



Epistêmê

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AIIMS Guwahati achieved a historic milestone as its first batch of MBBS students, enrolled in 2020, successfully completed the 4.5-years course and commenced their compulsory internship in April 2025

Message: Prof. (Dr.) Ashok Puranik, Executive Director, AIIMS Guwahati



It gives me immense pleasure to present Volume 3, Issue 1 of 'EPISTEME', the official bulletin of AIIMS Guwahati, on the auspicious occasion of India's 79th Independence Day. This edition highlights the Institute's achievements across its three core mandates- academics, clinical services, and research-during the period from January to June 2025. The bulletin covers major institutional developments, the initiation of new services, and the organization of academic programs. During this period, expansion of trauma and emergency services, addition of new IPD beds, introduction of the specialized services, and the launch of Panchakarma Treatment Unit along with critical care units such as ICU and PICU reflects our commitment to comprehensive healthcare to the people in the Northeast and beyond. I am happy to share that the first batch of MBBS students have entered into their internship program. The academic endeavors of our faculty as demonstrated by thought-provoking articles are commendable. We remain committed to expanding our services, with a special focus on establishing an Apex Trauma Center so as to strengthen our capacity for meeting critical care needs in the region. I extend my sincere appreciation to the Newsletter Committee for their efforts in the compilation of this meaningful edition. As we celebrate Independence Day, let us reaffirm our commitment to serving society with integrity, compassion, and excellence, thereby contributing to the vision of a healthier and empowered nation - Viksit Bharat, a Developed India by 2047.

संदेश : प्रो. (डॉ.) अशोक पुराणिक, कार्यकारी निदेशक, एम्स गुवाहाटी

भारत के 79 वें स्वतंत्रता दिवस के शुभ अवसर पर एम्स गुवाहाटी के आधिकारिक बुलेटिन 'एपिस्टेम' के संस्करण 3, अंक 1 को प्रस्तुत करते हुए मुझे अत्यंत हर्ष की अनुभूति हो रही है। यह संस्करण जनवरी से जून 2025 की अवधि के दौरान संस्थान के तीन मुख्य अधिदेशों - शैक्षणिक, नैदानिक सेवाएं और अनुसंधान में उसकी उपलब्धियों पर प्रकाश डालता है। बुलेटिन में प्रमुख संस्थागत विकास, नई सेवाओं की शुरुआत और शैक्षणिक कार्यक्रमों के आयोजन को शामिल किया गया है। इस अवधि के दौरान, आघात और आपातकालीन सेवाओं का विस्तार, नए आई पी डी बेड्स की संख्या को बढ़ाना, विशेष सेवाओं की शुरुआत, और आई सीयू एवं पी आई सी यू जैसी महत्वपूर्ण देखभाल इकाइयों के साथ पंचकर्मा उपचार का शुभारंभ, पूर्वोत्तर के लोगों के पूर्ण स्वास्थ्य सेवा के प्रति हमारी प्रतिबद्धता को दर्शाता है। मुझे यह बताते हुए प्रसन्नता हो रही है कि एम बी बी एस छात्रों के प्रथम बैच ने अपने इंटरनशिप कार्यक्रम में प्रवेश कर लिया है। हमारे संकाय के विचारोत्तेजक लेखों द्वारा प्रदर्शित शैक्षणिक प्रयास सराहनीय हैं। हम अपनी सेवाओं का विस्तार करने के लिए प्रतिबद्ध हैं, जिसमें एक उच्च कोटि के ट्रॉमासेंटर की स्थापना पर विशेष ध्यान दिया जाएगा, ताकि क्षेत्र में गंभीर देखभाल आवश्यकताओं को पूरा करने के लिए हमारी क्षमता को सुदृढ़ किया जा सके। मैं इस सार्थक संस्करण के संकलन के लिए सूचना पत्र समिति एवं उनके प्रयासों की सराहना करता हूँ। स्वतंत्रता दिवस मनाते हुए, आइए हम ईमानदारी, करुणा और उत्कृष्टता के साथ समाज की सेवा करने की अपनी प्रतिबद्धता को सुनिश्चित करें, जिससे हम एक स्वस्थ और सशक्त राष्ट्र-विकसित भारत, 2047 तक एक विकसित भारत, के संदृश्य में योगदान कर सकें।

Major Institutional Events

The Hon'ble Union Minister of Health and Family Welfare, Shri Jagat Prakash Nadda, along with Hon'ble Chief Minister of Assam, Dr. Himanta Biswa Sarma visited AIIMS Guwahati on 8th January 2025, to review the progress of the Institute.



The College of Nursing conducted the Lamp Lighting and Oath-Taking Ceremony for the first batch of B.Sc. Nursing (2025) on 7th January 2025.



The 4th Institution Day was Celebrated on 12th January 2025.



The 76th Republic Day was celebrated on 26th January 2025.



International Nurses Day was celebrated on 20th May 2025.



Swachhata Pakhwada was organized from 1st -15th April 2025.



National Science Day was celebrated on 28th February 2025 on the theme “Empowering Indian Youth for Global Leadership in Science and Innovation for Viksit Bharat.”



Central Library organized Book Exhibition Program on 28th and 29th May 2025.



AIIMS Guwahati participated in the WORLD RECORD - “Yoga Sangam” at the occasion of International Day of Yoga on 21st June 2025.



World Blood Donor Day, under the theme “Give Blood, Give Hope – Together We Save Lives”, was celebrated on 14th June 2025.



World Environment Day was observed on 5th June 2025.



Services Started

- Central Library started library automation using Koha-Library Management Software in January 2025.
- Department of General Medicine started Antiretroviral Treatment (ART) Clinics on 1st February 2025.
- Jan Aushadhi Kendra under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) was inaugurated on 1st February 2025.
- Department of Pediatrics operationalized a series of specialty clinics such as Pediatric Neurology Clinic, Child Development Clinic, Pediatric Asthma Clinic, Pediatric Pulmonology and Critical Care Clinic, Pediatric Nephrology Clinic and Well-Baby Follow-Up Clinic from 7th February 2025.
- Department of Pediatrics launched the Rashtriya Bal Swasthya Karyakram (RBSK) services on 28th February 2025.
- Centre for Experimental Learning and Simulation (CELS), AIIMS Guwahati was inaugurated on 27th March 2025.
- Department of Anesthesiology and Pain Medicine inaugurated the main Medical-Surgical ICU in March 2025.
- Department of Ophthalmology started Retinopathy of Prematurity Clinic in April 2025.
- Department of Anesthesiology and Pain Medicine inaugurated its ICU services on 2nd April 2025.
- Classes in the Skill Lab were started for the MBBS students on 11th April 2025.
- A booklet on FAQs on Yellow Fever Vaccination was released in April 2025.
- Pediatric Intensive Care Unit (PICU) was inaugurated on 16th May 2025.
- Student Wellness Clinic was made functional with effect from 20th May 2025.
- Department of AYUSH inaugurated Panchakarma Treatment Unit on 30th May 2025.
- The ICMR DIGICARE project was launched on 2nd June 2025.
- Department of General Medicine started Medicine IPD on 20th June 2025.
- Department of Anesthesiology and Pain Medicine started Interventional Radiological procedures and MRI under general anaesthesia.





- Department of Biochemistry started providing over 40 additional investigations for patient care.
- Department of General Medicine started Rheumatology Clinic and Diabetes Clinics.
- Department of Pathology and Lab Medicine started Immunohistochemistry services.



- ICMR-funded implementation project "UMEED (Understanding, Mentorship & Education to end Emerging substance use & Develop resilience) - A year-long Youth Engagement & Learning Series on Tobacco and Substance Use Prevention with Peer-led action" was launched across 6 sites nationwide including AIIMS Guwahati.
- Department of Anesthesiology and Pain Medicine started DM Critical Care Medicine, DM Neuro-Anesthesiology and Neuro-Critical Care courses.
- Department of Anesthesiology and Pain Medicine started Basic and Advanced Resuscitation course.

CMEs/ Conferences/ Workshops/ Outreach Activities/ Other Programmes

- Over ten extramural research projects with a budget of over Rs.7 crores were sanctioned. A notable highlight is the achievement of Executive Director, AIIMS Guwahati, who received ICMR's prestigious "First in the World Challenge" for his proposal titled "Design and Development of a Minimally Invasive Internal Cardiac Massager Device using Vine Robotics". In addition, 23 intramural research projects exceeding Rs. 1 crore was sanctioned to the Faculty members in the Institute.
- A lecture on "Intellectual Property Rights and Patenting" was delivered by Prof. Sambit Mallick, IIT Guwahati on 3rd January 2025.
- Department of Pathology and Lab Medicine organized a Guest lecture on "Interpretation of Gastrointestinal Pathology" by Dr. Rimlee Dutta, Assistant Professor from AIIMS New Delhi, on 4th January 2025.
- Department of AYUSH organized Prakriti Parikshan Campaign (Ayurvedic Body type analysis) on 8th January 2025.

- The Departments of Dermatology and Community and Family Medicine organized a handholding exercise to support the state-level NLEP program on 7th January 2025.
- The Departments of Obstetrics and Gynaecology with OBG Nursing faculty and Department of Community and Family Medicine, organized a public outreach program at Changsari Higher Secondary School on 24th January 2025 to raise awareness about cervical cancer and the HPV vaccine.
- Department of Pediatrics and the CDEIC Unit, in collaboration with the Department of AYUSH, organized a multidisciplinary Parent Support Program titled "Caring for Your Child with Autism" at Projonmo NGO, Beltola, Guwahati, on 25th January 2025.
- The Departments of Dermatology and Community and Family Medicine organized a sensitization programme on early diagnosis and stigma reduction of leprosy at Bezera CHC on 30th January 2025, in observance of Anti-Leprosy Day.
- Departments of Pediatrics and Neurology celebrated International Epilepsy Day on 10th February 2025.
- The Department of Community and Family Medicine with ESIC Beltola, conducted health camps for TB symptom screening among factory workers in February 2025, as part of the 100 Days Intensified TB Elimination Campaign.
- A symposium on Applications of Artificial Intelligence (AI) and Internet of Things (IoT) Devices in Healthcare was jointly organized by AMTRON, Government of Assam, and the Institute on 1st February 2025.
- The Multidisciplinary Tumour Board organized a CME on 4th February 2025 to mark World Cancer Day, focusing on the latest advancements in cancer care. On the same occasion, the Department of Community and Family Medicine conducted an awareness-cum-screening camp for tea garden workers.
- Faculty members, Nursing Officers, and Residents from multiple departments conducted a health camp at the 24th Battalion SSB, Rangia, on 8th February 2025.
- A two days BLS training workshop for B.Sc. Nursing students was conducted by College of Nursing and Department of Anesthesiology and Pain Medicine from 8th-9th February 2025.
- Training on Risk Management in Hospital was organized on 21st February 2025.



- A hands-on training on standard precautions was conducted for residents on 26th February 2025 as part of the HICC training program.
- The Department of Surgery organized a CME on "Diabetic Foot Care" on 27th February 2025.
- "North East Patient Safety Conclave" was organized on 28th February 2025.



- Department of Anesthesiology and Pain Medicine organized a Point of Care Ultrasound Workshop from 15th-16th February 2025.
- A series of training session for Community Health Officers was conducted on topics such as Early diagnosis, Referral, Prevention and treatment of cancer on the ECHO platform under the aegis of 'Cancer Mukta Bharat' in coordination with the Telemedicine department from February to May 2025.
- Department of ENT observed World Hearing Day on 3rd March 2025.
- Department of Pediatrics celebrated World Obesity Day on 4th March 2025.
- Department of Anesthesiology and Pain Medicine organized North East Critical Care and Emergency Conference in March 2025.
- PG Orientation program on Basics of Medical Education was conducted on 1st and 8th March 2025.
- An induction training program for newly recruited Nursing Officers (NORCET 7) was conducted by NAMO and College of Nursing from 3rd-4th March 2025.
- Viral Research and Diagnostic Laboratory (VRDL), Department of Microbiology conducted "Genomic Insights through Bioinformatics : A Workshop for Clinicians and Researchers" on 8th March 2025.
- Department of Physiology organized CME on "Lifestyle Medicine as a path to health" on 19th March 2025.
- Research Cell conducted a resident-oriented workshop on "How to write a case report" on 22nd March 2025.
- Departments of Paediatric Surgery, Urology and Dentistry organized awareness cum screening program on paediatric urological illnesses and oral hygiene at L.P. School, Titkuchi on 22nd March 2025.
- Centre for Experimental Learning and Simulation conducted a Simulation workshop on 28th-29th March 2025, which is the first workshop on Paediatric Trauma Resuscitation Module Training in the entire East Zone of India.



- Department of Pediatrics, CDEIC unit and the Young Indians GHY chapter jointly organized World Autism Awareness Day on 2nd April 2025.
- Department of AYUSH organized a CME on “Scope of Panchakarma in Integrative Medicine” on 5th April 2025.

- The Infection Control Team conducted a training session on standard precautions on 5th April 2025, as a part of the Swachhata Pakhwada observance.



- Department of Community and Family Medicine organized World Health Day Quiz 2025 on 7th April 2025.
- College of Nursing observed World Health Day with the theme “Healthy Beginnings, Hopeful Futures” on 7th April 2025.
- A lecture Session on “Vital Body, Calm Mind, Positive Workplace” followed by Y-Break practical session was conducted by Department of AYUSH on 8th April 2025.
- A community participation program was conducted for school children on ‘hygiene and eating healthy’ along with drawing competition under the theme ‘Swachh Bharat’ on 8th April 2025.
- Research Cell organized workshop on SPSS on 8th- 9th April 2025.
- Department of Community and Family Medicine conducted an Awareness and Sensitization program on the occasion of World Health Day 2025 for mothers and health care workers at Kamalpur Model Hospital with the theme “Healthy Beginnings, Hopeful Futures” on 9th April 2025.
- Department of Transfusion Medicine and Blood Centre conducted the 42nd Annual Symposium on Immunohematology and Blood Transfusion with the theme “Advanced ABO Blood Grouping and Rh Phenotyping” on 9th- 10th April 2025.
- Department of Pharmacology organized “Capacity Building and Strengthening of Materiovigilance Programme of India in North Eastern States” on 12th April 2025.
- Central Library conducted training programs on “Clinical Key (AI + Physician) database” on 17th April 2025 and “UpToDate Advanced database” on 22nd April 2025.

- On the occasion of World Earth Day (22nd April 2025), the Environment Club observed Earth Hour, by switching off all the lights on the campus for 1 Hour as a gesture to use resources responsibly.



- Department of Pediatrics, and the CDEIC unit in collaboration with NHM Assam and UNICEF Assam, conducted the SAMBHAV Module - a two-day hands-on training workshop on Autism Spectrum Disorder on 22nd- 23rd April 2025.
- A lecture on “Autonomic Nervous System - The unsung hero in health and Diseases” was delivered by Prof. Sathyaprabha, NIMHANS on 24th April 2025.
- Department of Biochemistry celebrated Laboratory Professional Week on 25th April 2025.
- College of Nursing and Immunization Clinic, organized a CNE under the theme “Immunisation for All is Humanely Possible”, on 29th April 2025 as a part of World Immunisation Week.
- Research Cell conducted workshop on Research Methodology for newly joined PG students and PhD scholars from 2nd- 3rd May 2025.
- Departments of Pediatrics and Neonatology, in partnership with the National Neonatology Forum (NNF) of India and Assam Branch, organized a CME-cum-workshop on “Navajaat Shishu Swasthya – Quick Review of Neonatal Practice” on 4th May 2025.



- HICC and Department of Microbiology celebrated World Hand Hygiene Day emphasizing the theme “It might be Gloves but always Hand Hygiene” on 5th May 2025.
- Department of Pharmacology conducted Medical and Pharmaceutical Sciences Conference (MPSCON 2025) with the theme “Pharmacology at the Crossroads: Innovations, Evidence and Future Frontiers” from 8th - 9th May 2025.
- Simulation Committee of AIIMS Guwahati conducted Basic Life Support (BLS) Training for the interns of MBBS 2020 Batch on 10th May 2025.
- Department of Biochemistry organized an invited lecture on “Metabolomics and Lipidomics in Health and Disease Biology” by Dr. Ratnasekhar CH, Senior Scientist, CSIR –CIMAP, Lucknow on 13th May 2025.
- Departments of General Medicine, Cardiology and AYUSH organized World Hypertension Day on 17th May 2025.
- International Nurses Week was celebrated on 20th May 2025 where the Nursing officers organised several activities such as visit to old age home, blood donation drive and various sports and games event in the institute .
- A training program of Bharat Health Initiative for Sahyog Hit and Maitri (BHISHM) cubes was organized on 24th May 2025.





- Department of Biochemistry organized a CME on “DNA to Immunity: Two Pillars of Health and Disease” on 24th May 2025 on the occasion of “DNA Day”, “International Immunology Day”, and completion of 4 years milestone of Biochemistry in AIIMS Guwahati.
- Department of Trauma and Emergency organized a Public Awareness Programme on the occasion of ‘World Emergency Medicine Day’, on 27th May 2025.



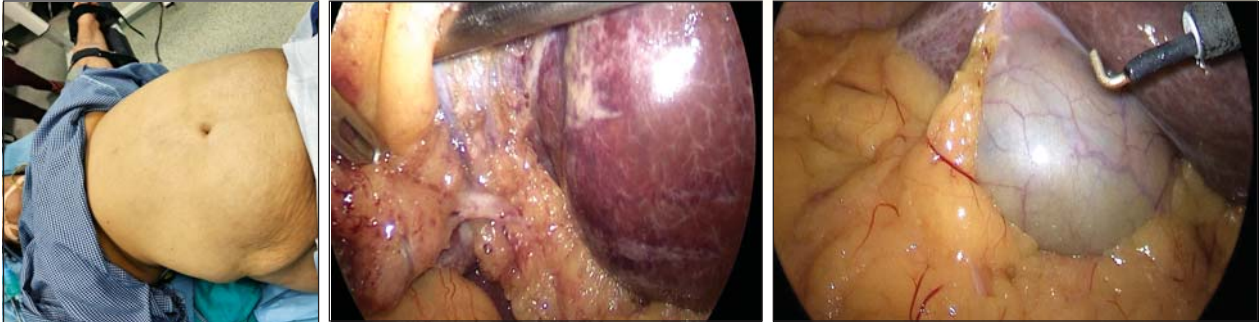
- On the occasion of World No Tobacco Day, a session was conducted on tobacco and substance use on 31st May 2025.
- A workshop on Rapid Analysis for Qualitative

research data was organized by Department of Community and Family Medicine under ICMR-NHRP DigiCare Project on 5th June 2025.

- Department of Pathology and Lab Medicine organized IAPM UG quiz on 27th June 2025.
- A workshop on “Developing Soft Skills” was organized by College of Nursing for 1st year B.Sc. Nursing students on 27th June 2025.
- An Awareness Programme on Mental Health in Schools was organized in collaboration with Education Department (Samagra Siksha Axom, Secondary, Higher, and Technical), Health and District Mental Health Programme of Govt of Assam in May 2025.
- Department of Pathology and Lab Medicine conducted Clinicopathological conferences and Dermatopathology classes with clinical departments in each month.
- Department of AYUSH conducted Y-Break Yoga, Yoga session for staff of AIIMS Guwahati on 17th June 2025 and Harit Yoga, a plantation Drive on 19th June 2025.

Clinical and Surgical Achievements

Departments of General Surgery and Anesthesia performed a laparoscopic cholecystectomy in a high risk 100 kg morbidly obese woman with advanced age, hypothyroidism, hypertension and diabetes. Positioning and creation of CO. pneumoperitoneum were challenging owing to the sheer weight of the anterior abdominal wall. Intraoperatively, most abdominal organs were found to be fat-infiltrated. Despite the complexity, the procedure was successfully completed.



The Department of Radiation Oncology successfully delivered its first Stereotactic Body Radiation Therapy (SBRT/SABR) in a case of recurrent head and neck cancer. The team ensured all safety parameters and quality assurance protocols marking a significant step forward in advanced cancer care at the institute.

Departments of General Surgery and Anesthesia successfully performed the first laparoscopic cyst-pericystectomy for a case of giant hepatic hydatid cyst in a 54-year-old male patient on 1st January 2025.



Department of ENT, Head & Neck Surgery successfully completed Bilateral Cochlear Implant in a two-years-old child.



The Department of Diagnostic and Interventional Radiology, for the first time in the region successfully embolised a case of Indirect Carotid Cavernous Fistula by direct puncture of Superior Ophthalmic Vein in a 54 years old Female.



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Protocolized vs Personalized Medicine in Critical Care

Dr. Dalim Kumar Baidya

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Introduction

Critical care medicine, by its very nature, involves high-stakes and time-sensitive decision-making for patients with life threatening conditions. To manage such complex clinical conditions, intensivists have historically relied on standardized protocols to streamline care, and ensure adherence to best practices. These protocolized approaches have undoubtedly improved outcomes by reducing variability and promoting evidence-based treatment. However, the growing recognition of

patient heterogeneity—both in physiology and response to therapy—has prompted a shift toward precision or personalized medicine. This emerging paradigm seeks to tailor medical decisions to the unique characteristics of each patient, leveraging advancements in genomics, machine learning, and precision diagnostics. In this article, I have discussed the relative merits and limitations of protocolized and personalized approaches in critical care and argued for a hybrid model that balances structure with flexibility.

Protocolized Medicine in Critical Care

Protocolized medicine refers to the systematic application of standardized guidelines or treatment algorithms based on the best available evidence. In the ICU, this often translates into bundles such as the Surviving Sepsis Campaign guidelines, ventilator weaning protocols, or early goal directed therapy (EGDT) for septic shock. The main advantages of protocolized care include :

1. **Consistency and Standardization :** Protocols reduce unwarranted practice variation among clinicians, ensuring a consistent approach to care.
2. **Efficiency :** In high-pressure environments like ICUs, having predefined pathways speeds up decision-making.
3. **Training and Quality Assurance :** Protocols facilitate the training of healthcare staff and support quality improvement initiatives by providing measurable benchmarks.

A notable example is the implementation of sepsis bundles, which has been associated with reduced mortality when appropriately applied. Similarly, protocols for sedation, glycemic control, and ventilator-associated pneumonia prevention have shown improvements in ICU outcomes when uniformly adopted. However, the protocolized approach is not without its limitations. First, protocols are often based on population averages and may not account for individual variability in disease trajectory, genetic makeup, or comorbid conditions. Second, strict adherence to protocols may lead to overtreatment or under-treatment in certain cases. Third, some protocols become outdated quickly as new evidence emerges, yet they continue to be applied due to institutional inertia.

Personalized Medicine in Critical Care

Personalized medicine aims to tailor interventions based on a patient's individual characteristics—clinical, genetic, biomarker, or physiologic. This paradigm shift is made

possible by advances in genomics, big data analytics, and artificial intelligence. For instance, personalized fluid management strategies may be guided by dynamic measures of fluid responsiveness rather than fixed protocol thresholds. Similarly, genetic testing has the potential to influence antibiotic choices or predict adverse drug reactions in critically ill patients.

Key potential benefits of personalized medicine include :

1. **Optimized Therapy :** Individualized treatment plans can improve efficacy and minimize harm.
2. **Biomarker-Guided Decision Making :** The use of biomarkers (e.g., procalcitonin, troponin, or IL-6 levels) enables more precise adjustments in therapy.
3. **Enhanced Prognostication :** Personalized risk stratification models can help clinicians counsel families and make better-informed decisions regarding resource allocation and goals of care.

Yet, the adoption of personalized medicine in critical care also faces significant challenges. Many ICU interventions are time-sensitive, and the data required for personalization (e.g., genomic profiling or AI-driven models) may not be immediately available. Additionally, there is a lack of robust clinical trials validating many personalized approaches. The high cost and complexity of implementing such models in diverse healthcare systems further limit widespread adoption.

Case Examples : Sepsis and ARDS

Two common ICU conditions—sepsis and acute respiratory distress syndrome (ARDS)—highlight the tension between protocolized and personalized care.

Sepsis : Early goal-directed therapy (EGDT), a classic example of protocolized medicine, initially demonstrated mortality benefits in sepsis. However, subsequent large trials

(ProCESS, ARISE, and ProMiSe) showed no added benefit of protocolized EGDT over usual care, leading to debates about the one-size-fits-all model. Recent sepsis research emphasizes the importance of immune profiling to distinguish hyperinflammatory from immunosuppressed phenotypes, potentially guiding immunomodulatory therapies—an inherently personalized approach.

ARDS : Ventilation protocols using low tidal volume ventilation (LTVV) have become standard after the landmark ARDSNet trial. While LTVV reduces mortality across populations, it does not account for the wide range of lung compliance, recruitability, or patient effort seen in ARDS. Personalized ventilator strategies, using tools such as electrical impedance tomography or esophageal pressure monitoring, aim to optimize mechanical support while minimizing ventilator-induced lung injury.

Toward a Hybrid Approach

Rather than viewing protocolized and personalized medicine as mutually exclusive, an integrative model is increasingly seen as optimal. Protocols provide a safety net and ensure evidence-based practice, especially for inexperienced staff or in resource-limited settings. Meanwhile, personalized adjustments within or beyond these protocols allow for greater nuance and better patient-centered care.

For example, ventilator weaning protocols may include flexibility to account for neuromuscular weakness or delirium. Sepsis bundles might be initiated promptly, but refined based on dynamic markers of perfusion or organ dysfunction.

The future likely lies in adaptive protocols—dynamic algorithms that use real-time data to adjust treatment decisions.

Furthermore, incorporating artificial intelligence and machine learning into ICU workflows holds promise for creating “living protocols” that evolve based on patient response. Clinical decision support tools that

integrate multiple data streams—vital signs, labs, imaging, genomics—can help bridge the gap between standardization and personalization.

Conclusion

Protocolized medicine has played a crucial role in enhancing the quality, safety, and efficiency of critical care, particularly in promoting adherence to evidence-based practices. However, its limitations—especially in the face of individual variability—are increasingly apparent. Personalized medicine offers the promise of precision, but it remains constrained by several challenges in logistics, technology, and evidences. A pragmatic, hybrid approach that combines the strengths of both strategies is likely the most effective path forward. Such a model would harness the structure of protocols while remaining flexible enough to incorporate patient-specific factors, thus delivering the right care to the right patient at the right time.

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Case report :

The Mass That Mimicked Motherhood : Unmasking an 11-Kilogram Tumor

*Dr. Saswati Tripathy, Professor and Head; Dr. Himangshu Malakar, Associate Professor;
Dr. Mriganka Bordoloi, Senior Resident; Dr. Prajnya, Junior Resident; Department of Obstetrics
and Gynaecology*



Figure 1: Pre operative view



Figure 2: Ascitic fluid aspiration from mass



Figure 3: Right ovarian mass

This clinical report presents a remarkable case of a giant mucinous ovarian tumor in a 37-year-old woman, highlighting the deceptive and silent nature of certain ovarian neoplasms and the pivotal role of diagnostic imaging and surgical intervention.

Ovarian neoplasms encompass a broad pathological spectrum, with mucinous cystadenomas recognized for their ability to grow significantly while remaining clinically silent. These tumors may mimic conditions such as pregnancy or ascites due to their size, often delaying diagnosis. [1][2]

The patient, a para 2 woman, presented to OBGYN Department, AIIMS Guwahati with a six-month history of gradual, painless abdominal distension. She exhibited no systemic or

gastrointestinal symptoms. Her menstrual history was regular, and there were no bowel or bladder complaints, personal or familial history of malignancy, or comorbid conditions. Clinical examination revealed an abdominopelvic mass equivalent to a 34–36 week gravid uterus, with a cystic, smooth, and non-adherent character. (Figure 1)

Laboratory evaluations showed mild elevation of CA-125 (39.1 U/mL) and a significant increase in CA 19-9 (281 U/mL), suggestive of a mucinous ovarian tumor. Imaging via transabdominal ultrasonography and contrast-enhanced CT scan confirmed a large multiloculated cystic mass arising from the right ovary, measuring up to 29 × 22 cm, with no ascites or lymphadenopathy.[3]

An elective midline laparotomy was performed. Approximately 100 mL of ascitic fluid was aspirated intraoperatively (Figure 2). A giant, smooth-surfaced, cystic mass measuring about 30 × 30 × 25 cm was identified, originating from the right ovary (Figure 3). The right fallopian tube was stretched and adherent, prompting an en bloc resection. The uterus, left ovary, and fallopian tube appeared normal, leading to a right salpingo-oophorectomy and left salpingectomy. The excised mass weighed approximately 11 kilograms.[4]

Postoperatively, the patient developed right lower lobe atelectasis due to the abrupt shift in abdominal and diaphragmatic mechanics, a known complication after removal of large intra-abdominal masses. With supportive therapy and physiotherapy, she recovered well and was discharged on postoperative day six in stable condition.

This case exemplifies how mucinous cystadenomas, although benign, can achieve massive sizes and remain asymptomatic until they exert physical pressure. These tumors make up 15–20% of benign epithelial ovarian neoplasms and are notorious for their slow, expansive growth[1][5]. Mildly raised tumor markers and characteristic imaging features can aid in preoperative diagnosis.[3]

Surgical excision is the definitive treatment for such tumors, not only for symptomatic relief and cosmetic reasons but also for accurate histopathological diagnosis. A midline vertical laparotomy ensures adequate access and minimizes the risk of tumor rupture. Preservation of unaffected reproductive organs should be considered in younger women with normal anatomy.[2]

Histopathology is critical to confirm the benign nature and rule out malignant or borderline pathology. Despite the dramatic presentation, timely surgical management, careful intraoperative assessment, and appropriate postoperative care lead to excellent outcomes.

This rare case underlines the importance of maintaining a high index of suspicion in cases of abdominal distension, even in the absence of systemic symptoms, and the need for thorough evaluation and timely surgical intervention to manage giant ovarian tumors effectively.

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Building excellence of Clinical Research in an academic setting : Challenges and Opportunities

Dr Satyajit Mohapatra, Additional Professor and Head, Department of Pharmacology

In addition to clinical care and education, research should be an integral part of any academic medical institution. While recognizing the value of teaching, academics require asking questions. It is vital to understand the mechanisms of health and illnesses, how to treat patients and their diseases more effectively, and how to provide healthcare to a community more efficiently. Research can be represented in several different forms. The understanding of pathophysiology of diseases and mechanism of the treatment methods can be achieved by the bench side research, in vitro and In vivo studies. Health services research can enable us to have a greater longitudinal understanding of healthcare, which gives us great insight into how successful we are in preventing and treating disease.

Academic medical institutions all over the world contribute a lot to health research. One of the key components for advancing research at the university level is systematic research, which is necessary to carry out each of these tasks.¹

The task force organised by Association of American Medical Colleges emphasized that clinical research should be part of the fundamental mission of every teaching hospital and medical schools and these institutions can be the enablers of the clinical research revolution and best practice healthcare. Clinical research and trials are best conducted in an academic environment.²

Faculties within academic institutions play an important role and contribute to this task. Efforts are needed to identify facilitating factors and barriers in the faculties to produce more meaningful output from clinical research in India. Faculty members in academic institutions face several difficulties in conducting research

like lack of knowledge to translate the critical clinical finding to a research question, high workload, lack of interest and motivation, challenges in statistical analysis support, lack of institutional support for research activities, budgetary constraints, and lack of resources like manpower, space, and other logistics.³

A study conducted at a medical university reported that students who are involved in research projects at the university show higher interest in pursuing a research career. According to medical students, lack of time, resources and funding and insufficient knowledge how to start a research project are the most important barriers to research activity.

Most of the clinicians have research ideas but very few of these gets translated to research projects. Lack of investigator research knowledge, inability to execute research ideas, unfamiliarity with the research landscape and its numerous regulations, lack of time and competing demands are the major challenges. Clinical researchers who have access to a supporting research infrastructure are able to increase their knowledge development, improve healthcare delivery, and more easily integrate these elements into clinical practice. In this regard, a Clinical Research Unit (CRU) or Clinical Trial Unit (CTU) in an academic institution offers several strategic advantages, benefiting both the institution and broader healthcare ecosystem. Clinical trials units (CTUs) are specialized biomedical research units that can help to design and centrally coordinate clinical trials. Much like a core facility, CTUs can be a centralized shared resources that provide access to conduct both academic and pharma sponsored clinical trials.

The advantages of a CTU in academic institution are as follows :

A. Access to Expertise and Talent

Multidisciplinary collaboration is possible in academic institution as it houses experts across various domains like basic research, clinical medicine, pharmacology, biostatistics, bioinformaticians fostering innovative high-quality research. Students, residents, and fellows get hands-on exposure to clinical trials enhancing their skills and career prospects in research.

B. Infrastructure and Resources

Academic institution provides state of the art facility like well-equipped hospital, laboratories, bio repositories that can support complex research projects. The Institutional Ethics Committee provide ethics and regulatory support to researchers and facilitate regulatory compliance.

C. Enhancing Clinical Trial Feasibility

Academic hospitals attract a broad and diverse patient pools improving recruitment for clinical trials. GCP trained investigators are available across various disciplines who conduct clinical trials with full scientific vigor following ethical and regulatory guidelines.

D. Attracting Research Funding and Industry Collaborations

Institution with strong research capabilities attract funding from government funding agencies like ICMR, DBT, DST, SERB, and other global funding. Pharma and biotech companies prefer to collaborate with academic clinical research unit for investigator-initiated studies, Phase I to Phase IV clinical trials, and real-world evidence studies.

E. Advancing Translational Research and supporting public health research

Academic Clinical Trial Unit can bridge the gap between laboratory discoveries and clinical applications, expediting the development of new drugs, biologics, and medical devices. This leads to high research output and results in publications in high impact journals, generation of intellectual property (IP) and academic prestige. CRC can support the epidemiological studies and public health research informing the healthcare policies.

F. Promote Capacity building

Clinical Trial Unit helps in capacity building by conducting various training programme on research methodology, good clinical practice guidelines and other relevant programme by training their clinical investigators, other support staffs in frequent intervals.

G. Sustainability and Long-Term Growth

Establishing a Clinical Trial Unit within an academic institution enhances its reputation as a research hub. Research grants, clinical trial contracts and industry collaboration can generate sustainable funding for the research activities of the institution.

The challenges for the Clinical Trial Unit at academic setting are like -

A. Regulatory and compliance challenges:

Institutional Ethics Committee (IEC) approvals can take time, delaying study initiation. Compliance with ICH-GCP, CDSCO (India), FDA, EMA, and other international guidelines can be complex during conduct of clinical trials. Sometimes managing sensitive clinical trial data while ensuring compliance

with GDPR, HIPAA, and local regulations can be demanding.

B. Infrastructure and Operational Limitations

Initial constraint in setting up the infrastructure, hiring clinical research staff, and obtaining accreditation require time. Inadequate IT infrastructure can hamper the electronic data capture (EDC), trial management systems, and remote monitoring tools in various clinical trials.

C. Administrative and Bureaucratic Hurdles

Multiple layers of approvals within academic institutions can slow down research processes. Collaboration between clinical departments, basic research departments, and research administration can be inefficient. Disagreement on authorship in publication, intellectual property rights between the researchers can arise.

The success of a clinical trial unit is measured by parameters like number and skill levels of clinical and basic researchers engaged in generating new knowledge, levels of outcome, safety and services provided by CTU.

Various funding agencies have supported in developing clinical research units across India. Department of Health Research (DHR) promotes establishment of multi disciplinary research units in government medical colleges and research institutions for promotion,

coordination and development of basic, applied and clinical research. The ICMR initiative of Indian Clinical Trial and Education Network (INTENT) has identified clinical trial sites as INTENT centres with a mission to generate high quality evidence of global standards regarding local and regional diseases of public health importance. The Biotechnology Industry Research Assistance Council (BIRAC) under the National Biopharma Mission supports the establishment of clinical trials network to strengthen clinical trial capacity in the country.

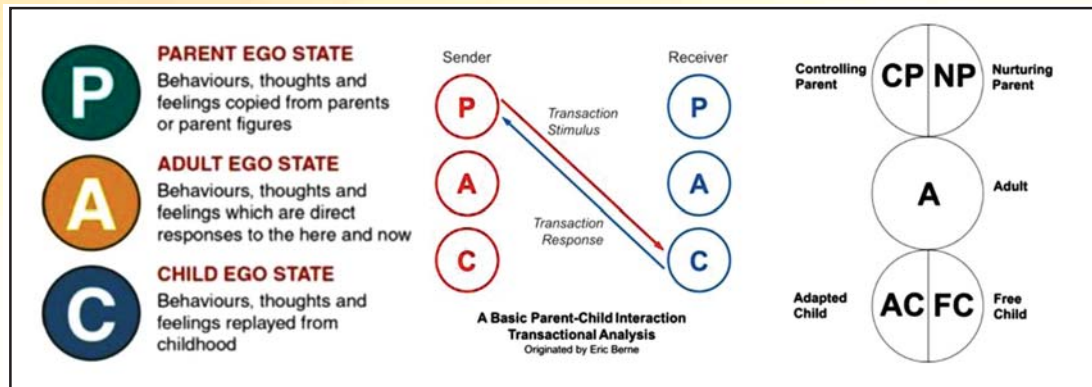
So, a central CTU can be established in academic institutions with the purpose of providing assistance in the development, application, and implementation of industry and investigator sponsored clinical trials in compliance with Good Clinical Practice (GCP) and other ethics guidelines. The goal of the CTU is to provide resources and services to advance research and inform the clinical practice. By maintaining the quality, compliance, and ethics, a CTU can bring a culture of excellence in clinical research.

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Know your Ego State through the Lens of TA

Prof (Dr) Unmona Borgohain Saikia
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Life is essentially simple—we receive what we give. Our thoughts and emotions shape our experiences, influencing our behavior and the situations we attract. The words we speak and the thoughts we dwell on create our reality. Often, we create our own circumstances and then give away our power by blaming others for our frustrations. In truth, no person, place, or thing holds power over us—we are the sole thinkers in our minds. It is within our control to build or break our happiness and relationships.

Scenario: "A mid-level manager asked his subordinates (Whoever reported office late). What's the time? Each answered differently..."

1. Look at your watch,
2. Its 10.30 am.
3. I am sorry sir"

So let's reveal why we behave, the way we do, what our state of mind is and where our behaviors are rooted?

Human behavior is a complex interplay of internal factors like genetics, biology, and mental states and external influences like environment, social norms, and experiences. Our behavior is rooted in a combination of innate tendencies and learned responses, shaping our actions and reactions throughout life.

Transactional Analysis (TA), a psychological theory developed by Eric Berne. In Transactional Analysis (TA), ego states refer to distinct ways of thinking, feeling, and behaving that represent different aspects of a person's personality. These states, Parent, Adult, and Child, are distinct but interconnected, and influence how individuals interact and make decisions.

Eric Berne believed that childhood experiences, especially parenting, shape the three ego states—Parent, Adult, and Child. These states influence how we communicate, often causing us to unconsciously replay early patterns or respond with childhood emotions. Dysfunctional behavior stems from self-limiting decisions made in childhood, forming a "life script" that guides adult life. Transactional analysis aims to change this script through psychotherapy and promote cooperative, non-violent behavior in broader social contexts.

Ego States in TA:

1. **Parent Ego State:** This state reflects the attitudes, beliefs, and behaviors a person learned from their parents or authority figures during childhood. It can be nurturing and supportive (Nurturing Parent) or critical and judgmental (Critical Parent).
2. **Adult Ego State:** This state is characterized by rational thinking, objective information gathering, and logical decision-making based on current reality and life experience. It's

about being “here and now” and processing information without emotional bias.

3. **Child Ego State:** This state represents the person’s feelings, thoughts, and behaviors from their childhood, including the various emotional responses and behaviors they exhibited. It can manifest as **Free Child** (spontaneous and playful), **Adaptive Child** (compliant and conforming), or **Rebellious Child** (resistant and assertive).

Understanding Ego States; as each individual behave through their inbuilt ego state, hence understanding all these three ego states can help the person in following way:

1. **Self-awareness:** Recognizing which ego state you’re in, can help you respond more thoughtfully. Once we are aware about own thoughts and feelings that is originated from which ego states it helps us to behave according to situations. So one can respond thoughtfully: Instead of reacting impulsively (especially from the Child state), you can choose a more measured response from the Adult state.

2. **Communication:** Understanding the ego state of the person you’re communicating with is crucial for fostering meaningful interactions. For instance, if someone is talking from Child ego state. a response from Parent ego state may resonate more effectively. However, choosing to respond from the Adult ego state often leads to balanced and productive exchanges, particularly in professional settings. On the other hand, communication can break down when driven by ego—manifesting as interruptions, dismissiveness, or resistance to feedback.

3. **Personal growth:** Identifying and balancing ego states is a powerful path to personal growth, emotional intelligence, and overall well-being. This concept, rooted in Transactional Analysis (TA), offers a framework to understand and manage our internal dynamics. Aligning our actions with our true self promotes a sense of fulfillment and purpose,

that’s leads to authentic living. By integrating these aspects, individuals can achieve a more harmonious and satisfying life.

The Functional Model of Ego States

The functional model diagrams how we use what is in the structural model, subdividing the states and giving them behavioral descriptions enables a more explicit way of observing behavior. The Parent is divided into **Controlling Parent** (sometimes still described as Critical Parent) and **Nurturing Parent**. The Child is divided into **Adapted Child** and **Free Child**.

Let’s know about “contaminated transactions” It refers to interactions where one person’s Adult ego state is influenced or distorted by their Parent or Child ego state. This can lead to prejudice, delusion, or other communication breakdowns.

How to recognize contaminated transactions:

Prejudice: When a person holds strong, fixed beliefs about others without considering their individual circumstances, it could be a sign of Parent Contamination

Emotional Reactions : Sudden or intense emotional responses can indicate that the Child ego state is interfering with the Adult’s response.

Concluding Remarks: Transactional Analysis (TA), developed by Dr. Eric Berne, is a psychological framework that helps individuals understand human behavior and communication through the lens of three ego states: **Parent**, **Adult**, and **Child**. By recognizing which state a person is operating from—whether giving nurturing advice, making logical decisions, or reacting emotionally—individuals can better manage interactions and resolve conflicts.

In professional settings, TA enhances communication, teamwork, and leadership by promoting clear, respectful dialogue and reducing misunderstandings. It helps managers respond from an **Adult** state, encouraging rational problem-solving rather than reactive

behavior. In personal relationships, TA fosters empathy and emotional intelligence, allowing partners, friends, or family members to recognize unhealthy patterns (like critical Parent or rebellious Child responses) and shift to healthier dynamics.

Overall, understanding TA leads to more constructive interactions, improved emotional awareness, and stronger, more balanced relationships both at work and at home.

“Adjustment is the another name of life, actually you can’t live without it”

Case report :

An Interesting Case of Neglected Torticollis

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(Keywords: Torticollis, Unipolar release, Bipolar release)

Introduction:

The congenital muscular torticollis (CMT) causes the child’s neck muscles to shorten and if not treated early, will lead to a stiff and twisted neck. In later life, it may lead to facial asymmetry, limited neck range of motion, and potentially even jaw development issues. Early diagnosis and physical therapy usually lead to normal neck motion without residual deformities. For patients whose symptoms and signs persist, surgery may be indicated. The timing of surgery for muscular torticollis is the most important factor influencing outcome. Some authors believe that the best outcomes are obtained when the patient is between the ages of 1 and 4 years. After the age of 5 years, the

efficacy of surgery is reduced owing to irreversible craniofacial deformity. (1)

Our case :

This 23-year-old college-going student visited the plastic surgery OPD with severe asymmetry of the neck and face since birth. The head is tilted towards the right side, and there is severe stiffness, pain, and restriction of movement, hampering his daily activities, which has greatly impacted his social life. Pre-operative investigations are done, including the neck X-rays (cervico-mandibular angle, lateral translation of the head and neck, and Cobb’s angle of the cervicothoracic spine are assessed). The guarded prognosis after surgery is explained to the patient. The patient is operated under general anesthesia in the supine position with the head turned towards the left side. Bipolar release of the sternocleidomastoid (SCM) muscle is planned. First, a transverse incision is placed 2 cm over the right clavicle, and the external jugular vein is protected, the platysma muscle is divided, and deep cervical fascia is entered, and the two heads of the SCM muscle are identified. The clavicular head is found to be fibrotic, and the sternal head is fleshy and hypertrophied. The fibrotic head is transacted fully, leaving the fleshy part partially intact. Now the origin of the muscle is explored and isolated, and later divided. At the end of the surgery, haemostasis and wound closed in layers, soft collar given postoperatively.

On the follow-up, the patient shows remarkable recovery with full straightening of the neck and all the range of motions, almost similar to a normal person, which is beyond our expectations.



Figure 1 : Pre-Operative Picture of the Patient



Figure 2 : Making for the surgery

Figure 3 : Exploration of the Sternocleidomastoid muscle heads



Figure 4 : Post-operative outcome after 2 weeks

Whether surgical treatment of neglected adult muscular torticollis is effective remains controversial. (2) Craniofacial asymmetry is irreversible in adults and the risk of complications after surgery is greater than in children. But in our case with surgical treatment, we are able to achieve cosmetic and functional improvements, and it relieved the pain originating from the muscle imbalance brought about by the long-standing deformity.

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Case report :

A Rare Case of Canine-Type Clinical Lycanthropy Successfully Treated with atypical antipsychotic

Dr. Nikhita Das, Senior Resident, Department of Psychiatry, AIIMS, Guwahati

Introduction

Clinical lycanthropy is a rare psychiatric condition characterized by the delusional belief of having transformed into a non-human animal. It falls under the category of delusional misidentification syndromes (DMS) and often presents in the context of schizophrenia, affective psychoses, or organic brain syndromes. Although the term "lycanthropy" originates from myths of humans turning into wolves, reported cases include transformations into cats, dogs, frogs, snakes and even bees [1].

The syndrome frequently involves disturbances in body image, interception, and self-awareness, possibly linked to dysfunction in parietal and frontal brain regions [2]. Given its rarity, standardized treatment protocols are lacking, but antipsychotics, especially second-generation agents, have shown consistent benefit [3].

Case Report

A 30-year-old male, previously psychiatrically well, presented with progressive behavioral changes over two months. He initially complained of a persistent dog-like odor coming from his body, which was not perceptible to others. Within weeks, he began noticing fur on his arms and chest, though no physical changes were clinically observed. Eventually, he reported that his reflection appeared canine and began acting like a dog; barking, crawling on all fours, and refusing to socialize, claiming, "I am not human anymore."

Mental status examination revealed poor insight, somatic delusions, and perceptual disturbances. No neurological deficits were

noted. MRI brain and routine blood investigations, including thyroid and vitamin levels, were within normal limits.

He was diagnosed with a psychotic disorder featuring somatic delusions, consistent with clinical lycanthropy. Treatment was initiated with olanzapine 20 mg/day. By month 2, olfactory hallucinations began to resolve. By month 3, visual misperceptions faded. By month 7, full insight returned, with complete remission of delusional beliefs and behavior.

Discussion

Clinical lycanthropy is rarely encountered in clinical practice, with most cases described through isolated case reports. The disorder has been described in both primary psychotic disorders and secondary to neurological conditions like temporal lobe epilepsy or brain injury [3]. The present case involved canine transformation delusions accompanied by olfactory and visual hallucinations, reinforcing the idea that lycanthropy involves multisensory misperceptions along with delusional beliefs.

The pathophysiology remains poorly understood but is hypothesized to involve dysfunction in body image representation, especially within the right parietal lobe and frontolimbic circuits [3]. Cultural factors and symbolic associations might also influence the animal choice in delusional content [1].

Treatment approaches typically rely on antipsychotic medications, with olanzapine, risperidone, and haloperidol used in published cases. In this report, olanzapine at 20 mg/day led to gradual and sustained recovery over seven months, consistent with previous reports [3].

Conclusion

This case demonstrates the canine variant of clinical lycanthropy, characterized by somatic hallucinations, visual misperceptions, and transformation delusions. The patient responded well to olanzapine, highlighting the value of atypical antipsychotics in treating such rare and complex delusional states. Timely recognition and long-term pharmacological treatment are key to effective management.

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AIIMS Guwahati in Media Spotlight

The Assam Tribune

87 years of service to the nation

AIIMS Guwahati director urges stronger family, social role in fighting drug menace

Executive director Prof Ashok Puranik highlighted AIIMS Guwahati's range of addiction facilities and upcoming healthcare expansion.

By The Assam Tribune - 23 Feb 2025 11:23 AM



Silchar, Feb 25: Families and the society at large must step up to combat the menace of drugs in Assam and the whole of Northeast, said Prof Ashok Puranik, Executive Director, All India Institute of Medical Sciences (AIIMS), Guwahati.

Talking to The Assam Tribune on the sidelines of his recent visit to Assam University, Silchar on the occasion of the 22nd convocation of the varsity, Prof Puranik said: "Having seen the most volatile phase in Assam and the entire Northeast during the mid-80s and 90s when I was in the Indian Army, I strongly feel that Assam has overcome the issues that impeded development for so long. In recent years, the deterrents have been dealt with by a positive approach and the strong will of the governments both at the Centre and in the State. Now Assam is on a growth trajectory and the pace of development in the region is unprecedented, unlike yesteryears. However, there has certainly been an escalation in the movement of narcotic substances in recent years, for which families and society must come forward to fight out the vice. Behavioural change and stronger involvement of families and societies are the need of the hour to end the menace of drugs. Families and societies must act stronger against the ills of drugs in this part of the country," Prof Puranik said.

He further mentioned that at AIIMS Guwahati, there are drug de-addiction treatment facilities and that a mental health survey is underway in Assam and Nagaland and if anyone wishes, there is a cure for the ailment through proper medication and yoga practices.

The AIIMS Guwahati Executive Director informed that the drone-based healthcare delivery service ensuring emergency medical services and supply of medicines, already launched by the hospital, is adding a fresh boost to healthcare services in remote areas in the proximity of the hospital. Asked if such facilities would be extended in other parts of the State, including the Barak Valley, which remains cut off from the rest of the State during the rainy seasons, Prof Puranik said: "We are planning to upscale our drone-based healthcare services and if there is a requirement in the Barak Valley, we would certainly extend services here as well."

He also talked about the ongoing efforts to extend facilities at the hospital and informed that soon, AIIMS Guwahati will have 200 additional beds bolstering treatment facilities in the region and some super speciality departments will soon be added in the hospital so that people need not go to other places for treatment.

Further, he mentioned the treatment of yellow fever is now available at the hospital and extensive research and development activities on diverse areas including tribal medicines, women-related diseases, tea garden areas, anti-snake venom, etc., are being carried out in the hospital.

Talking about his experiences at Assam University, Prof Puranik said that he was happy to see the positive vibes among the graduating students at the varsity and mentioned the government's efforts of accelerating the pace of development in the country.

ET Education.com

From The Economic Times

Higher Education • 1 Min Read

IIT, AIIMS-Guwahati launch four-year BS course in biomedical science and engineering

IIT-Guwahati on Monday launched its new four-year BS programme in biomedical science and engineering. The programme will be offered by the Jyoti and Bhupat Mehta School of Health Sciences and Technology at the Indian Institute of Technology (IIT)-Guwahati, in collaboration with AIIMS-Guwahati and the National Institute of Pharmaceutical Education and Research (NIPER)-Guwahati.

PTI

Updated On Apr 23, 2025 at 05:34 PM IST • Read by 659 Professionals



"This interdisciplinary programme brings together engineering, medical sciences and pharmacology on a single platform, addressing the need for professionals who can work across disciplines to tackle future challenges. As the problems of tomorrow will not fit into traditional silos, this programme is designed to bridge those gaps," said IIT-Guwahati Director Devendra Jalihal.

Institute of Pharmaceutical Education and Research (NIPER)-Guwahati.

New Delhi, IIT-Guwahati on Monday launched its new four-year BS programme in biomedical science and engineering. The programme will be offered by the Jyoti and Bhupat Mehta School of Health Sciences and Technology at the Indian Institute of Technology (IIT)-Guwahati, in collaboration with AIIMS-Guwahati and the National

The Sentinel

of this land, for its people

AIIMS Guwahati Celebrates National Science Day 2025

AIIMS Guwahati hosted National Science Day 2025, featuring quiz competition and talks on youth empowerment in science, AI in healthcare and innovation for a "Viksit Bharat."



Sentinel Digital Desk

Published on: 28 Feb 2025, 7:40 pm

GUWAHATI: The Departments of Biochemistry, Anatomy, and Physiology at AIIMS Guwahati organized a guest lecture and student activities to celebrate National Science Day 2025. The event was attended by over 250 delegates, including faculty members, nursing officers and students from AIIMS Guwahati and nearby schools, such as Kendriya Vidyalaya, IIT Guwahati and Army Public School, Basistha.

The objective of the event was to encourage scientific curiosity and promote a scientific temperament among students. The day's activities included an Open Science Quiz, a Literary Contest and an Extempore Speech competition, all aimed at stimulating young minds to engage with science and innovation.

The national theme for National Science Day 2025, "Empowering Indian Youth for Global Leadership in Science and Innovation for Viksit Bharat," was central to the celebrations. In his address, Prof. Ashok Puranik, Executive Director of AIIMS Guwahati, emphasized the crucial role of youth in fostering innovation and driving the transformation towards achieving a "Viksit Bharat." He also highlighted advancements in medical sciences, including AI-driven diagnostics, precision medicine, gene editing, 3D-printed organs, robotic surgery, nanotechnology, regenerative medicine and telemedicine, which are shaping the future of healthcare.

Prof. Manasi Bhattacharjee, Dean (Academics), AIIMS Guwahati, spoke on the importance of zeal, curiosity and patience in the journey of scientific discovery. Dr. Tavprithesh Sethi, Department of Computational Biology, Indraprastha Institute of Information Technology, Delhi, was the guest speaker for the event. During his talk, he discussed the potential applications and future of Artificial Intelligence (AI) and Machine Learning (ML) in healthcare and biomedical research. He also emphasized the significance of interdisciplinary collaboration between engineers, healthcare professionals and scientists in realizing the vision of Viksit Bharat.

B BUSINESS

What makes AIIMS different, says Executive Director

Priyanka Chakrabarty, March 6, 2025



Education Economy Industry Infrastructure Business Conversations Health Services Editorial

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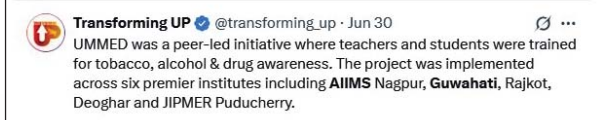
The All India Institute of Medical Sciences (AIIMS) Guwahati is aiming to become a leading center for medical treatment, research, and innovation. With 1,700 surgeries performed in two years, the institute is positioning itself as a preferred medical destination for the Northeast. It aims to encourage patients to seek quality treatment within the region, reducing the need for travel to other states for specialized care. AIIMS Guwahati's state-of-the-art facilities and commitment to excellence will redefine medical services, ensuring advanced healthcare remains accessible to all.

Excerpts of the interview are as under:-

BNE: There are many hospitals in Guwahati. How AIIMS is different?

Ashok Puranik: Our institution offers world-class education through rigorous selection processes and international standards. We have highly trained faculty, ensuring excellent clinical care delivery. We prioritize safety in medicine, procedures, and pre-operative preparation. We integrate drone services, yoga, meditation, alternative medicine, and research on tribal health and medicine. Our commitment to safety and innovation sets us apart from other institutions in the field.

AIIMS Guwahati in Media Spotlight





Cultural extravaganza at the 4th Institution Day celebration, and the visit of MBBS students in the valedictory ceremony of Advantage Assam 2.0 - Investment and Infrastructure Summit 2025

* * *



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