide has devastating and multifaceted medical consequences that extend far beyond the immediate violence.

The initial phase often brings mass casualties and traumatic injuries, compounded by the destruction of hospitals, clinics, and medical supply chains. Malnutrition quickly sets in as famine is used as a deliberate siege strategy, leading to outbreaks of diseases such as cholera, dysentery, and respiratory infections.

Reproductive and maternal health deteriorate rapidly. Women are forced to give birth without skilled attendants, sterile conditions, or basic medications—resulting in a sharp rise in premature births and maternal deaths. The psychological toll is immense.

Survivors experience post-traumatic stress disorder (PTSD), depression, and anxiety. Children born into conflict zones inherit the burden of intergenerational trauma. Healthcare workers are not spared. Many are arrested, disappeared, or killed.

In some cases, providing medical aid becomes a punishable act. Genocidal regimes often enforce medical apartheid, where access to healthcare is determined by ethnicity, religion, or political identity—effectively making the right to life conditional.

The long-term impacts are equally harrowing: chronic illnesses due to delayed or absent care, childhood disabilities from untreated injuries, and increased cancer rates linked to exposure to environmental toxins —such as white phosphorus in Gaza.

Testimony: Operating in the Shadows – A Sri Lankan Doctor.

"I was forced to do surgeries without anaesthesia. I performed amputations with nothing to relieve pain. We ran out of everything—IV fluids, antibiotics, even gauze."

Triage in Genocide: Choose Who Lives

"A girl with burns, a man with a collapsed lung, a baby not breathing. We had one ventilator left. We chose the baby. I don't know if we were right."

Genocide has evolved beyond bullets and bombs—it now strangles through medical blockades, starvation, and the systematic dismantling of healthcare systems. This is medicine under siege: where war crimes wear white coats, and survival becomes an act of resistance.

As future healthcare professionals, we must recognise that the denial of care is no longer just a consequence of war—it is one of its most calculated weapons.To heal, we must first refuse to be silent.

FROM MY DIARY TO THE WORLD

PAGES FROM THE IN-BETWEEN

"Career? Passion ? Purpose? I barely know what I want for dinner. if life had GPS, mine is still recalculating.."

This is what 17 yr old Deepthi wanted to answer when people asked her why MBBS?

It just happened.. I like to call it fate.. Me taking bipc.. Thrown into prestigious Chaitanya and securing seat during the most controversial year of NEET..

October 26th 2024 [first day in KMC]

Everyone looked ready...and then there was me- nervous smile, shaky steps, heart whispered, "you will fit in eventually"

While everyone around me whispered, "I have awaited my whole life for this,"

I whispered "what if I just disappear into the library... forever?" wait...LIBRARY... that idea is illegal for now...

Seniors smiled.. But with mystery eyes, "Tell us your name"- oh no. "Sing a song,"- my throat retired. "Tell a joke!" - my brain expired. We cringed. They laughed. Not in a mean way- more like "we were you, just yesterday."

Their laughs were bold, their stories smooth, and mee? Smiling, nodding, trying to look med school approved. But between all the teasing and "say a joke" drills, were people who once stood where nervousness spills. Confident now, but once unsure- Maybe I'll get there too, a little more secure..

Seniority: A funny little fear

Me and my white coat

Put on my white coat and felt like a doctor for 10 minutes.. Until I dropped my stethoscope, called the "scalpel" a "scapula" and got lost trying to find the dissection hall.

CADAVER OUR FIRST TEACHER

A body once full of life now giving life to our learning, my first lesson in medicine began not with words- but in silence, on cold dissection table, with the greatest teacher of all..

Internal injuries

Revised all night, forgot by noon, Anat laughed, Physio sighed, Biochem betrayed.. Still, I smile and sip my chai - failures fly, but so can I.

Deepthi Sree, Batch of 2024

BENEATH THE WHITE COATS

Hostel nights with loud laughter, shared Maggie, tales under stars unbowed. From unknown roommates to soul-deep friends, our chaos clicked with the joy that never ends..

Then came Anatomania - who knew anatomy had such a face? Seniors officially welcomed us through AARUNYA![Freshers party] followed by hostel freshers and GTP.. Dress codes? Dead. The mess was forgotten , we dined like queens, even the shy ones took centre stage, for one night, we all broke out of the cage. For once, no stress, no academic weight- just stories we'll retell and exaggerate..

Plot paused. The Villain [FINAL EXAMS] entered..

PHOTOGRAPHY CONTEST

B. Amulya, Batch 2023
Healing with one spoon at a time

Sk. Liyakhath Ali, Batch 2022
Still hands, sharp focus

Omesa Jhon, Batch 2024
Learning through every touch

R. Abhishek, Batch 2023
Precision and Passion

M. Sneha Kumar, Batch 2020
Life's first cry

This campaign was held on our instagram handle.....
All of the photographs were captured in and around MGMH

WHERE HEALERS BECOME LIFE SAVERS

What do you call a person who saves lives?
Most of us would instinctively say — a Doctor.
But what if we told you that a common man could do the same?
Yes, it's true — by donating blood, any individual can save up to three lives.
Now, imagine the impact when doctors and medical students, the very people trained to save lives come together to donate blood and mobilize emergency support.
That's the powerful vision behind the **Medicos Blood Donors Club**, a movement where "Healers become Life Savers."
The Inception of a Lifesaving Movement
On 10th September 2024, during the festive spirit of Ganesh Mahotsav, the Medicos Blood Donors Club was formally inaugurated by Dr. Sandhya, Registrar of KNRUHS (and former Principal, KMC), alongside Dr. Ramkumar Reddy, Principal of KMC.
This moment marked the birth of a noble initiative that aimed to redefine medical service beyond hospital walls.

The club was conceptualized and launched by:
- **K. Lokesh Kumar (2021 Batch)**
- **Ch. Navaneeth Reddy (2022 Batch)**

Under the mentorship of:
- **Dr. Navadeep (2020 Batch)**
- **Dr. Srinath (PG 2021 Batch)**

What began as a campus idea quickly transformed into a state-wide medical movement.

Mission and Impact
The core objective of the club is:
- Facilitating emergency blood donations
- Raising awareness about blood donation
- Creating a centralized, real-time database to coordinate and fulfill critical blood requirements

Since its inception, the Medicos Blood Donors Club has:
- Fulfilled over 1500+ emergency blood requirements
- Actively worked with hospitals, students, and healthcare professionals across Telangana
- Built a dedicated network of donor panels and college-wise committees for quick coordination.

A Historic Milestone: World Blood Donor Day 2025
One of the most remarkable achievements was the statewide blood donation drive organized on World Blood Donor Day 2025.
Through synchronized efforts in 25 medical colleges, the club collected a record-breaking 1050 units of blood in a single event.
The initiative drew massive appreciation from:
- Health officials
- Medical administrators
- Senior faculty

And most importantly, the community that benefited directly from the cause
Final Word: Everyone Can Be a Hero
Doctors may save lives in the operation theatre, but a common man or student with a noble heart and a blood donation can be equally life-saving.
Through the Medicos Blood Donors Club, the lines between healer and hero are blurred, because in the end, it's the act of giving that defines greatness.

MEDICIRCLE & MBBS MEMES ADDA: NOT JUST PAGES, THEY'RE A PART OF US

If you're a medical student from Telangana, chances are high that you've come across **MediCircle** or **MBBS Memes Adda** on Instagram- probably more than just once. For some, they might look like some random meme pages—but for us students, they are so much more than that. For the past four years, these platforms have been a refreshing blend of humor, reality, and relevance, helping us navigate the chaos of medical college life. From university updates and strike news to painfully accurate takes on our never-ending exams, they've become our go-to space in a world overflowing with scattered information.
What truly sets them apart isn't just consistency—it's purpose. They've created a shared space for medical students across Telangana, where concerns are echoed, solidarity is built, and conversations that matter are amplified.
More than just meme creators, they've spoken up for student rights, supported social causes, and brought attention to issues that often go unheard. And amid all that, they still deliver memes that make you laugh while silently crying inside!
In the midst of sleepless nights, endless lectures, and everything in between, these pages remind us we're not alone. They've done more than post memes—they've built a community. And that's something truly meaningful.

-Medicircle
Admin-**Dr.Navadeep (2020 Batch)**
-Mbbs Memes Adda
Admin- **Navaneeth Reddy Challa (2022 Batch)**
Swathik Chethi (2022 Batch)

BEYOND WHITE COATS - DYNAMIC STUDENT CLUBS AT KMC

In a spirited move to nurture talents beyond the classroom, Kakatiya Medical College has unveiled a vibrant lineup of student-led clubs. The organizational team is led by **Director** Srinidhi and **Executive Director** Lasya Priya. The Music Club, **Talavrnda**, is headed by President Sreeja Rathod and Vice-President Sakethram. The Dance Club, **Tarang**, is led by President Likith Raj and Vice-President Haripriya. The Fine Arts Club, **Chitraya**, is managed by President Shreeja and Vice-President Ashraf. The Research Club, **Medvigyaan**, is overseen by President Arun and Vice-President Divyanshi. Lastly, the Social Services Club, **Sevaarth**, is presided over by Abdul Raoof with Goda Ananya being the Vice President.

This initiative is designed to offer students a platform to explore their passions, develop leadership skills, and a glimpse into the exciting new clubs:

The Medvigyāan (Research and medical activities club)- Cultivating a culture of research in medicine through student-driven academic pursuits and innovation.

As part of the inauguration of the Medical Research Unit (MRU) at Kakatiya Medical College, the college also introduced its first student-led Research and Medical Activities Club – MedVigyān.

Sevaarth (Social service club) – Inspiring students to engage in community service and embrace the values of empathy and social responsibility. It officially launched its first large-scale outreach initiative, the Adolescent Health Programme (AHP), on 19/06/2025 at RESOMEDICON Junior College, Hanamkonda, with active participation from 180 students. This was followed by a second awareness event at Government Junior College, Hanamkonda.

These programs focused on promoting mental, physical, and emotional well-being among adolescents, aiming to foster greater health awareness.

Talavrnda (Music Club) – Bringing together the Mozarts of KMC to create, perform, and bond over a shared love for music.

Tarang (Dance Club) – A space where rhythm meets passion, celebrating self-expression through diverse dance forms.

Chitraya (Fine arts and photography club) – A canvas for creativity, showcasing talent in fine arts, photography, and the art of visual storytelling. They kicked off their activities with a photography workshop that received enthusiastic response and vibrant participation.

Here's to a journey filled with rhythm, research, service, and self-expression—because at KMC, every passion has a place.

BEYOND WHITE COATS - CONFIDENT COLLEGE COUNCIL

The newly elected Student Body Council at Kakatiya Medical College brings together a diverse and dedicated team of student leaders committed to enhancing campus life. Leading the council is M. Harikrishna as the **Student Council President**. Representing the girls, S. Manvitha takes on the role of **Student President (Girls).** The council also includes B. Srikanth as the **Student President (Sports)**, S. Lasya Priya as the **Student President (Clubs)**, CH. Venkata Kalyani as the **Student President (Day Scholars)**, and B. Ashok representing students from outside the state as the **Student President (Other States)**. Together, this council aims to foster student engagement, representation, and holistic development across all spheres of college life.

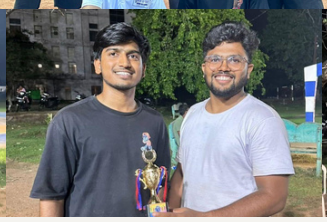
DR. SAGNIK MUKHERJEE REPRESENTS INDIA AT INTERNATIONAL PSYCHIATRY CONFERENCE

Dr. Sagnik Mukherjee from Kakatiya Medical College, Telangana, made the nation proud by representing India at a prestigious international psychiatry conference held in **Hong Kong.** Presenting his original research on a global platform, Dr. Sagnik received widespread appreciation for his impactful oral presentation, which is now set to be published in reputed international journals.

Prior to the event, he was awarded a prestigious travel grant in recognition of the merit of his work. His achievement not only highlights the growing contributions of Indian researchers in the field of psychiatry but also marks him as a promising pioneer in this rapidly advancing specialty.

CHAMPIONS CLASH TO REWRITE HISTORY

The **Volleyball Premier League** held on 25th to 27th June, 2025 culminated in a grand celebration of grit, passion, and sporting excellence with electrifying matches and breathtaking performances. This year's tournament raised the bar for competitive spirit and teamwork. The competing teams are the Volley Vikings, the Hard Hitters, the Spike Masters, the Defending Lions, and the Volley Warriors. The grand finale of the VPL witnessed an intense showdown between the Volley Warriors and the Spike Masters, delivering a thrilling contest of skill and strategy. With unwavering determination and exceptional teamwork, the Volley Warriors emerged victorious, clinching the championship title and etching their name in VPL history. The Best Setter award was claimed by Nitish Reddy (2023), whose flawless precision and court vision orchestrated game-changing plays with unmatched finesse. Dominating the net with unstoppable power, Naveen Bharath (2022) was crowned Best Spiker, delivering thunderous attacks that left both spectators and opponents in awe. Rising like a star destined for greatness, Shiva Sai (2024) earned the title of Best Emerging Player, proving the future of the sport and at the pinnacle stood Abdullah (2023), honoured as the Most Valuable Player (MVP) — a relentless force who inspired, led, and delivered at every critical moment and Shankar (2024) was awarded best defender. The VPL Sports Meet was more than a competition; it was a testament to a legacy in the making.



The **KAKATIYA SPORTS MEET** was conducted from 20th to 23rd June, 2025, featuring a spirited competition between sports enthusiasts from batch 2021, *RENOKRANTZ*, and batch 2023, NEXOVIANTZ. The event encompassed a wide range of sports, including table tennis, badminton, chess, volleyball, basketball, football, cricket, and throwball for both boys and girls. Sports Day successfully fostered active participation and team spirit. From start to finish, Sports Day was filled with excitement and competitive zeal. It truly showcased the vibrant spirit of our peers.

Kakatiya Premier League (KPL), conducted from 29th June to 12th July, 2025 , stood as a testament to excellence, discipline, and the rising calibre of cricketing talent. Featuring competitive teams including CHAMPION CHASERS, ELITE STRIKERS, GIANT SLAYERS, KMC SUPER KINGS, the tournament delivered a series of high-intensity matches. The final match was Champion chasers vs Elite strikers. Champion chasers lifted the coveted KPL trophy, marking a significant milestone in the league's history.The runners gave strong competition and made the match even more thrilling.

In recognition of individual excellence, the league conferred key awards: Most Valuable Player (MVP) to Dharanidhar (2021), stood out as a true game changer-delivering match-winning performances with unwavering consistency, leadership, and impact that elevated the entire league. Emerging Player of the Tournament to Sumith (2024), Best Bowler to Dharanidhar (2021). The prestigious Best Batsman award was given to Nithin (2022), who scored 3 half-centuries in this league. captivated the league with his consistent brilliance, fearless strokeplay, and match-winning performances that defined the tournament's highest standard of batting. Every player in the Kakatiya Premier League (KPL) deserves immense appreciation for their outstanding commitment, passion, and sportsmanship throughout the tournament. From powerful performances to game-changing moments, each athlete contributed to the excitement and quality of the league. Their dedication on and off the field reflected true professionalism and made KPL a memorable showcase of emerging and established talent.

The prestigious **Kakatiya Unity Cup 2025**, held from 9th to 14th March, brought together top-tier football talent in a thrilling showcase of skill, passion, and sportsmanship. Featuring competitive teams such as the Dynamos FC, Real Madrid, Manchester United, FC Barcelona, and AC Milan, the tournament culminated in a legendary final where Dynamos FC triumphed over Real Madrid with a score of 1:1 and a penalty 3:1 in favour of the winners, securing the coveted championship title. The league honoured standout performances with individual awards, recognizing Vasant Kumar (2023) as the Most Valuable Player, Shivam Kumar (2022) as the Best Defender, and Jagadish Kalirana (2022) as the Best Goalkeeper. The Golden Boot was awarded to Shubham Singh (PGY1) for their remarkable goal-scoring prowess throughout the league. The KFL 2025 proved once again to be a remarkable platform celebrating both emerging and established football excellence.

The **Women's Kakatiya Unity Cup 2025** witnessed an inspiring and fiercely competitive season featuring top teams like Arsenal FC, Bayern Munich, and Liverpool. Demonstrating exceptional skill, strategy, and spirit, Liverpool emerged as the champions under the dynamic leadership of Dr. Preeti Maan (2019). This tournament was more than just a series of matches—it was a powerful statement that girls are no more behind. With every goal, tackle, and save, these athletes proved that the future of football is as much female as it is fierce.

Aarunya 2K24

— Welcoming New Beginnings

FROM THE EDITOR'S DESK

Dear Reader,
As we unveil the fifth edition of Kakatiya Chronicles, it is with immense pride and gratitude that I look back on the path we've taken and the many individuals who have helped us reach this milestone.

My deepest thanks go to our respected Principal, Dr. S Sandhya, whose unwavering support and constant encouragement have been instrumental throughout this journey. Your belief in our vision has been a source of strength. I would also like to recognize the incredible efforts of the editorial team—your hard work, creativity, and determination have shaped this edition into something truly special. I am confident that this edition will resonate deeply with all its readers.

Kakatiya Chronicles continues to grow as a dynamic medium for expression, reflection, and celebration of our shared experiences. It is more than just a magazine—it is a tapestry woven with the voices of our vibrant college community. From thought-provoking articles to creative expressions, every page stands as a testament to the talent that surrounds us. This journey would not have been possible without the enthusiastic involvement of our faculty, seniors, juniors, and contributors whose efforts have added richness and diversity to our content.

We are truly honored to be part of this endeavor. Let us carry forward this legacy of excellence and collaboration, always striving to uplift, inspire, and grow together.

Sincerely
Aarush Thakur
Editor-in-Chief
Kakatiya Chronicles

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kriti. COMING SOON, OCT 2025