



G.KUPPUSWAMY NAIDU MEMORIAL HOSPITAL

(A unit of the Kuppuswamy Naidu Charity Trust for Education and Medical Relief)

(Super Speciality) Coimbatore - 641 037



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GKNM | **iOP**
Integrated
Out-Patient
Centre

1st
YEAR
ANNIVERSARY

**We are committed towards
Ethical Practice, Compassionate Care & Holistic Approach**

From consultation to diagnostics and treatment including day care procedures,
GKNM Hospital is redefining the standard of healthcare services.
Our integrated approach towards outpatient care, ensures seamless attention,
empowering you to live healthier and happier.

**ASIA'S LARGEST
INTEGRATED
OUT-PATIENT
CENTRE**



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Dear Friends,

It has been a year since our IOP was inaugurated and it stands tall as our commitment towards convenience, world class and holistic healthcare.

The last three months have been eventful with academic meetings, sports events and the inauguration of the state-of-art CT simulator for precision treatment in Radiation Oncology. Patient care depends not just on the doctors but on our nurses as well. Kudos to our nursing team who were assessed and found to comply with the NABH standards for Nursing Excellence, not an easy accolade to achieve!! It stands as an acknowledgement of the commitment and effort that our nurses put in towards excellent patient care.

These endeavours in maintaining quality helps us imbibe quality driven practices in our everyday work. All of us will agree that this constant insistence on quality helps not just improve our working standards, but help us come through NABH assessment fairly painlessly.

Let us continue to strive together to offer the compassionate quality driven care that GKNMH is known for.

"Success is a journey – not a destination. The doing is often more important than the outcome."

– Arthur Ashe

With warm regards,




Dr. Latha Balasubramani

DGO, MD, DNB, MRCOG
Consultant Gynae Oncosurgeon
GKNM Hospital

From the CEO's Desk



Dr. Ragupathy Veluswamy

BSc, MBBS, DCH, AB, FAAP, CHCQM, MMM, CPE, FACPE

Chief Executive Officer – GKNM Hospital

As we step into another year, we take immense pride in celebrating the first anniversary of our Integrated Outpatient Centre, a milestone that symbolizes our unwavering commitment to enhancing patient care and redefining healthcare excellence.

The vision for this centre began in 2017, when our Board of Trustees approved the idea of constructing a dedicated outpatient facility that would set new standards in patient-centered care. The journey to bring this vision to life was long and required extensive planning, meticulous execution, and dedication. From obtaining necessary permits to ensuring the highest quality standards, every step was taken with the singular goal of delivering the best possible care to our community.

To refine this vision, we engaged an Australian architect based in Dubai. Further expertise came from a Bangalore-based architect, who played a pivotal role in finalizing the architectural framework and continued as project manager, ensuring that every detail met the highest international standards.

Over the past year, this state-of-the-art facility has transformed patient care, offering not just conventional medical treatments but also an integrative and alternative approach to medicine, ensuring a truly holistic healing experience.

Our focus extends beyond merely treating illnesses—we are dedicated to preventive care, long-term well-being, and an enhanced patient experience that fosters trust and healing.

As we celebrate this significant milestone, let us commit ourselves to continuous improvement, innovation, and patient-centered excellence. This centre is not just a reflection of our achievements; it is a reminder to push boundaries, refine our services, and uphold the highest standards of healthcare delivery.

This quarter also witnessed another remarkable moment in our journey of excellence—a highly impactful visit from dignitaries representing the Mayo Clinic and Children's HeartLink.

Their visit aimed to share knowledge, expertise, and technical advancements with our pediatric cardiothoracic team, ensuring that our healthcare professionals remain at the forefront of specialized pediatric care. The team, led by Dr. Joseph Dearani, provided valuable insights and technical training, elevating the expertise of our surgeons and enhancing the quality of care we provide to our young patients.

Another major achievement for our hospital was the Nursing Excellence Certification, a well-deserved recognition of the dedication, compassion, and expertise of our nursing team.

The assessment team was impressed by the high standards maintained by our nurses, their embodiment of our hospital's core values, and the exceptional care they provide to every patient. Their hard work and commitment to excellence have earned this prestigious recognition. We extend our sincere thanks to every nurse, physician, and staff member who contributed to this achievement.

As we reflect on these achievements, let this serve as a powerful reminder of what we can accomplish together. The success of our Integrated Outpatient Centre, the knowledge exchange with world-renowned experts, and the recognition of our nursing excellence are all reflections to the dedication, skill, and hard work of our team.

But our journey does not end here. This is just the beginning. Let us continue to push boundaries, strive for excellence, and innovate relentlessly. Let us dream bigger, work harder, and achieve even greater milestones in the years ahead.



Interesting Case Capsules

Case 1

ANCA Negative Pauci Immune Glomerulonephritis in Patient with Systemic Lupus Erythemaosus

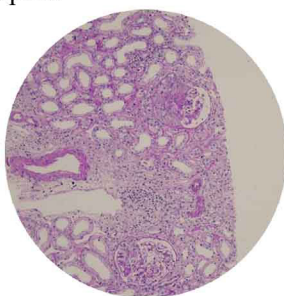
Introduction :

Pauci immune glomerulonephritis is typically secondary to ANCA small vessel vasculitis mostly Granulomatosis with polyangiitis (GPA), Microscopic poly angiitis (MPA), renal limited vasculitis. It is a common cause of rapidly progressing glomerulonephritis (RPGN). PIGN refers to necrotizing glomerulonephritis with few or no immune deposits by Immunofluorescence or electron microscopy. Renal involvement in SLE is usually immune complex mediated glomerulonephritis with typically full house effect pattern of immunofluorescence in kidney biopsy. We present a woman with clinical manifestation of SLE who presented with proteinuria and worsening renal failure, subsequently kidney biopsy done showed pauci immune glomerulonephritis with ANCA

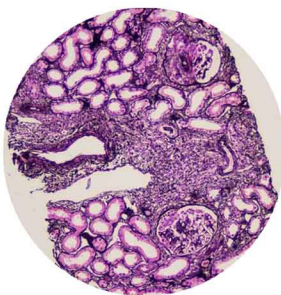
Case Description :

A 30-year-old lady with background history of hypertension and hypothyroidism for the past 2 years, initially presented with complaints of inflammatory polyarthralgia involving small and large joints of both hands and feet, was treated symptomatically, had history of diffuse non-scarring alopecia and recurrent oral ulcers. She now presented with complaints of progressive leg swelling for 2 months. There was a history of low-grade fever, non localizing, treated symptomatically. There was no history of skin rashes, loss of weight or appetite. No family history of autoimmune diseases or malignancy.

She was evaluated elsewhere for these symptoms where blood investigation revealed anemia, leukopenia, thrombocytopenia, increased ESR, increased urine protein creatinine ratio, ANA profile DsDNA and Ss A positive with ANA by IF 3+ (homogeneous pattern). Her complements C3 and C4 was low. She fulfilled five criteria in 2019, ACR, EULAR, SLE criteria. She was treated with steroids in the previous hospital.



PAS staining showing cellular crescents



Silver staining showing cellular crescents



Dr.P. Ramachandran
Department Chairman (Gen. Med)
Consultant Nephrologist



Dr. Karthiga
DNB, General Medicine

On presentation to our hospital, she had pedal edema, was tachypneic requiring NIV support, had severe renal dysfunction (urea-261, creatinine-7), anemia (Hb-9.2) and thrombocytopenia (platelets-62,000). Urinalysis showed proteinuria and hematuria. Urine protein creatinine ratio was 6.7g/day. LDH was normal. Peripheral smear showed no evidence of schistocytes. ANCA was negative. In view of volume overload status with severe renal dysfunction, dialysis was initiated.

Biopsy was deferred in view of anemia and thrombocytopenia. Suspecting RPGN, empiric therapy with pulse steroids was given after ruling out signs of infection. Plasmapheresis was started in view of worsening renal parameters and delay in performing renal biopsy.

She was dialysis-independent subsequently. After 3 cycles of plasma exchange, once thrombocytopenia improved, renal biopsy was done, which showed Pauci immune focal glomerulonephritis with crescents (25%). She was then started on IV Cyclophosphamide and oral steroids.

Discussion :

Lupus nephritis is a common renal manifestation of SLE which involves glomerular immune complex deposition causing glomerular inflammation and full house effect on immunofluorescence. A kidney biopsy should be performed in patients with SLE who have clinical or laboratory evidence of kidney involvement to establish correct diagnosis and histologic subtype of lupus nephritis as treatment is guided by the histologic subtype and biopsy may identify entities other than lupus nephritis accurately determining the severity of disease.

Pauci immune glomerulonephritis refers necrotizing vasculitis in ANCA positive vasculitis. Subgroup of patients in PIGN may be ANCA negative, it may occur infections, malignancy. The cases of PIGN in SLE are rare. The absence of immune deposits suggest that cell mediated immunity may mediate PIGN. Our patient responded well to pulse cyclophosphamide and steroids and is on regular followup.

Interesting Case Capsules

Case 2

Fenestrated EndoVascular Aneurysm Repair for Abdominal Aortic Aneurysm (FEVAR)



Dr. Rasmiranjan Padhi
The Chief Consultant -
Neuro Interventional Radiologist



Dr. R. Shanmuga Sundaram
Chief Consultant - Heart failure clinic
& Echocardiography



Dr. Madhava Rao
Consultant Cardiothoracic Surgery



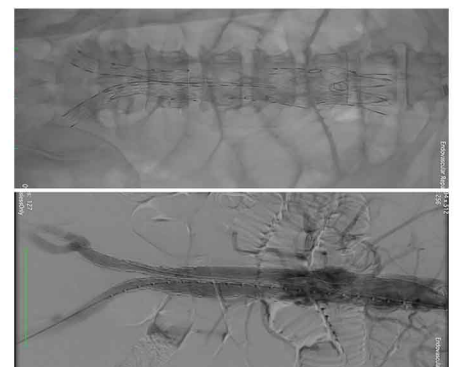
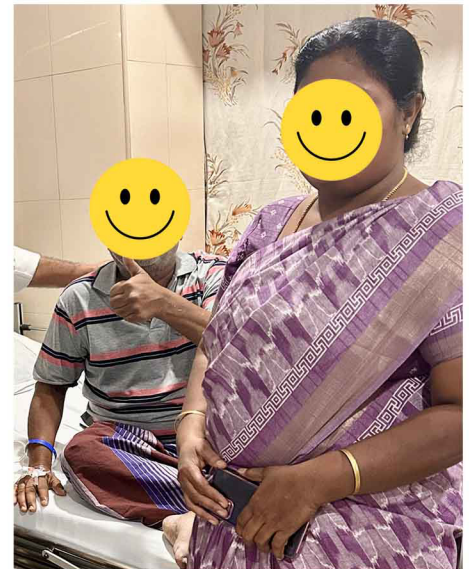
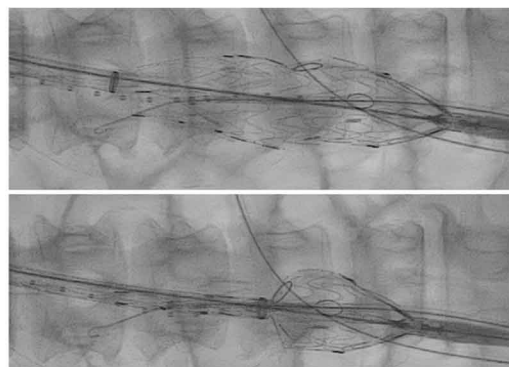
Dr. S. Goutham
Consultant Nephrologist

For the first time in Coimbatore:

A 59-year-old gentleman from Hosur district, a driver by profession, had a past history of diabetes, hypertension and coronary artery disease for which he underwent coronary artery stenting at another hospital. He had bilateral kidney stones for which DJ stenting and stone retrieval was done by urologist in Madurai. While getting evaluated for renal stones, he was found to have a large abdominal aortic aneurysm (6 cm) starting from the renal arteries. The aortic team in that hospital suggested open surgery with 30% mortality in view of his comorbidity and the challenging anatomy of the aortic aneurysm. Then he came to GKNM hospital with hope of getting best and safest care for the aortic aneurysm.

As he is a driver by profession, he wanted endovascular procedure so that he can join his duty as soon as possible. But as the anatomy was not straight forward for endovascular repair and the aneurysm starting just from the renal artery with no proximal landing zone for the aortic stent graft, it was planned to proceed for on table fenestration for renal artery and superior mesenteric artery. This is a special technique to create passage for visceral artery and create a safe proximal landing zone. Procedure went on fine with no complications. He was discharged from hospital and will be ready to start working soon.

An aortic team was formed comprising of Dr. Rasmiranjan Padhi (IR), Dr. Madhav Rao (CTVS), Dr. Shanmugasundaram (Cardiology) and Dr. Goutham (Nephrology). Patient was admitted under the Department of Interventional Radiology. With ample support from Anaesthesia team, ICU staff, and biplane cath lab staff, we successfully performed the first on-table fenestrated EVAR procedure for abdominal aortic aneurysm at GKNM Hospital.



Breaking Patterns:

When Common and Rare Infections Surprise Us!

We present two Interesting cases of Pyrexia of Unknown Origin in children. One was a common infection and other one an uncommon infection. In both the children, mediastinum was the clue/-foci of infection.



Dr. Ramesh N

Consultant in Paediatrics and
Paediatric Infectious Diseases

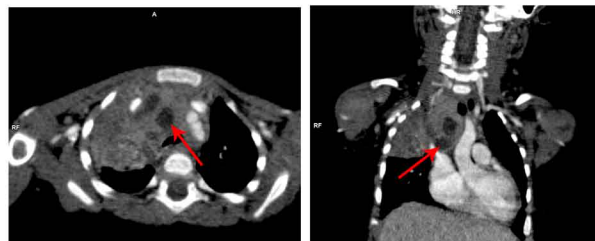
Case 1

The Unusual Journey of a Common Infection

A 7-month-old male infant, first born to non-consanguineous parents, developed fever from end of January 2025 along with mild intermittent cough. He was admitted by early February elsewhere and was evaluated for the same. Chest X-ray done there showed no evidence of consolidation/effusion/cavity. Urine culture showed ESBL E coli growth (low CFU). Despite antibiotics, child continued to have fever. Blood culture showed no growth. WIDAL, Weil Felix and Scrub IgM done was negative. ECHO done there to look for coronaries was normal. Gastric aspirate sent for AFB smear was negative and CBNAAT/Xpert TB PCR sent was said to be negative for tuberculosis. In view of intermittent fever spikes which was continuing for more than 2 weeks, he was brought to our hospital for further management.

On examination, he was clinically stable with normal systemic examination. Blood counts and peripheral smear showed normocytic normochromic anemia, neutrophilic leukocytosis, and thrombocytosis. CRP (39 mg/l) and ESR (74 mm/hr) were elevated. Urine routine analysis showed Pyuria (WBCs – 44). Organ function tests were within normal limits. HIV antibody, HBsAg and anti HCV were negative. There was no history of contact with tuberculosis patient/symptoms suggestive of TB in family members. Blood and urine cultures were sent and he was started on Inj Piperacillin tazobactam. ECHO done by Dr. Sanchita, Paediatric Cardiologist, was normal with no dilated coronaries. As he continued to have fever, repeat investigations done after 48 hours showed further rise in total counts (30600) and CRP (86.9 mg/l). LDH was mildly elevated and ferritin was low. Immunoglobulin profile was normal for age. Blood and urine culture sent turned out to be sterile.

In view of continuing fever spikes with no obvious foci of infection, PET CT was done which showed enlarged necrotic and conglomerate right paratracheal and right hilar lymph nodes with FDG avid consolidation of right lung upper lobe and right minimal pleural effusion. Dr. Antony Terrance, Paediatric Pulmonologist was consulted for possibility of bronchoscopy and BAL. Since there was right bronchial narrowing on imaging with further difficulty in bronchoscopy, anterior mediastinal lymph nodes were chosen for biopsy as they were easily accessible.



Axial and coronal sections of Computed Tomography revealing mediastinal lymphadenopathy with right upper lobe consolidation. Arrow indicates the large mediastinal node with necrosis

Ultrasound guided anterior mediastinal lymph node aspiration of pus was done by Dr. Boopathy Raja, Consultant Radiologist- Pus of 4 ml was aspirated and sent for infective workup Acid fast stain revealed many acid-fast bacilli, Gene Xpert TB PCR detected Mycobacterium tuberculosis complex- Rifampicin sensitive. He was started on First line Anti Tuberculosis Therapy from 21/02/2025. H/R/Z/E and B6 was initiated appropriate for his weight. On ATT he continued to have intermittent daily fever spikes during the first week of therapy which is expected in view of higher disease burden. Over ten days post initiation of therapy - child developed new onset cough with noisy breathing and wheeze in view of probable inflammation secondary to mediastinal nodal involvement with bronchial narrowing. He was subsequently started on Oral Prednisolone and continued on ATT following which he became asymptomatic with no further fever or cough or noisy breathing. MGIT TB culture showed growth of Mycobacterium tuberculosis complex within 9 days of incubation. Sensitivity done showed that isolate was susceptible to first line ATT. Currently baby has completed one month of ATT, gaining weight and asymptomatic. Screening of parents and family members for TB disease is planned.

This case highlights the unusual journey (unusual age, unusual site in a stable child) of a common infection (Tuberculosis). Lung, Lymph node, Central nervous system, Bone/joint are commonly prevalent forms of TB in children. This case is unusual because of the very young age, significant mediastinal involvement in a clinically stable child as tuberculosis in very young infants tends to be more severe with disseminated/miliary/meningeal forms of TB being more common. Optimal microbiological diagnosis with optimal weight-based ATT initiation and anti-inflammation with steroids whenever required are the mainstay of treatment.

Thanks to the team:

Dr. Harikrishnan, Consultant Nuclear Medicine

Dr. Boopathy Raja, Consultant Radiologist

*Dr. Baby Padmini and Dr. Sharanya, Consultant Microbiologist
Paediatric Postgraduates*

Interesting Case Capsules

Case 2

The Unusual Journey of an Uncommon Infection

A 3-year-old female child presented to us in January 2024 with fever, cough and difficulty in breathing since early December 2023. As she had no significant improvement with IV antibiotics and nebulization elsewhere - was evaluated further in another local hospital and found to have cardiomegaly on chest x-ray with no evidence of consolidation/pleural effusion/cavity. Subsequent ECHO done there showed pericardial effusion with a mediastinal mass surrounding the heart. Pericardiocentesis done there showed lymphocytic pleocytosis and was referred to our hospital for further management. On examination at admission, she was pale, air entry was reduced on left side. Probable differentials kept at admission were either malignancy (Lymphoma, Teratoma, Ewings sarcoma) or Chronic infections most likely Tuberculosis.

Complete blood count showed anemia (Hb-9.8g/dl), leukocytosis with lymphocyte predominance & thrombocytosis. Peripheral smear showed normocytic normochromic anemia with leukocytosis and no atypical cells. LFT showed elevated globulin with AG reversal. Inflammatory markers were elevated (ESR-92mm, CRP-177mg/L). Mantoux was negative. ECHO done showed moderate pericardial effusion, Posterobasal mass arising from pericardium compressing LA posteriorly with intracardiac involvement extending just above the anterior leaflet of mitral valve. CECT thorax done for further characterisation of lesion revealed a mass in the superior and middle mediastinum infiltrating posterior pericardium and left atrium extending into myocardium – with higher radiological possibility of lymphoma.

As image-guided biopsy was not possible in view of its location and vital structures involved, sternotomy and biopsy was done by Dr. Vijayakumar and Paediatric Cardiothoracic surgery team. On table bronchoscopy done by Dr. Antony, Paediatric Pulmonologist showed narrowing in the lower part of trachea, bulge from lower part and concentric narrowing of left main bronchus suggestive of extrinsic compression. GeneXpert TB PCR from biopsy tissue was negative. Biopsy sent for histopathological examination was suggestive of Zygomycosis (Aseptate fungal hyphae with tissue invasion and no angio invasion). However, cultures were not sent in view of high probability of malignancy pre-surgery. With biopsy suggestive of Zygomycosis - possibility of mucormycosis being more likely and with complete surgical resection not possible, she was worked up for immunodeficiency and initially started on dual antifungal therapy- Liposomal Amphotericin B and Posaconazole.

HIV Antibody done was negative and Blood sugars were normal. To rule out Inborn error of Immunity further workup was done. Serum immunoglobulins were elevated for age. NBT/ DHR done was negative for Chronic Granulomatous Disease and clinical exome sequencing sent later showed no pathogenic variants. Despite dual antifungal therapy for 10 days, she continued to have fever and cough. Her tissue block was further sent to a higher centre for second opinion, who opined

the possibility of Entomophthoromycosis -a sub-type of Zygomycosis being more likely (In view of Aseptate fungal hyphae with Splendore Hoeppli's phenomenon, Chronic granulomatous inflammation and Absent angio-invasion). She was further started on treatment for the same with Oral Itraconazole, Oral Saturated solution of Potassium Iodide (SSKI) with monitoring of TSH and Potassium levels. Posaconazole and Liposomal Amphotericin B was stopped.

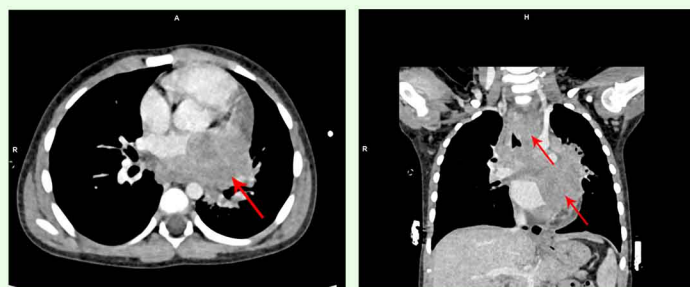
She continued to have intermittent fever and cough- despite five days of therapy with SSKI and Itraconazole. Co-trimoxazole was added in addition - thereafter she gradually became afebrile, clinically better with reduction in cough. There are only very scarce case reports of deep infections caused by these group of fungi and no standard treatment guidelines for the same. Based on literature review- she was planned for antifungal therapy until one month post complete resolution of all lesions.

Around three months into therapy by May 2024, she remained asymptomatic but ECHO screening showed that the previously fixed and large intracardiac mass (inside the left atrium just above the mitral valve) has become more mobile and pedunculated as a response to treatment. As there was definite risk of embolization of the fungal mass, she was taken up for a second surgery by Dr Vijayakumar and team-Redo sternotomy and excision of mitral valve mass was done. Cultures sent showed no growth. She was continued on antifungal therapy with SSKI, Co-trimoxazole and Itraconazole. As she had SSKI induced hypothyroidism, she was started on thyroxine supplements in addition to SSKI as per Paediatric Endocrinologist - Dr. Ahila Ayyavoo opinion.

CT imaging done at seven months of therapy showed around 40-50% reduction in size of lesion. She was further continued on therapy. Repeat CT done at the end of one year of therapy (February 2025) showed complete resolution of disease with just a residual normal thymic tissue. Hence antifungal therapy was stopped in February 2025 after a course of one year. Currently she is off therapy for past one month-Asymptomatic, Playful and Growing well.

Serial imaging done and treatment response

January 2024(At diagnosis)



Arrow indicating mediastinal mass with infiltration into left atrium just before therapy

Interesting Case Capsules

Case 2

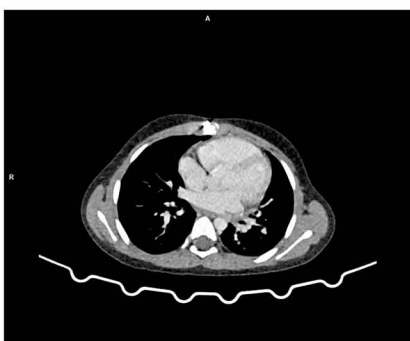
The Unusual Journey of an Uncommon Infection

September 2024



Arrow indicating decrease in size of mediastinal lesion after 7 months of treatment

February 2025 (One year of therapy)



Resolution of lesions at the end of therapy with normal thymus tissue indicated by green arrow

This case highlights the unusual journey (unusual site) of an uncommon infection (Entomophthoromycosis). Entomophthoromycosis are primarily fungal infections of subcutaneous tissues caused by environmental exposure/wound exposure to fungal spores. They rarely cause deeper/disseminated infections. Our case is a rare case of Deep Entomophthoromycosis infection in a premorbidly well child with no environmental exposure. This case illustrates that

1. Among differential diagnosis of mediastinal mass- Rarely Fungal Infections are a cause. Cultures guide the diagnosis with histopathology and hence optimal culture samples are absolutely necessary.

2. Aseptate fungal hyphae with Splendore Hoeppli phenomenon on histology in an immunocompetent child raises the suspicion of Entomophthoromycosis.

3. SSKI, TMP-SMX, Itraconazole are treatment options rather than Amphotericin B/Posaconazole.

4. Prognosis is good when compared to mucormycosis

5. Multi-disciplinary team approach with involved sub-specialities like in our case greatly contributes to cure of this entity.

Thanks to the team:

Dr Vijayakumar and
Dr Naveen, Paediatric Cardiothoracic Surgery team
Dr Antony Terrance, Paediatric Pulmonologist
Dr Ahila Ayyavoo, Paediatric Endocrinologist
Dr Radha, Consultant Pathologist
Paediatric Post Graduates

AI in Healthcare...



Dr.S. Sundara Kumar
Director Medical Informatics &
Consultant Pulmonology

The Hope, The Hype, The Problems & The Peril.. A Healthcare practitioner's perspective ...

Data is the future oil which is the bottom line of all of these technological advancements. Digital Transformation happens on the technology side beyond what we could imagine and realize - in all sectors.

Healthcare is no way an exception. Digital transformation from EHR, data capturing in real-time by machines MIoT, wearable, voice text translation tools, data portability by ABDM, data analytics, predictions, Machine learning, machine prompts, AI tools to the extent of self thinking called Generative AI to AI transformers, Artificial Neural Networks, Deep learning, Agentic AI, Super intelligence, Singularity... on... and on ... and on...

As healthcare practitioners, it's time for us to be aware on the happening in technologies beyond clinical practice and developments which help us to improve and deliver quality healthcare to our stakeholders and spare time for the self as well. However, the data in the form of written physician notes of EHR is not in the form of Computable Clinical data (what we call a semi-structured or unstructured information). Since these physician medical notes are not in the form of Computable clinical data (unless medical algorithms and clinical/medical informatics codes from clinical data dictionary like SNOWMED CT, LOINC, ICD - 11 etc are used), there are variations in physician notes and practices. This may impact AI outputs theoretically.

Areas where good digitized medical (Computable or computer machine readable) input data are available like images, info sensors from wearable or medical gadgets, voice signals (they get converted from audio to digital signal), wave forms of ECG, video formats of endoscopies, AR (Augmented reality) & VR (Virtual reality) etc. are available, the AI applications with the bigger and better computing powers of computers, uses Machine learning, data sciences, analytics, medical indexed texts and real time data inputs etc. to assist in diagnosis, in suggesting the line of treatment, in the summarization of the patient related information, in automating repetitive tasks (prescribing scheduling patients, answering queries etc), in predicting an outcome etc.

So let's focus on appropriate data entry (EHR) which helps us to build a robust data base which is the stepping stone of analytical system and develop an appropriate Machine learning language models (LLMs as well as SLMs) which aids us to create AI tool based on our regional data set thereby helping us to develop standard care pathways, algorithms, Clinical Decision Support Systems(CDSS) and thereby improving the standards of clinical care process.

Technology collaboration and cross talks on either side shall lead to a perfect system for us to adopt and make it useful to the society.

“Doctors should not fear AI, Doctors should fear doctors who know AI”

What the eye does not see, the mind does not understand. So let's be watchful and be aware of our environment and learn to incorporate technologies into our clinical practice.

Thanks to CII Coimbatore for organizing a wonderful deliberation on the subject of AI in Healthcare.

How Acupuncture Works...



Dr.S.Gandhi

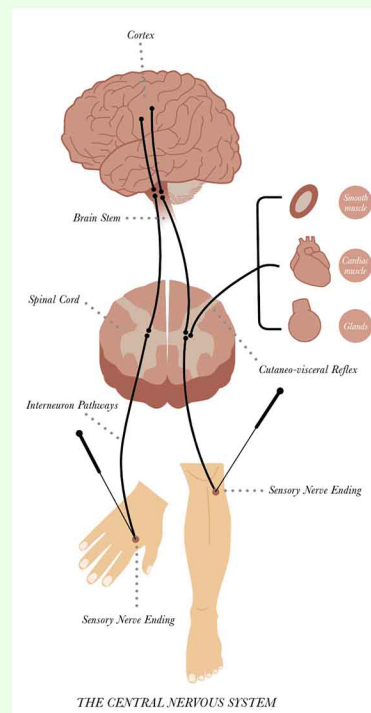
Consultant in Traditional Yoga and
Integrated Medicine Therapist.

The scientific basis of Acupuncture is now well understood. There is no longer a need to get lost in esoteric discussions of “Qi” and “meridians” as they relates to acupuncture. A summary of the science is given below, however, note that the physiology of acupuncture treatment can be a bit complex.

Acupuncture has been shown to act on several mechanisms in the body, and the details of these mechanisms are discussed below. These physiological mechanisms can become complicated, however the basis of acupuncture is quite simple. Acupuncture’s effect is dependent on the stimulation of the peripheral nervous system (PNS). This has been confirmed by the fact that when nerves innervating acupoints are blocked acupuncture has no effect. Research suggests that acupuncture stimulates the central nervous system to release natural chemicals that alter hormonal output, pain response, and other biological processes. In 2003, the World Health Organization (WHO) conducted an extensive review and analysis of clinical trials involving acupuncture. According to this report acupuncture impacts the body on multiple levels, concluding it:

- Stimulates conduction of electro-magnetic signals, which can promote immune system cells or pain-killing chemicals.
- Activates the body’s endogenous opioid system, which may help reduce pain and induce better sleep quality.
- Stimulates brain centres including the hypothalamus and pituitary gland, which modulate numerous body systems.
- Changes in the secretion of neurotransmitters and endocrine hormones, which may positively effect brain chemistry.

From the World Health Organization – a team of researchers, including an acupuncturist, conducted an experiment for the first time in history. Using MRI imaging techniques, the research study visually demonstrated that acupuncture has a very real and measurable effect on the brain. Acupuncture does something completely remarkable – it deactivates certain areas of the brain, particularly in the limbic system. In this process, there is decreasing neuronal activity, which in turn suppresses pain and overactive nervous system patterns (as opposed to having an activating neuronal impact). Their experiment also clearly showed that fake (sham) needling did NOT have this effect. The limbic system is a deep brain centre associated with the experience of pain, adding further evidence that something very unique happens during acupuncture treatment. Acupuncture fundamentally alters the experience of pain by shutting down these deeper brain regions that are over-active in chronic pain conditions and in chronic stress patterns.



How Acupuncture Works...

In addition, scientific research on Acupuncture has shown measurable activity in specific body systems including:

- Acupuncture increases peripheral blood flow. An increase in blood flow is significant because all tissues of the body need a rich supply of blood to heal and thrive. Blood brings oxygen, nutrients, vitamins, immune complexes, hormones, and anti-inflammatory substances. Restoring optimal blood flow is essential to promoting and maintaining health. Blood flow can be impacted by injuries, certain diseases and general aging. Acupuncture has been shown to increase blood flow and vasodilation in several regions of the body.

- Acupuncture increases the neural pain threshold. This effect occurs through the release of natural painkillers. Inserting an acupuncture needle sends a signal from the peripheral nervous system to the brain and in response the brain releases chemicals such as endorphins, norepinephrine and enkephalin. Some of these natural substances are 10-200 times more powerful than opioid drugs such as morphine.

- Acupuncture releases neurochemicals similar to endorphins which as been shown to reduce both the intensity and perception of chronic pain. It produces this effect through a process termed “descending control normalization”, which involves the serotonergic nervous system.

- Acupuncture triggers the body’s innate healing mechanisms. Acu needles create “micro traumas” that stimulate repair of local tissues, ultimately leading to a faster healing of injuries. This involves stimulation to the tissues in the nervous, immune and endocrine systems. As the body responds to the micro traumas induced by acupuncture, it also heals any surrounding tissue damage left over from injuries.

- Acupuncture relaxes shortened muscles. This in turn releases pressure on joint structures and nerves, and promotes blood flow. Muscles often develop trigger points which can be effectively released through traditional acupuncture

- Acupuncture reduces stress and subdues exaggerated stress responses. Suppressing the sympathetic nervous system (SNS) and reducing stress is arguably the most important system-wide effect of acupuncture. Research shows that acupuncture stimulates the release of oxytocin, a hormone that up-regulates the parasympathetic nervous system (PNS). The classic fight-or-flight state is governed by the SNS. In contrast, the PNS in common terms is the rest-and-digest system, also called the calm-and-connect system. Research has linked poor parasympathetic function (chronic stress) in a wide range of diseases including: autoimmunity, arthritis, lupus and inflammatory bowel disease.

- Acupuncture increases T-cells and other immune constituents.

- Acupuncture increases activity at nerve “gates”. Thermal PET scans also show activity in the regions of the brain responsible for pain messages

- And digging deeper into the science, acupuncture points appear to be special in that they have denser sensory innervation and connective tissue. Along with this, acupuncture points have

higher density of TRPV1 receptors, which are important in pain signaling. Insertion of a needle into traditional acupuncture points creates a physical stimulus that activates mechano-receptors and triggers afferent signals to the central nervous system (CNS), to areas in the brain which handle pain processing and response. Neurochemically, pain response is thereby down-regulated, and blood flow to the local area is increased, ultimately inducing acupuncture analgesia

Journal of Integrative Medicine, 2013

The Clinical Journal of Pain, 2012

The Journal of Alternative and Complementary Medicine, 2009 - Chinese Medicine Demystified (Part III): The “Energy Meridian” Model Debunked

What can Acupuncture treat—according to the World Health Organization?

- Respiratory: Asthma, post-extubation in children, whooping cough

- Ear, nose, and throat, eye and mouth: Eye pain, epistaxis (nose bleeds), herpes zoster, Menier's disease, sore throat, Sjogren syndrome

- Gastrointestinal: Cholecystitis, cholelithiasis, gastrokinetic disturbance, hepatitis B carrier status, ulcerative colitis

- Neuro-psychiatric: Anxiety, Bell's palsy, depression, facial spasm, neuralgia, reflex sympathetic dystrophy, dementia, schizophrenia, Tourette syndrome

- Pain: Abdominal pain, cancer pain, earache, fibromyalgia, gouty arthritis, osteoarthritis, radicular pain, spinal pain, pain due to endoscopic examination, stiff neck, temporomandibular joint dysfunction, Tietze syndrome

- Skin: Acne vulgaris, neurodermatitis, pruritus

- Gynaecological/renal: Female infertility, female urethral syndrome, hypo-ovarianism, labour pain, overactive bladder, polycystic ovary syndrome, premenstrual syndrome, urinary tract infections

- Male sexual dysfunction: Prostatitis, bladder infections, recurrent lower urinary tract infection, urolithiasis, retention of urine

- Cardiovascular: Cardiac neurosis, hyperlipaemia, pain in thromboangiitis, Raynaud's syndrome

- General: Alcohol dependence, competition stress syndrome, craniocerebral injury, diabetes (non-insulin dependent), hemorrhagic fever, obesity, insomnia

Patient-Centred Pharmacy Services at GKNMH

GKNMH Pharmacy is a pioneer in delivering patient-centric care, setting a national benchmark for hospital pharmacy services. With a unique approach to healing, it ensures quality medication management and holistic support, making it a role model for healthcare institutions across India.

Community Care & Outpatient Pharmacy

The GKNMH Community Care Pharmacy provides exceptional medicine services, supporting society through innovative healthcare initiatives. The Outpatient Pharmacy team collaborates closely with doctors, nurses, and diagnostic teams, ensuring seamless patient care. The Prime-care Pharmacy is at the forefront, consistently ranking high in national pharmacy services.

Integrated & Advanced Pharmacy Services

Innovation drives the GKNMH Integrated Pharmacy Services, ensuring patient safety before and after medication delivery. The Advanced Pharmacy Services actively engage with diverse patient groups, including Orthopaedics, Palliative care, Geriatrics, and Rehabilitation. Specialized facilities such as the 24 × 7 Drug Counselling Centre, Anticoagulation Clinic, and Geriatric Medicine Delivery Services significantly benefit chronic disease patients and vulnerable populations.

International & National Compliance

Maintaining the highest standards, the pharmacy adheres to international and national legal metrics, including NABH, ensuring robust procurement and inventory KPIs.

Patient Medication Guidelines

Do's

- Take medicines only as prescribed by a doctor.
- Follow the prescribed schedule (before, after, or with food) for best results.
- Store medicines away from sunlight and out of children's reach.
- Complete your medication course and consult your doctor for further advice.
- Inform your doctor of any medication allergies.
- Renew prescriptions on time; expired prescriptions are not valid.

Don'ts

- Avoid self-medication for common ailments like fever or headaches.
- Do not take medicines under the influence of alcohol.
- Never exceed the prescribed dosage.
- Do not substitute prescribed medicines without consulting your doctor.

Specialized Drug Information & Patient Education

• 24×7 Drug Counselling Centre:

Pharmacists provide expert guidance on medication use, mechanisms, administration, and adverse effects. They also educate patients on medical devices like glucometers and inhalers.

• Disease-Specific Education:

- Diabetes: Diet plans, medication schedules, insulin pen usage, and glucometer demonstrations.
- Pulmonary Conditions: Inhaler and nebulizer demonstrations, respiratory allergen awareness, and TB antibiotic resistance education.
- Paediatrics: Immunization schedules, vitamin D supplements, and antibiotic resistance.
- Orthopaedics: Calcium supplements, pain management, and orthopaedic support products.
- Seasonal Disease Awareness: Preventive measures for dengue, malaria, flu, typhoid, and viral infections.
- Geriatrics: Medication adherence, lifestyle modifications, and 24×7 support services.

Tele-Counselling & Anticoagulation Clinic

• **Tele-Counselling:** Offers remote consultation on medication queries, proper drug usage, and lifestyle guidance.

• **Anticoagulation Clinic:** Dedicated to patients on warfarin and acenocoumarol, providing dose adjustments, interaction checks, lifestyle modifications, and rehabilitation support. Tele-consultations are available from 8 AM to 5 PM.

Home Medicine Delivery Services

GKNMH ensures 24/7 doorstep delivery of prescribed medicines, benefitting patients with mobility challenges, including those in hospices, senior citizens, pediatric, and geriatric patients. Over 2,000 patients per month benefit from this service, enhancing community healthcare accessibility. At GKNMH Pharmacy, "We Care, and It Shows." Our commitment to excellence continues to shape patient-centred healthcare, ensuring quality and convenience for all.



Resilience in Stressful Events (RISE) Program

“First, do no harm” is the most fundamental principle of any healthcare provider, and no one should be harmed while receiving care. However, patient harm is not uncommon in healthcare services. A WHO study in 2023 estimated around 1 in every 10 patients is harmed in health care, and more than 3 million deaths occur annually due to unsafe care. In low-to-middle-income countries, as many as 4 in 100 people die from unsafe care. A patient safety incident is defined as any unplanned or unintended event or circumstance that resulted in patient harm or could have resulted in patient harm. On analysis of patient safety incidents and patient harm, the underlying cause may be due to a system failure such as inadequate infrastructure, inadequate manpower, lack of training, no defined policy/ protocol, etc., or can be due to an individual failure where the concerned person has displayed risky behaviour, deviated from protocol, not paid attention, etc.

Researchers estimate that 10–40% of healthcare professionals involved in safety incidents and adverse patient outcomes experience guilt, depression, sleep disturbance, anxiety, contemplation of self-harm and even leaving the profession. The Resilience In Stressful Events (RISE) Program is an initiative by GKNM Hospital to address distress experienced by any staff member involved in a safety incident and assist staff through the recovery process. Under the RISE program, any staff member involved in an incident can reach out to a peer supporter or our in-house psychologist if they feel the need. This is purely voluntary on the part of the staff. 14 GKNMH staff members have been identified and handpicked as peer supporters. They have been trained on their role in responding to a distressed staff. A peer supporter will create a safe environment where staff feel comfortable discussing adverse events and seeking help. They will offer confidential and non-judgemental support. Peer supporters are trained to recognize distress and, in such cases, can suggest escalation to the psychologist. Below are our peer supporters.



CONTACT YOUR PEER SUPPORTERS

1. Dr. Madhav Rao | 2. Dr. Sowmya | 3. Dr. Latha Balasubramani | 4. Dr. Mahesh Mitra | 5. Dr. P. Arulraj
6. Dr. Ashwini M Shah | 7. Ms. Sathvika Shyam | 8. Ms. Christy Babuji | 9. Ms. Vijayalakshmi | 10. Ms. Kala. T
11. Ms. Baby | 12. Ms. Meera | 13. Ms. Bhavani | 14. Ms. Prabha Eswari | 15. Ms. V. Sudha

1. Renal Graft Dysfunction Due to Pseudomonas Septicemia



Dr. Rasmiranjan Padhi
The Chief Consultant –
Neuro Interventional Radiologist



Dr. D. Jagadeesan
Consultant Interventional Radiologist



Dr. Madhava Rao
Consultant Cardiothoracic Surgery



Dr. S. Goutham
Consultant Nephrologist



Dr. K. S. Vengetesh
Consultant Urologist



Dr. Shethna Virag Sanjaykumar

a* Chief, Department of Interventional Radiology;

b* DrNB trainee, Department of Interventional Radiology;

c* Consultant Interventional Radiologist, Department of Interventional Radiology;

d* Consultant Nephrologist, Department of Nephrology;

e* Consultant Cardiothoracic and Vascular surgeon, Cardiothoracic and Vascular Department; and

f* Consultant Urologist, Department of Urology
GKNM hospital, Coimbatore, India

Abstract:

Among the vascular complications in post-renal transplant recipients, extrarenal pseudoaneurysms are extremely rare < 1%, but can cause allograft loss and mortality. The most common cause of mycotic pseudoaneurysm is fungal followed by bacterial. Among the bacteria, *Pseudomonas aeruginosa* is the most common organism. The treatment of extrarenal pseudoaneurysms are individualized and transplant nephrectomy is the gold standard for definitive treatment but with the expense of allograft loss. In hemodynamic instability, endovascular prosthesis has become the first choice for salvaging the renal allograft. We present a case of transplant renal artery (TRA) mycotic pseudoaneurysm in the setting of pseudomonas septicemia presented with allograft dysfunction 42 days post-renal transplant, successfully salvaged with endovascular technique using the Advanta V12 covered stent.

Discussion:

Among post-renal transplant vascular complications such as TRA stenosis, arteriovenous fistula, arterial/venous thrombosis, and renal artery pseudoaneurysms, extrarenal pseudoaneurysms are extremely rare with incidence of < 1%, but can lead to allograft loss and mortality is 14%, if not promptly treated. ERPS can be at the main renal artery or adjacent to the TRA anastomosis, and the location is the first clue of its etiology. ERPS due to defective vascular reconstruction occurs exclusively at the anastomosis. Mycotic ERPS can occur at any site. Iatrogenic ERPS can occur due to an unsafe biopsy. In our case, the patient presented with acute febrile illness and blood cultures were positive for *Pseudomonas Aeruginosa*. A contrast CT of the abdomen showed multilobulated pseudoaneurysm adjacent to the vascular anastomosis, so, in our case, the etiology is most likely mycotic. Symptoms of mycotic TRA pseudoaneurysm are nonspecific, however, increasing serum creatinine, pain, pulsatile pelvic mass, and declining graft renal function should raise suspicion.

An ultrasound, although operator dependent, can help in the early diagnosis, especially in the setting of sonographic evidence of a TRA stenosis. CT angiography or magnetic resonance angiography is the modality of choice for the proper depiction of size, anatomy, location, and subsequent planning of management of the ERPS. The study by Cano-Velasco et al did a pooled analysis and depicted fungal (68.6%) as the most common infectious etiology of ERPS followed by bacterial (18.5%) and mixed (12.9%). Luke Anders et al, after literature review, have stated that *Pseudomonas Aeruginosa* as the most frequent bacteria associated with ERPS. Cano-Velasco et al proposed a treatment algorithm for mycotic ERPS. There are three mainstays of treatment options for ERPS: (1) surgical, (2) endovascular, and (3) ultrasound guided thrombin injection. In a lower middle-income country like India, given the financial burden of CKD, salvaging the renal graft is essential, hence, endovascular techniques become more relevant. Very few articles have been published to show salvage of the renal allograft after culture positive *Pseudomonas Aeruginosa* was successfully managed solely with an endovascular approach. As the patient was hemodynamically stable, except for a deranged allograft dysfunction, we opted for an endovascular approach and used a single Advanta V12 balloon expandable over the wire expanded polytetra-fluoroethylene covered stent in TRA to exclude pseudoaneurysm and salvage the renal graft. As per the literature available to date, no case report has been published for the Advanta V12 stent being used in TRA and salvaging the renal graft in acute settings.

1. Renal Graft Dysfunction Due to Pseudomonas Septicemia

Conclusion:

ERPS is a rare but grave condition leading to loss of the renal allograft. Timely diagnosis and a multidisciplinary approach is warranted to save the patient's life and the allograft. Although ERPS management is individualized, endovascular techniques become vital and is often the first choice with readily available stent grafts for the salvage of a transplanted kidney in the acute setting. However, long-term follow up is needed to see the patency of this stent graft.

Fig 1.

(A) Renal allograft Doppler showing reduced graft color flow with tardus parvus intraparenchymal spectrum.

(B) VRT image: multi-lobed TRA pseudoaneurysm (arrow) with stenosis adjacent to EIA anastomosis.

(C) Sheath angiogram showing transplant renal artery (circle) juxta-anastomosis pseudoaneurysm (arrow).

(D) Wire across the pseudoaneurysm.

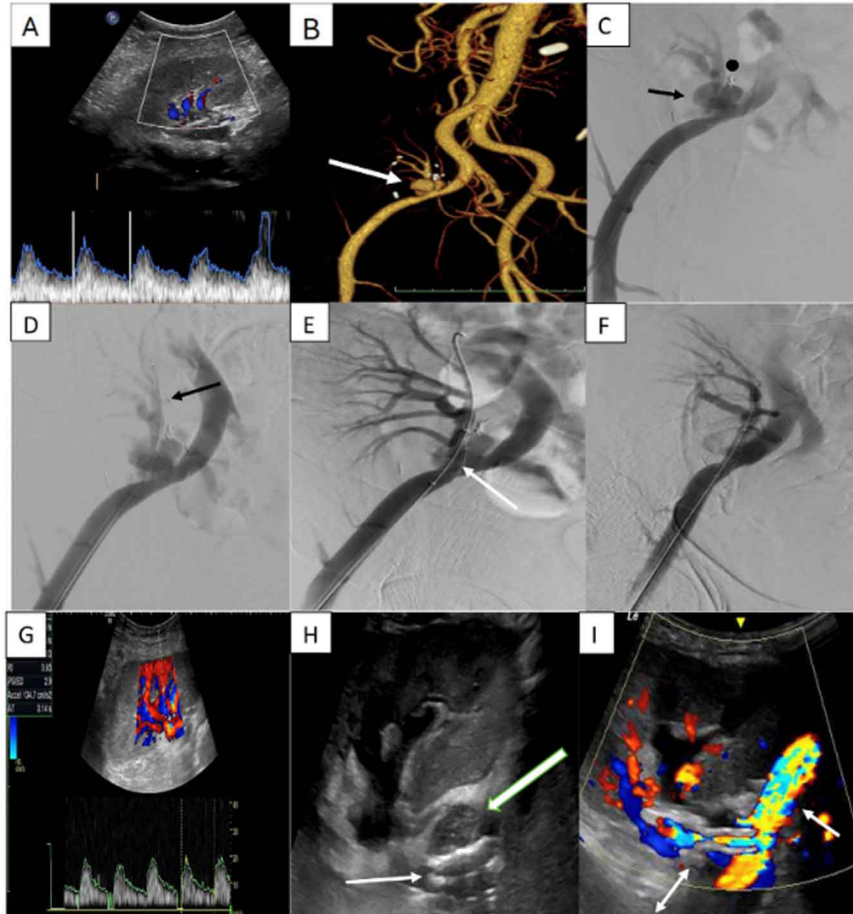
(E) Deployed Advanta V12 covered stent.

(F) Normal flow in transplant renal artery with thrombosed pseudoaneurysm.

(G) Improved intraparenchymal flow with normal RI value of 0.6.

(H) Advanta V12 stent (arrow) with thrombosed pseudoaneurysm (thick arrow).

(I) Patent covered stent (double arrow) with EIA (arrow) on follow up. EIA, external iliac artery; RI, resistive index; TRA, transplant renal artery; VRT, virtual dataset.



2. Carotid Artery Stenosis in Head and Neck Cancer Patients Treated with Radiotherapy

Ramesh Banu 1 Divya Surendran 1 Murugaiyan Nagarajan
1 Janarthanan Maniyarasu

Indian Journal of Medical and Paediatric Oncology

Abstract

Introduction: Radiotherapy (RT) is a crucial treatment modality for 80% of head and neck cancer (HNC) patients, often combined with surgery or chemotherapy, leading to a significant reduction in cancer-related mortality. However, as cancer survival rates increase, therapy-related complications also increase, impacting both mortality and morbidity. One such late complication is radiation-induced carotid artery stenosis (CAS), a condition associated with an increased risk of cerebrovascular events. Radiation-induced CAS is rarely studied, especially in the Indian population. Despite its potential severity, there is no standardized screening or management protocol for radiation-induced CAS in HNC patients.

Objectives:

This study aims to assess the prevalence, risk factors, complications, management, and outcomes of CAS in HNC patients who received RT, with or without chemotherapy and surgery at our institution.

Materials and Methods:

This is a retrospective observational study of newly diagnosed primary HNC patients who received RT between January 2012 and December 2021. Patients with metastatic HNC and those treated elsewhere were excluded. Data on demographics, tumor characteristics, treatment, and imaging for vascular stenosis were collected. Statistical analysis was performed using R version 4.4.1, with categorical variables analyzed using the chi-square or Fisher's exact test and continuous variables using the Mann-Whitney's U test. Significance was set at p-value

≤ 0.05 .

Results:

Of 949 patients, 34 (3.6%) developed CAS. Preradiation vascular stenosis was rare (0.1%). Among the 34 patients categorized by time since treatment, CAS developed in 47.1% of patients after 5 years, 32.4% within 2 to 5 years, and 5.9% within 1 year. CAS severity included near-total occlusion in 23.5%, 70% stenosis in 20.6%, and neurological deficits in 8.8%. The median age was 62 years, and the majority were male (85.3%). Common risk factors were hypertension (29.4%), diabetes (20.6%), tobacco use (82.4%), and alcohol consumption (41.2%). Tumors of oral cavity and hypopharynx were more common. Most CAS patients (76.5%) received radical chemo-radiation. Only 23.3% of CAS patients received anticoagulation therapy, with 14.3% undergoing mechanical thrombectomy.

Conclusion:

This study highlights the prevalence of radiation-induced CAS in HNC patients, especially in the Indian population, and identifies associated risk factors. Hence, standardized screening and management protocols for CAS are crucial for improving long-term outcomes in HNC survivors.

3. A Rare Case of Primary Urethral Squamous Cell Carcinoma with Solitary Bone Metastasis



Dr. P. Sathish Prabhu

Chairman Imaging Services &
Consultant Radiologist



Dr. G. Boobathi Raja

Consultant Paediatric Cardiac
Anaesthesiologist & Intensivist



Harshini Malarmani

DNB Resident



Neha Ann Varghese

DNB Resident

<https://doi.org/10.1186/s43055-025-01450-z>

Egyptian Journal of Radiology and Nuclear Medicine

Abstract

Background:

Primary urethral carcinomas are rare genitourinary malignancies and squamous cell carcinoma is a less common subtype. Presentation is often non-specific in urethral cancers. A single lytic skeletal metastasis is rare with urethral carcinomas, diagnosis of which is pivotal for prognosis and management necessitating biopsy confirmation.

Case presentation:

We report the case of a 61-year-old male with pain and swelling in the penis without any skin lesions. MRI of pelvis revealed a mass in the corpus spongiosum infiltrating the left corpus cavernosum which on biopsy confirmed to be squamous cell carcinoma. Further evaluation with PET-CT revealed a solitary lytic lesion in the left ischial bone with increased FDG uptake, which on CT-guided biopsy proved to be metastasis.

Conclusion:

While penile squamous cell carcinomas commonly present as ulcers or ulceroproliferative growths originating from the penile skin or foreskin, an exophytically growing squamous cell carcinoma centred in the corpus spongiosum without any skin ulceration is a rare presentation of urethral malignancy.

MRI, being exceptional in delineating the anatomy of penis and urethra, can give a possible solution to the origin of an advanced penile mass, which in our case pointed towards a primary urethral carcinoma. Histological diagnosis of solitary bone metastasis is also imperative as it has a significant prognostic value guiding further management.

4. Routine Use of an On-Table Extubation Protocol in Pediatric Cardiac Surgery Our Experience With Life in the Fast Lane



Dr. Kaushik Jothinath
Consultant Paediatric Cardiac
Anaesthesiologist & Intensivist



Dr. R. Vijayakumar
Director-Centre for Paediatric
Congenital Heart Disease,
Consultant Paediatric Cardiothoracic
Surgeon



Pavithra Ramanath
Senior Research Associate



Dr. M. Karthik Babu
Consultant Cardiac Anesthesiologist



Dr. Naveen
Associate Consultant Cardiothoracic
Surgery



Janarthanan M
Senior Biostatistician



Dr. Michael E. Nemergut
Pediatric Critical Care Specialist



Dr. Joseph A. Dearani
World Journal for Pediatric and
Congenital Heart Surgery

World Journal for Pediatric and Congenital Heart Surgery

Abstract

Background: We undertook this study to evaluate the efficacy of an on-table extubation protocol and to assess the magnitude of benefits when implemented as a routine practice in a developing country. **Methods:** This prospective observational study at a single tertiary care referral hospital was designed to determine the efficacy of an on-table extubation protocol when applied to children undergoing cardiac surgery in the developing world. The study included 226 patients who were 1 month to 18 years of age undergoing cardiac surgery (including grown-up congenital heart disease [GUCHD] patients). Patients with RACHS score ≥ 4 , neonates, preoperatively ventilated children, and emergency surgeries were excluded from the study. All pediatric elective cardiac surgical patients belonging to RACHS 1, 2, and 3 categories were considered as potential candidates for on-table extubation.

Trial registration: Clinical Trials Registry of India (CTRI/2020/07/026567).

Results: Among the 226 children who underwent elective cardiac surgeries, we were able to extubate 142 patients (62.83%) in the operating room. This included 46.6% (54/116) infants, 80.8% (38/47) children less than 5 years of age, 79.3% (46/58) children between 5 years to 18 years age, and 80% (4/5) GUCHD. The duration of intensive care unit (ICU) stay, hospital stay, and hospital cost were significantly less in the on-table extubation group (23 [20, 26] hours; 102 [97, 125] hours; INR 2,09,011 [181032, 244298]) as compared with those patients extubated in the ICU within 6 hours (28 [22, 46] hours; 122 [100, 168] hours; INR 2,25,430 [162203, 273831]) and beyond 6 hours (71 [45, 121] hours; 184 [127, 243] hours; INR 2,53,541 [226838, 306871]).

Conclusions: This protocol shows a significant reduction in ICU stay, hospital stay, and total hospital cost when compared with either extubation within 6 h in the ICU or delayed extubation (beyond 6 h) in patients undergoing paediatric cardiac surgery.

Welcome on Board



Dr. Albina Venus

MBBS, MD (Pathology)
Consultant, Pathology



Dr. C.J. Selvakumar

M.D(Gen Med), D.M(Neuro)
Visiting Consultant, Neurology



Dr. Yogalakshmi. S

MBBS, DCH, MD (Paediatric) DrNB
Consultant, Adult Clinical Hematology,
Hemato - Oncology and Bone Marrow
Transplantation



Dr. Kavimbharathi. T

MS (General Surgery), MCh (Neurosurgery) AIIMS.
Junior Consultant, Neurosurgery



Dr. S. Raghul Raj

MBBS, MS (Ortho)
Associate Consultant Orthopaedic
Arthroscopic and Trauma Surgeon



Dr. R. Ravichandran

MD(Med), DM(Neuro)
Consultant, Neurology



Dr. K. Mathan

MBBS, MPH (Epidemiology)
Director of Clinical Epidemiology &
Research



Dr. Shalini Agrawal

MBBS., DNB (General Medicine)
Consultant - Master Health Checkup



Dr. Arvind P

MDS
Consultant - Paediatric and Preventive
Dentistry

Congratulations!!

Congratulations to the three remarkable and inspiring women of GKNMH, each excelling in their respective fields! The Indian Medical Association has honored **Dr. Amudha Giridhar** (Obstetrics & Gynaecology), **Dr. Latha Balasubramani** (Gynae-Oncology), and **Dr. Priya Karthick Prabhu** (Cardiology) with the prestigious Award of Excellence for their outstanding contributions to healthcare. A well-deserved recognition—kudos to all of you!



Congratulations **Dr. Dinesh Kumar** for being conferred the honorary fellowship for distinguished contribution to Paediatric Anaesthesia from the **Indian Association of Paediatric Anaesthesia!!!**



Dr.G. Dinesh Kumar
Consultant – Anesthesia



Congratulations **Dr. Shethna Virag Sanjaykumar** for being awarded the second prize for Podium Presentation in 'ISVIR 2025, Kochi' National Conference.



Dr. Shethna Virag Sanjaykumar





A Wake-Up Call on Retention and Time Management

S. Nagappan

General Manager – HR

The Real Cost of Losing Good People –

Instant loss of competence:

It can take a significant amount of time to replace a competent person, potentially burdening others as they take on additional responsibilities.

Loss of Productivity & Capacity:

Even if we anticipate replacing good people, we will lose Productivity until such time.

Heavy workload & Burnout:

The workload instantly increases for those who stay which may eventually lead to overload and burnout.

High Hidden Financial Cost:

If we add the hidden cost apart from their salary, it can amount to twice additionally for some positions.

Impact On Customers: This will have an impact on customer experience, and worse, as good employees leave, customers may leave with them.

Strategic De-focus:

When a key contributor leaves, the people who remain usually have to ensure the essentials, remain operational. This means Strategic issues and changes of loss in focus.

Lower Morale:

When good people leave, it can leave a bitter taste for those remaining. If good people leave it can be a curse. We need to retain all good people with us always.

Value of Time

Value of 1 year - Ask someone who has failed in Exam.

Value of 1 month - Ask someone who has not received salary for one month

Value of 1 week - Ask someone who has been admitted in hospital for a whole week.

Value of 1 day - Ask someone who is hungry for whole day.

Value of 1 hour - Ask someone who is waiting for somebody.

Value of 1 minute - Ask someone who has missed his train by one minute

Value of 1 Second - Ask someone who survived an accident just by a second.

Therefore, Be Thankful for Every Moment.

Time Value Rule:

Determine what your time is worth.

Delegate all tasks of a lower value

Focus only on High Value activities



Gratitude

Fostering Organizational Gratitude for Workplace Excellence

Thamilarason M.

AGM – Pharmacy

Gratitude is a powerful force that enhances emotional well-being, strengthens relationships, and boosts workplace productivity. During my coaching journey, I observed a critical insight: individuals and teams who express gratitude consistently are at the forefront of success. However, gratitude remains under utilized unless explicitly shared.

The Impact of Gratitude

Silent Gratitude: While inwardly appreciating colleagues builds mindfulness, it fails to strengthen relationships or boost morale if unexpressed.

Open Gratitude: Explicitly expressing appreciation—through words, gestures, or public acknowledgement—builds trust, reinforces positive behaviours, and promotes a culture of recognition.

Organizational Gratitude:

Institutionalising gratitude embeds appreciation into daily interactions, policies, and leadership behaviours. This creates a culture of positivity, aligning employees with the organization's mission and enhancing retention, collaboration, and productivity.

Key Strategies for Cultivating Organizational Gratitude

Lead by Example -

Managers must consistently demonstrate gratitude. Start morning meetings with acknowledgements of recent achievements.

Formalize Recognition Programs -

“Employee of the Month” awards. Celebrate team milestones and provide spontaneous rewards for exceptional contributions.

Gratitude

Fostering Organizational Gratitude for Workplace Excellence

Incorporate Gratitude into Values -

Include gratitude in organizational mission statements and training materials. Use it as a criterion for performance evaluations.

Encourage Peer-to-Peer Gratitude -

Set up gratitude boards or digital spaces for “Thank You” notes. Implement buddy programs to encourage regular feedback.

Celebrate Wins Together -

Organize monthly “Gratitude Hours” to share successes. Host team lunches, outings, or virtual celebrations.

Embed Gratitude in Communication -

Start meetings with gratitude rounds. Include appreciation sections in emails or newsletters.

Provide Training on Gratitude -

Conduct workshops on emotional intelligence and specific gratitude techniques. Teach managers to use specific acknowledgements (e.g., thanking employees for precise actions).

Gamify Gratitude -

Introduce gratitude challenges and reward participation. Create leader boards for peer recognition.

Personalize Gratitude -

Tailor recognition to individual preferences (public or private). Use personalized thank-you notes or gifts.

Measure and Improve -

Use surveys to assess the effectiveness of gratitude initiatives. Refine programs based on feedback.

Align Gratitude with Goals -

Highlight contributions tied to organizational milestones. Use visual dashboards to showcase progress.

Recognize Non-Work Contributions -

Celebrate employees’ personal achievements and community involvement. Share stories in newsletters or meetings.

Negative Feedback as Gratitude -

Constructive criticism, delivered with care, is another form of gratitude. It reflects a commitment to growth, mentorship, and improvement, benefiting both individuals and the organization.

Building a Culture of Gratitude

Embedding gratitude into workplace culture requires intentionality and consistency. Leaders must:

- Foster open communication and peer appreciation.
- Align gratitude with organizational goals to reinforce positive behaviours.
- Sustain engagement with structured programs and leadership support.

Ultimately, a culture of gratitude creates a motivated, collaborative, and resilient organization. By recognizing contributions at all levels, we cultivate a workplace where appreciation drives excellence and aligns employees with shared goals.

Events & Activities

Events at GKNMH – January to March 2025

GKNM Hospital at FICCI Organized TANCARE 2025

Jan 4th 2025

GKNM Hospital participated as an associate sponsor at the FICCI Healthcare Conclave held on January 4, 2025, at Radisson Blu, Coimbatore, themed “Thinking for Tomorrow, Today: Embracing Changes in Healthcare.” The event featured panel discussions on emerging healthcare trends and an award ceremony. Our team also showcased GKNM’s services at the exhibition stalls. Dr. M. Mathiventhan, Honourable Minister for Adi Dravidar Welfare, Govt. of Tamil Nadu, graced the event as the Chief Guest.



GKNM Hospital at CII HealthTech NXT 2025

Jan 24th 2025

On January 24, 2025, GKNM Hospital participated as a sponsor in the CII HealthTech NXT 2025 Conclave, organized by the Confederation of Indian Industry, focusing on AI in Healthcare. Dr. Sundarakumar, Director – Medical Informatics, represented the hospital and delivered a session on the transformative role of AI in healthcare.



Events & Activities

World Cancer Day Awareness by VNCC

Feb 4th 2025

On World Cancer Day, February 4, 2025, the VNCC Oncology Department at GKNM Hospital organized an engaging awareness activity around the theme “United by Unique.” Multi-colour ribbons were distributed to consultants, patients, and attenders, who placed them on a tree outline banner—symbolizing unity in the fight against cancer. Awareness messages from our consultants were recorded and shared on our social media platforms to spread the message further.



World Rheumatoid Arthritis Awareness & Consultation Camp

Feb 5th 2025

From February 5th to 28th, GKNM Hospital observed World Rheumatoid Arthritis Awareness with a month-long consultation camp at the GKNM iOP. To educate the public, Dr. Prabhu, Consultant Rheumatologist, shared informative video bytes on symptoms, treatment options, and available procedures, which were shared across social media platforms.



RHEUMATOID ARTHRITIS AWARENESS DAY

RHEUMATOLOGY CONSULTATION CAMP

முடக்குவாத நோய் பரிசோதனை முகாம்

February 05th to 28th 2025
(Except Sunday)

GKNM iOP (3rd Floor)

முன்பதிவு: 0422 - 430 5300
0422 - 430 9300

Who all can participate?

- Joint Pain
- Joint Swelling
- Joint Stiffness
- Back Pain
- Skin Rashes - Reddish
- Oral Ulcer
- Alopecia
- Long term Fever
- Weight loss.

Special Package Includes

- Rheumatologist Consultation
- Lab Test
 - Complete Blood Count (CBC)
 - Creatinine
 - SGPT
 - CRP
 - ESR
 - Rheumatoid Factor
 - Uric Acid
 - Chest X-Ray
 - Urine Routine

Rs.2000

GKNM iOP
Integrated Out-Patient Centre

Events & Activities

Childhood Cancer Awareness & Quiz Competition

Feb 15th & 16th 2025

On February 15th & 16th, the VNCC Paediatric Oncology Department at GKNM Hospital conducted a Childhood Cancer Awareness activity by distributing golden ribbons to staff, patients, and attenders, symbolizing support for young cancer warriors.

A Quiz Competition was also organized in collaboration with the Indian Academy of Paediatrics at GKD Auditorium for paediatric postgraduates across Tamil Nadu. The event was hosted by Dr. Ajeitha (Paediatric Haemato-Oncology) and Dr. Ramesh (Paediatric Infectious Diseases), with winners receiving cash prizes and certificates.



Masterclass on Cone Repair – Scientific Session & Live Demonstration

Feb 18th 2025

On February 18th, GKNM Hospital, in collaboration with Children's HeartLink and Mayo Clinic, USA, hosted its fifth Masterclass on Cone Repair in Paediatric Cardiothoracic Surgery. The session featured live demonstrations, case discussions, and the latest updates in diagnosis and treatment techniques.

Dr. Joseph A. Dearani, Professor of Cardiovascular Surgery at Mayo Clinic, led the program, joined by an esteemed panel including Dr. Nathan Taggart, Dr. Grace Atiaga, Dr. Michael Nemergut, and Ms. Jackie Boucher, President of Children's HeartLink.

Dr. Vijayakumar, Director – Paediatric Congenital Heart Disease, coordinated the course, while Dr. P. Chandrasekar, Chairman – Cardiothoracic Surgery, welcomed the dignitaries. The event saw participation from 40 delegates across India.



Events & Activities

Celebrating One Year of GKNM iOP!

Mar 5th 2025

On March 5th, we celebrated a special milestone at GKNM iOP – our 1st Anniversary! It's been an incredible year of growth, service, and care, and we marked the occasion with a joyous celebration. Dr. Ragupathy Veluswamy, CEO of GKNM Hospital, led the event, where our administrative team, consultants, and staff joined in releasing balloons to commemorate this significant day.

To make the occasion even more memorable, we set up photo booths and a signature campaign in the lobby, inviting everyone to be a part of the festivities.

In addition to the anniversary celebration, we hosted medical camps throughout the month, focusing on various specialities like Gastroenterology, Women's Health, ENT, Nephrology, Urology, Psychiatry, Physiotherapy, and General Surgery. The camps were a great way to offer accessible healthcare services to our community.

The entire GKNM iOP was decked out with balloons and dangles, filling the space with vibrant colors and positive energy.



GKNM Hospital Inaugurates CT Simulator & Neonatal Ambulance

Mar 29th 2025

On March 29th, 2025, GKNM Hospital unveiled two advanced healthcare facilities – a state-of-the-art CT Simulator for precise radiation therapy planning in the Oncology Department and a new Neonatal Ambulance for the Paediatrics Department. These initiatives were made possible through the CSR efforts of Kotak Mahindra Bank and Kotak Investment Banking.

The inauguration was graced by Mr. Anantha Raman, President-Head of Internal Audit at Kotak Mahindra Bank, Chennai, alongside Dr. Ragupathy Veluswamy, CEO of GKNM Hospital. The event saw the presence of officials from Kotak Mahindra Bank, GKNM Hospital's administrative team, and consultants from the Paediatrics and Oncology departments.



From the Human Resources Department

HR Activities - January 2025 to March 2025

Republic day celebration

Jan 26th 2025

GKNMH celebrated the 76th Republic Day of India with a grand flag-hoisting ceremony on January 26, 2025. The event was attended by hospital staff, fostering a spirit of patriotism and unity.



Reward program for best employee

Jan 26th 2025

We are excited to offer the highlights of our Employees Reward Program for the Fourth Quarter (October 2024 - December 2024), which concluded on January 30, 2025. This event provided an excellent opportunity to acknowledge and celebrate our team members' devotion, hard work, and remarkable achievements. We are filled with joy to recognize individuals that went above and beyond in their jobs. Awards were given in several categories: Patient service award, Star employee award, Rising star award, Star team award, Star employee of the year.



From the Human Resources Department

GKNM Hospital Sports Day – Vaanga Vilaiyadalam

Feb 22nd 2025

As part of its ongoing employee engagement initiatives, the HR Department of GKNM Hospital organized a vibrant Sports Day on February 22nd at the Mani Hr. Sec. School Grounds. The event brought together over 200 staff members from various departments, fostering camaraderie, team spirit, and a refreshing break from routine.

Participants enthusiastically competed in a range of athletic and fun games, creating an atmosphere of energy and excitement. The event served not only as a platform for physical wellness but also for strengthening interpersonal connections among staff. The winners were felicitated with prizes and certificates, recognizing their efforts and sportsmanship. The day concluded on a high note, filled with cheers, laughter, and a renewed sense of unity among the GKNM family.



From the Human Resources Department

International Women's Day Celebrations at GKNMH: A Day of Inspiration, Recognition and Joy Mar 1st & 8th 2025

The Women's Day celebrations at GKNM Hospital (GKNMH), held on March 1st & 8th, were a vibrant and inspiring affair, filled with energy, enthusiasm, and heartfelt appreciation for the incredible women who form the backbone of our institution. The celebrations were a fitting tribute to their strength, resilience, and contributions both at work and in life.

A series of engaging competitions over a month-long, where the diverse talents of our women staff were on full display. The activities included cooking challenges, debates, dance performances, and fun games that brought out creativity, confidence, and a strong sense of camaraderie among the participants celebrating the essence of womanhood fostering an environment of joy, teamwork, and empowerment.

A standout moment of the day was the awards ceremony, where several women staff members were honoured for their outstanding achievements in their respective fields. Their dedication, hard work, and contributions to the hospital were acknowledged with warmth and pride, inspiring everyone in the audience with messages of empowerment, resilience, and progress.

The celebrations culminated in a soulful musical evening, where the entire team came together to enjoy a peaceful and joyful evening. The music provided the perfect ending to a day filled with positivity and a renewed sense of purpose.

In short, the Women's Day celebrations at GKNMH were a memorable and uplifting experience, a true tribute to the spirit, strength, and brilliance of the women who make a difference in our hospital and community every day.



From Nursing Department

Nursing Excellence Certification

The Nursing Recognition Program, a prestigious designation for healthcare organizations that demonstrate nursing excellence, leadership, and innovation.

Key Points:

1. Nursing Recognition Program: A voluntary program administered by the NABH.
2. Benefits: Improved patient outcomes, increased nursing satisfaction, enhanced professional development, and increased patient satisfaction.
3. Key Components: Transformational leadership, structural empowerment, exemplary professional practice, and new knowledge, innovations, and improvements.
4. Achieving Nursing Recognition: Application and review, site visit, evaluation and feedback, and recognition.

Importance of Nursing Recognition:

1. Gold Standard: Nursing recognition is considered the gold standard for nursing excellence.
2. Prestigious Honor: Recognizes healthcare organizations that prioritize nursing practice, leadership, and innovation.
3. Improved Patient Care: Nursing-recognized organizations demonstrate improved patient outcomes and satisfaction.

Impact on Nursing Practice:

1. Empowered Nurses: Nursing-recognized organizations empower nurses to take leadership roles and make decisions.
2. Professional Development: Prioritizes professional development, education, and training for nurses.
3. Evidence-Based Practice: Encourages evidence-based practice, quality improvement, and patient-centered care.

By achieving Nursing recognition, healthcare organizations demonstrate their commitment to nursing excellence, leadership, and innovation, ultimately leading to improved patient care and outcomes.



From Nursing Department

A Heartfelt Appreciation for Our Dedicated Staff and Nurses

We are proud to acknowledge the exceptional efforts of our staff and nurses who consistently go above and beyond in providing compassionate care. Several of our team members received heartfelt appreciation from patients and their attenders for their exemplary work. Their dedication, kindness, and professionalism have made a lasting impact on those they serve.

At GKNM Hospital, we deeply value the commitment and passion of every individual who contributes to the well-being of our patients. Your unwavering support and exceptional care are truly inspiring.



From the Institute of Nursing

Lamp Lighting Ceremony 2025

Jan 9th 2025

GKNM Institute of Nursing's Lamp Lighting Ceremony for the 39th batch of DGNM, held at GKD Auditorium on January 9th, 2025, was a solemn and memorable event. Dr. Shanthi P, Principal, GKNM Institute of Nursing, delivered the welcome address, which was followed by the chief guest address from Dr. Ragupathy Veluswamy, CEO of GKNMH. Proficiency awards were handed over to the students by Dr. G. Manoharan, CMO, GKNMH and more, the event motivated the nursing students to give their best to healthcare.



PACE Conference 2025

The Physician Associates Continuing Education (PACE) Conference 2025 was held at Le Meridien, Kochi, organized by the Society of Physician Associates. Students from the Physician Assistant department of GKNMH Institute of Allied Health Sciences showcased outstanding academic excellence by winning the following prizes:

- First Place – Quiz Competition
- First Place – Poster Presentation
- Third Place – Spell Bee Competition



From the Institute of Nursing

UYIR Club Awards 2025

In recognition of active engagement in road safety initiatives conducted by Uyir Club throughout the year, GKNMH Institute of Allied Health Sciences was honored with the Best College Award. Additionally, Mr. Mohamed Imthiyas, Faculty, was presented with the Best Mentor Award for his exceptional guidance.



Cardio Intervention 2025

The Cardio Intervention 2025 Conference was organized by the Sri Ramakrishna Institute of Allied Health Sciences. Cardiac Technology students from II and III Year of GKNM, Institute of Allied Health Sciences won Second Place in the Model Presentation which was depicting the coronary circulation and demonstrated their knowledge and creativity.



From the Institute of Nursing

Leprosy Awareness Programme 2025

As a part of public health initiatives led by the District Public Health Services, the II and III Year DGNM students from the Institute of Nursing, GKNMH participated in a Leprosy Awareness Programme. The students participated in a rally in order to rise awareness among public and support for leprosy elimination. Additionally, a speech competition was conducted and our students won the prizes.



Road Safety Awareness Programme

As part of the Virutcham Uyir Club initiative, a Guest Lecture on Road Safety was organized by GKNM Institute of Nursing on February 7th, 2025 at John Hostel 4th Floor, GKNMH. The session was led by Mr. K. Jeevanandham, Assistant Executive Engineer (Retd.) and Road Safety Trainer from Tiruvannamalai. He shared valuable insights on road safety measures, the importance of responsible driving to reduce accidents.



Outreach Program & Camps

Health Awareness Program for Women held at TVH Apartments

Mar 1st 2025

Health Awareness Program for Women held at TVH Apartments in Singanallur on 01.03.25 Dr. Preetha Solomon, Consultant Obstetrics & Gynaecologist,



Blood Donation Camp

Mar 4th 2025

Blood Donation Camp in association with Kovai. Co Company held at Nava India on 04.03.25



Health Awareness Program at Hindusthan College of Arts & Science

Mar 7th 2025

On the occasion of Women's Day, Health Awareness Program for Hindusthan CAS Womens Students held at college premises , Nava India on 07.03.25 Speaker : Dr. Amutha Giridhar, Chairperson Obstetrics & Gynaecology.



Outreach Program & Camps

Health Awareness Program for Adwaith Lakshmi Industries Female Staff

Mar 7th 2025

On the occasion of Women's Day, Health Awareness Program for Adwaith Lakshmi Industries Female Staffs held at Kaniyur on 07.03.25 Dr. Muthu Lakshmi, Consultant Diabetologist & Diabetic Foot Care Specialist of GKNM Hospital interacted with the staff.



Health Awareness Program at Coimbatore Collector Office

Mar 7th 2025

On the occasion of Women's Day, Health Awareness Program for Corporation Women Employees held at the Collector Office, Coimbatore. Dr Amutha Giridhar, Chairperson Obstetrics & Gynaecology was the guest speaker.



Health Awareness Program for CACPL (AD) Female Staff

Mar 8th 2025

On the occasion of Women's Day, Health Awareness Program for CACPL (AD) Female Staffs held at CACPL (AD) Company, Kalapatti on 08.03.25, Dr. Keerthana Palaniswamy, Consultant Psychiatrist,



Outreach Program & Camps

Health Awareness Program Only for CACPL (LCC) Female Staffs

Mar 8th 2025

On the Occasion of Women's Day, Health Awareness Program Only for CACPL (LCC) Female Staffs held at CACPL (LCC) Company, Singanallur on 08.03.25, Dr. Chitramani, Consultant Obstetrician And Gynecologist,



Health Awareness Program for LRT Groups Company

Female Staff Mar 8th 2025

On the Occasion of Women's Day, Health Awareness Program Only for CACPL (LCC) Female Staffs held at CACPL (LCC) Company, Singanallur on 08.03.25, Dr. Chitramani, Consultant Obstetrician And Gynecologist,



Health Awareness Program for Avinashilingam Institute For Women College Student and Staff Mar 10th 2025

General Health Camp and Health Awareness Program for Avinashilingam Institute For Women College Student and Staffs held at Avinashilingam College, Saibaba Colony on 10.03.25, Health Awareness Program : Dr.MuthuLakshmi, Consultant Diabetologist & Diabetic Foot Care Specialist. No of Visitors : 210 Camp Doctors: Dr. Shivangi Panda, Consultant Dermatology, Dr. Jeevanath, Junior Medical Officer (General Medicine), Dr. Maithili, Junior Medical Officer (OG),



Outreach Program & Camps

Health Awareness Program at Suguna Foods

Mar 15th 2025

Health Awareness Program Only for Suguna Foods Women Staff held at Suguna Food Pvt Ltd, Race Course 15.03.25, Dr. Preetha Solomon, Consultant Obstetrics & Gynaecologist,



CME Program Conducted in Collaboration with Associate IMA Nilgiris

Mar 16th 2025

CME Program Conducted in Collaboration with Associate IMA Nilgiris at Gem Park Hotel, Ooty on 16.03.25, Dr. R. Srinivasan Consultant Endocrinologist, Dr. S. Vengetesh, Consultant Urologist.



Health Awareness Program for LECS Company Staff

Mar 22nd 2025

Health Awareness Program for LECS Company Staffs held at LECS Company, Arasur on 22.03.25, Dr. Prabhu, Consultant In Clinical Immunology and Rheumatology.



Outreach Program & Camps

General Health Camp in association with Patashala, Adwaith Lakshmi & LRT Groups for General Public Mar 15th 2025

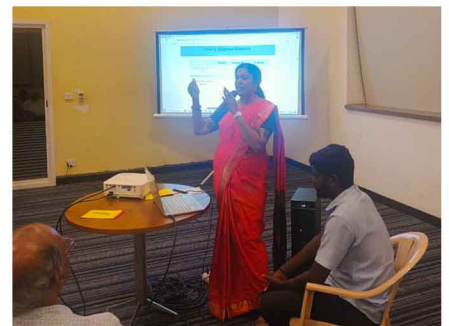
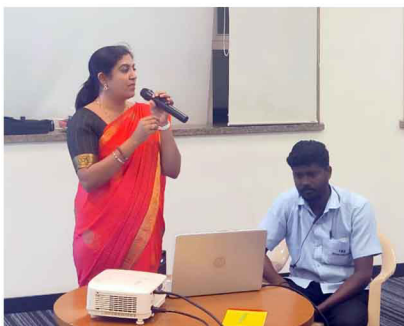
General Health Camp association with Patashala, Adwaith Lakshmi & LRT Groups for General Public held at Sangothipalayam, Kaniyur on 22.03.25, Dr. Mathumathy, Consultant Dermatology, Dr. Harshvarthini, OG – JMO, Dr. Annalakshmi, General Medicine – JMO,



Health Awareness Program at Sobha Emerald Apartment

Mar 29th 2025

Health Awareness Program for Sobha Emerald Apartment Families held at Sobha Emerald (Kovai) Owners Welfare Association, Vedapatti, Coimbatore 29.03.25, Dr. Muthu Lakshmi, Consultant Diabetologist & Diabetic Foot Care Specialist, Dr. Karthikeyan, ENT – JMO, Dr. Mathumalika, Paed – JMO,



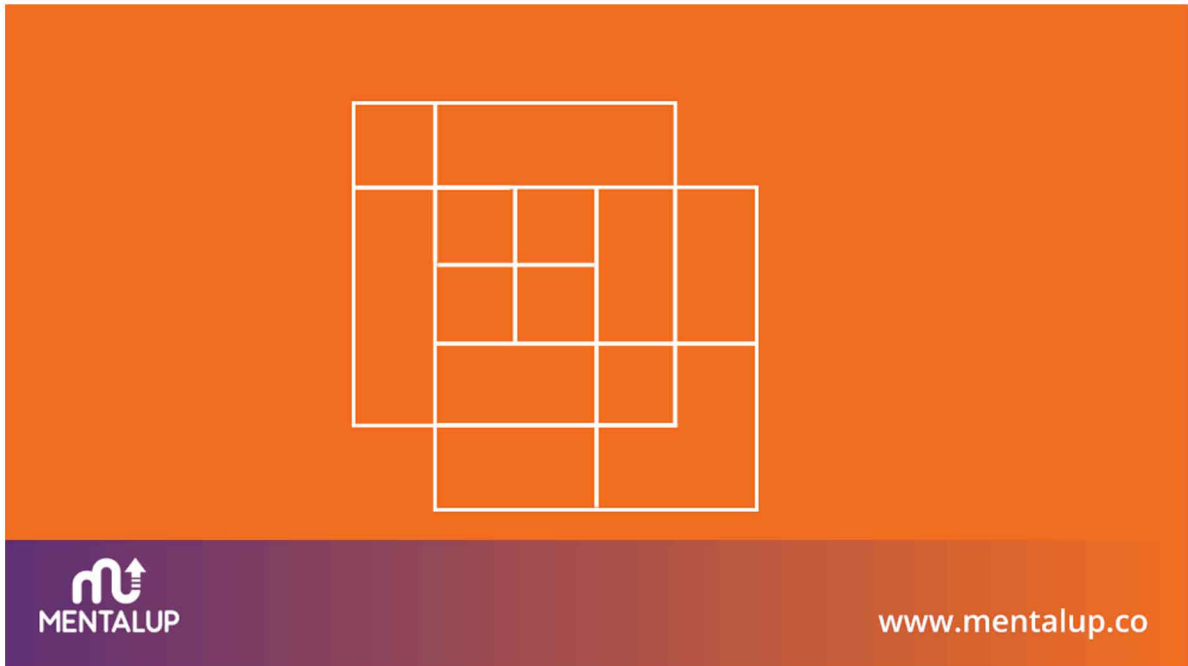
CME Program Conducted in Collaboration with Association of Surgeons of India – Tirupur (ASI) Mar 29th 2025

CME Program Conducted in Collaboration with Association of Surgeons of India – Tirupur (ASI) held at RK Residency, Tiruppur on 29.03.25, Dr. Praveen Ravishankar, Consultant Surgical Oncologist.



Brain Teasers!_____

Can you find how many squares you see in the picture?



If you've counted carefully, you definitely could find the right answer. The answer is 17 squares, including 6 small, 6 medium, 3 large, and 2 very large ones. You can see and count all the squares in the picture by focusing on the lines.

Answer

"GKNMH UPAKARA"

-  "GKNMH UPAKARA" fund is created to accept donations / contributions under CSR Scheme from Individuals / Public / Companies.
-  To provide the core oncological services including Radiation oncology, Medical services, Haemato oncology, and Surgical oncology to the poor cancer patients.
-  To offer subsidized payment for Bone Marrow Transplant patients.
-  To subsidize payment to poor and needy cancer patients.
-  To subsidize care of poor patients, department wise, as designated by the donor.
-  The payment shall be made by Cheque / DD in favour of **"The Kuppuswamy Naidu Charity Trust for Education and Medical Relief"** payable at Coimbatore.
-  These donations are eligible for the exemptions u/ sec. 80G of the Income Tax Act.

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