

Ankuran

The Newsletter of Dhubri Medical College

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Ankuran: The Newsletter of Dhubri Medical College

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From the Principal's desk.....

Transforming inquisitiveness into research: the key of progress of a Medical College

In the era of evidence-based practices, updating the knowledge through research is vital. The identity and hallmark of a Medical College depend on the amount of robust and valid contribution towards medical research. Medical science is changing everyday with tremendous technological advances leading to transformational changes in diagnosis and treatment. There has been a vast upsurge of medical research over the last few decades throughout the globe with obvious shift in transforming basic science research into translational research.

In India, after mandatory requirement of publications for promotion by regulatory bodies, the Medical Council of India (MCI) and now National Medical Commission (NMC) for medical college faculties, the quest and zeal for research and publication have increased exponentially. However, we need a passion rather than compulsion combined with proper mentorship for nurturing a research mind. Otherwise, this zeal may result in scientific misconduct in absence of adequate understanding of fabrication, falsification, and plagiarism. The research without the sound scientific methodology, conduct, and ethics results in scientific misconduct along with loss of replicability of the results. The characteristics of good research are sound ethical principles, avoidance of plagiarism and conflict of interest, and a statistically sound methodology.

The traditional biomedical research is seen to be very much compartmentalised. However, medical research has undergone major transformation over last few decades. It has been realised that to be fruitful, the medical research must be collaborative with other sectors

like biomedical engineering, agricultural, animal husbandry, etc. or interdepartmental, integrating the basic science with clinical research or with various departments. The importance of collaborative research, multi-disciplinary research, and interdepartmental research has shown its vast applicability and visibility over research done in silos.

How do we start research? Where is the starting point?

Many times, we are confused in selection of research subject.

Whether a tough question is the only requirement as a starting point for research?

First and foremost, requisite of any research work is “inquisitiveness” which actually originates from “observation”. An observation from bedside or laboratory or community can help us to frame our inferences in two directions- the occurrence may be explainable based on existing knowledge and experiences. The second direction may be the occurrence is not explainable on the basis of existing knowledge or a gap of knowledge. This gap can be a good research question which may be transformed into an effective “title”. That is the beginning of a research. So, it’s not always that we need a tough question as a starting point. The inquisitiveness may not be always related to a disease, its presentation, diagnostic, and therapeutic perspective but also the community behaviour, attitude, perception as well as utilisation of services or evaluation of a health programme. A well framed research question directs the entire research towards a clear goal with measurable outcomes.

After a research question is formulated, that has to be discussed amongst the peers, colleagues, and seniors besides going through various available literatures. There is a very crucial role of mentors or facilitators in this juncture when a young researcher gets confused whether to go ahead with the topic. The mentor, a senior faculty member who can guide, inspire, assist, and support a young

researcher, and may influence the researcher to logically justify the need of research on that particular topic. A young researcher should be guided how to translate a research question through a scientific methodology into a measurable outcomes or results.

There are multiple hurdles for not having good research back up in India, especially in Government sector starting from overburden of patients load, infrastructural and logistic support, paucity of fund or funding agency, etc. But we must encourage the quest for scientific enquiry and out of the box thinking amongst the students and young faculty members. It has to be remembered that research happens not only in sophisticated institutions but also can be patient bedside in clinical practice and many clinical or laboratory questions in a day-to-day practice can be scientifically researched through curiosity and observation. Systematically recording and documenting the observations are very much crucial to bring about betterment and innovations in healthcare.

Interest and inquisitiveness are the path openers for any research with the challenge of understanding the boundary between the existing knowledge and ignorance which can be accomplished by systematic search of literatures and eminence-based understanding.



Prof. (Dr.) Anku Moni Saikia
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Vision and Mission of Dhubri Medical College and Hospital



VISION OF DHUBRI MEDICAL COLLEGE & HOSPITAL

“Excellence in Medical education, Research and Patient care”

MISSION OF DHUBRI MEDICAL COLLEGE & HOSPITAL

1. To provide **“State of the Art Medical Education”** which can be transformed into best healthcare practices to meet the needs of the community.
2. To support and conduct high quality research to bring out the innovations in healthcare.
3. To deliver high quality, patient-centred, advanced care for the sick through the **“State of the Art”** hospital facility.

A transition from literary to scientific writing

**Dr. Shyamanta Das, Dr. Tapan Sarma,
Dr. Dharmakanta Kumbhakar, Dr. Dina Raja,
Dr. Parimita Roychoudhury, Dr. Sabrina Yasmin**

“It is when we are in transition, we are most completely alive.”

- William Bridges

From historic evidences, it is clearly seen that there is an irrational relationship between the scientific quotient and the literary quotient of an individual. Vast differences have been found between scientific and literary writing. Scientific writings are the means of conveying information or findings through keen observation. Disclosure of scientific proven facts and figures in a formal way is the very base of scientific writing. Whereas creative writing is more of an informal way of communicating one's thoughts and views in order to arouse curiosity and instil new ideas in the readers' mind.

With advancing age, a person goes through different real-life experiences which enriches his/her knowledge and awareness on numerous subject matters. As a result, his/her vocabulary improves and thoughts become vivid, hence gradually drifting his/her interest towards literary writings. On the contrary, the same individual during his/her youth had more interest in scientific writings.

A young individual naturally tends to focus on science, when the mind is devoid of worldly experiences and encumbrances. However, with the years and years of innumerable experiences, coupled with the responsibilities of existence and social wellbeing, the mind diverges on a philosophical note, enabling the same individual reach the pinnacles of literature.

Our first three editions/issues of “Ankuran” had pure and a bit of mixed touch of literary writings where our beloved faculty members had contributed their feelings towards their dear institution in various ways. We, the faculties, are now in our later/much older version of lives. Even though from scientific background, our contribution towards literary writings has been seen more than our scientific writings. Now, our institution has budding and younger to-be physicians with the help of whom, we, the older generation seek new innovative scientific revolutions and this will lead to a transition of our own “Ankuran” from a literary to a pure scientific forum.

Varnika

(Poetry section)

“The Sanskrit version of ink or pen, meaning purity of gold.”

- Divyajyoti Das

Knight of the night

(An eternal love saga)

Dr. Heemanshu Shekhar Gogoi

Once in every era ... there occurs a beginning.

When the thunder holds its breath, the air stops for a while and ...

... even the water ceases to flow,

As then comes to life ...

... A forbidden tale of eternal romance.

Witnessing the never-ending legion,

Of the eternal love of the knight ...

Who is destined to be the knight of the night.

Holding his blazing sword,

In his reflecting armour,

Upon his faithful black horse ... in the ghastliest of the nights,

When the full moon reaches its gloomiest zenith ... There comes
the knight.

Piercing through the silence of the deepest woods ... in the darker
freezing wilderness.

Hailing through the dewy ... misty atmosphere ...

stops beside the hut by the riverside, To meet his la-belle.

The damsel of his timeless life.

The saviour of his soul's utmost desire.

Upon whom he bestowed ...

... the epic love of his timeless saga ...

... the never-ending shower of his celestial love.

Withstanding all hurdles ...

... even apocalypse and hell ...

To caress his lady – his ambrosia ...

His ever-beloved Aphrodite.

Whom he has loved more than anything else he has ever loved ...

in the eras bygone as well as the endless time to come ...

who waits alone in there to adore him ...

In her dark maroon scarlata for her Adonis.

Revealing her true erotic feminine beauty divine.

With her passionate mystical aqua coloured eyes.

Nourishing her long lustrous golden cascade of hairs.

Taking deep breaths through her light petal like pink lips ...

... whose beauty even makes Venus feel envy ...

... for her knight till eternity.

To witness their deepest splendid love.

Symbolising their true rhythm divine.

Their celestial festination. Their only salvation.

To quench the thirst of their souls.

To protect the vows - their heavenly promise's sake ... They did
make long ago.

Before their destined doom.

To possess each other once again.

To blend in each other's arms. To rekindle the sweetest memories
... of their past beloved.

To lost in one another's ocean deep eyes.

To mingle his hard breath ...

... amidst her warm gasping fragile breaths.

To feel and complete their eternal saga ... of love, lust and romance.

To sing their never written holy hymn ...

The angelic verse of their heavenly raga.

Hold this moment for eternity.

To pause this aphrodisiac night forever.

For they know ...

With the very first of the distant light rays, Will come to life the
merciless curse. The wizardous curse which was embarked upon
them for the single fault they did centuries before.

The ancient curse which forbids them.

Making them apart once again ...

The demonic curse camouflaging a barbarian ruthless tyrant,

Devours and separates their vital souls in different worlds in
untold unseen dimensions.

To repent without salvation ... for the only mistake they did
unknowingly and unconsciously.

When love struck by cupid's arrow,

Being intimately of mortal romance ...

Empowering over their mutual senses,

The centuries old sinful act though unintentionally they did ... like
as Adam and Eve in the exotic garden of Eden when time
began ...

... for an era more,

... until the last of the ghastliest nights, ... of the destined era.

When full moon reaches its gloomiest zenith.

The atmosphere fills with dewy ... misty attitude.

The knight of the night arises again from nowhere ...

... stops beside the small hut by the riverside ...

... to meet his beloved la-belle.

His beautiful lady, his life, his soul.

As nothing can do them apart now.

Like as a vigilant unicorn with a phallic horn,

To bow his head ...

On the warm laps of his lady beloved.

As this is the only moment, they long for ... Which comes once an
era.

The only time to be one again.

To treasure and sample this very moment's reflection forever.

To love each other ceaselessly. Like as a fresh new pleasurable beginning of a never-ending epic saga. Amidst the wrath of all adversities Of all odds and curses.

Which defines the might of love.

The blossoming splendour of ethereal imperial fragrances.

Which is their fate till time ends.

Only for the sake of their pure love ...

Which is as old as yesterday,

... as fresh as tomorrow, and as strong as death.

What is love?

No one can ever define.

Because it is the undefinable something of a feel. That transcends through all ages and time even eternity.

A dream, a journey

Barsha Nath

15 November 2022, the day when my parents dropped me here,
with tears in their heart and smiles in their face. With the blessings
of everyone, I was ready to start this journey of the dream I dreamt.

With so much glow in our faces

We walked together forward,

Some took the long route,

Some went through the short.

We reached the lecture hall

No one was late that day

No one was somnolent

We adored ourselves for being there.

Days passed, we interacted.

Some were boisterous as the heavy rain,

Some were serene as the gentle breeze
And our hearts as vivid as a summer's morning.

For this journey is long,
With many mountains to climb, rivers to cross,
The story of this smile of mine,
And all the struggles behind.

Two more minutes

Snigdha Roy

They said it was forever with them.

Sure it is.

But somewhat fading now it seems.

They taught us how to step on with those tiny toes,

Never informed us, to walk away from them.

They grew us up,

But who knew we had to taste growth one day.

I wasn't strong enough

Until I had to be,

To not look into their eyes.

Yet some walls of my house know where I have dropped my tears.

Now that it's really time

Can I have just two more minutes?

Belongingness

Dr. Dina Raja

When thrown in a new place

From the cocoon of my happy space

With fears and doubts

Confused and petrified

Desperate to be accepted.

Energy out of my mind and out of my soul

With apprehensions of judgement

Acceptance and accusations

By the place and its people

I doubt my belongingness

When barriers turn to bridges

The welcome and the smile

The comfort, warmth and love

Acceptance and appreciation

From the people around
Take over my fears and doubts
When love surrounds and peace engulfs
I accept my belongingness
When thrown in a new place
From the cocoon of my happy space.

Agniv

(Scientific section)

“The meaning is bright as light since our college has brought a sign of hope to make this area a brighter one.”

- Barsha Nath

H3N2 variant of influenza virus

**Prof. (Dr.) Dina Raja, Dr. Runumi Chowdhury,
Dr. Harekrishna Nath, Dr. Swagata Roy, Dr. Rika Engtipi,
Dr. Bandeepa Duarah Buragohain, Dr. Divya Daimari**

What is H3N2?

Influenza viruses are a group of viruses belonging to Orthomyxoviridae family. They cause upper respiratory tract infections and are a major cause of morbidity and mortality. They have been responsible for several seasonal epidemics and pandemics of respiratory disease in the last two centuries.[1] Influenza viruses are of four types- A, B, C, and D. These types are further classified into subtypes based on combinations of two types of proteins on the surface of the virus- the haemagglutinin (HA) and neuraminidase (NA) proteins (Figure 1). H3N2 is a variant or subtype of influenza A virus. H3N2 normally circulate in pigs but can be transmitted to humans. They are included under 'swine influenza viruses' like H1N1 influenza virus.[2] The clinical manifestations, treatment protocol, and prevention measures of all influenza viruses are similar.

Historical perspective

H3N2 variant was first discovered in humans in 1968. It has since become the leading cause of seasonal flu with almost more than twice the number of hospitalisations as influenza A H1N1 worldwide. There was an outbreak in Hong Kong with almost 50,000 cases of influenza-like illness caused by H3N2 variant of influenza A virus in

July 1968 and this was the largest in Hong Kong since the pandemic of 1957 H2N2. In September 1968, the virus was first isolated in the United States of America (USA). Later it had spread to Singapore, Taiwan, Malaysia, Vietnam, India, Iran, etc. facilitated by air travel causing a pandemic which led to more than one million deaths worldwide.[3]

Influenza H3N2 is the predominant subtype among the samples testing positive for influenza according to an integrated surveillance of influenza like illness (ILI) and severe acute respiratory illness (SARI) during the first three months of the year 2023.[4]

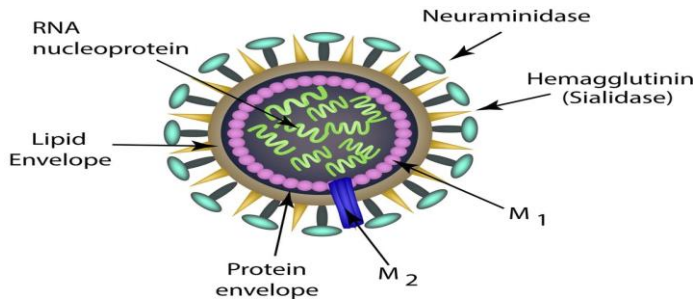


Figure 1: Structure of influenza A virus.

Why the fear?[2]

Although this virus and the symptoms it causes are well known to us for decades, yet there is a fear surrounding it. This is because of a unique property of influenza viruses known as antigenic variation. By virtue of this property, the virus undergoes antigenic changes and may result in a new virus strain thereby escaping recognition by hosts' immune system. Also, this results in inefficacy of vaccines. Another reason is that this H3N2 variant spreads more easily to humans from

pigs. However, only influenza A viruses has the ability to cause pandemics.

Ways of transmission[2]

1. Droplet infection- Inhaling droplets generated by infected individuals/pigs while coughing or sneezing within a distance of one meter.
2. Contact infection- When persons come in contact with objects infected with respiratory droplets and then touch their nose, eyes, or mouth.

There is no evidence of transmission of this virus through eating pork (Figure 2).



Figure 2: Transmission of influenza virus.

What are the clinical manifestations?[2]

The incubation period is 18-72 hours. When a person is infected with this virus, they usually suffer from uncomplicated or asymptomatic flu syndrome and develop symptoms like fever, headache, malaise, dry

cough, etc. Sometimes complications like pneumonia may arise, thereby requiring hospitalisation. According to the Indian Council of Medical Research (ICMR), H3N2 causes more hospitalisations than other influenza subtypes.

Diagnosis[2]

Diagnosis of seasonal flu is mostly based on clinical manifestations. Laboratory diagnostic tests options available are serology, rapid antigen test kits, reverse transcription-polymerase chain reaction (RT-PCR), viral culture or immunofluorescence assays. But currently the gold standard method for diagnosis of influenza is real time RT-PCR which is a quantitative method and has a high sensitivity and specificity. It can simultaneously detect the three commonly circulating seasonal influenza strains- (A/H1N1, A/H3N3, and type B influenza virus). The sample used is nasopharyngeal swab.

How to treat?[4]

For mild flu-like illness, only symptomatic treatment is advised. Patients are advised for home isolation and to avoid contact with public and family members. When symptoms become more severe, antiviral drugs like oseltamivir or zanamivir are used. Patients require hospitalisation if they develop severe acute respiratory syndrome.

How can we prevent?[5]

1. Personal protective measures like hand hygiene, good respiratory hygiene, avoiding close contact with symptomatic individuals, and avoiding crowds.

2. Vaccination: Injectable inactivated influenza vaccines are the most commonly used and annual vaccination is recommended for children (six months to five years of age), elderly (more than 65 years of age), pregnant women at any stage, any individual suffering from chronic illness, and healthcare workers.

3. Pre-exposure or post-exposure prophylaxis with antiviral medication.

4. It is advised to come in close contact with pigs and stay away from piggeries.

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Surgical management of β -thalassaemia major with massive splenomegaly associated with multiple splenunculi: a case report

**Dr. Najim Hiquemat, Dr. Pulin Chandra Kumar,
Dr. Nur Mohammed Ahmed, Dr. Monitosh Paul,
Dr. Chandita Konwar, Dr. Ratindra Kumar Barman,
Dr. Dr Snehlata Kumari**

Abstract

A 23-year-old female with β -thalassaemia major presented with massive splenomegaly and hepatomegaly along with increasing transfusion requirements. Splenectomy was performed; the meticulous search revealed one small splenunculi embedded in the greater omentum near the splenic hilum and an accessory spleen in the retroperitoneum, both of which were removed. It is important to remove splenunculi during splenectomy for haematological disorders because failure to remove them may result in the nonresolution of the condition as they take over the function of the original spleen.

The treatment of thalassaemia major has conventionally been red blood cell (RBC) transfusion therapy, iron chelation therapy, and splenectomy. Splenectomy in thalassaemia major is indicated when the disease is not suppressed efficiently by transfusion

treatment. Splenunculi may be present in ten per cent to 30% of the population, and it may range between 20% and 44.4% in patients with splenic involvement due to haematological disorders. We are presenting a 23-year-old female with β -thalassaemia major who had massive splenomegaly and was found to have multiple splenunculi during splenectomy.

INTRODUCTION

Thalassaemia is a group of disorders of the red blood cell (RBC) protein, haemoglobin (Hb), which is the primary carrier of oxygen in the blood. β -thalassaemia major is caused by mutations in the gene responsible for producing β -globin chain on the chromosome 11.[1] Worldwide, β -thalassaemia is believed to affect about one in 100 000 live births.[2] An enlarged spleen in individuals with β -thalassaemia may occur due to increased destruction of RBCs, the formation of blood cells outside of the bone marrow (extramedullary haematopoiesis), repeated blood transfusions, or iron overload.

The treatment of thalassaemia major has traditionally included transfusion of RBCs, iron chelation, and splenectomy. Splenectomy is indicated in the transfusion-dependent patient with marked symptoms related to the extent of splenomegaly, increased transfusion requirements, and complications such as pancytopenia.

Since the first deliberate removal of a diseased spleen by Quittenbaum in 1826, splenectomy has become a well-established surgical procedure.[3] A spleenless existence was considered to be quite safe as the spleen was considered unnecessary for life until 1952, when King and Schumacher[4] drew attention to the risk of overwhelming post-splenectomy infection (OPSI) syndrome.

Elective splenectomy is indicated in the management of a wide variety of medical disorders. In patients with thalassaemia, there is an increased rate of RBC removal by the spleen; therefore, RBCs, haemoglobin, haematocrit, and RBC indices are elevated after splenectomy. Transfusion frequency, and its subsequent complication, is expected to be reduced after splenectomy.

CASE REPORT

We present the case of a 23-year-old female, with β -thalassaemia major, who presented to the Department of Surgery, Dhubri Medical College Hospital (DhMCH) for elective splenectomy owing to massive splenomegaly along with increasing transfusion requirements. Investigations revealed pancytopenia and serum ferritin >2000 ng/ml. Hb variant analysis by high-performance liquid chromatography showed markedly elevated foetal Hb (HbF – 92.6%, HbA2 – 5.9%, and HbA – 1.2%) which was diagnostic of β -thalassaemia major. The patient had received over 150 blood transfusions, that is, packed cell volumes (PCVs) over the last five years. On examination, the patient was pale with mild icterus. The skin showed dirty brown pigmentation due to iron deposition. Abdominal examination revealed enlarged liver (palpable 6 cm below the costal margin) and palpable massive spleen (20 cm below the costal margin, extending up to the umbilicus). Investigations showed anaemia (Hb – 6.1 gm%) with haematocrit – 20.5%, jaundice (total bilirubin – 1.9 mg%, indirect – 1.2 mg%), and raised liver enzyme levels (serum glutamate oxaloacetate transaminase – 407 IU/L and serum glutamic-pyruvic transaminase – 365 IU/L). Ultrasound confirmed hepatomegaly and massive splenomegaly. Preoperative vaccination- pneumococcal and meningococcal vaccines were administered two weeks before surgery. Preoperative optimisation was performed. Upper midline incision was given

and splenectomy was performed (figure 1). Meticulous search revealed one small splenunculi embedded in the greater omentum near the splenic hilum (figure2) and another accessory spleen in the retroperitoneum (figure 3). Both were removed. Postoperative period was uneventful. Histopathological examination revealed splenunculi and accessory spleen having a similar architecture as that of the spleen (figures 4). On early follow-up, the patient is doing well with fewer transfusion requirements. She has been counselled for iron chelation therapy.



Figure 1: Intraoperative photographs showing enlarged spleen being removed.

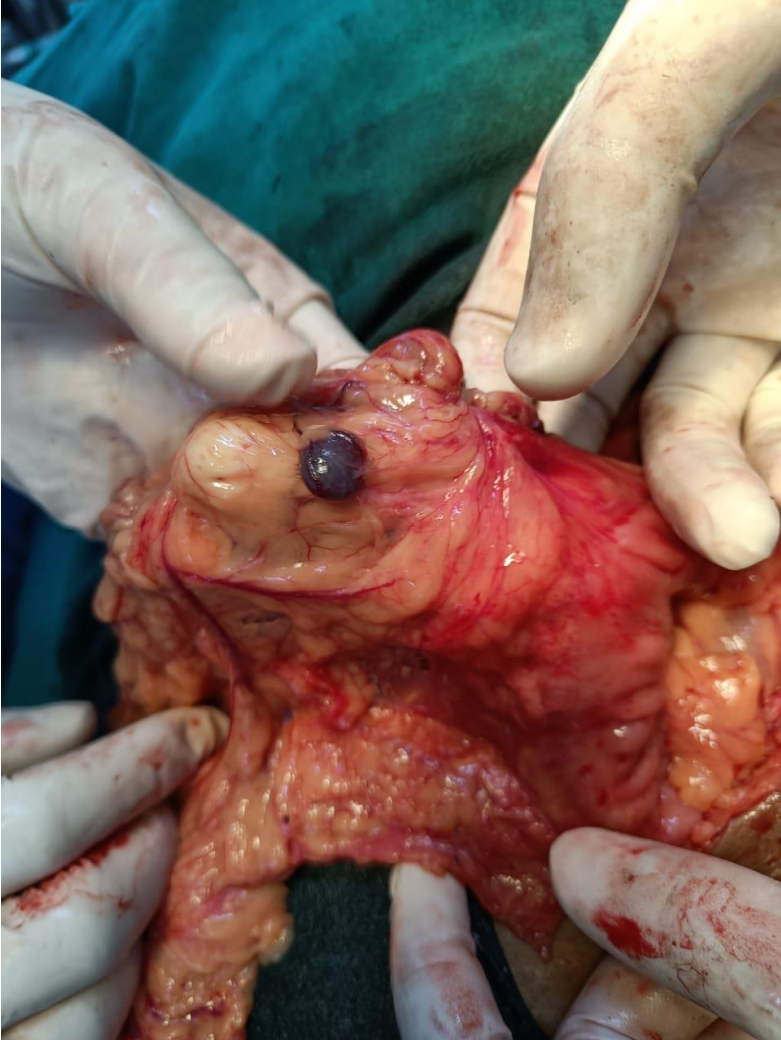


Figure 2: One small splenunculi embedded in the greater omentum near the splenic hilum seen after splenectomy.

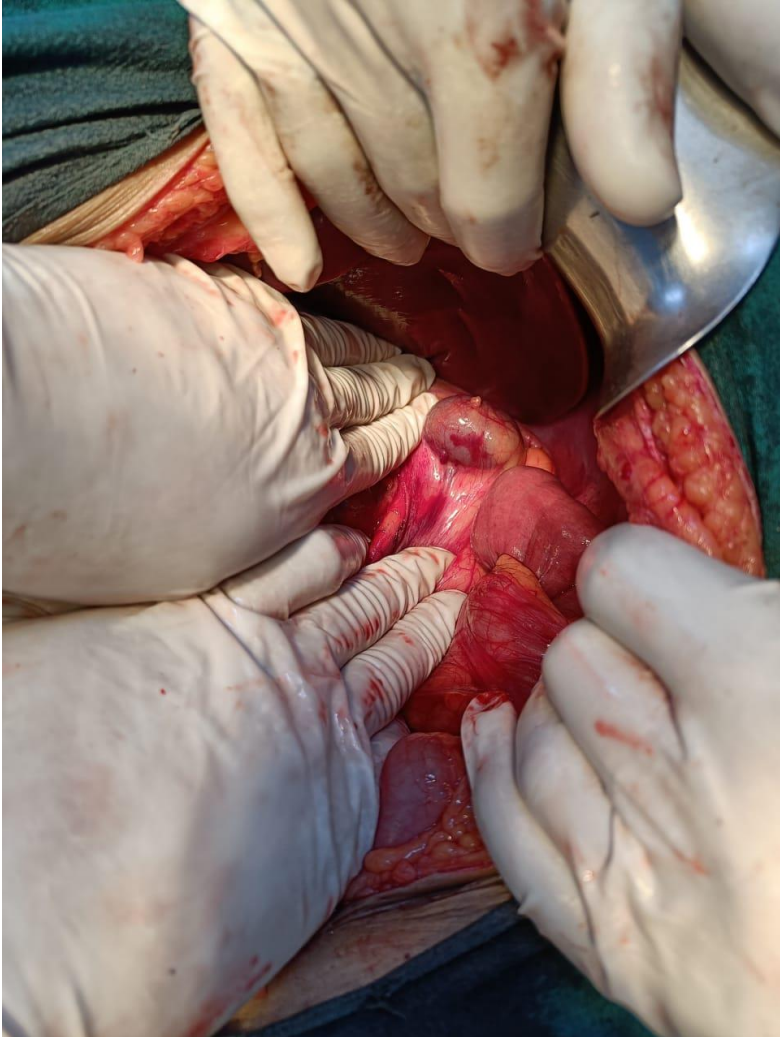


Figure 3: Accessory retroperitoneal spleen.



Figure 4: Microscopic examination revealing splenunculi having trabecular network similar to the architecture of the spleen but with paucity of lymph follicles.

DISCUSSION

Thalassaemia is a type of haemoglobinopathy, i.e., a group of disorders of the RBC protein and Hb. β -thalassaemia major (one in 100,000 live births) is caused by mutations in the gene responsible for producing β -globin chain on the chromosome 11. Transfusion therapy aims to correct anaemia and to suppress endogenous marked but ineffective erythropoiesis, thus preventing conspicuous skeletal changes or splenohepatomegaly. Splenectomy is reserved in thalassaemia, with marked symptoms related to the extent of splenomegaly, increased transfusion requirements more than 250 ml/kg/year of PCV or more than 400 ml/kg/year of whole blood, and clinically significant complications such as pancytopenia[5]. In our patient, the transfusion exceeded 2.5 times the indicated level (700 ml/kg/last year) and massive splenomegaly was evident. Splenectomy improves anaemia and reduces the blood transfusion requirement.[5]

Ectopic splenic tissue can be categorised into splenosis and splenunculi. Splenosis is caused by autotransplantation of viable splenic tissue in the abdominal cavity; typically appearing as numerous small nodules. It usually occurs after splenectomy and trauma.[6] Splenunculi, also known as an accessory spleen, supernumerary spleen, or splenule, are congenital foci of healthy splenic tissues that are found apart from the main body of the spleen due to abnormal deposition of some of the cells from the developing spleen along the path of its formation during embryonic life.[7] Splenunculi have normal splenic histology, while in splenosis, histology usually reveals distorted architecture with absence of hilum and a poorly formed capsule with variable shape and size.[6]

On computed tomography (CT) evaluation, splenunculi can be encountered in 11.0%–18.8% of cases and multiple splenunculi may be seen in up to 14.28% of these cases.[8] The maximum diameter may range from three to 79 mm.[7] Splenunculi are usually located near the spleen's hilum, though they may be present anywhere in the peritoneal cavity, i.e., gastrocolic ligament, tail of pancreas, greater omentum, greater curvature of stomach, splenocolic ligament, small and large bowel mesentery, and pancreaticosplenic ligament, and also retroperitoneal space, and very rarely in the scrotum. Ultrasonography (USG) may reveal splenunculi as hypoechoic round mass. Preoperative diagnosis of splenunculi may be missed on USG, which was also seen in our case.

Splenunculi are usually asymptomatic and discovered incidentally.[9] Their clinical implication falls into three clinical situations: (a) splenunculi may present as acute abdomen with torsion, spontaneous rupture, haemorrhage, intraperitoneal inflammatory mass, or cyst formation; (b) it may be wrongly implicated as enlarged lymph nodes or abdominal neoplastic mass from the tail of the pancreas, gastrointestinal tract, kidney, adrenal gland, or gonads during radiological imaging; and (c) finally, splenunculi may enlarge after splenectomy and result in the recurrence of haematological disorders for which the splenectomy was performed. A meticulous search for splenunculi is mandatory during splenectomy for haematological disorders (including thalassaemia), when the intention is to remove all functional splenic tissue.

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Pratibimbh

(Essay section)

“Meaning reflection because literature is mostly reflection of one’s vision.”

- Snigdha Roy

সুখী আৰু নিৰোগী হ'বলৈ মাজে সময়ে কান্দক

ডাঃ ধৰ্মকান্ত কুন্তকাৰ

প্ৰায়ে মানুহে কোৱা শুনো- 'সাহসী হোৱা, নাকান্দিবা। সাহসী মানুহে নাকান্দে'। কিন্তু, এই কথাষাৰ মই মুঠেও সমৰ্থন নকৰো। কান্দোন স্বাস্থ্যৰ বাবে সুফলদায়ক। মই মোৰ ২৫ বছৰীয়া চিকিৎসক জীৱনত বহুবাৰ বহু ব্যক্তিকে ইমোচোনেল হৈ অথবা মানসিক ষ্ট্ৰেচত কন্দা আৰু কন্দাৰ পিছত মনোকষ্টৰ পৰা উপশম পাই মানসিক সুখ অনুভৱ কৰা দেখিছো। ব্যক্তিগত ভাৱে মই সুখী যে মই ইমোচোনেল হৈ অথবা মানসিক ষ্ট্ৰেচত কান্দিব পাৰো, কাৰণ এবাৰ কন্দাৰ পিছত মই মানসিক সুখ অনুভৱ কৰাৰ উপৰিও কন্দোনে মোৰ মনৰ দুখ, ক্ষোভ, হতাশা, মানসিক উৎকণ্ঠা আৰু শোক আদি আতঁৰাই মোক নতুনকৈ কামবোৰ কৰাৰ বাবে অনুপ্ৰেৰণা দিয়া অনুভৱ কৰো। সেয়েহে মই প্ৰত্যক ব্যক্তিকে জীৱনত যেতিয়াই ইমোচোনেল হৈ অথবা ষ্ট্ৰেচত পৰি কন্দাৰ পৰিৱেশ পায়, তেতিয়াই কান্দিব উপদেশ দিওঁ কাৰণ এনে কান্দোনে মানুহৰ মনৰ ভিতৰত থকা ঋণাত্মক শক্তিবোৰক উলিয়াই দি মন ধণাত্মক শক্তিকে ভৰাই তুলি জীৱনত যিকোনো পৰিৱেশৰ মুখামুখি হৈ জীয়াই থাকিবলৈ অনুপ্ৰেৰণা দিয়ে। অৱশ্যে এনে কান্দোন সকলোৰে বাবে সমানে সুখদায়ক আৰু লাভদায়ক নহ'বও পাৰে, বিশেষকৈ মানসিক ৰোগ অথবা মুদ ডিচঅৰ্ডাৰত ভোগা ব্যক্তিয়ে কান্দোনৰ পিছত সুখ অনুভৱ কৰিব নোৱাৰে। এক অধ্যয়ন মতে, প্ৰায় ৯০.৬ শতাংশ ব্যক্তিয়ে এনেদৰে কন্দাৰ পিছত মনোকষ্টৰ পৰা উপশম পাই আনন্দ অনুভৱ কৰে আৰু ৯.৪ শতাংশই নকৰে। কান্দোন এক সাধাৰণ প্ৰক্ৰিয়া। ইয়াৰ বাবে লাজ পাব লগা একো নাই। অৱশ্যে সঘনাই কন্দা কেতিয়াও স্বাস্থ্যৰ বাবে সুফলদায়ক হ'ব নোৱাৰে। সঘনাই কন্দাটো হতাশাত ভোগা, পোষ্টট্ৰমেটিক ডিচঅৰ্ডাৰত ভোগা, পোষ্টনেটেল ডিপ্ৰেচনত ভোগা আদি গুৰুতৰ মানসিক ৰোগৰ লক্ষন হ'ব পাৰে। এনে হ'লে মানসিক চিকিৎসকৰ সহায় ল'ব লাগে।

কান্দোন এক শাৰিৰীক আৰু মানসিক প্ৰক্ৰিয়া য'ত চকুপানী নিৰ্গত হয়। কান্দোনৰ পৰা হোৱা মানসিক, স্বাস্থ্যগত আৰু সামাজিক সুফলবোৰ আচলতে আমি এই চকুপানীৰ পৰাই পোওঁ। চকুপানীয়ে আমাৰ চকু দুটাৰ সুৰক্ষা দিয়াৰ উপৰিও চকুপানীৰ বহু ৰোগ আৰু মানসিক

দুখ উপশম কৰা শক্তি আছে। চকুপানীত থকা ৰাসায়নিক পদাৰ্থৰ ওপৰত নিৰ্ভৰ কৰি চকুপানীক বেজেল চকুপানী (Basal tear), ৰিফ্লেক্স চকুপানী (Reflex tear) আৰু ইমোচোনেল চকুপানী (Emotional tear) হিচাপে ভগাব পাৰো। আমাৰ চকু দুটাৰ ওপৰ ফালে থকা দুটা লেক্ৰিমেল গ্ৰন্থিয়ে সদায় নিৰ্গত কৰি থকা বেজেল চকুপানীত মুখ্যত পানী আৰু লাইচোজোম নামৰ এবিধ ৰাসায়নিক পদাৰ্থ থাকে। এই চকুপানীয়ে চকু দুটাক সদাই ভিজাই ৰাখি সুৰক্ষা দি থকাৰ উপৰিও ইয়াত থকা লাইচোজোম নামৰ ৰাসায়নিক পদাৰ্থবিধে বেণ্টেৰিয়া আৰু ভাইৰাছৰ আক্ৰমণৰ পৰা চকুহালক সদায় ৰক্ষা কৰি থাকে। ইয়াৰ অভাৱ হ'লেই চকুদুটা শুকাই যাব আৰু নানা বেণ্টেৰিয়া বা ভাইৰাছৰ সংক্ৰমণ হৈ আমি অন্ধ হ'ব পাৰো। আমাৰ চকুত কিবা ধূলি-বালি, বাহ্যিক পদাৰ্থ পৰিলে অথবা ৰাসায়নিক পদাৰ্থই চকু দুটাৰ জ্বলন কৰিলে (যেনে-পিয়াজ কটা, ক্ষাৰ আদিৰ প্ৰভাৱ) মস্তিষ্কই আমাক কন্দুৱাই লেক্ৰিমেল গ্ৰন্থি দুটাৰ দ্বাৰা নিৰ্গত কৰা ৰিফ্লেক্স চকুপানীত প্ৰায় ৯৮ শতাংশ পানী থাকে আৰু এই পানীয়ে চকু দুটা ধুৱাই পদাৰ্থবোৰ উলিয়াই চকু দুটাক সুৰক্ষা দিয়ে। এই দুয়োটাই আমাৰ শৰীৰে নিজে নিজেই কৰা সাধাৰণ শাৰীৰিক প্ৰক্ৰিয়া। কিন্তু, এই লেখাটিত মুখ্যত ক'বলৈ ওলাইছে ইমোচোনেল বা ষ্ট্ৰেচ কান্দোনৰ মানসিক, শাৰীৰিক আৰু সামাজিক লাভালাভৰ কথাহে।

প্ৰত্যেক ব্যক্তিয়ে জীৱনত কেতিয়াবা হ'লেও ইমোচোনেল হৈ অথবা মানসিক ষ্ট্ৰেচত কান্দে। কোনো সম্পৰ্কৰ অৱসান ঘটিলে, কোনো আত্মীয়ৰ মৃত্যু হ'লে, পৰীক্ষাত আশানুৰূপ ফল লাভ নকৰিলে, শৰীৰ অথবা মনত দুখ পালে, কৰ্মস্থানত সুখী ন'হলে অথবা দুখৰ চিনেমা এখন চায়ো আমি ইমোচোনেল হৈ কান্দিব লগা হ'ব পাৰে। কেতিয়াবা আকৌ আনন্দৰ পৰিৱেশত অতিমাত্ৰা সুখ অনুভূত হোৱাৰ বাবেও আমি কান্দে। এক অধ্যয়ন মতে এগৰাকী মহিলাই বছৰি ৪৭ বাৰ এনেদৰে কন্দাৰ বিপৰীতে এজন পুৰুষে বছৰি ৭ বাৰ এনেদৰে কান্দে। পুৰুষে কমকৈ এনেদৰে কন্দাৰ কাৰণ টেষ্টোষ্টেৰণ হ'ৰমন আৰু মহিলাই এনেদৰে অধিক কন্দাৰ কাৰণ প্ৰোলেক্টিন আৰু এণ্ড্ৰোজেন হ'ৰমন। অৱশ্যে যৌৱন প্ৰাপ্ত নোহোৱালৈকে ল'ৰা আৰু ছোৱালীয়ে প্ৰায় সমানে কান্দে। ইমোচোনেল হৈ অথবা মানসিক ষ্ট্ৰেচত কান্দিলে নিৰ্গত হোৱা চকুপানীক ইমোচোনেল চকুপানী বুলি কোৱা হয়। এইবিধ চকুপানীৰ হতাশা বিৰোধী গুণে (শৰীৰত মেংগানিজৰ পৰিমাণ কমাই) কন্দাৰ পিছত মানুহৰ মুড ভাল কৰি তুলি মনত আনন্দ দিয়ে। সাধাৰণতে কন্দাৰ পিছত শ্বাস-প্ৰশ্বাস আৰু হৃদযন্ত্ৰৰ ধপধপনি কমি নৰ্মেল হৈ শান্ত পৰিৱেশ সৃষ্টি কৰি ব্যক্তিজনক এক সুখানুভূতি দিয়ে। ব্যক্তি এজনে হতাশা, ক্ষোভ, শোক, দুখ, খং আদিত ভুগিলে ব্যক্তিজনৰ শৰীৰত কৰ্টীচ'ল, এড্ৰিনেলিন,

নৰএপিনেফ্ৰিন আৰু ভেচ'প্ৰেচিন আদি ষ্ট্ৰেচ হ'ৰমন অধিক নিৰ্গত হয়। আমাৰ শৰীৰে যিদৰে শৰীৰৰ ক্ষতিকাৰক ৰাসায়নিক পদাৰ্থবোৰ প্ৰস্ৰাৱ, ঘাম আদিৰ দ্বাৰা বাহিৰ কৰে ঠিক সেইদৰে এনে পৰিৱেশত কান্দিলে ওলোৱা চকুপানীয়ে এই পদাৰ্থ বোৰ শৰীৰৰ পৰা নিৰ্গত কৰি আমাৰ শৰীৰ পৰিষ্কাৰ কৰে আৰু কটিচ'লকে ধৰি আন ষ্ট্ৰেচ হ'ৰমনবোৰৰ নিৰ্গমন কমাই মানসিক ষ্ট্ৰেচ লাঘৱ কৰি মন পাতল কৰি সুখ অনুভৱ কৰোৱাৰ উপৰিও ষ্ট্ৰেচে কৰিব পৰা হৃদযন্ত্ৰৰৰোগ, উচ্চ ৰক্তচাপ, টাইপ ২ ডায়েবেটিচ আৰু মেডবহুলতা আদি কমাই শৰীৰ সুস্থ কৰি ৰাখে। ইয়াৰ উপৰিও কান্দিলে এণ্ডোৰ্ফিন লিউচিন এনকেফেলিন নামৰ এবিধ প্ৰাকৃতিক বিষ নিৰাময়কে ধৰি বহুবিধ ফিল গুড হ'ৰমন নিৰ্গত হৈ মনৰ দুখ আৰু শাৰীৰিক বিষ নিৰাময় কৰে। চকুপানীত থকা লাইচোজোমে প্ৰায় ৯০ শতাংশ বেণ্টেৰিয়া আৰু ভাইৰাছ ধ্বংস কৰি এইবোৰৰ আক্ৰমণৰ পৰা চকুহালক সদায় ৰক্ষা কৰাৰ উপৰিও এনে পানী নাকেৰে ওলাই বাবে ই নাকটো পৰিষ্কাৰ কৰি সংক্ৰমণৰ পৰা ৰক্ষা কৰে। চকুপানীয়ে চকু দুটা তিয়াই দৃষ্টিশক্তি উন্নত কৰে। চকুপানী ওলোৱা দেখিলে লাগি থকা কাজিয়া বন্ধ হয়, পৰিৱেশ শান্ত হৈ পৰে আৰু সামাজিক ভাৱে সম্পৰ্ক ভাল হৈ পৰে। সেয়েহে সুখী আৰু নিৰোগী হ'বলৈ মাজে সময়ে কান্দক।

আমাৰ জাতীয় উৎসৱ - “বিহু”

ডাঃ পুলিন চন্দ্ৰ কুমাৰ

“বিহু আনন্দীয়া বিহু বিনন্দীয়া
বিহু অসমীয়াৰ প্ৰাণ।
এনুৱা বিহুটি এৰিব লাগিলে
নাথাকে অসমৰ মানা।”

বিহু আমাৰ অসমীয়াৰ জাতীয় উৎসৱ। এই বাপতিসাহোন বিহুটিৰ উৎপত্তিৰ বিষয়ে বিভিন্ন মতামত আমি দেখিবলৈ পাপাওঁ। “বিহু” শব্দটিৰ অৱতাৰণা সম্পৰ্কেও আমি ভিনভিন সময়ত ভিনভিন বাখ্যা প্ৰত্যক্ষ কৰি আহিছোহক। আজিও এই বিনন্দীয়া বিহুটিৰ ওপৰত নানা ধৰণৰ গৱেষণা চলিয়ে আছে। সিবিলাক যিয়েই নহওঁক কিয় আমাৰ এই বিহুটি হ’ল মূলত এক কৃষিভিত্তিক উৎসৱ। ই আছিলে কৃষিকৰ্মৰ লগত জড়িত সহজ সৰল মানুহৰ অন্তৰাত্মাৰ আনন্দ প্ৰকাশৰ উৎসৱ। আৰু সেইবাবেই বোধহয় এই বিহুটিক বছৰৰ তিনিটা সময়ত বেলেগে বেলেগে উৎযাপন কৰিবলৈ লৈছিল। সময়ৰ বিবৰ্তনৰ লগেলগে নৃত্য গীতৰ মাধ্যমেৰে উৎযাপন কৰা এই উৎসৱৰ লগত ডেকা গাভৰুৰ হৃদয়ত গুজৰি গুমৰি থকা ইজনে সিজনক আপোন কৰি লোৱাৰ প্ৰেমানন্দ বান্ধ খাবলৈ ললে। সেইবোৰ কাৰণতেই বোধহয় এই বিহুটি আহি আহি ক্ৰমান্বয়ে মানুহৰ অধিক আপোন হবলৈ ধৰিলে আৰু ই কেৱল কৃষিভিত্তিক মানুহ খিনিৰ মাজতে সীমাবদ্ধ নাথাকি সকলো স্তৰৰ লোকৰ মাজত সাৰ্বজনীনতা লাভ কৰিবলৈ ধৰিলে।

সুধাকণ্ঠ ডঃ ভূপেন হাজৰিকাদেৱৰ ভাষাত –

“বহাগ মাথো এটি ঋতু নহয়-----

অসমীয়া জাতিৰ ই আয়ুস ৰেখা

গণ জীৱনৰ ই সাহ-----”।

আকৌ আমাৰ সকলোৰে হৃদয়ৰ সুৰ –

“বিহু বিহু বিহুটি

বিহু আমাৰ তিনিটি

কাতি বিহু কঙালী

মাঘ বিহু ভোগালী

বহাগ বিহু বহাগ বিহু

হ’ল আমাৰ ৰঙালী”।

ৰঙালী বিহু

বসন্ত ঋতুৰ প্ৰচণ্ড খৰাণ্ডৰ শেষৰ ফালে চ’ত-বহাগৰ দোমোজাত ধবলৈ দুই-এজাক বৰষুণৰ লগতে বিজুলী-ঢেৰেকনীৰে আগমন হয় বৰদৈচিলাৰ। গছ-বনে পুৰণি ৰং সলাই কোমল কুঁহিপাতেৰে চৌদিশ সেউজী আভাৰে আবুৰাই পেলায়। ক্ৰমাত মা বসুমতী উৰ্বৰা হবলৈ ধৰে। সেই তেতিয়াই প্ৰভু-ভগৱন্তৰ আশীষ বিচাৰি কৃষিজীৱী লোকসকলে বহাগ বিহুটিক নৃত্য গীতৰ মাজেৰে উদযাপন কৰিবলৈ লয়। তাৰ লগে লগে ইতিমধ্যে আমাৰ উৰ্বৰ-উৰ্বৰা ডেকা গাভৰুৰ মনবোৰতো প্ৰেমানুভূতিৰ আগমন হোৱাৰ ফলত তেওঁলোকে ইজনে সিজনৰ প্ৰতি আকৰ্ষিত হৈ আন্তৰিক আৰু দৈহিক মিলনৰ প্ৰতি অগ্ৰসৰ হব বিচাৰে। আগৰ সময়ত ডেকা গাভৰুৱে এই সময়চোৱাতেই নতুন সংকল্পৰে যুগ্ম জীৱনৰ পাতনি মেলিবলৈ চপলিয়াইছিল আৰু প্ৰকৃতৰ্থত সফলো হৈছিল তেওঁলোক। অন্যহাতে নতুন নতুন প্ৰতিশ্ৰুতিৰে তেওঁলোকে উৰ্বৰা বসুমতীৰ বুকুত সিঁচি দিবলৈ প্ৰস্তুত হৈছিল ন ন শস্যৰ বীজ। দেহত অফুৰন্ত শক্তিৰ সঞ্চয় আৰু তাক প্ৰদৰ্শন কৰিবলৈ যেন তেওঁলোক উদ্বাউল হৈ পৰে এই বহাগ বিহুৰ সময়চোৱাতেই। প্ৰকৃতৰ্থত এইয়ে আছিল বহাগ বিহু উদযাপনৰ পৰম্পৰা। তেতিয়া আছিল বিহু মুকলি আকাশৰ তলৰ পথাৰত, ঘন জংঘলত বা প্ৰকাণ্ড প্ৰকাণ্ড গছৰ তলত। ডেকাহঁতৰ ঢোল-পেঁপাৰ চেঁৱে চেঁৱে ককাল ভাঙি ভাঙি নাচি নাচি আপোন পাহৰা হৈ পৰিছিল গাভৰুহঁত। ঢোলৰ গুমগুমনিৰ লগে লগেই আৰম্ভ হৈছিল আকাশত ওন্দোলা মেঘৰ মাজত চিকমিক বিজুলী-ঢেৰেকনীৰ জোৱাৰ। জনবিশ্বাস মতে যুৱক যুৱতী সকলে মুকলি পথাৰত

প্ৰেম যৌৱনৰ গীতেৰে পুৰুষস্বৰূপ মেঘক আৰু নাচৰ গিৰিপনিৰে নাৰীস্বৰূপা প্ৰকৃতি (পৃথিৱী)-ক উত্তেজিত কৰি বৰষুণৰ মাধ্যমেৰে মিলন ঘটোৱাৰ ফলশ্ৰুতিত মা বসুমতী শয্যসজ্জা হোৱাৰ যি প্ৰক্ৰিয়া তাতেই ৰঙালী বিহুৰ উৎস আৰু তাত্পৰ্য্য নিহিত হৈ আছে। কালক্ৰমত বিহু অসমীয়াৰ পদুলিৰে প্ৰৱেশ কৰি ঘৰৰ চোতাল পালে। আৰু আহি আহি আজি আমি দেখিবলৈ পাইছো অসমৰ বিভিন্ন চহৰে নগৰে, চুকে কোনে, অলিয়ে গলিয়ে অসংখ্য মঞ্চবিহু। অসমতো বাদেই আজি ভাৰতবৰ্ষৰ ভিনভিন নগৰ চহৰৰ উপৰিও পৃথিৱীৰো বিভিন্ন স্থানত অতি উলহ মালহেৰে আৰু নানা ধৰণৰ জাকজমকতাৰে পালন কৰা দেখা যায় অসমীয়াৰ এই বাপতিসাহোন বিহুটোক। মুখে মুখে বিহুগীতৰ টান। জাকে জাকে বিহু-হুচৰি নৃত্য-গীতৰ দল। টোদিশে মাথো আনন্দৰ জোৱাৰা। ৰং ৰহইচৰ পয়োভৰ। মানুহৰ মনবোৰো হৈ পৰে ৰঙীন। মুঠ কথাত গোটেই বিহুটো হৈ পৰে ৰঙালী।



কিন্তু কথাতো হ'ল এই বিহু মানেই মাখনে নাচ-গান বা বিহুগীত নহয়। ইয়াৰ লগত জড়িত হৈ আছে মানুহৰ আধ্যাত্মিক ভাৱাদৰ্শ। ঈশ্বৰৰ আশীৰ্বাদৰ প্ৰতি আকূল আহ্বান। সেইবাবেই মানুহে এই ৰঙালী বিহুটোক সাদিনীয়া বিহু হিচাবে পালন কৰি আহিছে। চ'ত মাহৰ শেষৰ দিন বা সংক্ৰান্তিৰ পৰাই আৰম্ভ হয় বহাগ বিহু। ইয়াৰে প্ৰথম দিনা হ'ল 'গৰু বিহু'। গৰু হ'ল কৃষিকৰ্মৰ লগত জড়িত প্ৰথমবিধ জন্তু। গৰু শ্যামলাশষ্যৰ প্ৰগতি আৰু পৰিবৰ্ধনৰো প্ৰতীক। গৰুৰ গোবৰে কৃষিভূমি সাৰুৱা আৰু উৰ্বৰা কৰি তোলে। ইপিনে গাই

গৰু হল আমাৰ সবাক্ৰ শ্যামসুন্দৰ প্ৰভু শ্ৰীকৃষ্ণৰ সহোচৰা। আনহাতে বলধ গৰু হ'ল মহাপ্ৰভু ভোলেনাথ দেৱাদিদেৱ মহাদেৱৰ সহোচৰা। গৰু বিহুৰ দিনা ৰাতিপুৱাই মানুহে গৰুৰ গাত তেল-মাঁহ-হালধী সানি নদী-জান বা খাল-বিললৈ নি সাদৰেৰে গা ধুৱাই বিহুৱান হিচাপত নতুন পঘাৰে বান্ধে। তাৰ পাছত লাউ-বেঙেনা আদি পাচলি কাটি গৰুক আদৰ-সাদৰ কৰি খাব দিয়াৰ উপৰিও ডিঙিত লাউ-বেঙেনাৰ মালা পিন্ধাই, দীঘলতী-মাখীতীৰ পাতেৰে মৰমেৰে গৰুৰ গাত কোবাই ভগৱানৰ ওচৰত এনেধৰনে প্ৰাৰ্থনা কৰে –

“দীঘলতীৰ দীঘল পাত

গৰু কোবাবু জাত জাত,

মায়েৰ সৰু বাপেৰ সৰু

তই হলি বৰ ডাঙৰ গৰু,

লাউ খা বেঙেনা খা

বছৰি বছৰি বাঢ়ি যা।’

আবেলি নতুন ধানখেৰ-গোবৰেৰে ডাঙৰকৈ গোঁহালি-ধোঁৱা বা থুঁপা দিয়া হয় যাতে মহ-ডাঁহ, পোক-পৰুৱাৰ আক্ৰমণৰ পৰা গৰুবোৰ ৰক্ষা পৰিব পাৰে আৰু গৰুবোৰে সুন্দৰকৈ গোঁহালিৰ উম লৈ থাকিব পাৰে।

সাতবিহুৰ দ্বিতীয় দিনাখন হ’ল ‘মানুহ বিহু’। এই মানুহ বিহুৰ দিনাখন ৰাতিপুৱাতেই উঠি সকলোৱে গা-পা ধুই ঈশ্বৰৰ প্ৰাৰ্থনাৰ পিছত গাত নতুন কাপোৰ “অসমীয়াৰ বিহুৱান” - খন মেৰাই লৈ মাক-দেউতাকৰ আশীষ লোৱাৰ উপৰিও সৰুবোৰে জেষ্ঠসকলৰ আশীৰ্বাদ বিচাৰি সেৱা জনায়। ডেকা-গাভৰুহতেও হিয়াৰ একোবুকু কেচাঁ মৰম সানি চেনেহৰ আপোন ‘বিহুৱান;-খনি ইজনে সিজনৰ গাত মেৰিয়াই দিয়ে। ‘বিহু আহি পায় পায়, নাচনীৰ গাত তত্ নাই’। প্ৰতিঘৰ মানুহৰ ঘৰত নিজৰ লগতে আলহী-অতিথি আপ্যায়নৰ বাবে হৈ পৰে লাৰু-পিঠা, দৈ-চিৰা, সান্দহ-মিঠাই উভৈনদী। মাথো সাদৰেৰে খালেই হ’ল।

বিহুৰ তৃতীয় দিনটোক আমি ‘গোসাঁই বিহু’ হিচাবে পালন কৰো। সেইদিনাখন ৰাতিপুৱাই সকলোৱে গা-পা ধুই উঠি নামঘৰ, মঠ-মন্দিৰ বা যিকোনো উপাসনাস্থলীলৈ

গৈ ভগৱানক প্ৰাৰ্থনা জনায়। ধূপ-ধূনা, চাকি-বন্তি জ্বলাই মাহ-প্ৰসাদ আগবঢ়াই ঈশ্বৰৰ আশীৰ্বাদ বিচাৰে।

বিহুৰ চতুৰ্থ দিনাখন অসমীয়া জীয়াৰী-বোৱাৰীসকলে যিখন তঁতশালত মৰমৰ দীঘ আৰু চেনেহৰ বাগীৰে হিয়াৰ আপোনজনলৈ হেপাঁহৰ বিহুৱানখনি বৈ উলিয়াই সেইখনকেই পূজা কৰি লোৱাৰ বাবে সেইদিনাৰ দিনটোক আমি 'তঁতবিহু' হিচাবে পালন কৰো।

পঞ্চম দিনাখন আমি নাঙল-জুৱালি-মৈ-এচাৰিকে আদি কৰি কৃষিৰ সজুলিসমূহক পূজা কৰি কৃষিকৰ্মৰ কাৰণে সাজু কৰি লোৱা বাবে সেইদিনটোক 'নাঙল বিহু' বুলি কোৱা হয়।

ৰঙালী বিহুৰ ষষ্ঠৰ দিনাখন হ'ল আমাৰ 'জীয়াৰী বা চেনেহী বিহু'। সেইদিনাখন চেনেহৰ জী-জোঁৱাইসকলক আমন্ত্ৰণ কৰি আনি নতুন বিহুৱান যাঁচি সকলোৱে মিলি হেপাহ পলুৱাই এসাঁজ খোৱাৰ পৰম্পৰা এতিয়াও অসমীয়া সমাজত চলি আছে।

বিহুৰ শেষৰ সপ্তম দিনাখন হ'ল 'চেৰাবিহু বা বিদায় বিহু'। গোটেই সপ্তাহটো বিভিন্ন কাৰ্যপ্ৰণালীত ব্যস্ত থাকি সকলো যেন ভাগৰি জুগৰি বিহুটিক বিদায় দিবলৈ সাজু হয়। পৰম্পৰা অনুসৰি দৈগাখীৰ, পহঁতাভাত আদি খাই উঠি বিচনীৰে দেহা জুৰ পেলাই যেন গাবলৈ লয় – 'নতুন কাপোৰ পুৰণা কাপোৰ দিন যাওঁক, ন ভাত পুৰণি ভাত জীন যাওঁক'। সেইদিনাখন 'সাতশাকী' মানে সাতবিধ শাক (আচলতে এশবিধ ঔষধি শাক) খোৱাৰো এক পৰম্পৰা অসমীয়া সমাজত আছে। জনবিশ্বাসমতে যাৰ ফলত আমাৰ দেহাতো বিভিন্ন বেমাৰ আজাৰৰ পৰা সুৰক্ষিত হৈ থাকিব পাৰে।

আজিকালি দিনকাল সলনি হল। বিহুৰ পৰম্পৰাবিলাকো সময়ৰ লগত খাপ খুৱাই লব পৰাকৈ সলনি হবলৈ ধৰিলে। পথাৰৰ মুকলি বিহু দেখিবলৈ প্ৰায় নোহোৱা যেনেই হ'ল। বিহু দিন-ৰাতি একাকাৰ হৈ পৰিল। গোটেই বহাগ মাহ আনকি জেঠমাহৰ শেষলৈও ৰঙালী বিহুৰ অন্ত নপৰা হ'ল। মঞ্চবিহুবিলাক যথেষ্ট খৰচি হ'বলৈ ধৰিলে। সাজসজ্জাবিলাক বহুতো ব্যয়বহুল হ'ল। বিহুৱা-বিহুৱতী, নাচনী-টুলীয়া, গায়ক-গায়িকাসকল নামীদামী হ'বলৈ ললে। গাড়ীমটৰ অবিহনে খোজ কাঢ়ি গৈ দূৰদূৰণিৰ বিহুবোৰ উপভোগ কৰাৰ আনন্দ পাহৰণিৰ গৰ্ভত বিলীন হ'বলৈ ধৰিলে। মুঠতে দুখীয়া-হোজা সহজ-সৰল মানুহৰ আধ্যাত্মিক

ভাৱাদৰ্শৰ বঙালী বিহুতো গৈ গৈ যেন ধনী-অভিজাত শ্ৰেণীৰ মন-মৰ্জিৰ উৎসৱত পৰিণত হবলৈ ধৰিলে।

কঙালী বিহু

কাঁতি মাহৰ সংক্ৰান্তিৰ দিনটোক আমাৰ অসমীয়া সমাজে ‘কঙালী বিহু’ হিচাবে পালন কৰে। এই সময়ত সাধাৰণতে কৃষিজীৱীসকলো লোকৰ ঘৰত খাদ্য-সম্ভাৰ, তাৰি-তৰকাৰী, মাছ-পুঠিৰ অভাৱে দেখা দিয়ে। ভড়াঁলত মজুত কৰি ৰখা খাদ্য শস্যও টুটি আহিবলৈ ধৰে। আনপিনে নতুন শস্য চপাবলৈও আঘোণ-পুহ মাহলৈ ৰব লগীয়া হয়। চৌদিশে মাথো অভাৱ-অনাটন, সকলোবোৰ বয়-বস্ত্ৰৰ অৱস্থা মহাশূন্য। এনেহেন সন্ধিক্ষণতেই বাঢ়ি অহা খেতিপথাৰত ভৰপূৰ শস্যৰ কামনা কৰাৰ লগতে ৰোগ-ব্যাদিৰ পৰা দেহৰ সুৰক্ষা বিচাৰি বিহুৰ দিনাখন আবেলি ঘৰখনৰ আটায়ে আগচোতালত ৰোৱা পৱিত্ৰ তুলসীৰ তলত ধূপ-ধূনা, চাকি-বন্তি জ্বলাই ভগৱানৰ কৃপা বিচাৰে। মূল ঘৰত, গোঁহালি ঘৰত, ধাননি-পথাৰত, পাণ-তামোলৰ বাৰীত সভক্তিৰে চাকি জ্বলাই পোক-পৰুৱাৰ আক্ৰমণৰ পৰা পৰিভ্ৰাণ বিচাৰে। বহু লোকে আকাশত আকাশ-বন্তি জ্বলাই প্ৰভু-ভগৱন্তক পূজা কৰে। শেষত আটায়ে মিলি ভগৱানলৈ আগবঢ়োৱা মাহ-প্ৰসাদ খাই কাতিবিহুৰ সামৰণি মাৰে। কাতিবিহুৰ পৰম্পৰাসমূহৰো অৱশ্যে আজিকালিৰ আধুনিক যুগত নানাবিধ পৰিৱৰ্তন আহিবলৈ ধৰিলে।

ভোগালী বিহু

অসমীয়াৰ বাপতিসাহোন বিহুতিনিটাৰ ভিতৰত এই ভোগালী বিহুটো আমাৰ সকলোৰে বৰ আগ্ৰহৰ। পুহ মাহৰ সংক্ৰান্তিৰ দিনা মাঘবিহু পালন কৰা হয়। আগদিনা ভোগালীৰ উৰুকা আৰু পিছদিনা বিহুৰ বৰদোমাহী। এই সময়ত বতৰ সদায়েই ফৰকাল। ধুমুহা বৰমুণৰ ভয় নাথাকে। খেতিবাতি চপায় সকলো মুকলিমুৰীয়া হৈ পৰে। ধান-চাউল, শাক-পাচলি, তাৰি-তৰকাৰী, মাছ-পুঠি আদি সকলোবিলাক উভৈনদী। সাত-আঠদিন আগৰ পৰাই জীয়াৰী-বোৱাৰী সকলে নানা ধৰণৰ সুস্বাদু পিঠা-পনা, সান্দহ-মিঠাই, দৈ-চিৰা, মুৰি-আঠে, বৰাচাউল-মাটিমাহৰ মাহকৰাই আদি খাদ্য-সম্ভাৰ প্ৰস্তুত কৰিবলৈ আৰম্ভ কৰে। বিভিন্ন প্ৰকাৰৰ মেজি-ভেলাঘৰ সাজিবলৈ চেমনীয়া-ডেকাহতৰ গাত তত্ নোহোৱা হৈ পৰে। উৰুকাৰ ৰাতি ভেলাঘৰৰ বাকৰিত ল’ৰা-ছোৱালী, চেঙেৰা-চেঙেৰী, পো-বোৱাৰী,

মতা-মাইকী, বুঢ়া-বুঢ়ী সকলো মিলি পৰম আনন্দেৰে হেপাহ পলুৱাই নানাবিধ খাদ্যেৰে 'দলভাত বা লগভাত' খায়। ডেকাহঁতে বাঁহ-কাঠেৰে ধ্বনি জ্বলাই লৈ নানাবিধ থলুৱা লোকনৃত্য-গীত কৰি গোটেই নিশাটো কটাই দিয়ে। বিহুৰ দিনাখন ৰাতিপুৱালেই সকলোৱে গা-পা ধুই উঠি ভগৱানৰ নাম লৈ মেজিত জুই লগাই অগ্নিদেৱতাক পূজা কৰে যাতে অগ্নিদেৱতাই সকলো অপায় অমঙ্গল দূৰ কৰি মানুহৰ দেহৰ পৰা ঠেটুৱৈ লগা জাৰ আতৰাই সকলোকে সূৰ্য্যদেৱতাৰ উমেৰে উমাল কৰি তুলিব পাৰে - "অগ্নিং প্ৰজ্বলিতং বন্দে চতুৰ্ণ হুতাশনম্, সুবৰ্ণ বৰ্ণমমলং জ্যোতিৰূপায়তে নমঃ"। মেজি জ্বলাই উঠি সকলোৱে ঘৰাঘৰি গৈ চাহ-পিঠা দৈ-জলপান খাই লৈ নামঘৰলৈ যায় আৰু তাতে প্ৰভু ঈশ্বৰলৈ মাহ প্ৰসাদ আগবঢ়াই নামকীৰ্ত্তন কৰে। তাৰ মাজতে নামঘৰৰ বাকৰিতে আৰম্ভ হয় আকৌ চেমনা-চেমনী, ডেকা-ডেকেৰীহতৰ নানাবিধ খেল-ধেমালী, বং-বহুইচা পিছদিনাখন বৰদোমাহীৰ পৰা আৰম্ভ হয় জ্ঞাতি-ভাই, ইষ্ট-কুটুম্ব, আলহী-অতিথি, বন্ধু-বান্ধৱীৰ বাবে নানাতৰহৰ আপ্যায়ন। মুঠতে মাঘৰ গোটেই মাহটোকে সহজ সৰল অসমীয়াই ভোগৰ উৎসৱ হিচাবে উপভোগ কৰি আহিছে। মাঘ বিহুৰ পিছৰ পৰাই অসমীয়া জাতিয়ে আকৌ নতুনকৈ খেতিবাতি আৰম্ভ কৰিবলৈয়ে বসন্ত ঋতুৰ শেষৰ ফালে বহাগ বিহুক আঁকোৱালি লবলৈ আগবাঢ়ে।

“চ’তে গৈয়ে গৈয়ে বহাগী পালেহি
ফুলিলে ভেবেলি লতা,
কৈ থাকো মানে ওৰকে নপৰে
ৰঙালী বিহুটিৰ কথা”।

এনেকৈয়ে বছৰটোৰ তিনিওটা বিহুৱে অসমীয়া জাতিটোক যুগযুগান্তৰৰ পৰাই প্ৰাকৃতিক নিয়মেৰে ঐক্য আৰু ভাতৃত্বৰ বান্ধোনেৰে সাঙুৰি আছে আৰু সেইবাবেই আমি অসমীয়া জাতিটোৱে অতীত, বৰ্তমান আৰু ভৱিষ্যতেও ভাৰতবৰ্ষ আৰু বিশ্বৰ বুকুত শিৰ উচ্চ কৰি থাকিব পাৰিছিলো, পাৰিছো আৰু নিশ্চয়কৈ পাৰিমহক।

শেষত আকৌ সুধাকণ্ঠ ডঃ ভূপেন হাজৰিকাদেৱৰ সুৰেৰে আমাৰ প্ৰাৰ্থনা –

“বিহুটি বছৰি আহিবা
অসমী আইকে জগাবা,
বিপদৰ কালতো মাহ হালধিৰে
জাতিটোৰ দেহ মন ধুৱাবা”।

Jhankar

(Drawing section)

“Which means chime or resonance. Resonating the knowledge of one’s soul.”

- Ruwad Pegu

The way music flows

Mayurakshi Duarah



Untitled

Gargee Gogoi



Untitled

Rakhi Borah



Uttarayan

(Events section)

“Which means north-ward movement, mostly used with sun’s movement, which could also be meant like moving forward always, and it also is a film by Pramathesh Chandra Barua.”

- Anal Jyoti Deka

Steps taken to decrease the maternal mortality in Dharmashala block, Dhubri district

**Dr. Parimita Roychoudhury, Dr. Sabrina Yasmin,
Dr. Rinku Borah**

An audit of maternal and child death of Dhubri district was conducted on 12th of January, 2023 at Dhubri Medical College and Hospital (DhMCH) in presence of the Principal-cum-Chief Superintendent, DhMCH, Additional Joint Director of the District Health Society, the district team of National Health Mission (NHM) (District Community Mobilizer [DCM], Block Programme Manager [BPM] DhMCH, data entry operator) along with the Head of the Departments (HODs) of the Departments of Obstetrics & Gynaecology and Paediatrics, and faculty members of the Department of Community Medicine. It was found that Dharamshala block has the increasing trend of maternal and child death, and one of the leading causes of maternal death was found to be anaemia and its complications. Subsequently a meeting was conducted on 13th of January, 2023 at Dharamshala block primary health care (PHC) for assessment of the knowledge and skill of the Auxiliary Nursing Midwifery (ANM) and Accredited Social Health Activists (ASHAs), and it was found that there was gap in their knowledge and skill regarding detection and appropriate care of high-risk pregnancy cases. Following which faculty members of the Department of Community

Medicine, DhMCH were allotted subcentres and Health & Wellness Centre (HWC) under Dharamshala block.



Figures 1-3: Meeting held at Dharamshala block.

As per instruction, the faculties visited the allotted subcentres/HWC as well as community twice a week for supportive supervision and hand holding. Firstly, the list of high-risk pregnancies for that particular month was collected from the subcentres and home visits were carried out. During every community visit, the faculty members were accompanied by Community Health Officer (CHO), ANM, and ASHA of the respective subcentres. On the spot, haemoglobin estimation was done along with assessment of weight and blood pressure. Advice regarding proper nutrition, birth preparedness, identification of danger signs, and the total number of antenatal care (ANC) visits required by the pregnant women along with Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)/e PMSMA was communicated. Simultaneously the ANM and ASHAs were given field level training to upgrade their skill and knowledge.



Figures 4-6: Blood pressure (BP) and haemoglobin measurements at field level.

There are number of char areas under Dharamshala block where the population is very resistant and they have unfavourable attitude towards high-risk pregnancy. Their health seeking behaviour is

dominated by sociocultural and religious belief, and numerous taboos. Therefore, during every visit, scientific knowledge is imparted and families are motivated to withhold the dogmatic believes.

In Dhubri district, child marriage is highly prevalent and in every community visit, opportunity is taken to raise awareness against child marriage and teenage pregnancy.

The following gaps were identified:

1. KNOWLEDGE

- a) Error in calculation of expected date of delivery (EDD).
- b) Poor knowledge on anaemia detection and management protocols.
- c) Poor knowledge on different criteria of detection of high-risk pregnancy.

2. SKILL

- a) Error in filling up of mother and child protection (MCP) card.
- b) Error in weight measurement.

3. INSTRUMENTAL ERROR

- a) Digital haemoglobinometer and weighing machine are poorly calibrated.

Apart from providing community-based services, the faculty members of the Department of Community Medicine provide support to the high-risk pregnant women and their families by coordinating with the specialist doctors of the Department of Obstetrics & Gynaecology for quality treatment and care.

CMEs in Dhubri Medical College

Dr. Dina Raja

27 April 2023



The first midterm continuing medical education (CME) at Dhubri was organised successfully by the Association of Physicians of India (API), Assam chapter, Dhubri branch in collaboration with the Department of Medicine, Dhubri Medical College Hospital (DhMCH).

15 March 2023

A CME was organised in DhMCH on 'Medical, ethical, and legal aspects of documentation in healthcare service' where Prof. (Dr.) Anku Moni Saikia, Principal-cum-Chief Superintendent highlighted on 'Medical certification of cause of death (MCCD)' and Prof. (Dr.)

Gunajit Das, Superintendent spoke on 'Documentation in medical practise: dos and don'ts.'

