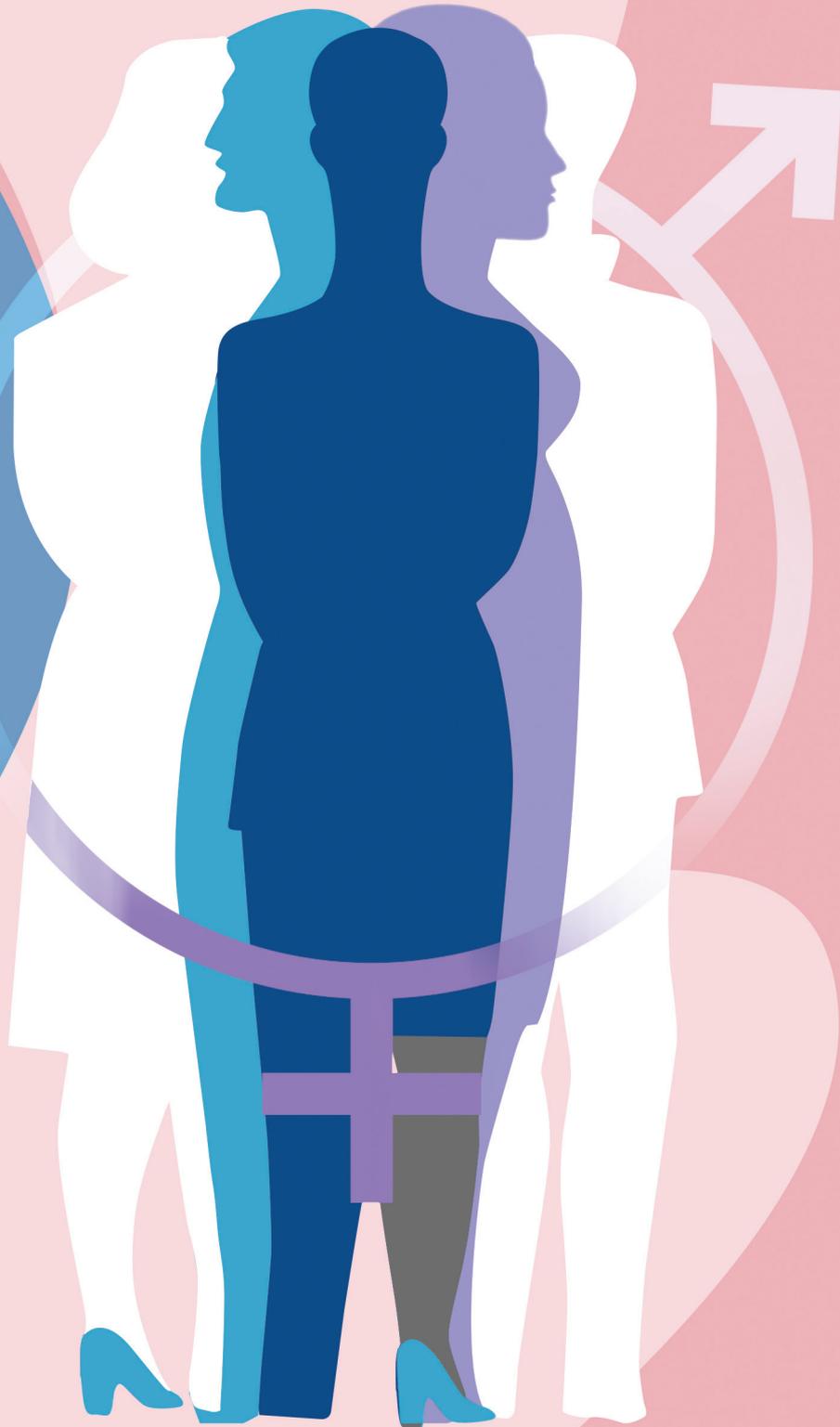


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- ACHSI (Australian Council on Healthcare Standards International)
KIMS got ACHSI accreditation in the year 2006 for demonstrating continuous improvements in patient safety and delivery of quality healthcare that is at par with international standards.
- NABH (National Accreditation Board for Hospitals & Healthcare Providers - India)
KIMS received NABH in the year 2006 as a recognition of its commitment to ensure safe healthcare practices and infection control measures.
- NABL (National Accreditation Board for Testing & Calibration Laboratories)
The Laboratory at KIMS is accredited by NABL in the year 2008, for ensuring precise diagnosis and following safe practices.
- NABH (National Accreditation Board for Hospitals & Healthcare Providers - India)
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- KIMS is certified with nursing excellence by NABH in the year 2015, as a recognition of its commitment towards safe and ethical nursing care.
- NABH Medical imaging services is awarded in the year 2016 for its outstanding contribution to sound and ethical radio diagnostics practices.

Recognitions

- Scroll of Honour for Teaching and Clinical Excellence NBE accredited hospital 2018.
National Award from the Association of National Board Accredited Institutions (ANBAI) & National Board of Examinations (NBE)
- Best Hospital IT Project Award 2017
- CMO Asia National Award for Best In-house Magazine.
- NiB Awards 2016 for Best House Journal.
- Golden Peacock National Quality Award 2014 in Healthcare Sector.
- Best Service Provider Award 2014 from Star Health and Allied Insurance Company Ltd.
- Golden Peacock International Business Excellence Award for the year 2013 initiated by Institute of Directors, United Kingdom.
- Commendation Certificate of Kerala State Government for energy conservation for the year 2012.
- TRIMA CSR award 2012, for excellence in CSR Activities undertaken for the financial years 2010-2011 and 2011-2012.
- Dr.Prathap C. Reddy Safe Care award for Best Medication Safety Initiative 2011.
- Avaya Global Connect Customer responsiveness Award 2010.
- South Asian Federation of Accountants (SAFA) award for best presented accounts and corporate governance disclosure.
- A – stable rating by CRISIL for best financial reporting in the year 2008.
- Hospital Management Asia (HMA) Award for the Project Musculo skeletal injuries in 2009.
- AV Gandhi Memorial Award 2007 and 2008 for excellence in Cardiology.
- Award for transparency in financial reporting in the year 2005 and 2008.
- Best Power User Award by Cyber India Online for optimal power utilisation in the healthcare industry in India in 2004.
- Kerala State Pollution Control Board Award for biomedical waste management in 2004 & 2006.
- Health Tourism Award 2005 for maximum foreign exchange earnings.
- Best Customer Site Award from HCL Infosystems Ltd.
- Regional ACLS and PALS Training Center by American Heart Association.

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Acknowledgement

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Edition
Issue 28

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Kerala experienced devastating Monsoon floods, the worst in a century, with more than one million people displaced, and more than 400 reported death. The idyllic tourist hotspot has been battered by torrential rains, triggering landslides and flash floods that have swept away entire villages. It has caused 50,000 crore worth of damage. Thousands of army, navy and air force troops were sent out to help the stranded. But what really gained attention was the public participation and thanks to the timely intervention of the fishermen who really achieved the impossible.

Now is the time of recovery. For those who lost their houses, relief camps are still running. Health and hygiene has to be in focus to prevent any spread of epidemics. Clean drinking water has to be ensured and they also need medicine for diarrhoea, rehydration powders and wipes to clean things. Apart from the governmental funding, financial and material aid has been flowing in from public and private institutions. KIMS Healthcare Group also participated in the rescue and relief operation with medical and financial support. KIMS management appreciates the selfless support given by the volunteers in the relief operations across Kerala, to help their fellowmen in their life saving mission.

KIMS expressions always offers readers supportive and invaluable resources in various healthcare topics. Complex topics are demystified and myths compared with facts. This edition brings up the challenges of the third gender. The social stigma makes them alienated in society, making it difficult to mingle in the larger

community with limited opportunities in all areas of life and only very few winning the battle. The recent ruling by the Supreme Court may have come as a beacon of light and hope for those across the country.

The new block of KIMS Kollam was inaugurated with state-of-the-art facilities. It also has enhanced bed strength. KIMS Trivandrum has tied up with Vadamalayar Hospital, Madurai for Liver Transplantation Surgery. This initiative will help our patients waiting for Liver Transplant to receive organs from deceased donor through Tamilnadu Government's Organ donation network. KIMS has completed a tie-up with PRS Hospital Trivandrum for Liver Transplant. This will be beneficial for patients at PRS Hospital since they can avail the services of KIMS Liver Transplant and Hepatobiliary Consultants.

KIMS Bahrain Medical Centre, the first venture of KIMS in GCC celebrated its 14th anniversary. The event was celebrated at KBMC with participation by the entire top management. KBMC is the hub of all operations in the region, and has a special stature in the entire chain across Middle East. The group also has units at Bahrain, Riyadh, Jubail, Oman, Qatar and Dubai. With the addition of Duqm Medical centre and now the acquisition of Al Rashidiya, the group has further strengthened its presence in GCC. We are moving forward with our core strengths; Quality and Affordability.

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SCROLL OF HONOUR for Teaching and Clinical Excellence NBE accredited hospital-2018

National Award from the Association of National Board Accredited Institutions (ANBAI) & National Board of Examinations (NBE) Dr. M I Sahadulla, Chairman & Managing Director, KIMS Group and Dr. P M Saffia, Vice Dean Academics, KIMS receiving the National award - Scroll of Honour for Teaching and Clinical Excellence, National Board accredited Hospitals from Shri. Vajubhai Vala Saheb, Honourable Governor of Karnataka, Dr. Alexander Thomas, President, Association of National Board Accredited Institutions (ANBAI), Dr. Jayshree Mehta, President, Medical Council of India (MCI) and Dr. Abhijat Sheth, President, National Board of Examinations (NBE).

The Scroll of Honour Award instituted by National Board Accredited Institutions and NBE is given to NBE accredited institutions. The Awards committee was chaired by Shri. V K Gupta, former Chief Justice of Jharkhand-Himachal High Court. The award function was held at J N Tata Auditorium, IISC Bengaluru.



Dr. Vetharathnam M.
MBBS, D.Ortho, D.Ac
Sr. Medical Officer

“I am not . . . What I am!”

“Don’t you think it’s not correct, to discriminate the transgender people at home and in public places and not allowing them to live freely? We are also human beings, have the rights to live as we wish. We will fight against the society and government, till you people consider us as another human being like you!”

A Transgender person, asked me the question during a conversation, in a recent train journey. I felt as though (s)he slapped me on my face!

When I was a sixth standard student in the school, we, a group of 6 boys as close friends, used to move together while studying, playing and roaming around. One day, I have noticed a sudden change in one of my friends, who tried to keep a distance from others with unusual behaviour in the class room as well as in the play ground. He gradually changed to a feminine style, in walking and talking. When I asked, he said that he was in a confused state of mind and not interested in studies. And he was absent for exams too. At last, he quit home after a fight with his parents and left the school as a drop out. After about eight months interval, his mother called me, saying he had returned home and wanted to see me. I rushed towards his house and on seeing him I had no words to spell! After a visit to Mumbai, (S)he had a total transformation as a young girl in saree with ear rings, bindhi, dark red lipstick and on high

heels! I stopped short at a distance, but (s)he looked into my eyes boldly, held my hands confidently and said, “ I’m happy now, decided to live as per the intention of my mind. Sex is in between ears and not anywhere else! For your eyes, I am not, what I am!”. At the young age, I got confused to realize what was happening to him. I’ve never seen him again and whenever I happened to see a Transperson, my memories rewind to be reminded of him.

Till now, I have a question in my mind. Why there is such a discrimination against the Third gender people?

It may be due to their outlook, as though a female living in a male body, differentiating them from common people. A mismatched body and mind! Also, a transperson, either seen begging on the roads, dancing at the functions or calling others for sex to earn money for living. There is no other way for them to earn money! Sometime back, they were not included in the census of our country, not allowed to vote, not allowed to study in government and private educational institutions or to work in governmental and non-governmental organizations. There is no column for a third gender person to fill up, in the application forms, while applying for studies or to get a job. There is a group of people called ‘Non Resident Indians (NRI’s)’, the Indians living outside the country, but, I don’t know, how to call



these Third gender people, who are also Indians living within our country without any identity? The transgenders are the biggest victims. An activist fighting for transgender rights had his throat slashed and was found dead in the southern state of Kerala (ref.1). A 22 year old transgender, native of Tamil Nadu was stargled to death and the body was found at a railway station, confirmed as per police report (ref.2). A 28 year old transgender woman found severely burnt, found outside a police station and died at a government hospital (ref.3). The violence against the transpersons in the public reached an extreme, they are mentally rejected and dejected, attempting suicide at the end!

I wish to share my thoughts with you, dear friends, about their life, problems and their rights to live as a human being.

Transgender / Transperson

The name 'Transgender' is coined by a Psychiatrist, John F. Oliven of Columbia University in 1965, in his text, "Sexual Hygiene and Pathology" (ref.4). Nowadays the term Transgender or Trans person is used as a general term applied to variety of individuals (LGBT : Lesbian, Gay, Bisexual and Transperson), who tend to diverge from the normal gender roles. The name 'Transgender' is derived from two different languages, 'Trans' is from Latin and 'Gender' is from English. The counterpart of 'Transgender' is 'Cisgender'.

The American Psychological Association defines Transsexuality as 'a strong and persistent cross-gender identification and a discomfort with one's biological sex' (ref.4). Transgender people grow up identifying themselves to express as members of another gender, different to the one associated with their birth-assigned sex.

- Transwoman : an assigned 'male' at birth, but identifying him as a female (Transgender woman / MtF (Male to Female transpeople))
- Transman : an assigned 'female' at birth, but identifying her as a male (Transgender man / FtM (Female to Male transpeople))
- Drag is a term applied to clothing and make-over worn for the purpose of entertaining, which may be theatrical or comedic (ref.5). And the Drag artists have a long tradition in LGBT culture. Drag Queen : a man doing female drag. Drag King : a woman doing male drag. Faux Queen : a woman doing female drag.

Genetics and Chromosomes

Biologically, the chromosomes seen in the Fertile Male and Female :

Normal Human Male : 22 pairs of autosomal chromosomes. One 'X' and one 'Y' chromosome. The 'X' chromosome he gets from mother and 'Y' chromosome from father.

Normal Human Female : 22 pairs of autosomal chromosomes. Two 'X' chromosomes, one 'X' chromosome from mother and another 'X' chromosome from father.

The chromosomes seen in Infertile Third Gender :

1. 22 pairs of autosomal chromosomes + absence of one 'X' chromosome.
2. 22 pairs of autosomal chromosomes + Triple 'XXX' chromosomes
3. 22 pairs of autosomal chromosomes + 'XXY' chromosomes
4. 22 pairs of autosomal chromosomes + 'XYY' chromosomes

Sex / Gender / Orientation

- The biological sex is the male and female identity assigned at birth with chromosomes, reproductive anatomy and sex hormones. But, Gender identity is a subjective feeling of maleness and femaleness, a gender dysphoria. The sexual orientation is a person's physical, emotional and romantic attraction to another person while gender identity is about one's own sense of self. In 1980, Ray Blanchard of University of Toronto, introduced the theory of 'Autogynephilia' in which the heterosexual MtF transpersons (attracted to women) are in fact, sexually aroused by the thought of themselves as females which he calls as 'erotic target location errors' (ref.4).

Transgender - A review of History

- When looking back the history, the transgender people were respected well and played a prominent role in close association with kings and queens. They were ill-treated during the British rule and it is continuing till now.
- The stone tablet from Sumer, in 2nd millennium B.C., contains the writings about the creation of the type of human who is neither man nor woman (ref.6).
- The three ancient spiritual traditions, Hinduism, Jainism and Buddhism mentioned the Third gender in their texts.

- The Vedas (1500 B.C - 500 B.C) recognised three types of individuals according to their nature or 'Prakrti'. The Vedic astrology describes the nine planets and each assigned to one of the three genders. The Third gender, Tertiya-Prakrti, is associated with Mercury, Saturn and Ketu.
- The Manu Smriti (200 B.C - 200 A.D), the foundational work of Hindu law, explains the biological origin of three sexes. The male child with greater quantity of male seeds, female child with more of female seeds and if both are equal a third sex child or boy and girl twins are produced; if either are deficient in quantity, a failure of conception results.
- The third gender people are mentioned in Kama Sutra (4th Century A.D) and elsewhere, the male nature as pums-prakrti, female nature as strii-prakrti and the third nature as tritiya-prakrti.
- The Mahabhashya (200 B.C), the sanskrit grammar work of Patanjali explains that three grammatical genders are derived from three natural genders.
- The Tholkappium (3rd Century B.C), the earliest Tamil grammar refers to hermaphrodites as a third 'neuter' gender, in addition to a feminine category of unmasculine males.
- In Puranas, three kinds of 'Devas' of music and dance, the females as 'Apsaras', the males as 'Gandharvas' and the neuter as 'Kinnars', were mentioned.
- The Hindu God 'Shiva' represented as "Ardhanarishwara", with right side of the body as male and left side as female, symbolizing the union of male and female power.
- In the great epic Mahabharat, 'Shikandhi', identified as female at birth, transformed as a transgender fighting in the war front against 'Bhishma'.
- During 16th and 17th centuries, the castrated hijras (enuchs) were respected. They played a prominent role in the royal courts of the Mughal emperors and some Hindu rulers. 'Malik Kaffur', the military general of Allau-din-Khilji who rose to the powerful position after him was a transgender person.
- The British rulers (1757-1947), catagorised the entire Transgender (LGBT) community as "criminals" under Criminal Tribes Act of 1871 (ref.7). They were arrested for dressing like females, dancing and playing music in public and gay sex.
- In 2003, the order of the Election Tribunal nullified the election of a Hijra, Kamala Jaan, to the post of Mayor of Katni which was upheld by the Hon'ble High court of Madhyapradesh (ref.7).
- In 2009, the first step was taken by Election Commission by allowing the transgender to choose their gender as 'others' on ballot forms.



Transgenders in India

The Third gender people or Transgenders in India are called 'Hijras' and the names differ in different parts of our country (ref.8).

Hijras : Hijras are males as per their biological sex and they identify themselves as women. Hijras have a long tradition in our country. They earn through their traditional work-'Badhai', clapping hands and asking for alms, dancing in ceremonies, blessing new-born babies and some of them engaged in sex work for lack of other opportunities.

Aravanis / Thirunangai : Hijras in Tamil Nadu are identified as 'Aravani' and they want the public and media to use the term 'Thirunangai' (Thiru-a respectable word in Tamil and Nangai means young female) to refer to Aravani.

Joghas / Jogappas : Hijras in Maharashtra and Karnataka, who are dedicated to and serve as servants of Goddess Renuka Devi (Yellamma). Jogha refer to male servant and Jogi refer to

female servant (also referred to as Devadasi). They can serve the Goddess under a 'Guru' as 'Chela' or 'Shishya' (disciple).

Shiv-Shakthi : They are accepted by senior Gurus and are married to a sword that represents male power or Shiva (deity), thus become the bride of the sword. Most of them belong to lower socio economic status and earn for their living as astrologers, soothsayers, spiritual healers and some seek alms.

Koovagam : A Hindu religious festival set in a Tamil Nadu village, Koovagam, falls during the full moon between April and May, draws thousands of transgender women from across India. The basis of the festival is in a story from Mahabharata in which Krishna transforms into a woman one night to marry Aravan, before the latter is sacrificed to an early death.

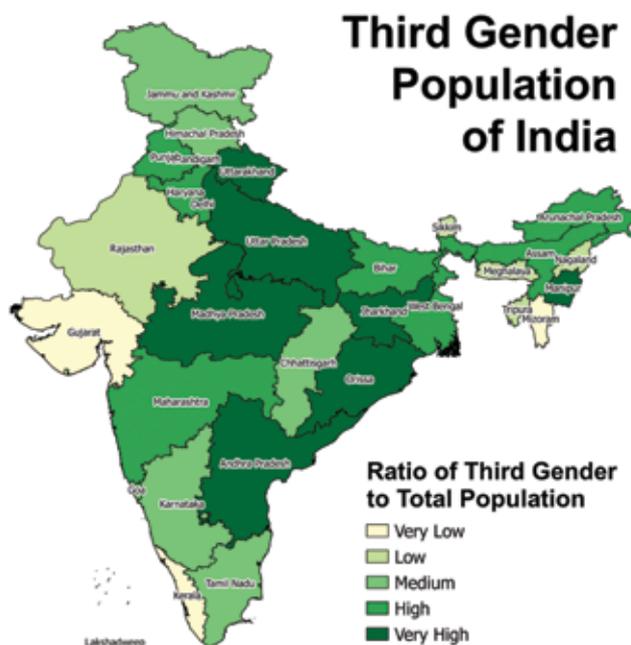
Discrimination and Social Marginalisation

- Family and school : Leaving home when parents resist to accept and dropping out of the school discontinuing studies (Homelessness and deprived of Education).
- Government : Lack of protection against discrimination, No proper documentation and issuing identity cards with legal gender status, Unemployment and Financial barriers and Police harassment.
- HIV prevalence, Substance abuse and poor sexual health.
- Lack of proper and scientific care of body modification, Hormone therapy (HT) and Sex reassigned surgeries (SRS).
- Lack of access to basic services like Medical, Psychological and Legal assistance.
- Violence and vulnerability in public places, Depression which leads to suicidal tendency.

Statistics - India

The statistics in 2011 revealed the official count of third gender in our country as 4.88 lakhs. But according to the transgender activists, the number should be 5 to 6 million and most keep it secret to avoid discrimination (ref.9).

Within the total number of transgender population, almost 55,000 fall in the age ranging from 0 to 6 and it is considered to be a good sign that so many parents identified their children as belonging to the third gender.



The highest proportion of third gender population, about 28% was identified in Uttar Pradesh and 9% in Andhra Pradesh, 8% each in Maharashtra and Bihar, 6% in both Madhya Pradesh and West Bengal, 4% in Tamil Nadu, Karnataka and Odisha, 3% in Rajasthan and 2% in Punjab.

A recent and first ever study on the Rights of Transgenders by National Human Rights Commission (NHRC) states, about 92% of transgenders are deprived of the right to participate in any form of economic activity in the country with even qualified ones refused jobs, compelled to beg or to choose sex-work! (ref.10).

The Kerala Development Society on behalf of NHRC said, the transgenders live in isolation within house, community and institutions in the midst of discrimination. Only 1.11% of transgenders earn above Rs.25,000 and majority about 26.35% earn between Rs.10,000 and Rs.15,000. Only 14.88% of transgenders have Voter ID and 16.6% have Aadhaar issued in the catatory of "transgender".

National Legal Services Authority – NALSA

- NALSA verdict by Supreme Court of the Union of India in 2014 was a mile stone judgement which recognised the 'Third gender' people of India and re-writes their rights in

Education, Employment and other essential needs for their life!

- All State authorities to provide legal recognition to Transgender people of the country as 'Third Genders'.
- To consider them as 'OBCs' (Other Backward Community) for educational and employment reservation.
- The States and Centre will provide social welfare schemes for third gender community.
- To run a public awareness campaign to erase the negative public image.
- All the States must provide special public Toilets and assistance for special medical issues.

State initiatives

Tamil Nadu : The Tamil Nadu Government established a Transgender Welfare Board in April 2008, which is the first of its kind by any state, to take care of education, income generation and other social security measures of Third gender people (ref.8). As a first step, the board has conducted the enumeration of transgender population in all 32 districts of Tamil Nadu and issued identity cards with gender identity as 'Aravani'. Ration cards were issued for buying food and other items from Government-run-fair-price shops.

In May 2008, a Government order was issued to enrol transgender people in Government educational institutions which includes 'third gender' category in the admission forms. In collaboration with Tamil Nadu Aravanikal Welfare Board, the Free sex reassignment surgeries, performed for Hijras / Transgender people in selected Government hospitals.

Kerala : Kerala's Kochi Metro Rail Ltd. deployed 23 Transgender people for the welfare of the marginalised community. This was for the first time, a Government-owned company in the state provided bulk employment for the third gender. The Free sex reassignment surgeries in Government Hospitals in Kerala, are planned in the near future (ref.11).

The International school in the southern Kerala is run by six transgender activists, with a main objective to provide education to transgender adults who dropped out from school at an early age (ref.12).

Hurdle winners

1. Joyita Mondal, from West Bengal made history on July 8, 2017, when she became the first transgender judge to attend a Lok Adalat at Islampur in North Dinjapur district of the state.



After being appointed as Lok Adalat judge, she said, "If transgenders have the chance to get government jobs, the traditional running away from homes, their age-old hijra activities like dancing in marriages, becoming sex workers and begging in streets will not happen in future".

2. K.Prithika Yashini, born as a male in Salem, identified as female at teenage, underwent sex reassignment surgery in Chennai, at the age of 26 years, applied for the post of



sub-inspector as a 'transgender'. She did not give up when her application was rejected stating that there were only two columns under which she had to apply and she took Tamil Nadu Uniform Services Recruitment Board to Madras High Court and won the fight for her right. She took charge as the sub-inspector of police at Dharmapuri police station after completing her training at Tamil Nadu Police Academy.

3. Kajal, with a passion for singing and dancing, became the first transgender radio-jockey from Mandya district in Karnataka. In the past, she went to Mumbai, worked as a bar-dancer and a dancer in circus. At present, she



is conducting the radio-show 'Subhamangala', airs on Mangaluru's community radio sarang 107.8 every Tuesday from 5 to 6 pm.

4. Ganga Kumari, from Rajasthan, after passing the police recruitment test in 2013, was rejected because of her gender. She won her battle, fighting for her rights in Jodhpur



High Court to join the police force as the first transgender constable in the state.

5. Mona Varonica Campbell, from Andhra Pradesh grew up with her dreams as a successful woman in fashion world. She faced opposition from her family and society, but the



big break came when she walked for designer Wemdel Rodricks at Lakme Fashion Week 2017, to become India's first and only plus-size transgender model.

Chhattishgarh Government is also joining with Tamil Nadu and Rajasthan in recruiting transgender people in the police force by declaring the news in December 2017 and even deploying them in Maoist-affected areas.

Sex Reassignment Surgeries (SRS)

Lili Elbe (1930) from Germany, the first known recipient of MtF - Sex Reassignment Surgery, underwent Orchidectomy, Penectomy, Vaginoplasty, Ovary and Uterus transplant, died in 3 months after her last surgery (ref.13).

Christine Jorgensen (1926-1989) : The first American transwoman and most famous recipient of Sex Reassignment Surgeries in 1951 in Denmark. Born as a male, he entered in the army service at the age of 19 years following graduation, identified himself as a female. Underwent Hormone Therapy under Dr.Christine Hamburger and she chose the name Christine in honour of Dr.Hamburger. After Vaginoplasty, she planned a marriage, but the couple was unable to obtain a marriage licence because of her birth certificate, listed her as a male. She lived as an actress and bar singer, published her autobiography



which narrates her experience of transformation and died at the age of 62 due to bladder and lung cancer (ref.14).

Hormone Replacement Therapy (HRT) : HRT, at an earlier age, will broaden the pelvis and a layer of subcutaneous fat will be deposited over the body rounding contours.

SRS for MtF transsexuals is for a structural and, as far as possible, a functional female genitalia.

1. Orchidectomy : Removal of testicles
2. Vaginoplasty : (a technique pioneered by Sir Harold Gillies in 1951), the skin of foreskin and the penis is usually inverted as a flap preserving neuro-vascular supply, to form a fully sensitive vagina. A clitoris with innervation can be formed from part of the glans penis. For circumcised males (without foreskin), the pubic hair follicles removed from scrotal tissue and then incorporated within vagina to form labia minora and other scrotal tissue forms labia majora. If there is skin shortage, a vaginal lining may be created by skin grafts from thighs and hip. A section of colon (Colo-vaginoplasty) may be used which is superior to skin graft in creating a mucosal surface which is functionally better than skin. The structuring of outer vulva (Labiaplasty) is needed as a second surgery that can be done under local anaesthesia. Frequent dilatation and application of calculated dose of Estrogen into the vagina may be needed with hormone therapy to maintain the hormone status for menstruation and to bear children. The ovary and uterus transplant surgery completes the functional female anatomy.
3. Facial Feminization Surgery (FFS) : Facial feminizing

cosmetic surgeries include modification of bone and cartilagenous structures in the jaw, brow, forehead, nose and cheek areas.

4. Breast Augmentation : Oestrogen is responsible in fat distribution to the breasts and Progesterone is responsible for developing actual milk glands, rounds out the breast to an adult shape and matures and darkens the areola. When the HT fails breast augmentation surgery is needed.
5. Buttock Augmentation : Anatomical masculine hips and buttocks are smaller than feminine hips which needs augmentation apart from HRT.
6. Voice feminization surgery : In MtF individual, Oestrogen alone may not be sufficient and they may need voice surgery, which alters the range and pitch of the person's vocal cords. And voice feminization lessons are available to train transwomen to practice feminization of their speech.
7. Tracheal shave : This procedure intended to reduce the cartilage in the larynx, to minimize the prominence of 'Adams apple' to get more feminine dimension.
8. The introduction of Sex Reassignment Surgeries in Government Hospitals, opened a new life to transgenders who previously had their surgeries done by quacks and non-medical people.

To conclude

- We should accept that nobody knows the real definition of 'Transgender' and the intensity of pain they experience.
- The awareness created by the Government will not be useful, until the common people are ready to accept the change! The acceptance will come only through education.
- The Constitution provides the fundamental rights for equality and tolerance towards discrimination in the name of sex, caste, creed or religion.
- Despite such laws, the transgender people face the continued discrimination and harassment at home, school, work place and in public.
- We should prepare a secure environment for the transgenders. It is everyone's dignity and the right to be recognized by our chosen name. We should make everyone understand the transgender youth.

- The gender-neutral rest rooms that anyone can use, irrespective of gender identity is needed in public places.



- The financial assistance by the Government to the transgender youth in the form of fee-waiver, scholarships, free text books and free hostel accomodation will help them and their community to move one step ahead.
- Parents and teachers should make the children understand that all are equal as human beings and transgender persons have to be treated with respect and dignity, so that even a single human being should not feel the pain of discrimination in future!!

References

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India's first transgender pop group wins prize at the 63th Annual Cannes Lions International Festival of Creativity.

The 6 Pack Band was created to help end the stigma around the transgender community in India.



Inauguration of Amrutham-13th Annual celebrations and get-together for Transplant patients by Shri. P Ramakrishnan, Honourable Speaker, Kerala Legislative Assembly



Suraksha-Emergency Life Support-Save a Life Campaign at Mall of Travancore organised by Nursing Department KIMS



KIMS celebrated World Heart Day alongwith Grandparents Day at Carmel Girls HSS, Trivandrum. The function was presided by Padmasree Prof. Dr. G Vijayaraghavan followed by Cardiology Screening camp. More than 100 grandparents were screened in the camp done at the school premises.







Basic Newborn Care and Resuscitation Programme for Nurses organised by Dept of Neonatology. Nurses from various hospitals attended the hands-on training programme



ELS Training programme by Dr. Donnel Don Bosco for the employees of Somatheeram Ayurvedic Health Village



Inauguration of KIMS FET-International conference on Fetal Medicine Education and Training by Dr. M I Sahadulla, CMD KIMS Group and Dr. John Smolenic. CME was organised by Dept. of High-risk Obstetrics & Foetal medicine and Dept. of Obstetrics and Gynaecology, KIMS.



Liver Clinic Inauguration & MoU signing for Liver Transplant tieup with Vadamalayan Hospital, Madurai. KIMS patients waiting for Liver Transplant can receive organs from deceased donor through Tamilnadu Government's Organ donation network.

Tie up for Liver Transplant & GI Surgeries with PRS Hospital. Patients at PRS Hospital can avail the services of KIMS Liver Transplant and Hepatobiliary Consultants

Century of a different kind

■ Dr B. Venugopal, liver transplant surgeon who started his journey as a transplant surgeon a decade ago has now completed 100 liver transplants and has 84 of them alive now. He says that a dedicated team is needed to successfully conduct a liver transplant. He started at a time when there were a lot of doubts about its success among doctors themselves, Today the biggest challenge is lack of donors.

VINOD NEDUMUDY | DC
 KOCHI, AUG 7

Dr B. Venugopal has hit a century recently. The unassuming surgeon with roots in Venmony, a small village in Alappuzha, has completed 100 liver transplant surgeries in the decade-old career as transplant surgeon with a success rate that matches global standards.

It was in 2008 that Dr Venugopal conducted his first liver transplant surgery. "Liver transplant was not a well-accepted treatment option among physicians and the public then," he recalls his early days. "Very few such surgeries were done in the state and the outcome was not great, either. Hence, confidence-building among physicians and the public was a major task. But with a success rate of over 85 per cent, which is comparable to international standards, we have changed that. Today, to convince a patient to undergo this treatment is not difficult as they are able to witness the quality of life of patients who underwent this operation previously," he said. He recently completed 102 liver transplants.

Dr Venugopal says liver transplant is the only effective treatment option when one's liver fails. "It is one of the most complex surgeries ever described. It is by no means a one-man show and requires very meticulous planning and implementation. Here comes the importance of having a dedicated team and co-ordinated effort," he said.

Dr Venugopal said the major hurdle one faces today is the shortage of donor organ availability and the exorbitant cost of treatment. "As the deceased donor programme has met with a setback in the state with new regulations in place, liver donation from a relative or an altruistic donor is the only alternative to look for. To get a matching donor in the family is not always easy and altruistic donation is a rarity especially for liver donation. Revamping the deceased donor programme is the only solution to tide over

this crisis and meet the donor organ demand," says Dr Venugopal.

He undertook 18 transplants in first five years of his transplant career which shot up to 84 transplants in the second five years. These spanned at VPS Lakeshore Hospital, Kochi and KIMS Hospital, Thiruvananthapuram. In the first five years the survival rate was 78 percent while in the second five years it was 87 percent.

The death of a young neighbour due to a liver disease was the trigger for Dr Venugopal, who had completed his MBBS, MS and MCh from Government Medical College, Thiruvananthapuram, to take up the largely untrodden path of a transplant surgeon. Since there was no opportunity for liver transplant training in India, he moved abroad for a two-year training in transplant surgery from Cambridge Addenbrooke's Hospital.

On his return, he found it tough to get a platform and form a team to perform the surgery. "To convince a hospital management to invest in developing infrastructure for this treatment modality was really difficult in those days," he said. "Delivering good outcome was very important to gain the confidence of hospital management and patients." Dr Venugopal now leads a team of over 40 professionals, including doctors and paramedics, to fine tune and coordinate a successful programme at Kerala Institute of Medical Sciences (KIMS) in Thiruvananthapuram. He attributes the success to the sincere and untiring effort of his team members.

"Keeping fit is very important as one has to work for long hours to perform this complex operation. Doing regular exercise and listening to music are my ways to keep myself fit. I also find time to spend with family of two children and wife," says the 54-year-old doctor.

He says that his confidence has increased as he conducted more transplants. "The time taken for conducting the surgery also comes down with experience," he said adding transplants are not conducted in patients above 70 years.



"Very few such surgeries were done in the state and the outcome was not great, either. Hence, confidence-building among physicians and the public was a major task. But with a success rate of over 85 per cent, which is comparable to international standards, we have changed that. Today, to convince a patient to undergo this treatment is not difficult as they are able to witness the quality of life of patients who underwent this operation previously," says Dr B. Venugopal

HURDLES GALORE

Dr Venugopal says neurosurgeons these days hesitate to report brain death cases, thanks to the new organ donation regulations that came into being about one-and-a-half years ago. "Allegations have made them hesitant to report such cases. I think this is the most serious impediment for organ donation than the stipulation that a panel where a government doctor be included to confirm brain death," said Dr Venugopal. He said he had conducted 24 transplants in 2016 but the number came down to 10 in 2017 after the new regulations came into being. "I have conducted only seven transplants this year; there has been only one cadaver organ donation in the state this year," he said. Dr Venugopal says exorbitant cost of treatment is another major stumbling block. Private hospitals charge between ₹18 to ₹22 lakh while it is about ₹25 lakh in hospitals outside Kerala. "The patients come at a stage when they would have exhausted their funds for many years of treatment for a chronic disease like cirrhosis. Government funding is very limited and most of the time it doesn't come on time. Since liver transplant surgeries are not available in government hospitals, seeking treatment at private hospitals is the only option patients have," he said. "Most of the time, the patients have to sell their property or seek the help of charitable organisations to meet the financial demands," Dr Venugopal said. "Though the state government has taken the initiative to start a liver transplant programme at Medical College, Thiruvananthapuram, it has not taken off well. The government should take every effort to restart the programme for the benefit of poor people. A public-private participation programme is already existing there and a government push will make it functional." Dr Venugopal also works with charitable organisations to raise funds for the surgery and follow-up treatment of poor patients.





Inauguration of KIMS Kollam New Multi Super Speciality Block by Smt. J Mercykutty Amma, Honourable Minister for Fisheries, Harbour Engineering & Cashew Industry and Sri K Raju, Honourable Minister for Forests, Animal Husbandry and Zoos in presence of Dr. M I Sahadulla, CMD KIMS Group, Prof. Dr. G Vijayaraghavan VC KIMS, N K Premachandran MP, Kodikunnil Suresh MP, G.S. Jayalal MLA, M Noushad MLA, Mayor Rajendra Babu, H G Zachariah Mar Anthonios, Metropolitan of Kollam Diocese, Dr. Saffiya P M, E M Najeeb, ED KIMS, Dr. Aneesh Bava, MS KIMS Kollam, Mr.Tariq E N, Head of Operations, KIMS Kollam, Mr. Neelakannan P, Group COO, and other dignitaries





Shri K Raju handing over the IGBC Green Gold rating award to Dr. M I Sahadulla, CMD, KIMS Group.
KIMS Kollam new block is the first hospital in Kerala recognized as a GREEN BUILDING

Dr James T L, Sr.Surgeon being honoured by Shri. N K Premachandran, MP Kollam



World No Tobacco Day celebrations: Campaign Flag off by Mr.Tariq E N, Head of Operations, Dr Aneesh Kumar and Dr Milan Malik Thaha, Pulmonologists, KIMS Kollam. Contemporary dramatic dance as part of awareness campaign





- 200 bedded hospital with over 30 specialities
- Highly qualified and experienced team of consultants
- Round-the-clock emergency services with state-of-art ambulances, fitted with modern ventilator and monitors
- Round-the-clock laboratory, diagnostic (X-Ray, CT scan, EEG, EMG, ECHO, TMT, Ultra sound etc.) and pharmacy services
- Six State-of-art operation theatres and dedicated 20 bedded Intensive Care Units (ICU) managed by highly qualified anaesthesiologists and Intensivists.
- Five bedded dialysis unit
- PICU with isolation room facility
- Level 3 NICU facility
- Isolation rooms
- Modern physical medicine departments
- Pediatric & Adult vaccination clinic
- Hearing and speech evaluation clinic
- Fully-equipped blood storage unit
- Fully computerized hospital information system
- Fully automated nurse call system
- Specially designed preventive health check-up, Antenatal, Delivery and Surgery packages
- Rooms are plush with all modern amenities & equipments
- In patient cafeteria service
- Free vehicle parking facilities



KCC Ambulance service inauguration and flagoff by Shri. Prakash IPS, Commissioner of Police, Trivandrum in presence of Dr. M I Sahadulla, CMD KIMS Group, Dr. P M Zuhara, Ms. Reshmi Aysha COO KCC and other dignitaries



National Cancer Survivor month-Awareness program at RP Mall Kollam



Cancer Awareness programme and screening camp at Thittamangalam Residential Association. Inauguration by Shri K. Muraleedharan MLA



KCC sponsored 'Harimuraleeravam' Musical event at Nishagandhi Auditorium, Trivandrum. Programme was attended by Honourable Minister Shri. Kadannappally Ramachandran and Shri. K. Muraleedharan MLA along with Ms.Reshmi Aysha, COO KCC and other dignitaries



Cancer Screening and Awareness camp at Goureeshapattom Residents Association. Dr. Sandeep B Pillai and Dr. Nasmin was part of the medical team



Cancer Screening camp at Thurayilkunnu, Karunagapally



Dr. Uday Chavan
MS, MCh
Surgical Oncologist

Can surgery prevent cancer???

Role of Surgery in Cancer Prevention

Since the human genome has been sequenced many mysteries of cell biology have been unraveled, thereby clarifying the pathogenesis of several diseases, particularly cancer. In members of kindreds with certain hereditary diseases, it is now possible early in life to predict with great certainty whether or not a family member has inherited the mutated allele causing the disease. In hereditary malignancies this has been particularly important, because in affected family members there is the possibility of removing the organ destined to develop cancer before malignancy develops or while it is in situ.

Factor to be considered

1. Clear understanding of the natural history of the disease
2. Variance of penetrance
3. A realistic appreciation of the potential benefit and risk of a risk-reducing procedure in an otherwise potentially healthy individual, and
4. The long-term sequelae of such surgical intervention, as well as
5. The individual patient's and family's perception of surgical risk and anticipated benefit.

Role of cancer preventive surgery

1. Breast cancer
2. Stomach cancer
3. Ovarian cancer and Endometrial cancer
4. MEN type 2 syndrome
5. Colonic cancer

Breast cancer

Syndromes associated with risk of breast cancer

1. Familiar breast cancer/ovarian cancer syndrome
2. Li-Fraumeni syndrome
3. PTEN Hamartoma syndrome (Cowden's)
4. Peutz-Jegher syndrome
5. Diffuse gastric cancer
6. Louis-Bar syndrome

Surgical issues and technique

- Bilateral prophylactic mastectomy reduced the risk of breast cancer by 90%
- Bilateral prophylactic mastectomy along with bilateral



salpingo-oophorectomy reduced the risk of breast cancer by 95%

Surgical options

- Total mastectomy
- Skin-sparing mastectomy (preservation of the skin envelope by removal of the entire breast through a circumareolar incision around the nipple areolar complex)
- Subcutaneous mastectomy
- Areola-sparing mastectomy (removal of the nipple while sparing the areola).
- Prophylactic bilateral salpingo-oophorectomy

Angelina Jolie Effect

On February 16, 2013 Jolie underwent double mastectomy

Family tree warranted genetic testing for BRCA mutation

Found out 87% of risk in developing cancer

Mastectomy lowered this risk to under 5%



Gastric cancer

- Hereditary diffuse gastric cancer (HDGC) is a genetic cancer susceptibility syndrome defined by one of the following:
- Two or more documented cases of DGC in first- or second-degree relatives, with at least one diagnosed before the age of 50;
- Three or more cases of documented DGC in first- or second-degree relatives, independent of age of onset.

Timing of surgery

- The optimal timing of prophylactic gastrectomy in individuals with CDH1 mutations is unknown
- Recent consensus recommendation indicate that age 20 is reasonable.

Ovarian cancer

Hereditary Ovarian Cancer (BRCA1, BRCA2)

- Predispose women to breast and ovarian cancer
- Incidence of fallopian tube cancer also appears to be increased
- Many serious cancers present at an advanced stage, and it is often difficult to determine whether the cancer arose in the ovary, the tube, or in the peritoneal cavity

Surgical issues

- Prophylactic bilateral salpingo-oophorectomy (BSO) is strongly recommended in women who carry BRCA mutations because of
 1. The high mortality rate of ovarian cancer and
 2. The lack of effective screening and prevention approaches
- The risk of hereditary ovarian cancer does not rise dramatically until the mid- to late 30s in women with BRCA1 mutations and the 40s for women with BRCA2 mutations

Endometrial cancer

- The risk of a woman who carries an HNPCC mutation developing endometrial cancer ranges from 20% to 60%.
- The risk of ovarian cancer increases to about 5% to 12%.
- cancers that arise in association with HNPCC are often diagnosed before menopause, with the average age in the 40s both endometrial and ovarian

Pros and Cons of Prophylactic Hysterectomy in Hereditary Nonpolyposis Colorectal Cancer

Pros

Can be performed in concert with prophylactic colectomy

Decreases uterine cancer incidence

Can be delayed to allow completion of childbearing

Can be performed laparoscopically in most cases

Impact on body image and self-esteem acceptable

Cons

Cost

Potential operative morbidity and mortality

Unproven to decrease endometrial cancer mortality

Thyroid malignancies

Risk-Reducing Thyroidectomy in RET Mutation Carriers

- Families affected by MEN-2A, MEN-2B, or FMTC who are found to have inherited a RET gene mutation are candidates for thyroidectomy, regardless of their plasma calcitonin levels.
- Extent and timing of surgical resection may be guided by the genotype-phenotype correlations.

Colorectal cancer

Syndromes associated

- Familial adenomatous polyposis (FAP),
- Attenuated FAP,
- MYH-associated polyposis (MAP)
- Hereditary nonpolyposis colorectal cancer (HNPCC)

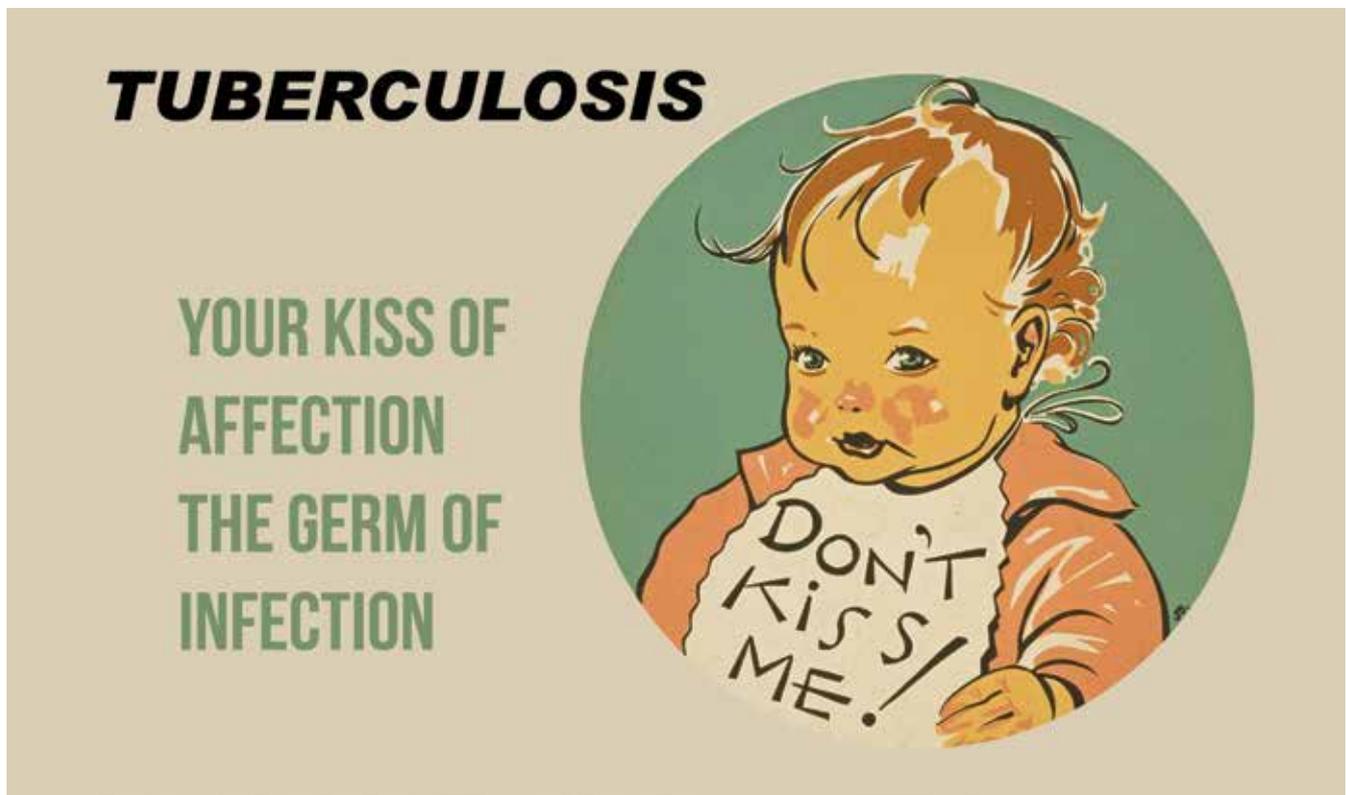
Timing of surgery

Patients with mild polyposis and a correspondingly lower cancer risk can undergo surgery in their midteens.

- Patients with severe polyposis, severe dysplasia, tubulovillous polyp architecture, multiple adenomas greater than 5 mm in size, and symptoms (bleeding, persistent diarrhea, anemia, failure to thrive, psychosocial stress, etc.) should undergo risk-reducing colorectal surgery as soon as is practical after diagnosis
- In carefully selected, fully asymptomatic patients who have small adenomas but a strong family history of aggressive abdominal desmoid disease, consideration can be given to delaying prophylactic colectomy, as the risk of desmoid-related complication may be greater than the risk of developing colorectal cancer.

Surgical options

- Total proctocolectomy with permanent ileostomy (TPC),
- Total colectomy with ileorectal anastomosis (IRA), and
- Proctocolectomy with ileal pouch anal anastomosis (IPAA).



World Hand Hygiene Day



Hand Hygiene Awareness session and training



Poster competition on Hand hygiene



World NO Tobacco Day-Awareness campaign, Bike rally



Shapur Marwadi Camp



Kishan Bagh Camp



IMA Cervical Screening Camp at KIMS BIBI

Here's what you must do to prevent urinary stone

● **Dr Renu Thomas**

Urinary stone is a very common health issue. As it causes severe pain and morbidity, patients are being compelled to take abstinence from work. Urinary stone disease, also known as urolithiasis implies the formation of solid stones in the urinary tract. The location of stones varies from kidney, ureter, urinary bladder and urethra. The usual place of origin of stones is either kidneys or urinary bladder.

Symptoms

The most common symptom caused by urinary stones is the pain. The location of pain would vary depending on the location of the stone. A stone that obstructs the ureter or renal pelvis causes excruciating pain that radiates from the flank to the groin or to the inner thigh. This pain, known as renal colic, is commonly accompanied by urinary urgency, restlessness, hematuria (blood in urine), sweating, nausea, and vomiting. It is typically described as colicky pain as it occurs in intervals in a crescendo pattern lasting 20 to 60 minutes caused by peristaltic contractions of the ureter as it attempts to expel the stone. The embryological link between the urinary tract, the genital system, and the gastrointestinal tract is the basis of the radiation of pain to the gonads, as well as nausea and vomiting that are also common in urolithiasis. Fever that accompanies pain due to urinary stones may be an ominous sign that points towards infection. This would mandate prompt treatment for relieving obstruction due to stone and also an aggressive treatment of infection.

Dietary factors

- Low intake of fluids, dehydration
- Low intake of calcium-containing food
- Use of calcium supplements
- High intake of non-vegetarian food
- High intake of sweets
- High intake of sodium
- High intake of leafy vegetables, chocolate, nuts.
- Vitamin B6 deficiency
- Diseases predisposing to stone formation
- Hyperparathyroidism

- Gout
- Diabetes mellitus
- Obesity
- Crohn's disease
- Gastrointestinal bypass surgeries
- Genetic diseases

Treatment

The treatment depends on various factors like location and size of stones, the presence of the obstruction to the urinary tract, co-existing alteration in kidney function, co-existing urinary infection etc. The common tests performed are Urine analysis, Ultrasound scan (USS) and X-ray of the abdomen. CT scan has also increasingly used to diagnose stone disease. Small stones in the kidneys are usually treated with painkillers. Further treatment relies on patients' ability to tolerate pain and their circumstances. Stones which are refractory to medical treatment and stones which are larger in size are treated with procedures that aim at clearance of stones. If there is associated infection, any procedure to clear stones is done only after treating it. When there is a concurrent infection, a procedure called stenting is done to allow relief. The following are the usual procedures adopted to clear urinary stones

Extra-corporeal Shock Wave Lithotripsy (ESWL) - This modality uses shock waves to fragment stones inside the kidney or upper ureter. It is difficult to treat large stones and hard stones with this modality. There is also a chance of stone fragments getting stuck in the ureter causing pain.

Per Cutaneous Nephro Lithotripsy (PCNL) - This minimally invasive 'keyhole' surgery involves putting the instrument directly into the kidney to clear stones.

Ureteroscopy - This procedure involves the introduction of instruments through the urethra into the bladder and then into the ureter to visualize the stone and fragment the stones. Ureteric stones are best treated by this method.

Cystolitholapaxy - This is the process of breaking bladder stones mechanically with an instrument called lithotrite. This instrument is introduced into the bladder through the

urethra.

Laparoscopy - This is another kind of 'keyhole' surgery to clear selected stones in the kidney or ureter.

If a stone is passed out through urine, this can be analysed to get information about the measures to prevent it in future. Many patients would require 24-hour urine collection for analysis to have a detailed evaluation of metabolic abnormalities that can cause stones.

Dietary modifications to prevent stones should be done in consultation with a nutrition specialist. Uric acid stones are prevented by avoiding food which is high in purine content. Oxalate stones would mandate restriction of leafy vegetables, nuts, chocolate, amla, grapes etc which are rich in oxalates. Dilution of urine indicated by a pale yellow colour will help in preventing its formation. Above all, it is always better to prevent stones rather than treating them after they are formed.

*Dr Renu Thomas
Consultant Urologist and Transplant
Surgeon
KIMS, Thiruvananthapuram*





KIMS Al Shifa Ayurkshetra inauguration by Honourable Minister Shri. K T Jaleel





Inauguration of World Hepatitis Day programme by Shri. Manjalamkuzhi Ali MLA



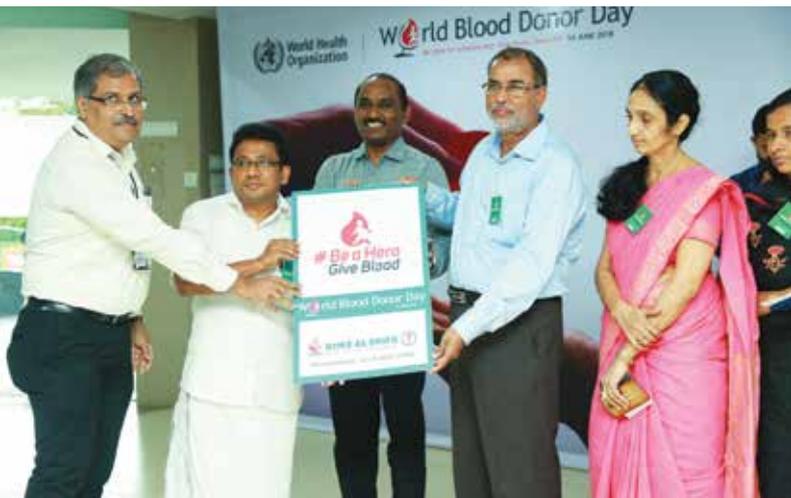
Inauguration of Hepatitis Exhibition by Mr. P Unneen VC & ED, KIMS AI Shifa



Hepatitis Exhibition



Hepatitis Day Quiz competition



Inauguration of World Blood Donors day observation by Shri. Sadakathulla, Perinthalmanna block panchayath vice president



Kidney Screening camp in association with Pain & Palliative Clinic, Melattur



Breastfeeding awareness programme



Suraksha 2018 ELS training programme





PNDT CME in association with District Health Dept, inaugurated by Distict Collector Mr. Amit Meena IAS



Association of Otolaryngologist of India Malabar chapter peripheral meet inaugurated by Mr. P Unnen (VC & ED KIMS Al Shifa)



Medical camp at Kambram



Medical camp for Flood victims at Koodallur, Palakkad District



Medical team visit to Nilambur flood victims camp



Dr. Shahinas
M.B.B.S., M.S.ENT
Specialist ENT Surgeon

Allergic Rhinitis- on the rise!

“I haven’t slept soundly in two years, my dripping nose and sneezing bouts are killing me! Please help me doctor!” complaints and requests that boggle most ENT doctors in the Middle East. If you’ve been sneezing or coughing a lot lately and are wondering what brought it on, you’re probably a victim of a seasonal allergy.

Allergic diseases have shown a dramatic worldwide increase during the last two decade and their impact on people’s lives can be severe. Allergy patients have been found to have a diminished quality of life - with everything from sleep and mood, to performance at work or school being affected. “Allergies lower productivity by as much as 40 to 60 per cent, reduce concentration at school and on average account for four out of ten absences.

How do I know if I have an Allergy?

The diagnosis of an allergic condition should be based on

1. A careful evaluation of the patient’s exposure history
2. Findings at physical examination,
3. Appropriately requested and interpreted laboratory test results.

Allergic conditions can range from common chronic conditions such as allergic rhinitis (AR), asthma, atopic conjunctivitis, eczema and urticaria, to life-threatening conditions such as

acute asthma and anaphylactic reactions. Most common manifestations are:

1. Hay fever (allergic rhinitis)-sneezing bouts, running nose, itchy nose, throat, ears.
2. Seasonal allergic conjunctivitis- Common symptoms include redness, burning and itchy eyes, aside from mucous discharge, runny nose, sneezing and breathing problems.
3. Allergic asthma-symptoms include persistent coughing (with the cough getting worse at night or in the morning), wheezing due to bronchial spasm and shortness of breath.

Diagnostic investigations: (‘Allergy testing’) serves only to confirm an allergic trigger suspected on the basis of the patient’s clinical history. The different allergy tests are based on the mechanism of the allergic reaction, which is generally divided into two groups

A. IgE-mediated (Type I or immediate hypersensitivity) allergy tests: total IgE, allergen specific-IgE, skin prick tests and component tests. Most of the inhalant allergies are IgE-mediated.

B. Non IgE-mediated (Type III & IV or delayed hypersensitivity) allergy tests. This group includes tests such as basophil activation tests (CAST), T-cell mediated tests such as MELISA and skin patch testing.



I live in the Middle East-Why do I sneeze so much?!!

Like every other place in the world, allergies are on the rise in the Middle East also. Although there are various types of seasonal and perennial allergies, nasal allergies are the most common.

Aeroallergens have been observed across the region: (i) Despite the stereotypical, desert image of the Middle East; pollen from hundreds of different grasses, weeds, shrubs and trees have been recognized (ii) spores from hundreds of species of molds, (iii) insect allergens, such as cockroach and mosquito, (iv) dander from domestic animals, rodents and farm animals, and (v) dozens of types of house dust mite and storage mites. "Local" allergens include pollen from the date palm and pollen from the initially foreign but now well-established shrub *Prosopis juliflora*.

Weather changes tend to trigger allergies, for a variety of reasons. For example, high winds result in an increase in the carrying and distribution of various pollens and molds that can trigger allergic reactions; rain can increase the amount of mold spores; and a sudden spike in summer heat can dry out or irritate nasal passages, also triggering allergic reactions and asthma attacks. Higher humidity favours the persistence of House Dust Mites, and also promotes the growth of mold spores.

Researchers from the Middle East have commented on a number of factors that may have contributed to the rise in the prevalence of AR over recent decades: (i) irrigation for agriculture of previously desert zones; (ii) increasing greenery of desert cities with often imported plants (iii) the increased use of air-conditioning in dwellings ,meaning that mites are present in dwellings and public places even in hot, arid desert climates, and (iv), more generally, a progressive shift to many aspects of a western lifestyle.

Studies in Qatar done in the last few years indicate reveal that House Dust Mites(HDM) was the most common positive skin test (43%), perhaps reflecting the high humidity. Cockroach was the second most common positive skin test (16%), *Chenopodiaceae* spp. is common as well. In Qatar, allergic rhinitis - also known as hay fever, seasonal allergic conjunctivitis and allergic asthma are the most widespread.

What do I do now?

The management of allergic rhinitis involves the following components:

- Pharmacotherapy
- Allergen avoidance
- Allergen Immunotherapy (desensitization)

Pharmacotherapy

Mild or episodic symptoms

- A second-generation oral antihistamine administered regularly or as needed-eg;Cetirizine(approved for children ≥ 6 months), loratadine, and fexofenadine
- An antihistamine nasal spray (e.g.: azelastine or olopatadine)
- A glucocorticoid nasal spray (more effective than antihistamines) administered regularly or as needed(eg;mometasone ,fluticasone)

Persistent or moderate-to-severe symptoms

- Glucocorticoid nasal sprays are the most effective pharmacologic therapy for allergic rhinitis and are recommended by guidelines as the best single therapy for patients with persistent or moderate-to-severe symptoms, including seasonal symptoms-mometasone furoate and fluticasone furoate, are preferred for use ,especially in children.
- Combination sprays – Sprays containing both a glucocorticoid and an antihistamine(e.g.;azelastine and fluticasone)
- Combination of glucocorticoid nasal sprays and oral antihistamines
- Addition of a second generation oral antihistamine/ decongestant combination (e.g.; loratadine-pseudoephedrine, cetirizine-pseudoephedrine, and fexofenadine-pseudoephedrine)
- Ocular antihistamine drops (for eye symptoms), intranasal cromolyn and short courses of oral corticosteroids (reserved for severe, acute episodes only) may also provide relief.

Basic measures to control exposure to common indoor allergens

Dust mites

- Cover pillows and mattresses with zippered covers, which are impermeable to mites and mite allergens.
- Wash sheets, pillowcases, and blankets in hot or warm water with detergent or dry in an electric dryer on the hot setting weekly. When necessary, blankets should be replaced with those that can be washed. Comforters (or duvets) should be removed or covered with fine woven covers.
- Use washable, vinyl, or roll-type window covers.
- Remove clutter, soft toys, and upholstered furniture.
- Where possible, carpets should be removed or replaced with area rugs that can be cleaned/washed.
- Reduce upholstered furniture, particularly old sofas.
- Replace carpets with polished flooring where possible. Carpets on concrete slabs or over poorly-ventilated crawl spaces are a problem and should be replaced with polished flooring, if possible.
- Vacuum weekly using a cleaner with a high-efficiency particulate air (HEPA) filtration system.
- Window coverings should be washable, vinyl, or roll-type.
- Control humidity to <50% relative humidity at normal temperatures (ie, 68 to 72°F).
- In general, allergy sufferers should not be encouraged to move from their home except in those cases where they are living in basements or overtly damp housing.
- Individuals who are allergic to mites (or molds) should be advised about the potential benefit of moving to an apartment (second floor or higher) or a house with second floor bedrooms and wooden floors.

Cockroaches

- Use poison bait or traps to control. Consult professional exterminator for severe infestation.
- Periodically clean home thoroughly.
- Encase all food fully and do not store garbage or papers inside the home.
- Fix water leaks.

Indoor mold

- Clean moldy surfaces with dilute bleach solution.
- Fix water leaks.
- Reduce indoor humidity to <50%. Avoid use of humidifiers.
- Evaporative (or swamp) coolers should be avoided or cleaned regularly.

Showering before bed to remove allergens from hair and skin can help reduce contamination of the bedding. Over-the-counter saline sprays and rinses can be used to wash allergens from the nasal lining after outdoor exposure.

Immunotherapy

Allergy shots, also known as subcutaneous immunotherapy (SCIT) and Allergy tablets as a form of sublingual immunotherapy (SLIT) may be a good treatment choice for you if

- i. Allergy medications don't control your symptoms well
- ii. you can't avoid the things that cause your allergic reactions
- iii. they interact with other medications you need to take or cause bothersome side effects
- iv. you want to reduce your long-term use of allergy medication
- v. You're allergic to insect stings.





Nurses Day



Camp at Indian Community Benevolent Forum (ICBF). Inauguration by Indian Ambassador Shri. P Kumaran



KIMS Medical team at ICBF



Dental screening and Dental disease detection camp by Dr. Anand K Sajani & Dr. Jawaher Muradat at DPS-Modern Indian School, Doha-Qatar



Celebrating the spirit of World Blood Donors Day; Blood donation campaign in association with Hamad Medical Corporation



Dr. Devi Arjunan
B.D.S.

Scaling Of Teeth - Realities And Myths

Teeth scaling is a dental procedure with which plaque and tartar deposits that form on the teeth are cleaned or scraped away. While plaque is a soft, sticky film that develops on the teeth containing millions of bacteria which cause tooth decay, tartar or calculus is a hardened form of plaque that develops if the plaque is not removed on time. Tooth decay is a natural process that takes place with time but plaque and tartar deposits tend to speed up that process.



Teeth scaling involves a thorough cleaning of the teeth down to the roots. Scaling is usually recommended when the gum disease is of a moderate level, in order to stop it from spreading, leading to further complications. When the gum disease is found to be severe, then scaling is done prior to the surgery.

In a nutshell, it reverses the occurrence of gum disease, while preventing further development of it into a serious condition. A non-surgical procedure, teeth scaling is different from a normal dental cleaning as it involves cleaning the tooth areas that are

under the gum line. It removes substances that cannot be removed through brushing.

In addition to giving you healthy gums, dental scaling is important for reducing your risk of having a heart disease. If you're wondering how teeth scaling is connected to your heart, here's how – several studies show that gum disease can increase your risk of heart disease as the bacteria that build up along the gum line get dislodged, enter your blood and attach themselves to the blood vessels, causing the formation of clots. These clots then cause a drop in your blood flow to the heart, bringing about a rise in your blood pressure, and consequently increasing your risk of a heart attack.

There are lots of myths when it comes to regular scaling of the teeth such as, it causes:

- Peeling off the first layer of enamel
- Weakening and mobility of teeth
- Gaps are increased than before
- Teeth become sensitive
- Painful

Scientific reasoning against the myths



1. Scaling/teeth cleaning is done with an ultrasonic scaler which operates by vibrations, it has no potency of drilling the teeth at all. It just removes the debris, deposits and stains from the teeth by the motions of vibrations.
2. May be the deposits are removed too late, at a stage when most of the bone is lost & teeth are temporarily cemented together with hard calculus, tooth may move after scaling. Hence scaling does not make teeth loose, they have already become loose due to calculus. Only the removal of patch of calculus has set in the mobility. This happens at a very late stage.
3. In some cases there are gaps between teeth which get covered by tooth colored tartar. On removal of this tartar the patient feels the gap has occurred due to cleaning of teeth, which is wrong.



4. As the tartar is removed, the concealed part of the teeth is exposed to the oral environment thereby causing mild to moderate sensitivity to the teeth, which is transient. The sensitivity vanishes in a day or two and most of the patients do not even experience this sensitivity.
5. Scaling is painful - contrary to popular belief, scaling is a virtually painless process, with the patient feeling a mild scraping sensation on the teeth when the scaling is taking place.

To keep your gums and teeth in good condition, it is best to go for scaling every 6 months. This is because as you age your saliva becomes thicker with a decrease in its water content. As a result, your mouth is more prone to dryness, thereby allowing the food and bacteria to remain longer in the mouth, causing the formation of plaque. A soft sticky film on the teeth, plaque continues to form in your mouth and begins to mineralize into tartar within 10-14 hours. This makes it all the more necessary to get this job done on a regular basis.

How to brush



1 Use a pea-sized amount of toothpaste.



2 Aim the toothbrush at an angle towards the gum line.



3 Use a gentle circular motion.



4 Repeat on the inside surfaces.



5 Use a light back and forth motion on the chewing surfaces.

Denture care

- Clean dentures with a denture brush or toothbrush, mild soap and water over a soft towel or half filled hand basin.
- Clean all surfaces to remove plaque and food debris.
- Store dentures in a container of water overnight.





Diabetes Campaign at Lulu



Seminar on Breast Cancer Awareness in Dukes Dubai by Dr. Sailaja Kaza, Chief Medical Officer, KIMS Medical Centre Dubai



Free Medical Campaign at Four Seasons Hotel. The campaign included a Blood check up for the employees



Anti tobacco day programme in association with Joy Alukkas at Mall of Joy, Kottayam: Awareness talk by Dr Jaisy Thomas Pulmonogist, Oath taking and Flash mob



Medical camp in association with JCL Olassa and Joy Alukkas inaugurated by Sri Oommen Chandy, former Chief Minister



ELS Training at Vision Honda

ELS Training at Club Mahindra Kumarakom



Flood relief medical checkup at rescue camps of Aymanam panchayath



ENT camp at St Thomas church, Nalpathimala Kottayam





Jishy Seby
Clinical Dietician

Brain foods

Brain is the most energy needed organ in our body, weighing only 2% of our total body weight but consuming more than 20% of our calorie intake. Diet provides the building blocks and fuel for the brain. Brains demand a constant supply of glucose. Neurons don't store this basic sugar like other cells, so they are always hungry and rather needy. We obtain this fuel from the carbohydrates we eat such as in fruits, vegetables, and grains. Apart from these, certain specific foods are found to be beneficial for brain and helps in the overall well being of the individual by keeping away depression and other brain related disorders.

Brain foods which are locally available with greater benefits include berries, avocado, pomegranates, green leafy vegetables, cruciferous vegetables, eggs, walnuts, oats, etc.



Berries - It's the anthocyanins in berries that make them so colorful ... and so beneficial for our brain. These berry

compounds have been linked to improved memory, learning, reasoning skills, decision making, verbal comprehension, and numerical ability. Blueberries activate the production of BDNF (brain-derived neurotrophic factor), a protein that is so good at stimulating new brain cell production - "Miracle Growth for our brain."

Avocados also boost production of the neurotransmitter dopamine which keeps you focused.



Pomegranate and its juice offer potent antioxidant benefits, which protect the brain from the damage of free radicals. It helps in treating Post Traumatic Brain injury

Green veggies are also a good source of the amino acid L-tyrosine which can improve your mood and increase your ability to learn, solve problems, and remember. Tyrosine is needed to form the





neurotransmitters dopamine and norepinephrine which are associated with alertness, drive, and motivation

Cruciferous vegetables such as cabbage, cauliflower, and broccoli contain antioxidants, brain-protecting carotenoids, and sulforaphane, a sulphur-based phytonutrient that can heal brain inflammation.



Eggs are one of the best sources of choline, an important nutrient used to produce acetylcholine, a neurotransmitter involved in memory.



Walnuts are especially good at improving memory and preventing brain aging. Walnuts are an excellent source of alpha-linolenic acid, a type of omega-3 fat the body uses to make DHA. Walnuts also contain an antioxidant called ellagic acid, that helps protect the brain from free radical damage.



Oats contain fiber, zinc, potassium, and vitamins E and B which help the brain to function at full capacity. Oats also provide the energy the brain needs.

Above all water is very important for proper functioning of brain. Every cell in your body needs water to thrive, about three-quarters of the brain is water. Dehydration directly lead to confusion, fatigue and other problems. It can also affect the absorption of necessary vitamins and minerals.



Exercise also boosts brain function by ramping up blood flow, so oxygen and nutrients get around to all parts of your body better, including your brain.





KIMS Healthcare stall at Medical tourism conference at Muscat, Oman
 Dr. M I Sahadulla CMD, KIMS Group was special invitee. He represented the Kerala wing in the Expo



Nurses Day at KIMS Oman Hospital



Labour Day at Larsen & Toubro



KIMS celebrates 14 years in Bahrain



KIMS Bahrain Medical Centre (KBMC) celebrated its 14th Anniversary recently. The ceremony was held at KBMC and was attended by the top management of KIMS Healthcare Group - Dr. M I Sahadulla, Chairman & Managing Director, Dr. Sheriff Sahadulla, Chief Executive Officer, Mr. Jacob Thomas, Executive Director - Operations & Projects (GCC), Mr. Vijayaraghavan, Advisor, in addition to company officials and staff members.

“I want to congratulate the KBMC staff for their dedicated efforts for continuously providing tireless service and quality care to the patients. KBMC is the first Indo-Bahraini venture in the private healthcare sector which began its operations on the island in 2004. For us, Bahrain holds immense importance as this is the first country outside India where we began our operations and is our headquarters for the GCC region.” Dr. M I Sahadulla

KIMS BAHRAIN MEDICAL CENTRE: KBMC, part of the internationally renowned KIMS Healthcare Group, is one of the most preferred healthcare destinations in the Kingdom for its world-class yet affordable treatments and procedures. The Group has 18 healthcare facilities across 6 countries with over 4,000 staff. Within the GCC, the Group has 8 healthcare facilities, 3 of which are in Bahrain including the prestigious Royal Bahrain Hospital and recently opened 24 hours Medical Centre in Riffa - RBH Medical Center.



KBMC team at Dar Umm Al Hassam Caring for Parents - Privilege cards issued



Privilege cards issued at Gujarat Samaj Bahrain



Medical Screening camp for the employees of Movenpick Hotel



Health Screening Camp for the families of Syro Malabar Society. Dr. Sajeev B K (Specialist, Paediatrics) conducted the health screening for children while Dr. Santhi Antony (Specialist Obstetrics and Gynaecology) conducted health screening for the women of the Syro Malabar Society



KIMS acquires Al Rashidiyah Polyclinic in Dubai, expands network

As a part of its expansion plan, KIMS Healthcare Group recently acquired Al Rashidiyah Polyclinic (RPC) in the United Arab Emirates (UAE). Located in Bur Dubai, RPC enhances KIMS' foothold in Dubai further and brings its medical expertise and quality services closer to the inhabitants. KIMS already has a strong presence in other part of Dubai, namely in Deira, through KIMS Medical Centre Dubai since 2012.

Established in 1988, RPC is a multi-specialty medical centre with 12 specialties and facilities such as radiology, laboratory and pharmacy. Ever since its launch, RPC, has developed as a family medical centre from both – local and expat community and remains a popular choice with the corporates around its vicinity.

Speaking on the RPC takeover, Dr. Sherif Sahadulla, Chief Executive Officer at KIMS Healthcare Group, says: "With the acquisition of RPC, KIMS has further strengthened its position in Dubai's healthcare sector. It also gives KIMS an opportunity to bring its quality services closer to the community."

To know more about RPC, pls browse www.rpcuae.com



May Day Labour Camp



JMC 5th Anniversary Sports Meet



5th Anniversary of Jarir Medical Centre



Dr. Latha Molli
M.B.B.S, MD (DVL)

Dermatoses of Pregnancy

Pregnancy is a condition during which every pregnant woman is subjected to several hormonal, immunological, metabolic and vascular changes. These changes may trigger various skin manifestations. They are grouped under the term "Dermatoses of pregnancy". They are divided into 3 categories.

1. Common physiological changes.
2. Changes in pre-existing skin conditions.
3. Dermatoses specific to pregnancy.

1. Common physiological changes :These are common benign skin changes, does not need any intervention and usually disappear after delivery. Mostly they are of cosmetic concern. Increased levels of melanocyte stimulating hormone, progesterone and oestrogens are responsible for these changes. They are as follows,

Pigmentary: Melasma, periareolar, hyperpigmentation, hyperpigmentation of axilla and genital area, linea nigra and darkening of nevi.

Vascular: Spider angiomas, palmar erythema, varicosities, non-pitting oedema, pyogenic granuloma, dermatographism, hemorrhoides, gingival hyperemia and gingivitis.

Connective tissue: Striae gravidarum.

Hair: Hypertrichosis, anagen effluvium, post-partum telogen effluvium and androgenic alopecia.

Nail: Onycholysis, brittle nails, transverse grooving and subungual hyperkeratosis.

Glandular: Miliaria, hyperhidrosis, dyshidrotic eczema, decreased apocrine activity, increased acne and Montgomery follicles of areola.

2. Effects of pregnancy on pre- existing skin conditions: In pregnancy decreased cell mediated immunity,Th1 cytokine

profile, increased humoral immunity and Th2 cytokine profile will affect pre-existing skin conditions.



Melasma

Striae distensae

Skin conditions that improve during pregnancy are Allergic contact dermatitis, Hidradenitis suppurativa, lichen scleroses et atrophicus and psoriasis.

Skin conditions that worsen during pregnancy are infections, SLE, dermatomyositis, acrodermatitis enteropathica, porphyria cutanea tarda, Ehlers-danlos syndrome, pseudoxanthoma elasticum, tumours like pyogenic granuloma, glomus tumour, hemangioma, dermatofibroma, neurofibroma, miscellaneous conditions like erythema multiforme and pustular psoriasis.

3. Dermatoses specific to pregnancy: These are heterogenous group of inflammatory skin conditions specific to pregnancy. All of them present with pruritis and skin eruptions but very few of them are associated with fetal risk and maternal distress and thus by warranting early diagnosis and treatment. Appropriate medical history, family history of atopy, gestational history, time of onset of rash, relevant investigations needed for the diagnosis.

Ambrose-Rudolph et all in 2006 classified this entity into 4 catogeries.

1.Atopic eruption of pregnancy: Usually present in early part of pregnancy. Three conditions grouped under this type due to their clinical overlap. They are Eczema f pregnancy, Prurigo of pregnancy and Pruritic folliculitis of pregnancy.

- Eczema of pregnancy: It can present in all trimesters, spread to all parts of the body including palms and soles. Mothers who are primigravida and single gestation are mostly effected. Elevated IgE levels seen in majority.
- Prurigo of pregnancy: Occurring in 1 in 300 pregnancies, can present in all trimesters. Pruritic excoriated papules and nodules seen over extensor aspects of legs, arms and abdomen. Elevated IgE seen in 20 percent of cases.
- Pruritic folliculitis of pregnancy: Occurring 1 in 3000 pregnancies, can present in 2nd and 3rd trimesters 2 to 4 m.m Pruritic follicular papules and sterile pustules seen over shoulders ,upper back, arms, chest and abdomen.

2.Polymorphic eruption of pregnancy : Occuring in 1 in 160 pregnancies. Mothers with multiple gestation, primigravida and increased age are usually effected. Stretching of the skin damages connective tissue, converting non antigenic molecules to antigenic molecules. Usually present in 3rd trimester and postpartum period. Follicular, non-follicular pruritic erythematous papules, plaques, sometimes target-like lesions and vesicles may be seen. Skin eruption usually starts in stretch marks over abdomen later spreads to thighs, arms and other parts of the body. Typically spares periumbilical area, face, palms and soles.



3.Pemphigoid gestationis : Occurring 1 in 50,000 pregnancies. Mothers associated with HLA-DR3 and HLA-DR4. Rarely molar pregnancy and choriocarcinoma are associated with this condition. Placental antigen cross reacts with cutaneous antigens. Pruritic urticarial papules, vesicles and bullous lesions start typically in periumbilical area later spread to other parts of the body. It resolves late in pregnancy and classically flares up at delivery. Eventhough IgG antibodies cross the placenta, 5 to 10 percent of new borns will have vesicles. Mild placental failure leads to premature deliveries, small for gestational baby and neonatal adrenal insufficiency due to high doses of systemic

steroid usage for treatment. Non-gestational recurrences can triggered by OCPs and menstrual cycles.



4.Intrahepatic cholestasis of pregnancy: It is also called pruritus gravidarum. It occurs very rarely, seen in 3rd trimester of pregnancy. Characterised by severe generalised itching, predominantly on palms and soles. No primary lesion can be seen. Secondary lesions like excoriations and excoriated papules are seen. It is associated with increased bile acids and clinically jaundice may be present. There is risk of premature birth, intrapartum fetal distress and still birth. Placental anoxia and cardiac depression are possible.

Histopathological findings are nonspecific for almost all conditions except for gestational pemphigoid, which in late stages show a band of eosinophilic infiltrate seen at dermoepidermal junction.Direct immunofluorescence show C3 deposition at dermo-epidermal junction.

Emollients, antihistamines and topical steroids are helpful in all cases. Pemphigoid gestationis and severe cases of polymorphus eruption of pregnancy need systemic steroids. Ursodeoxycholic acid 15 mg/ kg / day is treatment of choice for intrahepatic cholestasis of pregnancy.

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Medical camp at JAL International Jubail on the occasion of International Labour day, KIMS Suncity Medical Centre organized and distributed 130 Hygienic kits



Medical camp at Mubarak Abdullah Al Suwaiket



Free Medical camp for about 150 employees of Plant tech Arabia



Doctors Day



Nurses Day



World Environment Day

Dr Sheriff Sahadulla, CEO KIMS Healthcare Group with Mr Sayed Yaqoob, Manager HR Directorate at Southern Municipality for a tree planting event on the occasion of World Environment Day. The event was attended by officials from KIMS Bahrain Healthcare and Southern Area Municipality





Visit to Bahrain Down Syndrome Society: A team of medical professionals from Royal Bahrain Hospital, visited the Bahrain Down Syndrome Society as a part of its Corporate Social Responsibility to conduct a lecture session on "Leading a Nor"





RBH team at Bahrain Association for Parents and Friends of the Differently-abled group for Iftar



World Asthma Day - Medical Camp at Saar Mall



Health Talk at Schlumberger



Talk on Nutrition during Ramadan



World Health Day - Medical camp at Royal Charity Organization



Appreciation for RBH team at Royal Charity Organization

Nurses Day





The Royal Riders Team - (From L to R): Jacob Thomas, Rahma Jaber, Ebrahim Khalil and Dr. Rajesh Radhakrishnan



LIVE TO RIDE WITH ROYAL RIDERS

“Riders aren’t born, they are made ... says a Harley Davidson’s ad. It simply means that Harley is the epitome for all the riders. So when Harley Riders of Royal Bahrain Hospital offered an experience, we promptly took it.”

by Paritosh P



He further adds, “From the time I was a child, I was inundated with pictures of burly men on Harleys riding in gangs. Riding a Harley was always a dream. Owning one makes you join a new tribe, a new belonging. I like the feeling created by the HOGs everywhere around the world. They make themselves one of a kind!” In between all the admirations and conversations about Harleys, we worked out our riding route - Adliya-Budaiya-Bahrain Bay and back. With helmets on, legs on the ground, all the bikers hit the ignition and started the Harleys with a huge crack. It was as though beasts were unleashed ... the huge crackling of engines made the atmosphere come alive. Our rides began from the inroads of Adliya. In a short while we were on the highway, where the Royal Riders were enjoying the romance between

the highways and Harleys. Salman kept putting out of the car to take running shots and videos whilst bikers aligned to pose. After about 15 mins we were in Golden Chef restaurant in Budaiya tasting local delicacies over breakfast. From analyzing food to jokes ... we breezed through a range of unlinked topics. “Bikes have always had a special place since my college days. In a fast paced world where you are running around, a bike ride on Friday morning helps you to break the monotony of life,” says Dr. Rajesh, who owns HD Sportster 2013 adding, “Owning a Harley has always been a dream. Biking culture is growing in Bahrain and I love my rides in the winter where we can see a different landscape with mist and nice cold wind hitting your face. It is an extremely refreshing experience and we can see many people on different kinds of two wheelers.”

Whoever has read - Riding the Iron Rooster by Paul Theroux - surely wants to connect with the free spirit inside us. The openness of the empty roads, company of friends, free look at nature and adventure into the unknown ... does mesmerize and stir something deep within us. So during a pleasant weather, when our Royal Riders planned to go around beautiful Bahrain on their Harleys, I decided to break the mundane car trips, hit the road and live up to the child inside me. It almost felt like those days when I didn’t know how to ride a bike and used to excitedly wait for someone to

take me a distance. Even shorter rides those days made me happy. We decided to ride on a fine Friday morning and photographer Salman was all set to shoot the Royal Riders-Jacob Thomas, Dr. Rajesh Radhakrishnan, Ebrahim Khalil and Rahma Jaber. “The sense of thrill and freedom when you a ride a motorbike is unparalleled to what a four wheeler ride can offer. An early morning ride on a Friday invigorates me for a whole week and I make it a point not to miss it for anything else. It is a good time to concentrate, maintain road discipline and also improve riding skills,” says Jacob, who owns HD Night Rod Special2017.

“There is a healthy respect for motor cycles in Bahrain and it is much easier to ride here.”

Focusing on the technical aspects of the motorcycle, Ebrahim, who owns HD Dyna Street Bob 2007 said: “When a Harley accepts you as a rider, you are a changed man. I love to modify my Harley not just decoratively, but on performance also. It is amazing to experience how the motorcycle behaves when you modify it and push its performance to the optimum. I have also participated and won the HOG and F1 Harley competitions.” Rahma, who pillioned the ride with Dr. Rajesh said: “One never sees certain sides of our beautiful island unless one is riding it, even after driving in cars for more than 19 years. I also try to look beyondthrills. To me riding is a mode for destressing and connecting with myself. Also, the joy of riding together with friends is simply unbeatable.

It’s an ideal setting for a Friday morning. I simply ride for the experience.” Post breakfast, we headed to Bahrain Bay, a relatively new area where we came across some picturesque walls with graffiti. The riders aptly took turns for posing and obliged Salman with some good angles. The fact that you are out there on a Harley in open air is enough to inspire you. Our experiential ride lasted for about two hours and we were back in Adliya with loads of fond memories. “There is a healthy respect for motor cycles in Bahrain and it is much easier to ride here. There are also many Harleys in Bahrain and its roads are used to the culture of motor bikes, scooters and other two wheelers riding alongside trucks and cars,” says Jacob.





KIMS joined hands with an NGO 'Do for Kerala' and supplied food, shelter kits and necessities for the victims. KIMS Healthcare Group conducted several medical camps, distributed medicines and also supplied food items and provisions at the relief centres across Kerala

Mr E M Najeeb, Executive Director KIMS handing over the donation cheque to Shri. Pinarayi Vijayan towards the Chief Minister's Relief Fund



Just Like the Bird

Free as the bird, I want to travel
In different places, I will wander
In searching friends, I will ponder
Cause life is only one, make it happen.

Free as the bird, I wanna dance and sing
Stay in the tree, while flipping its wings
Not bothered in the food it has to eat
Cause bird knows God is providing it.

I want to live just like the bird
Contented, while playing in the wind
Relaxed, not guilty of being sinned
By instinct bird lives with discipline.

With freedom, everywhere I will fly
Along the wind and meet the sky
Up above soaring high in the clouds
I will worship God and be proud.

Riza S Zabala



KIMS XI won the Cricket Championship organised by Sports Council and Ministry of Labour as part of Labour day celebrations organised at Central Stadium



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