Yesterday

NOW

Tomorrow
To my wonderful family and friends,
To the crazy, the quiet and the soulful.
To the ones who dream of stranger worlds
To everyone whose name is underlined in red in Microsoft Word.
To all people who respond to messages almost immediately.
To our brains, for always being there despite shaky evidence.
To all people who don’t put an H in my name.
To the batch of 2013.
As you creep into the hopes of tomorrow,
Clung on to what was yesterday,
You forget what it is to stay still and breathe.
Just to lie, that’s easy.
But to truly live, it requires strength.
Don’t be trapped in this nonsensical crowd,
The aimless,
The broken,
And the lost;
Only to regret violent globs
Of things one didn’t do.

No matter where you are,
Where you are going,
Or where you have been,
Take in this moment.
You are never going to be here again.
Listen to that silly siren of a heart.
Follow it now, to whatever
Satiates your hollow dwelling.

Stop with those delusional thoughts.
On and on, we dream again,
For a tomorrow that may never come.
So I decide to live each day as it comes,
To pay myself a little attention.
Now, as I breathe again,
The world feels different
As do I.
Click Login to Continue
Fr. Mullers Internet Captive Portal

You have reached Maximum Login Limit.

Username

Password

Login

- Click here for User My Account
In the golden pages of history, the name Rev. Fr Augustus Muller shines bright.

Sent from Venice to teach French and Mathematics, this graduate of Fordham University and trained homeopath reached the small town of Mangalore. He was moved by the lack of healthcare available to the sick and downtrodden. Believing that he had been chosen by God to use Homeopathy to care for the sick, Fr Muller started his mission. He began taking care of the sick and suffering. He not only personally washed wounds of leprosy patients, he went even further by tirelessly working to rehabilitate them into society. He opened his own doors to accommodate the victims of plague.

Fr Muller did more than just treat the sick. He lived his life as an example to others. He inspired ordinary people. He made them believe.

Fr Muller passed away in 1910 but he left behind him a group of people who believed in his vision.

Even today, years after his passing, his vision of “Heal and Comfort” is still passed on from generation to generation.
COMMITTEE MEMBERS
Trupti Devaraj
Anu Mariam Saji
Eesha Devaih
Sanjana Joy
Neha Khilar
Faiza Jafar
Varsha Muddasani
Cany Baily
Arun George
Prerana Bellary
Dale Rego
Rahul Vas
Pranav Prakash
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Evangeline Sarah David
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Nikitha Crasta
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Rimbert Almeida
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Tanisha Charles
Daniel Thomas
Sonu Teesa

HONORARY MEMBERS OF MULLERPULSE
Nikita Biju
Manisha Liz Moses
Malathi S Bhat
Karen Maneek
Rose Mundackal

Design and print: Colorcode, Mangalore

NOW that you have your magazine, dive right in. Specific instructions to read the magazine would be to just continue doing what you have been so far. Read and enjoy.
All artwork and design have been made from scratch. The front and back covers were digitally created by the editor. The front cover stresses upon the essence of living in the moment.
Go hang out with your friends and family.
Do something you have always been afraid of attempting.
Eat. Sleep. Repeat. Study a little. Appreciate the small things.
And lastly, have no regrets.
As for the bookmarks, cut it and give it to someone else. Use it as a conversation starter or a lucky charm. Let it serve as a reason to approach your crush. If nothing else, use it as a weapon* if the need ever arose.
*Mullerpulse does not promote violence.
It is my privilege to have been the Staff Advisor for this year's rendition of Mullerpulse - our college magazine. The position served as a great opportunity to meet brilliant students with brilliant ideas. It was a memorable journey, one I will cherish forever. The students of the Magazine Committee, headed by Ms. Swati Balakrishnan, have wholeheartedly dedicated their time and effort to bring out this year's Mullerpulse with a strong message - ‘NOW’.

Focusing on various aspects of professional and personal paradigms, the committee has put in a colossal effort to have the best panoply of articles to gratify different intellects.

Futuristic minds must be ruffling anxiously. But this can be allayed by being here - in the NOW. Living NOW, living in the moment can harness this creative power.

Why postpone anything when you are fit and capable of doing it NOW?

Why put off playing your greatest game, when you deserve rewards NOW?

One idea can change your life. Brilliant ideas don't strike when you rush yourself, it occurs when you are paused. Relish life to fullest.

No one else can do it for you. Only you can!

Pause NOW!

To those of you who did not follow the above instructions, do you think you are cool? Well, I think you are (didn't see that coming now, did you?). Well, obviously you are not as cool as the Oscar worthy actors who helped me out, but you are incredible too. That sneaky little rebel in you is impressive. Right now, you did what you want. Right now, you decided to make your move. You chose what to do in this very moment. And here you are, with your whole life standing right ahead of you. Don’t just stare back. Live it. Live in the moment. It is not about how the world sees you, but about how you see the world. Take this moment, appreciate the wonder that I am. Oops, I meant to say - life. Appreciate the wonder that life is. There are many moments that are indescribable by just words. It’s amazing how the small things in life bring us the biggest joys,

The sunlight that filters through the leaves of a tree.
How power lines cut shapes in the sky.
When you feel the most alive in the bosom of nature.
When your arm falls asleep while standing in a bus or metro.
Feeling completely still in an ocean of movement.
The way things start to look like toys after a certain distance.
The feeling of sharing a secret with a stranger for the first time.
How it feels to hold another life in your hands.
The dreamt that cross your mind while you wait for something or someone.
When the sun paints silhouettes at dusk.
The colour of the stars that you see when you rub your eyes.
I’m learning to enjoy every day as it comes, I hope you do too.
Go throw some glitter. Seize the day.
For now, go be a crazy lunatic.

Socially awkward, but adorable (self-proclaimed),
Swati Balakrishnan

It is my privilege to have been the Staff Advisor for this year's rendition of Mullerpulse - our college magazine. The position served as a great opportunity to meet brilliant students with brilliant ideas. It was a memorable journey, one I will cherish forever. The students of the Magazine Committee, headed by Ms. Swati Balakrishnan, have wholeheartedly dedicated their time and effort to bring out this year's Mullerpulse with a strong message - “NOW”.

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Pause NOW!
The college magazine which is an annual feature has always succeeded in showcasing the inherent talent of students and staff, year after year. What is most gratifying is the enthusiasm shown by the student community to improve the standards of presentation. Every year a new team creates a quality magazine and I’m left wondering what the next team will come up with. Here I am again in my office, rapt in the same wonder. The effort of the students need to be more appreciated by the fellow students and staff of the college, as I notice a dwindling number of people who appreciate the hard copies of late, which in my opinion, is cause for concern. I humbly request each and every one of you to appreciate their efforts by going through the magazine fully and give your feedback too.

I must place on record the untiring and enthusiastic approach of every team member, ably supported by the staff.

I wish to thank the team for their efforts to bring out this beautiful magazine.

“A leaf can also fly high like a bird, but it needs breeze in the atmosphere” – Vinobha Bhave.

Similarly, it is the responsibility of the Student Council and the Editorial Board to create such an atmosphere in the college and on the campus, setting up a platform for all students to fly high and showcase their abundant talents in fine arts and culturals, bringing out all mediums of creativity as displayed in Mullerpulse 2017.

The subtle paradigm of the spectacular Father Muller Institutions, with the legacy and tradition of ‘Heal and Comfort’, handed down from Rev. Fr Augustus Muller through a pulsating spirit, and in succession over 137 years has grown in all directions to greater heights, spelling out a quality sublime.

The 17th edition of ‘Mullerpulse’ has taken shape with the Editorial Board’s consolidated leadership and creativity of all young medicos, along with utmost care, love and dedication to make it a unique one.

I am filled with confidence as you take the noble step in continuing your studies and move to greater heights and better things in your life. All of you have contributed in the past years to make Father Muller Medical College and its Magazine- Mullerpulse, to shine like a jewel! Your contribution to the Institution towards its phenomenal growth is tremendous and incalculable. The Management take our hats-off to you, the great medical student fraternity of Father Mullers, with immense pride and joy. I add up my prayers, blessings and sentiments of gratitude to you all.

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A MESSAGE FROM
THE ADMINISTRATOR

It is indeed an absolute delight to pen down a few words for this year’s annual magazine, ‘MULLER PULSE’.

We are in the process of becoming! “Becoming” here implies that beneath the exterior, there is a tremendous amount of dreams, ambitions and challenges just waiting to be realized. Father Muller Medical College gives opportunities to all of its students to realize their aspirations in their journey of ‘Becoming’.

In our world scenario today, we need heralds, who perceive education beyond what eyes can see and minds can grasp. We need medical professionals who can cross the narrow walls and build bridges in the mission to ‘Heal & Comfort’.

It is encouraging and promising to see medical professionals in their white coats. It speaks volumes about their dreams, goals and objectives. The educational institution in which they place high hopes, has a great responsibility to mould and shape them diligently and carefully, taking into consideration the needs of the society and the world at large. They are to be taught more than what books can do.

At this juncture, I remember Abraham Lincoln who wrote a letter to his son’s headmaster which read, “Dear Sir, teach him if you can, the wonder of books but also give him quiet time to ponder the eternal mystery of birds in the sky, bees in the garden and flowers on a green hill side. Teach him, it is far more honourable to fail than to cheat. Teach him to have faith in his own ideas. Teach him, it is far more honourable to fail than to cheat. Teach him to have faith in his own ideas.”

I am confident that Father Muller Medical College with its motto, ‘Heal and Comfort’ provides a platform for widening the horizon of our students and teaches them the art of transcending barriers. It practices and teaches the future of medicine today.

I congratulate the editorial team who have designed this master piece – MULLERPULSE despite the late hours, demanding patients and incredibly stressful situations. Indeed, it is an attractive annual magazine, colourfully woven with interesting features. May God Bless you.

Rev. Fr Ajith Menezes

ANNUAL REPORT
2016-2017

Father Muller Medical College has over 1563 students studying in various courses. Out of these 829 are undergraduates, 257 are postgraduates and 477 students are in para-medical courses.

RESULTS:
In M.B.B.S results were more than 82% pass in all phases and 92% in postgraduate degree/diploma courses. The AHS results were above 80%. The Final year MIT, BPT, RT, M.Sc. MLT course students have secured 100% result in the University Examinations held in September/October 2016.

IMPORTANT EVENTS:
• Father Muller Simulation and Skill Centre is recognized as “International Training Centre” by American Heart Association, Inc. New York to conduct the following courses
  • Basic Life Support – Provider and Instructor course.
  • Advanced Cardiac Life Support – Provider and Instructor course.
  • Pediatric Advanced Life Support - Provider and Instructor course.

Father Muller Medical College is the First Medical College in Mangalore and the Fourth in Karnataka to be accredited as an AHA authorized International Training Centre.

STUDENTS IN NEWS:
1. 10 PG Degree/Diploma students have secured ranks in Rajiv Gandhi University of Health Science Examination conducted in June 2016.
2. During the year 2016, 6 MBBS, 7 BPT, 5 MIT, 2 RT, 3 B.Sc. MLT, 3 M.Sc. MLT, and 4 MHA students have secured ranks in Rajiv Gandhi University of Health Science Examination.
3. Dr Neethu Kishor, II yr Postgraduate Resident of Microbiology received Rs 30,000 for her RNTCP project work under the guidance of Dr B Rekha.
4. Dr Neethu Susan, I yr Postgraduate Resident of Microbiology received Rs 30,000 for her RNTCP project work under the guidance of Dr B Rekha.
5. Dr. Aaron Lobo & Dr. Raina D Souza, PG Residents have secured second prize in PG Quiz programme held during the CME, ‘Insulin Update 2016’ on 2.4.16 at K S Hegde Hospital Mangaluru
6. Dr. Shani Constin, PG Resident secured Best Paper Award for oral presentation ‘MMRC & CAT in COPD *Pulkoam 2016*’ held on 15.7.2016 at Bengaluru.
7. Ms. S Author bogus & Ms. Swathis S -MBBS Batch 2012, secured first place in MEDIQUIZ, an intercollege quiz based on Medicine, conducted by A.J.Institute of Medical sciences, Mangalore on 22.10.2016.
8. Dr. Vidyaa K., won the 2nd prize for her oral presentation titled ‘Acute Kidney Injury (AKI) in the admitted PICU children’. She was highly appreciated in ‘Pedricriticon 2016’, the annual conference of IAP Intensive Care Chapter – Karnataka and South zone CME of Intensive Care Chapter IAP held at KIMS, Hubballi from the 8th to 10th July 2016.
9. Dr. Avinash S. has secured Best Paper Award (II Prize) in the category ‘Dr. P.C. Bopash Award for Social Pediatrics’
10. Dr. Pratheep R. & Dr. Dilshana N.B participated in the Yennind-3 Quiz competition conducted by the department of Psychiatry, Yenepoya Medical College, Yenepoya University, Deralakatte and secured second place in the quiz.
11. Dr. Asha R V was awarded a prize for her original article entitled “Role of C reactive protein as a marker of disease severity and cardiovascular risk in patients with psoriasis”
12. Prof. S Pramathika Award was bagged by Dr. Teena Ramesh during DERMACON 2016 - [The award is given for the best research project in basic dermatology] Dr. Ashwini B – won first prize for her award paper during ISPD conference held at Hyderabad on 26th – 28th Aug 2016.
13. Dr. Anurag Yadav, PG Resident of Biochemistry department has secured Pitabus Jamuna Burma Award and a sum of Rs. 3,000 for his scientific paper which was adjudged as the best amongst those submitted under this award during the Annual Conference of Association of Clinical Biochemists of India, held at Mangalore from 12th December 2016 to 15th December 2016.
14. Dr. Shani Constin, PG Resident in the department of Medicine, secured Best Paper Award for her Research paper on MMRC & CAT in COPD at Pulkoam 2016, held at Bangalore from 15.07.2016 to 18.07.2016 under the guidance of Dr. Don Mascarenhas, Assistant Professor of T.B & Chest Department.
15. Dr. Lariossa T D’Silva and Dr. Shubha P, PG Residents of Anaesthesiology have won second prize in poster/paper presentation in the CME on ANGO 2017 held in Pariyaram, Kannur 21st January 2017.
16. Dr. Ramyaitha and Dr. Savan
Kumar Nagesh PG Residents of Anesthesia have won third prize in case presentation in the COET Exam oriented tutorials organized by ISA and Yenepoya Medical College on 25th and 26th Feb 2017.

17. Dr Deepa Irene Fernandes, PG Resident, Department of Dermatology, Yenepoya, has secured first place in Speaking Image Category during CUTICON Karnataka 2016 – 7th Annual Conference of IADVL, Karnataka Branch, held from the 11th to the 13th of November 2016 at Hubballi.

18. Mr. Jude D’Souza secured first place in Scientific Poster Competition for his topic “Noninvasive brain stimulation to enhance corticospinal tract excitability in chronic stroke” during the PHYSIO-CONF 2017 International Conference, organised by Nite Institute of Physiotherapy on 27th and 28th January 2017.

19. Ms Nikita D’Cruz and Ms Alisha Austin Lobo won 2nd Prize in the Quiz Competition and Mr Sangeeth Krishnan won 1st Prize in singing at the cultural competition during the Mangalore Physiocon 2017. Physiotherapy Students Conference, and Organised by South Canara Physiotherapy Teachers Association at Yendurance zone, Yenepoya University, Mangalore on 3rd & 4th March 2017.

STAFF IN NEWS:

• Dr. Prokash Shetty was appointed as a member of the PhD Registration Committee in medical faculty by Rajiv Gandhi University of Health Sciences, Karnataka.

• Dr. Pauline Anand, Assistant Professor of Physiology was awarded PhD degree for her research work entitled “Metabolic adaptation to under nutrition in pregnancy” by Rajiv Gandhi University of Health Sciences, Karnataka in June 2016.

• Dr Chryselle D’Souza secured 3rd prize in the quiz competition in CME on Dermatology, held at Christian Medical College, Vellore from 4th to 6th Aug 2016.

• Dr. Padmaja Udavikumar published two textbooks.

• “Pharmacology companion – the nation”, CIBS publishers New Delhi.


• Dr. Nagesh K.R has been selected for All India Inter University Volleyball Tournament (W).

• Ms Manjuvani, Intern and Ms Janaka Lobo, Intern were selected to be for RGUHS Inter University Volleyball Tournament.

• Ms Manjumvari, Intern and Ms Nikita Lobo, Intern were selected for RGUHS Inter University Volleyball Tournament.

• Dr. Sangeeth Krishnan has been selected for All India Inter University Chess Tournament.

• Dr. Manjumvari, Intern and Ms Nikita Lobo, Intern were selected for RGUHS Inter University Volleyball Tournament.

• Ms Nagesh has been selected for All India Inter University Chess Tournament.

• Dr. Kavitha has been selected for All India Inter University Chess Tournament.

• Ms Poojitha has been selected for All India Inter University Chess Tournament.

• Ms Manjumvari, Intern and Ms Janaka Lobo, Intern were selected for All India Inter University Volleyball Tournament.

• Ms Manjumvari, Intern and Ms Janaka Lobo, Intern were selected for RGUHS Inter University Volleyball Tournament.

• Ms Nagesh has been selected for All India Inter University Chess Tournament.

• Dr. Shailaja S., Associate Professor of Physiology has been selected for Prof. Nagesh KR successfully completed theFAIMER fellowship program.

• Dr. Prashanth Y M, Associate Professor has successfully completed Postgraduate course in Diabetology from Boston University School of Medicine in March 2016.

• Dr. Thomas Devasia attended two weeks specialization in Arthroscopy at Ortho One Hospital in Coimbatore as an observer in Arthroscopy and Sports Medicine from 20.06.2016 to 07.07.2016.

• Dr. Ramesh Bhat M received Prof. Ratan Singh National Award - [The award is given to a senior member of the association for contribution to the national body as a teacher, researcher, patient care and dedicated service for the specialty] during DERMACON 2016.

• Dr. Shailaja S., Associate Professor of Anesthesia has been selected for the International Medical Education Leadership Fellowship Programme of the Foundation for Advancement of International Medical Education and Research (FAIMER) and also authoring evidence based medicine COCHRANE systematic review.

• Following are qualified as BLS/ ACLS instructors Dr. Lulu Sheik, Dr. Shailaja S and Dr. Ritesh Joseph D’Cunha

• Dr. Sumanth, Dr. Malini, Dr. Nagesh, Dr. Ramakrishna Pai, Dr. Princy, Dr. Shivashekar, and Dr. Smitha Bhat attended the 7th Annual Conference of Basic Course in Medical Education in St. John’s Medical College.

• Dr. Nagesh KR successfully completed theFAIMER fellowship program.

• Dr. Joylene Almeida completed her postgraduate training in Venous thromboembolism research, medical law and ethics from Symbiosis Institute,Pune.

• Dr. Smitha Bhat became a Fellow of the Royal College of Physicians, Edinburgh.

• Dr. Ramesh Bhat M., Professor of Dermatology has been elected as National President Elect of IADVL. He is the second Dermatologist from Mangalore to have been elected to this post.

• Mr. Sudeep M. J. Paiz attended ‘Mangalore Physiocon 2017’, International Physiotherapy Conference at Yendurance zone, Yenepoya University, Mangalore as a delegate on 3rd & 4th March 2017 and was honoured with ‘Scroll of Honour’, in appreciation and recognition of valuable contribution and dedication towards the promotion of specialization in the field of Physiotherapy.

• Dr. Aruna B Rao presented a poster on ‘A study of frequency and spectrum of trauma to the Myositis zone of the upper limb in patients with alcohol dependence syndrome’. She was awarded 1st prize for mental health- oral session at ICPM 2016.

RESEARCH PROJECTS:

• 14 MBBS students have successfully completed their STS Projects during the year 2015 and 13 MBBS students were selected for STS ICMR Research Project Award for the year 2016.

• 34 MBBS students of our Medical College have submitted their project proposals for STS ICMR Research Project Award 2016.

PUBLICATIONS:

Over 260 Scientific articles have been published by our staff in various Medical Journals during the year.

ACADEMIC PROGRAMS:

• Over 80 Workshop/Conference/Seminar / CME / Guest Lectures were conducted in our college.

MEDICAL EDUCATION UNIT:

During the past year, the Medical Education Unit of the college conducted 7 workshops on topics related to Medical Education Technologies for the staff, a programme on choices and paths after MBBS for the interns, writing thesis synopsis for 1 Year PG residents, workshop on using SPSS for PGs and faculty, CME on the art of safe practice for faculty, workshop on blended learning for faculty and a workshop on ‘Workplace Based Assessment’ for teaching staff.

BIOETHICS UNIT:

During the year Bioethics Unit of the college organised a talk on Ethics ofacoaching and sharing of basic Medical Education in Clinical Rounds on 08.04.2016. World Bioethics Day was celebrated on 19.10.2016.

NSS:

During the past year, NSS students of the college organised beach cleaning, vanamahotsavaya, candle light march on 14th August 2016 and the sacrifices made by our great freedom fighters, singers competition on the theme “Aasooda” and “Eename karnavi”, on the eve of Gandhi Jayanti. They also organized Swatchtta Pravah, with positive activity during Breastfeeding awareness week followed up with a Breastfeeding Awareness Rally.

SPORTS & GAMES:

1. During the year 2016-17, our college students were the winners of RGUHS Myositis zone inter Collegiate Chess Tournament (W), Volleyball (W) and Runners up in Chess Tournament (M), Table Tennis (W).

2. During the year 2016-17, our college students won at the RGUHS Inter Zonal Chess Tournament (W) and Volleyball Tournament (W).

3. The following students were selected and represented the RGUHS University team a. Ms Shriti J. Shetty – Inter, Ms Mahima K. – 2014, Ms Viana Devrha – 2010 and Mr Paul Vivek for the RGUHS South zone University Chess Tournament.

b. Ms Manjumvari, Intern and Ms Nikita Lobo, Intern were selected for RGUHS Inter University Volleyball tournament.

4. In RGUHS Myositis Zone Volleyball Tournament (W) 2016-17, organised by K.V.G. Dental College and Hospital on 7th and 8th September 2016, our students Ms Manjumvari S. of MBBS batch 2011 won the Best All-Rounder Award and Ms Tania Efrida Pinto of MBBS batch 2012 won the Best Passer Award.

5. In RGUHS Inter Collegiate Single Zone Cross Country Race 2016-17 organised by S.D.M College of Dental Sciences, Dharwad, Ms Manjumvari S. of MBBS batch 2016 student, Mr Dhirshan Kudwalti of BPT 2015 batch, Batch 2015 won 9th place and was selected for All India Inter University Cross Country Race.

6. Ms Pinto Keziah Teresinha Dos Reis, BPT, 2016 was selected to be a part of the women’s team of Goa at the 67th National Basketball Championship for women held at Puducherry.

7. During the year 2016-17 Father Muller Medical College organized RGUHS Myositis Zone and inter Zone Chess Tournament at our institution.

FATHER MULLER SIMULATION & SKILLS CENTRE (FMSSC)

Our Simulation Centre is one among the Advanced Simulation Centres in South India and the first functioning Simulation Centre in Mangalore. Father Muller Medical College is the First Medical College in Mangalore and the Fourth in Karnataka to have been accredited as an AHA authorised International Training Centre. CAE Healthcare in association with Macula Healthcare, co-hosted by Father Muller Charitable Institutions and Yenepoya University, organised HPSN INDIA 2016, the First International Healthcare Simulation Conference in India on 3rd and 4th December 2016 at our Institution.

Sutureless Brain Aneurysm Surgery

The first of its kind in the whole of Western Karnataka to have performed this procedure. The treating team included neurosurgeons Dr Madhukar Nayak, Dr Gower Lobo and neuroanesthetist Dr Harshvardhan and Dr Antony.
Name: Troe Z Ians
Age: Infant, in terms of medical students
Address: In a cadaver’s innards
Date of admission: 2nd Oct, 2016

Chief complaints:
Mood swings, repetitive behaviour aggravated when flustered and tense, decline in social interaction, does not respond when called upon since 1 year

History of presenting illness:
Patient is believed to have an obsession with medical dramas which presented at an early age, mild at one point and then ‘dramatically’ increased at an alarming rate. The patient then began to show psychotic episodes, temper tantrums, periods of depression and mental breakdowns somewhere between the ages of 17-20 years.

Environmental factors like a continuous delay in a pesky chemistry paper, revoked seats and a sudden ruling, which required the patient to practice more mock NEET exams, have all added tremendous stress and aggravated his symptoms.

Patient also gives a history of an episode of unexpected social interaction during Freshers’ Day, and a sudden display of enthralling skill at music, dance and theatrics, which eventually declined as the patient’s stress levels increased. The constant humidity did nothing to improve their hair or mental state. There was a state of forced social interaction, having to live in closed quarters with other inmates. The patient did not respond well to the change in his diet and a decline in his eating habits was seen, supplements were sought from Craves, Trattoria and Brick House. The patient also seems to be overly anxious and sensitive when exposed to the smell of formalin and at the sight of lancets. All questions hurled towards him, especially those from mentors, were reciprocated in absolute silence and confused looks, with no signs of responsiveness or social participation. The patient seemed to start showing a slight dependence on caffeine. Symptoms and mental breakdowns spiked every 3-4 months during sessionals, relieved only after a visit home, consumption of junk food, and activities with other peers. As time progressed, the patient showed improvement in performing physical activities, mainly cricket, volleyball and football, eventually surpassing his peers.

The patient’s condition has deteriorated over the last 3-4 months, with apparent minimised social interaction during which he preferred isolation with only the writings of Vishram Singh, G.K.Pal and Prasad to keep him company. The patient shows strong reaction to certain key words like “universities” and “RGUHS”, which can be managed only by high doses of chocolates and other endorphins. Repetitive recitation of the TCA cycle is also noted. Despite treatment, the extended duration spent in trying to understand, retain and memorise these words has resulted in a further decline in his condition. The looming threat of universities did little to help and resulted in disturbed sleep, along with an increased addiction to caffeine.

Provisional diagnosis based on history - Autism spectrum disorder
Name: **Xan T Ron**  
Age: Too young to be taken seriously, too old to avoid responsibility  
Occupation: Being the krill of the medical food chain  
Residence: Wherever the food is cheap and coffee flows in abundance  
Date of admission: July 31st 2015

**Chief complaints:**  
- Mood swings since 2.5 years  
- Emotional instability since 2.5 years  
- Panic attacks since 2 years  

**History of Presenting Illness:**  
The patient was apparently normal until two and a half years ago, when he developed symptoms of high energy, recurrent elated moods, inflated self-esteem and decreased need for sleep. This coincided with his admission into the MBBS batch of 2015 at Father Muller Medical College. He described a feeling of being ‘on top of the world’ and believing he could ‘achieve anything’. He exhibited delusions of grandeur, believing himself to be a godsend healer and took great pride in his self-proclaimed ability to ‘heal and comfort’. The patient continued to be in this blissfully oblivious state until the onset and aftermath of the ‘First Sessional’, an event which resulted in a phase of hopelessness, emotional distress and general discontent. His condition greatly improved on being treated with good advice, cheesy motivational quotes and lots of ice cream. However, he continued to experience alternating periods of mania and depression over the next two years. Manic episodes seem to be triggered by college events, competitions and boast worthy exam results. During these episodes, the patient showed increased participation in cultural activities, exhibiting remarkable aptitude for the arts of dance, song and drama, going so far as to win accolades and the admiration of his counterparts. He also demonstrated a heightened flair for sports, scoring prizes in cricket, throwball, chess and table tennis. The patient was seen to excessively involve himself in the organisation of college events, considerably contributing to the success of Fresher’s Day 2016, MUN, ConSurvive and Adrenaline. He was particularly commended for his cheery spirit and admirable sportsmanship. He developed a propensity for dressing with excessive attention to detail as showcased at MUN. His friends and family members complained that he refused to accept reality and was constantly living in an idealistic fairytale. Most notably, the patient received universal praise for his accomplishments in the field of academics, which he attributed to his increased energy, self-confidence and productivity.

**Past History:**  
No history of similar complaints in the past. Comorbidities include overestimating the amount of work he can take on and underestimating his affinity for procrastination.

**Treatment History:**  
The patient has resorted to self-medication by taking frequent trips to local restaurants, playing football and binge watching Game of Thrones. In particular, a recent trip to a world renowned health spa, ‘Kottayam’, has proven effective in alleviating his symptoms.

**Family History:**  
History of similar symptoms seen in family members exposed to identical stressors.

**Personal History:**  
- Appetite is greatly increased with a tendency to gorge on anything and everything that can be found within the confines of Snackies, Chicken Hut and Cochin Village. However, the patient displays an aversion to the so-called ‘mess food’.
- Sleep habits are unpredictable with the patient demonstrating the ability to sleep anywhere between 0 to 24 hours.
- The patient complains of constipation of the verbal variety, especially in situations where he is asked to speak in public, answer questions posed by teachers, or contribute anything meaningful to class discussions.

**Provisional diagnosis on the basis of history:**  
Total basket case

---

-Nicole and Evangeline
Name: Exo Rians  
Age: 3 years  
Address: FMMC  
Occupation: Seizing the day, living life like a bawse!  
Date of admission: 1st August, 2014

Chief complaints: Desire to become a doctor x 10 years  
Multiple voices heard x 3 years  
Unbridled enthusiasm x 3 years  
Excessive energy x 3 years

HISTORY OF PRESENTING ILLNESS:  
Patient was apparently normal until the 11th grade, when he developed the uncontrollable urge to take up science stream and become a doctor. The urge was insidious in onset, suspected to have begun around 8 years ago; aggravated by expectations of parents and Indian society. Increased since two years after patient began indulging in 'clinical postings' and observing teachers heal and comfort their patients. Associated with the pressure to maintain 75% attendance, complete records last minute, pre-exam stress and pervasive anxiety regarding PG entrance exams (has begun taking DAMSmycin for the same. Effect remains to be seen).

Patient also complains of hearing multiple voices since three years. The voices are not hostile and appear to be united in encouraging the progress of the patient. Each voice has a distinctive personality and talent. The voices seem to be from a wide variety of places such as Karnataka, Kerala, USA, Dubai, Abu Dhabi and other countries. No history of the voices being in conflict with one another.

Patient gives history of excessive energy and enthusiasm since three years, initiated after witnessing Game of Thrones in 2014. Patient is unable to sit still during events in college and feels overwhelming compulsion to volunteer for everything. Gives history of helping organise and competing in Culturals, Adrenaline and all athletic events (both playing on the field and cheering on the stands). Associated with stress, burn outs and feelings of sweet success after the event.

Past history: H/O nervous breakdowns, questioning life decisions and wishing IV coffee was a real thing. Patient also gives h/o contracting '2nd place overall' in Arcadia 2016 and '1st place overall' in sports for the year 2016-17.

Treatment history:  
Patient reports improvement of symptoms and general feeling of well being after acting on the desire to explore locations across Karnataka.

Weekend (and weekday) movies at City Centre and Forum.

Frequent visits to places such as Froth on Top, Crave, Dosa Camp, Cafe Laundrette, Mow n'pick, etc. (To be noted that this modality of treatment has detrimental effects on the wallet)

Evening naps (afternoon, morning), after class hours (and sometimes during).

Personal history:  
Diet: Pasta, pizza, biryani, butter chicken/paneer butter masala for the beginning of the month. Maggi noodles and hostel chappatis towards the end of the month.

Appetite: Forever hungry. Especially during GPD.

Sleep: Excessive. Drastically decreases around December due to panic attacks in the middle of the night.

Bowel and bladder: Cyclical increase with every sessional/end posting.

Substance abuse: Coffee. Coffee. COFFEE.

Family history: h/o similar symptoms seen in elder siblings. No significant familial discord. Enjoys good relationship with parents and (most) siblings.

Provisional diagnosis on the basis of history: Medical student with limitless potential.
Name: Lumin A. Rees  
AGE: Senile  
OCCUPATION: Voluntarily unemployed  
ADDRESS: Reading Room  
DATE OF ADMISSION: August 1st, 2013

CHIEF COMPLAINTS: Cyclical depression, perpetual panic, auditory hallucinations and inability to concentrate since 4 years.

HISTORY OF PRESENTING ILLNESS: Patient was apparently well until four years ago when he began experiencing symptoms of mania, hyperactivity and an overzealous nature which gradually progressed in a year and was followed by irregular bouts of depression accompanied by feelings of hopelessness and withdrawal from the community until shortage of attendance compelled them to rejoin society. Aggravating factors include books, block-postings, empty wallets and non-medicos’ Instagram accounts. Relieving factors include food and frequent visits to the Mothership.

The patient also complains of auditory hallucinations of multiple voices coaxing the patient with thoughts such as ‘quitting’, convincing the patient that he has chosen the wrong profession and that class XI biology had deceived him, sending him into a state of frenzy. On such occasions, he consoled himself by maintaining his attendance and thinking about the money.

Patient has had an admirable track record in school which saw a steady decline since 2013. On further probing, questions regarding theoretical aspects of his current education were always reciprocated with blank stares and eyes screaming in agony, often misunderstood for confusion.

PAST HISTORY: Was hospitalized in late 2013 for purposeless, incessant mania and was treated with IV realness. Reality. No history of stable relationships with people or books.

TREATMENT HISTORY: Frequent visits to Manipal, Chikmagalur, Goa (and Nilgiris, if all other options fail) and an insatiable desire to explore South India has reduced the severity of the symptoms.

FAMILY HISTORY: Family members who have undertaken similar academic pursuits have correlated with Mr. Rees’ condition.

PERSONAL HISTORY: Sleep varies between insomnia and increased somnolence, appetite is inadequate, history of substance abuse to caffeine and other stimulants.

PROVISIONAL DIAGNOSIS BASED ON HISTORY: Multiple personality disorder.
Name: V.R. Spar Taanz

CHIEF COMPLAINTS: Anxiety, panic attacks, attention deficit and depression since 1 year. Generalised weakness, easy fatigability, sleep disturbances since 6 months.

HISTORY OF PRESENTING ILLNESS:
Patient was apparently well 1 year back when he developed symptoms of anxiety and panic attacks during the last few days of each month. The symptoms increased rapidly towards the end of the year, with nervous breakdowns and onset of depressive episodes. After an acute exacerbation during December and January, the patient was treated with IV vacation and oral cheer pills. The patient improved significantly and was then discharged. On review, the bystanders report that the patient has never returned to his premorbid state since.

After nearly 2 months, the patient was admitted once again with symptoms of high self-esteem, delusion of grandeur and hyperactivity, which lasted only for a brief period and was later replaced by work overload and generalised weakness. The patient complains of fatigue due to constantly running around the hospital. He gives history of skipping meals, with hunger pangs worsening the symptoms.

Patient also gives history of sleep disturbances. Lack of sleep with constant nightmares of new hospital admissions, unfinished case sheets and frequent interruptions, leading to increased somnolence during the day, relieved by multiple bolus of caffeine.

Lack of contact with friends and family and ill treatment by some of the senior residents has led to recurrence of depressive symptoms associated with ideas of persecution.

PAST HISTORY:
Suspected to have psychological problems 5 years ago, when the patient voluntarily agreed to be exposed to the disease causing agent, in spite of knowing the consequences. Has been suffering from mania and depressive episodes and has had multiple admissions since then with brief symptom free periods (10-15 days) in between. Underwent examinectomy 6 months back.

TREATMENT HISTORY:
Attempts of treatment with Cap Stipend found to be unsuccessful. Visits to hometown and outings with co-workers have shown to be very effective in reducing the symptoms, but its use is limited by the strict rules of the hospital authorities regarding sanctioning of leave to the inmates. Hence, Syp LAMA has proven to be beneficial.

FAMILY HISTORY:
Family members with similar illness when sought to, have not shown any empathy and have instead given the patient moderate doses of Tab ITellYouSo.

PERSONAL HISTORY:
Diet: Mixed, including anything and everything that comes in the form of ‘treat’ by the senior residents.
Appetite: Reduced due to frequent skipping of meals. History of abuse of caffeine and other drugs available at ‘FnH’.

PROVISIONAL DIAGNOSIS BASED ON HISTORY:
BPAD- current episode manic with psychotic symptoms.
**Name:** Caballeros  
**AGE:** One could still call us the young and tender  
**OCCUPATION:** Young apprentice  
**ADDRESS:** Recreation center

**CHIEF COMPLAINTS:** Episodic fear, anxiety, flaky mind, panic attacks and depression in the last 4 years.

**HOPI:** Patient was symptomatically normal until 4 years ago, when he came to FMMC for a general health check-up. He was content, carefree and quite easygoing! During his tour of the hospital, he decided to stick around, intrigued by the knowledge that lay within its walls. A few months later he started experiencing symptoms like episodic fear, memory loss, anxiety, panic attacks and depression, which were insidious in onset and gradually progressive with increasing intensity; similar, but not quite like Alfred Hitchcock’s thriller, PSYCHO. Aggravating factors included homesick/lovesick peers and the dreaded University exams! Patient has tried various hostel remedies like YouTube videos, Facebook, Wattpad and uncontrolled selfie sessions, but the relief from symptoms was short lived.

Patient’s symptoms reduced after a year and he was back to a state of bliss, accompanied with a high strung and undefeatable spirit, especially when external factors like the Annual Sports Day, Cultural Fest and the intercollegiate event, Adrenaline came into play. Patient then had an increase in severity of symptoms in the third year due to high exposure to gamma radiation and various micro-organisms, as well as increased fatigue from constant high velocity percussion techniques. Thus, he was shifted to the ICU, where he thought that he wouldn’t survive after a year “UNDER PRESSURE” (cue THE QUEENS- hit it!).

After a year in the ICU, his vitals stabilized and was hence, shifted back to the wards. He is now under high surveillance in the 5th year of his course of treatment, otherwise called internship.

**PAST HISTORY:** Not relevant.

**MEDICAL HISTORY:** Alternate days of bed rest with 1 episode of GOT/day.  
500 gms of Maggie.  
200 ml of chilled Pepsi.  
3 days/week in CC/Forum for increasing cardiovascular endurance.  
Gym for increasing muscle strength and flexibility = F- 4/5 days/week  
I- Moderate/high intensity.  
T- 45-60 mins  
T- Aerobic exercise.

**VITALS:**  
BP: High on Saturday nights.  
RR: Increased before, during and after tests.  
Temperature: As cool as a cucumber.  
SpO2: Reduced due to mixture of gases.

**PERSONAL HISTORY:**  
Sleep: Disturbed/excess sleep. Unable to make it for the 8:30 class.  
Appetite: Increased for thrill and fun.  
Diet: Known to binge eat.

**FAMILY HISTORY:** Not significant

**DIAGNOSIS:** AHS

AHS: A syndrome of unknown etiology. It consists of unexpected and unexplainable symptoms which make you susceptible to contract strong friendships, beautiful memories, unquestionable skills and unbreakable spirits. Don’t fear it but embrace it!
CHIEF COMPLAINTS:
Loss of memory x 3 years
Apparent disinterest in personal life x 3 years
Restlessness x 3 years

HISTORY OF PRESENTING ILLNESS:
Patient was reasonably well until 3 years ago when she developed memory loss, which was insidious in onset, gradually progressive in nature, with particular forgetfulness of mundane details like the last meal (I probably ate), mother’s birthday (will I survive this?), last holiday (haha!), the President (is it still a woman?) and even one’s own birthday (was I even born?). Memory loss aggravates with certain stressors like duty days, reprimands and sometimes related to sleep or food habits. A surprising accuracy (variable) noted in memory when it comes to certain details pertaining to red numbers visualised on particular computer screens and levels in urinary bags.

Family members and friends report a parallel disinterest in personal life over 3 years, (smell the roses, what?), which has been denied and debated upon by the patient as a matter of subjectivity. A progressive increase in lack of self-care (combs are for the idle; broken ankle? No problem, stairs are still the way to go).
History suggests a progressive increase in restlessness manifesting as constant fidgeting with the phone, always trying to find something to do, complaining of lack of rest but staring at the ceiling when attempting to sleep and finding excuses for caffeine shots. There seems to be a lack of ability to distinguish between yesterday, today and tomorrow leading to awkward situations with the general public.

PAST HISTORY:
Similar incidents noted in the past, particularly during stressful periods like the annual written and verbal interrogations, which aggravated when asked (with no respect for diplomacy) to choose from their available options or during the year of forced immersion therapy for practical inexperience.

TREATMENT HISTORY:
Partial response noted with high doses of chocolate, sugar and umami boosts. Talk and vent therapy had to be discontinued due to the unacceptable side effect of offending others. Music, movies and human interaction unrelated to trade may have had positive response.

PROVISIONAL DIAGNOSIS BASED ON HISTORY:
1. Unclassified circumstantial/de novo mental illness.
2. Misunderstood
September 23 couldn’t have come fast enough for MBBS Batch 2013. The weekend trip to Coorg and Wonderla had been on most of our minds, while it probably should have been on cholesteatoma and Janani Suraksha Yojana. It was midnight as we wrapped up with the final head count and luggage. 48 of us were finally ready to leave. Sleep was hard to come by as we crowded onto the mini and our feet were swelling up to our knees. To everyone present in the car, thank you and we will offer much needed comfort from the sweltering heat. Do not forget your umbrele! Your eczma will thank you and it will offer much needed comfort from the frustrating heat. September 23

September 23 couldn’t have come fast enough for MBBS Batch 2013. The weekend trip to Coorg and Wonderla had been on most of our minds, while it probably should have been on cholesteatoma and Janani Suraksha Yojana. It was midnight as we wrapped up with the final head count and luggage. 48 of us were finally ready to leave. Sleep was hard to come by as we crowded onto the mini and our feet were swelling up to our knees. To everyone present in the car, thank you and we will offer much needed comfort from the sweltering heat. Do not forget your umbrele! Your eczma will thank you and it will offer much needed comfort from the sweltering heat.
The time of the year that everyone awaits eagerly is the Batch Tour. Every student cherishes the trip and takes back some amazing memories. On 25th November 2016 at 6pm, we hit the roads of Kerala after a tumultuous train journey from Mangalore. Everyone’s energy spiked as ‘DinChak’ music blared through the bus, magnified by the seizure initiating lights.

One of the greater things about travelling is that you find yourself witness to different sides of the same people you met three years ago. Our lecturers who otherwise seemed so strict and stern joined in on our tone deaf singing and ridiculous dancing. They definitely did not resemble the people we saw in the Father Muller campus.

We reached our destination the next morning. The first place of interest was the Vagamon Pine Forest. It was a place of beauty and that of course, only encouraged us to take hundreds of photos in all poses we could think of. The cool breeze was a refreshing break from the heat of Mangalore. The sense in planting more trees suddenly became so clear. Despite our exhaustion, the serenity of the forest instilled its freshness into our minds.

We followed this up by exploring the bounteous wonders that God’s own country nurtured. The first was Thangalpara—a refreshing trekking area of lush green grass, and Paranthumpara also known as ‘Suicide Point’. It was difficult to comprehend how such a beautiful place could be called by this name.

After a tiring day of trekking and sightseeing we were treated to a camp fire. Oddly enough, sharing a meal around fire is all it takes to strengthen friendship.

On the 27th, we left for Wonderla, in Kochi, a water park that is true to its name. The thrill we experienced on the rides are beyond words. At the end of the day we were left cold and wet, but blissfully content.

Our fun and frolic ended on the 27th, with us falling asleep in the bus, tired but with wonderful memories etched in our minds forever.

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*Trippin’*

-Rimbert Almeida

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**Bus-** 10pm
(20th Jan)

**Hotel-** 4am, Breakfast- 7am

**Doobare-** 8:30am (elephant camp, river rafting, shopped for home-made wine, coffee, chocolates)

**Hotel-** 12:30pm

**Tibetian temple-** 1:30pm

**Cauvery park-** 4:00pm

**Reached-** 2am (22nd Jan), Breakfast-7am

**Hotel-** 6:30pm, Dinner- 8:30pm, Bonfire- 9:30pm

**Bus-** 11pm

**Water sports-** 9am

**Lunch-** 1pm

**Trekking-** 3pm

**Tea-** 5pm

**Played cards-** 7pm
A few words of wisdom to all those enthusiastic over-achievers, who don’t think Med School is hard enough as it is, and aspire to be the Cultural Secretary:

1. The week before you take up the post, stay up every night till 5am watching movies and then head to class as usual. This way you’ll already know what it’s like to function on 2 hours of sleep.

2. Go back to your grade XII English textbook and revise the chapter ‘Formal Letter Writing’.

3. Save up pocket money for a few months prior to the fest, so that you can buy enough food to bribe your juniors into helping you.

4. When it all gets too much and you see a nervous breakdown fast approaching, go buy a big tub of ice cream, call up your mum and throw yourself a pity party. Then pick yourself up and go finish your work like a boss. I assure you that when you look back, you will know that it was the most gratifying, wonderful experience of your college life!

Shruthi R, Cultural Secretary

Swami Vivekananda rightly said, “A candle loses none of its light by lighting another candle”.

As I reflect upon the past year, the experience has been simply distinctive. Rather than penning down every achievement, I must say though, it solely depends upon communication and interaction with colleagues. Cheers to the Council for their diligent work and explicit showcase. It was indeed a pleasure working with you all.

Deborah Dias, Vice-President

Creativity is allowing yourself to make mistakes, art is knowing which ones to keep - Scott Adams.

This year at Fr. Mullers has been a journey of new experiences, with memories to cherish forever. It has been an opportunity to learn and a platform to showcase my talent.

Giselle, Fine Arts Secretary

It was an honour to be elected as the sports secretary of the college. The journey to take sports to new heights was a fun filled learning experience. A big thank you to Dr. Nandakishore, Dr. Habib, Dr. Pootho, Dr. Vithal, Mr. Chandrashekar and Ms. Sushma, for being a great source of inspiration. I would also like to express my gratitude to my juniors for their help and constant support.

Sudarshan, Sports Secretary

An unforgettable experience! I have learnt a great many things during my time in the council. I was able to improve on my communicational skills, along with learning to manage time and organise events. I have honed my skills and personality, with a newfound confidence that I’m sure would get me far in my career!

Dhyan Crasta, Joint Secretary

As long as you have got the “WHY” figured out, believe me, the “HOW” will somehow fall into place. The CanSurvive campaign and the Muller Model United Nations taught me things that I wouldn’t have learnt from bulky textbooks.

Every event helped me to look at things in a unique way and that is something I will always cherish. At the end of the day it is you and your ideas that can make a change if you let them. So keep moving, stay busy and love what you do.

Sushmitha, Head of Student Development Committee

Being general secretary was a great learning experience, and an eye opener into the business world! Great exposure and just the push I needed to do the things I have always wanted to do!

Tanvi Pinto, General Secretary

It was an adventure worth experiencing and it brought out the best in me! Not only did it increase my knowledge about media and publicity, but I was made familiar to a work ethic. And it’s all great when you’ve got a crazy talented lot to work with!

Nikita Crasta, Media Committee

Swami Vivekananda rightly said, “A candle loses none of its light by lighting another candle”.

As I reflect upon the past year, the experience has been simply distinctive. Rather than penning down every achievement, I must say though, it solely depends upon communication and interaction with colleagues. Cheers to the Council for their diligent work and explicit showcase. It was indeed a pleasure working with you all.

Deborah Dias, Vice-President
The Muller Model United Nations (MMUN) was back this year for its fourth edition on the 18th and 19th of August. The MMUN aims to inculcate in students an interest in international affairs, the virtue of diplomacy and the ability to debate over complex, multifaceted topics. Over 60 delegates from 6 colleges attended this intercollegiate academic simulation of the proceedings of the United Nations General Assembly, a significant growth since the first Muller MUN. The agenda set for the two days of deliberations were on the topics “Human Rights Violations around the world including refugee, immigrant and indigenous population rights” and “Evaluation of the Paris agreement and exploring alternatives to curbing climate change”, both issues being of prime importance in recent times and taking centre stage in global political discourse. The delegates discussed, debated and deliberated upon the issues in multiple caucuses, each caucus discussing the larger problem in sessions that were focussed on various aspects that contributed to the issue. Position papers were presented, resolutions were drafted, sentiments were hurt, press conferences were addressed and crises was averted by the continuous discussion amongst the delegates, orchestrated by the Chair, Mr. Nikhil Matthew Simon of MBBS batch 2012, his fourth year straight serving as Chair of the MMUN. The best delegate award was bagged by Ms. Eesha Devaiah of MBBS batch 2013, who was the delegate of the USA.
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<td><strong>Carrom</strong></td>
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Choreographers or Umpires?

All we need is somebody to lean on

Hrithik Roshan's Ek pal ka jeena

Shimmy shimmy ya
DAY 1

Kids these days. Always with their phones. Go read a book instead, maybe the college magazine. Just saying.

Remember the time when Rimi Tomy called Lulu Ma’am a small kid (KOCHU)?

One can never really get a grasp on it.

Why does this picture look so similar to the one on the left?

Why does Shalini always look so similar to the one on the left?

When your friend opens a packet of chips, you rave and say, "This chick!" But when you open your phone, you feel like you have won a championship.

When your neck aches from sleeping on your book while studying, you feel, "Yayyyyy!

When your roommate finally becomes comfortable enough to show your true colours to your roommate, you say, "Me handling life. Going around in circles."

A SIGHT THAT YOU DON'T GET TO SEE EVERYDAY

Aesthetically pleasing Chill dude! Grab a snickers. You look like a different person when you are hungry.

When you finally become comfortable enough to show your true colours to your roommate, you say, "Your neck after falling asleep on your book while studying.

When your classmate's seminar has 40 slides, you say, "We are just blown away by your true colours.

When another boy tries to steal your girl, you say, "Trying to maintain 75% attendance on a scale of 1 to 10, how awkward do you think Raymond felt?

When the teacher looks into your answer sheet while you write an exam, you say, "We can speak poetry just by arranging colours well.

When your friend opens a packet of chips, you say, "The spice girls.

When you find the right foundation for your skin tone, you say, "Wow! Just wow! And here I find it difficult to name a cephalosporin.

When your friend opens a packet of chips, you say, "This cutie!

When your friend opens a packet of chips, you say, "Present Ma’am!"

When your friend opens a packet of chips, you say, "You may need a snack. We are out hours now."

When you finally become comfortable enough to show your true colours to your roommate, you say, "Me handling life. Going around in circles."

When you finally become comfortable enough to show your true colours to your roommate, you say, "This chick!"
DAY 3

Birds of a feather flock together.

I wish my muscles were that co-ordinated.

This looked funny.

This looked pretty.

This looked pretty too.

DAY 4

Eighth Harmony

The Ninth ONE

When you are PMS-ing

The TEAM!

Behind the Scenes

Raymond. Shruthi. Dr. Nicole

THE CORE

The CORE
When Chai Met Toast!

Staff

DJ Night

Mac Attack
WORKSHOPS

Baking

Digital Art

Japanese Cooking

Photography

Make Up

Muai Thai

When the teachers become the students
The Cansurvive Campaign

“Supporting the fighters, admiring the survivors, honoring the taken, and never, ever giving up hope.”

The successful campaign against cancer, brought to life by a magnificent team from Father Mullers, has swept the city with a wave of warmth and care, instilling a sense of hope, and driving in the need to help fight the battle.

Why did you decide to involve yourself with the project?

The word cancer brings to mind a disease which is fatal and terminal. Having seen two of my family members fight and survive the disease, I thought it was essential to bring to the forefront that certain types of cancers if detected early, are curable.

I remember this woman from Shimoga that I had seen during my posting as a post-graduate in oncology. She was struggling to arrange blood products for her daughter who was suffering from leukemia. They did not have donors and their only other option was to pay 500-1000 rupees per bottle of blood products. She only had a wallet with 10 rupees to show us, and her husband and brother were a day away from making it here.

This got me thinking; why not have a fund which gives temporary relief to such patients, one that can be lifesaving in the form of at the least a stop gap arrangement until permanent treatment can be initiated?

What hurdles did you face?

Never before was a campaign of such magnitude conducted with four separate events. The budget being fairly minimal was a challenge, especially when conducting the marathon, the gala dinner and the stand-up comedy night. The benevolence and assistance from the administration of Father Mullers, our friends from around the city of Mangalore, and benefactors and sponsors was what got us through.

Moments during the drive that were heartwarming

- When Late Fr. Patrick Rodrigues addressed the gathering at our finale, it was definitely an emotionally touching and binding moment. It made the campaign all the more personal to Mullers.
- When Yuvraj Singh’s NGO paired with us.
- When Olympian Vandana Rao accepted our invitation and partook in our marathon.
- Hosting the first standup in Mangalore and the very presence of the jovial Mr. Naveen Richards, was quite the delight.
- When two of our student’s paintings were auctioned and fetched a handsome donation.

However, the moment that shall never be forgotten is the immense support, generosity and outpouring love that all the students and staff of our institution showed towards the campaign.

Do you plan on making it an annual event?

Yes, the plan is to hold it as an annual event. Our hope is that FMMC Cansurvive one day becomes a National campaign that is able to draw people from all walks of life, towards a similar cause.

We are working towards getting a celebrity who has a global fan following. So stay tuned to what lies in store for you!

This whole campaign wouldn’t have been possible without the help and assistance of the administration of FMMC. A few names without whom this page would never have made it into the magazine need to be mentioned. Wannancy, George, Jeco, Lester, Michael, Floris, Nikitha, Anna, Eesha, Jane and Dr. Nischitha from the department of oncology. Thank you for all your support and hardwork!
‘SUCCESS IS WHERE PREPARATION AND OPPORTUNITY MEET’. I was indeed blessed with lot of opportunities, the most important one being the President of the Student Council. We pushed ourselves out of our comfort zones and have gifted this campus certain moments that they cherish forever, such as ADRENALINE.

I am forever grateful to this Institution for providing quality medical education and opportunities for the overall development.

PROUD TO BE A MULLERIAN

Dr. George, MBBS

Memories that I will never forget cannot be restricted to ONE. Being a part of the student council and organizing the first installation of Adrenaline was a huge learning curve. Origins of the snake bite fund and the Cansurvive campaign will always remain close to my heart. I cannot imagine what college life would have been if not for these moments!

Dr. Wanmancy, MBBS

Self discipline, Love, Confidence, Courage, Patience.

These are the top five things of the long list of what my life at Father Muller’s has taught me!

Ms. Awina, BPT

Those times your when bucket was in line, but someone quietly slipped in and had magically taken your place. When your friend is presenting and you’re trying your best to be serious. The times when you’re running in the corridor and your warden’s after you. Oh! When your warden pamper you with oats and milk when you’re sick. To all those wonderful people I met through this journey, some close to my heart and some just a few meters away, you have given me memories and lessons for life! I’ve grown to be a stronger person, mentally and spiritually.

Ms. Raina, BPT

Out of the many instances that I can recall, one that stands out is that of my first day in college. Let’s travel back in time. Imagine a new group of students, bright young individuals, all decked up in prim and proper outfits. And then you have me, parading in shorts and a T-shirt that stood out, much to my embarrassment. This incident taught me the importance of presentation and the associated respect it demands.

Mr. Jude, BPT
What do you find most interesting about your profession?
Each day is different. Each patient is different. The same diseases come with different presentations. Similarly, each student is different, they are interesting to deal with (laughs). The best thing is that not one day is like the other.

A memory in your career you can never forget
Getting my MRCP was a big thing for me, it was a landmark in my career.

A funny incident during your school/college life
So many instances. Imagine the punishment of having to wear a saree every day for the first one and a half years of medicine. We had a principal who was so terrifying that my friend fainted and fell in the specimen of the tongue during anatomy viva and all she said was, “take him away.”

If you weren’t a doctor now, what profession would you have chosen?
I would’ve been a travel writer. A hundred percent, no doubt about it. Even now I don’t really mind switching careers. Sometimes I’m tempted.

Secret hobbies
I travel a lot. I write a lot too. I used to be into adventure sports, but I haven’t been able to continue down that lane.

Hidden talents
I don’t think anything is hidden. Whatever I do everyone knows (laughs). My secret hobby is writing. I’m a published writer. Talents like singing and dancing are just not my cup of tea.

Guilty pleasure
ICE CREAM! My idea of heaven would be a good book and a cup of strong coffee.

Bucket list
Fortunately or unfortunately, not many things are left. Many have been ticked off already. I would like to try my hand at skiing and scuba diving.

In a country like India, it is comparatively a little more arduous for a woman to climb up the ladder. Many young female students look up to you for what you have achieved and how well at that. But personally speaking, how has it been for you?

On the whole, my answer would be no. From my family’s point of view, studying had always been the top priority. And generally, women are treated with respect in a medical college, especially in Father Muller. I’ve not had any such problem.

How difficult has it been in your profession, in terms of being a working mother with a hectic schedule?
One time where I found it very tricky was when my son was very young, around six months to one year of age. Against any hurdle that you face, it is essential that you behave with professionalism. In other words, I never use my son as an excuse to scoot from my duty here at work, neither do I use the hospital as an excuse to not do justice to my son. You made a decision to do both, you should do both well. That’s my take on it. Maybe that’s why I haven’t faced hurdles. Till now that is. Let’s see!

If you could eat something now, what would it be:
What I would kill for now would be a strong cup of coffee.

Book to read:
An Equal Music by Vikram Seth. It’s one of my favourites. Guilty secret is reading Asterix and Obelix, just like my son does (laughs). Both of us share the love for reading.

Favourite movie:
The Bourne series. I like spy movies and action movies.

Favourite TV show/series:
I love the Big Bang Theory.

Your role model:
I don’t know if I have a role model. But people I really do respect are- Dr. D. K. Srinivas, a brilliant teacher. I like to model my teaching based on his methodology. He is like my mentor and guruji.

A place you want to visit:
Tibet and Antarctic Circle.

A memory in your career you can never forget
Getting my MRCP was a big thing for me, it was a landmark in my career.

A funny incident during your school/college life
So many instances. Imagine the punishment of having to wear a saree every day for the first one and a half years of medicine. We had a principal who was so terrifying that my friend fainted and fell in the specimen of the tongue during anatomy viva and all she said was, “take him away.”

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In a country like India, it is comparatively a little more arduous for a woman to climb up the ladder. Many young female students look up
This is a recipe that I dish out when I am at home alone. You can have it for lunch or as evening snack. It's easy to make and you can even try it in your hostels!

**DEVILED EGG SANDWICH**

- Bread
- One/two boiled eggs – chopped/mashed
- Celery – half cup (for exotic cooks)
- Mint/green chutney – one cup, available at Nilgiris
- Mayonnaise – amount depends on how creamy you want it
- Lemon juice – 1 teaspoon
- Salt and pepper

Once you have mashed the eggs, mix all the ingredients together in a big bowl. Spread it over the bread slices and binge while watching your favourite show.

You can switch the eggs with tuna (one can) and make classic tuna sandwich. You can also add a dash of spicy mustard to make it tangy.

---

**HEALTHY CHOCOLATE PANCAKES!**

Disprove the archaic law that, yummy = tummy.

**Requirements:**
- A cup of oats
- A small banana
- 100ml Milk
- A few blocks of Dark Chocolate
- Sugar free sweetener*
- A little bit of butter

*FINE...you can use regular sugar.

If you are having a culinary moment and think you can handle all the panache, you can also add
- An egg
- A teaspoon of peanut butter
- ENO - fruit flavour (yup, the antacid!) to make it extra fluffy!
- Whey protein

**Steps:**
Squish the banana, crush the dark chocolate (no pun intended)
Add the other toppings as per your royal taste buds.
Now, add milk into the mix slowly, whilst whisking until you get a thick gooey consistency.
Add a sweetener (as per your liking).
Simmer the butter on a pan with the help of an induction stove or just an iron box!
Add the batter, make it into a nice uthappam shape (yeah, you read that right!) and wait for a minute or until the bottom turns golden brown. Flip it over for another 30 seconds and there you have it!
If you are a fancy person (British accent), add maple or chocolate syrup...and gulp it down!

---

**CRUMBS**

**THE LAZY RECIPE**

This is a recipe that I dish out when I am at home alone. You can have it for lunch or as evening snack. It's easy to make and you can even try it in your hostels!

**DEVILED EGG SANDWICH**

- Bread
- One/two boiled eggs – chopped/mashed
- Celery – half cup (for exotic cooks)
  OR
- Mint/green chutney – one cup, available at Nilgiris
- Mayonnaise – amount depends on how creamy you want it
- Lemon juice – 1 teaspoon
- Salt and pepper

Once you have mashed the eggs, mix all the ingredients together in a big bowl. Spread it over the bread slices and binge while watching your favourite show.

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---

**Dr Prathvi Shetty.**
Dept. of General Surgery
M E S S  F O O D
R E C I P E

- Polished Rocks
- Raw rocks
- Unidentifiable wilderness
- Potatoes
- Mud
- Gravel
- A pinch of cement

Mix all ingredients together and DO NOT serve it fresh.
Wait for about 3 days, and serve when it is absolutely cold
and hard. Add more potatoes and then some more.
Cakes and Pastries
- Pandal (Brilliant sponge cake and Chocolate cakes)
- Cowry (Blueberry baked cheesecake, Red Velvet cake)
- Mariam’s Bakery
- Pupkin’s Kitchen (Get you birthday cakes here!)
- Sweet Life (Comparatively less expensive)

Breakfast
- Diesel Café, if you have the money
- Ideal Café, if you have the bare minimum

For Vegetarians
- Madhuvan (Moti Mahal)
- Chutney (Deepa Comfort)
- Sagar Ratna

Lunch
- Shetty’s Lunch Home (For days that you have to be cost effective)
- Pakhi (Their butter kaalcha are to die for)
- Giri Mania
- Machali (If you wanna save money. Also, their prawns dishes are brilliant)
- Madhuvan Village

Snacks
- Snackies (They deliver too!)
- Jamais Délitchi
- Juice Junction (Onion milkshake, bread pakoda)
- Taj Mahal (Roti Bajji/Bajji – Depends on where you come from)
- Bombay Badaun

Order
- Deurali (Good noodles at good prices)
- Rinku’s Punjabi Dhansak (Their paneer chylla is the best)
- Palkhi (They have brilliant biryani, as pocket friendly, but you have to order 2hrs in advance. They are pretty slow)
- Eden Carlens
- The Hungry Owl

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A mind is like a parachute, it won’t work unless it’s open

A Torrid Life 17

Always be honest

Always be on time

CONFIDENCE
PASSION
NEATNESS
DISCIPLINE
BRING THEM

HATE MONDAYS?
Dr sharks complain about Mondays?
No

June up early, body stuff, chilling small fry – Reminding everyone they’re a shark!

COME PREPARED TO CLASS
Dr Umashkar

If you were able to believe in Santa Class for 8 years, you can believe in yourself for 5 minutes.

Be an optimist. Someone who figures out that taking a step backwards after taking a step forward is not a disaster, but more like a cha-cha!

No one ever injured their eyes by looking on the bright side

SMILE SMILE!
You find friends that get you. It may take some time, but it WILL happen.

A little bit of this, a little bit of that, some white powder (not the one you are thinking of), stir for a few minutes, and……….. Kaboom! Nothing like the sweet scent of……….failure. This concoction that you create is far from usable, but you know what? You get points for trying! 10 points to you for not blowing up the place. 10 points to the confused soul. You'll soon wish you had a copy with notes from the half blood prince scribbled into the margins.

One must always be prepared for the dark times. The fight is tedious, the pain is beyond imaginable. Blood will be shed, emotions hurt, souls entrapped. Be prepared, it is beyond what your eyes see. I wonder what your patronus would look like.

Nothing wakes you up like the way butter beer does, I mean….. Coffee does. The crowd favourite and the 'hottest' product sold in our campus. But just like butter beer at Hogsmeade, we are only allowed to avail the facilities during daylight. Maybe you'll develop a fancy for Madame Rosemerta too. Well maybe, a love potion from Weasley's wizard wheezes will do the trick.

The Annual Culturals. Ya win some, ya lose some. A dramatic reveal of victory after ground-breaking, college-splitting, earth-shattering, trailblazing events, determined by a score board.

The Nastily Exhausting Wizarding Test is more or less like the one we have to take. NEET: It’s nasty, it's definitely exhausting, and of course, mysterious and magical. Let me explain. The skill and talent we use to cook up an answer, repeat the same line over ten times in six pages, and then scribble out words with spellings that you are unsure of, is nothing short of magic. What is even more magical is that, even after all the failed attempts at wingardium leviosa, you still manage to miraculously pass when you were dead sure that you’d fail.
THE MULLER DICTIONARY

Do you ever find yourself at a loss of words to describe certain things or circumstances that you face in Muller? Here are a few to help you out.

- Dewifing: The act of going to the reading room only to use the WiFi.
- Remurse: The slow trickle of the library's cool drinking water down your throat, on a hot summer day in Mangalore.
- Basing-done: The moment you awkwardly stare at the mess uncle as he serves you potato and brinjal for the fourth time in two days.
- PleaseDon’tMakeMe: The feeling of not wanting to do something, only because you have to walk across campus to do it.
- Maggi-today: Used to describe one of the worst war witnessed by mankind- the extensively tiring and repetitive battle between the students and mess food.
- Pishick: Empty pockets reflecting your soul and the pain of not being able to go out.
- Heaten: The feeling that arises out of hatred towards the fact that your juniors are gifted with air-conditioning in the exact same classroom you were sitting in just three months ago.
- Babooshka: The moment you realise that tender coconut shells are not allowed in a campus filled with coconut trees.
- Uselessness: The process of having to write a hundred letters to borrow a tablecloth for an event.
- Whitening: Wanting to celebrate Onam, only to wear a saree/mundu.
- Bio-Me-Tric: Feeling important and worthy as you scan your fingerprint on the biometric device.
- John-Cenaing: The phenomenon of never being able to find the staff you are looking for, and then being questioned later about why you didn’t meet them.
- Kaporw-wow: When the most entertaining part of the Culturals is the verbal fights.
- Nonanming: Not knowing which textbooks to buy, solely because you do not know the name of the author.

**OTHERS**

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**PHYSIOTHERAPY - CARE OF MAGICAL CREATURES**

- Physiotherapy: Care of Magical Creatures
- Unwaxed girls during exams - Hairy Potter
- Hogmeads - Snickers
- Quibbler - Magazine
- Library Security Guard - Mr. Filch All that’s missing is a cat

**CONCLUSIONS**

- When Coffee Hut doesn’t have orange nisarga.
- A person who is perpetually in a state of calculating attendance.
- Everyone else is nodding.
- Falling asleep in the library and waking up with a startle, as the librarian bangs on the table.
- When your engineering friends start earning and you are still years away from graduating.
- Crowding around Fresh n Honest, just to meet up with your friends, not because you need coffee.
- When the auto driver takes an extra 20 bucks to drop you till your hostel
- Wishing staff Good morning, when it is 3 o’clock in the afternoon.
- Walking 2km from the hostel to reach class every day, but surprisingly gaining weight in the process.
- Sense of accomplishment after pricking yourself with a lancet.
- Feeling blessed for being able to at least have a biscuit for breakfast.
- Blood-nay: Sense of accomplishment after pricking yourself with a lancet.
- Blood-yay: Sense of embarrassment after you faint from pricking yourself with a lancet.
- Catastrope: When you realize your seminar is on the day before your end-posting.
- MyLife: Wishing staff Good morning, when it is 3 o’clock in the afternoon.
- Auto-loot: When the auto driver takes an extra 20 bucks to drop you till your hostel
- Chubbing: Crowding around Fresh n Honest, just to meet up with your friends, not because you need coffee.
- Aging: When your engineering friends start earning and you are still years away from graduating.
- BANGGGGGGG: Falling asleep in the library and waking up with a startle, as the librarian bangs on the table.
- Say-what: When the teacher uses abbreviations in a class and you have no clue what it is, but you go along because everyone else is nodding.
- Al-leg-ed: When you can’t feel your legs anymore after three hours of standing in the OPD.
- Praynt: Hoping someone would faint so that class ends earlier than usual.
- Hihiihii: The awkward smile you display when you see a staff in the canteen while you are supposed to be in class.
- At-Ten-Dancer: A person who is perpetually in a state of calculating attendance.
- Untrumped: When Coffee Hut doesn’t have orange nisarga.
On my first day, I was nervous as hell but still somehow ready to save lives for the second time. I enthusiastically stuffed my apron with all the things I thought I’d need for internship, viz-a-viz my steth and even an entire CNS kid! I quickly made my way to the postings, early even and I waited.... and continued waiting.

The wait went on for a while and in that wait, nobody called or called out to the intern for help. But as I kept my hopes up, I heard a magical word over the air, somebody yelled out for the intern; it was fulfilling to think I was needed, so I sprinted to the intern for help.

I quickly made my way to the postings, early even and I waited…. and continued waiting. I enthusiastically stuffed my apron with all the things I had, which is when I got my first piece of advice for the year; “Always carry a pen or two, it’s all you’re going to need for the year.”

Dr. Ron Batch 2012

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Dr. Ron Batch 2012

THE FIRST LABOUR

The first time I helped handle a delivery, I was the assisting intern. Imagine the apprehension! Labour postings before had yielded nothing but a span of carelessly spent time on the phone, waiting for the exponentially increasing labour pains to finally bear fruit, but in vain. So here I stood, face to face with a lithotomy positioned woman, screaming (cursing!) at the top of her lungs, begging the babe to come out of her.

Give support, never meant so much before, as it did in that situation. The delirious little head stuck out and with all the weights my pudgy fingers could gather, I pulled for all that was worth. We weren’t aware of the underlying polyhydramnios. As we grasped the newborn, he gripped my hand and tried to stick it in my eye.

Dr. Sweena Batch 2012

THE FIRST SMILE

As an undergraduate student, witnessing labour would often come close to making me almost fainting. As scary as those times were, it was ten times more nerve wracking to assist one. I don’t know what I was more shocked about, the fact that she was younger than me or that she came after. I was clueless as to what to do, despite having already heard from the previous interns.

Dr. Bernadette Batch 2012

THE FIRST WARD POSTING

Two emotions that come to mind when I think about my first day in the ward are overwhelming panic and excitement. I walked into the hospital at 7:30 in the morning, with a crisp white lab coat and a brand new medical kit! I vaguely remember phrases such as, “You need to learn to use this backpack”, “Write pre-rounds for these patients”, “Learn to do dressings”, “Rounds will be at 8.30”, “Don’t be scared”. I left the campus 12 hours later, hungry, exhausted and feeling a little helpless. These past few months of internship have been a steep learning curve and the experience has been absolutely thrilling, and I wouldn’t give up for any other.

Dr. Sharan Antony Batch 2012

THE FIRST SUTURE

The first time I helped handle a delivery, I was the assisting intern. Imagine the apprehension! Labour postings before had yielded nothing but a span of carelessly spent time on the phone, waiting for the exponentially increasing labour pains to finally bear fruit, but in vain. So here I stood, face to face with a lithotomy positioned woman, screaming (cursing!) at the top of her lungs, begging the babe to come out of her.

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Dr. Sweena Batch 2012

THE FIRST SURGERY

The first time I assisted in a surgery, the patient was more than 60 years old with a palpable liver on the right side. I was scared to death and didn’t know what to do, but I did what was required. I remembered the surgical kit and disposed of it.

Dr. Raveen Batch 2012

THE FIRST RURAL POSTING

I was posted in L.M. Pinto Hospital, Badyar, for my rural service. Since I had finished my casualty posting just a few weeks before, I was a little confident but equally scared, because I was aware that I would be pretty much on my own there.

The first surprising difference that I noticed was the high regard that the people had for doctors. Right from the nurses, the lab technicians to the patients, everybody treated me with utmost respect. (Having worked under the PGs, being ordered by the nurses and having been addressed as “sister” by the patients for so long, this was definitely a refreshing change). Getting used to the brand names of the drugs and learning the norms of the hospital took some time, but the nurses were very friendly and helped me through it.

What amazed me most was the fact that the residing doctor, through his gynae, a fellow doctor and a gynaecologist, was skilled enough to manage everything on his own, the daily outpatient load of 150-200, serving as a proof. In one month, there were hardly a couple of cases that were referred to a higher centre. Working there was a wonderful experience, a refreshing break. I learnt how to manage patients on my own with minimum supervision and to know when to seek help. By the end of the posting, I was more confident as a doctor.

Dr. Silvana Batch 2012

THE FIRST POSTING

The first time I saved a life during my casualty postings, and the unfortunate patient happened to be a screaming six year old boy with a chill laceration. Needless to say, my hands turned to jelly and there was a lot of fumbling involved, but I was at my wits end, as to how to pacify the weeping child. That’s when the PG gave me this brilliant advice- scream louder than the kid! Our combined screaming drowned out all the noise and I was able to gain some control over the child. More than the kid! Our combined screaming drowned out all the noise and I was able to gain some control over the child. More than the kid! Our combined screaming drowned out all the noise and I was able to gain some control over the child. More than the kid! Our combined screaming drowned out all the noise and I was able to gain some control over the child. More than the kid! Our combined screaming drowned out all the noise and I was able to gain some control over the child.

Dr. Sharon Antony Batch 2012

THE FIRST AED

The first time I performed a cardiac arrest, the patient was an elderly lady. As I had been trained about the textbook stuff, I was a bit apprehensive about whether the cadaver would go in at all, or worse, if I would cause some kind of ventricular or atrial arrhythmia. To make matters worse for me, my target/victim was a patient of alcohol dependent syndrome who was agitated and refused to sit still. I was quite apprehensive about whether the cadaver would go in at all, or worse, if I would cause some kind of ventricular or atrial arrhythmia.

Dr. Raveen Batch 2012
EVEREST
Breathless. Thin air. Cold and hungry. They did not imagine that an expedition to the fourth floor of the hospital would have been so hard. For the aspiring doctor, the medical department had always been a goal to conquer. But what happens when your destination is higher than expected?

Based on the real life events of the Climbing Four Floors disaster, Everest focuses on the survival attempts of two expedition groups, MBBS and AHS.

Releasing during the Medicine posting in a theatre near you.

BAAHUBALI
Kattapa and Baahubali - a patient and a student. The bond they built was unbreakable. Their rapport, impeccable. An alliance worth praising, an alliance worth believing in.

But when the time came to present the case to the staff, everything became blurred. Kattapa drove a sword through the aspiring student’s back. He changed his history in front of the doctor. The quizzical student could only watch as the events unfolded. Why had he done it? Were the two hours that he spent with him taking his history meaningless?

A WALK NOT TO REMEMBER
Her name, University. His, Student. They met. They spoke. They danced. Not for long though, for she had a secret. A secret that would destroy him. That would kill all joy in his life. Who knew that some bad news was just worse than others? But he was determined and he was going to make it count; to do whatever it takes to turn things around.

Catch the life changing story of a young boy on the cusp of adulthood as he learns what it means to face life head-on. Coming to theatres near you this December.

BREAKING DOWN
A new day, a new life. After consummating her marriage with medical life, Bella realises that she is carrying in her womb, what appears to be the burden of university exams. She drowns in confusion, starvation, and wrecked kajal. Will she be able to pull through? What will Edwierdo do?

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Her name, University. His, Student. They met. They spoke. They danced. Not for long though, for she had a secret. A secret that would destroy him. That would kill all joy in his life. Who knew that some bad news was just worse than others? But he was determined and he was going to make it count; to do whatever it takes to turn things around.

Catch the life changing story of a young boy on the cusp of adulthood as he learns what it means to face life head-on. Coming to theatres near you this December.

EVEREST
Breathless. Thin air. Cold and hungry. They did not imagine that an expedition to the fourth floor of the hospital would have been so hard. For the aspiring doctor, the medical department had always been a goal to conquer. But what happens when your destination is higher than expected?

Based on the real life events of the Climbing Four Floors disaster, Everest focuses on the survival attempts of two expedition groups, MBBS and AHS.

Releasing during the Medicine posting in a theatre near you.
FROZEN
Elsa had never known what it felt to be free. She was always caged within the boundaries set by her insecurities. College did her no good, with all the people and all their questions. Sometimes she wished she could just let it go. Underneath that icy surface lay a colder heart, but the cold never bothered her anyway. In order to be herself she had to change. So that’s how her journey began and the Viva is where her journey took her.
She needed answers, and she needed them fast. The viva had been prolonged long enough. It was then that she realized that she was, truly and unwittingly, Frozen.

SILENCE OF THE LAMBS
Agent Confused Lamb is on a quest to gain more knowledge on the mysterious case of MBBS. In order to uncover truths, she approaches the world renowned professor, Dr. Lecture Cannibal. What happens when the one asking questions becomes the one being asked? Silence.

FRIENDS
An age old favourite sitcom. The show revolves around a crazy, fun loving, enthusiastic bunch who love coffee and experience comfort and companionship in each other’s presence, as they embark on many adventures. No matter what may come, THEY WILL ALWAYS BE THERE FOR YOU.

SUITS
Dress up. Talk smart.
Catch the new season of SUITS, only on Channel MUN.

LOST
The show revolves around a group of plane crash survivors of the OceanaAC Airlines Flight 815, flying between immaturity and adulthood. After their plane crashes somewhere in the depths of South Asia, they learn to survive on the mysterious tropical land of Mangalore.
This SciFi- mystery-action-comedy captures every intense moment and the excruciating pain each character faces with indescribable depth and relatability. They are thrown into an unknown island, scared, hungry, tired and perpetually LOST.

Having achieved both wide acclaim and commercial success throughout its original run, Lost has been consistently ranked by critics as one of the greatest television dramas of all time. The first season garnered an estimated average of 1.50 students per episode in FMMC.

Coming to theatres near you this winter*
*sadly you are in Mangalore and there is no such thing as winter. So, we shall rephrase that - Coming to theatres near you this mildly hot summer.

*

Coming to theatres near you this winter*
Thank you to all the teachers who always come back to teach our deadpan, noncommittal faces. Must be hard to teach a big group of Kristen Stewarts. Still, a better love story than twilight.

Thank you to earphones for turning everything else into background noise. Having to socialise would have drained the energy I had reserved for awkward fake smiles.

Thank you to the Seven Deadly Sins, for providing hostelites with their life partner outside the Mess - Gluttony.

Thank you to YouTube for many endless videos on how not to waste time.

Thank you to Mangalore buses for your blaring horns that remind us we're in a port city. The deafening sounds have made it easier to not hear my own thoughts.

Thank you to those students who deny having studied for the exam despite progressing into their third revision. We also thank you for still denying your reality as your friends nitpick on you after reading this.

Thank you to the front gate security, who allow boys to come in and go after 8 pm, but deny the entry for girls, even if she is just 5 minutes late, making her enter her name and phone number into the horrendous 'Blacklist.' You are also welcome, as it is the only time you'd get a girl's name and number. In some countries, they invest in this method to create dating apps.

Thank you for the hostel WiFi that turns on only at 5. If it weren't for you, we'd spend the money we use for mobile data on food instead.

Thank you to the post-graduates that give us a lift in their car. Thank you to post-graduates who don't too. We understand your concern towards our ever-increasing weight.

Thank you to the awkward fated moment, when you see a staff and fumble in the process of wishing them. Wishing a staff a good morning when it's actually evening has never made me feel better about myself.

Thank you to all the translators (Kannada or Malayalam), that accompany us while we try to make sense of the alien language. We also thank you for making us feel useless.

Thank you to the patients that avoid eye contact at all cost and pretend we don't exist. We couldn't have been more grateful for the reality check.

Thank you to the post-graduates who've saved our backsides countless times by standing behind the staff and prompting answers, because you've understood we're but students.

Thank you to Coffee Hut Akkas', for giving us more time to reflect on life by taking 15 minutes to make my 2 minute Maggi. Also, thanks for all the extra choice you put when we ask for it!

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Confused? Scared? Lost? Need to cuddle a puppy? The future holds a lot of doubts. Let's take a small burden off those shoulders. Just a teeny-weeny bit. Below, are a set of facts and ideas that could help you out!

The big question- Coaching classes or not? Should you join DAMS or not?

We conducted a survey among 35 PGs of our college. We asked them, if we should go for coaching classes and if so, when?

An astounding 100% said yes, stating that the competition is just overpowering.

So, when should one start, the results were variable.

1st year: Zero
2nd year: 22.8%
3rd year: 54.5%
4th year: 2.8%
Internship: 17.1%
After internship: 2.8%

MD/MS/Diploma:

This is the commonest path a MBBS graduate tends to follow. MD/MS are 3 year degree courses while diploma is a 2 year program. You can pursue post-graduate in various courses, currently mounting to 78 recognised MS/MD courses and 61 Diploma courses, according to MCI.

You will be required to clear NEET (National Eligibility cum Entrance test), to be eligible for a PG course in all colleges except:

AllIMS, New Delhi
PGIMER, Chandigarh
SGPGIMS, Lucknow
JIPMER, Puducherry
NIMHANS, Bengaluru
Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum

The above institutions conduct their own exams once in every six months. Admission into CMC Vellore, CMC Ludhiana and St. John's Medical College is also through NEET, but the students are required to clear a practical skill exam. Exams are a lot tougher and often have lower pass rates as compared to its MS/MD counterpart.

Armed Forces Medical College:

There are 8 institutes in India providing more than 300 seats. These institutes admit students based on their NEET score. Children of those serving in the defence services are given preference. Civilians need to maintain army standards of height, weight, sight and health, in order to get admission into these institutes. Nonetheless, service to the nation, in the form of medical services is regarded with immense respect. The sense of responsibility and discipline that one cultivates in his/her lifetime during their employment is truly worthwhile.

If you wish to join the armed forces right after completing your MBBS, you may do so, by applying for the Short Service Commission through their website. The Army Medical Corps under the Government of India annually offers short service commission for MBBS graduates who have passed the course in the first or second attempt and have completed internship as an officer. The candidate must have obtained permanent registration from any State Medical Council or the Medical Council of India. You may register at http://joinindianarmy.nic.in/

Eligible candidates will be called for an interview by the board officers at the Army Hospital, Delhi, in order to assess the suitability and merit for granting the commission in the Armed Forces Medical Services. The final selection will be on the basis of medical fitness examination. The selected candidates can get posted in any part of the country in the Army, Navy or Air Force.

Doctors on being commissioned into the Armed Forces Medical Services will be granted the rank of Captain or an equivalent rank in Navy or Air Force, in the scale of Rs.15600-39,100, plus grade pay, non-practicing allowance, free rations, subsidised accommodation and so on.

On completion of two years of service, short service commissioned officers can apply for Departmental Permanent Commission, provided they have not attained the age of 30 years. An officer can also apply for postgraduate course on completion of two years of service, after grant of permanent commission.

Postgraduate abroad:

USMLE (USA): A 3 step procedure
PLAB (UK)
AMC (Australia)
GERMAN (German language is must)
UAE
IRELAND
MALDIVES
CHINA

These countries have different procedures for admission and not all degrees provided by them are recognised in our country.

Combined Medical Services (CMS):

UPSC conducts the CMS examination every year in the month of July/August, catered to those interested in joining government institutions such as the Railways or Municipal Corporations as Medical Officers. The exam can be given by final year students and interns. The test presently includes I and IV year MBBS syllabus. It is a good option if you want a permanent job in the government sector, and if you like to be a part of the administrative work force of the hospital. The pay is around Rs. 80,000.

Civil Services:

You also have the option to join the civil services (IAS/IPS/ IFS/IPS) after MBBS. A good career option, but you won’t be dealing with patients anymore.

Who:

Contrary to belief, it is quite a troublesome affair to join WHO with just a MBBS degree. A Masters degree in PSM or a Masters in Public Health, are the desired levels of education expected from its employees. Nevertheless, you can register yourself in their page. Any openings that you can fill in will be duly notified.

MSF:

Doctors Without Borders/Médecins Sans Frontières (MSF). An organisation with the aim of helping people worldwide, where the need is greatest and delivering emergency medical aid to people affected by conflict, epidemics, disasters, or exclusion from health care. The general criteria for working in the field are at least two years of professional experience in relevant fields, current professional credentials, and availability for at least nine months (with the exception of surgeons, anesthesiologists, nurse anesthetists, and ob-gyns who may be accepted for shorter assignments). Assets that benefit applicants are flexibility, community service projects, adaptability to basic living conditions, and foreign language skills. For further details, you may visit their website https://www.msfindia.in/.

MBA:

The demand for doctors with a degree in MBA is on the rise, as a result of establishment of many private hospitals and pharmaceutical companies. Few institutes offering MBA are IIMs, FMS Delhi, IBS Hyderabad, MDI Gurgaon, XLRI Jamshedpur. You need to clear CAT for admission.

Clinical Research:

India is lagging behind when it comes to research work. There is a great demand for clinical researchers. Various institutes offer research opportunities: Indian Council for Medical Research (ICMR), CIBRAP Centre for Cellular and Molecular Biology (CCMB), St. John’s Research institute. Many institutes like AIIMS, PGI, NIMHANS (five years in clinical neuroscience), Tata Institute of Fundamental Research, Mumbai (TIFR) offer a Ph.D. degree.

Masters in Health Administration (MHA):

It is a 3 year post-graduate degree (M.D.) in Health Administration which helps students to acquire the skills
required in managing big specialty hospitals, clinics, insurance companies, etc. Highly sought after off late.

**M.TECH IN BIOMEDICAL ENGINEERING AND BIOLOGICAL SCIENCES:**
The course is offered in the IIT’s for students who want to pursue their career in developing machines and instruments to provide better health care.

Masters in Medical Science and Technology (MMST):
Also offered by the IIT’s, it deals with Bioinformatics, medical biotechnology, healthcare imaging, etc.

**PHC**
You can also get posted in rural or remote areas as practitioners in primary health care centres in their respective states. The pay is around Rs. 35,000. In some states such as Karnataka, rural service gives you an added boost while applying for post-graduation

**PGDMLE**
Post Graduate Diploma in Medical Law and Ethics. This course is relatively new in India and is offered at only few places like NLSIU, Bangalore. You can also pursue a diploma in Patent and Intellectual Property Act.

**SETTING UP YOUR OWN PRACTICE**
You and your friends could always set up your own clinics.

**YOUNG INDIA FELLOWSHIP**
If you are not interested in medical practice, you can apply for YIF in November and you choose your own way becoming leaders of change. The Young India Fellowship (YIF) is a one year multidisciplinary postgraduate diploma programme in Liberal Studies. The Fellowship brings together a group of 215 bright young individuals who show exceptional intellectual ability and leadership potential from across the country, and trains them to become socially committed agents of change.

**MEDICAL WRITING, BLOGGING AND JOURNALISM**
Though in its infantile stages, content writing for medical journals, magazines and newspapers is slowly booming in India. If you’ve got the skill set and knowledge, we recommend giving it a shot.

**MASTERS IN PUBLIC HEALTH**
Masters in public health is an arena that is gaining immense popularity. You can always apply for the course directly. Indian Institutes of Public Health (Delhi, Hyderabad, etc.), Provides a two year programme. This outlet provides a platform to work in NGOs in the healthcare sector.

**DUTY DOCTORS**
If you are taking a year or more off before pursuing PG, but are in need for money at the same time, you can be exploited in private hospitals as the duty doctor. A comparison drawn between states shows that Kerala offers better pay packages, often adding up to Rs. 75,000 per month.

At the end of it, we would like to stress on the fact that it is essentially crucial, that you follow a path that your heart truly desires. We are not talking months here, such decisions affect your entire life. In essence, if you wish to be truly happy, do what you feel is right for you.

Information stated above has been compiled after careful consideration of facts and other details provided by staff, counsellors and as displayed on official web page portals of the concerned sections.
**Christmas décor in the halls**

- Make your own fairy lights
- Make naughty and nice cards
- Put up decorations
- Light it up!

**Raffish**

Worried about what to wear or take to college today? No problem, we got you COVERED!

- To see your future clearly
- The only thing that takes you forward

**SHOE GLASSES**

- Avoid being called brother or sister with these fashionable set of rubber.

**APRON**

The only thing that makes you look like you belong here

- To rub over your bums
- To protect that miniscule amount of knowledge that you have.

**SALT HELMET**

To collect all your tears

- Pretend to write down notes in class.
- To see it eventually run out, just like your attention span
Level I: The Neonate- The First year student
A baby monster, designed to create havoc within limitations. Can be easily disciplined, may run away in the face of danger. As the creature matures, it attains enough mana and develops a few psychic abilities. Hereafter, creature displays tremendous skills in ‘trance’, often confused with aimless walking.
Power: Uses innocence and confusion. Its strength lies in the area of charms. Easily evades high level questions and cultural whirl.
Weakness: Weak against powers above tier III
University thunder has been proven to be highly effective against this creature.

Level II: The Pomeranian- The Second year student
This evolved form of level I, comes with added powers of more maturity and quick thinking. Previous powers of confusion grow stronger. Always performs as told. Easily tamed. Can be found sniffing out problems or scampering here and there.
Power: Unbridled enthusiasm, highly effective in terrains of hospital clinics.
Weakness: Inability to activate powers in presence of Level IV tiers and up.

Level III: The Vacationer- The Third year student
A creature in a perpetual state of relaxation. Unique ability to transform into Mega-worker, or lay dormant in vacationer state. Serves as frontline useful resource and back up in case of need.
Power: Transformation. In Sleep Mode, powers of level V and below are not effective against this creature. Underneath seemingly shady protective eyewear, lay the eyes of fire, activated only in super survival mode.
Weakness: Doesn’t perform well under conditions of low lying attendance. Poor range of attack.

Level IV: The Chameleon- The Fourth year student
Creature of the dark and unknown, with horrifying faces of the undead.
Power: Camouflages easily in surrounding. Waits for its prey before attacking. Acquires a special ability known as Cries of Distress. This ability paralyzes and deafens its victims. Easily rejuvenates HP with just a shot of coffee.
Weakness: Strength decreases exponentially in earthy terrains of university exams.

Level V: The Usain Bolt- The Intern
Born from the ashes of a Level IV creature. This creature is known for its speed, and can be always be spotted in its natural state of sprinting, in all its profound glory.
Power: Agility. Uses tackle and is highly effective against uncooperative wild patients.
Weakness: Once all HP is consumed, creature takes in exponentially increasing damage and retreats to a vegetative state.

Level VI: The Underling- The Post-graduate
Creature of majestic talents and overflowing stamina. This noble creature, identifies itself as a subordinate of the Level VII creature. Attacking power increases more in the night. Provides nutritional support to level V creatures.
Power: Powerful combat skills, with highly effective upgrade in super strength. Works best in terrains of heat and darkness. Immune to most powers.
Weakness: Weak against strong psychic offence. Requires HP from Level VII to reach full potential.

Level VII: The God- The Staff
Highest form of power. This creature demands respect and instills fear in the eyes of the beholder. It emits a blinding aura, often consuming everyone in its path.
Power: Devours its victims in one bite. Has the ability to purify all souls that it touches.
Weakness: Unidentified
When your flip flop breaks
Oh you soleless creature! You poor chap-pal. Let’s flip the switch on it. Well, that pun was a flop. Okay, I’ll stop with the bad puns. (Send help). So you broke your flip flop, is it? Let me guess, you are too far from your hostel and nowhere near a shoe store, or cobbler. All you have to do is beg, borrow, or steal …………. a safety pin. Pull the front loose end back down through the hole, pass a safety pin through it and close it. This serves to prevent the loose end from going back up through the hole. We also recommend that you always carry super glue around for any type of shoe repair.

When you lose your contacts (the one you put in your eye) and can’t find it
For people with bad vision, the most immediate concern when you lose one of your contacts might be that you can’t see! To make it easier, use your phone. By turning on its camera and then putting it a couple of inches in front of your face, you’ll be able to see the room around you—at least well enough to look for your missing contacts!

When life gives you lemons
Throw it back harder!

Opening a window that’s stuck
Don’t pull a muscle trying to shove open a stuck heavy window! You may remember that opening a stuck window was one of our many uses for used candles. (You can also use a bar of soap). Get the candle or soap and rub up the metal tracks above the window. This should help lubricate it and make the window slide more easily. In fact, windows will open and close more easily in general if you occasionally rub a bar of soap across the track.

Remove stickers off the hostel wall
If you just moved into your new hostel room and its previous tenant plastered bumper stickers all over your furniture (or, you’re leaving and you have to get your own off!), try this: Set a hair dryer on high and run it back and forth over the sticker until the adhesive softens. Then apply a bit of oil. Carefully lift a corner with a credit card, and it should peel right off.

Didn’t wash your hair?
You were up studying all night (and OK, you hadn’t showered the day before that, either) and your hair is so greasy it’s about to start standing on its ends. Freshen it up quickly and easily with baby powder, which works just as well as dry shampoo for a fraction of the cost. Granted, this lifehack is a little messy, so stand on a towel, or hold your head over a sink. Then sprinkle a couple of tablespoons of baby powder on dry hair, starting at your part, and massage throughout the hair and scalp. Leave for five minutes to allow it to absorb excess oil, and then brush it out. If you don’t have baby powder, you can use some other absorbent like cornstarch, baking soda, or salt.

Use hair conditioner as shaving cream
Instead of buying expensive shaving creams or foams, try shaving with hair conditioner. (Buy the cheapest kind.) The conditioner will soften the hair and provide a layer of protection between your blade and your skin. You’ll even get a closer shave!

Keep razors from getting dull
If your razor gets dull easily, it’s probably due to rust that you can’t even see. Keep rust away by storing your razor blade-down in a glass of olive oil. As a bonus, any olive oil left on the blades will help moisturize your skin!

Get sand off after a day at the beach
Baby powder to the rescue again! Throw some baby powder onto your hands and legs. This absorbs all the moisture and the sand falls off.

Mayday! Mayday! The ship is sinking!
Captain: NOT TODAY! Grab some tape, fix your hair and have some chocolate. This Titanic is unbreakable.

Throw it back harder!
What time do you usually wake up during weekends?
1. Before 7 am
2. 7-9 am
3. 9-12 am
4. After 12 am

How many times in a week do you shower?
1. Twice daily if I could
2. 5-7 times
3. 3-4 times
4. Deodorant would do. Maybe once a week

Do you exercise every day?
1. With pride and perfection
2. Skip out a few times a week
3. I walk to the refrigerator to get food
4. Shavasana for 8 hours or more

You've made some noodles but what do you do?
1. Impossible. I'd never leave dishes unwashed
2. Wash up a plate to eat it off, of course!
3. Straight outta the pan — it saves washing up
4. Use the plate I had lunch on. It appears doable.

On average, when you are at home, how many days a week do you cook for yourself?
1. Never
2. 1-3 days
3. 4-6 days
4. Every day

If your friend was getting married tomorrow, do you have something in your wardrobe you could feasibly wear?
1. Yup, I’d be fine
2. I could probably scrape something together
3. Depends, does jeans count?
4. Lol no, I’d be screwed

Have you ever booked your own flight or bus/train tickets?
1. Yeah, loads of times
2. Once or twice, it was stressful though
3. Nope, never

If a light bulb blew in your living room, how long would it take you to replace it?
1. I have a supply of bulbs, so I’d do it straight away
2. I’d go out and buy a bulb on the same day
3. A few days, maybe months
4. I’d leave it until all the other bulbs are done for too and I literally can’t see anymore

How often do you change your bedsheets?
1. Every week — I’m not gross. Evil
2. Once a few weeks
3. Maybe a couple of months
4. Sometimes I leave the bed sheets on until they are slightly grey in the middle and smell of bodies.

If you had a kid tomorrow, how well do you think you would be able to deal with it?
1. Actually already have a kid. (What?)
2. I would nail it, I’d totally be up for the challenge
3. I would mess up a lot, but I reckon I might be able to manage
4. Ask? You mean a baby goat, right?

Which of these would you choose to snack on?
1. A piece of fruit
2. Some nuts
3. Some biscuits
4. A chocolate bar

How many times a week do you have vegetables?
1. At the least, once a day
2. Maybe 4-5 times a week
3. Only when my mum is cooking
4. Does ketchup count?

What’s your reaction when someone on your Facebook gets engaged?
1. “That’s cute, I hope they’re happy together.”
2. “Ha, it’s going to be like 10 years until that happens to me!”
3. “Oh god, I’m so alone.”
4. “What?! Seriously? Already?! Why would they do that to themselves?”

When did you last go to the dentist?
1. In the last six months
2. Maybe a year
3. I shall try to go this week
4. I’m going to wait until all my teeth rot and fall off

What do you do when you get pretty ill?
1. Go to the doctor, obviously
2. Tell my parents so they can book a doctor’s appointment for me
3. Only go to the doctor if it gets really bad
4. Avoid going to the doctor and hope I don’t die

How much of an adult are you? Take the quiz below and find out. Add the scores from each answer (their serial numbers). That’s right, you have to perform Math Thought you were done with it, think again! Go ahead and use those brain cells.

Yikes, that’s a tough one, real-life adult human being. Your life is so together that you’re putting the rest of us to shame. You’re definitely the one who organising stuff in your house. You have no problem working out how to pay your taxes and if something breaks, you actually make sure it gets fixed straight away, instead of spending two weeks without any lightbulbs in your kitchen. Hell, you probably even go to the doctor when you’re ill, irrespective of being in the same field, and that’s the sign of a real adult.

You’re doing a pretty good job at bumbling through adulthood without too many people noticing that you actually have very little clue about what you’re doing. You are basically a big kid in a full-sized body. You kind of have your life in order and are actually pretty competent at a lot of stuff, but that doesn’t mean you don’t occasionally eat straight out of the pan or accidentally sleep in past midday — because that inner teenager never really goes away.

You’re pushing it, young bucko. You’re just trying your best at pretending to be one, and so far, you’re kinda failing. You probably feel like a kid dropped into the big adult world, just bouncing off walls until something sticks — but here’s a secret — no one ever really knows what they’re doing, some are just better at pretending to be one than others. But seriously though, wash your sheets more often and go to the dentist, OK?
Researchers around the globe have made a number of significant discoveries over the past year that will undoubtedly change the way we understand and treat human bodies and minds. From yet another DNA innovation to the discovery of new genes, here are some of the most important medical breakthroughs of the past year:

1. First three-parent baby
   The world's first baby with DNA from three people was born, thanks to a controversial technique. The mother carries DNA that could have given her child Leigh syndrome, a severe and usually deadly neurological disorder. Scientists removed some of the mother's DNA from an egg, and left the disease-causing DNA behind. The healthy DNA was slipped into a donor's egg, which was then fertilized with the father's sperm. As a result, the baby inherited DNA from both parents and the egg donor.

2. Successful Ebola vaccine
   Final test results have confirmed that an experimental Ebola vaccine, developed by the Canadian government in a Winnipeg laboratory, is highly effective. The publication of those results is a major milestone that could help prevent the spread of Ebola outbreaks in the future.

3. ALS gene discovery
   Last year, the ALS Ice Bucket Challenge craze as just another social media trend, but researchers announced this year that money raised from the campaign helped fund the discovery of a new gene linked to the disease. The gene, identified as NUPX2, has been found to contribute to hereditary Amyotrophic Lateral Sclerosis, or Lou Gehrig's disease. The gene is associated with three per cent of all ALS cases, according to the ALS Association.

4. New gene-changing drug for treating ALS
   The FDA and WHO approved a new drug for ALS for the first time in over 22 years. The new drug, Edaravone, may slow down the decline of function in ALS patients by around one-third.

5. Gene mutation linked to multiple sclerosis
   Scientists at the University of British Columbia found a genetic link to multiple sclerosis, marking a breakthrough that could one day allow doctors to identify and treat the disease before symptoms surface. The direct genetic link, which was long thought not to exist, was identified in two Canadian families where several members have a fast-acting form of MS that cannot be treated. Seven out of ten members of those families who carried the mutation developed the disease.

6. Study pinpoints genetic conditions behind intellectual disabilities
   With a genetic screening study, researchers in British Columbia were able to identify the genetic underpinning of certain intellectual disabilities in children. Researchers were able to diagnose 68 per cent of the 41 families in the study with a precise underlying genetic condition, and offer targeted treatments to the children in more than 40 per cent of cases. One parent called the discovery a life-saver.

7. Cancer's 'Achilles heel'
   An international team of researchers believes an important discovery has been made about the genetics of cancer tumours. The researchers said the discovery could offer a new way to deliver personalized cancer-killing therapies. Scientists discovered that even as tumours mutate, they still produce distinct 'flags', or antigens, which appear on the surface of all the tumour's cells. Finding these unique flags within a tumour is the equivalent of finding the cancer's 'Achilles heel', and could help improve existing immunotherapy treatments used to fight various types of cancer, researchers said.

8. The HIV virus was removed in animals
   Scientists are finally closer to finding a permanent cure for HIV. According to a recently published study in Molecular Therapy, researchers at Temple University successfully removed the HIV-1 infection in mice through genetic modification. This strategy was up to 96% effective at removing the virus in mice, which were modified to have human immune cells.

9. A breath test for lung cancer
   In the future, it’s possible we could do a simple breath test to determine a lung cancer diagnosis. Scientists at the Max Planck Institute for Heart and Lung Research in Bad Nauheim were able to correctly diagnose lung cancer through the presence of traces of RNA molecules altered by cancer growth in a breath test. This could change the way we approach cancer diagnosis and help save lives through early diagnosis.

10. Alzheimer's disease linked to low levels of 'memory proteins'
    New research on Alzheimer's, a disease that affects over 5 million Americans, has linked the cognitive decline associated with Alzheimer's to low levels of the protein NPTX2. This discovery may lead to a better understanding of what causes Alzheimer's and future research that could one day better treat individuals with the disease.

11. A real-life Tricorder
    Those familiar with the show Star Trek may remember a wearable medical device that would scan and diagnose the person wearing it instantly. Now that device is a reality. The device was developed by emergency room physician, Basil Harris, for the Qualcomm Tricorder XPRIZE competition and is still undergoing regulatory approval. It can monitor vital signs and diagnose pneumonia, sleep apnea, diabetes, a UTI, and 30 other conditions.

12. World's first artificial pancreas
    One of the most exciting advances was the approval of Medtronic's (NYSE:MDT) MiniMed 670G, the world's first artificial pancreas for type 1 diabetes. The device, which was approved for those aged 14 and up, measures a patient's blood glucose every five minutes. It uses a sensor with a protruding needle that's slipped under the skin to measure insulin levels, while a pump worn on the abdomen delivers insulin as needed. This setup could dramatically reduce instances of hypoglycemia and greatly improve the quality of life for type 1 diabetics, who no longer have to constantly check their blood sugar throughout the day.

13. Cellular immunotherapy to treat leukemia and lymphomas
    One of the first cellular immunotherapies for leukemia and non-Hodgkin lymphomas is about to hit the market. Chimeric antigen receptor T-cell therapies are a type of immunotherapy where a patient’s immune system T-cells are removed and genetically reprogrammed to seek and destroy tumor cells.

Results have been impressive. Some studies focusing on acute lymphoblastic leukemia (ALL) have reported a remission rate of 90 percent. Once approved, it could trigger a wave of approvals for other blood cancers and lymphomas as well. Cellular immunotherapy could one day replace chemotherapy and its lifetime of side effects.

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We asked you to secretly take pictures of your friends while they “study”. Here are the results. Enjoy!

Rare sights
Post study syndrome
Normal hostel scenes
Destress

So relatable
The day when there was a power outage, on the day before the ophthal university exam
The good kid
The nest

The hibernators

The phone addicts
The true use of pens. Colour accesorisation
The Ed Board received a ton of his pictures. Let’s just say that he lives there
When your arms get tired

Disclaimer: In the circumstance that you see your picture here and didn’t expect it, please note that we will not be revealing the name of the sender...........................................for any price less than Rs. 50. A free meal at the college canteen is a must.
This incident took place during my Anatomy model exam in first year. We were sitting in our allocated spots, mine being somewhere closer to the back, as my roll number was towards the end. There were no question papers and Sanjay Sir had to read out the questions to us without a mic. I left the hall after about two and a half hours, feeling as bad as the answers I had written. Back in the hostel, a few of us were discussing the question paper and its answers. One such question that popped up was Prenatal Diagnosis. Alarmed at not recollecting writing that answer and a momentary self-realization later, I realized that I had heard the question as PER-ANAL DIAGNOSIS. Aghast, I recollected how I wrote a 5 marks answer on per-rectal examination. Yup, guilty! Naïve first year me thought that per-anal diagnosis was just another name for the technique. In my answer, I had described in detail as to how you should double glove, insert a finger and check for any abnormalities. Imagine the previous line described in extensive detail to fill 3/4th of the page!

On asking where the tissue sample is from (as in the site where the organ is situated in the body), the student confidently replied saying, “The OT”.

Genus species of a live student identifies it as long.

Sanjay Sir: Why do you think so?
Student: It has two lobes, the right and the left.

Umashankar Sir: What is the method of urine collection?
Student: Lumbar puncture.

Umashankar Sir: Cause of SCC penis?
Student: Sun exposure.

A specimen of the uterus post-hysterectomy with bilateral adnexa was kept. The student identified it as the tongue and tonsils! (The uterus as the tongue and the adnexa as the tonsils)

Identifying the kidney as a spleen. Apparently, it’s a common mistake!

In a community exam paper, I was faced with the below question.
Q: Epidemic dropsy (5 marks)
Since I am one of those that skips half the portions, I was clueless to the point that I didn’t even know which section of the book the answer was from. I ended up decoding epidemic dropsy word by word, cooked up a long answer and added matcha for extra seasoning. Defined an epidemic, its types, and ended it with a mesmerizing epidemic curve and a literal drop in the trend.

Actual answer: Poisoning resulting from adulterated oils.

Zero marks for authenticity but a 100 for creativity!

Old mandible as dog’s mandible
Hyoid bone as fetal mandible
Pancreas identified as penis

Hitesh Sir: What is chorea?
Student: Shah Rukh Khan in lungi dance.

In an answer sheet,
Q: What are the types of drowning?
A: Drowning in the bath for old people.
Garden holes for young children.
Swimming pool for adolescents

I have come across a variety of funny answers but I remember one very clearly. The answer began and ended with common OB/G terms, like hysterectomy, caesarean, etc., and in the middle of the answer, he wrote out the entire lyrics of the song “Tujhe dekha to ye jaana sanam” from DDLJ.

Q: What is pre-eclampsia and eclampsia?

Staff: (Showing an X-Ray) Show me the posterior superior iliac spine.
The student literally turned the X-ray film and pointed at a vertebra.

Q: How do you prevent Rabies?
A: Tie the dog with a tight rope.

Bwahaha!
Tackling sensitive issues while talking to a patient can be challenging. Sometimes you don’t know where to start and once you have, it might become difficult to proceed. A human mind can be as loud as an explosion or as quiet as the weather before a storm.

In India, from my personal experience, we begin by speaking to the patient’s relatives. To start off with, we assess how much the patient’s relatives already know about the disease in question, the treatment and the prognosis. Once we’ve gathered a fair idea about their knowledge of the disease, we work from there. We first inform them about the nature of the disease and its treatment, and then we ask them whether they feel they should break the news to the patient themselves or whether we, the doctors, should do so. In most cases, they prefer to speak to the patient themselves.

In terms of their response to the treatment, it is generally a positive response. They believe that if the treatment could potentially improve the quality of their life then it is definitely something that they can consider. Even when the treatment is centered on palliative care, their focus is on living the remainder of their lives as comfortably as possible.

Dr. Veena Pinto, Dept. of General Medicine

The first and foremost rule is to always tell the truth. Keep another senior colleague in the loop to help you present the status of the patient to the family. Bringing in senior staff shows the family that you have done everything in your power.

Explain the gravity of the situation, the prognosis and what you would have to do in certain circumstances, if the need arises. Explaining this to the immediate family of the patient is vital.

Making sure the family is fully aware of the situation is essential to breaking the news. It is imperative to have a humanitarian approach. Always put yourself in the family’s shoes to understand how they might be feeling and empathize with them.

When you approach the family, it is always advisable to start on a positive note. Giving the good news first will help sustain your rapport with the family. Once they feel like they can relate to you or understand you, it will be easier to ascertain how they will react, after which you can break the news to them.

Another important thing to keep in mind is to always document everything that was said and done.

Dr. Joylene, Dept. of Obstetrics and Gynaecology
Tibetan Mastiff, one of the most expensive breeds of dog in the world

Changpa shepherds with their pashmina goats

Hello from Sri Lanka

Kids from Puga, a nomadic tribe in Ladakh

Picture Courtesy of Frana
Batch 2012

Picture Courtesy of Ancel Eric Crasta
Batch 2014

Picture Courtesy of Nikitha Crasta
Batch 2015

Tibetan Mastiff, one of the most expensive breeds of dog in the world

Changpa shepherds with their pashmina goats

Wonders of Sri Lanka

Picture Courtesy of Reno Cyriac
Batch 2012

Hello from Sri Lanka

Picture Courtesy of Ancel Eric Crasta
Batch 2014

Picture Courtesy of Frana
Batch 2012

Picture Courtesy of Nikitha Crasta
Batch 2015

Wonders of Sri Lanka
Artwork by
Daron
Batch 2012

Artwork by
Renier Borges
Batch 2013

Artwork by
Dr. Vineetha Malayil
Dept. of ENT

Artwork by
Sherine Thomas
Batch 2014

Artwork by
Nikhitha
Batch 2014

Artwork by
Dr. Ramya
Dept. of Anatomy

Artwork by
Madhu Malar
Batch 2012

The food cart
Oil paint on canvas.

Journey
oil paint on canvas.

Hope, Acrylic on canvas

Dark, deep and high. Acrylics

The Wait. Acrylic on textured paper
Deccan Umbrella Mart, City Market, offers a wide variety of umbrellas in different shapes, sizes and colors. Dwell into the depths of Hampi Gate after Laksman stores, turn right and there you have it. They each cost about 200-300. Caution: Requires professional training in areas of bargaining. In a land where umbrellas go missing more often than wallets, it is vital to know safe havens that provide you with another one. Don’t forget to hold on to the new one you just bought and the next one, because you are sure that you are bound to lose that one too. It has been noted that once you lose an umbrella, the chances of losing the next one is three times more likely.

TAILOR

Tailoring your clothes makes all the difference. It makes you look smarter, intelligent and more like a human figure and less like a potato. Amigos: Opposite Kadri Petrol Bank Cloth Point: A store after Delta Eye Care. Stitch for you: Shalimar Complex Basement.

DRIVING CLASS

Get your Aadhar, PAN Card and Driver’s License. Welcome to the adult world. Now go my wayward child, hit the road (Please don’t take this literally). Ambika Motor Driving School: Kankanady (A variety of mixed reviews on this one, mostly positive). Canara Motor Driving School- Ladyhill.

BIRTHDAY GIFTS

Get quirky tees at www.souledstore.in, www.red守住.in. Check out propshop24.com and bigsmall.in. I’m sure you won’t be disappointed.

Cheap Shoes

There’s a store near City Centre, right by the intersection that leads to Ideal Cafe called Step Care. It’s located opposite the Corporation ATM. They sell cheap shoes. Add a ton of butter to your bargaining skills and walk away with shoes ranging around just Rs.200.

Gym

Walk in strong, walk out stronger. Zeuse Fitness Club- MG Road Gold’s gym- Karanagypady Ground Sport Fitness- Bejai Karbagh Road BodyAUTUS Gym- Kadri

Swimming classes

You are only one swim away from a good mood, especially during hot Mangalore summers. Unless of course you can’t swim, in which case, stay on land little one, your Ariel will come to you. Moto Mahal hotel, Falnir. By far, the cleanest one in the city. Lurks on the pricey side. Mangala Stadium: Should be your top choice if chlorine is your perfume. Mangalore Handloom Sarees emporium: PM Rao Road

Cloth

Sri Lakshmi Cloth Stores, Hampi Gate. They have a wide range of clothing in multiple colors and textures. Mangalore Handloom Sarees emporium: PM Rao Road

Mundu

A day before Onam, and you realise that your friends forgot to tell you that they wish to pull off a Nivin Pauly and attend the function in mundu and a black shirt with shades (the look would be incomplete without it). Do not worry. Head to Lakshmi stores or Paavani Silks and Fabrics, Hampankatta. As long as you got a white cloth, I think you’ll be covered. Unable to keep your mundus tied up? Buy the Velcro ones. They are available online at www.ramrajcotton.in and mcrshopping.com.

Zumba

Try Zumba, because laughing while working out burns more calories. Zumba Fitness- Kadri Mangalore Excellent Dance Academy- Bendoru

Sports Goods Vendor

For those of you who are into sports, firstly congratulations, you are an inspiration to all the potatoes out there. Secondly, are you in need of some equipment? Check out: Sports Line- Mak Mall Hamsmart- KS Rao Road

Ethnics

Ethnics- opposite Cloth Point sells beautiful Dupattas. They are however a bit pricey. A little down Hampi Gate, close to Ideal Cafe, there are the bunch of stores that end with ‘And Brothers’. They have brilliant collections of dupattas, in different shades and multiple accessories to go with it. There are tailors are right next door, so that’s two down with one stone. Must be your lucky day.

Deccan Umbrella Mart, City Market, offers a wide variety of umbrellas in different shapes, colours and sizes. Dwell into the depths of Hampi Gate after Laksman stores, turn right and there you have it. They each cost about 200-300. Caution: Requires professional training in areas of bargaining. In a land where umbrellas go missing more often than wallets, it is vital to know safe havens that provide you with another one. Don’t forget to hold on to the new one you just bought and the next one, because you are sure that you are bound to lose that one too. It has been noted that once you lose an umbrella, the chances of losing the next one is three times more likely.
Back in 2014, a 32 week pregnant mother had come to the hospital with bleeding PV and she had a fibroid in pregnancy. It was a case of abruption. A caesarean section was done for her. Within an hour the patient collapsed and she had blood in her urine, low blood pressure, abdominal distention and she went into frank disseminated intravascular coagulation (DIC), secondary to the abruption. The abruption was forgotten and the prophylaxis was not given. No blood coagulation profile was sent. Probably, if the prophylaxis was taken and if fresh frozen plasma was given (FFP) she would have been alright. Everyone around said there might be a bleed inside that resulted in the problem. The real problem was DIC. There was an intensivist who supported and helped. Almost 50 units of blood, platelets and FFPs were transfused and the patient finally came out of DIC and went home with her baby. This was an incident that made me realise that we should never take obstetrics casually and that we have to be more careful. When there is any abnormality, it is better to keep a watch and take prophylactic measures at the earliest. Never take any complicated pregnancy lightly. This scenario has had a major impact in my life and I have learnt to be more careful since then.

Dr. Deepa
Dept. of Obstetrics

When I was a PG, during an OPD I had a patient that was brought in by his wife. After interviewing the patient, I called his wife in to get more insight. Little did I know, that the patient was at the door listening to our conversation and everything his wife had to say about his violent behaviour at home, his insomnia and excessive talking habits. He was infuriated listening to this. He immediately barged into the room, picked up his wife and dropped her to the floor. I immediately alerted the security, separated the couple physically and sent the woman to the casualty. We later learnt that she suffered a pelvic fracture. It's required that you be very careful, because you never know when you might be on the receiving end.

Dr. Supriya Hegde
Dept. of Psychiatry

Back in the days when I was an intern, during my surgery posting, an extremely deprived woman, a rag picker by occupation came to the casualty with severe pain and a general look of sickness. She was tiny and frail. We found out that she had severe intestinal obstruction that had to be relieved immediately by an emergency surgery. Her haemoglobin was only 5%, and since her blood group was quite rare, none was available at the hospital. A co-intern and I went all around the city and managed to bring back four bottles of blood, for which we paid for from our own pockets. After a long but successful surgery, she managed to live on. That look on her face brought me immense joy and a sense of satisfaction. To this day that look of a patient when you have helped them, and that sense of satisfaction that follows, is the reason why I do what I do.

Dr. Pranath Y.M.
Dept. of General Medicine

Hello
It’s me
I was wondering if you’d like to go out and eat
Hello
Can you feed me?
I’m in my room dreaming about what we used to eat
Hello from the other side
I’m so hungry, I might cry

It’s been two hours, since I had my last snack.
Someone give me a burger with fries
I need a pizza right now
Make that two
Just for me
Bring coke too
And extra ketchup
And a big cake
Just for desert.
We all love your classes. What's the key to keeping us attentive?

There's a saying that goes 'read less, forget less' and this is what I base my lectures on. My classes are crisp and to the point. But this doesn't mean that you youngsters shouldn't read what you're supposed to!

Bucketlist
To learn how to swim.
Visit Australia.

"I was a badminton player in my school days, and I was lucky enough to be on the high school team."

What do you find most interesting about your profession?
I think that would be the respect that comes with being a doctor. It's not just about the financial gain alone.

A memory in your career you can never forget
I was involved with hemato-oncology when I was in KMC, almost 9 years ago, and in this field, the treatment usually lasts for about two years or more. So during this time, we became very close to each and every child. Every year, we have a reunion at KMC with these children and the doctors who treated them. There was one about two months ago. I was immensely happy to see the tiny children all grown up, getting jobs and leading normal lives.

There was one particular boy who had developed pneumonia during a relapse, and was on a ventilator for two and a half months. We decided to take him off the ventilator since we didn’t see any improvement. But we were hesitant to give up. We slowly weaned him off of it, and when we disconnected the machine, he started breathing spontaneously! I met the same boy a month back at Panambur beach.

Another case that I’ll never forget is one of an 800 gram baby. This baby was related to Father Lawrence from St. John’s. By God’s grace and by sheer luck, that baby survived and is now 5 years old.

There are some cases that you think won’t make it, and it gives you so much joy when they do. Miracles do happen and when they do in a profession like ours, it is beyond beautiful.

If not a doctor, what profession would you have chosen?
My mother’s side mostly consists of doctors and my father’s side, engineers. If I hadn’t been a doctor, I would have probably been an engineer. I had a good rank in both medicine and engineering.

Secret hobbies
I like to travel and I’ve had the privilege of visiting many countries. I also enjoy reading, but since I have a lot of other things to read (gestures at the huge pile of patient documents on an extremely neat table), novels have taken a back seat (laughs).

Hidden talents
I was a badminton player in my school days, and I was lucky enough to be on the high school team. I play almost everything, but I particularly like table tennis. I have a table at home but sadly no one to play with.

We all love your classes. What’s the key to keeping us attentive? There’s a saying that goes ‘read less, forget less’ and this is what I base my lectures on. My classes are crisp and to the point. But this doesn’t mean that you youngsters shouldn’t read what you’re supposed to!

Bucketlist
To learn how to swim.
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"I was a badminton player in my school days, and I was lucky enough to be on the high school team."
I like being different. I like being smart. I go to the supermarket like everybody else and buy my weekly supplies. Since I’m smart, I know that we should buy quality goods; that something with good packaging and good advertising screams ‘quality’, that I need to pick up the healthiest option that will extend my already extended life expectancy (living beyond hundred must really make me love senile problems). And then there comes a time in every shopper’s life, where we must choose between two brands selling the same product. And since I’m intelligent, I buy the one that’s ‘natural’. And why go natural? Oh, because natural is good. Well, you see, ‘natural’ has got the right ingredients that’s tailor made to make me live longer. And how did anything natural happen to be so good? Only because Mother Nature knows what’s best for us! Somehow, the only thing that Mother Nature wants to do is to make us live long, strong and healthy, and enjoy our senile problems when we get there. And somehow, she takes care of us and wants to see us grow old, wrinkly and live happily ever after. I’d probably buy a bottle of mineral water that says ‘nature’s gift’ , as I skip the details listing chemical names like NaCl, MgCl2, KHCO3, and H2O, cause we live in a world where everything chemical is automatically poison.

Most people are of the opinion that everything natural overflows with the wholesome goodness of making us live long and healthy, that there’s an unseen force (nature) that conspires to ensure that the human race goes on to live forever, and even, the sun burns out or we move to another planet and star wars becomes a reality. I admire this optimism in all this. However, the run of the mill optimism isn’t going to sustain the onslaught.

That what if nature was the Voldemort? We never expected! What if nature was the evil that we failed to see? Maybe nature doesn’t really care whether we live or die, eat healthy or eat poison, live long or die young. It seems at first that I might be trying to create a problem where there’s none, but by the time we are done, I assure you that you will go up making better choices at the supermarket, or try still, end up making decisions that are going to help you survive long enough to enjoy, that dream of old age and fats, and maybe you have a few grandkids or an army.

G E Moore, a British philosopher challenged the view that ‘what is natural is automatically good’ and ‘what is unnatural or man-made is automatically bad’. He concluded that this fallacious thought process has hijacked our choices and world views. In philosophy, this is called an ‘appeal to nature’ where one argues that something natural is automatically good, and it is considered a logical fallacy. What this means is that, if you were to say that the shampoo you buy (which has natural ingredients) or that organic grocery shop you visit, is good, or better than something man made, simply because it is ‘natural’, it is more likely to be your opinion and not a fact, even if the packaging says so.

Now one might assert that there’s research on certain products or that they are clinically proven. If there is research to prove its effectiveness, it’s all good. But that doesn’t automatically support one’s opinion that everything natural is healthy and good. It just means that the product in question is effective. And this gets us to the first problem. Of generalisation! We cherry pick certain incidences and generalise it. If that product is clinically proven, then sure, go ahead and use it. But that in no way means everything natural is good. That clinically proven product was just one isolated incident. But what about all the other clinically proven products that have research and all the scientific gimmicks attached to it? Well, let’s dig deeper. You might think that this is a case of simple statistics, where you need to associate a cause and effect relationship, based on how commonly a particular incident occurs. In this case: all those clinically proven and researched products out there which claim the effectiveness of ‘all its naturality’, points out that natural products are better than the man-made ones overall. Well, that takes us to the next problem - bias in statistical observations. Biases in statistical observations make you forget that there’s a bigger picture. Maybe you have left out a parameter that you ought to have seen. So what then could we have missed? Read on and see for yourself!

It is now time to expose the true identity of nature, how it is the ‘Voldemort’ we never expected, and how it is evil relative to our survival: Nature has laws. Laws that govern its functioning. We know Newton’s laws work and they do so consistently in the background. It almost goes unseen unless you’re aware. Similarly, there are other observations you could deduce which go unseen, but since we have romanticised nature consistently since time immemorial, we don’t really see through its facade. Here are a few events that might’ve gone unnoticed: You get a disease, you die! You are in the wrong place, at the wrong time, in the event of a natural disaster, you die! It’s easy to look out the comfort of your jungle safari, after taking a vaccine for yellow fever. It’s easy for you to use a water purifier and say the water in your home tastes too good, truly nature’s gift. It’s easy to stay indoor and admire the flowers, when you’re constantly trying to stay away from the pollen to prevent allergies. And then there’s the countless needle pricks to be immunised from diseases. It’s easy to live long because we have antibiotics for every infection. It’s easy to do all that, solely because of our man-made self-cooked, disease free plants and animals? If nature was all set out to be good to us, why not just make it easier for us by having plants that don’t harbour any pathogens or have animals that don’t carry any diseases? And then there are food products, with the right nutrients for the right growth. Well, ever heard of the adage, “the dose makes the poison”? Here are some food items that contain chemicals that are harmful and have caused horrific disasters. Solanine, a naturally occurring poison in tomatoes, eggplants, potatoes and blueberries. It causes unwanted symptoms like vomiting, diarrhoea and abdominal pain, even hallucinations in large doses. But we don’t really encounter that because we don’t go and eat the flowers, when you’re constantly covered with a mosquito net. It’s easy to go to Africa and enjoy that jungle safari, after taking a vaccine for yellow fever. It’s easy for you to use a water purifier and say the water in your home tastes too good, truly nature’s gift. It’s easy to stay indoor and admire the flowers, when you’re constantly trying to stay away from the pollen to prevent allergies. And then there’s the countless needle pricks to be immunised from diseases. It’s easy to live long because we have antibiotics for every infection. It’s easy to do all that, solely because of our man-made solanine, can lead to cyanide poisoning. It is the post processing of the item that prevents it. There are other countless examples to stumble upon, provided you challenge your conditioned thought processes. Can you now see the odds that we are bravely every day, to simply
make it through the day? The only thing helping us survive is human interventions and modifications of the environment around us. It is our intelligence and methods that are working round the clock, to ensure our survival. It isn’t nature!

So now that we’ve made this startling observation (I hope it’s startling), the next question arises. What’s the use of thinking deep? Where is the bottom to all this? Well for starters, it makes you logically correct. It forces you to change your perspective to a much smarter alternative, one where you realise that not everything that’s natural, is good. Some things are. Some things aren’t. That’s about it. You can’t really glorify anything more than that. Your shopping tendencies will change. You’ll now see that GM crops are good and organic could be bad. You won’t have to pay extra for that natural goodness when you know very well that there’s nothing special to it. You might actually marvel at modern medicine’s progress, and give it its due credit. Maybe go a step further and realise that alternative medicine or natural practices might just be redundant. You probably might marvel at how beautiful man made inventions are, and give yourself and the human race more credit, instead of the constant guilt trips on how we are destroying the earth. Not everything is somehow heading the gravity of the situation we currently face. We thus live in a thoughtless paradise, where we accidentally assume that the universe somehow knows what’s best for us and that makes us intellectually lazy and vulnerable to problems. Problems like our irrational reliance on outdated natural practices whilst ignoring man made practices, which are more potent in helping us survive. Now this doesn’t mean that I’m implying nature only knows to kill, kill, kill. Not There is some good. But we need to decipher it and not be intellectually lazy and completely ignore the destructive forces of nature. This attitude thus makes us more efficient in our thinking, and could probably hasten the process of arriving at solutions. I do sense that some of us might assume that we aren’t so silly. We obviously know that not everything natural is good. But when we see that flashy “nature’s goodness” adverb, we instantly fall down on our knees throw our hands in the air like a cult and marvel at how amazing it is that nature got it right. Or how nature always had the natural cure for our diabetes, weight-loss programme and piles.

With this alternative narrative, we might actually end up doing more good than we ought to. We will realise that we are a destructive force like nature, and we will be wearier of our choices thereafter, as can be seen by the global awareness about environmental preservation: from efficient agricultural practices to the shift to alternative energy sources to creating biodegradable plastic in the past decade. We can dispense with the anti-vaccination campaigners, who ridiculously claim that vaccines are unnecessary. We might help people have faith in science once again. And once you reach this level of thought and help others around you, you will see that nature is just nature. It’s simple. It’s not good. It’s not bad. It’s simply amoral. It is indifferent to our existence. And there’s no fan club trying to propagate and protect all life forms. We are lost in a destructive world, and every day is a battle. Hence, we might develop a better appreciation for the inventions and discoveries that have led to our own extended life expectancy and improve on it. We will tend to be more perceptive of our actions and make better choices in this regard.

I hope this created more issues for you to think about in your already stressful life. And I hope this serves as a guide for you to increase your odds of survival, and enjoy your dreams of old age and farts.
When you first came into my life, I was a young girl of mere 12, innocent and happy, unaware of what you would do to me. Having already heard about you from my close ones, I welcomed you with open arms into my life. I was always the girl with a huge smile on her face, a spring in her step, with joy overflowing. But I was moody and gloomy when you came. It was like you were never blessed to see the real me. Then you would leave and I was once again a happy child. Every time you decided to come home, I'd try to stay as far away from you as possible. But blame it on my biology, we would always meet. At least you were not coming regularly. But that changed after I grew up. I was always anxious and prepared when it was time. I felt my skin heat up and blood just flowing everywhere when I felt your presence. My spotless face was no longer itself when you came. You thought you didn't hurt me. But I felt every single moment, every pulsating vessel. It was agonising sometimes, I comforted myself saying the worst is yet to come. After you were done with me, I was like a sick child, pale and dry. Every month like clockwork, this was the routine. One day, someday, somewhere down the line, maybe you won't come; instead send a little me in your place.

"I'm sitting in a corner, sipping my drink. Suddenly I hear shots being fired, and then everything is madness. I throw off a body that has fallen on me and run behind the bar and duck. The shots get louder and louder and change into screams, and then I see my brother's horrified face. That's when I wake up."

My therapist doesn't have to try to mask her surprise. She's trained to do it. I don't have to try to understand she's surprised.

Eight years in an atmosphere of flat-affect and you can read a poker-face, like an elusively transient subtitle. "How frequent are these dreams?" She asks.

" Depends on how often I fall asleep."

"So, every time you sleep?"

I nod. "Sometimes I don't even have to do that. I close my eyes and they're triggered - those shots. The screams sound eerily familiar. And when I open my eyes, I'm alone, but the vision lingers. There is this dull heavy feeling somewhere inside. Like a weird mixture of guilt and fear and pity. Like, I should've been shot too."

She wrinkles her eyes as if in thought.

"You know if this were a normal case, I'd immediately say it was PTSD."

But it's not, and I know it. I was thousands of miles away from where the attack happened, no one I knew was hurt. It was just another news headline. I was never there. As if from somewhere else, I hear my therapist suggesting less newspaper and more comics or something of that sort.

"At least this shows I'm strong on empathy," I tell her. "That thing you psychologists value so much. Looks like I have enough of it to ruin the rest of my life."

She doesn't stop me as I rise and make my way to the door.

I eat my ice-cream, wondering if the five-year-old who died in the firing liked chocolate. I force myself to focus on the ice-cream. It tastes amazing. A few more chunks of brownie and some chocolate sauce, and it would be heavenly. I should come here more often. I eat on, enjoying my selfish thoughts. If somewhere someone's attacking someone else, please, I don't want to know.

By She who shall not be named
Do you know what it feels like when you encounter a celebrity? Even the ones you don’t really love that much? You gawk at them in awe from afar, your eyes getting bigger and bigger, wondering whether to approach them or admire them from afar. You think about what their lives are actually like, beyond what you can see. It’s as if they are from another planet and live a life unknown to you.

That’s how I feel about doctors. They are like superstars to me. The ones I admire the most are the ones who have mastered professionalism and yet manage to maintain their unique personalities. As I walk through the hospital wards every day and see them approach, walking briskly, their stethoscope around their neck and white coat flying in the air (well, kind of), my heart begins to race a little. I don’t know whether to follow them or to just scram. You know how celebs walk with their bodyguards following them? Yeah, doctors walk in with entourages too. Each strata of the medical fraternity, walk together in blinding white coats, with the head of the pack a step ahead of everyone else.

When they examine a patient, I see the seriousness with which they do it, and at the same time (never without), the ease and style with which they perform the task. I imagine their minds doing the complex arithmetic of diagnosis, even as the patient complains of something as trivial as a headache. I never cease to be amazed at the amount of knowledge that they hold in their brains. All the knowledge that’s needed to save a life, the knowledge that explains that the weird shape of your nail is because you possibly have a problem with your lungs. All the books we read so tirelessly in our 5 years of study is somehow crammed into that little cavity.

So I study every day, I study so that one day, sometime in the future, I can overcome my feelings of self-doubt, sacrifice my own comfort and convenience, and walk in the hospital corridors, with the stethoscope around my neck, at the head of that entourage.
You wait for the ward nurses to come to you, but they don't. They dart around from side to side, looking right through you. Do they care? you wonder. You are too weak to call out to them.

Hours pass and the curtains are drawn. The loneliness creeps in as you fix your eyes on the drops of liquid falling into the small tube. Drip. Drip. Drip.

Then, comes a surprise when you least expect it - a young man in a white coat. He looks apprehensive as he approaches you. “What is your name Sir?” he asks. After 7 hours of admission, you are finally addressed by your name. “Jim, how are you doing?” he asks.

You already feel better. Of late, friends and relatives who have been inpatients have all had similar complaints – never seeing a nurse except when drugs were being handed out, no one offering reassurance or information, days gone by without any contact with senior medical staff, the unheeded requests for analgesia, virtually having to beg for help to move up the bed or get to the toilet. Two of my elderly relatives developed pressure sores after surgery, and one lost six per cent of her bodyweight after a joint replacement surgery because of prolonged nausea that was inadequately managed.

It’s these experiences, and not the skillful surgery, that patients remember and tell their friends about. And it’s these that make patients, especially elderly patients, dread being in the hospital.

-Teale (2007)

It’s all too easy to dehumanize patients - you put them in a hospital gown, lay them on a bed and make them wait for you to examine. All we have to do is make them feel welcome, put a smile on their face and remember that as they come in through the door, they’ve learned that something is wrong with them, and that, as far as they are concerned, there is only one patient in the hospital – them.
When you’re dreadfully late for work and your boss is far from amused. When “the dog ate my homework” no longer rings true as an excuse. Because you never had a dog, nor that you have anything against them. “Adorable creatures”, you say emphatically.

“From a distance that is”, you mutter incendiary.

It’s also what I’ll say now, now that I can’t handle the trains of thought in my head, you see?

So, let’s stay focused, shall we?

It’s what you say, shamoufaced at the wedding, when you have two left feet. Stepping on your wife’s toes because “Dancing lessons… Pitiful! Not for me”

What you say when you go too far and smash into the wedding cake. Desperate for that perfect angled photo, does it matter?

With all those filters it’s bound to look fake.

What you cry out when you bump into endless lines at a supermarket.

What the words you quit when you shut the bedroom door and let a whimper.

What she asked wondering if it mattered if she knew how to sew.

What he said when he longer tried to understand.

What you say, with crestfallen eyes, when your dad punches his fist through the wall unable to comprehend your new found preference for women.

What the French didn’t either, when they did the same years later.

What you said, confused, the first time you heard the word ‘demonetized’.

What the banker said resolutely when you handed the street vendor a 2000 rupee note.

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What you say, with crestfallen eyes, when your dad punches his fist through the wall unable to comprehend your new found preference for women.

What the French didn’t either, when they did the same years later.
The Light Has Gone Out and Darkness Set In.
Some walk the road travelled by most,
But in thought revel in what for some is lost,
Musings over what have become our all,
A part of a whole, yet so small.

The familiarity of those friendly faces guides you along,
Even when on some days you forget to be strong.
There’s comfort when it’s empty for the distant mile,
Yet more so in every kind smile.

In this scorched sun, have we dared to meet;
Amidst challenges galore, that are difficult to beat.
Thunderstorms rage and roar some nights,
Albeit in the silence, rain kissed trees are a wonderful sight.

No winter here or cold hearts to see,
Just stressful December with Christmas glee.

The portals of these gates, if we leave behind,
What lies there is for us to find?
More of ourselves and more of others,
Or simply more suffering, more oppression that our world only gathers?

Memories etched forever in thought sublime,
Kinsmen forged with the bonds of time.

A gift surpassing those in the past,
Of experiences, lessons, skills, knowledge and love, we must.
To treasure, hold and keep forever,
For a raincheck on a day our dictum is “Happy Never!”

We bid adieu so many times but truly never part,
For we’ve been a part of the whole from the start;
Of those forgiving, pleasant smiles that share,
Unwittingly a part of the family,
Mullerians we are in all certainty.

Right here, I can think;
Right now, I can breathe;
My words don’t move the mountain,
But the echo makes me sway.

In this oblivion, I have found
True tranquillity.
And you won’t see me as I fade away,
Slowly, quietly and
Unnoticed.

Swati
Batch 2013

Photo by
Reno Cyriac
Batch 2012
“A square peg in a round hole, 
We just don’t fit in here anymore.”
But did I ever really have a choice?
Would I ever dare to raise my voice?
Conscience spoke, and her voice was deafening,
Peppered with hope and good will.
Her tone no longer condescending;
“The world is our oyster”, she said
“And we are but a few steps away from perfection.”
This is not the time to heed to your fancies;
Nor is it the time for redundant deflection.
We must make haste, we must not dawdle;
Every flaw must be erased, every crease smoothened over
Oh dear! Get a hold of yourself and don’t grovel.
A feeble response to this discourse,
Fearfully dreading her ghastly reproach.
“But we’re square pegs in round holes,
We just don’t fit in here anymore”
“Enough” came her reply, aghast at my defiance,
Keep in mind what you stand to lose without this alliance.
Have you forgotten what we stand for,
Must I remind you of who’s keeping score?
Guilt closed in on me,
Muting my silent screams, muffling my pleas;
Her arguments broke through my resolve.
Slowly I felt my convictions dissolve.
My countenance must never betray my pain.
Though my spirit was crestfallen;
Though I was broken and I had fallen,
For it would be sheer debauchery.
Although it was a scam, mere forgery.
To pretend to be anything less than perfect,
To cease to fight for all the world had to offer,
Its titles, its respect and honor.
But as the days wore on,
Came the startling realisation,
Provoking a long overdue confrontation.
A scream that broke through the night sky,
Of a spirit that refused to comply.
“Oh conscience hear me and face my accusations,
Don’t brush them away as the words of a child.
Or the ones of a being who never tried!”
Are there two within me?
One that stood for what is good
And the other for all that is depraved?
If so, on my epitaph have it engraved!
Are the lines between good and evil so clear?
Can no one see the grey areas that I do here,
Where desire and passion bear fruit,
Where lost love is found,
Where there is no place for the truth.
No longer will I stand for this dominion.
It is time for my rebellion!
No longer will I pretend to find joy where none can be seen,
To believe that we could salvage what had once been.
For conscience, dear conscience,
“We’re square pegs in round holes,
And we just don’t fit in here anymore”
கல

கல் கொண்ட கல் கீழ் ஜானு

கல் வெவ்வேறு மையா

gaga கல் கேத்தேச் மீ குருவாக்கல் அப்பரே தியாங்

கல் கோபுரா வியாங்க

கல் பல்லூரா வியாங்க

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கல் கோபுரா வியாங்க

Vaishnavi
Batch 2013

Kiran Budhal
Batch 2013
Do not choose choices that you can’t undo while you’re studying. Keep your options open, keep your mind open. Come out of MBBS with a clean canvas of a mind. Choose what you like. Do not hitch on to one subject and set your mind to it. Most often than not, you might realize that it didn’t hold up to your expectations. And whatever you do, make the best of it. It may not be the PG course of your choice but to excel, you don’t need just that. What’s more important is the drive to excel. If you have the will power, you will excel regardless of the field you might be in.

What do you find most interesting about your profession? It is the only career in which every single day is not the same. The challenges that you face today are not the same as the challenges you will face tomorrow. Each patient, each case, each and every person that you meet are completely different. It’s a very dynamic job.

A funny incident that occurred during your college days? Honestly, there are too many to count or even remember. There is one incident that comes to my mind. In one of the Anatomy sessionals, one of the questions was the origin of hyoglossus muscle. One hero in our class wrote symphysis pubis. Unluckily for him, the teacher decided to make him the ‘bakhra’ and called him out to the front of the class and asked him, “Where does the hyoglossus originate from?” Confused, the chap replied, “Symphysis menti”. She heaved a big sigh of relief and exclaimed, “Well, it’s good that you cleared that up. Imagine a situation wherein the patient vomited. Imagine all the body fluids!” The entire class laughed at the boy as he stared at the teacher dumbfounded. (Interviewer: That’s a highly detailed description of the event. Why do you remember it so well? Sir: Well, it so happens that, that joker was me. One of the many embarrassing stories.)

If you weren’t a doctor, what profession would you have taken? I would have liked to be a photo journalist.

Secret hobbies: I used to sing in college, but that came to an end after I got married. I like listening to music and I read a lot of books in my spare time.

Hidden talents: Everything is pretty much out there. Nothing to hide under these sleeves.

Guilty pleasure: Upgrading my audio system without anybody knowing, I hoard a lot of speakers. I keep buying them.

Bucket list: To watch a football match in England, preferably one that Liverpool FC is playing.

What’s your wife’s take on your jokes? She thinks they are terrible and of very poor quality. Most of the time, she asks me to keep quiet.

Describe yourself in three words. Fat……… (long pause), dynamic and irritating.

If you could eat something right now, what would it be: A burger!

Favourite book to read: The Fist of God by Frederick Forsyth.

Role model: My father.

A place that you want to visit: Italy.

Favourite vacation spot: Honestly, I’ve been planning a vacation for the past ten years. One thing that annoys you the most: Fake people. I don’t like it when people pretend to be someone that they are not.
The unCONventional enthusiasts
When Batch 2015 is not in campus understand the amount of pain and happiness in this one picture

Only those in Ave Maria Girls Hostel will

When Batch 2015 is not in campus
A DAY IN THE LIFE OF AN INTERN

MBBS
First and foremost, I would like to thank my wonderful parents, my kind and generous father and my overly protective, fun loving mother. Hi Dad! Hi Mom! *waves*

They are the kindest and most giving souls that you could ever meet. They have always been there for me, continuously pampering me with showers of love and an abundance of food and clothing. A huge THANK YOU to them for always checking on me and reminding me to eat, sleep, hydrate and do yoga (I’ll get to the last one someday!). And for always making me laugh, though most of their jokes are at my expense (yet, those are the ones that crack me up the most). I look up to the two of them the most and I’m honoured to have been at the receiving end of so much love.

I wish to thank my brother. I took his pendrive without him knowing and lost it. So, I request him to buy me another. He has always been helping me out when I needed to be saved.

A huge shoutout to Dr. Maitreyee, for being the best staff advisor that I could’ve ever asked for. For going above and beyond the call of duty, involving herself completely and thoroughly in each step of the process. She protected my sanity when it was close to crumbling. She gave me the creative outlet and the freedom that I needed and was always on standby when I needed her.

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Malathu Bhat, for always helping me out when I needed another hand. From re-stocking my snacks basket to posing for pictures when I needed a model, she has done it all. She knew exactly how to channel her cuteness on the days I needed some cheering.

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Anu Mariam Saji, for always asking me how my day was and offering an ear when I needed one. Her quirkiness always brought me joy. Awesome job on the batch diaries and poems.

*Despite not being on the committee (except for Trupti and Anu), the above girls have done more than what’s needed of them. They were the very strength that pushed me forward. They deserve the biggest applause. I love you guys! There, it’s printed on paper now. Buckle up for a big treat!

Eesha Devaih, for replying to my messages instantaneously and getting work done in less than a day. She never said no, despite the ton worth of proofreading that I sent to her. She even wrote an entire article in the span of a few hours. Bottom line- she is awesome!
Sanjana Joy, for hunting down staff and interns, harrowing them to share a few experiences and pictures. She is a ball of sunshine and an instant mood lifter.

Arun George, the go to man. Always enthusiastic and brimming with a ton of ideas. This boy is gifted in terms of coming up with quick one liners and even an 800 words article.

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I’m grateful to all the staff and PGs who contributed to the magazine. My humblest gratitude to Dr. Prema, Dr. Pavan, Dr. Nicole, Dr. Elroy, Dr. Sudeep and Dr. Maitreyee for recreating the FRIENDS picture, despite their busy schedule.

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Thank you Bangtan!

Few words of appreciation to the forces of nature for maintaining good weather on the days I needed pictures, Nivin Pauly's beard and Bill Gates for creating MS Word. I'm grateful that the position of the earth is at an ideal distance from the sun, enabling life to thrive.

Lastly, my humble gratitude to anyone who helped out, even in the smallest ways possible. Know that, you are well appreciated and not forgotten.

Cheers!
Forever is Composed of Now.
Adventure is just outside your window!

IF NOT WHEN?