



SHASTRA

ISSUE 2/20, NOVEMBER 2020



KSC-ASI

ಸೇವೆಗಾಗಿ ನಾವು

KSC ASI OFFICE BEARERS



Chairman

Dr. Sadashivayya Soppimath
Hubli



Secretary

Dr. Diwakar Gaddi
Ballari



Treasurer

Dr. Jaspal Singh Tehalia
Vijayapura



Chairman Elect

Dr. Aravind Patel

National EC members

Dr H.V. Shivaram
Dr. Siddesh. G.
Dr. Ashok S. Godhi
Dr. Rajgopal Shenoy

EC Members

Dr. Dinesh H.N
Dr. Rajshekhar Patil
Dr. Anilkumar Bellad
Dr. Prashanth S. Murthy
Dr. Madhusudhan Karignur
Dr. Aruna K Rao
Dr. Gurushanthappa Y.
Dr. Hanumanthaiah K.S
Dr. Sarvesha Rajee Urs

Ex-Officio

Dr. Vidyadhar Kinhal
Dr. Narayan Hebsur

Co-Opted E.C Member

Dr. Ramakrishna H. K
Dr. K. Lakshman
Dr. Naaz Jahan Shaikh
Dr. Dayanand Nooli



Editor

Dr. Naaz Jahan shaikh

WEB SITE :www.kscasi.com

Mail: secretarykscasi@gmail.com

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Phone: Chairman- 9448452944

Secretary-9448371009



*Dear esteemed members of KSCASI
Greetings!!*

Belated wishes for Diwali and a Happy new year much in advance!!

As the world is trying to come to normal, the havoc created by the coronavirus does not seem to end. Probably the PPE kit is going to be our attire for some more time, a reason why we have put it in the background of the e-Shastra. Meanwhile let us pray for safety and good health of all.

Though most of the activities had to slow down due to the prevailing circumstances, sharing of knowledge through web based platforms was in a full swing. Nothing could stop the zeal to learn and share knowledge.

The national ASI conference is going to be web based and the details are available on the website. Dr. C R Ballal is receiving the LIFE TIME ACHIEVEMENT AWARD during the National conference. Dr. Siddesh, Past president of KSCASI has been elected as the Vice President of ASI. Hearty congratulations to both of them from the entire family of KSCASI.

The KSCASImidCON was very successful. Our sincere thanks to Dr K Lakshman and his team for showing us the way forward for future Midcons and successful e conferences. The PG participation was overwhelming and the association acknowledges their involvement. KSCASI congratulates all the winners, and also thanks the EC members for their contribution to the prizes given to the winners.

KSCASICON will also be an e-conference, and the Registration and Abstract submission have already begun. Kindly register and participate in large numbers. A lot of changes are incorporated in the website. Kindly log on to www.kscasi.com for a regular update of the activities of KSCASI.

We lost a significant number of our colleagues to this pandemic. With a new surge in numbers, it comes as a warning signal that we still have not reached anywhere near to conquer this deadly virus and hence it is better to be very meticulous in our safety practices.

Long Live KSC-ASI!!

***Dr. Naaz Jahan Shaikh
Editor, Shastra***



Dear members,

We are marching ahead with all our activities in spite of the havoc created by COVID19. We had a very successful MIDCON 2020 from Oct 17th to 19th with record presentations. Most of the medical colleges had participated with their faculties and postgraduates. The web meet went flawlessly with no industry or pharma support. This was also environment friendly as most of the communications were e-communications and paperless. The topics chosen were based on the feedback given by the postgraduates. The faculty who had volunteered were accommodated to the best possible and many were drawn across the state. It was very well received and very much appreciated. It was web based, meticulously planned and executed prioritizing the time management and discipline by the KSCASI scientific committee chairman Dr. Lakshman and his team. Dr. Nishant, Dr. Niranjana, Dr. Tejaswi, Dr. Vinay Bhat, Dr. Hosni Mubarak and Dr. Wasim Dar deserve special mention as the three web screens were managed excellently by them with good coordination. Our sincere thanks to the Speakers, back up speakers, Panellists, Chairpersons, moderators and Judges who did a wonderful job. This MIDCON has set a very high standard.

Our compliments to Dr. B.N.Patil and Dr. Chandrashekhar S who got elected in e-voting as Chairman elect & secretary respectively. Compliments to Dr. Chandrashekhar N who was unanimously chosen as treasurer. It was a smooth procedure. Congratulations to Dr. Siddesh G on being elected as the Vice President of ASI. Indeed it is a proud moment for our Chapter.

COVID put paid to all my plans of visiting the branches, to my disappointment. But we have been making efforts to reach out to all the branches via Zoom. Compliments to many branches who have kept their activities in the face of adversity.

Our compliments to Dr. Kalaivani, Dr. Venkatesh K and team SSB who have kept the activities very vibrant and also conducted annual CSEP successfully on web platform. Congratulations to Dr K. S. Shekhar quiz winning team from Drs Shashank & Dr Dhruva of KIMS, Bangalore.

KSCASI has planned web based KSCASICON2021 on 12th to 14th February 2021. The physical conference to be held at Kalburgi is postponed to 2022 and that of Hubballi to 2023. We request you all to participate in large numbers.

There has been recent ongoing controversy based on Gazette notification by Ayush Ministry. Let us keep in mind while expressing our resentment that the Ayush degrees are legal and are in place since long including postgraduate degrees in surgery. At the same time, we should highlight that mixopathy and improperly trained / poorly trained ayush personnel undertaking major surgeries can be dangerous to society. Regarding mixopathy, we already have a supreme court ruling in place.

Please do not ignore mails and messages from KSCASI as they remain main mode of communication. Looking for your active participation in KSCASICON 2021.

Wishing you all a happy new year in advance!!

*Chairman, KSC-ASI,
Dr. Sadashivayya Soppimath*



From the Secretary's desk....

Dear Esteemed KSC-ASI Members,

3rd edition of midCON 2020 was held successfully and virtually for the first time. Certain highlights of the conference need to be mentioned. MidCON 2020 was entirely conceptualized and executed with precision by the scientific committee led by Dr K Lakshman, Chairman of scientific committee of KSCASI. All the appreciation to the scientific committee for conducting the session with great success. It was held with very minimal expense. Prizes for the midCON were sponsored EC members.

39th KSCASICON 2021 is going virtual due to the concerns of COVID pandemic. It will be held from 12th -14th February 2021. Registration details can be accessed from kscasi.com. Abstracts are called for the scientific sessions and last date of submission of abstracts is 10th January 2021. There will not be any extension of the deadline. Annual General body meeting will be held virtually during KSCASICON 2021 on 13th February 2021 at 7.45 pm. Request everyone to actively participate in it.

Similarly details of nominating orators for the year 2023 and conveners for the year 2022 for the prestigious orations and symposia of KSCASI held during the annual conference are uploaded in the website kscasi.com and also circulated in the E Shastra. The last date for submitting the application is 5th January 2021.

I also request the interested city branches to come forward to host the midCON 2021 and 2022 and send proposal to secretary, KSCASI.

Sincere appreciation to Surgical Society of Bangalore – who were the hosts for the 38th KSCASICON – for their contribution of rupees 10 Lakhs for setting up a research fund “KSCASICON2020 Research Fund”. From this year onwards as a first step KSCASI has started the process of supporting original research from its funds. Details of the fund and application for the grants can be accessed from website kscasi.com.

I also request the members to go through the details for the nominations of the senior surgeons for honouring during the annual conference. Last date for receipt of nominations proposing the names of senior surgeons along with their CV is 5th January 2021.

Success of activities of KSCASI depends on the active participation of its members. We understand this year has been hard due to various reasons and there has been a deluge of virtual meetings. But we have to remember one aspect- KSCASI is our organization of which we are all members.

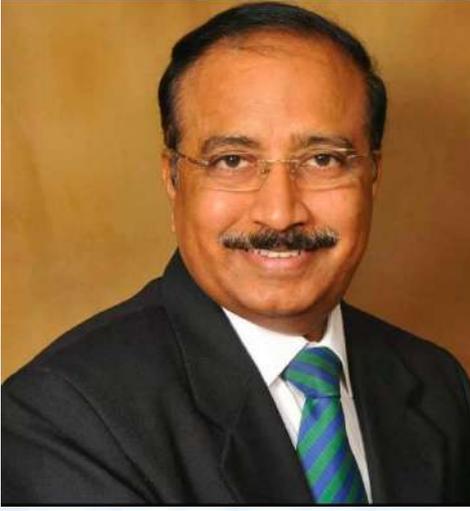
Long Live KSC-ASI!!

*Dr. Diwakar Gaddi
Secretary, KSCASI*



SHASTRA

Issue 3/20, November 2020



Dr. Siddhesh G

ನಮ್ಮೆಲ್ಲರ ನಲೈಯ ಸಿದ್ಧೇಶ

ನಮ್ಮ ಪ್ರೇಮ ಗಳಿಸುವುದೇ ಅವನ ಉದ್ದೇಶ
ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರ ಅಭಿವೃದ್ಧಿಯೇ ಸದುದ್ದೇಶ
ನಮಗಿಂದು ಆಗಿದೆ ಅಪರಮಿತ ಸಂತೋಷ

ಮೈಸೂರಿನ ನಾಡಿನ ಹೆಮ್ಮೆಯ ಪುತ್ರ
ಧೀಮಂತ ಧೈರ್ಯವಂತ ಸುಪುತ್ರ
ಸಿಟ್ಟು ಸೆಡೆವು ಕ್ಷಣ ಮಾತ್ರ
ಸರ್ವರ ಆನಂದವೇ ಆಗಿದೆ ಆತನ ಮಂತ್ರ

ರಾಜ್ಯಗಳಿಂದ ದೇಶಕ್ಕೆ ಆಯ್ಕೆ
ಯಶಸ್ವಿಯಾಯಿತು ಬಹುದಿನದ ಬಯಕೆ
ನಮ್ಮೆಲ್ಲರ ಆಸೆಗಳ ಯಶಸ್ಸಿಗೆ ಕೋರಿಕೆ
ಅದಕ್ಕಾಗಿ ಭಗವಂತನಲ್ಲಿ ಹರಕೆ

ಅನೇಕ ಸಮ್ಮೇಳನಗಳ ರೂವಾರಿ
ಎಲ್ಲರನ್ನೂ ಒಗ್ಗೂಡಿಸುವ ಆತನ ಪರಿ
ನಾಯಕತ್ವದ ಗುಣಗಳ ಸಂಸ್ಕಾರಿ
ಭವಿಷ್ಯತ್ತಿನ ಕಾರ್ಯಗಳ ಜಯಕಾರಿ

ಪಾದರಸದ ಹಾಗಿರುವ ಚೈತನ್ಯ
ಸದಾ ಓಡಾಡುವ ಗಣ್ಯರ ಗಣ್ಯ
ನಿಂದೆ ಟೀಕೆಗಳಿಗೆ ನಗಣ್ಯ
ಎದ್ದು ಮುನ್ನುಗ್ಗುವ ಸರ್ವ ಮಾನ್ಯ

- ಡಾ. ದಯಾನಂದ ನೂಲಿ.

A great motivator, inspiring team leader and a powerful thinker, that is Dr. Siddhesh G of Mysore who has won with a whopping majority to become the vice president of ASI and will be the president in the next year. To him, hard work is a habit and success a passion.

Active in academics and possessing great organising skills, creating standards difficult to match, he has conducted both state and National conference at Mysore along with this team. He generates an electrifying force that motivates and generates enthusiasm in his team members to perform the given task more effectively.

KSC-ASI takes Pride in presenting the best candidate as a vice president of the Association of Surgeons of India. We all wish him the best in his future endeavours and may God grant more success in the coming years!!





Congratulations!

SHASTRA

Issue 3/20, November 2020

KSC-ASI new Office Bearers-2021



Chairman
Dr. Aravind Patel



Secretary
Dr. Chandrashekhara S



Treasurer
Dr. Chandrashekhara N



Chairman Elect
(Non-Medical college area)
Dr. B N Patil

E C Member (Medical College Area)



*Dr. Y Gurubasavana
Gouda*



Dr. Amaresh Birada



*Dr. Rajshekhar
C Jaka*



Dr. Vijay V Kamat



Dr. Dinesh H N



Dr. Kalaivani V

E C Member(Non Medical college area)



Dr. Sarvesh Raje Urs



Dr. Vijayakumar H



Dr Naaz Jahan Shaikh



P. R. KADUR & CO.,
Chartered Accountants

Prop. : Prakash R Kadur B.Com., F.C.A.

Telephone : 0836-2264656 Cell : 94496 44393

E-mail : prakashkadur69@gmail.com / caprakashkadur@gmail.com

Office : #8, 3rd Floor, Satellite Complex, Koppikar Road,
HUBBALLI - 580 020 (Karnataka)

AUDITOR'S REPORT

Report on the Financial Statements :

We have audited the accompanying financial statements of **ASSOCIATION OF SURGEONS OF INDIA, KARNATAKA STATE CHAPTER., (KSC)** which comprise the Balance Sheet as at 31st March, 2020, the Income and Expenditure Account at the Statement of Receipts & Payments for the year then ended.

Management's Responsibility for the Financial Statements

The Management of the Association is responsible for the preparation of these financial statements that give a true and fair view of the financial position, financial performance of the association in accordance with the Accounting Standards and in accordance with the accounting principles generally accepted in India. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of the accounting estimates made by the Management, as well as evaluating the overall presentation of the financial statements.





We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion and to the best of our information and according to the explanations given to us, the aforesaid financial statements give the information required by Law in the manner so required and give a true and fair view in conformity with the accounting principles generally accepted in India:

- a) In the case of the Balance Sheet, of the state of affairs of the Karnataka State Chapter of Association of Surgeons of India as at 31st March 2020;
- b) In the case of the Income and Expenditure Account, of the Surplus of the Karnataka State Chapter for the year ended on that date.

Report

We report that

- a) We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit.
- b) In our Opinion, proper books of account are required by law have been kept by the Association so far as it appears from our examination of those books.
- c) The Balance Sheet, the Income & Expenditure Account and the Receipts and Payments Statement dealt with by this Report are in agreement with the books of accounts.

Place : Hubballi
Date : 29.05.2020



*for P.R. Kadur & Co.,
Chartered Accountants*

Kadur Prakash R.
Kadur Prakash R.
Proprietor.

M.No. 217598 F.No. 011361s
UDIN : 20217598AAAAACA3816



ASSOCIATION OF SURGEONS OF INDIA KARNATAKA STATE CHAPTER			
INCOME & EXPENDITURE STATEMENT FOR THE YEAR ENDING 31st MARCH 2020			
PARTICULARS	AMOUNT Rs.	PARTICULARS	AMOUNT Rs.
To CME Allowance - Gadag	10,000	By ASI Membership Grant	4,13,510
" CME Allowance - Hubli Dharwad	10,000	" Magazine Fees	43,700
" CME Allowance - Tumkur	10,000	" KSCAION 2019	1,00,000
" Printing & Stationery	27,552	" Election Fees	20,000
" Bank Charges	72	" Interst on Fixed Deposits	2,13,200
" KSCASI MIDCON	25,000	" Interst on S.B. Account	28,520
" Audit Fees	10,000		
" Souviner Printing Charges	39,073		
" Website Development	1,25,000		
" Excess of Income over Expenditure	5,62,233		
TOTAL Rs.	8,18,930	TOTAL Rs.	8,18,930

As per our Report of Even Date
for P.R. KADUR & CO.,
Chartered Accountants

Dr. Sadashivayya Soppimath
Chairman

Date : 29.05.2020
Place : Hubballi

Dr. Diwakar Gaddi
Hon. Secretary

Dr. Jaspal Singh Tehalia
Treasurer



Kadur Prakash R.
Proprietor

M.No. 217598 F.No. 011361s
UDIN : 20217598AAAACA3816

ASSOCIATION OF SURGEONS OF INDIA KARNATAKA STATE CHAPTER			
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Dr. Sadashivayya Soppimath
Chairman

Date : 29.05.2020
Place : Hubballi

Dr. Diwakar Gaddi
Hon. Secretary

Dr. Jaspal Singh Tehalia
Treasurer



Kadur Prakash R.
Proprietor

M.No. 217598 F.No. 011361s
UDIN : 20217598AAAACA3816



ASSOCIATION OF SURGEONS OF INDIA KARNATAKA STATE CHAPTER BALANCE SHEET AS ON 31st MARCH 2020					
LIABILITIES		AMOUNT Rs.	ASSETS		AMOUNT Rs.
CAPITAL ACCOUNT			FIXED ASSETS		
Capital Fund		65,66,257			
RESERVES & SURPLUS			INVESTMENTS		
Income & Expenditure Account		31,17,254	F D with Canara Bank		87,50,000
Balance Brought Forward	25,55,021		Deposit dated 21.09.2015	10,00,000	
Add : Current Year Surplus	5,62,233		Deposit dated 21.09.2015	2,00,000	
			Deposit dated 01.09.2015	10,00,000	
CURRENT LIABILITIES		10,000	Deposit dated 26.03.2016	6,50,000	
Audit Fees Payable	10,000		Deposit dated 30.03.2015	6,00,000	
			Deposit dated 23.06.2016	5,00,000	
			Deposit dated 28.08.2017	5,00,000	
			Deposit dated 03.07.2018	38,00,000	
			Deposit dated 03.02.2020	5,00,000	
			CURRENT ASSETS		
			Tax Deducted at Sources		1,91,067
			F.Y. 2019-20	21,320	
			F.Y. 2018-19	21,320	
			F.Y. 2017-18	22,443	
			F.Y. 2016-17	22,880	
			F.Y. 2015-16	72,859	
			F.Y. 2014-15	30,245	
			Cash & Bank Balances		7,52,444
			Cash on Hand	43	
			Cash at Bank		
			Canara Bank	7,52,401	
GRAND TOTAL RS		96,93,511	GRAND TOTAL RS		96,93,511

Dr. Sadashivayya Soppimath
Chairman
Date : 29.05.2020
Place : Hubballi

Dr. Diwakar Gaddi
Hon. Secretary

Dr. Jaspal Singh Tehalia
Treasurer

As per our Report of Even Date
for P.R. KADUR & CO.,
Chartered Accountants

Kadur Prakash B.
Proprietor
M.No. 217598 F.No. 011361s

Updates on KSCASI activities in view of COVID 19 situation.

- 1.KSCASICON 2021 was earlier scheduled to be hosted by Kalburgi branch of KSCASI. But due to the pandemic KSCASI is hosting it virtually in 2021. Registration and abstract submission details of the KSCASICON 2021 are in the website kscasi.com. I request active participation from all the members.
 2. Request all the members to register for the virtual KSCASICON 2021 separately. Kindly note that those who have earlier registered for the Kalburgi conference also need to register.
 3. KSCASICON 2022 will be hosted by Kalburgi. The registration amount already paid for the 2021 Kalburgi conference by some members will be carried forward to the 2022 conference. If some member wants to cancel the registration for the Kalburgi conference they can contact Dr Rajashekhar patil at "drrjsp@gmail.com".
 4. As a result of rescheduling KSCASICON 2023 will be hosted by Hubli-Dharwad branch.
 5. This year nominations for the orations and conveners of symposia have been called. Details can be found in the web site kscasi.com
 6. We have called for nominations of senior surgeons with distinguished service to be honored at the annual conference.
 7. A research grant has been created by KSCASI this year for the original research efforts. We request the eligible candidates to apply.
- All the details can be found in the website kscasi.com



ANNOUNCEMENTS

SHASTRA

Issue 3/20, November 2020

Notice is hereby given to all the KSCASI members of the Annual General Body Meeting to be held on 13-02-2021 at 7.45 P.M. during the KSCASICON web conference. Members are kindly requested to login.

Agenda :

1. Welcome by chairman
2. Condolences
3. Confirming the minutes of previous AGM held at Bengaluru
4. Secretary's Report - Adoption
5. Treasurer's Report - Adoption
6. Announcement of Orators for the KSCASICON 2023
7. Announcement of Moderators for Symposia for KSCASICON 2022
8. Announcement of speaker for DR. S.R. KAULGUD Endowment Lecture 2022
9. KSCASION 2022 arrangements
10. Announcement of venue for KSCASICON 2023.
11. Announcement of KSCASImidCON 2021, 2022
12. Changes to Bye-laws.
13. Any other matter with permission of the chair.
14. Vote of thanks

KSCASImidCON 2021 and KSCASImidCON 2022

Inviting proposal for conducting KSCASImidCON 2021 and KSCASImidCON 2022, from KSC-ASI City Branches:

A proposal signed by City Branch President and Secretary with a proposed Organising Committee should reach the Hon. Secretary before 05-01-2021. A D.D. of Rs 5000/- (drawn in the name of KSCASI, payable at Bengaluru) as procedural fee, must be enclosed.

Correspondence:

Dr. Diwakar Gaddi,

Hon. Secretary KSC-ASI ,

House No. 34, "Anugraha" , First Cross, Shastrinagar, Behind Basava Bhavan, S.P.Circle, Ballari, 583103.

email: secretarykscasi@gmail.com Ph : 8618522794, 9448371009



**Inviting Nominations for Orations, Symposia and Endowment lecture
(Last Date : 05-01-2021)**

A. Please send proposal for Nomination of ORATOR for KSCASICON 2023

1. Dr. H. S. BHAT Oration 2023
2. Dr. A. J. Narendran Oration 2023
3. Dr. NARASANAGI Oration 2023
4. Dr. M.P. Pai Oration 2023

B. Please send proposal for Nomination of CONVENER/ MODERATOR OF SYMPOSIUM for KSCASICON 2022

1. Dr. R.B.Patil Symposium
2. Dr. BalaKrishna Rao Symposium

C. Please send proposal for Nomination of SPEAKER FOR Dr. S.R. KAULGUD ENDOWMENT LECTURE for KSCASICON 2022

Kindly send filled in forms to Hon. secretary

To,
Secretary, KSCASI

Dear Sir/ Madam,

I am a member of ASI and I would like to give the Oration / be the convener / be the Speaker myself, or nominate Dr as Orator / Moderator/ Speaker for the..... Oration/ Symposium / Endowment lecture for the year

I am attaching a profile of mine, his / her CV for your consideration. The Proposed Orator / Moderator has not given an Oration / Moderated a Symposium in the last three years.

Thanking You

Yours Sincerely

(Signature of Proposer)

ASI No.

Email id :

Mobile No.

(Signature of ASI member)

ASI No.

Email id:

Mobile No.

PROPOSED ORATOR / MODERATOR/ SPEAKER DETAILS:

ORATION / SYMPOSIUM / S.R. KAULGUD ENDOWMENT LECTURE

NameASI No.

PHONE No.....email id.....

Address.....

Signature.....

CV attached : Yes /No

Please note : Curriculum Vitae/ Biodata of Orator/ moderator / Convener/ Speaker to be attached with this form. Please visit www.kscasi.com for more details.



Guidelines for honouring surgeons at KSCASICON

SHASTRA

Issue 3/20, November 2020

Preamble:

This event will be called 'Honouring the Distinguished Senior Surgeon of the year'.

A committee constituted by the EC of KSCASI will look in to the following criteria and will score appropriately.

The selected member will be suitably honoured during the Inaugural function of the conference.

If the member is unable to attend the conference, any representative (preferably close family member) can receive the citation and memento.

The organizing committee will provide complementary delegate kit and look after the local hospitality of the member and one accompanying member and appropriate accommodation and local transport will be provided.

Free registration will be provided for the surgeon receiving the honor and one accompanying member. Accommodation will be provided to the surgeon and one accompanying person with dates of check in and check out clearly mentioned.

If the surgeon is unable to attend the function and wishes to send a representative on his behalf the representative's details will be sought by mail communication. However, he/she will not be given any above mentioned facility.

The nominations / applications are invited preferably six months before the conference.

Any ASI member of good standing with minimum of 5yrs continuous ASI Membership can nominate one ASI member for this honour.

Any eligible ASI member can apply for the honour.

The KSCASI EC can suggest to the committee name/s of a deserving member/s for the honour in the absence of his/her nomination / application.

The committee constituted by the KSCASI-EC will scrutinise the applications and nominations and suggest their decision to the KSC/ASI EC. EC's decision is final and binding.

The award is given only once to the member.



Following parameters are considered while selecting the surgeons for the honour.

The parameters can be scored on a scale of 1 to 10 depending upon their weightage. The parameters can be published on the KSCASI website.

The same criteria are also applied when selecting the senior surgeons from the location of the KSCASICON; this is generally done by the organising committee which can exercise appropriate discretion.

PARAMETERS:

The members who fulfil the first FOUR criteria are eligible to apply or to be nominated.

1. Uninterrupted ASI Membership of more than 15 years. (Quote ASI no)
2. Age >60 years
3. Served in Karnataka for 10 years in Government service / Private service
4. Academic qualifications : Basic qualifications viz. MS, DNB, FRCS in gen surgery
5. Contribution to KSCASI and/or to city branches of KSCASI - academic, administrative, organizational, office bearer etc.
6. Medical social service- awareness rallies, health check up camps, health education talks, surgical camps, disaster relief work (floods, earth quakes, epidemic.) etc.
7. Distinguished Awards, recognitions, honours received
8. Research contribution: paper/poster presentations /publication, talks / lectures / symposia/panel discussion / orations on the scientific fora, conducting workshops, chapter/book publication, reviewer/editor/editorial board member of scientific journal/book, the citation index, H index etc.
9. Any other achievements:
 - a. Apart from professional work- e.g., Art, music, dance, acting, writer etc.
 - b. Educational contributions- faculty in Medical College, HOD, Principal / Director, Registrar, Vice-Chancellor etc.
 - c. Contribution to Public health service-THO, DHO, Dist surgeon, Director of health service etc.
 - d. Contribution as a member of other scientific professional organisations and NGOs.

Kindly Follow the format in the Annexure and provide all the necessary details while proposing the names of the senior surgeons.



KSCASICON 2020 Research Fund Guidelines

SHASTRA
Issue 3/20, November 2020

The Organising Committee of KSCASICON2020 is pleased and proud to donate a sum of Rupees Ten Lakhs (10,00,000=00 INR) to The Karnataka State Branch of Association of Surgeons of India (KSCASI) towards instituting a Research Fund to be called “KSCASICON2020 Research Fund”. This amount is the proceeds from the successful conduct of the state level annual conference, KSCASICON 2020. In future, more funds can be added by KSCASI or others to this fund, to enhance the amount.

The amount donated must be invested in a Fixed Deposit. The interest accrued can be disbursed as a research grant.

The KSCASICON2020 Research Fund is primarily meant to support research activity of the members of KSCASI. As such applicants must be full or associate members of KSCASI. The applicant must be the principal investigator.

A formal application must be made by the principal investigator to KSCASI (see Annexure 1). Only original primary research work will be supported. Support will not be considered for writing secondary research articles.

Monetary support is given towards supporting biochemical tests / Radiological investigations / specialised assays / genetic studies etc. that would not be included in the ‘usual’ tests done on the patient for clinical care.

A detailed protocol of the project must accompany the application. (See Annexure 2)

Particular mention must be made of the estimated total cost of the project, break up cost and quantum of help requested.

The quantum of support will depend on the type of study. Support for each study will not exceed Rupees Fifty Thousand (Rs.50000=00). Depending on the amount accrued and the quality of applications received, one or more studies may be supported. Scientific committee will decide and recommend how many papers to choose and quantum of grant for each paper without burdening the KSCASI

Disbursement of the sanctioned amount will be in phases - 3 times a year after scrutiny - by the scientific committee - of the report submitted by the investigator 3 times a year regarding the progress of the study. Amount for particular study is decided in the beginning and even if the duration of study extends quantum of support remains same and disbursement of grant will be after the scrutiny of the progress report submitted by the investigator. CTRI registration of the study is compulsory



Selection Process:

The Scientific Committee of KSCASI will scrutinise the application and make a decision on the following parameters:

1. Only General Surgery, specialty surgery and related specialty studies should be considered.
2. Original prospective studies, particularly Randomised Controlled Trials would be preferred.
3. Important long term prospective cohort studies with 'good' numbers would be next in hierarchy
4. Case series, retrospective studies, etc. would not be supported.
5. The protocol must be on a relevant clinical topic.
6. The research question must be clear and the study design must answer the research question.
7. The tests / investigations for which the support is requested must be appropriate for the study.
8. The cost quoted and the support requested must be 'reasonable'. The investigator should furnish the details of the cost involved with supporting documents (invoices etc) Any escalation of the cost during the study period will not be supported by this grant.

Institutions not affiliated to RGUHS would be preferred as the latter are already supported by grants from RGUHS.

Disbursing the grant each year is not compulsory. If suitable applications are not forthcoming, the unutilised amount can be added to the principal amount.

The scientific committee will submit a detailed report about the applications received, the criteria used for selection and the recommended quantum of support to EC KSCASI. The EC of KSCASI will be the final authority for disbursing the amount. The permission from the EC can be taken by online or 'circulation' and majority decision must prevail. After the application is received the process of selection should be completed in 30 days' time.

Secretary, KSCASI, is requested to call for applications at least four times a year giving details about the KSCASICON2020 Research Fund and outlining the process of application and selection. The Annexures can be shared with the membership and displayed in the KSCASI website to help them put in 'proper' applications.

Annexure 1:

Formal Application by the Principal Investigator

The application must have the following details:

1. Name of the Investigator
2. Designation of the Investigator
3. ASI(KSC) number of Investigator
4. Co-Investigators with their designations:
5. ASI(KSC) number of co-investigator
6. Institution details



7. Contact details - address, email, Whatsapp number Protocol of the study (See Annexure2)
8. Duration of study - starting & ending
9. Necessary permissions - Ethical committee, Head of institution etc.
10. Total cost of the study
11. Break up cost of the study and cost of the investigation for which support is requested.
12. Quantum of help requested
13. Other sources of funding.
14. CTIRI registration Details.

Annexure 2:

Research Protocol

A protocol is a detailed document which explicitly describes all aspects of the research project. It is written under the following headings:

1. Project Title
2. Project Summary
3. Project Description
4. Rationale
5. Objectives
6. Methodology
7. Data Management and Analysis
8. Ethical considerations
9. Gender Issues
10. Reference

Details of how to write a protocol and conduct a study can be learnt from the following videos.

Research protocol:

<https://u.pcloud.link/publink/show?code=XZLJ6NkZoUDgnwug66m2XRgnP7Ga7fQedvIX>

Conducting a study:

<https://u.pcloud.link/publink/show?code=XZeF6NkZrfPvU7z72qRfDTX0qMQGqVzmUwOX>

Particular attention must be paid to Informed Consent form and Ethical committee clearances. Funds will be disbursed only after the required clearances are submitted to KSCASI by the applicant.



Behind the success story of



SHASTRA

Issue 3/20, November 2020

It was decided to have a web based midCON due to the Covid pandemic. The experiment was to hold the conference with a minimum of expenditure. We decided to use the in-house manpower and IT knowledge to complete the project with no professional IT involvement. This is possible with some basic knowledge in using google forms (for gathering information), docs (word processing) and sheets (spreadsheets) and mail merging. A practical knowledge of using a video-conferencing platform is a necessity.

First the dates of the conference were finalised and the timings were scheduled in the evenings so that everyone could attend without disturbing their daily activities.

The topics for the talks and panel discussion were finalised based on a survey conducted using a google forms questionnaire through various whatsapp groups. Next came the challenge of finding speakers. There was another survey conducted amongst the various teachers again through google forms asking them their role of preference - Speaker/ Chairperson/ Judge/ Screen manager/ Volunteer etc. The scientific committee of KSCASI had regular online meetings where the speakers were finally chosen based on the responses democratically. Next came the heart of the conference, the presentation of papers and posters. Based on our experience attending previous conferences and web based workshops it was very evident that allowing people to share their own screen and present was very time consuming and technically challenging to some people in spite of having trial runs the previous day. Also, the bandwidth issues had to be addressed. The decision was made to identify a few volunteers with access to a fast internet connection as screen managers and they would have all the presentations and share their screen. This would save time and facilitate an uninterrupted flow.

The registration and abstract submission was via google forms again. We had the treasurer and secretary of KSCASI constantly monitoring the payments while the scientific committee monitored the abstracts that came in. The blinded abstracts were then evaluated by Prof. Tejaswini, Prof. Kinhal and Dr Shivaram. They evaluated all the abstracts and scored them and allotted them to either paper or poster category. Once the allotment was done we started scheduling them into their respective sessions as either free paper or poster. The candidates were sent Emails immediately within 24 hours of allotment into their respective session which also included detailed instructions on how to prepare a good powerpoint presentation for the same.

Based on our experience from previous midCON we were expecting around 60-70 abstracts. This year we had received more than 300 abstracts of which 200 came in on the last 2 days. It was decided to use Zoom as the platform because of the relative familiarity and ease of use. We had to collect all the presentations and make sure they were working well. Again we received more than 150 presentations on the last day of submission and students were anxious whether they had made the deadline and were writing to us asking for confirmation. Once we received the presentations we had to manually check if every slide was working. We then had to rename every single presentation, save them to folders created for their respective sessions and link them to a word file. We also had saved them as google slides and had an online backup in case our hard disk crashed. This entire folder was then shared to the 6 screen managers. Each one of them again went through all the presentations and links and made sure it was functioning well. At this point I would like to clarify why we couldn't allow changes to be made to the slides once submitted. Everyone involved in this conference are surgeons and are working. We devoted almost every minute of our time outside the hospital to checking each and every presentation and linking them.



Once the folder was sent to all the screen managers, one change from your end meant 6 changes from our end and 6 times the work of an already labour intensive process. I do hope you all understand why we could not allow changes to be made.

Finally once we had all the presentations in place we needed to have multiple trial sessions to make sure we had no lag in the videos or screen sharing. We had a dry run for the conference as well where all the delegates were invited. It was brought to our notice that not many of them check their mail regularly and hence we created whatsapp groups. One for each screen with the screen managers as the admins and one for the judges, chairpersons and the speakers. We had 2 screen managers for each screen. While one was sharing the screen the other helped maintain decorum and make sure the participants and judges could log in on time and there was no unnecessary delay.

Each judge was given a score sheet and every candidate was scored. At the end of every day our screen managers went through all the score sheets and the postgraduate student with the highest score was announced as the winner of that session. This result was put up on the website and also displayed between sessions the following day.

The midCON was executed as planned and ran flawlessly. We do have scope for improvement and shall strive to achieve perfection. We sincerely thank our chairman Dr Soppimath, the Secretary, Dr Gaddi Diwakar and the Treasurer, Dr Jaspal Singh. The EC and the Scientific Committee have to be thanked for their inputs. Our Scientific Committee was headed by Dr Lakshman K and had as its members, Dr Soppimath, Dr Diwakar Gaddi, Dr Aravind Patel, Dr Ramakrishna, Dr Naaz Shaikh and Dr Aruna Kamineni Rao. No praise would be enough to recognise and acknowledge with thanks the hard and diligent work put in by the Screen managers.

Our exemplary Screen Managers included Drs. Nishanth, Tejaswi Kumar, Niranjan, Vinay Bhat, Wasim and Hosni Mubarak Khan. The Chairpersons, Judges, Time keepers and many others had put in their unconditional effort to make this programme a success. We owe them a big thanks. This programme was for the PGs and presenters. Their overwhelming participation made this programme a success. We thank them for their participation. Numerous others like our Website managers, and others working in the background have helped us. We sincerely thank them.

Dr. Nishanth Lakshmikantha, Dr. Lakshman K

Note - This is a shortened version of the write up to help everybody understand the planning, preparation and execution of the recently concluded midCON. For more details please go through the links:

<https://docs.google.com/document/d/1fM4Ksw4pRUIPJfRqoos18lzHMZDM4wQVRY5EljM4DSs/edit>

https://docs.google.com/document/d/1ahR79DkKv3oMujpSxS_xDfOvWUThEsBg6rmJoDNs7bc/edit

https://docs.google.com/document/d/1n4XVDBFoDvy7fjq5xkdT_OlQxQk80mqLOA4q-lIDcPo/edit



Dr. K. Lakshman



SHASTRA

Issue 3/20, November 2020



Dr. Nishant



Dr. Hosni Mubarak Khan



Dr. Niranjana



Dr. Tejaswi K C



Dr. Wasim

Dr. Vinay Bhat



Best E-Posters

Sl No	Name	Title
Pos 1	Dr. Rahul P Nambiar	DEEP NECK SPACE INFECTION IN CHICKEN POX - A CASE REPORT
pos 2	Dr. Sagar Nambiar	A CASE REPORT STUDY ON BILIARY CYSTADENOMA
pos 3	Dr. Rajat R Choudhari	PECULIAR CASE OF MESENTERIC FIBROMATOSIS MASQUERADING AS AN APPENDICULAR ABSCESS
pos 4	Dr. Supraja Subramanian	THE GREAT COVER UP – ENGINEERED SKIN TEMPLATE USED FOR BETTER SCAR FREE WOUND HEALING
pos 5	Dr. Naziya Rahim Bhatia	MINIMAL INVASIVE APPROACH IN A PEDIATRIC NON INFECTIVE SPLENIC CYST- CASE REPORT AND REVIEW OF LITERATURE
pos 6	Dr. Radhika Suhas Salpekar	AN UNUSUAL CASE OF MESENTERIC VENOUS THROMBOSIS IN COVID-19- CASE REPORT
pos 7	Dr. Abirami K	METAPLASTIC NEOPLASM – A RARE BREAST CARCINOMA
pos 8	Dr. Sanhitha Purushotham	A RARE CASE OF PNEUMOMEDIASTINITIS SECONDARY TO ESOPHAGEAL PERFORATION DUE TO FISHBONE INGESTION
pos 9	Dr. Nivedita K	THE ROLE OF MODIFIED EARLY WARNING SCORE (MEWS) IN POSTOPEARTIVE MONITORING OF PATIENTS
pos 10	Dr. Santosh Sairoba Nagekar	“TORSION OF WANDERING SPLEEN IN A PAEDIATRIC AGE- A SURGICAL ENIGMA”
pos 11	Dr. Ananthkrishnan B	DELAYED PRESENTATION OF ENTEROCUTANEOUS FISTULA: CONCLUSION TO A PROLONGED POST-OP PYREXIA OF UNKNOWN
pos 12	Dr. Manjunath Shantaram Nayak	CASE REPORT OF SPLENIC HYDATID CYST
pos13	Dr. Akhila K	SPONTANEOUS MECKEL'S DIVERTICULUM PERFORATION .
pos14	Dr. P B Jeevan Kumar	A RARE CASE OF IDIOPATHIC INTRACRANIAL HYPERTENSION PRESENTING WITH NEAR TOTAL BLINDNESS IN A MIDDLE AGED
pos 15	Dr. K Sathya Priyanka	ECTOPIC CERVICAL THYMOMA MISINTERPRETED AS A THYROID SWELLING
pos 16	Dr. Darshan Shetty	PRIMARY EXTRADURAL MENINGIOMA PRESENTING AS NECK MASS –AN UNUSUAL PRESENTATION OF RARE CASE



Best Papers		
SI No	Name	Title
FP 1	Dr. Talha Ahmed	ASSOCIATION OF SERUM BETA HCG LEVELS IN WOMEN WITH PALPABLE MALIGNANT BREAST LESIONS.
FP 2	Dr. Sadhan Gopal	COMPARING THE ACCURACY OF MRI AND TRUS IN PERIANAL FISTULA WITH OPERATIVE FINDINGS.
FP 3	Dr. Deepak R Sridhar	RETROSPECTIVE CLINICAL AND MICROBIOLOGICAL STUDY ON PATIENTS WITH PERIANAL ABSCESS UNDERGOING SURGERY AT JSS HOSPITAL, MYSURU
FP 4	Dr. Pratibha G	PSOAS ABSCESS- ROLE OF VARIOUS MANAGEMENT AND OUTCOME, A PROSPECTIVE STUDY
FP 5	Dr. Vishnu Ps	KEY STONE DESIGN ISLANDED FLAP-AN EASY AND DURABLE ALTERNATIVE FOR MANAGEMENT OF AXILLARY DEFECT OF
FP 6	Dr. Sagar Nambiar	USAGE OF V-Y PLASTY ADVANCEMENT FLAP IN LUMBO SACRAL SKIN DEFECTS
FP 7	Dr. Hariharasaran K I	AUDIT ON OT NOTES
FP 8	Dr. Keerthi G	ROLE OF ROUTINE DISTAL LOOPOGRAM BEFORE STOMA CLOSURE
FP 9	Dr. Kevin Alfred Samuel	OCCURENCE OF EOSINOPHILIC, XANTHO-GRANULOMATOUS, ACALCULUS CHOLECYSTITIS: RARE ENTITIES- FIVE YEAR SINGLE INSTITUTION STUDY
FP 10	Dr. Sanjay K	A COMPARATIVE STUDY OF TOPICAL PHENYTOIN WITH ZINC SUPPLEMENTATION AND CONVENTIONAL DRESSING IN CHRONIC NON HEALING ULCERS
FP 11	Dr. Janani	ENDOVENOUS LASER ABLATION AS A MODALITY OF TREATMENT FOR VENOUS ULCER DISEASE OF THE LOWER LIMBS
FP 12	Dr. Kevin Alfred Samuel	MANAGEMENT OF HAND INJURIES WITH GROIN FLAPS – OUR INSTITUTIONAL EXPERIENCE
FP 13	Dr. Vanitha Madan	LASER PROCTOLOGY - OUR EXPERIENCE
FP 14	Dr. P B Jeevan Kumar	CRANIOPLASTY : A COMPARATIVE STUDY OF OUTCOMES IN SHORT AND LONG TERM CRANIOPLASTIES WITH DIFFERENT MODES OF PRESERVATION
FP 15	Dr. Samhitha Reddy	EMPHYEMA THORACIS- THE ROLE OF OPEN THORACOTOMY WITH DECORTICATION IN THE ERA OF VATS
FP 16	Dr. Ananthakrishnan B	HYDROCEPHALUS IN MENINGOMYELOCELE
FP 17	Dr. A Ritesh	MAN VS BEAR
FP 18	Dr. Achutkumar M Pattar	BILATERAL PUDENDAL FLAP AS A COMPREHENSIVE TECHNIQUE FOR VAGINAL AND SCROTAL RECONSTRUCTION
FP 19	Dr. Athira C	THE PREVALENCE OF HYPOTHYROIDISM IN PATIENTS WITH GALL BLADDER STONES - A CROSS SECTIONAL STUDY
FP 20	Dr. Govind P Somani	THE ATRAUMATIC ACUTE ABDOMEN - A COMPARATIVE ANALYSIS OF CLINICAL, RADIOLOGICAL AND OPERATIVE FINDINGS.





SHASTRA

Issue 3/20, November 2020



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A Majestic teacher ..Dr C R Ballal

SHASTRA

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A humble personality, a distinguished teacher and awe inspiring speaker are few synonyms that describe Dr. Chitpady Ramakrishna Ballal, more famously known as Dr. C R Ballal. He was born in 1937 to a pious Brahmin family in Udupi. He had his early education in Udupi and Mangalore before joining the Kasturba Medical College . He was a brilliant Undergraduate student securing the First Rank in Karnatak University in his First, Second and Final M B B S culminating in the Dr T M A Pai Gold Medal for the best outgoing student. He did his Masters in Surgery from the same college being in the first batch of post graduate trainees in the state of Karnataka .

Thus began his surgical career which saw him excel in teaching as well. He worked in the department of Surgery in KMC mangalore rising to become the Head of Department . He continued his teaching at the K S Hegde Medical Academy for sometime after his retirement .



Prof C R Ballal is a very popular teacher whose clinics are legendary - a fact certified by the multitude of post graduates spread across the length and breadth of the country (even across the world). As a token of gratitude one of his students Dr. Devi Shetty of Narayana Hridayalaya has named a Platinum wing in Narayana Health Hospital Bangalore after him. He was also a very strict examiner but none can grudge the fact he was fair as well. He continues to teach well into his eighties and has shown surprising adaptability in taking e-Clinics in times of this deadly pandemic. His e-Clinics were well appreciated by the large numbers of students who were of his grandchildren's age.

As a recognition for his achievements, Prof C R Ballal has received a multitude of awards and recognitions. He has delivered many orations including the Dr H S Bhat oration at the state level of ASI. He was a very popular quiz master conducting the National Level Surgical Quiz for the ASI, multiple times. He is the Former Chairman of the State chapter of the ASI . The Royal College of Surgeons of Glasgow deemed him fit to receive an Honorary FRCS degree - one of three such people in the country. **The icing on the cake has been the Lifetime Achievement Award by the ASI for the year 2020 .**

Amongst his other interests Prof C R Ballal is the Hon. President of the Sangeetha Parishad Mangalore.

It is a great honour for the state Chapter to have an esteemed teacher, and a great Surgeon as one of his members. We take pride and some liberty in calling him the "Jewel of Karnataka State Chapter of ASI".

We wish him more success and a perfectly healthy life.





INGUINAL HERNIA – THE ‘C S’ WAY...!

- Dr. C.S.Rajan

SHASTRA

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ABSTRACT:

The inguinal hernia is a common clinical condition in a General Surgeon's Practice. All aspects of current inguinal hernia practice, clinical, operative and common complications, have been described using the letters 'C and S', to give a novel way of reading again, and recollecting, the essentials of the inguinal hernia

KEYWORDS

inguinal hernia; clinical aspects; operative management; complications; C and S.

INGUINAL HERNIA – THE ‘C S’ WAY...!

Canal Structure anatomy (from the front) vital for open surgery.

Concealed Sequences anatomy (from inside / posterior aspect) important for MIS (Laparoscopy).

Closing Shutter mechanism of local functional muscular physiology must be understood.

Clinical State of Inguinal Hernia, the findings would be either

1. Coming Straight through posterior wall (Direct), or
2. Circle Side entry into inguinal canal (Indirect)

Comparative Size – complete (into scrotum), or incomplete (buboncoele)

Content Status – reducible / irreducible / obstructed / strangulated

Coats' Strength - local muscle tone to be noted

Causes (of) Susceptibility to inguinal hernia to be looked for

Consider Sonics (Ultrasound) to confirm diagnosis (and for Insurance issues)

Classification Schedules

1. (Of) Champion Seniors: Gilbert / Nyhus / Zollinger / Bendavid (TSD) – all outdated
2. Contemporary Schemes: Aachen / European Hernia Society – most preferred today

Choice of Surgical options:

1. Circumspect Standby option of 'watchful waiting', no surgery for now, but kept on follow up.
2. Covering Strap, or the external truss, for the symptomatic patient, but unfit for surgery.
3. Cut & Suture (open surgical option).

Cul de Sac Ligation (herniotomy) suffices in infants, and the young up to 18 years

Containing Stitches only (tissue repair, or herniorrhaphy)

Constructed Support (mesh repair or hernioplasty)

4. Closed Solution (Minimally Invasive Surgery, MIS) –

Ideally for

Coming Second time (recurrence)

Coupled Set (bilateral)

Methods available:



Coelomic Sighting (trans peritoneal route, or the TAPP)

Completely Suprapubic (extra peritoneal route, or the TEP / eTEP)

Consent Sanction - Informed Consent explaining need for surgery, and of all options available.

Chronic States of pain persisting in some patients post operatively (inguinodynia and /or orchalgia) besides the chance of recurrence of the hernia, to be part of the informed consent

Core Statuettes - Pre Operative general principles are-

Choice Specific surgical approach to each case

Clean Surgery – hernias are best done as first case in OT list of the day

Confined (Local) or Systemic anaesthesia (Regional / General) may be used.

A. Cut & Suture (open surgery)

Common Steps - Initial

Crease Start – transverse inguinal crease incision, exposing external oblique

Canal Slit open- by cutting external oblique muscle in line of fibres

Conserve Sensation- nerves to be safeguarded

Cord Search for sac – antero-lateral for indirect, and postero-medial for direct

Call (back) Sac - indirect sac, herniotomy; direct sac, invaginate

Cremaster Slicing – debulking the hypertrophic cremaster muscle in canal

Common Steps – After the tissue / mesh repair of posterior wall

Close Subcutaneous tissues

Cuticular Skin closure, either intradermal suture, staples or Steri Strips

a) Containing Stitches repair - (herniorrhaphy):

Classical Shouldice is the Gold standard operation

Create Sleeves - divide posterior wall completely, create Transversalis fascia flaps

Close (in) Six layers, starting with double breast of the Transversalis fascia

Circumvent Stress, with NO tension on suture lines

Cohesive, Strong layered repair obtained

Cut-out Strip of External Oblique Muscle as a 'live patch' repair, as the Desarda technique is an alternative form of tissue repair

b) Constructed Support (with a prosthetic mesh) – (hernioplasty)

Create Space beneath the external oblique muscle

Comfortable Size of mesh used, minimum adequate is 7.6 x 15 cm

Compact Sutures, of smaller sizes preferred (2/0 or 3/0 non-absorbable, loose knots)

Commencing Stitch of mesh fixation, 2.5cm medial to pubic tubercle, into rectus sheath

Configure Shield (mesh), with 'fish tail' across emerging cord at deep ring

Crumpled, (not) Stretched look on completion, no tension in placement

B. Closed Solution (MIS)



Common Steps:

Chief Surgeon at head end of table

Cuboid Screen (monitor) at foot end of table

Coming (down) Shoulders – the Trendelenburg position

Care (at) Specific sites - Triangles of Doom & Pain

a). Completely Suprapubic (TEP)

Contrive Spherical area behind pubes in extra peritoneal space

Cephalad Striping of peritoneum and sac to expose all 3 potential defect spots

Copious Size of mesh to cover all defects

Clip Stick mesh with tackers.

b). Coelomic Sighting (TAPP)

Central Spot (umbilicus) for pneumoperitoneum, enter abdomen

Cut Shining peritoneum over groin area

Cephalad Striping of peritoneum and sac to expose all 3 potential defect spots

Copious Size of mesh to cover all defects

Clip Stick mesh with tackers

Close Surface membrane (peritoneum) over mesh

c) Capacious Spread-out in the pre-peritoneal plane, (or, eTEP) is latest approach being advocated by

Contemporary Surgeons adept at Closed Solutions (MIS).

Core Statuettes – the post-operative general principles are

Check and Survey for early SSO* – like Seroma, & SSIs (Surgical Site Infections),

[* SSO - Surgical site Occurrences]

Convalescence Short – encourage early return to work

Continued Surveillance for recurrence

Complications Seen and their Commended Solutions are

(for both, the open and the minimally invasive surgery options)

Common Seroma in wound / groin, best left alone to get absorbed

Congested Scrotum – transient pain and/or swelling, use scrotal support

Cut's Sting - immediate post op pain, oral analgesics suffice

Curtain Sepsis – mesh Infection / rejection, both are dreaded, with high morbidity, will ultimately need mesh explant

Continued Soreness – inguinodynia, delaying recovery, affecting Quality of Life scores, will need counselling and physiotherapy. Can try local Cortico-Steroid injections at specific pain trigger points in that groin. May need to

Consider Surgery again to explant mesh.

Circulation Subtraction to gonad – Ischemic orchitis, (infarction leading to atrophy) with orchalgia, is also unpleasant, and may need surgical exploration / orchidectomy



Coital Sensitivity – Dysejaculatory syndromes in a few, settle with counselling and time

Crying Symphysis denotes pain d/o osteitis pubis, also needs counselling, and analgesics

Comes Second time, the unwelcome recurrence...!

- Cut & Suture (Anterior) repair recurrence – repair by Closed Solution (MIS) approach
- Closed Solution (MIS) repair recurrence – repair by Cut & Suture (Anterior) approach

Citations Searched from (REFERENCES):

1. Rajan CS; C S in surgery, a personal perspective

<https://www.ncbi.nlm.nih.gov/pubmed/26730007>

2. Open Inguinal Hernia Repair - Medscape eMedicine

emedicine.medscape.com/article/1534281-overview

3. Laparoscopic Inguinal Hernia Repair - Medscape eMedicine

emedicine.medscape.com/article/1534321-overview

overview

4. Baig SJ, Priya P. Extended totally extraperitoneal repair (eTEP) for ventral hernias:

Short-term results from a single centre. J Min Access Surg 2019;15:198-203

OBITUARY

COVID 19 took a heavy toll. It was indeed a great loss for the Doctor's community, and KSCASI in particular for having lost eminent surgeons. KSCASI mourns the departure of our colleagues. May their souls rest in peace.



Dr. Manjunath Gowda



Dr. Raghunath Shetty



Dr. Avinash Tinekar



Dr. Ramanna K.M



Dr. S.S Salimath



Dr. Ramgopal Shetty



Dr. Devadas Hegde



Giant Follicular Thyroid Carcinoma

With Uncommon Presentation

-Dr. Gurushantappa Yalagachin

Dr. Sanjay Mashal

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Introduction:

Giant thyroid tumours are associated with compressive symptoms and surgery is the treatment strategy. Risk of surgical complication is higher due to altered anatomy or extra-thyroidal involvement. Follicular thyroid carcinoma (FTC), is the second most common malignancy (10%), of thyroid with distant hematogenous metastasis commonly observed in the lungs and bones and rarely to the lymph-nodes. We present a case of a large follicular carcinoma with metastasis to cervical lymph nodes, lungs and bone, with retro-sternal extension & no compressive symptoms, a rare entity with histological surprise.

Case Report:

A 48yr old female was admitted with huge swelling in the neck since past 20 years, with no compressive symptoms, no features of hypo/hyperthyroidism. On examination revealed a large swelling in front of neck extending superiorly from lower border of mandible, inferiorly over chest wall with multiple large cervical level II-V lymph-nodes on right side. Imaging work up showed a large goitre with cervical lymphadenopathy and pulmonary and skeletal metastasis, FNAC of swelling and cervical lymph node showed possibility of follicular neoplasm. Planned for Total thyroidectomy with right RND, Fibre-optic intubation was done, traverse incision was taken, intra operatively right lobe of thyroid was enlarged 15x15x15cm, lobulated surface and variable consistency, left lobe was small, level II to V lymph nodes were enlarged, abutting sternocleidomastoid, IJV and spinal accessory nerve on the right side, RLN and parathyroid were identified bilaterally and preserved. Patient extubated on post op day 1 & Postoperatively patient voice was normal and no evidence of hypocalcaemia. Histopathology showed poorly differentiated thyroid carcinoma with cervical lymph node metastatic deposits. Patient planned for I131 ablation after 8 week after estimation of TSH.

Discussion:

Huge goiters are common in iodine-deficient endemic regions. They are of concern to the surgeons because of the anticipated risk of difficult dissection and increased chances of surgical complications. Similarly, they are of concern to the anaesthesiologists because of difficult intubation and post-thyroidectomy tracheomalacia. Malignant transformation of long-standing multinodular goitre is a known entity incidence is less than 5%. FTC is distinctive in that it infrequently metastasises to lymph node (0-10%), more commonly present with distant metastases (6-20%) more commonly into lung followed by bone (flat>long) [1,2,3]. The American Thyroid Association Guidelines stipulate that total thyroidectomy followed by adjuvant I131 therapy should be reserved for thyroid cancer >4 cm those with gross extrathyroidal extension, clinically apparent metastasis to the lymph nodes or distant sites, or with widely invasive carcinoma based on histomorphologic criteria [4,5,6].

Treatment can be planned with surgery (total thyroidectomy with neck dissection) to remove locoregional disease to prevent obstructive complications and for post-operative I131 ablation. Also, spontaneous regression of systemic deposits noted are reported after surgery and long term follow up after radio-iodine ablation [7]

The term ‘poorly differentiated carcinoma’ is used to define a group of thyroid tumors, showing morphologic and behavioural features, which were intermediate between those of follicular/papillary on one hand and anaplastic carcinoma on the other. Prognosis of PDTC is intermediate between well differentiated and undifferentiated thyroid carcinoma. Many of PDTC absorb RAI, including metastatic deposits and respond to it [8]. CTRT as palliative therapy for locally advanced disease has got minimum role.

Keywords:

Giant thyroid carcinoma,
Total thyroidectomy, Radical neck dissection,
Poorly differentiated thyroid carcinoma,
distant metastasis,
follicular carcinoma

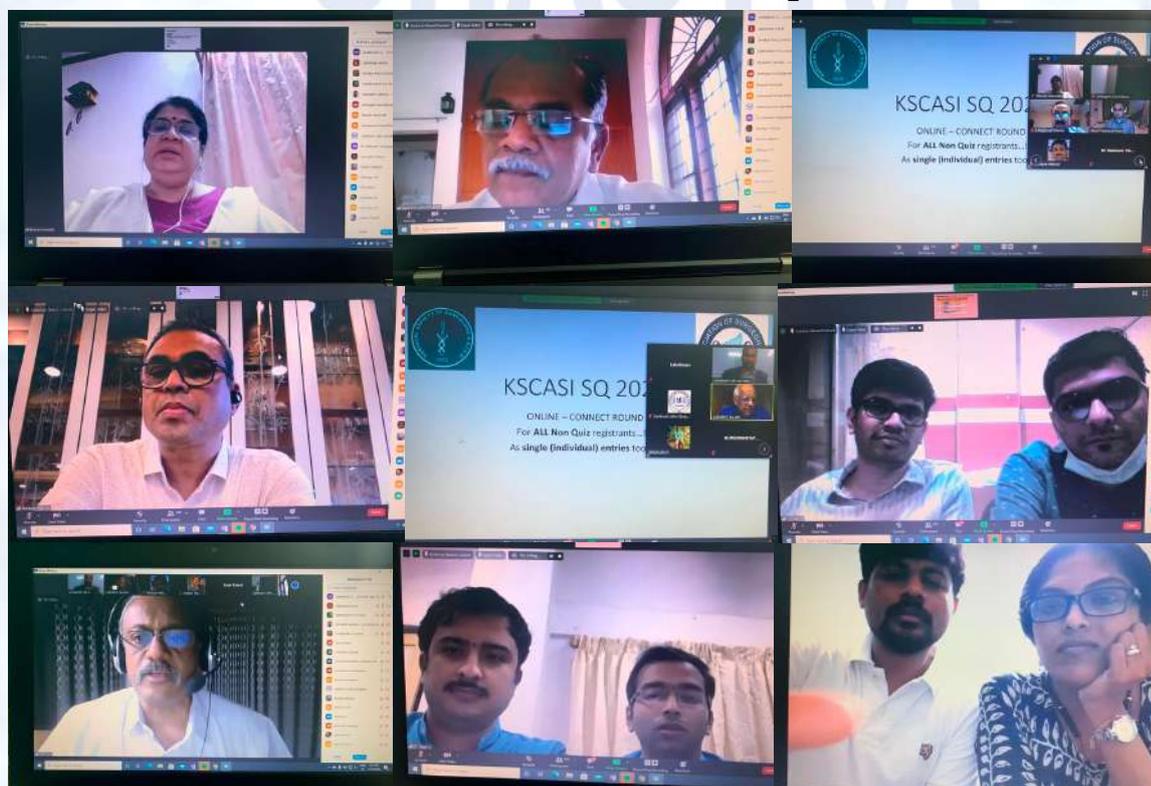




References:

1. Lin JD, Huang MJ, Juang JH et al. Factors related to the survival of papillary and follicular thyroid carcinoma patients with distant metastases. *Thyroid* 1999; 9: 1,227–1,235.
2. Schlumberger M, Challeton C, De Vathaire F et al. Radioactive iodine treatment and external radiotherapy for lung and bone metastases from thyroid carcinoma. *J Nucl Med* 1996; 37: 598–605.
3. Mihailovic J, Stefanovic L, Malesevic M. Differentiated thyroid carcinoma with distant metastases: probability of survival and its predicting factors. *Cancer Biother Radiopharm* 2007; 22: 250–255.
4. Parameswaran R, Shulin Hu J, Min En N, Tan WB, Yuan NK. Patterns of metastasis in follicular thyroid carcinoma and the difference between early and delayed presentation. *Ann R Coll Surg Engl.* 2017;99(2):151–4.
5. Oyer SL, Fritsch VA, Lentsch EJ. Comparison of survival rates between papillary and follicular thyroid carcinomas among 36,725 patients. *Ann Otol Rhinol Laryngol.* 2014;123(2):94–100.
6. Podda M, Saba A, Porru F, Reccia I, Pisanu A. Follicular thyroid carcinoma: differences in clinical relevance between minimally invasive and widely invasive tumors. *World J Surg Oncol.* 2015;13:193.
7. F. Vaisman, D. Momesso, D. A. Bulzico et al., “Spontaneous remission in thyroid cancer patients after biochemical incomplete response to initial therapy,” *Clinical Endocrinology*, vol. 77, no. 1, pp. 132–138, 2012. Ibrahimasic T, Ghossein R, Carlson DL, et al: Outcomes in patients with poorly differentiated thyroid carcinoma. *J Clin Endocrinol Metab* 99:1245–1252, 2014.

CSEP - SURGICAL QUIZ



WINNERS

Dr. Shashank and Dhruva -
KIMS, Bengaluru

RUNNERS-UP

Dr. Sanket and Dr. Chetan
- KIMS, Hubballi

OTHER FINALISTS

Dr. Nikhil and Dr. Kala
- ESIMC, Bengaluru



BEYOND THE BOUNDS

SHASTRA

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Dr. Dayananda Nooli

ಮಾನಸಿಕ ಒತ್ತಡಕ್ಕೆ ವಚನಗಳೇ ಮದ್ದು



ಮನಸ್ಸಿನ ಒತ್ತಡಕ್ಕೆ ವಚನಗಳೇ ಮದ್ದು... ಮನಸ್ಸಿನ ಒತ್ತಡಕ್ಕೆ ವಚನಗಳೇ ಮದ್ದು... ಮನಸ್ಸಿನ ಒತ್ತಡಕ್ಕೆ ವಚನಗಳೇ ಮದ್ದು...



ಮನಸ್ಸಿನ ಒತ್ತಡಕ್ಕೆ ವಚನಗಳೇ ಮದ್ದು... ಮನಸ್ಸಿನ ಒತ್ತಡಕ್ಕೆ ವಚನಗಳೇ ಮದ್ದು... ಮನಸ್ಸಿನ ಒತ್ತಡಕ್ಕೆ ವಚನಗಳೇ ಮದ್ದು...

ಜನಸಂಖ್ಯಾ ನಿಯಂತ್ರಣದ ಹೆಸರಲ್ಲಿ ಸ್ತ್ರೀ ಶೋಷಣೆ!

ಭಾರತೀಯ ಸಾಂಪ್ರದಾಯಿಕ ವ್ಯವಸ್ಥೆಗಳು ಕೂಡಾ ಮತ ಸಂಹಾರ ಚೋರತೆಗಳಿಂದ ಬಂದಿವೆ. ಭೇದ, ಸಂಭೇದ, ನಿರಾಸಕ್ತ ವ್ಯವಹಾರಗಳಿಗೆ ಒಂದು ನಿದರ್ಶನವಾಗಿ ಭಾರತೀಯರನ್ನು ಕಂಡುಬಂದಿದೆ. ಭಾರತೀಯರನ್ನು ಕಂಡುಬಂದಿದೆ. ಭಾರತೀಯರನ್ನು ಕಂಡುಬಂದಿದೆ...



ಜನಸಂಖ್ಯಾ ನಿಯಂತ್ರಣದ ಹೆಸರಲ್ಲಿ ಸ್ತ್ರೀ ಶೋಷಣೆ! ಜನಸಂಖ್ಯಾ ನಿಯಂತ್ರಣದ ಹೆಸರಲ್ಲಿ ಸ್ತ್ರೀ ಶೋಷಣೆ! ಜನಸಂಖ್ಯಾ ನಿಯಂತ್ರಣದ ಹೆಸರಲ್ಲಿ ಸ್ತ್ರೀ ಶೋಷಣೆ!

Dr. Karaveera Prabhu Kyalakonda

ನಿರಂತರ ಅಧ್ಯಯನಗಳಿಂದ ಅದು ಸ್ವಲ್ಪ ಮೇಲಿನಿಯಾ ಅಲ್ಲವೆಂದೂ, ವೈರಸ್‌ಗಳು ರೋಗಿಯ ರಕ್ತವನ್ನು ಪುಷ್ಪಗಳಲ್ಲಿ ಹೆಚ್ಚುಗಟ್ಟಿಸುವುದರಿಂದ ಕಾಣುವ ಗುರುತುಗಳೆಂದೂ ಅರಿಯಲಾಯಿತು...

ಕೋವಿಡ್ ಕಾರ್ಮೋಡಕ್ಕೆ ಬೆಳ್ಳಿಯಂಚು!

ಬೆಳ್ಳಿಯಂಚು ಕೋವಿಡ್ ಕಾರ್ಮೋಡಕ್ಕೆ ಬೆಳ್ಳಿಯಂಚು! ಬೆಳ್ಳಿಯಂಚು ಕೋವಿಡ್ ಕಾರ್ಮೋಡಕ್ಕೆ ಬೆಳ್ಳಿಯಂಚು!



ಬೆಳ್ಳಿಯಂಚು ಕೋವಿಡ್ ಕಾರ್ಮೋಡಕ್ಕೆ ಬೆಳ್ಳಿಯಂಚು! ಬೆಳ್ಳಿಯಂಚು ಕೋವಿಡ್ ಕಾರ್ಮೋಡಕ್ಕೆ ಬೆಳ್ಳಿಯಂಚು!

Dr. Shivanada Kubsad

ನಿರಂತರ ಅಧ್ಯಯನಗಳಿಂದ ಅದು ಸ್ವಲ್ಪ ಮೇಲಿನಿಯಾ ಅಲ್ಲವೆಂದೂ, ವೈರಸ್‌ಗಳು ರೋಗಿಯ ರಕ್ತವನ್ನು ಪುಷ್ಪಗಳಲ್ಲಿ ಹೆಚ್ಚುಗಟ್ಟಿಸುವುದರಿಂದ ಕಾಣುವ ಗುರುತುಗಳೆಂದೂ ಅರಿಯಲಾಯಿತು...

FROM RENJALA SHENOY FAMILY 2 EXTRAORDINARY PERSONS -



Renjal Gopal shenoy, Dr Renjal Hari Narayana shenoy

IMA- KSB R H N Shenoy oration - By Dr. Rajgopal Shenoy



Covid 19 and the Health worker

K LAKSHMAN FRCS

Dr. K lakshman- Speaker for Shimoga IMA Event

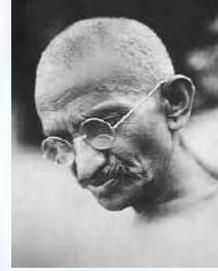


Dr. H.V. Shivaram- ANZ-AWR Conference



ವೈದ್ಯನಾಗುವುದೆಂದರೆ.....??!!

ವೈದ್ಯನಾಗುವುದೆಂದರೆ
ಸುಲಭದ ಮಾತಲ್ಲ
ಛಲ ಬೇಕು ಮನದಲ್ಲಿ
ಮೂರು ದಶಕಕೂ ಮಿಕ್ಕಿ
ಓದುತ್ತಲಿರಬೇಕು
ಅರ್ಥ ಬದುಕು ಕಲಿಯುವುದಕ್ಕೆ
ಮೀಸಲು..



ಬಲಬೇಕು ಮನೆಯಲ್ಲಿ
ಮನೆಯ ಮಂದಿ ಎಲ್ಲ
ಕಣ್ಣು ಕಿರಿದು ಮಾಡುತ
ಮನೆಯ ಮಗ ಬಂದು
ಮನೆಯ ಸೇರಲಿ ಎಂದು
ದಾರಿ ಕಾಯುವಲ್ಲಿ

ರಾತ್ರಿಯೋ ಹಗಲೋ
ವಾರದ ಕೊನೆದಿನವೋ
ಮೊದಲದಿನದ ಮುಂಜಾನೆಯೋ
ಅರಿವಿಲ್ಲದ ಬದುಕು
ಕಾಲ ಸರಿದದ್ದು ಗೊತ್ತಾಗದ ಹಾಗೆ

ಪತ್ನಿ ಮಕ್ಕಳ ಜೊತೆ
ಮತ್ತೆ ಹೆತ್ತವರ ಜೊತೆ
ಕಾಲ ಕಳೆದದ್ದಕ್ಕಿಂತ
ರೋಗಿಗಳ ಜೊತೆಗೆ
ಅವರ ನೆಂಟರ ಜೊತೆ
ಸೇರಿ ಬದುಕಿದ್ದೇ ಹೆಚ್ಚು

ನೂರೆಂಟು ಕಾನೂನು
ನಿತ್ಯ ಕಾಡುವ ತೊಡಕು
ವಾಸಿಯಾದರೆ ನಾರಾಯಣ
ಇಲ್ಲದರೆ ಗೋವಿಂದ...

ಎರಡು ಹೊತ್ತಿನ ಊಟಕ್ಕೆ
ಒಂದಿಷ್ಟು ಆಸರೆಗೆ ಜರೂರಿದೆಯೇ
ಇಷ್ಟೊಂದು ದುಡಿಯುವುದು
ಅನಿಸಿದಾಗಲೆಲ್ಲ
ಒಳದನಿಯು ನುಡಿದೀತು
"ಬದುಕಲೆನಿತೋ ದಾರಿ
ಬದುಕಿಸಲು ಇದೊಂದೇ ದಾರಿ"

ಕಷ್ಟವೇನೋ ಉಂಟು
ಸಾರ್ಥಕತೆ ಇದೆಯಲ್ಲ
ಕಣ್ಣೀರೊರೆಸಿದ ತೃಪ್ತಿ
ಧನ್ಯತೆಯ ಸಂತೃಪ್ತಿ....

ನಡುಗುತ್ತಿದೆ ಲೇಖನಿ....

ಲೇಖನಿಯನು ನಡುಗುತ್ತಿದೆ ಗಾಂಧಿಯ ನೆನಪಿನಲಿ,
ಅಕ್ಷರಗಳನು ಹೆಣೆಯಲಾಗದೆ ಲೇಖನಿ ನಡುಗುತ್ತಿದೆ,
ಸತ್ಯಾನ್ವೇಷಣೆಯ ಬದುಕೆಂದು ಭಾವಿಸಿದ,
ವರ್ಣಭೇದವನು ಪರದೇಶದಲೂ ಧಿಕ್ಕರಿಸಿದ,
ಶತಮಾನದ ಶಕಪುರುಷನ ನೆನಪಲಿ,
ಲೇಖನಿಯು ನಡುಗುತ್ತಿದೆ||

ಮನುಜ ಮನುಜರಲಿ ಪ್ರೀತಿ ತುಂಬಲು, ಪರಕೀಯರ ಹಿಂಸಾದಬ್ಬಾಳಿಕೆಯನೂ,
ಅಹಿಂಸಾಪ್ರತಿರೋಧ ತೋರುತ, ಅಧಿಕಾರಮತ್ತದಲ್ಲಿರುವವರಿಗೂ ನಡುಕ
ಹುಟ್ಟಿಸಿದ ಬಾಪುವಿನ ಬಗ್ಗೆ ಬರೆಯಲು
ಲೇಖನಿಯು ನಡುಗುತ್ತಿದೆ...||

ಅಂತ್ಯಜ, ಕುಲಜರೆನದೆ
ಮನುಜಪ್ರೀತಿ ಬೆಸೆಯಲು ಭಾವೈಕ್ಯತೆ ಪ್ರತೀಕವಾಗಿ ,ಜಗತ್ತಿಗೇ ಮಾದರಿಯಾದ,
ಸರಳ ಸಹಜ ಜೀವನದ ಚರಕದಿಂದ ನೂಲುನೇಯುತ, ಬದುಕು ಸವೆಸಿದ, ಗಾಂಧಿಯ ಬಗ್ಗೆ
ಬರೆಯಲು ಲೇಖನಿ ನಡುಗುತ್ತಿದೆ...||

ಪ್ರತಿರೋಧದ ಸಂಕೇತವಾಗಿ, ಸ್ವಾತಂತ್ರ್ಯ ಬದುಕಿಗಾಗಿ, ಸತ್ಯದ ಮಾರ್ಗವಾಗಿ,
ಚಳುವಳಿಯ ರೂಪಕವಾದ ಉಪವಾಸ ಸತ್ಯಾಗ್ರಹದ ಅಂಕುಶದಿಂದಲೇ
ನಿರಂಕುಶ ಪ್ರಭುತ್ವವನು ಅಲುಗಾಡಿಸಿದ ಮಹಾತ್ಮನ ಬಗ್ಗೆ ಬರೆಯಲು,
ಲೇಖನಿ ನಡುಗುತ್ತಿದೆ||

ನುಡಿದಂತೆ ನಡೆದು ಕೈಂಕರ್ಯವನು
ಪೂರೈಸಿದಾ ನಿನ್ನ ನೆನಪುಗಳಲಿ ತಲ್ಲೀನನಾದ ನನಗೆ,
ಭಾವುಕತೆಯ ಸಾಗರದಲ್ಲಿ ಮುಳುಗಿದಾ ನನಗೆ ,ಅರಿವಾಗಲಿಲ್ಲ.....
ನಡುಗುತ್ತಿರುವುದು ಲೇಖನಿಯಲ್ಲ..
ನಡುಗುತ್ತಿರುವುದು ನನ್ನ ಕೈ,
ನಡುಗುತ್ತಿರುವುದು ಮನಸು ಹೃದಯ...||

- ಡಾ. ಅರವಿಂದ್ ಪಟೇಲ



And Democracy smiled...!!



Humiliated and disturbed
Sobbing silently, peace disrupted
Reduced to a rubble when a black under the knees
Painfully yelled, he couldn't breathe.

When the nation reeled under the virus threat
Misinformation killed more, defying every breath
A failed administration responsible for the disaster
Blamed every other person to be a monster.

Lost and confused was every American
To choose between Trump and Joe Biden
One with a childish behaviour of the man in power
Another with a mature responsibility of ages.

The voter understood his prime role
He gets what he deserves, when he votes
And as each one raised a number
Democracy slowly emerged as a winner.

Time and again, history repeats
Evil is displaced, as it is unstable
When the citizens understand their liability
Democracy smiled as she proved her sustainability!!

- Dr Naaz Shaikh



ಗೋರಿ ಕಟ್ಟುವವರು

ಬದುಕಿನ ಬಿಳಿ ಹಲಗೆ, ಮೇಲೆ ನಾಳೆ ಎಂಬ ಲೇಖ
ಚಳಿ ಇದ್ದಲ್ಲಿ ಇಂದು ಇಲ್ಲ ಬಿಸಿಲೆಂಬ ಶೋಕ;
ಸುಖವೆಲ್ಲ ತನಗಂತೆ ದುಖಃ ಪರರಿಗಂತೆ
ಚಿಂತೆಯಲಿ "ಇಂದು" ಆಗುವುದು ಒಂದು ಸಂತೆ:
ಇಂದೇನೋ ಕಳೆಯಿತು ನಾಳೆ ಹೇಗೋ ಎಂಬ ಜಿಗ್ಗಾಸೆ(ವ್ಯಥೆ)
ಮರೆಯುವರು ಇಂದು ನಿನ್ನೆಗೆ ನಾಳೆಯ ಮುನ್ನುಡಿಯಂದು.
ವ್ಯವಧಾನದಲಿ ಹಿಂತಿರುಗಿ ಒಮ್ಮೆ ನೀ ನೋಡು
ತಡಕಾಡಿದರೂ ಕಾಣೆ ನಿನ್ನ ಹೆಜ್ಜೆಯ ಜಾಡು!
ನಾಳೆಯಂಬ ಮರೀಚಿಕೆಯ ಬೆನ್ನಿದ್ದವರದ್ದು ಈ ಪಾಡು,
ಇಂದು ನೀನೂರುವ ಹೆಜ್ಜೆಯಿದ್ದಲ್ಲಿ ಭದ್ರ
ನಾಳಿನ ಚಕ್ರವ್ಯೂಹದಲಿ ನೀನೇ ಸುಭದ್ರ,
ಇಂದು ಇಂದಾಗಿರಲಿ, ನಾಳಿನಾ ಚಿಂತೆ ನಾಳಿಗಿರಲಿ,
ಬರುವಾಗ ಬರುವವು ಹೊಂಗನಸುಗಳು ಅರಳಿ,
ನಾಳಿನ ನೆಪದಲ್ಲಿ ಗೋರಿಯಾಗುತ್ತಲಿವೆ
ಇಂದಿನಾ ಕನಸುಗಳು ನರಳಿ ನರಳಿ.

- ಗಡ್ಡಿ ದಿವಾಕರ



Water colours

By

Dr. R.D. Prabhu

SHASTRA

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*Tri- Murti
from Elephanta caves*

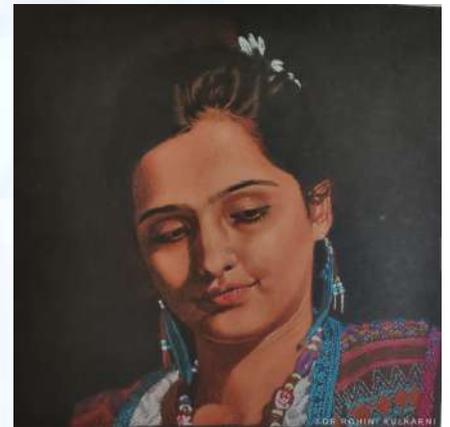


Murudeshwar

SHASTRA



*Pestal Pencils on
Black Canson Paper
-Dr. Rohini Kulkarni*





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