



## A Tribute to Knowledge, Dedication and Inspiration



**R**amaiah University of Applied Sciences celebrated Teachers' Day on 11th September 2025. The event was graced by Prof. P. Balaram, former Director, Indian Institute of Science, Bengaluru, as the Chief Guest. Dr. M. R. Jayaram, Chairman, GEF(M) & Chancellor, RUAS, Prof. Kuldeep Kumar Raina, Vice Chancellor, RUAS, Dr. Razdan, Principal and Advisor – Quality Assurance and Excellence Cell, S. Ashok Rao, Registrar, RUAS others were present.



As part of the celebration, teachers across India were acknowledged for their invaluable contributions to RUAS's academic growth. Thirty faculty members of RUAS were honoured with the Annual Exemplary Teacher Award 2025 in recognition of their dedication and excellence.

The event also featured cultural performances by faculty and staff, reflecting how teachers inspire not only through knowledge in classrooms but also through art, music, and passion.

Ramaiah Medical College also celebrated teachers' day by organizing many cultural events and competitions for the teachers.



**RAMAIAH**

## Celebrating the Spirit of Learning and Service at Ramaiah Institutions

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**Jnana Vahini**

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September is a month dedicated to reflection and gratitude, providing an opportunity to recognize the teachers and mentors who influence our intellect, shape our values, and inspire us to strive for excellence with humility.

This year's Teachers' Day celebrations across our institutions served as a heartfelt tribute to the enduring spirit of education. With the presence of esteemed academicians like Prof. P. Balaram, former Director of IISc, the event highlighted that the true essence of teaching extends beyond the mere delivery of knowledge; it lies in motivating future generations to think creatively, innovate, and contribute to society.

The month also witnessed remarkable academic and professional accomplishments across departments. From the inauguration of new hospital facilities and clinical collaborations to the achievements of our faculty and students at national and international platforms, every milestone reinforces Ramaiah's commitment to quality healthcare, research, and compassionate service. The initiative to provide free cleft lip and palate surgeries in partnership with the All India Mahila Seva Samaj exemplifies how our institution continues to integrate social responsibility with clinical excellence.

Equally significant are the growing strides in research and global collaborations, such as the Centre for National Security Studies joining an international consortium on Just Net-Zero Transitions led by Kyoto University. Such initiatives highlight how our ecosystem nurtures transdisciplinary thinking—linking health, sustainability, and innovation for a better tomorrow.

The issue also features insightful articles on osteoporosis awareness and suicide prevention—topics that resonate deeply with the theme of holistic health and well-being. They remind us that medical excellence is incomplete without empathy, early awareness, and community engagement.

As we step into the final quarter of 2025, may we continue to uphold the ideals of our founders—to learn, serve, and innovate with integrity and compassion.





Ramaiah Medical College & Hospital inaugurated a new hospital ramp on 4th September, 2025. Dr. M R Jayaram, Chairman, GEF(M) & Chancellor RUAS, Dr. G. S. Venkatesh, Provost, Health and Allied Sciences, S. Ashok Rao, Registrar, RUAS, Dr. Nagendra Swamy, C E, Healthcare Services, GEF(M), Dr. Ramesh D, Associate Dean, Ramaiah Medical College Hospital and others were part of the inauguration.



Niriksha G and Kavya Reddy Seethi won the 38th IAP UG Arkavathi Division Quiz at St. John's Medical College.



Dr. Somashekar A.R, Professor, Dept. of Paediatrics was privileged to be as a faculty at Respidicon and Vaccidicon 2025 at Noida (Greater convention hall). He spoke on allergic sensitisation and Atopic March - Preventing Paediatric asthma and Rhinitis on 6th September, 2025. He was also the lead Faculty for the workshop on 'Emotional Well-being in Adolescence' and served as faculty for the panel discussion on 'Growing Epidemic of Obesity in Adolescence, at Ahmedabad on 21st September, 2025.



Dr. Shabari Girishan, Dept. of Neurosurgery delivered a guest lecture on Deep Brain Stimulation for Parkinson's Disease and other movement disorders at the national conference

in Calcutta, organized by The Neuromodulation Society of India on 6th September 2025.



The department of Community Medicine celebrated the Nutrition Week with nutrition related awareness programs in the field practice area, activities like E-pamphlet making competition for UG & PG students and fireless cooking competition for the non-teaching staff was organised on 6th September 2025.



The department of Paediatrics organised the divisional round of NNF PG Quiz, on 7th September 2025.



Dr. Sanjana, 3rd year DM resident won 2nd prize in oral presentation, Dr. Siddharth, 3rd DM resident won 1st prize in poster presentation and Dr. Kavya, 2nd year DM resident won second 2nd prize in poster presentation at ESICON 2025.



Dr. Geetha L, Dr. Madhusudhan Rao and Dr. Pramod Kalgudi from Neuroanesthesia & Neurocritical Care division were invited faculty at Annual Neurocritical Care Conference at Chandigarh on 4th to 7th September, 2025.



Dr. Pramod Kalgudi, Asst. Prof. Dept. of Neuroanaesthesia & Neurocritical Care received the Presidential Citation Award at the 2025 Annual Conference of Neurocritical Care Society of India at PGIMER Chandigarh.



Dr. Jyothi G S, Prof. & HOD, Dept. of OBG, was an external faculty and guest speaker for the Colposcopy Workshop organised by the Saphthagiri Medical College and Research Centre, Bengaluru. She spoke on the topic - Screening for Cervical Cancer. She was also a Judge for the video competition of unique laparoscopy cases in Gynaecology at the International RAGE conference (International Workshop and Conference & Congress on Recent Advances in Gynaecology and Endoscopy) on 21st September, 2025. Dr. Jyothi was a guest speaker for the CME on - Amniotic Fluid Disorders in Obstetrics, organized by the Mandya Society of Obstetrics & Gynecology. at Mandya. She gave a talk on - 'Oligohydramnios: Understanding the Condition and its Implications'. She was also a Panellist for the session on 'Case scenarios of amniotic fluid disorders in obstetrics.'



Mayuri Lingaraj, student, won 2 silvers in RGUHS state-level swimming competition at Basavanagudi Aquatic centre on 10th September, 2025.



Dr. ArunKumar, Dept. of Community Medicine won the best paper in oral presentation (faculty category) at IAPSM - KARCON 2025.





Dr. Hemendra Singh was invited as a keynote speaker on the occasion of World Suicide Prevention Day -2025 organized by Medico-Pastoral Association at The St Mark's Cathedral, Bengaluru.



Dr. Kadambari Nanmaran, Senior Resident from Dept. of Community Medicine won the best paper in oral presentation (faculty category) at IAPSM - KARCON 2025.



The Dept. of Urology organised URO-FUSION Conference on 13th September 2025. They conducted a live operative workshop under the aegis of the Bangalore Urological Society. There were 320 registrations and there were 16 operative faculty including one from Italy. 29 surgeries were demonstrated, one of which was shown for the first time in India. Dr. Nagendra Swamy, C E, Healthcare Services, GEF(M), Dr. Ramesh D, Associate Dean, Ramaiah Medical College Hospital, Dr. Shalini C Nooyi, Principal & Dean, Ramaiah Medical College & Hospital, Dr. Tarun Dilip Javali, Professor & HOD, Dept. of Urology, Dr. Puvvada Sandeep, Associate Professor, Dept. of Urology and others were part of the programme.



Ramaiah College of Physiotherapy celebrated World Physiotherapy Day on 8th September, 2025.



Centre for Professional Development organised 'Faculty Development Program on Universal Human Values". It was organized by Ramaiah University of Applied Sciences in collaboration with the All India Council for Technical Education (AICTE) on 8th September, 2025.



Dr. Aruna C Ramesh, HOD Dept. of Emergency Medicine was the course director for the 3rd ATLS course at Ganga Hospital. The ATLS program is a renowned and respected course that emphasizes the importance of a systematic approach to trauma care.



Dr. N S Murthy Oration, delivered by an eminent research personality Prof. B S Daya Sagar and Annual Research Day on 24th September, 2025.

The Research Awards 2025 celebrated the exceptional achievements of our talented faculty and students. The student winners included Dr. Aditya B. V. (Undergraduate), Dr. J. S. G. Saran (Postgraduate – Orthopaedics), and Dr. Sanjana J. M. (Postgraduate – Endocrinology). Among the faculty, the winners were Dr. Pramila Kalra (Endocrinology), Dr. Anish Mehta (Neurology), and Dr. Vinayak V. Maka (Medical Oncology). A special mention was given to Dr. Jyothi G. S. (OBG) for her outstanding contribution to research.



Dr. Mithilesh, PG student, from dept. of Orthopaedics won the gold medal in quiz competition in prestigious IOA PG teaching program in AIIMS Nagpur.



Dr. Praveen Kumar S, Prof. Dept. of Dermatology presented a talk on 'Chronic Kidney Disease Associated Pruritus' as a part of webinar on systemic Pruritus: recent advances. This was organised by the IADVL SIG eczema, contact dermatitis and Pruritus group.



In observance of World Suicide Prevention Day, department of Psychiatry conducted an awareness program on the theme 'Changing the narrative on suicide'. The program had a keynote address by Dr. Senthil Reddi, Professor of Psychiatry from NIMHANS and a panel discussion on the theme with the panellists being Dr. Deepak TS Prof, Critical Care Medicine; Dr. Senthil Reddi, Dr. Hemendra Singh, Assoc. Prof, Psychiatry and Dr. Hariprasad KV, Assoc. Prof, Emergency Medicine with Dr. Manohari, Prof and Head of Psychiatry as the moderator.





### Free cleft lip and cleft palate surgery for children at Ramaiah Medical College Hospital

All India Mahila Seva Samaj and Ramaiah Medical College signed an agreement to provide free cleft lip and cleft palate surgeries for children at Ramaiah Medical College and Hospital. The agreement was exchanged by Dr. Shalini Nooyi, Principal and Dean, Ramaiah Medical College and Hospital, and Dr. Chaitra V. Anand, Member, All India Mahila Seva Samaj.

On this occasion, Dr. D. Ramesh, Associate Dean, Ramaiah Medical College and Hospital, Dr. Dushyant Prasad, Executive Director, All India Mahila Seva Samaj, Dr. Hiremath, and several others were present.

Speaking at the event, Dr. D. Ramesh, said: "We have already performed more than 2,000 free cleft lip and cleft palate surgeries for children at our hospital. Now, we are happy to join hands with the All India Mahila Seva Samaj to further expand these efforts. This collaboration will help us reach and treat more children. We are always ready to extend our services to those in need."

Executive Director of All India Mahila Seva Samaj, Dr. Dushyant Prasad, added: "We have been providing free cleft lip and cleft palate surgeries for children for the last 20 years. We are delighted to now partner with Ramaiah Hospital for this noble service. As part of this initiative, we will also set up a Simulation lab at Ramaiah Hospital to train students in cleft lip and palate surgeries—this will be the first such Simulation lab in the country."



Dr. Ameya Kagali, was appointed as the International Classifier and Tournament Doctor for the Para Fencing World Cup, at Solo, Indonesia, from 15th & 18th September, 2025. This prestigious event featured 66 athletes from 17 countries competing in 15 medal events. The tournament showcased Indonesia's capability to host international para-sports events.



Dr. Chandrakiran C, Prof. Dept. of ENT was invited as a guest faculty for Karnataka State Conference-AOIKON 2025 at MIMS – Mandya, on 18th -21st September, 2025. He was the chief demonstrator for Cadaveric FESS. He gave the prestigious Ta Manikam Oration on 'Traversing the intricacies of Anterior Skull Base and Sphenoid- My Surgical Experience' on 20th September, 2025



Dr. Tejesh C. A, Prof. & HOD, Dept. of Anaesthesiology, Ramaiah Medical College, was awarded as the best teacher on the Teachers' Day by IMA Bengaluru.



Centre for National Security Studies, has joined a prestigious international academic collaboration on just net-zero transitions, titled "Multiple and Just Net-Zero Transitions throughout International Supply Chains", funded by the Japan Society for the Promotion of Science (JSPS) and led by Kyoto University, Japan.

On 16th and 17th September, 2025, Dr. Sruthi Kalyani A, Senior Research Officer at the Emerging and Deep Technologies Vertical, represented CNSS at the project's inaugural meeting. As a co-investigator, Dr. Sruthi presented her research on Asia's green hydrogen ecosystem, contributing to discussions on the geopolitical and security dimensions of just and equitable energy transitions.

The JSPS collaboration brought together leading scholars from Asia, particularly Japan, Indonesia, Taiwan and India, for a closed-door expert discussion aimed at developing research and policy frameworks for a just and sustainable net-zero future. For CNSS, this milestone reflects a commitment to strengthening institutional expertise in energy security while expanding international research partnerships and funding opportunities.



The book "Case Based History Taking and Psychiatric Examination in Kannada: A Handbook for Non-Kannada Speaking PG Residents" written by Dr. Bhuvana P. V, Senior Resident, Department of Psychiatry, was officially released during the Annual Conference of the Indian Psychiatric Society – Karnataka Chapter this month.



Dr. Sunil Furtado, Prof & HOD, Dept. of Neurosurgery was invited as a faculty for the pre-conference Neuro- Endovascular workshop.

He delivered a talk on 'Newer Gadgets in Endovascular Neurosurgical Intervention' at the Silver jubilee conference of the Neurovascular Society of India at Mumbai.



Dr. Nivedita Reshme, Asst. Prof, Dept. of OBG was a panelist for a discussion on menstrual equity at School of Law, RUAS as part of our 'Intramural Seed Grant' on the topic 'Menstrual Equity at Workplace: Period Leave Policy and Law of India'.

Dr. Nivedita Reshme, has also been retained as selector for under -23 and senior selection committee -2025 for the seventh consecutive term.



## Building Bones Stronger Together

**O**steoporosis is a systemic skeletal disease characterised by low bone mass and microarchitectural deterioration that predisposes to fragility fractures. Osteoporosis is a silent disease until fractures occur, often leading to disability, loss of independence, and increased mortality.

International Osteoporosis Foundation estimates 1 in 3 women and 1 in 5 men over age 50 will sustain an osteoporotic fracture in the remainder of their lives.

World Osteoporosis Day is a global campaign held annually on October 20th, dedicated to raising awareness about osteoporosis and promoting bone health. The theme for this year's world osteoporosis day is 'Strong Bones, Bright Future'.

Fractures—especially hip and vertebral—cause substantial morbidity, mortality and health-system cost; prevention, early diagnosis and appropriate treatment are therefore priorities.

### Who to screen?

Screening should be a combination of clinical risk assessment and BMD(DXA scanning) when available.

All women  $\geq 65$  years and men  $\geq 70$  years should be considered for fracture-risk evaluation.

Postmenopausal women, men 50–69, or adults with risk factors (low trauma fracture after age 50, parental hip fracture, long-term glucocorticoids, secondary causes such as hypogonadism, malabsorption, rheumatoid arthritis, chronic liver/kidney disease, repeated falls, low BMI, smoking, alcohol).

### Fracture risk assessment tools:

FRAX (10-year probability of hip or major osteoporotic fracture) — widely used; useful with clinical risk factors  $\pm$  femoral-neck BMD.

TBS (trabecular bone score) and vertebral fracture assessment (VFA) increase diagnostic yield for

microarchitectural deterioration and silent vertebral fractures and can refine risk beyond BMD.

### Diagnosis :

History and exam: prior low-trauma fractures, height loss, kyphosis, falls, medications (glucocorticoids, aromatase inhibitors), secondary causes.

### Bone Mineral Density (DXA): gold standard.

Osteoporosis: T-score  $\leq -2.5$ ; low bone mass (osteopenia): T-score between  $-1.0$  and  $-2.5$ .

Laboratory evaluation (to find secondary causes): CBC, serum calcium, phosphate, creatinine (eGFR), 25-OH vitamin D, TSH, ALT, ALP (bone isoform if available), serum protein electrophoresis (if indicated), testosterone in men, celiac screening if malabsorption suspected, urinary calcium if hypercalciuria suspected. Consider PTH when calcium abnormal.

Imaging: Lateral spine X-rays or VFA to detect silent vertebral fractures; vertebral fractures reclassify risk and influence treatment urgency.

Frailty/falls assessment: gait, balance, mobility, home-safety and medication review

### Nutrition and supplements:

Calcium: Aim dietary calcium  $\sim 1000$ – $1200$  mg/day from diet; use supplements only if intake insufficient. Avoid chronic excessive calcium supplementation without indication.

Vitamin D: Ensure adequate 25-OH vitamin D levels.



Protein and other nutrients: Adequate protein (0.8–1.2 g/kg in older adults) and attention to magnesium, vitamin K and overall good nutrition help bone health. Avoid excessive alcohol and stop smoking.

#### **Pharmacological management:**

Antiresorptive (first-line for most patients at high risk

Oral bisphosphonates (alendronate, risedronate) / IV zoledronic acid / Denosumab (RANKL inhibitor).

Anabolises (for very high risk or treatment-failure):

Teriparatide (PTH 1–34), abaloparatide and Romosozumab

#### **Exercise and fall prevention:**

Exercises:

Weight-bearing aerobic (e.g., brisk walking) most days of week.

Progressive resistance training.

Balance and functional training (Tai Chi, gait/balance exercises).

Avoid high-impact exercise in those with severe vertebral fracture/untreated severe osteoporosis until stabilised; individualise.

Fall risk reduction: Vision correction, medication review (sedatives, antihypertensives), footwear, assistive devices and physiotherapy-led balance training.

#### **Key Messages for World Osteoporosis Day**

Osteoporosis is preventable and treatable—but underdiagnosed.

BMD is essential, but not sufficient. Clinicians should embrace a multidimensional approach.

Education, lifestyle measures, and early intervention remain as important as pharmacotherapy.

Interdisciplinary collaboration (endocrinology, orthopedics, geriatrics, pediatrics, nutrition, physiotherapy) enhances care.



**Dr. Manjunath P R**

Associate Professor  
Department of Endocrinology



Ramaiah Emergency Academic Development & Emergent Research had organised the third edition of the Basic Emergency and Skill Training Course. This comprehensive three-day hands-on conference and 18th- 20th September, 2025. The program provided first-year emergency residents with valuable training in structured clinical assessment, resuscitation, and stabilization techniques.



The Department of Emergency Medicine conducted “The All India Watermanship Course Workshop” on 23rd September, 2025. This was Inaugurated by Ms. J K Rashmi (IPS), Deputy Commandant General Home Guards & Ex Officio Deputy Director Civil Defence, Dr. D. Ramesh, Associate Dean, RMCH, Dr. Aruna C Ramesh, HoD, Dept. of Emergency Medicine and others were present.



## Changing the Narrative on Suicide – “We” before “Me”

It was the last day of my Emergency Medicine Posting. I was celebrating in my mind over the empty casualty. Internship was hectic, and such nights are a real reason for joy!

All the doctors and nurses took this opportunity to go and have dinner in peace – a rare experience in Emergency Medicine. I was not feeling hungry, and was feeling a little unsocial, so I volunteered to stay back at the Doctor's Bay along with a nurse. Also, this gave me the opportunity to read the Agatha Christie book that I had been putting off reading, for a month now.

Just in the middle of what seemed to be the unravelling of the mystery, of who the man with the brown briefcase was, I was vigorously shaken by the nurse to get my attention and bring me back to reality. She pointed towards the now – occupied Bed number one.

It was a frail lady, who must have been in her late fifties, with greying hair and forehead wrinkles. She wore an old, but clean cotton sari, had no jewellery on, and looked quite anxious. She had brought her son to the Emergency Room. I recognized the both of them and asked the nurse next to me, “Did they not come to the ER last week as well?!”

“Ayyo Doctore! Yenkekaringo!” she began with a note of frustration. “This lady brings her son to the ER one week, her husband the next. If there is an award for the most frequent visitor to the ER, she would win it! Don't give too much attention to this patient. She always comes with silly complaints at unbelievable hours of the night. Last month she found some empty blister packs lying next to her son's bed and brought him to the ER saying that he had overdosed on some unknown medication. On further probing, we found out that the son had simply finished off a blister pack that contained nothing but peppermint!”

“These people come only to waste our time!” I responded in an irritated voice. I put my novel down at the doctor's bay, grabbed my stethoscope and walked towards the patient in an annoyed mood.

**“Yenamma,eega yenaytu?” (What has happened now?)**

“Evanige usurua adakkagthaila doctore!” (This boy is unable to breathe, doctor!)

The young lad seemed to be breathing quite comfortably. There was no noisy breathing. They was no use of accessory muscles of respiration. There was absolutely no sign of respiratory distress at all! I put the pulse oximeter on the lad's index finger. Oxygen saturation was 99 % on Room Air. All the other vitals were stable. On auscultation, normal vesicular breath sounds were heard. No added sounds. All that this boy could have had, if he was not normal, would have been an Upper Respiratory Tract Infection –for which she could have easily consulted at the Medicine OPD, the next Morning.

I was extremely irritated and was about to give her quite the unpleasant piece of my mind, when everything around me came to a standstill. Everything around me seemed to blur. I held on to something so that I don't fall.

The view became clearer in a moment. I found myself in a small poorly-lit and poorly-ventilated house.

The frail woman was taking a plate of food to the room across from where I was standing. I heard a drunken voice hurling abuses. I see the plate flying out of the room. It clatters on the floor and the food spills all around. The lady comes out, picks up the food, puts it back on the plate, sits down and eats it.

I was stunned. Before I could say or do anything, everything around me seemed to blur.

The next moment, I found myself in a fairly bigger house. It was quite a fancy house, actually. I saw two children running down the stairs to greet their mother who had just returned from work. The mother looked quite familiar. In fact, it was the same frail lady at the ER. But now, she wore an elegant sari and had a more youthful face. She embraced her children and kissed them. Everything around me seemed to blur again.

Now I am at a funeral. From what I could make out of the conversations that I overheard, a young girl had committed suicide by overdosing on her father's anti-diabetic medication. Nobody knows why she took this extreme step. Nobody, not even the parents, had any idea. The young girl was the daughter of the frail lady at the ER.

Fast forwarding into her life- the woman went into depression. She couldn't work anymore, lost all her money in business, her husband took to drinking to drown away his sorrows, and....

And I found myself in the ER, in front of bed number one. The frail lady was saying something to me, but I could hear nothing of it. I excused myself and said that I would be back in a few minutes.

I sat down in my chair, gulped down an entire half litre of water, gathered myself together and went back to my patient with a prescription pad. I prescribed him anti-histamine and nasal drops. I explained to the mother and to my patient on how to use it. I reassured the lady that the infection was mild and her son would be completely alright in about a week. I told her that her son was going to be okay.

She looked at me with eyes that were filled with gratitude, thanked me, and blessed me. I went back to the doctors' bay, sat down and thought to myself about how I have lived in a castle in my mind—completely oblivious to the world around me.

We the doctors of this generation belong to something that I would call the "Privileged Culture"

We have been exposed to all the luxuries of life, that we take for granted - the bare necessities. We thus have an attitude of entitlement and falsely assume that everybody gets what they are entitled to, automatically.

It has been said that, only if we experience it, will we truly see suffering, for what it is. Now, just to be able to see the realities of life, we cannot change our backgrounds, or the way we were raised or the circumstances in which we were raised. However, we can become sensitive to "the real need" and be

intentional about the way in which we interact with our patients. That would make a world of difference to them.

Desiring to serve the underserved is truly commendable. But it may not be everybody's calling to work among the underserved. I am reminded of what a speaker once said at a conference - "Your mission field is between your own two feet." I believe we can apply this truth to our everyday interactions with patients - wherever we may be.

In the end, wisdom is not measured only by what we know, but by how we live out what we know in service of others. To be gracious in word and action is a quiet but powerful way of affirming the worth of every person we encounter. Our patients may not always see the depth of our knowledge, but they will feel the weight of our kindness.

As the Book of Ecclesiastes from the Holy Bible reminds us, "The words of a wise man's mouth are gracious." When we choose to speak and act with grace, we not only honour our calling as doctors but also join in the greater work of changing the narrative—from despair to hope, from isolation to connection, from "me" to "we."

Through weary days, through darkest skies,

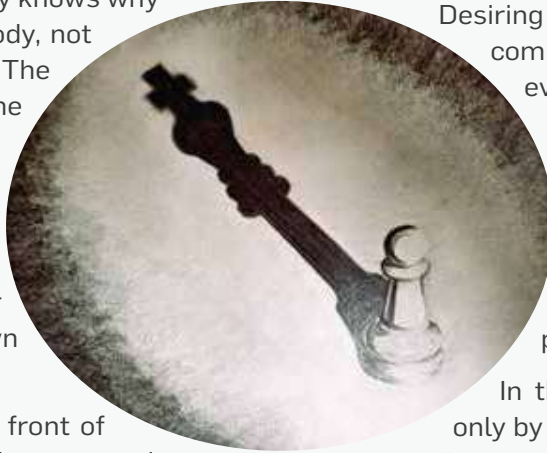
Hope lifts the heart, the spirit flies.

A single ray can change the view,

Unveiling strength, we never knew.

A pawn becomes a king in sight,

When worth is seen through gentle light.



Dr. Kadambari Nanmaran

Senior Resident  
Dept. of Community Medicine



## Myths, Facts, Risks, and Prevention About Suicide

**S**uicide is a worldwide problem with about 720,000 deaths every year. For every death by suicide, at least 20 attempts at self-harm occur. Every suicide has far-reaching consequences on individuals and communities – social, emotional, and economic. Recognising this, the International Association of Suicide Prevention, in association with the World Health Organization, established World Suicide Prevention Day in 2003 to advocate and communicate the need for suicide prevention to policymakers and the community at large.

The suicidal brain shows neuroinflammation, serotonin depletion, stimulation of glutamate neurotransmission, decreased BDNF, and a hyperactive hypothalamo-pituitary-adrenal axis, leading to impaired neuroplasticity and cognitive deficits. The most common cause for a suicide attempt is untreated psychiatric illness. Yet, suicide is often construed as a result of “weak will,” “escapism,” “weak mind,” or “manipulation” and is shrouded in myths and misconceptions.

Several myths about suicide exist. For instance, some believe that asking about suicide is a bad idea. In reality, asking about suicide may reduce suicidal ideation. Another myth is that most suicides happen without warning; however, most people show changes in behaviour, expressions of thoughts, and emotions that serve as warning signs. There is also a misconception that if someone is suicidal, nothing can be done to stop them and that intervening is a waste of resources. In truth, suicidal thoughts and behaviours are often a way of expressing distress and a cry for help. Enquiring about thoughts, emotions, and offering support and companionship can prevent suicide. Some people believe suicide prevention is solely the responsibility of mental health professionals or that only people with mental disorders attempt suicide. In reality, suicide occurs due to a complex interaction of biological vulnerability, psychological factors such as affect instability, poor coping and problem-solving skills, and stressful life events. Similarly, the idea that only

weak or attention-seeking people attempt suicide, or that only people with social problems do so, is also unfounded.

This year's theme, “Changing the narrative on suicide,” focuses on raising awareness, reducing stigma, and encouraging open conversations to prevent suicide. In a psychological autopsy, approximately 24% of suicide completers had met a doctor before the event, and family members were aware of suicide intent in 68% of cases. This indicates that awareness of warning signs, reduction of stigma, and offering immediate assistance prior to specialist referral can significantly reduce the morbidity and mortality due to suicide.

Suicidal behaviour results from the complex interplay between risk and protective factors. Risk factors include previous suicidal behaviour, chronic mental illness, chronic debilitating physical illness, unemployment or recent financial difficulties, social isolation, and prior traumatic life events or abuse. Protective factors, on the other hand, include skills in problem-solving, coping, and conflict resolution; effective clinical care for mental, physical, and substance use disorders; easy access to a variety of clinical interventions and support for seeking help; a sense of belonging, identity, and good self-esteem; strong connections to family and community support; and identification of future goals and constructive use of leisure time.

When protective factors fail to mitigate risk, people often exhibit changes in emotions, thoughts, and behaviours before a suicide attempt—these are known as warning signs. Such signs include threatening to harm or end one's life, seeking or accessing means to do so, evidence or expression of a suicide plan, expressing ideation or a wish to die, hopelessness, rage or anger, acting recklessly or engaging impulsively in risky behaviour, expressing feelings of being trapped with no way out, increased or excessive substance use, withdrawing from family, friends, or society, anxiety, agitation,



abnormal sleep patterns (too much or too little), dramatic changes in mood, and expressing no reason for living or a lack of sense of purpose in life.

Once we recognise the warning signs pointing towards an imminent self-harm attempt, each of us can help prevent the progression of suicidal ideation to behaviour by enquiring about the risk factors, warning signs, and protective factors. This creates an open and safe environment for people to seek help and changes the narrative to one of help and support rather than guilt, shame, and stigma. Frank discussion about available resources during times of crisis and writing a plan to prevent self-harm behaviour may reduce future risk as well.

The safety card thus formed should include:

- Warning signs (thoughts, images, mood, situations, or actions) that alert you to crisis.

- Activities that can distract you from suicidal thoughts and bring joy or calmness.
- People and social settings that can help distract from suicidal thoughts.
- Professionals to contact during a crisis, such as:
  - a) Suicide prevention helpline: 18008914416 (Telemanas helpline)
  - b) Counsellor name and number
  - c) Psychiatrist name and number
  - d) Hospital emergency number

All individuals with a recent suicide attempt, expressing a definitive plan to attempt suicide, or prepared to carry out self-harm behaviour need immediate referral to a psychiatrist. Awareness, open communication, a non-judgemental attitude, and support can reduce the stigma of suicide, improve help-seeking behaviour, and reduce morbidity and mortality due to suicide.



**Dr. Hemendra Singh**  
Associate Professor  
Department of Psychiatry



Dr. Aruna C Ramesh, HoD, Dept. of Emergency Medicine was invited for a guest lecture on Emergency Medicine Talk organised by Raman Research Institute for their Scientists and Staffs on 29th August for "Namma Arogya" - Series of Health Talks" Program.



Capacity Building Programmes for Hospital Clinicians & Administrator on Hospital Preparedness for Public Health Emergencies Under Central Sector Scheme 'Health Sector Disaster Preparedness and Response' was conducted for Government Doctors as a part of 'Emergency Medicine REACT - Disaster Management Training' on 16th September, 2025



## JOINED



**Dr. Ashita Elizabeth Thomas**  
Assistant Professor, Vascular Surgery

## BIDDING ADIEU



**Dr. Harshita Khetan**  
Senior Resident, Ophthalmology



**Dr. Devisree S**  
Assistant Professor, General Medicine



**Dr. Mohammed Kashif Habeeb**  
Senior Resident, General Surgery



**Dr. Sudeeksha S**  
Senior Resident, Psychiatry



**Dr. MahammedIrfan Wallibhai**  
Senior Resident, General Surgery



**Dr. Guruprasad R**  
Senior Resident, Critical Care Medicine

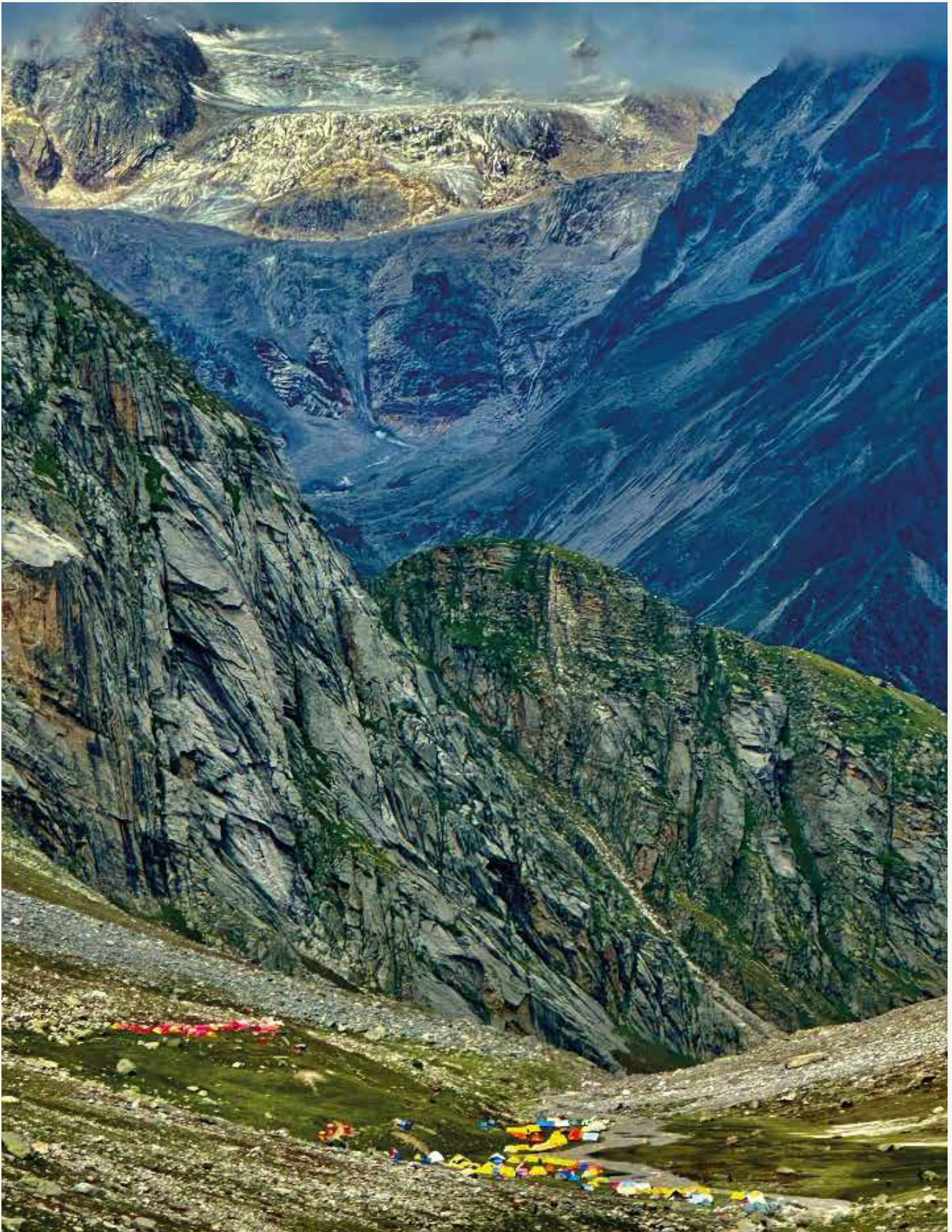


**Dr. Vempalli Reddisai Raju**  
Senior Resident, Radio Diagnosis



**Dr. Ashok Kumar P**  
Professor, Orthopaedics





The Valleys Make The Mountains

Snap By- Mohan, UG Student