



~~Yesterday~~
NOW
~~Tomorrow~~



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

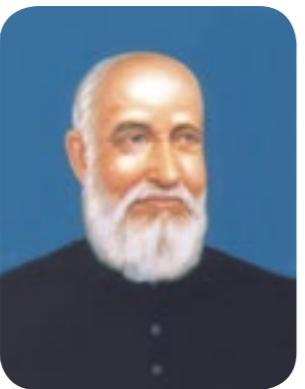
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Fr Augustus Muller

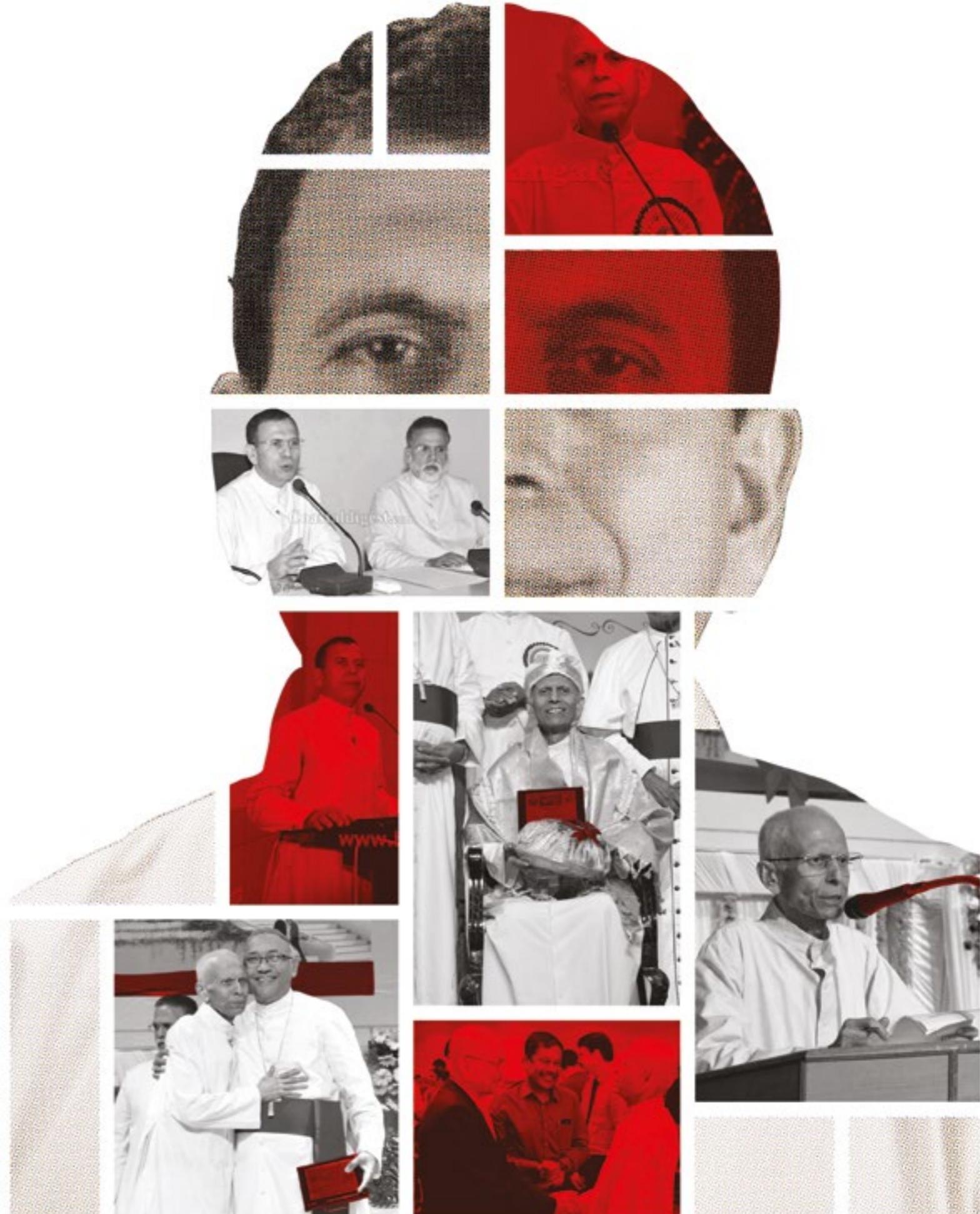
In the golden pages of history, the name Rev. Fr Augustus Muller shines bright.

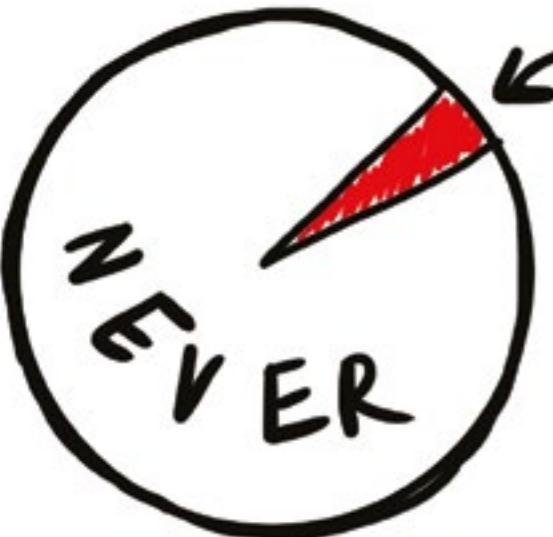
Sent from Venice to teach French and Mathematics, this graduate of Fordham University and trained homeopath reached the small town of Mangalore. He was moved by the lack of healthcare available to the sick and downtrodden. Believing that he had been chosen by God to use Homeopathy to care for the sick, 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.





Ed Board '17

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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

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Season's greetings!



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Begin with a dash of thoughts from the Ed Board members and the Administration. Don't worry; the spices are just the right amount.

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Indulge in a huge base of Ed Board picks, a delight for any occasion, available in Extra Extra Large!

Pg. 131
tiny treats!



Follow it up with appetizers consisting of Batch Diaries, the Batch Trip and all college events



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Pg. 111

along with a side of prose and poetry



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Other sides available
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Finish off with a bunch of batch pictures, followed by a sneak peak into the day of an intern! Pg. 117

This page is an ode to food, without which this magazine would be incomplete.



EDITOR Swati Balakrishnan

1

Read this to yourself. Read it silently.
Pause. Take a moment. Stretch. Breathe.
Follow it up with a sneeze and a cool yoga pose. Go on, you
can do it, don't be embarrassed.

The next step is crucial. First, make sure there's someone
near you.
Gesture to the magazine and read the following bit out loud
in a clear voice with a tone of surprise and wonder.
"Brilliant. Just brilliant!"

Now that you have secured the other person's attention, do
me a huge favour and please pretend that you are reading
something really moving, something deep. Keep a face that
looks impressed. Pause for two seconds. Let out a tiny laugh,
appear amused and maybe even giggle; but not too much.
Let's not overdo it. Maybe nod your head a couple of times
and if you feel like you are up to it, shed a little tear.
Now turn to look at your friend ever so slightly, stare deep
into their eyes and say, "You know what? You are an amazing
person." Smooth.

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 in 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 daydreams 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



**STAFF
ADVISOR** Dr Maitreyee DS

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?

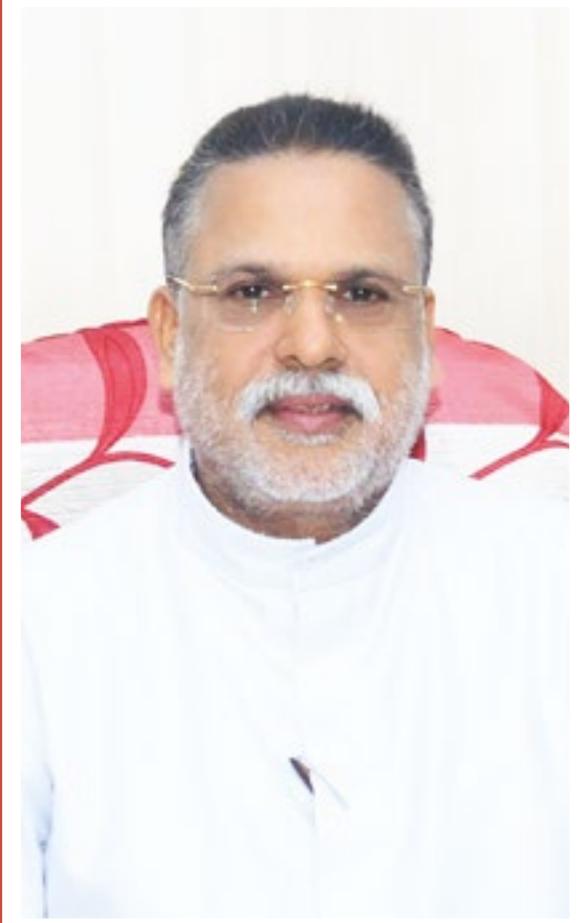
One idea can change your life. Brilliant ideas don't
strike when you rush yourself, it occurs when you
are paused. Relish life to fullest.

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



2

A MESSAGE FROM THE DIRECTOR



Rev. Fr Richard Aloysius Coelho

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

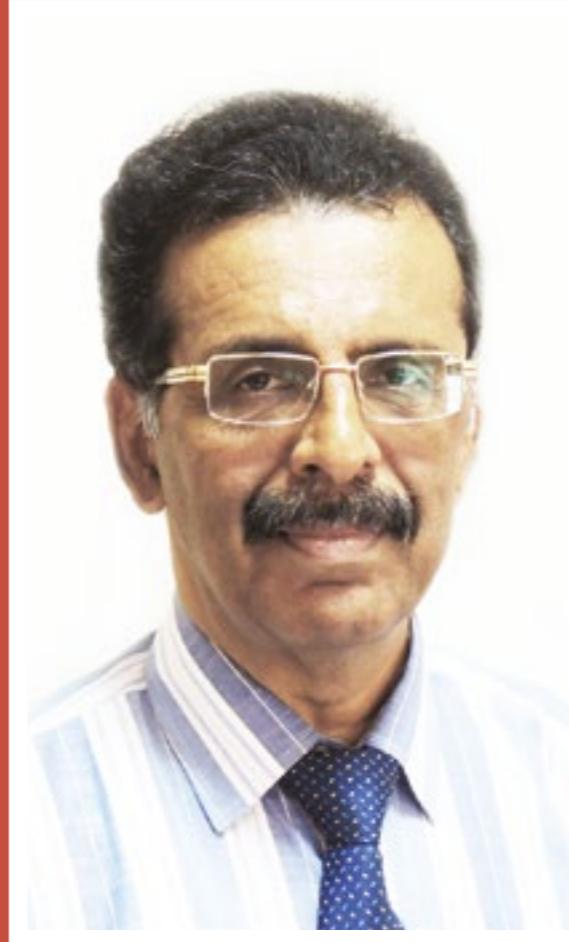
Similarly, it is the responsibility of the Student Council and the Editorial Board to create such an atmosphere in the college and on the campus, setting up a platform for all students to fly high and showcase their abundant talents in fine arts and cultures, bringing out all mediums of creativity as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

A MESSAGE FROM THE DEAN



Dr. Jayaprakash Alva

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 MESSAGE FROM THE ADMINISTRATOR



Rev. Fr Ajith Menezes

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 to always have sublime faith in himself because then he will always have sublime faith in humankind."

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.

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 "Pulmokarn 2016" held on 15.7.2016 to 18.7.2016 at Bengaluru.
7. Ms. Sandhya Rao & Ms. Swathi S -MBBS Batch 2012, secured first place in MEDQUIZ, an intercollege quiz based on Medicine, conducted by A.J.Institute of Medical sciences, Mangalore on 22.10.2016.
8. Dr. Vidya K., won the 2nd prize for her oral presentation titled 'Acute Kidney Injury (AKI) in the admitted PICU children'. She was highly appreciated in 'Pediciticon 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. Bopaiah Award for Social Pediatrics'
10. Dr. Preethi Rebello & Dr. Dilshana N.B participated in the Yenmind-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 Premalatha 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 Pulmokarn 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. Larissa 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. Ramyatha and Dr. Savan



Kumar Nagesh PG Residents of Anaesthesiology have won third prize in case presentation in the CEOT 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, Venereology and Leprosy, 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

STAFF IN NEWS:

- Dr. Prakash 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 Hematology, held at Christian Medical College, Vellore from 4th to 6th Aug 2016.
- Dr Padmaja Udaykumar published two textbooks.
 - "Pharmacology companion – 1st edition, CBS publishers New Delhi
 - Pharmacology for Dental and Allied Health Sciences, 4th edition, JAYPEE Brothers Medical Publishers, New Delhi.
- Dr. Nagesh K.R has been nominated as "Representative of Mangalore University for Criminology" for the year 2016-18 to the School of Social work, Roshni Nilaya, Mangalore.
- Dr. Nagesh K.R has been selected as subject expert in the Committee for Revision of MBBS Curriculum by RGUHS.
- Dr. Uday Kumar K. has been appointed as a member of RGUHS Board of Studies for para-clinical PG courses.
- Dr. Uday Kumar K was appointed as Visiting Professor at Anna Medical College, Mauritius.
- Dr. Hareesh Gouda has contributed photographs, drawings and literature in Pillay VV, Textbook of Forensic Medicine & Toxicology, 17th ed, Paras Medical Publisher, Hyderabad 2016.
- Dr. Peter George, Professor: Fellow of American College of Physicians 2016
- 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 02.07.2016.
- 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 speciality] during DERMACON 2016.
- Dr. Shailaja S., Associate Professor of Anaesthesiology 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 Sherif, Dr. Shailaja S and Dr. Rithesh Joseph D'Cunha
- Dr. Sumanth, Dr. Maitreyee, Dr. Nagesh, Dr. Ramakrishna Pai, Dr. Princy, Dr. Shivashankar, and Dr. Smitha Bhat attended the Revised Basic Course in Medical Education in St. John's Medical College.
- Dr. Nagesh KR successfully completed the FAIMER fellowship program.
- Dr. Joylene Almeida completed her postgraduate diploma in clinical 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. Pais 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 profession of Physiotherapy.
- Dr. Aruna B Rao presented a poster on 'A study of frequency and spectrum of psychiatric comorbidities in male patients with alcohol dependence syndrome'. She was awarded 1st for mental health- oral session at ICPMN 2016.

Competition for his topic "Noninvasive brain stimulation to enhance corticospinal tract excitability in chronic stroke" during the PHYSIO-CON 2017 International Conference, organised by Nitte 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 Organized by South Canara Physiotherapy Teachers Association at Yendurance zone, Yenepoya University, Mangalore on 3rd & 4th March 2017.

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 activities including workshop on Basic Medical Education Technologies for the staff, a programme on choices and paths after MBBS for MBBS 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 of Caring and Ethical Decision Making 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, vanamahotsava, candle light march on 14th August 2016 in remembrance of the sacrifices made by our great freedom fighters, singing competition on the theme "Azaadi-70"- yaad karo kurbani, on the eve of Gandhi Jayanti. They also

organized Swatchh Abhiyan, with positive activity during Breastfeeding awareness week followed up by a Breastfeeding Awareness Rally.

SPORTS & GAMES:

1. During the year 2016-17, our college students were the winners of RGUHS Mysore 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 Shristi J. Shetty – Intern, Ms Mahima K. – 2014, Ms Viona Devnha – 2010 and Mr Paul Vivek for the RGUHS South zone Inter University Chess Tournament.

b. Ms Manjuvani, Intern and Ms Veronica Lobo, Intern were selected for RGUHS Inter University Volleyball tournament.

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

5. In RGUHS Inter Collegiate Single Zone Cross Country Race 2016-17 organized by S.D.M College of Dental Sciences, Dharwad on 27th September 2016 our student, Mr Dhishan Kudwalli of BPT 1st year, Batch 2015 won 9th place and was selected for All India Inter University Cross Country Race.

6. Ms. Pinto Keziah Terezinha Dos Remedios, 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 Mysore Zone and Inter Zone Chess Tournament 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 Geover Lobo and anaesthetists Dr Harshavardhan and Dr Antony.



Dr Lathesh Latheef, unit chief of hand and micro surgery, and his eminent team of doctors from the department of hand & micro surgery and anaesthesiology had the rare distinction of performing a surgery, restoring the amputated upper limb at the arm level of a 29-year-old patient.

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.



Name: Troe Zlans

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 patients 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 patients' 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

-Tanisha Charles and Sonu Treesa

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 god send 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, MMUN, CanSurvive 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 DAMSomycin 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, Café Laundrette, Move 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 OPD.

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.

-Arun

Canon

son's & Practice of

nd Edition

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, inconclusive mania and was treated with IV bolus REALITY. No history of stable relationships with people or books.

TREATMENT HISTORY: Frequent visits to Manipal, Chikmagalur, Goa (and Nilgris, 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.

-Faiza and Anu



Name: V.R. Spar Taanz

AGE: Suitable for wedlock

OCCUPATION: Multiple jobs, including but not limited to, typists, professional consent takers, OT booking agents, personal assistants and oh, (almost forgot this) doctors!

ADDRESS: Every nook and corner of Father Muller Hospital

DATE OF ADMISSION: 1st August, 2012

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 examenectomy 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 IToldYouSo.

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 significant weight loss present.
Sleep- Severely disturbed.
History of abuse of caffeine and other drugs available at 'FnH'.

PROVISIONAL DIAGNOSIS BASED ON HISTORY: BPAD- current episode manic with psychotic symptoms.

-Sahana

the
C

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.

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

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.

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!

-Lisanne

Name: The Vulcan

AGE: 1) Bachche hain? Shaadi
abhi thak nahi hui
hai???

2) Forever college
student

3) I'm not your Aunty
4) Evergreen old stock

OCCUPATION: Jack of one's
own trade, Master of all
others.

ADDRESS: Expectation-
Omnipresence

DATE OF ADMISSION: Every
six months

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.

FAMILY HISTORY:

Similar illness noted in certain members of the family who have become apathetic to their own condition and suggest that the patient is better off doing the same.

PERSONAL HISTORY:

Diet- Mixed and unpredictable. Unintentional Yo-yo diet. Weight fluctuations to shame VLCC. Appetite- Anywhere between that of birds and of horses.

Sleep- Initiated at the feel of any reasonable surface or only after killing the 100th sheep.

Often interrupted by restless leg twitches or phone calls.

Refreshing is only a highly ideal goal.

PROVISIONAL DIAGNOSIS BASED ON HISTORY:

1. Unclassified circumstantial/de novo mental illness.
2. Misunderstood

-Dr. Vineetha Malayil

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 cholesterol 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 journed to Mangalyam and Chaitanya. Five hours and twenty odd minutes later, we pulled up to our hotel. To anyone who fancies a trip to Coorg, do not forget your umbrella! Your clothes will thank you and it will offer much needed comfort from the sweltering heat that follows the



occasional rain. Breakfast was a quiet affair at 8 a.m. after which, we boarded the bus to make our way to the Elephant camp. A baby elephant stumbling its way around, is more endearing than it sounds. We were on our way back to the hotel by 1 p.m. After a quick change of clothes and lunch, our next stop was the Golden Temple. It was a welcome change of scenery after a tiring morning and we spent a good amount of time walking around and taking pictures. While some of us went to grab a cup of coffee, the rest went to shop. Bargaining is definitely the key. It was 4:30 in the evening, when we made our way back to the bus with the spoils of war. An hour and half later, we arrived at Raja Seat. As the sun dropped, so did the temperature and it was almost comical how we



couldn't stay still for a batch photo. The piping hot tea available right outside, was a lifesaver and masala tea never tasted any better than it did in that moment. By the time 8 pm rolled in, we were ready to turn in, but the day wouldn't have been the same if we didn't end it with a DJ night and so that is how we arrived at the hotel, with our veins full of tea and unsteady feet. If I could describe the evening in words, I'd sorely fall short. Dancing a dance form that wasn't entirely dance, but more of a sequence of random uncoordinated movements around a spitting column of fire, is not something the batch of 2013 is likely to forget. We danced, we sang and we bid adieu. Exhausted, we made our way to the hotel for the third time that day. Sleep had never been more welcome than it was that night.

The next day we regrouped at six in the morning, and it was the last day of our batch trip. The five-hour drive from Coorg to Wonderla, Bangalore was interrupted only



for a breakfast halt (the radda sambar is to die for! We made good time and reached at 11:30. A word of advice, start with the farthest rides first as the queue won't be very long. Stay away from the twister if you aren't into being tossed around for long periods of time, and end the day with Lazy river. Be careful not to step on bees! One of ours stepped on one). The Wave Pool and the Rain Dance/Disco were crowd favourite. 7:30 brought us a perfect end to a perfect day. The journey back was bittersweet. While we couldn't have more days added to the batch trip, I have no doubt there wasn't an ounce of regret for everyone who came. The batch trip served its purpose, bringing us closer, and is something we're going to cherish for a very long time.

P.S: I'm the one who stepped on the bee.
Yeah. - Neha Khilari



Hotel - 4am, Breakfast- 7am

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

Hotel- 12:30pm

Tibetan temple- 1:30pm

Cauvery park- 4:00pm

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

Hotel- 6:00pm, Dinner- 8:30pm, Bonfire- 9:30pm

Bus- 11pm



Lunch- 1pm

Trekking- 3pm

Tea- 5pm

Played cards- 7pm



Trippin'

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 of November, 2016 at 6pm, we hit the roads of Kerala after our 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 surge in planting more trees suddenly became so clear. Despite our exhaustion, the serenity of the forest instilled its freshness into our minds.

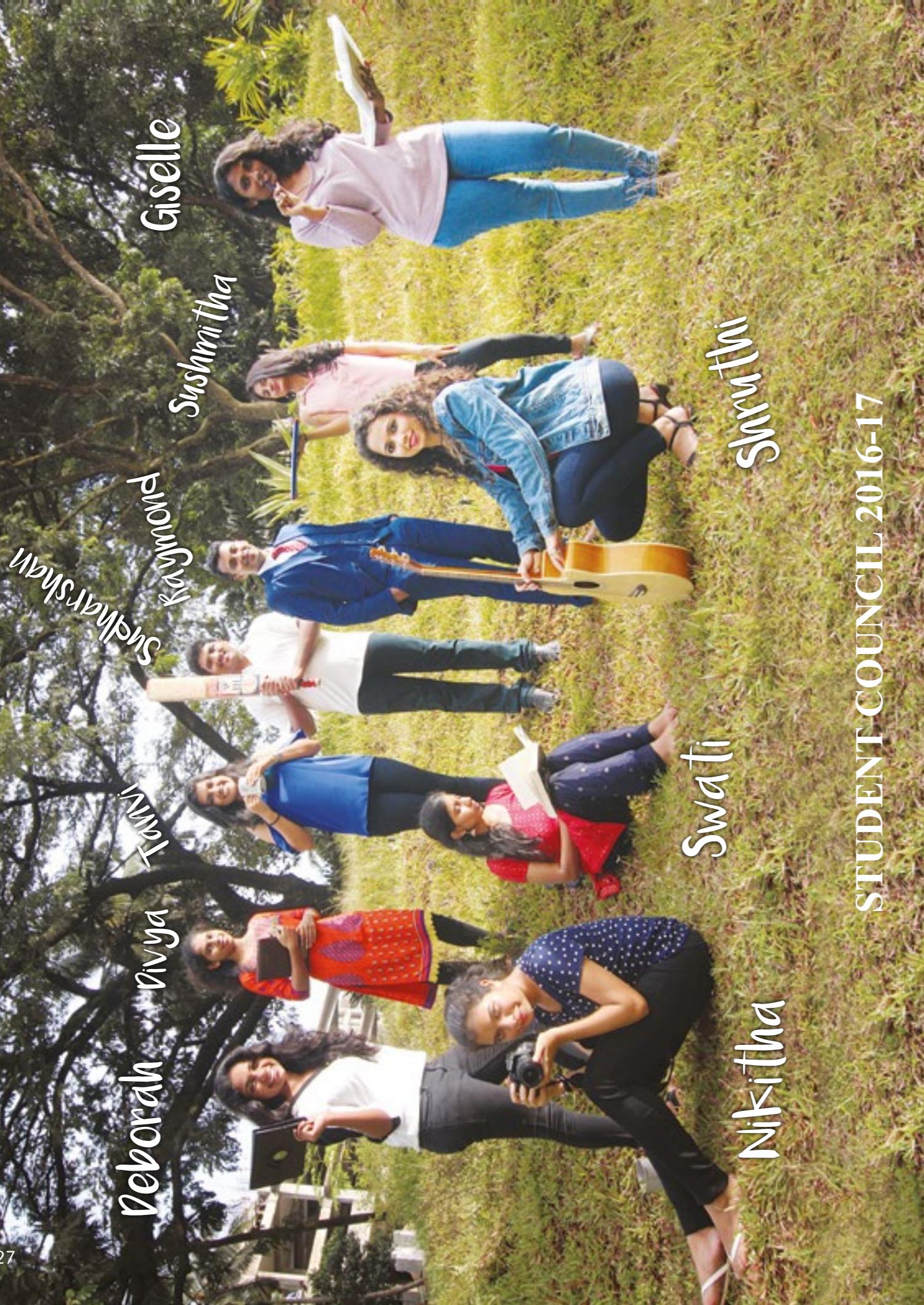
We followed this up by exploring the bonitoons wonders that God's own country nurtured. The first was Thangalpara- a refreshing trekking area of lush green grass, and Paranthumpara also known as 'Suicide Point'. It was difficult to comprehend how such a beautiful place could be called by this name.

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.

-Rimbert Almeida





STUDENT COUNCIL 2016-17

Be humble and be kind.

Raymond Antony, President

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

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 all my talent.

Giselle, Fine Arts 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!

Divya Crasta, Joint Secretary

As long as you have got the "WHY" figured out, believe me, the "HOW" will somehow fall into place.

It has been a year of varied experiences. As a member of the student council your portfolio demands that you be on the top of your game. For anyone who loves being busy, this is something you definitely should try.

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

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. Prathvi, Dr. Vishak, Mr. Chandrashekhar and Ms. Sushma, for being a great source of inspiration. I would also like to express my gratitude to my batchmates for their help and constant support.

Sudarshan, Sports 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.

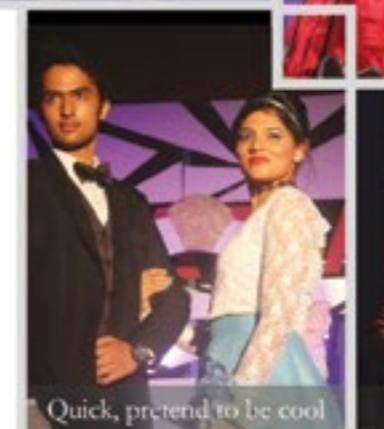
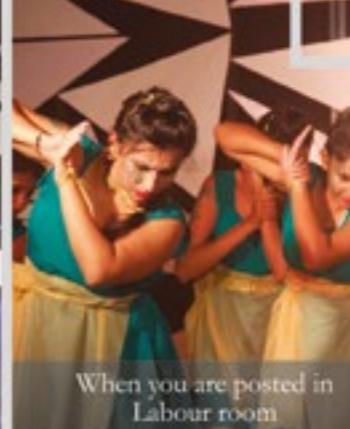
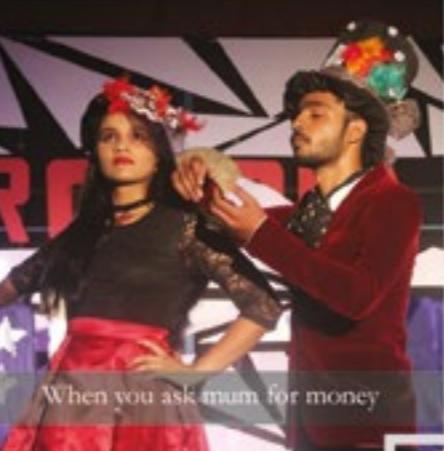
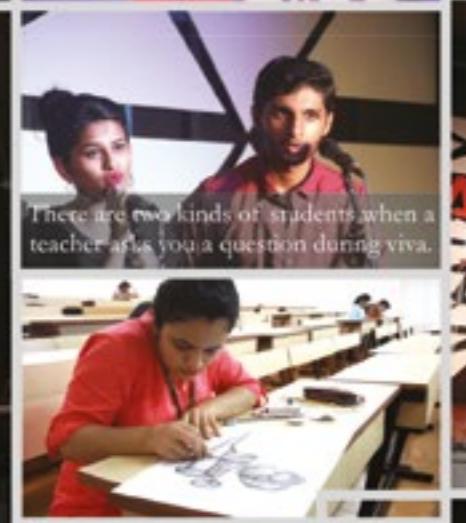
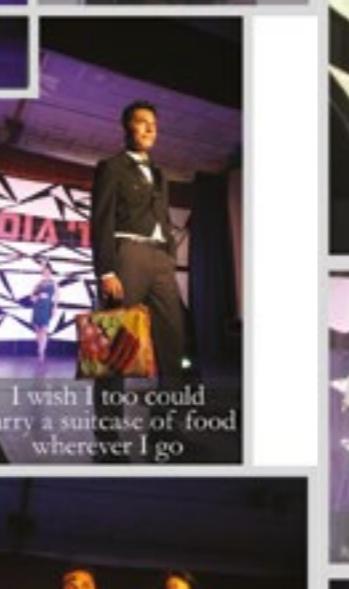
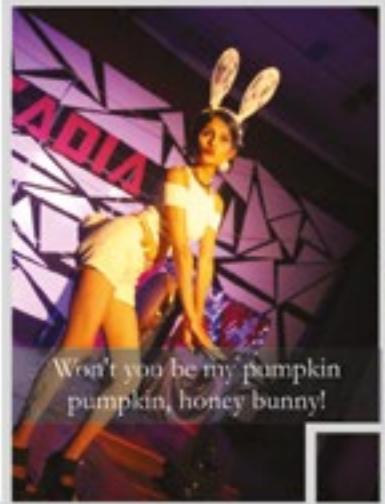
Deborah Dias, Vice-President

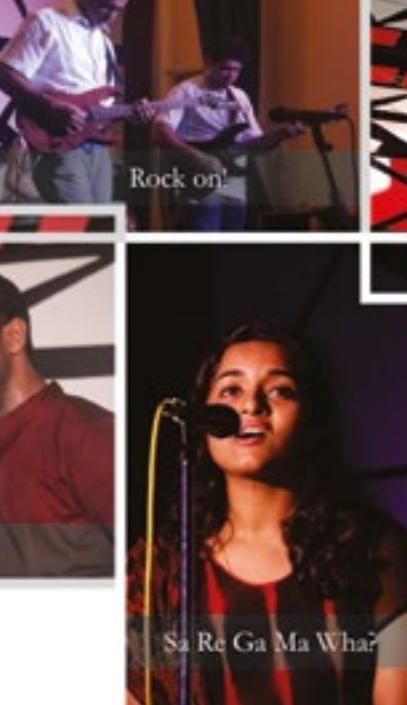
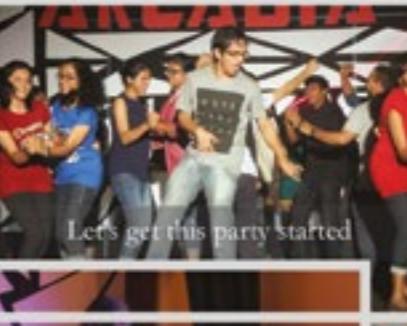
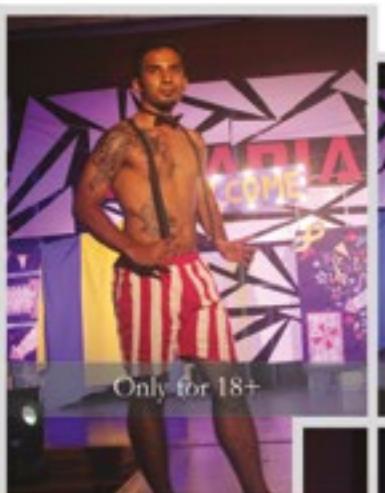
Being general secretary was a great learning experience, and an eye opener into the business world! Great exposure and just the push I needed to do the things I have always wanted to do!

Tanvi Pinto, General Secretary









MMUN

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.





Cricket
Men
 2014 winners
 AHS Runner-up
Women
 2014 winners
 2015 Runner-up

Football
Men
 AHS winners
 2014 Runner-up

Chess
 2013 winners
 2016 Runner-up

Volleyball
Men
 2016 winners
 2012 Runner-up
Women
 2013 winners
 2014 Runner-up

Throwball
Women
 AHS winners
 2015 Runner-up

Basketball
Men
 2011 winners
 PG & Staff Runner-up
Women
 AHS winners
 2012 Runner-up

Table tennis
Men
 2013 winners
 2014 Runner-up
Women
 2014 winners
 2015 Runner-up

Carrom
Men
 2014 winners
 2015 Runner-up
Women
 2015 winners
 AHS Runner-up

Badminton
Men
 AHS winners
 2013 Runner-up
Women
 2013 winners
 2016 Runner-up

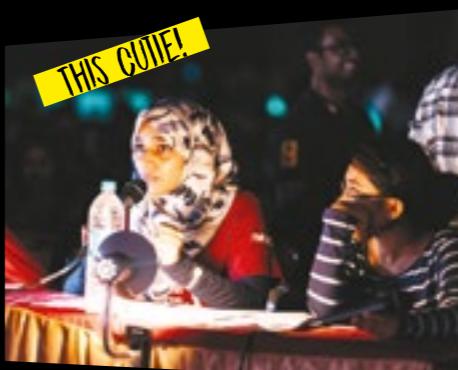
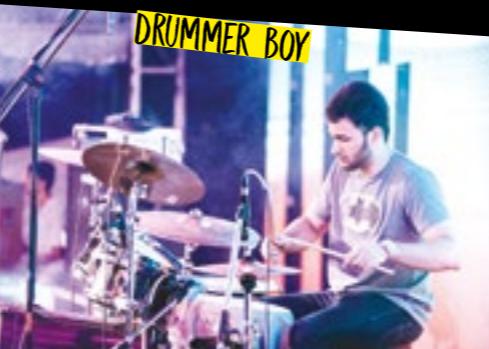
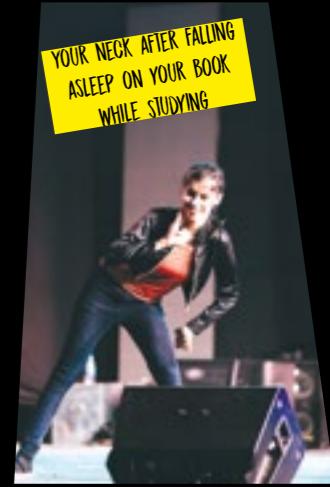
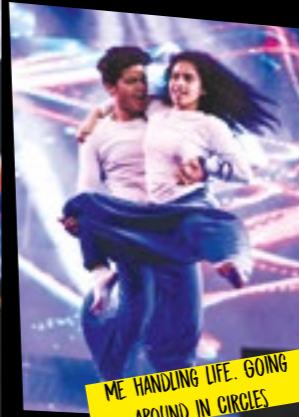
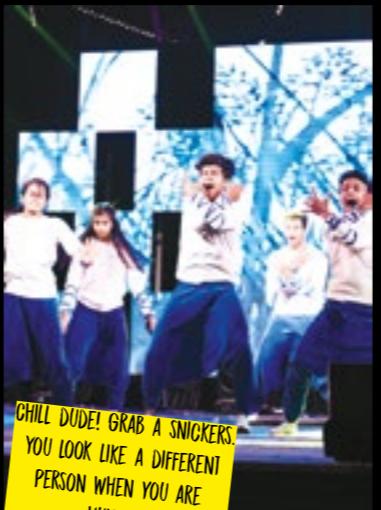




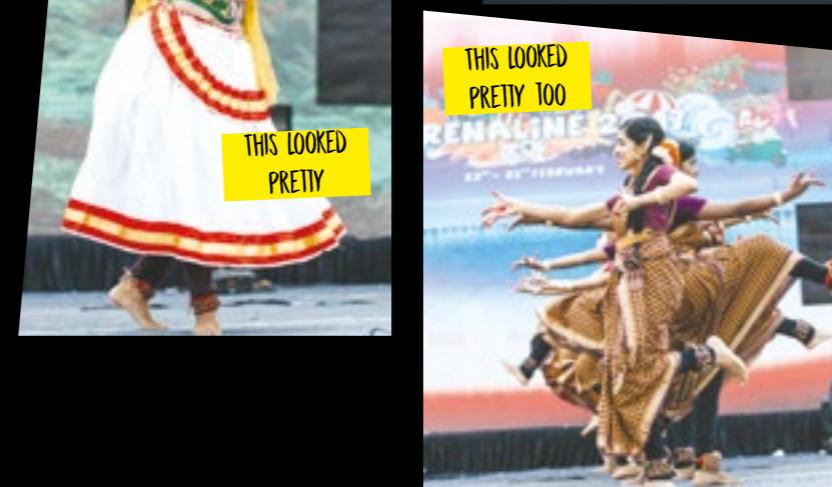
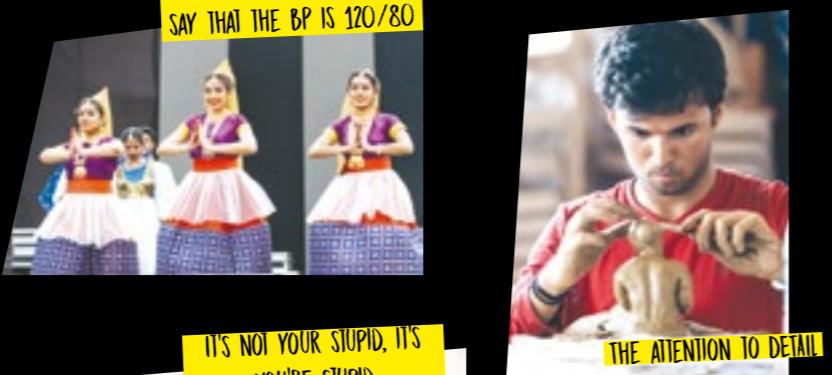
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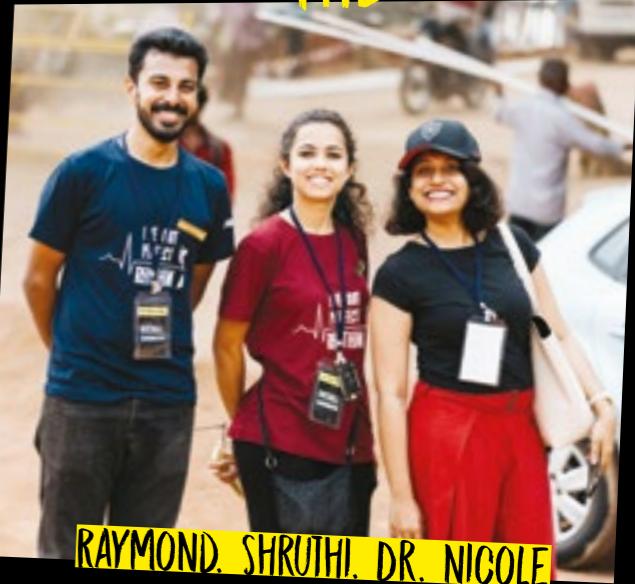
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DAY 3



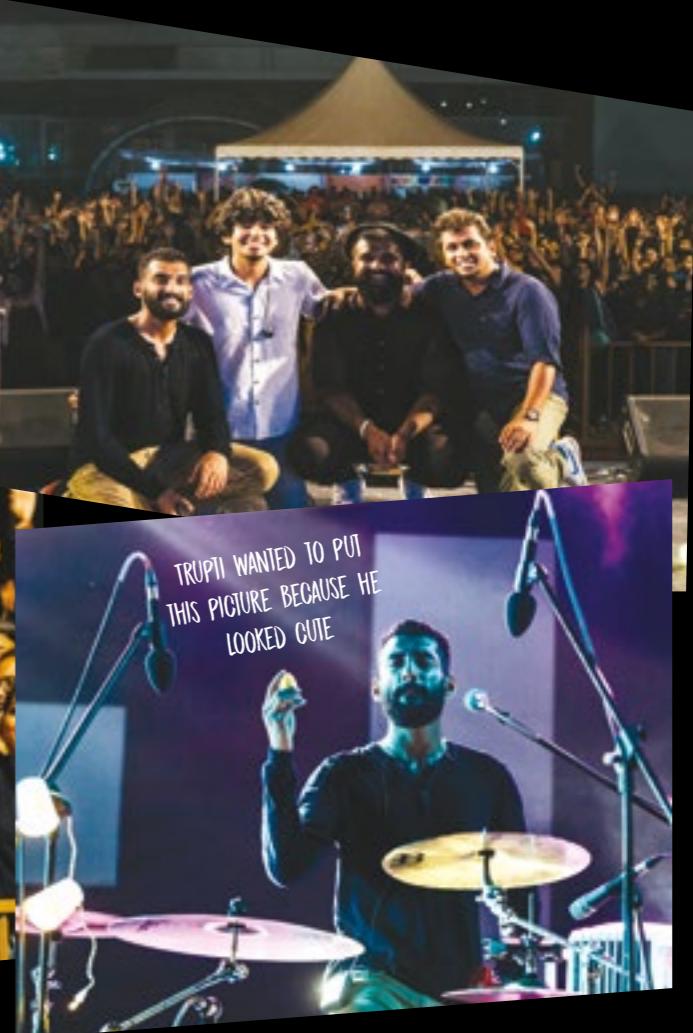
DAY 4



THE CORE



WHEN CHAI MET TOAST!

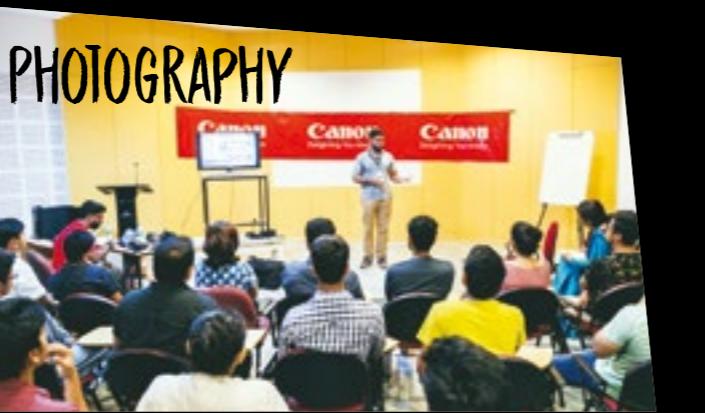


DI NIGHT



MAC ATTACK

WORKSHOPS



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.

Were you surprised by the outcome?

The outcome was overwhelming. We collected a total of 11.95 lakhs, with an expenditure of 2.05 lakhs. But most importantly with the FMMC Cansurvive balloon flying high amidst a sea of purple ribbons throughout the

campus, and having everyone pitch in to sell the raffle tickets, we were able to generate sufficient funds and create an extraordinary atmosphere curtailing to a wonderful cause.

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?

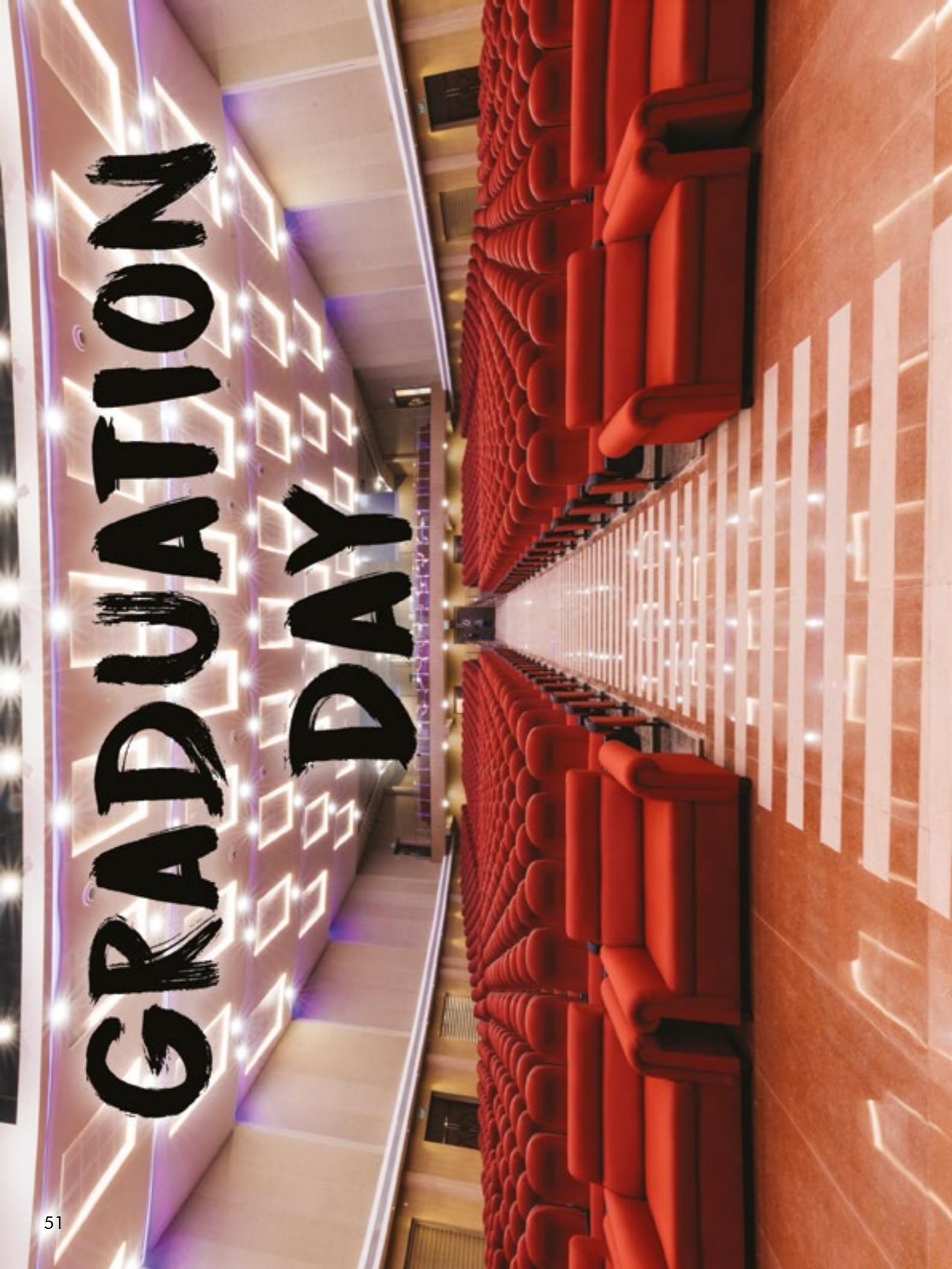
Yes, the plan is to hold it as an annual event. Our hope is that FMMC Cansurvive one day becomes a National campaign that is able to draw people from all walks of life, towards a similar cause.

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. **Wanmancy, 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!

Dr Rohith Pinto
Dept. of Medicine





'SUCCESS IS WHERE PREPARATION AND OPPURTUNITY 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 organising the first installation of Adrenalin was a huge learning curve. Origins of the snake bite fund and the Cansurive 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 pampers 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.

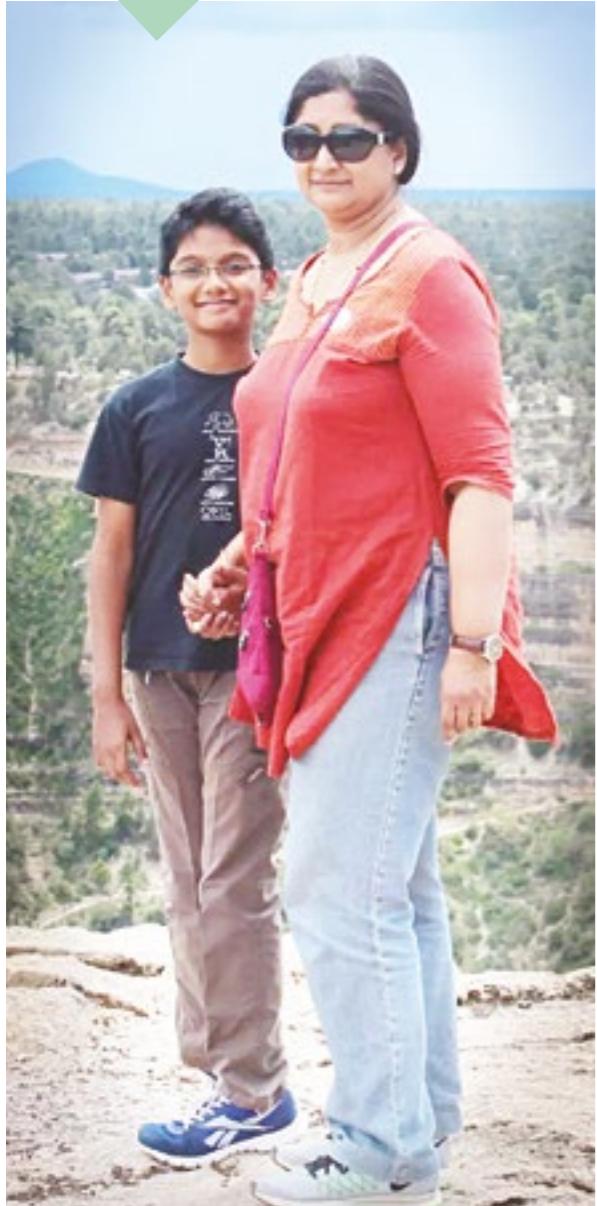
Mr. Jude, BPT



Dr Smitha Bhat

Dept. of General Medicine

Hometown: Bangalore but I consider myself a Mangalorean as I've lived here for so long.



“Imagine the punishment of having to wear a saree every day for the first one and a half years of medicine.”

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 on 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 out 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!



Adorable!

Message to students

Whatever you do, do it with passion.

Rapid fire round

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

Favourite vacation spot: A close competition between Iceland and Australia

One thing that annoys you the most: Dishonesty. If you do something slightly crooked, you should have the guts to own up to it.

HEALTHY CHOCOLATE PANCAKES!



CRUMBS

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
- Not an ice tray*

*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 fluffffy!
- 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!

Chinmai Uppuluri
Batch 2013



CRUMBS

Mayonnaise

Salt

Chutney

Bread

Eggs

Pepper

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.

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.

**Dr Prathvi Shetty,
Dept. of General Surgery**

**just
Five
Minutes
to prepare!**

A photograph of a man wearing a white chef's toque and a light blue polo shirt. He is holding a silver spoon in his right hand and a silver fork in his left hand. Behind him are various ingredients for a sandwich: a jar of Coriander Mint Chutney, a wooden spoon with mayonnaise, a slice of bread, a yellow salt shaker, a yellow pepper shaker, two white eggs, and a yellow deviled egg.



Photography: Jeco Jacob



Cakes and Pastries

Pandal (Brilliant sponge cake and Chocolate cakes)

Craves (Blueberry baked cheesecake, Red Velvet cake)

Mariam's Bakery

Pupkin's Kitchen (Get you birthday cakes here!)
Sweet Life (Comparatively less expensive)

Lunch

Shetty's Lunch Home (For days that you have to be cost effective)

Palkhi (Their butter kulchas are to die for)

Giri Manja

Machali (If you wanna save money! Also, their prawn dishes are brilliant)

Madhuvan Village

Dinner

Tai Chien (Get the Fried Ice cream, Kung Pao Paneer)

Aroma

Mumbai Durbar (Aesthetically pleasing)

Burger Lounge (New and also, pretty cost effective)

The Chocolate Room (The Fondues!)

Brick house

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

Snacks

Snacks

Snackies (They deliver too!)

Janata Deluxe

Juice Junction (Oreo milkshake, bread pakoda)

Taj Mahal (Goli Bajjis/Baje – Depends on where you come from)

Bombay Badshah

Order

Deurali (Good noodles at good prices)

Rinku's Punjabi Dhaba (Their paneer chilly is the best!)

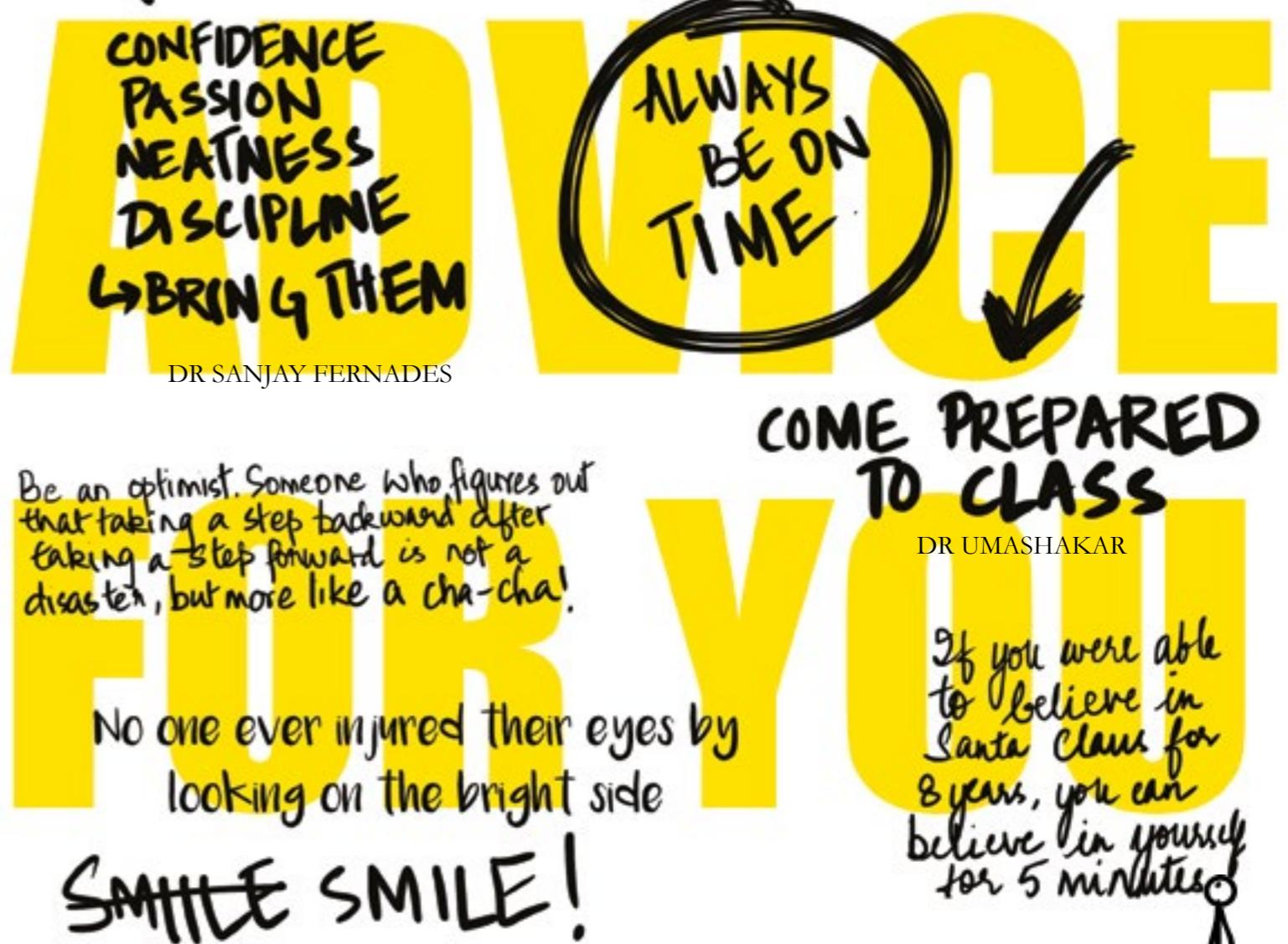
Parika (They have brilliant biryanis, its pocket friendly, but you have to order 2hrs in advance.)

They are pretty slow.)

Eden Caterers

The Hungry Owl

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



HARRY POTTER and a change of scenery

10 points to Luminaries, out of pity for their struggles and 20 off from Luminaries in accordance to their low attendance!
Accio potheads. Oops! Potterheads. Mullers as Hogwarts! Oh blimey and a pot of cheese, you didn't see this one coming, did you?
So apparate yourself there or grab a portkey if you can't stomach the ride

ADMINISTRATION AND STAFF

Walking into campus
feeling excited,
intimidated, and
magical

There's an absolutely
essential tool that you
cannot live without. For
wizards, it's a wand.
For muggles, it's a
laptop.

We have a pretty cool (at times intimidating, but mostly magnificent) board of administrators and staff. At your stay at Muller's, you'll have at least one awesome professor, a teacher who tries way too hard, a teacher who honestly wants to help you succeed and a teacher who scares the sh—living daylights out of you.

They always manage to stupefy us in a viva, but secretly look out for us like Snape did for Harry. After all these years? Always.

Overall, they are wonderful beings who remember drug names as if it were their own kid's name. It must have something to do with magic.



NEWT- NEET

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.



There's that one
obnoxious kid you just
want to punch. Who's
your Draco?

HOUSE CUP- CULTURALS

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.



POTIONS CLASS- PHARMACOLOGY

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.



Figuring out
the mind of
the opposite
sex is still a
mystery!



BUTTER BEER- FRESH & HONEST COFFEE

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 school song is
borderline tacky
"Hogwarts,
Hogwarts, hoggy
warty Hogwarts,
teach us something
please..."
'Cough'...not ours
though... 'Cough'

DEFENCE AGAINST THE DARK ARTS- LABOUR POSTING

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 .

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

TRIWIZARD TOURNAMENT- ADRENALINE!

Though the colleges invited are about thirty-odd times more than that in the books, it is about thirty times the fun too! The visiting teams won't be riding on a carriage pulled by Abraxan horses like Beauxbatons did, or rise from the depths of sea like the students of Drumstrang and we can assure you that none of our women are built like Madame Maxime was. Nevertheless, what awaits the winners of Adrenaline is nothing short of "eternal glory" and if nothing else, maybe we'll all develop a taste for 'bouillabaisse'.



MUGGLE STUDIES- COMMUNITY MEDICINE

No other stream is as intrigued by a muggle's way of life, than community medicine is. Is this your house? Do you have a well? A television? Mobile phones? What's the size of your dustbin? How does your chimney work?

CHAMBER OF SECRETS- THE WATER SHORTAGE HOLIDAYS

The water pipes seemed to be clogged. Half the college was sent back. . The only difference remains in the fact that there was an actual Basilisk in their pipes while we had nothing. Literally, nothing. The chamber of secrets has been opened, enemies of the heir beware. So if you find Tom Riddle's diary lying round in the girls bathroom, leave it be.



Graduation seems a lifetime away. Truth is, it'll get here before you know it. College feels like it goes by faster than reading a Harry Potter book.

OTHERS

Physiotherapy- Care of Magical Creatures
Unwaxed girls during exams- Hairy Potter
The Not So Great Halls- Mess Hall
Hogsmeade- Snackies
Quibbler- Magazine
Library Security Guard- Mr. Filch All that's missing is a cat

THE MULLER DICTIONARY

Do you ever find yourself at a loss of words to describe certain things or circumstances that you face in Mullers? 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.
- **Baing-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.
- **Uselessing:** 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.
- **Kapow-wow:** When the most entertaining part of the Cultural is the verbal fights.
- **Nonaming:** Not knowing which textbooks to buy, solely because you do not know the name of the author.
- **Paperjam:** Being stuck doing paperwork all day during internship.
- **Forgiven:** Words used to describe the delay in the release of the magazine, which the low-key editor decides to include as a part of a section in the magazine.
- **Tubbying:** Walking 2km from the hostel to reach class every day, but surprisingly gaining weight in the process.
- **Bless-cuit:** Feeling blessed for being able to at least have a biscuit for breakfast.
- **Blood-yay:** Sense of accomplishment after pricking yourself with a lancet.
- **Blood-nay:** Sense of embarrassment after fainting from pricking yourself with a lancet.
- **Catastrospeak:** 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.
- **BANGGGGG!**: Falling asleep in the library and waking up with a startle, as the librarian bangs on the table.
- **Say-wha?:** 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.
- **Hiihihi:** 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.

the first day

On my first day, I was nervous as hell but still somehow ready to save lives by the second. I enthusiastically stuffed my apron with all the things I thought I'd need for internship, vis-a-vis my steth and even an entire CNS kit!

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 needed or called out to the intern for help.

But as I kept my hopes up, I heard a magical word fill the air, somebody yelled out for the intern; it was fulfilling to think I was needed, so I sprinted to the sound.

Ready to do real work for the first time, I eagerly answered the call. However, all that excitement came crashing down when I was handed a form to fill. Even worse yet, I had forgotten to carry a pen amongst all the other 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

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 stethoscope, wondering if there was a single thing I had learned in the past four and a half years that I could put into practice in the wards. I soon realized there wasn't! I vaguely remember phrases such as, "You need to learn to use the Backbone", "Type this discharge summary", "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 hopeless. These past few months of internship have been a steep learning curve and the experience has been absolutely thrilling, one I wouldn't give up for any other.

Dr. Bernadette
Batch 2012

the first suture

The first time I sutured was during my casualty postings, and the unfortunate patient happened to be a screaming six year old boy with a chin 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 wailing child. That's when the P.G gave me this brilliant advice- scream louder than the kid! Our combined screaming drowned out the child's cries. He was so astonished that he went mute, and I was able to suture in peace! However, I'll never forget the mixed looks of anger and disgust the kid shot at me once the suturing was done!

Dr. Sharon Antony
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 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 striking 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, though a gynaecologist, was skilled enough to manage everything on his own, the daily outpatient load of 150-200, serving as a proof. In my 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 resources and to know when to seek help. By the end of the posting, I was more confident as a doctor.

Dr. Sahana
Batch 2012

the first time

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 this situation. The defiant little head stuck out and with all the strength 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, the liquor quite splashed on our clothes, hair and arms that lay bare. The baby rang out a huge wail that gave me a sigh of relief and a big smile on the new mum. Phew! I'd have hated rewriting the pre-written normal delivery notes.

The stickiness of liquor sent me itching to wash it down but I had to stay put with my unsterile getup and was entrusted to suture the final layer (the skin) of the episiotomy.

A roller coaster of emotions followed as the mother kissed her little one.

It made me wonder, how on earth could an entire human being be formed, 2 cells and 9 months later?

Dr. Amanda Lobo
Batch 2012

the first smile

As an undergraduate student, witnessing labour would often come to an end with 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 the sight that came after. I was clueless as to what to do, despite having already heard from the previous interns.

"Bikki amma! Bikki!"
The patient was screaming.
The nurse was screaming.
The PG was screaming.
And I was screaming (internally).

It was a tedious task requiring more strength than I had imagined, but amidst all the chaos, I was able to witness the beauty of creation, bringing the widest smile I have ever seen on a person, who was in astounding pain not more than a few seconds ago.

Dr. Sweena
Batch 2012

the first cpr

It was my first day of Medicine postings and it was post duty (the day following OPD duty). I was new and had never performed a CPR before. It was around 6 a.m. I was updating the investigation reports of my patients, when suddenly the room turned into a box of chaos. I could hear people shouting "Doctor! Doctor!" It took me a while to realise that they were calling me. Turned out, I was the only doctor there. I immediately attended to the patient. He was unresponsive and his pulse was not palpable. I instantly initiated CPR and activated Code Blue, following which the senior PGs and staff responded and took over.

I was thrilled and felt like a hero now that I performed a CPR, a successful one at that. But the feeling didn't last long, the patient expired the same evening. The patient had to be intubated and was later provided with artificial ventilation through bag and mask, which the bystanders handled. Despite continuous monitoring

and care, the patient did not make it. It left a heavy impression on my mind. The events of that day left me with mixed emotions. On one hand, I was happy that I tried. Happy that I identified the situation, that I performed CPR immediately. Happy that the patient was breathing again, to feel his heart beating again. I was glad with the thought of knowing that I had given it my all, but the demise of the patient had certainly left an impact.

Dr. Jason D'Souza
Batch 2012

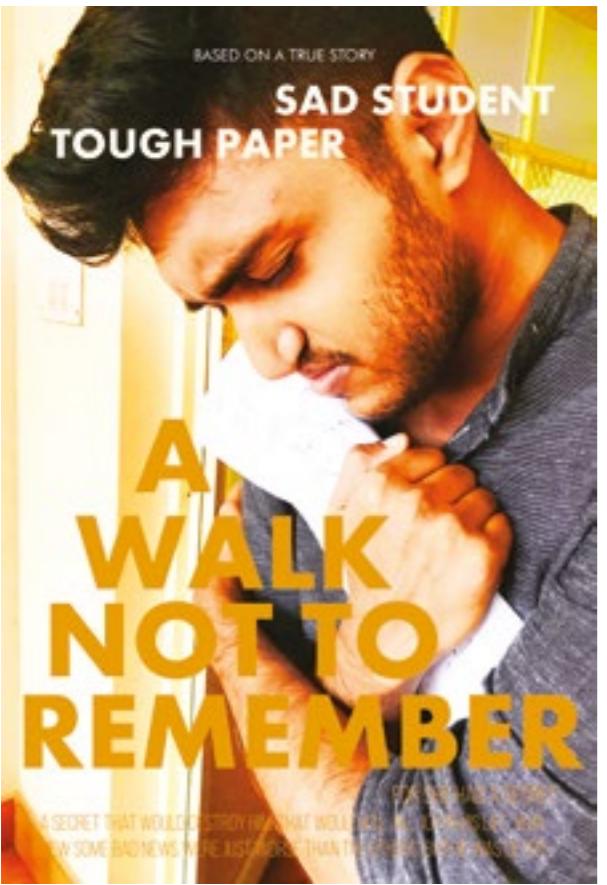
the first catheterization

The first time that I catheterized a patient was in the Father Mullers casualty. Although we had been trained about the textbook way of urinary catheterization in the simulation centre, I still felt quite apprehensive about whether the catheter would go in at all, or worse, if I would cause some kind of urethral rupture or urinary tract infection.

To make matters worse for me, my target/victim was a patient of alcohol dependent syndrome who was agitated and refused to sit still. The last thing he wanted was a tube through his private parts. After much sedation, I approached the patient with trembling hands. 10-15 minutes later, things slipping out of my hand and a ton of lignocaine jelly, the catheter was in, or at least I believe it was.

It was a memorable experience, and though it may not have gone as smoothly as expected (pun intended), it most definitely was a part of my learning curve.

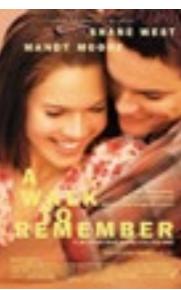
Dr. Raveen
Batch 2012



A WALK NOT TO RE-MEMBER

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 Edweirdo do?



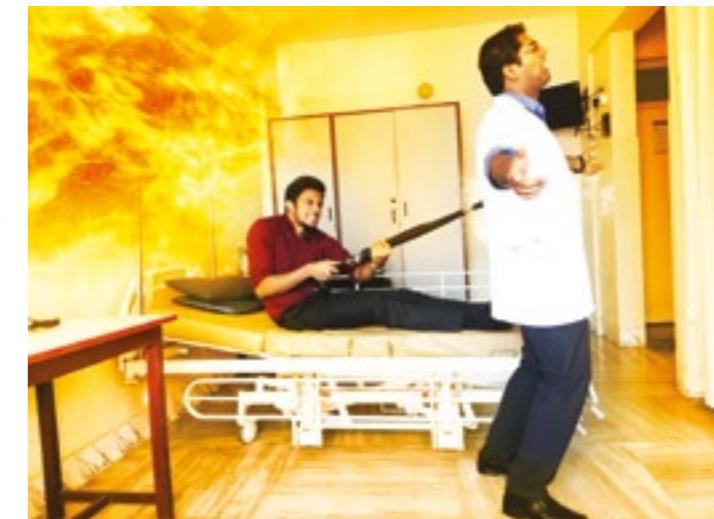
GRAB YOUR POPCORN



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?

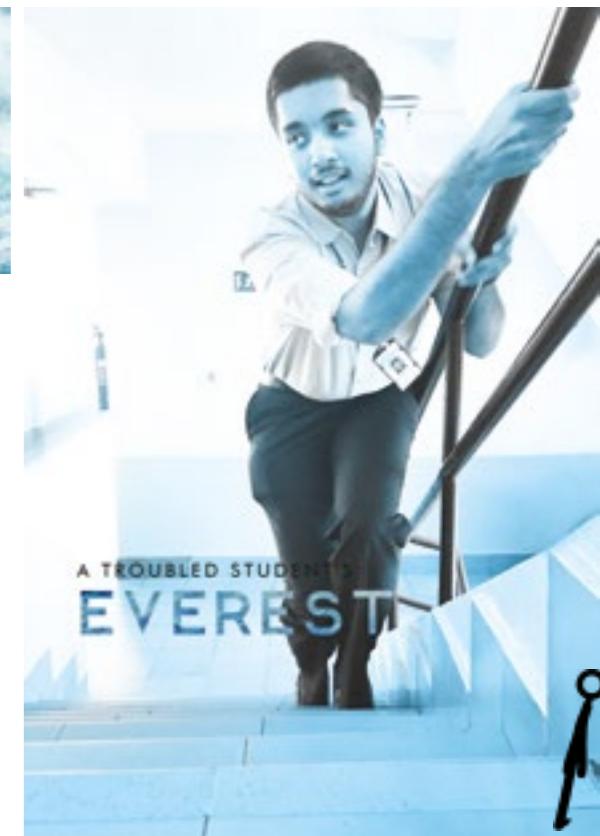


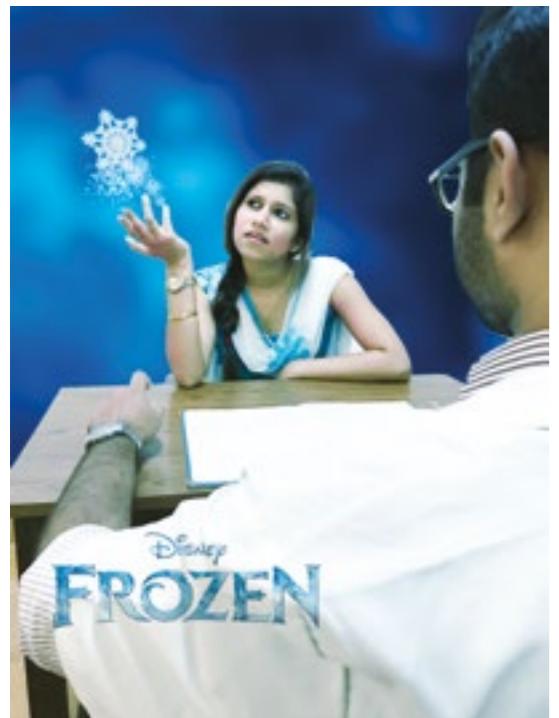
EVEREST

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 laid 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.



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.



SUITS

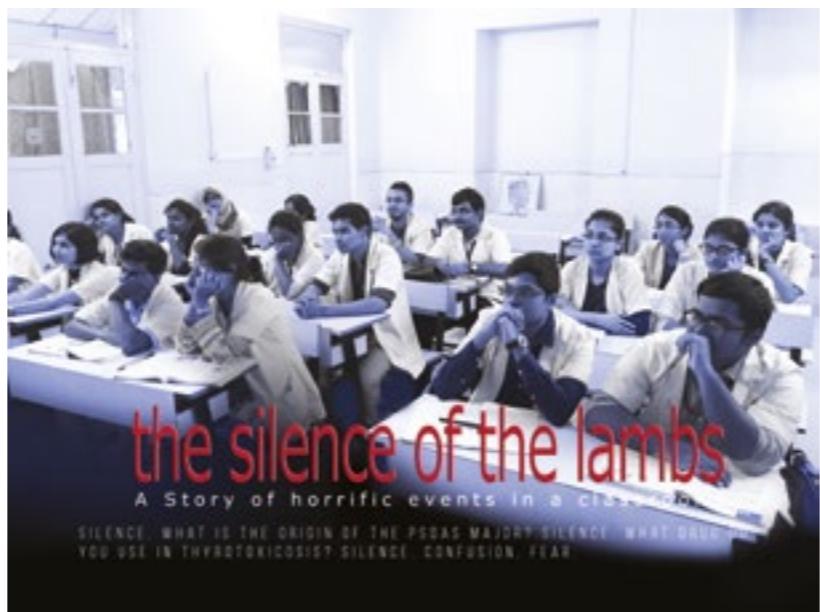
Dress up. Talk smart. Catch the new season of SUITS, only on Channel MUN.



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 Can-nibal. What happens when the one asking questions becomes the one being asked? Silence.

What is the origin of the psoas major? Silence. What drug do you use in thyrotoxicosis? Silence. Confusion. Fear. Running in theatres all year.



FRIENDS

An age old favourite tele 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.

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 150 students per episode in FMMC.



THANK YOU NOTES

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 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 cheese you put when we ask for it!

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

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

Thank you Mangalore rains, for making such nice Instagram posts!

Thank you Ideals for simply existing. Eating ice-cream while crying makes things just a tad bit better.

Thank you to all the teachers who always come back to teach our dead pan, noncommittal faces. Must be hard to teach a big group of Kristen Stewarts. Still, a better love story than twilight.

Thank you, to answer sheets that easily absorb our tears. You serve as an economic alternative to tissues. You are a hero to the environment.

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 hostellites 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 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 nit-pick 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 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.





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-meeny 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.

As to when one should 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-graduation 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,

AIIMS, 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 test and interview.

We recommend that you take a look at the list of courses available in India, according to MCI. Don't miss out on the unconventional ones such as Genetics, Aerospace Medicine, Immuno-hematology, Rheumatology, etc. Keep tabs. Keep updated.



DNB (DIPLOMA OF NATIONAL BOARD) COURSES:

DNB is a postgraduate course offered by the National board of Examinations, and it is also recognised by the MCI. The duration varies according to the course you select. For example, most courses require a 3 year duration, but you may also avail direct 6 year courses like neurosurgery, cardiothoracic surgery. One should be careful about the college they choose. 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 200 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 short service 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.

POSTGRADUATION ABROAD

USMLE (USA): 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.

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 IIM's, 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), CIMAP, 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.

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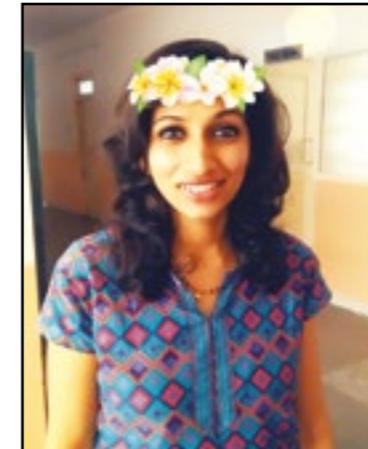
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♡ Dr. Amita
#deptofpaediatrics



♡ Dr. Chandrakha
#deptofpharmacology



♡ Dr. Francis Rodrigues
#deptofophthalmology



♡ Dr. Hilda and Dr. Charu
#deptofpathology



♡ Dr. Sowmya Bhat
#deptofcommunitymedicine



♡ Dr. Smitha Bhat
#deptofmedicine



♡ Dr. Pallavi
#deptofanatomy



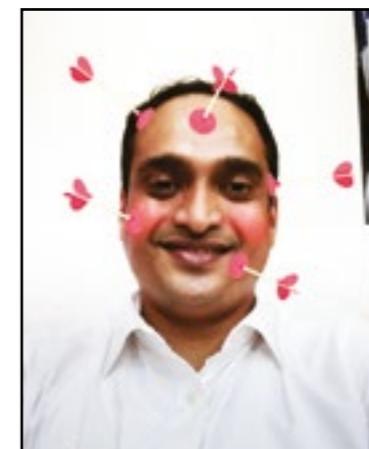
♡ Dr. Hitesh
#deptofmedicine



♡ Mrs Ida
#theironlady



♡ Dr. Pauline
#deptofphysiology



♡ Dr. Kuldeep
#deptofotorhinolaryngology



♡ Dr. Kavina
#deptofmedicine



Level I: The Neonate- The First year student

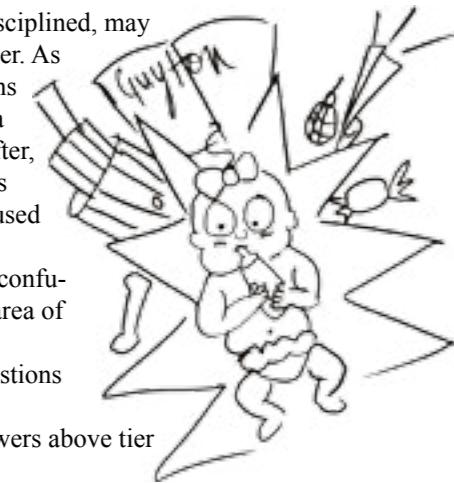
A baby monster, designed to create havoc within limitations. Can be easily disciplined, may run away in the face of danger. As the creature matures, it attains enough mana and develops a few psychic abilities. Hereafter, creature displays tremendous skills in 'trance', often confused with aimless walking.

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. Eas-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.



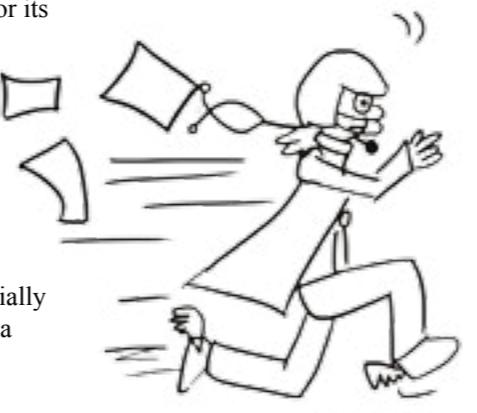
Evolve or dissolve. Are you more of a monkey than a human? The answer is: You are both and since you are a medical student, you may also throw in traits such as the annoying parrot, the hunger of a bear and the soul of a sloth. You my friend, are a mixture of all. We present to you the stages of a medico. *These do not represent any batch, but a stage that every batch goes through.

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 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.

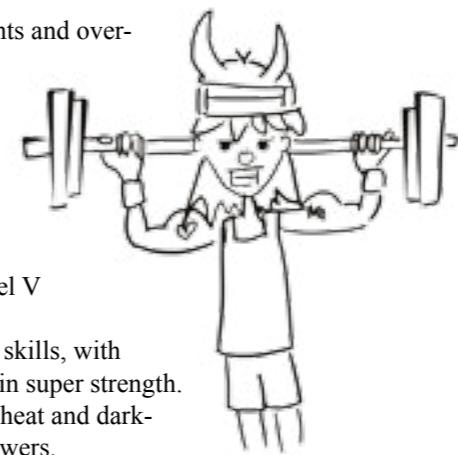


Level VI: The Underling- The Post-graduate

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.



evolution of a medico

Mayday! Mayday! The ship is sinking!

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

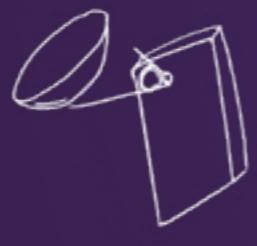
WHEN LIFE GIVES YOU LEMONS

Throw it back harder!

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!

It sounds counter intuitive, but the best thing to do if you've lost a contact is to turn out all the lights. Yes, really! Then grab a flashlight (or use your phone again) to shine the light over the area where you lost the contact. Continue in a slow sweep until you see a glint—there's that darned thing! The contact will reflect back the light, unlike everything else around it.



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



What time do you usually wake up during weekends?

1. Before 7am
2. 7-9am
3. 9-12am
4. After 12am

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 every day

You've made some noodles but just realised all your crockery is dirty, 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

If a lightbulb 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. Ew!
2. Once a few weeks
3. Maybe a couple of months
4. I sometimes leave the bed sheets on until they are slightly grey in the middle and smell of bodies.

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
4. No, and I would never trust myself to

If you had a kid tomorrow, how well do you think you would be able to deal with it?

1. I 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. Akid? 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?"

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.



46-60:

You're a full-on, proper, 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 organises 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.

31-45:

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 are 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.

16-30:

You do an OK impression at faking being an adult to the outside world, but really you have no clue what you're doing most of the time, just muddling along hoping that everything works out for the best. You probably still sometimes find yourself thinking that you need an adult to help you, before realising that you're supposed to be one yourself, and what you really mean is a proper 'adulty' adult, like your parents. The thing is, everyone is secretly faking it, some are just better at faking than others.

01-15:

You're not really an adult, 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 this 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?

ADULTING

101

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.

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.

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

Some criticized the ALS Ice Bucket Challenge craze as just another social media fad, but researchers announced this year that money raised from the campaign helped fund the discovery of a new gene linked to the disease.



4. New game 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

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 customized 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

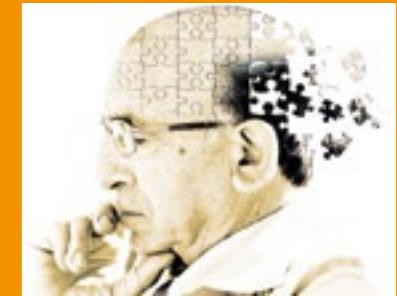
In the future, it's possible we could do a simple breath test to determine a lung cancer diagnosis. Scientists at the Max Planck Institute for Heart and Lung Research in Bad Nauheim were able to correctly diagnose lung cancer through the presence of traces of RNA molecules altered by cancer growth in 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 of 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.



STUDY CORNER

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



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 realised 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

BWAHA HAHAHA!

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!

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)

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"

Gross specimen of a liver, student identifies it as lung.

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

X ray showing a ring on a finger

Sanjay Sir: What is that?
Student: Sesamoid bone.

Q: What is the cervical fascia?

A: Fascia of the cervix.

A student once explained a uterus in the most beautiful manner, in a male pelvis section during gross dissection.

Zero marks for authenticity but a 100 for creativity!

Old mandible as dog's mandible
Hyoid bone as fetal mandible
Pancreas identified as penis
Courtesy of Dr. Prakash Shetty

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 OBG terms, like hysterectomy, caesarean, etc., and in the midst of the answer, he wrote out the entire lyrics of the song "Tujhe dekha to yeh jaana sanam" from DDLJ.

Q: What is pre-eclampsia and eclampsia?



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 masala 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.



GIVE ME
PROPHYLACTIC
ANTIBIOTICS
CAUSE YOUR
SMILE IS
INFECTIOUS

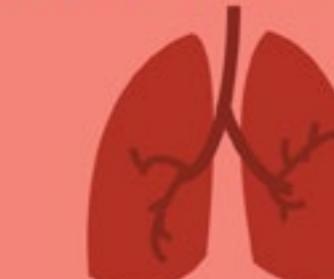


YOU MUST BE APHASIA,



BECAUSE YOU LEFT ME
SPEECHLESS

ARE YOU A PLEURAL EFFUSION?



BECAUSE I CAN'T BREATHE
WHEN YOU ARE AROUND

I THINK YOU ARE
SUFFERING FROM A
LACK OF
VITAMIN ME



I'M MEDULLARY
THYROID AND YOU
ARE A
PHEOCHROMOCYTOMA
WE ARE MEN 2B

YOU MUST BE A
PERIVENTRICULAR CONTRACTION



BECAUSE YOU MAKE MY
HEART SKIP A BEAT



SOCIAL

COUNSELLING BEFORE SURGERY

The patients come to the outpatient department with their complaints. We see them there and consider further management.

Cancer patients and those who require breast removal, colostomy or removal of the colon (to name a few), are especially apprehensive. These patients require counselling. They need to be informed about the necessity of the procedure and made to fully understand what it involves by showing them photographs or even by making them speak to other patients who have undergone similar procedures.

If they are unwilling to undergo the surgery, all other options are presented to them. Malignancies have limited options. For instance, the only alternate in case of treatment of the malignancy of the esophagus is radiation therapy. Once the options are laid out we let the patient decide, never forcing our views onto them.

We make sure the patients are well aware of all the complications, the procedure with its outcome, prognosis of the condition, chances of recurrence and of infections. After this, they are given time to decide. This is key. Don't rush the patient.

Sometimes the patients have a lot going on in their minds when they are told of the need to undergo a surgery. In these situations, the patient's family member's opinions can be taken into consideration.

Consent of the patient is very important, especially with the rise in consumer cases and litigation. Informed consent is taken both in oral and written formats. In cases involving breast removal, colostomy and such, taking the consent of the patient is the top priority, as he has to live with the respective resultant conditions.

Proper documentation from the time of admission, including consent for the procedure, explanation of the complications and advice given on discharge, is a must.

Dr Erel Dias

Dept. of General Surgery

DEALING WITH VIOLENCE IN A PSYCHIATRY PATIENT

The most important thing to keep in mind is 'safety'; that of the patient as well as the treating physician. It's best not to keep a violent patient in a contained environment as this would only aggravate their restlessness. So we immediately shift them from the OPD to a psychiatry casualty, and put them on chemical restraints to sedate and calm them. Meanwhile, the treating doctor must ensure that he himself is in a calm and composed state of mind. Patients that are visibly irritable in front of you have an underlying problem that is bothering them and may be responsible for their irritability. They might have been brought to the OPD without their consent. In such cases, we must validate their concerns which in turn will decrease their irritability.

EXPLAINING THE STATE OF A DISEASE IN A PATIENT WITH A MENTAL ILLNESS

Some patients might be upset about the loss of a loved one, or of something that was very personal to them. We must try our best to console and empathize with them. Explaining insight should be postponed in patients with psychosis or in certain other conditions where the patient is unable to assimilate the condition being explained to them, at least until the medication that is being given to them has produced clinical improvement.

Dr. Supriya Hegde
Dept. of Psychiatry

CONSCIENCE

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

INFORMING A PATIENT ABOUT HIS/her CHRONIC OR LIFE-THREATENING DISEASE

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







Picture Courtesy
of Frana
Batch 2015



Picture Courtesy of
Ancel Eric Crasta
Batch 2014



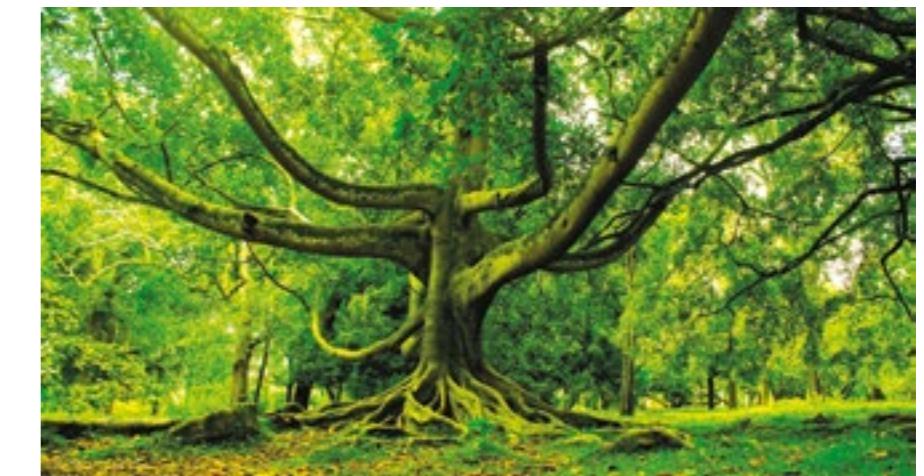
Kids from
Puga, a
nomadic tribe
in Ladakh



Picture Courtesy of
Nikitha Crasta
Batch 2015



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



Wonders of Sri Lanka



Hello from Sri Lanka



Changpa shepherds with
their pashmina goats

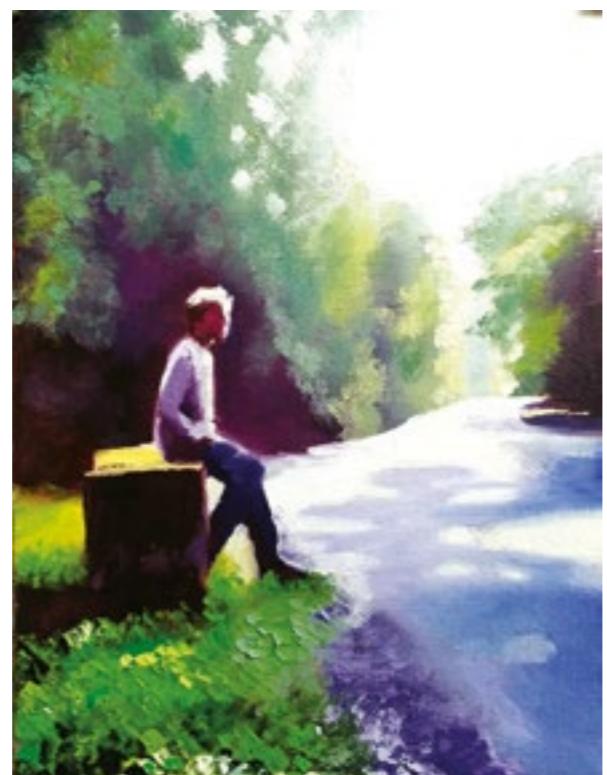
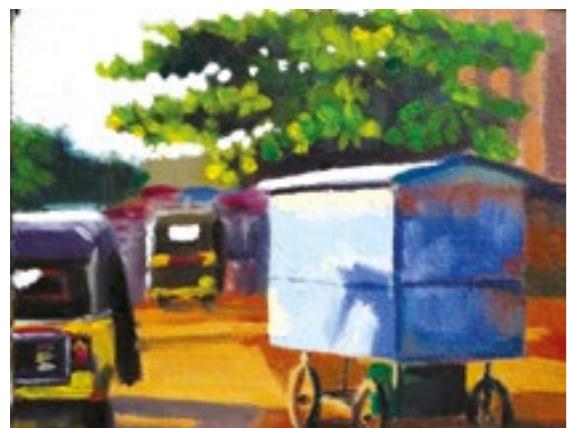


Pictures Courtesy of
Reno Cyriac
Batch 2012

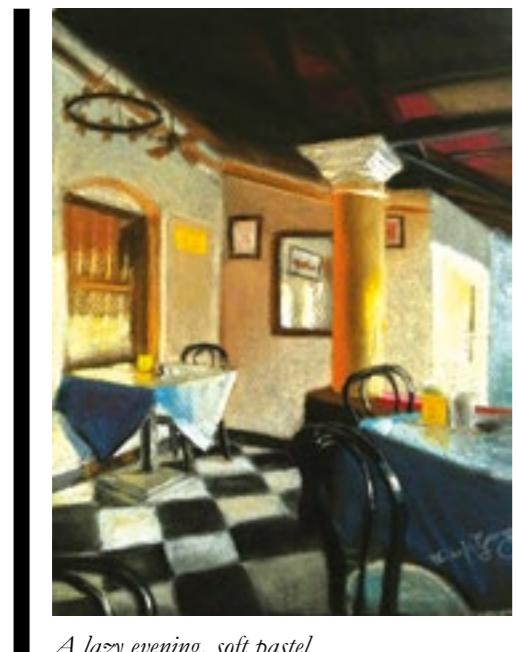
Artwork by
Daron

Batch 2012

The food cart
Oil paint on canvas.



Journey
oil paint on canvas.



A lazy evening, soft pastel

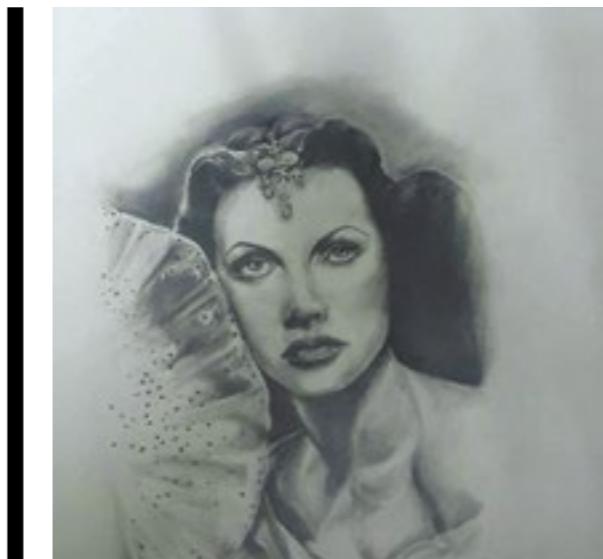


Hope, Acrylic on canvas



Artwork by
Dr Ramya
Dept. of Anatomy

Artwork by
Madhu Malar
Batch 2012



Artwork by
Dr. Vineetha Malayil
Dept. of ENT

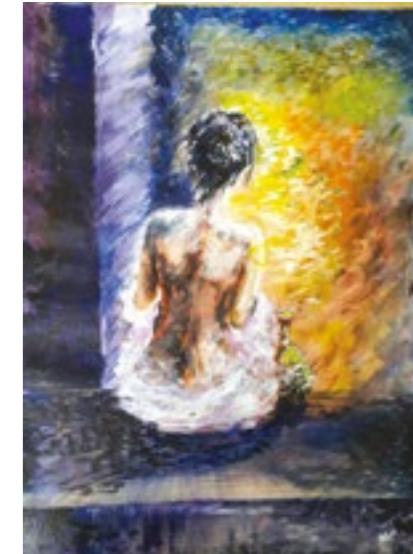
Madikeri, Oil on canvas board



Dark, deep and high. Acrylics



The Wait. Acrylic on
textured paper



Artwork by
Sherine Thomas
Batch 2014



Artwork by
Nikhitha
Batch 2014



Serendipity-ish

Cheers to finding things unexpectedly

umbrellas

Deccan Umbrella Mart, City Market, offers a wide variety of umbrella in different shapes, colours and sizes.

Delve into the depths of Hampankatta after Lakshmi 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 we 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.

DRIVING CLASS

Get your Aadhar, PAN Card and Driver's Liscence. 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.

Cheap Shoes

slippers

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.

TAILOR

Tailoring your clothes makes all the difference. It makes you look smart, intelligent and more like a human figure and less like a potato.

Amigos: Opposite Kadri Petrol Bunk
Cloth Point: A few stores after Delta Eye Care.
Stitch for you: Shalimar Complex Basement

BIRTHDAY GIFTS

Get quirky tees at www.souledstore.in, www.redwolf.in.

Check out propshop24.com and bigsmall.in. I'm sure you won't be disappointed.

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.

Moti 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 Club: Jeppu
City Corporation Swimming Pool and Club: Lalbagh

GYM

Walk in strong, walk out stronger.
Zeuse Fitness Club- MG Road
Gold's gym- Karangalpady
Ground Sport Fitness- Bejai
Kapikkad Road
Body Basics Gym- Kadri

thumkas

Ninte Jimikki Kammal
Fiesta- Kankanady. This place offers a wide variety of collection which is restocked regularly
Dream Girl- City Centre

CLOTH

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

BARBER

OR HAIRSTYLIST IN FANCIER TERMS
Fringge Unisex Salon- Kadri Toll Gate
Bliss- Ask for Pradeep. He seems to win the popularity vote (Not sponsored, we wish it were though. If his business booms, please tell him to thank us!)

For the gentlemen of Mullers,
Kumar Salons- Near boys hostel. If you didn't know, now you know. Your life is different now.
Mamatha- Near Icy Creams. Ask for the 'Hindi' guy. (This magazine does not promote racism, some boys- you know who you are- just don't know his name)

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.

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

Zumba

Give your calories one last dance. Try Zumba, because laughing while working out burns more calories
Zumba Fitness- Kadri
Mangalore Excellent Dance Academy- Bendoor



Transcendence

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. Prasanth 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 dessert.

THE BEST WAY TO A
MAN'S HEART IS
THROUGH THE 5TH
INTERSCOSTAL SPACE,
ALONG THE
MIDCLAVICULAR LINE



Dr SHREEDHAR A

Dept. of Paediatrics
Place: Kundapura

Family: I live with my parents, wife and two beautiful children.
My son is in the IX grade and my daughter is in the V grade.



During his Internship

“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 reluctant 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.
Visit Australia.



with family



Message to students

At every stage of life, we're assigned a duty.

It is our job to see to it that it is done and that we excel in what we do.

So now as students, excel in your studies. Put in the long hours and work your way to the top!

Rapid fire round

If you could eat something now, what would it be? In my opinion, home cooked meals are the best. If I have to pick one particular item, I would say curd rice. When I go to a restaurant, I usually end my meals with a plate of curd rice.

Book to read: Sidney Sheldon novels. I'm always tempted to just sit back with a good novel of his.

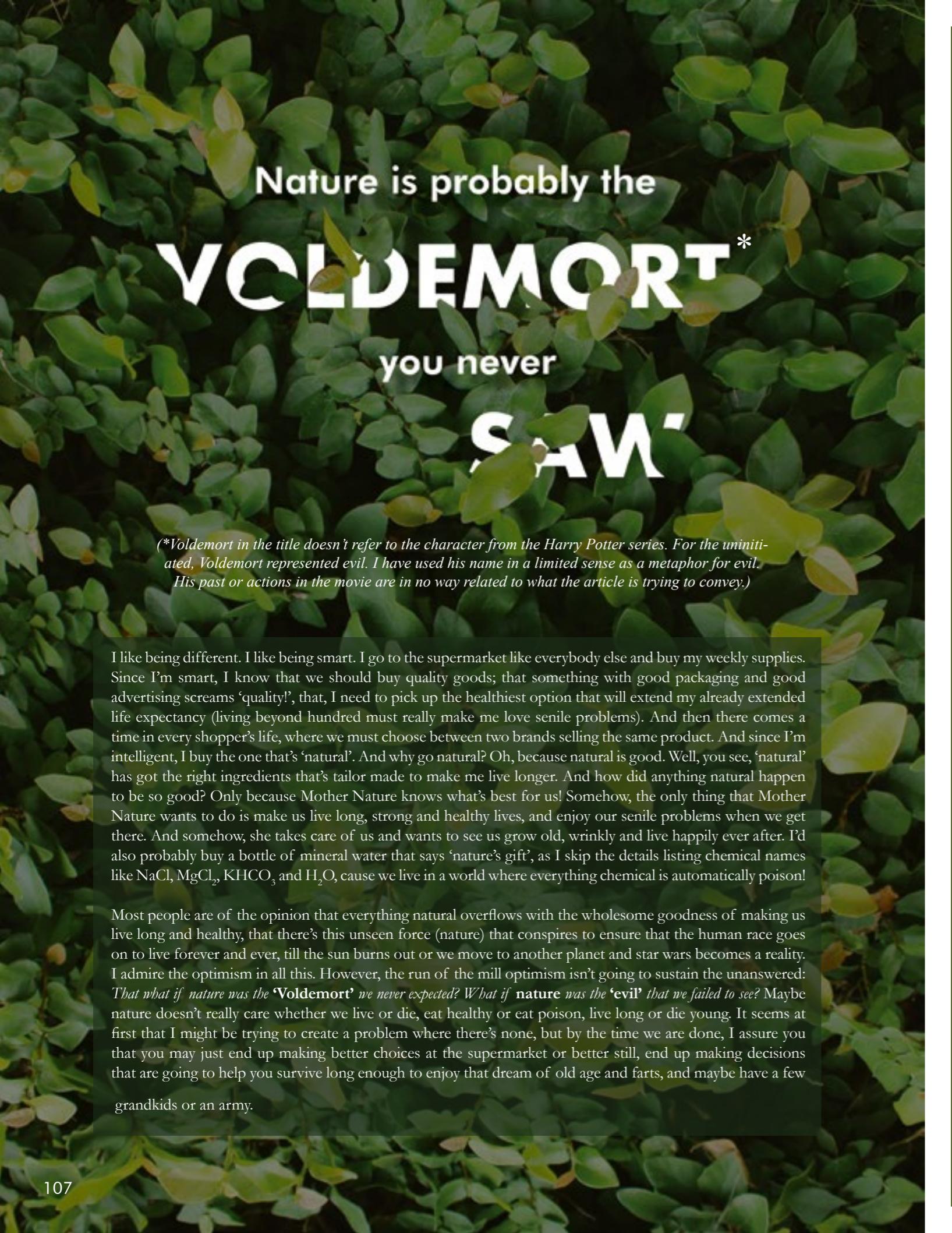
Favourite movie: It's probably the ones I've seen during my college days. Just any movie that's good in all aspects. Not just the acting, but also the direction, the music, the visual effects and so on. For example, Bahubali! I thoroughly enjoyed that one.

Your role model: I think it would be best to say that I have had a different role model in different stages of my life. My biology teacher in my 12th standard was one among them. Mr. Sudhakar Rao, you might have read his books. I met him two weeks ago and I was so happy that I even took a selfie with him, which isn't something that I usually do!

A place you want to visit: Like I said, I'd like to visit Australia. I would like to visit Europe too. Explore it to the fullest. It holds many beautiful wonders.

One thing that annoys you the most: I am quite systematic and when others don't follow a system, it tends to annoy me a little.

(I must also mention here that Sir's cabin, just like his presentations, is extremely organised and without even as much as a speck of dust! Sir, I hope you never have to see our hostel rooms, it might just give you an MI.)



Nature is probably the VOLDEMORT* you never SAW

(*Voldemort in the title doesn't refer to the character from the Harry Potter series. For the uninitiated, Voldemort represented evil. I have used his name in a limited sense as a metaphor for evil. His past or actions in the movie are in no way related to what the article is trying to convey.)

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 make us live long, strong and healthy lives, 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 also probably buy a bottle of mineral water that says 'nature's gift', as I skip the details listing chemical names like NaCl , MgCl_2 , KHCO_3 and H_2O , 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 this unseen force (nature) that conspires to ensure that the human race goes on to live forever and ever, till the sun burns out or we move to another planet and star wars becomes a reality. I admire the optimism in all this. However, the run of the mill optimism isn't going to sustain the unanswered: *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 may just end up making better choices at the supermarket or better still, end up making decisions that are going to help you survive long enough to enjoy that dream of old age and farts, and maybe 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 ones' 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. *Over 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 tend 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!* 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 does so continuously 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 some more: It's easy to wash your food and stay safe from pathogens. It's easier to cook the food, to make it tastier and for easier digestion. Why can't we have 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 consume enough tomatoes or potatoes that could elicit such dreadful reactions. Litchi has been notorious for having two noxious toxins that even caused an incident where more than 100 children died in North India. The causative agents were found to be Hypoglycin A and MCPG, causing fevers, seizures and even death in malnourished children. Naturally occurring cyanogens in cassava, 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 braving every day, to simply

hence, we have the nicest things to say about nature almost every time. We seem to be getting better at it by giving it tags such as Mother or Father (I think it's time we got better ones!). We somehow give the victim status to such a destructive force and hence, spare it some actual scrutiny.

LOV

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 leading the world to its doom (which we probably are, but hey, it's not like the sun isn't going to burn out in a few thousand years, to end all life. Hence, we will realise that we are just one variable in earth's destruction, just as there are others. And most of those *other variables* are just parts of the world around us, ergo *nature*.

The earth was not inhabitable for a long time. We had an ice age that almost wiped us all out. And from the accounts that I have highlighted

above, it only implies that the earth could probably be more of a destructive force than a nurturing force. By recognising that it is destructive, we can shift our pointless guilt trips to a more appropriate optimism, where we can hope to prolong our survival on this planet, and not be the egocentric maniacs we already are. This brings us to the last problem - *egocentrism!* Here are a few examples of it: We somehow assume that we are responsible for the loss of all defenceless species and planets, including granting nature the victimhood status; we once thought that the earth was the centre of the universe, and that the planets revolved around us; Now, we assume that the universe, nature and everything else is somehow heading a fan-club to ensure our survival and wellness. This kind of thinking blinds us from correctly gauging 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. No! 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" advert, 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 disprove 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.



Daron Mascarenhas
Batch 2012

It's an old house. The previous tenants had left in a hurry and the ones before them were buried five feet below the basement where the echoes of footsteps still reverberate through the ears of unwary passersby, foolish enough to pause and ponder.

The silence is foreboding during the day.

A profound sense of unease that sticks like a pen nib punctuating the thick air.

The shadows drip in all the corners and the curtains gather dust on their hips. Windows that are neither East nor West, the sun, a forgotten face who tries to pry through the holes in the attic and the attic has no stairs.

It's a humble home, the agent had said. Don't worry about the price.

But the new tenant is dubious. So he walks into every room in the house, checks every closet in the rooms, looks into the kitchen and the attic, plods through the dimly lit basement and finally, stops in the bathroom where he is spooked by his own reflection.

'What a wimp,' he smiles to himself.

The man in the mirror does not smile back.

By She who shall not be named



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

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

PERSONA

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.



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.



DEAR MOM OF THE GROUP

I am writing this letter after texting you that I reached home safely on two social media platforms besides calling you about taking my meds. Honestly, I don't remember the last time my own mum actually knew that I take a "pink" and a "saffron" tablet in the afternoon. My mother's questions are now redundant.

Why? That's because you usually have asked them already. Thrice in one day.

You remember the number of times I have had water in the last three hours even when you aren't around. You are a ghost but we can't be grateful enough to have a spirit like you.

I don't know if you know this but the five people that hang out together today would have had five different groups by now. No, I mean the real ones, not the WhatsApp ones.

To add people back to a group, to a conversation, is something that only

you can do. Still, you do it for us. Pampering? Great. To add to it all, you throw in some common sense and wry humour to go with it. Why do you do it? No clue.

You are clearly way ahead of your err..our generation. While I struggle to arrange my clothes in a drawer, you have already put reminders about the test next week in five different groups along with stopping me from texting my ex. How and why? No clue.

Along with that, you are the default agony aunt, the cook, the go-to person, the doctor, the engineer. If you are my 4 AM friend, you suspiciously are the 5 AM one for someone else. Again, how and why? I don't know.

But here's something that I have learnt from my own mother. I let her be. Because you don't really question the magic of a person.

You are the multitasker, our superwoman whom we desperately need every day of our lives; even if we shut you up too often. And damn! You are right, every time.

I really wish you would secretly come to me when you have a problem or that you would make me the godmother of your child. While we mortals, I mean..... children along with my mother, figure out how and why.

Yours

Pre Marital Kid 1.

SUPERHERO IN WHITE

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.



Dale Rego

Batch 2014



The Curse of insomnia



Ananya P
Batch 2013

Tossing and turning in bed, I lay
Shackled by the harness of emotion,
As I tell myself the night will pass
And tomorrow will take a new direction.
Counting sheep, I reach millions
But sleep isn't anywhere in sight;
My eyes tire, squinting at the horizon,
For the slightest hint of light.
Every once in a while, flashes
A face, a scene, or a thought picturized.
Now all I want is a wink of sleep, for which
I'd give up on all my possessions prized.
As I try to wipe my mind's slate clean,
An invisible chalk draws on its own free will.
I know I've wronged and sinned,
But this punishment is simply overkill.
The things I should've said
Glare at me till I wither.
The ones I shouldn't have,
Torture me further.
The faces I run away from during the day
Now chase me out of breath.
Running into dead ends everywhere, I wonder,
Isn't there a way out of this labyrinth?
"I'll be a better person tomorrow," I tell myself.
"I'll make amends, I'll right my wrongs"
But as a troubled sleep finally descends on me,
A bright new day dawns.

It takes three hours before you finally get to see the doctor. You hand him a slip and he mumbles a few things you cannot make sense of. The pain is too much now and you can hardly stand. They wheel you around to the bed and you lay there, still as a log, the piercing pain keeps you awake.

Within hours of your arrival, the agony intensifies. The room is dingy and the air is filled with gloom. Everyone just lays in bed, waiting. The patients' companions sit by the side of their beds, their distress no less than the one next to them. They wait helplessly as they watch their loved ones in anguish. No doctor comes. No information is provided. Just pain.



THEY ARE ONLY

H U M A N



Dale Rego
Batch 2014

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.



S for Sorry

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, not that you have anything against them, "Adorable creatures", you say emphatically,
 "From a distance that is", you mutter incoherently.
 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, shamefaced at the wedding, when you have two left feet, Stepping on your wife's toes because, "Dancing lessons?... Pfftt!! 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.
 The words you cry out when you bump into strangers on the subway, When you weasel into endless lines at the supermarket,
 What he murmurs profusely as he pushes past, Picking pockets in plain sight, as passersby staring aghast.
 When she asked you if she looked fat in that ugly Christmas jumper.
 What you yelled in confused agony, as she shut the bedroom door and let out a whimper.
 When you drove inches away from the pedestrian on your first driving lesson Only to collide with a tree seconds later.
 What you murmured to your driving instructor, a.k.a your dad, mentally calculating the damages caused.
 What she said as she stood in line, as she struggled to zip up her diaper bag As her kid squirmed in her arms, disregarding raised eyebrows and loud grunts
 When you rushed in late for work, cause you overslept.
 Cause you had to wake up at 3
 Cause inspiration for your next poem just had to come at this hour.
 When you've said it too many times to count,
 Since it's the matter that counts and not the amount.
 When you didn't say it enough and now it's too late.
 It's what he said when he was misunderstood.
 What she said when he longer tried to understand.
 When you said too much.
 When she said too little.
 What you should have told your mum after the torment you gave her;
 What you should have told your dad for the money you stole.
 It's what your mom asks you quizzically when you say you've got nothing against marriage, just against men.
 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 she said when she mumbled maggi, when they asked her if she could cook?
 What she asked, wondering if it mattered if she knew how to sew,
 What they didn't say as they walked away from her,
 Their words ringing in her head "you're fat, you're dumb, You don't belong here, there isn't a cure".
 What he said when he didn't know he had it in him to hit his wife.
 What she said when she couldn't explain why she'd let her kid drown in the bath.
 What the monster said in court, meeting her eyes once more like he had when he loomed over, raping her.
 What he said when he tried to explain the smell of his clothes, the lipstick stains on his shirt, the nights he wasn't home and the indifference towards her when he was.
 What isn't good enough when you tell your son you've been deployed, again, the badges on your uniform reflected in his stone cold eyes.
 What she said incredulously to the universe, when the stick turned blue for the third time.
 What she said to her husband when he found her on the bathroom floor, in a pool of her own blood.
 What she said when she couldn't understand why she couldn't swim with her hijab on.
 What wouldn't have mattered even if it had been said, after churches were burnt and houses ransacked,
 Women beaten in the streets, a club to their heads, leaving their skulls cracked.
 What should have been said after Hiroshima.
 What nobody cared to say after Iraq.
 What the Taliban never did say when they stripped women of their freedom of religion.
 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 he handed the street vendor a 2000 rupee note.
 By then it had become part of our so called vocabulary.
 What the EU said when its half broke apart and voted yes for Brexit.
 What was never heard, when the stench of chlorine became commonplace in Syria.
 It's what you say in response to the corniest of pickup lines
 The sleaziest of jokes
 When you let out a burp, a snort or even...
 .. A fart.. My apologies.
 Say it once and mean it,
 Say it twice and you'll overdo it.
 For you'll notice if you watch the sunset too often it just becomes 6 pm.



Anu Mariam Saji
Batch 2013

Dear Present Me

Hello from 2030!

Bad news first. Your hairline's receded, earth's average temperature is up by 2°C and guitar isn't really your thing. But you saw all of that coming, didn't you? You won't believe it, I'm writing this letter with your favourite fountain pen that you've preciously safe-guarded since college. As sentiments go, you treat it as if it were a family member! Speaking of family, remember that house you wanted to buy for mum and dad? They moved into it today. You put in a lot of efforts, planning it out to the smallest detail and finally made it happen. But honestly, it would've been better if you had spent more time talking to them instead of spending all your time in at work. Speaking of work, it's not exactly in the field you wished for. But it's for the best. Even you'd be surprised as to how much you love your job. You'll see. Eight years in this same place, and you are still not bored.

Speaking of eight, remember that bucket list you made when you were in the eighth grade? You managed to check off all items on that! Yeah, even the ones where you wanted to hitchhike across 20 countries and feed a bamboo stick to a panda.

Speaking of pandas, you got a tattoo of one on your... Okay, just kidding!
 Parting words? Find some time for your personal life, okay? And as clichéd as it sounds - to do great things, you only need to start doing.

You're destined to be the hero in your story. You have no choice.

Love,
Future You



The war between emotion and intellect, between life and death is omniscient, and in the midst of it all is- The Doctor. We strive to be 'noble' in a world that is imperfect and flawed, but inherently unique. Conflicting emotions are a small part of our daily roller-coaster ride which range from the wonder of being blessed with a baby to mourning the loss of a loved one. We are called to have depth of character that demands us to be understanding, compassionate, determined, willing to advocate for another with deep roots in science and the realms of logic. Since Vedic times, doctors in India have been equated to God. No other profession has the same status. Faith akin to that shown for God is what patients have had for their doctors. The doctor is one who treats everybody without bias based on caste, race, religion, age, status or paying capacity. 'The doctor knows best' was an incantation you could lean on, but today this faith has taken a beating. What has changed this perception? Why are we forced to include 'victim of violence' in our job description?

Distraught families no longer blame God or fate for the death or disability of loved ones; they blame the doctors who treat them. To be fair, as in any profession, there are certainly some who deserve such blame. However, careful, caring physicians who are by far the vast majority, find themselves subject to unwarranted life-threatening violence. Such violence usually occurs because a doctor often deals with people when they are experiencing strong emotions that tend to interfere with their balanced and realistic thought processes, albeit it is true that in no other profession can a simple mistake be so grave as to cost a life. Doctors are not heartless; their abject failures weigh heavily on them.

The WHO initiated a global campaign for violence prevention which estimated that health care staff is at highest risk of violence in their workplace. They are nearly four times more likely to be injured and require time away from work as a result of violence than all workers in the private sector combined.

Violence is of concern not only because it threatens the lives, psychological and physical well-being of health professionals, but also the quality of health care and health organisation as a whole. Higher rates of burnout, low self-esteem and self-destructive aggression are among the usual results.

To deal with grave cases it would be imperative to not live in the constant fear of being lynched by a mob. The Media has played the lead role in causing patients' distrust to grow. Incriminating doctors with indelible accusations, minus proof is standard-issue. It would appear callous for the Fourth Estate to apportion any blame to the patient or the attendants and yet it is convenient to enable a witch hunt for the new resident 'bakra'- the doctor.

The equal access of people to primary health care is endangered if a scarce human resource feels under threat, which is evidenced by the fact that young doctors have begun to question their decision to opt for medicine, not because they are weak, but because they aren't allowed to demand a right to safety. For instance: "If you (doctors) do not want to work, then resign. You are not factory workers who resort to such protests. How can doctors behave in such a manner?" asked the division bench of the Bombay High Court, slamming the 'no-show agitation' launched by resident doctors across Maharashtra- an insinuation that is preposterous, because a doctor isn't a factory worker, no industrial worker is allowed to engage in a job where one has to labour for 15 to 37 hours.

With the changing world, hospitals have also fallen prey to commercialization. Increasing out of pocket expenditure has hampered the doctor-patient relationship. The Indian subcontinent's fiscal boom has slowly made the social fabric of the region capitalistic. With the rise of commercial hospitals, the mentality of parents to let their children take up medicine has changed from a charitable to a lucrative one, which has drastically influenced people's perception of doctors. In addition, increasing availability of misinformation through technology and easy approachability of the courts has made healthcare professionals despondent.

Violence is despicable. Hospitals are sanctums of healing and recuperation. In addition to jeopardising the safety of medical personnel, violence threatens patient safety and hampers their recovery to health. We comprehend the fact that we have flaws but yet in the true spirit of our sworn oath, we do what is best for those under our care, sometimes at great personal cost. This, under no circumstance, merits being beaten to within an inch of our lives.



Esha Devaiah

Batch 2013

*The
Light Has
Gone Out
and Darkness
Set In*



MNEMONIC

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 out 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 ever vast.
To treasure, hold and keep forever,
For a raincheck on a day our dictum is "Happy Never!"

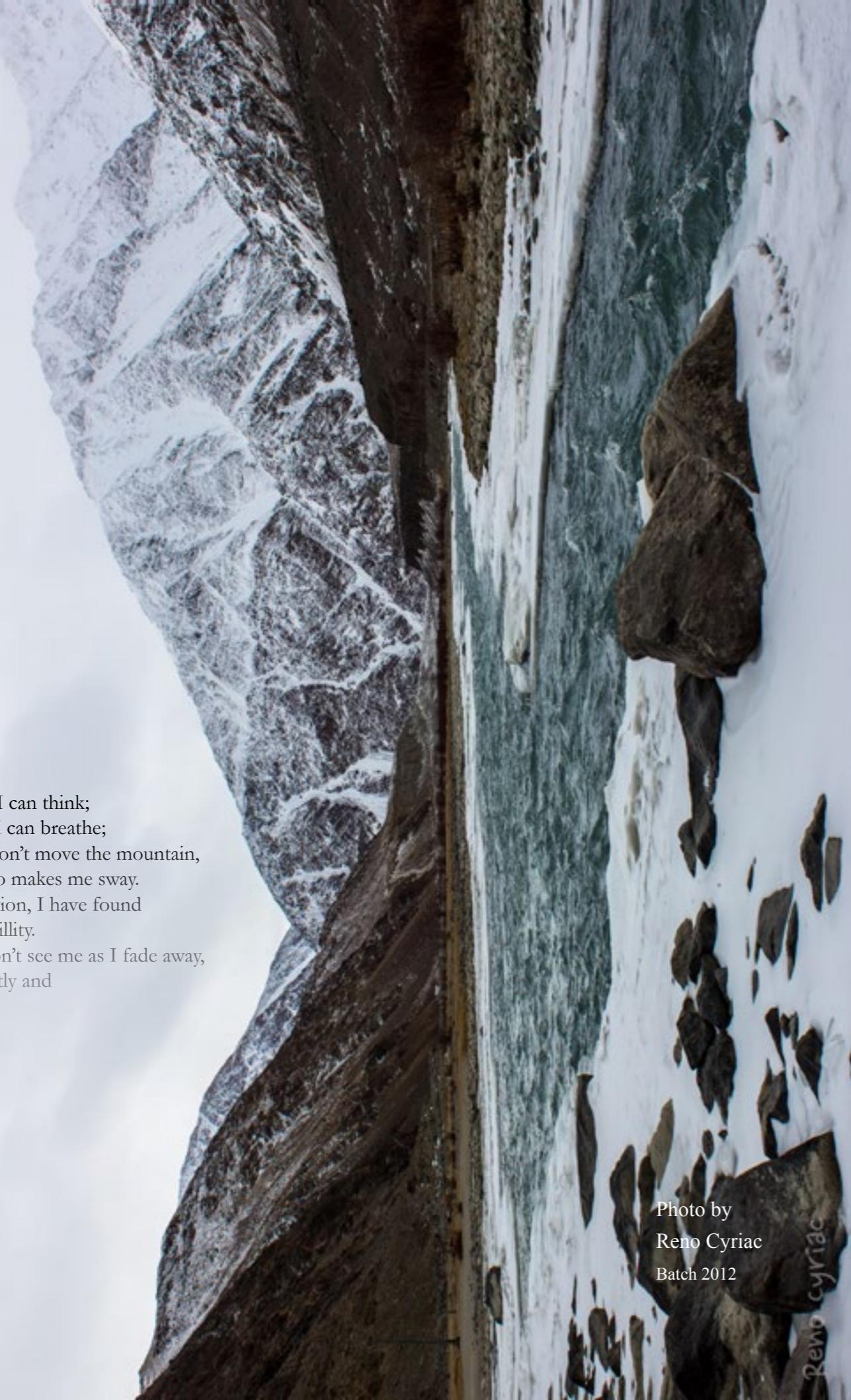
We bid adieu so many times but truly never part,
For we've been a part of the whole from the start;
Of those forgiving, pleasant smiles that share,
And embolden those in despair.
Unwittingly a part of the family,
Mullerians we are in all certainty.

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



Eesha Devaiah
Batch 2013



Photo by
Nikitha Crasta
Batch 2015





"Taming time to dwell on his honourable agony"

Swirling smoky breaths, stood a man sky high;
Chasing tiny feet, with an adorable sly sigh.
The black twinning marbles and silver mane;
Drove the sinning stony men insane.
His slender arms worked null with stress,
Feeding the flock in his dull old fortress.
Lending advice, the old man set goals,
Sending whelps, to save the starving souls.
The say of the slave saved the masters lights,
Until the day he settled for his last rites.
The sky had fallen down to it's knees;
Only to send swollen scars across the seas.
The lonely masters embraced slavery together;
For only the slave master to live on,
forever.....

THE SLAVE MASTER



Jobin Abraham
Batch 2015

SQURE PEGS IN ROUND HOLES

"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 smoothed 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"

ARE
IN A
UNDE-



Anu Mariam Saji
Batch 2013



ಉನ್ನಾದ್

ಮೇಷಮಾತೆಯಿಂದ ಮಳೆಹನಿಯೊಂದು ಭುವಿಗೆ ಜಾರಲು,
ಹಂಸ ಚಂದ್ರಂಶುಗಳು ಅದನೊಕ್ಕು ನೆಲಸೇರುವಾಗ ಹೋಳೆವ
ಮುತ್ತಾಯಿತು.

ನೀರಿಲ್ಲದ ಹತಾಶನಾದ ರಂಗುರಂಗಿನ ಮೀನಿಗೆ ನವಜೀವವ
ತುಂಬಿತು,

ಬಾಡಿ ಹೋದ ಸುಮಗಳ್ಲಿ ಮತ್ತೆ ಚಿಗುರೊಡೆಯಲು,
ಪಸರಿದ ಪರಿಮಳಕೆ ದುಂಬಿಯೊಂದು ಕೆಂಗುಲಾಬಿಗೆ

ಮುತ್ತುನೀಡಿತು.
ಇದು ವಸಂತದ ಆರಂಭವ್ಲು ,ನನ್ನದೆಯ ಸ್ವಷ್ಟ ಮಂಟಪಕೆ
ನನ್ನವಳ ಪುನರಾಗಮನ....

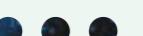
ತುಟಿಯಂಚಿನಲ್ಲಿ ಅದೇ ನಗು, ಕಣ್ಣಂಜಿನಲ್ಲಿ ಅದೇ ಮಿಂಚು.
ಎನ್ನ ಚಂದಿರದ ಬೊಂಬಿ ಕಾಣಲು ನನ್ನದೆಯಲ್ಲಿಬೆಳದಿಂಗಳು.
ಅವಳ ಮುಗುಳುನಗೆಯ ಕಂಡು ರಾಶಿ ರಾಶಿ ಕನಸು
ಹೆಣೆಯುವ ಅದೇ ಹಂಬಲ,

ಅವಳ ಕಾಲ್ಗೋಡ್ಯ ಸಿಹಿನಾದಕೆ ಮನದಲ್ಲೇನೋ ತಲ್ಲಿಣ.

ನಿನ್ನ ಬರುವಿಕೆಗಾಗಿ ಸಾವಿರ ಕಾಲ ಕಾದ ಹೃದಯವಿದು..
ನಿನ್ನ ಇರುವಿಕೆಯ ತಿಳಿದ ಕಂಗಳಲ್ಲಿ ಈಗ ಹಂತೋಂಗಳ್ಲಾಸ
ಮೂಡಿಹುದು.

ಮನದ ಹಂಬಲವ ತಿಳಿದ ಅಪ್ಪರೆ ಮೆಲ್ಲನೆ ಬಂದು ಬಿಗಿದಪ್ಪಿ
ತಜ್ಞಕೊಂಡಳು, ಉಸಿರುಕಟ್ಟಿ ಚುಂಬಕದ ಬೆಸುಗೆ ಇರಲು
ಅವಳ ಬಿಸಿಯುಸಿರು ನನ್ನದೆಗೆ ತಾಕಲು

ಮತ್ತೆ ಅದೇ ನಗು, ಅದೇ ಉನ್ನಾದ್, ಅದೇ
ಕಾಲ್ಗೋಡ್ಯ ನಾದ
ನನ್ನದೆಯಲ್ಲಿ.....



Kiran Budihal
Batch 2013

ಕಲ

ಕಲ ಕಿ ವಾತೆ ಕಲ ಹಿ ಜಾನೆ
ಕಲ ಜೋ ಹುಆ ಥಾ,
ಗಯಾ ಕಲ ಕೆ ಝಾಂಸೆ ಮೆ
ಗುಜರಾ ಕಲ ಕಭಿ ನ ಆಯೆ ತೆರೆ
ಹಿಸ್ಸೆ ಮೆ ।

ಕಲ ಜೋ ಹೊನೆ ವಾಲಾ ಹೈ,
ಕಲ ಕೆ ವಾದ ಹಿ ಹೋಗಾ ಖುಲಸಾ ।

ತಕದೀರ ಕಿಸ್ತ ಕಾ ಯೆ ಖೇಲ
ತ್ಯಾ ಕಭಿ ನ ಲಗಾ ಪಯೆಗಾ ಅಂದಾಜಾ ।
ದೋ ಕಲೋ ಕೆ ವಿಚ ಜೋ ಆಜ ಹೈ,
ವಹಿ ತೆರೆ ಹಾತ, ವಹಿ ತೆರೆ ಸಾಥ ।
ತೋ ಛೋಡೋ ಕಲ-ಕಲ ಕೀ ವಾತೆ

ಜೀಲೆ ಅಪನಿ ಆಜ ಪೂರಿ

Vaishnavi
Batch 2013



Dr. George Jacob Mariam

Dept. of Anaesthesia

Hometown: Trivandrum, Kerala

Family: Wife (Dentist), a three and a half year old son



“I want to go on a big US tour, just to eat all their burgers”

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.)

Rapid fire round

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.

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:

A road trip in Italy
To watch a football match in England, preferably one that Liverpool FC is playing
I want to go on a big US tour, just to eat all their burgers

A lot many students think that you're calm in the OT, and at the same time easygoing and funny. How do you do manage to be such a dynamic personality?

Firstly, I would like to meet these students. I guess, it comes as a part and parcel of the job of an anesthetist. An anesthetist is somebody who's supposed remain calm on the job, regardless of the stress they are under.

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 have the will power, you will excel regardless of the field you might be in.”

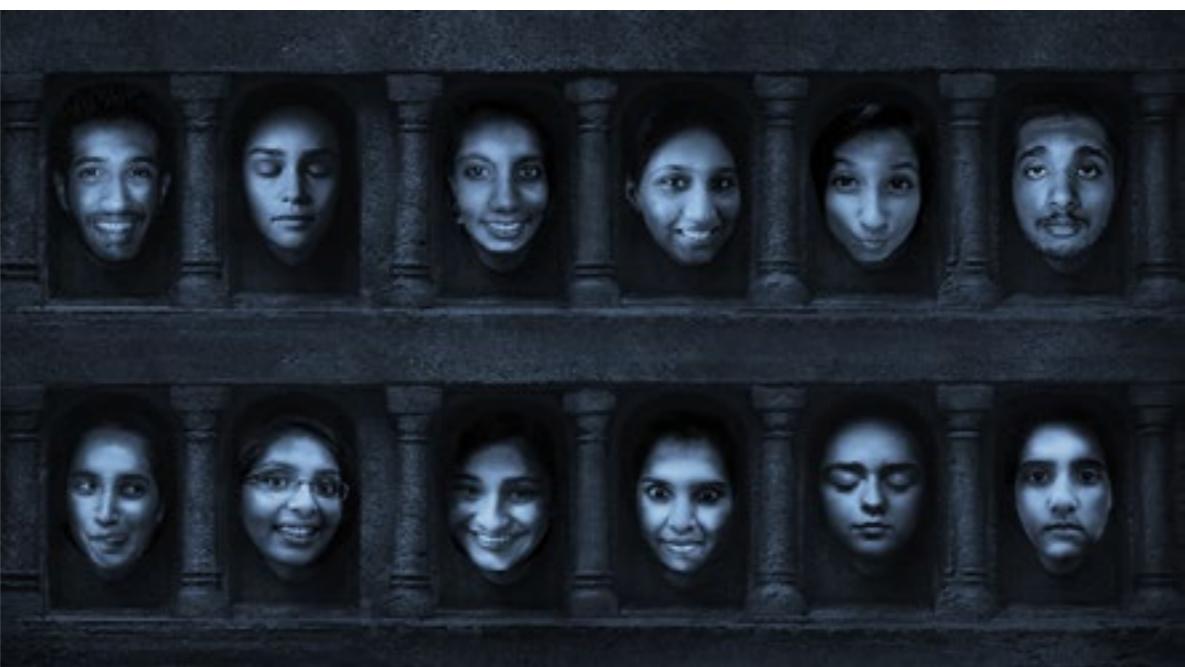
Message to students

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.



The unCONventional enthusiasts





ANSWERS



①&⑨ CAFETERIA



②&④ ACCOUNTS DEPT.



⑤ THE STAIRS THAT LEAD TO NOWHERE



⑥ A-BLOCK PARKING AREA



⑧ FROM THE CANTEEN



⑩ WELL BEHIND THE NEW SPORTS CENTRE



③ STAIRS NEAR VAILANKANNI WARD



⑦ LOOK DOWN FROM THE WALL AROUND ACADEMY HALL THAT FACES THE RESIDENTIAL AREA



⑪ OPPOSITE THE NEW AUDITORIUM, AS SOON AS YOU CROSS THE PUMPWELL ENTRANCE

Only those in Ave Maria Girls Hostel will understand the amount of pain and happiness in this one picture

When Batch 2015 is not in campus

I DON'T ALWAYS HOLD HANDS, BUT WHEN I DO, I PALPATE HIS PULSE



ADVISORY COMMITTEE MEMBERS



SURGICAL STAFF



MEDICAL STAFF





PARAMEDICAL STAFF



NON TEACHING STAFF



PRE - CLINICAL STAFF



MEDICAL AND SURGICAL POST GRADUATES



MBBS 2012





MBBS 2013



MBBS 2014





MBBS 2015



MBBS 2016



BPT 2013



BPT 2016



BPT 2014



BSC MIT



BPT 2015



BSC MLT





BSC RT



VOLLEYBALL WOMEN



MPT



FOOTBALL



MSC



CRICKET BOYS





BASKETBALL MEN



TABLE TENNIS



BASKETBALL WOMEN



CHESS TEAM



BADMINTON



CRICKET WOMEN



A DAY IN THE LIFE OF AN INTERN

MBBS



DR. MELANIE PINTO
Sleep



DR. ADELINA LASARDO
Wake up and check alarm



DR. LEA VARGHSE
Sleep again



DR. AMRITA SUVARNA
Sleep again



DR. SHRISHTI SHETTY
Get ready



DR. BETTINA SARA MATHEW
Work



DR. LINTO THOMAS
Work



DR. SHERIN CLEMENT
Work



DR. ANUROOP
Mini Militia
MONEY



DR. OSHIN P
Work



DR. DIANA BABU
Still getting ready



DR. ABHITHA THOMAS
Take a selfie



DR. SHIJA MATHEW
Don't forget the apron



DR. PRAJNA D'SILVA
Arrive at the hospital



DR. ARCHANA BHAT
Sign in your attendance



DR. CAROL
Hydrate



DR. SHALENE CAROLINE
Coffee



DR. GEETHI JOSEPH
Work



DR. ANN MATHEW
Listen to music



DR. DEEPALEI
Pre-rounds



DR. HEZIL SALDANHA
Wait for rounds



DR. ANJALI WILSON
Work



DR. ALPHONSA MARY JOB
Glorious paperwork (GPW)



DR. VARALAXMI SHETTY
Work



DR. NEHA BABY
Try to get the song out
of your head



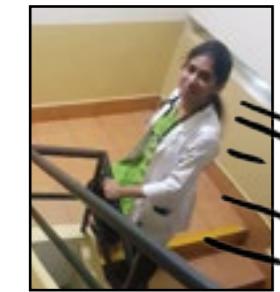
DR. SHARMILA SOMAYAJI
Glorious paperwork



DR. STEVE SOLOMON
Hang out with the nurses



DR. SONU YELDOSE
Lunch



DR. TEENA THOMAS
Run up and down



DR. LAYA JOHNSON
Work



DR. CANDICE MIRANDA
Breakfast



DR. DELMA D'CUHNA
Work



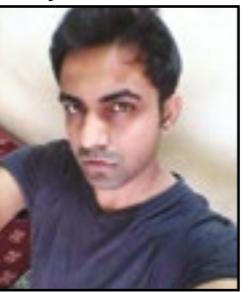
DR. SAHANA P
When you get your stipend



DR. JOSNA FERNANDES
Work



DR. ANDREW LOURDUNATHAN
Take a selfie



DR. SHAMANTH S R
And another

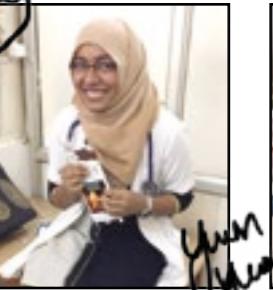


DR. VIDYALAKSHMI
Glorious paper work

DR. SUMAN VAR-
GHESHE
More glorious paper
work



DR. TEENU MANUEL
Unwanted phonecall



DR. LUBNA AHMED
Chocolate break



DR. NISSI JOSE
Go a little cuckoo



DR. MEGHA VS
Coffee



DR. ANNA R THOMAS
Contemplate life



DR. SARAH ROBERT
Another selfie



DR. JANINE MIRANDA
Sing



DR. NANDITHA TAURO
Do yoga



DR. ROSNITHA R
Recreational activities



DR. NAMRATHA CARDOZ
Go out with friends



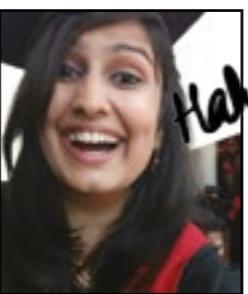
DR. GEORGE JOSEPH
Utter confusion



DR. JOE JOSE
Hug someone in moments of need



DR. JUSTIN THOMAS
Get a hug



DR. STEPHANIE D'SOUZA
Laugh hysterically



DR. SAHANA
Glorious paper work



DR. TONY KUNCHERIAN
Lift a few weights



DR. NIBIN WILSON
Shoot some hoops



DR. DIVYA SHENOY
Go on a trip



DR. BENITTA DAVIS
Have fun



DR. SHIVARAKSHIT SHETTY
Play the guitar



DR. SANILA ALEX
Coffee



DR. JULIET ABRAHAM
Call a friend



DR. ANU GEORGE
Study



DR. SHEFALI MISQUITH
Socialise



DR. MERIN ANN GEORG
Coffee



DR. REBECCA RODRIGUES
Attend a wedding



DR. MIA GEORGE
Or two



DR. ANDREA FERNANDES
Sing at the wedding



DR. NEHAL MACHADO
Dance at the wedding



DR. MEGHANA SHETTY
Study for entrances



DR. MITHUN
Celebrate a birthday



DR. VERONICA LOBO
Glorious paperwork



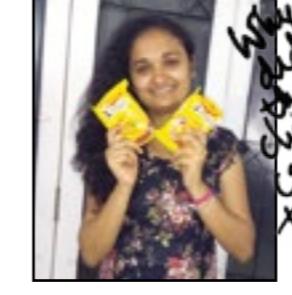
DR. SENU SUNNYCHAN
Marvel at the things you did



DR. DARLIN NITIN TITUS
Show pride in the work you do



DR. ABDUL MASHOOK
Happy to get off work



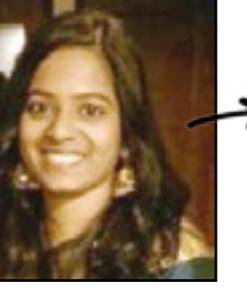
DR. VEDASHREE R
Dinner



DR. JUDE PAIS
Contemplate life again



DR. WANMANCY TARIANGH
Fall asleep



DR. MINU GEORGE
And at the end of it all



DR. MIKHILA LIZBET
Keep calm



DR. TWINKLE JOHNY
Talk to people



DR. KEVIN MANEEK
Grab a snack



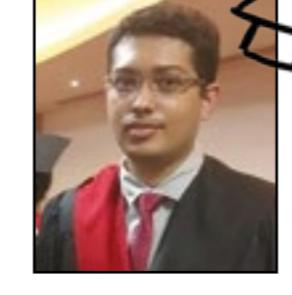
DR. DIPTI
Go to the beach



DR. NANETTE SUARES
Hit the gym



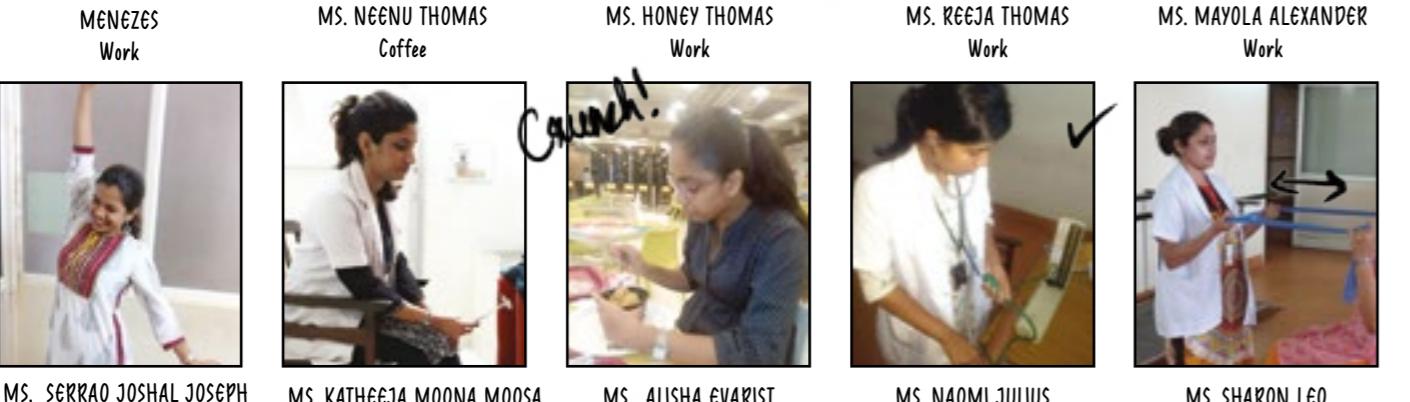
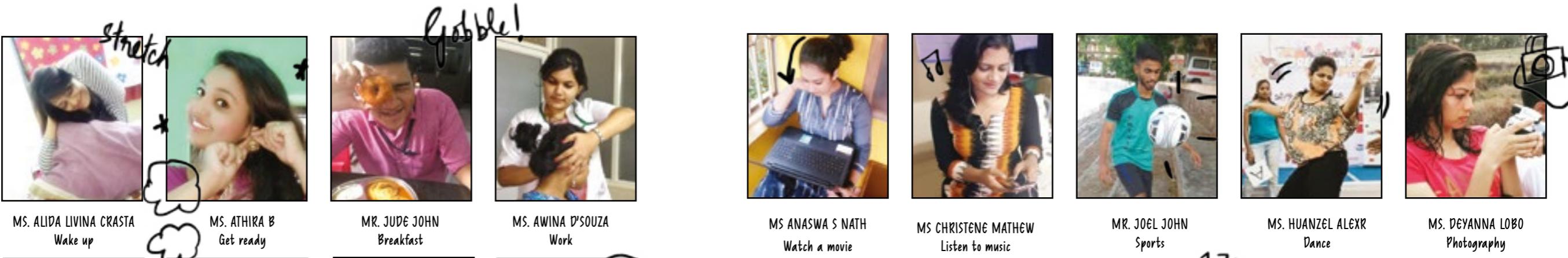
DR. ANITA JAYAKUMAR
Hydrate



DR. SHAILESH RAO
And graduate

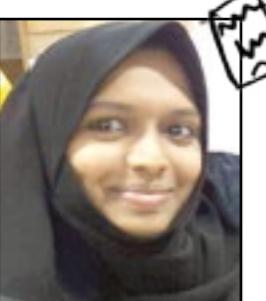


BPT





DEENU REEBAA THOMAS
Work



ENAYATH NISHA
Work



ESMIN
Work



FATHIMATH LUBIBA
Work



FATHIMATH SAIMA
Work



FEMY BABY
Work



HIBA JABIN
Work



JOVITA PRIYA
Work



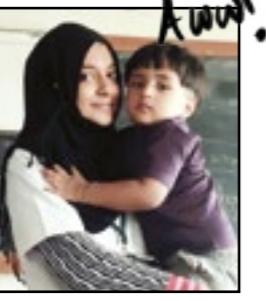
JYOTHISHT JOHN
Work



AAYISHA AL MASHOOR
Work



ZAHARA
Work



NAJIYA AHAMMED PASHA
Work



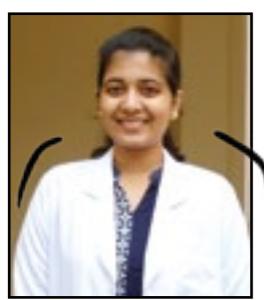
NAZREEN NIZAR
Work



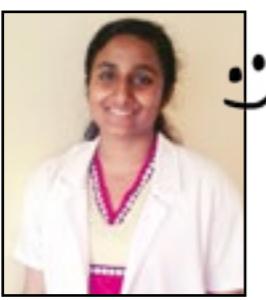
NITHIN.KALEX
Work



RASHIKA
Work



RENITA MABEN
Work



RIYA CHERIAN
Work



ROSHAN C PAUL
Work



SAMIHA
Work



SR.SMITHA
Work



SUSHMITHA. U. J
Work

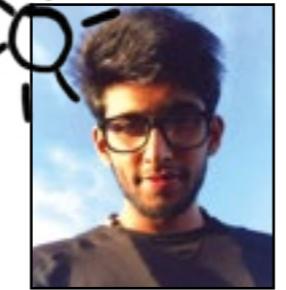


ANICE MARIA JOSE
Take a selfie



KRIPA MARY PHILIP
Get off work

MIT



DAVIS DEVASIA NEDUMPARAMBIL
Wake up



BIBIN THOMAS
Work



AKHIL SAJI
Work



HANNA MIRANDA
Work



JIBINA JOY
Work



SHRADDDHA GADIYAR
Work



MUHAMMED SALIH
Work



MUHAMMAD THANSIH
Work



NAJILA NAZGEM
Work



NGHA SULTAN
Coffee



OOSHIN MATHEW
Work



SHERIN SARAH JAMES
Work



SHIBIN SHIBI
Work



JITHIN KRISHNAN
Get off work

MLT



VIVEK FRANCIS
Wake up and watch the sunrise



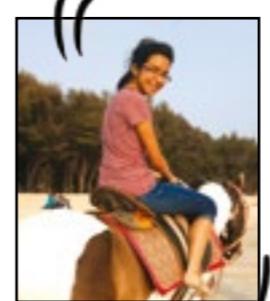
AMRUTHA N V
Breakfast



HARITHA R NAIR
Go to work



ARCHANA
Work



ANRICA D'SOUZA
Chill out



ANILA SANTOSH
Work



NITHIN MATHEW
Work

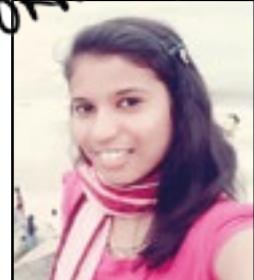


SABITHA
Work



SAFWANA PARVEEN
Chill out

MORNIN'!



SNEHA RAJ
Go to work



SR. FEMY
Work



SAMEENA ABBAS
Hydrate



JOBIN JOHN
Work

Slurp!



AKHIL JOSE
Work



GOPIKA K G
Work



ASELINE DEEPTHI LOBO
Get off work

RT

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Hi Dad! Hi Mom! *waves*

They are the kindest and most giving souls that you could ever meet.

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*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!

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THE ONLY TWO
SEASONS IN
MANGALORE



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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 nows.



*Adventure is just
outside your window!*

**IF NOW
WHEN?**