



ANNUAL MAGAZINE-98

MEDICINE CLUB

*In the world Of distress and despair,
we shine like a ray of hope.*

An Academic Cum Social Organization
Mymensingh Medical College Unit

Acknowledgements

- **Prof. Abdullah Akhter Ahmed**, Principal, MMC.
- **Colonel Sarkar M.A. Matin**, Director, MMCH.
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- **Dr. Ali Asger Khan (Babu)**, Advisor, Medicine Club.
- **Md. Shahidul Alam (Palash)**, Advisor, Medicine Club.
- **Sanjay Chatterjee**, Advisor, Medicine Club.
- **Mihir Kumar Roy**, President, Medicine Club.
- **Rummana Afreen (Tithi)**, General Secretary, Medicine Club.
- **Abdul Wadud Baig**, Vice President-1, Medicine Club.
- **Tanzina Iveen Chowdhury**
Asstt. General Secretary-1, Medicine Club.
- **Md. Tariqul Islam Khan (Wasim)**
Magazine. & Publicity Secretary, Medicine Club.
- **Asif Iqbal**, Project Director, Medicine Club.
- **Sk. Mamun-Ur-Rashid**
Organizing Secretary, Medicine Club.
- **Bijoy Sankar Kar**
Executive Body Member-1, Medicine Club.
- **Hosne Ara (Parul)**, Asstt. Mag. & Pub. Secretary, Medicine Club.
- **All the Senior Members Of Medicine Club**

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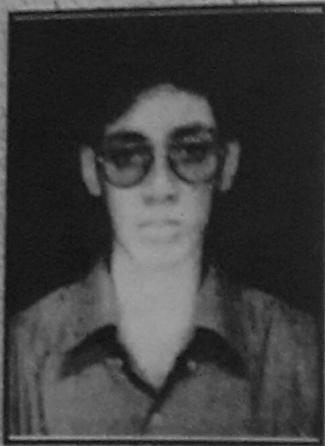
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MC
Medicine Club
Estd.-1981

Editorial

First of all I cannot but earnestly thank Medicine Club for giving me the opportunity to present before you this annual magazine, as the magazine and publicity secretary of Medicine Club.

Being a medical student it is our solemn duty to prepare ourselves for serving the humanity along our academic current, and Medicine Club is the platform where we unite as a family to practice any such noble objective.

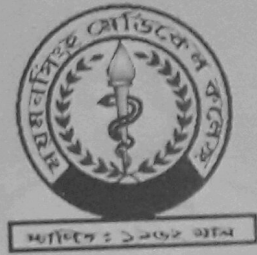
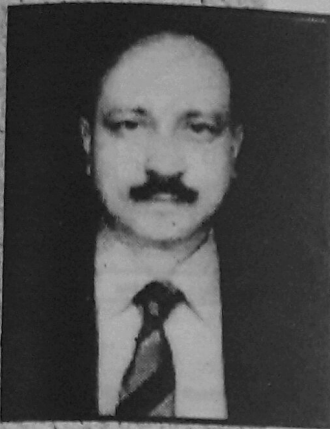
Day by day Medicine Club is blooming with multidirectional humanitarian activities and constantly looking forward to expand as the everlasting soothing blue sky over the under served and unserved.

This magazine is in your hand because of the studious and sincere works of all the members and executives of Medicine Club. We hope that readers will be benefited by the medical related articles while getting a picture of various activities and overview of the club in a nut shell.

I want to convey my thanks to those who were always by our side in publishing this magazine including the firms and establishments, and also request all to overlook the unintentional faults throughout on behalf of the club.

Thank you all.

Md. Tariqul Islam Khan (Wasim)
Magazine and Publicity Secretary
Medicine Club
Mymensingh Medical College Unit.

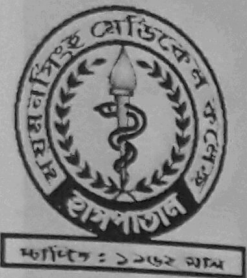


Message

A doctor's duty does not end in curing patients. Medicine is not a mere profession, it is a service. I am very happy when I watch my young students in Medicine Club serving the distressed. Besides their social work, they are also indulged in some academic activities. Thus they are trying to become good doctors for the nation.

I feel proud for my students running organization like 'Medicine Club' and doing something constructive.

Prof. Abdullah Akhter Ahmed
Principal
Mymensingh Medical College
Mymensingh.

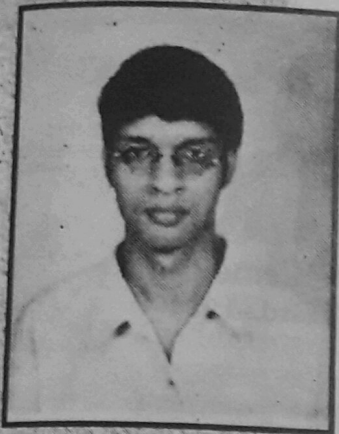


Message

I really appreciate the noble and humanitarian tasks performed by the young members of Medicine Club. They are rendering commendable service in the field of blood donation to the disressed and the needy.

I expect their all round prosperity and success.

Colonel Sarkar M.A. Matin
Director
Mymensingh Medical College Hospital
Mymensingh.



Message

Medicine Club- a name of sincerity, aid and study. As an academic cum social organization we always try to help the humanity besides our studies. Our primary goal is to be a doctor. But this does not limit our duties. We cannot ignore the face of hundreds and thousands who are in distress. A little help from us can relieve their misery. Based upon this belief medicine Club is formed and carries on its activities.

I ardently hope to continue such activities of Medicine Club.

Mihir Kumar Roy (Mihir)
President
Medicine Club
Mymensingh Medical College Unit



Message

"Candle of a heart can kindle the hearts of thousands"- inspired by this moral Medicine Club goes on through lots of successes and troubles to Medicine Club is now what it is. We all always believed us long as we are on the right path nothing can stop us ; and nothing could. Now we are helping lots of people in and outside the hospital as well as helping the Medical students with their studies.

I thank all my fellow members and wish all the properties can be to Medicine Club.

Rumana Afreen (Tithi)
General Secretary
 Medicine Club
 Mymensingh Medical College Unit

Medicine Club at a Glance

❑ Social Welfare Activities :

- * Blood donation.
- * Drug donation.
- * Donation of appliances.
- * Cash help to poor patients.
- * Free treatment of poor patients.
- * Collection and distribution of relief in the natural disaster/epidemic hit areas.
- * Sending relief teams comprising of doctors to affected areas.

❑ Community Health Oriented Activities.

- * Arranging programmes on Primary Health care and hygiene in different under developed urban areas.

❑ Academic Activities :

- * Clinical discussion.
- * Pre-clinical discussions.
- * Seminars.
- * Film shows.
- * Debates.

❑ Other Activities :

- * Vaccination
- * Donation of winter cloths.
- * Providing Statistical data on patients to the hospital authority
- * Publishing monthly bulletin.
- * Cultural programmes for medical students.

❑ Local Executive Advisors :

- * Dr. Khayer Uddin Ahmed.
- * Dr. Ali Asgar Khan Babu.
- * Dr. Golam Sarwar Rakib.
- * Dr. Nazmin Hossain Elora.
- * Dr. Sanjib Kumar Chakravertty.
- * Dr. Latiful Haque Mahmud Shakil.
- * Dr. Makya Sing.
- * Md. Shahidul Alam Palash.
- * Sanjay Chatterjee.

Executive Committee 1998

President	: Mihir Kumar Roy (Mihir) [M-31]
Vice-president	: 1. Abdul Wadud Baig (Rinku) [M-31] 2. Nasima Akhter (Munni) [M-31]
General Secretary	: Rummana Afreen (Tithi) [M-31]
Asstt. General Secretary	: 1. Tanzina Iveen Chowdhury (Ivy) [M-31] 2. Iftekhar Mahmud (Rahat) [M-32]
Organizing Secretary	: Sk. Mamun-Ur-Rashid (Mamun) [M-32]
Office Secretary	: Sayla Chowdhury (Chhabi) [M-33]
Asstt. Office Secretary	: Sadia Binte Hyder (Sadia) [M-34]
Clinical Secretary	: Rajib Das (Rajib) [M-32]
Asstt. Clinical Secretary	: Md. Kamrul Islam (Bindu) [M-32]
Seminar Secretary	: Rizwan Hayat Khan (Khan) [M-33]
Asstt. Seminar Secretary	: Marzia Akand (Marzia) [M-34]
Pre-clinical Secretary	: Ana Islam (Ana) [M-33]
Asstt. Pre-clinical Secretary	: Joyanta Bishwas (Likhon) [M-34]
Statistical Secretary	: Refat Rezwana (Refat) [M-33]
Asstt. Statistical Secretary	: Md. Nazmus Sadique (Russel) [M-34]
Finance Secretary	: Sutopa Chatterjee (Bula) [M-32]
Asstt. Finance Secretary	: Sarkar Rifat Barkatullah (Emu) [M-34]
Cultural Secretary	: Md. Abdur Rahman (Polash) [M-33]
Asstt. Cultural Secretary	: Abida Sultana (Uttara) [M-34]
Mag. & Pub. Secretary	: Md. Tariqul Islam Khan (Wasim) [M-32]
Asstt. Mag. & Pub. Secretary	: Hosne Ara (Parul) [M-34]
Social Welfare Secretary	: Asif Iqbal (Asif) [M-32]
Executive Body Members	: i. Bijoy Shankar Kar (Bijoy) [M-33] ii. Debashish Das (Bappa) [M-33] iii. Rubatya Ferdous (Banhi) [M-33] iv. Ekramul Haque (Prince) [M-33] v. D.M. Lutfar Rahman (Rubel) [M-33]

Patient Welfare Project 1998

Chairman : Mihir Kumar Roy (M-31)
 Vice Chairman : Rummana Afreen (M-31)
 Director : Asif Iqbal (M-32)
 Treasurer : Kamal Hossain Patowari (M-33)

■ Blood Donation And Motivation Project

Convenor : Bijoy Shankar Kar (M-33)
 Joint Convenor : 1. Jewel Paul (M-34)
 2. Md. Tofazzal Hossain (M-34)

■ Drug Division :

Convenor : Debashish Das (M-33)
 Joint Convenor : 1. Md. Shafiqul Islam (M-34)
 2. Prakash Chandra Panjiyer (M-34)

■ Appliance Division :

Convenor : Rubaiya Ferdous (M-33)
 Joint Convenor : 1. S.M. Shariat (M-34)
 2. Anisur Rahman (M-34)

■ Statistical Project :

Convenor : Refat Rezwana (M-33)
 Joint Convenor : 1. Shah Rathan Rohman (M-34)
 2. Ravindra Kumar Shah (M-34)

■ Finance Project :

Convenor : Sutopa Chatterjee (M-32)
 Joint Convenor : 1. Aftabun Nahar Akand (M-34)
 2. T.N. Saker Taufique (M-34)

ANNUAL REPORT OF MEDICINE CLUB COMMITTEE '98

Report of the Organizing Secretary

1. Number of executive committee meeting-3
2. Number of general meeting-1
3. Number of special meeting-3

Total members-	-----	298
New members-	-----	26
Regular members-	-----	45
Life members-	-----	7

Report of the Mag. & Pub. Secretary

1. One wall magazine was published for M-35 batch.
Published by- Asif, Shuvro, Rahat Bindu-
M-32 Emu- M-34
2. 200 Terminology sheet was published
3. 200 Anatomy sheet was published.
4. 3000 Leaflet was published for Vaccination Programme and distributed

Report of the Pre-Clinical Secretary

1. Terminology group discussion class arranged for M-35
2. Terminology sheet are distributed among M-35 students.

Report of Social Welfare Secretary

A. Report of Blood Division

March'98 to October'98

Total Programme-	24
Collection from Programme-	570 bags
Collection from Students-	125 bags
Others Collection-	295 bags
Total Collection-	990 bags
Total Supply-	984 bags
Total Discarded-	6 bags

B. Report of the Drug Division

1. Total par chased in the year 1998 Tk. 4933/-
2. Drug collected in this year Tk. 39645/-
3. No of benefited pts. in office: 303
No of benefited pts. in programme: 695
4. 3 T.B. pt received treatment cost- Tk. 7956
5. 2000 packs of O.R.S & 1000 water purifying tabs are collected and distributed among the flood victims.

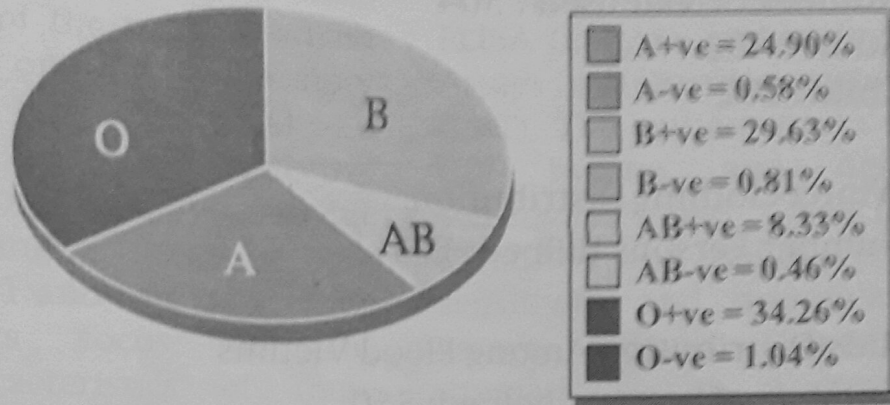
C. Report of Finance Secretary'98

April'98 to October'98

Income		Expense	
Sector	Ammount	Sector	Ammount
From Previous Committee Donation	5057/-	Office	9,031/-
Jakat Fetra Vaccine	6005/-	Blood Donation Programme	20,671/-
Raffel Draw	300/-	Vaccine	5,245/-
Office	28,380/-	Drugs	6,149/-
Membership Charge	1390/-	Cultural	14,916/-
Magazine & Publicity	1255/-	Mag. Pub. Central	1,806/-
From Social Welfare Dpt.	940/-		592/-
	15,076/-		
	50,000/-		
Total	1,54,393/-		58,410/-
Balance	95,983/-		

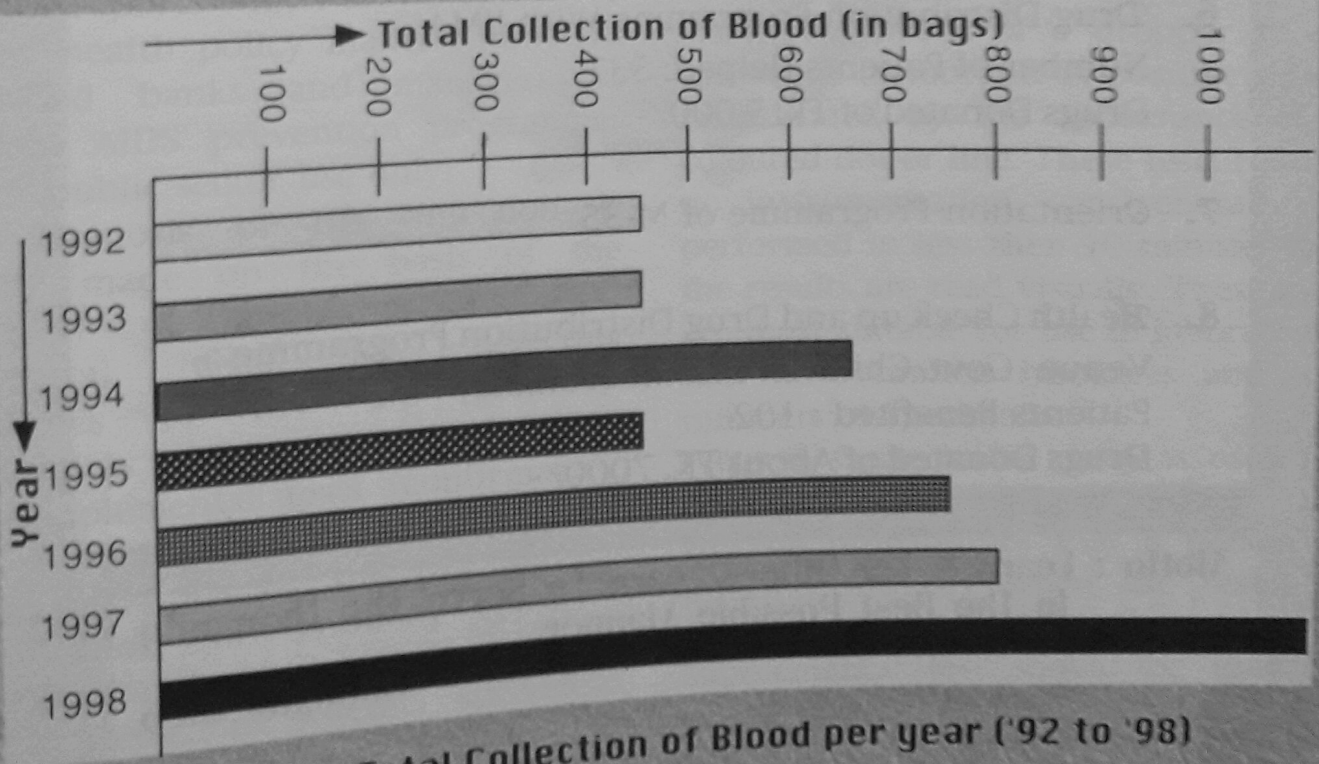
D. Report of Statistical Secretary

1. Statistical Report on Blood Group of 864 Individuals



Graphical representation of collecting blood during April'98-October'98

2. Statistical Report on Year wise Blood Collection



Data of Total Collection of Blood per year ('92 to '98)

SPECIAL PROGRAMMES:

1. **Hepatitis B Vaccination**
Number of persons Awarded of Hepatitis B : 12000
Number of Vial used : 504
Adult : 402
Child : 102
2. **Winter clothing Distribution:**
Number Persons Helped: 175
3. **Aids Distribution Among Flood Victims**
Number of persons helped: 550
4. **Primary Health check up of M-35 Done on 62 students**
5. **Drug Distribution Programme With BMA And Manobik.**
Drugs Donated of TK. 25,000/-
6. **Drug Distribution Programme With BMA**
Number of Patients Helped: 537
Drugs Donated of Tk. 5,000/-
7. **Orientation Programme of M-35**
8. **Health Check up and Drug Distribution Programme :-**
Venue : Govt. Children's Home (Female)
Patients Benefited : 102
Drugs Donated of About TK. 7000/-

**Motto : Learn & Let Others Learn To Serve The Humanity
In The Best Possible Manner.**

Medicine Club

Laboratory Diagnosis of HIV Infection

An overview

In 1988, the World Health Organization (WHO) Global Programme on AIDS (GPA), conscious of the need to advise Member States on the laboratory diagnosis of HIV, initiated a programme to provide objective assessments of commercially available assays for detecting antibody to both types of HIV: HIV-1 and HIV-2.

The assessments focus on the operational characteristics of these assays, such as ease of performance and their sensitivity and specificity on a small panel of well-characterised sera of diverse geographical origins and indicate their suitability for use in small blood collection centres.

The assessments are published in the form of reports which are intended for use by health policy makers, directors of blood banks and managers of national AIDS prevention programme i.e. for public sector use only.

The diagnosis of HIV infection is usually made on the basis of the detection of antibodies to HIV. Serological tests for detecting antibodies to HIV are generally classified as initial tests (screening test) and supplemental tests (confirmatory test).

Initial tests provide the presumptive identification of antibody positive specimens and supplemental tests are used to determine whether specimens found reactive by an initial tests

contain antibodies specific to HIV.

The most widely used initial tests are ELISA (Enzyme Linked Immune Solvent Assays and Particle agglutination tests (PAT). The earliest assays used purified HIV bysates and deficiencies in sensitivity and specificity were identified and rapidly corrected. The sensitivity and specificity of initial assays have improved dramatically as a result of new methods of virus purification, different test formats and the greater use of recombinant and synthetic peptide antigens.

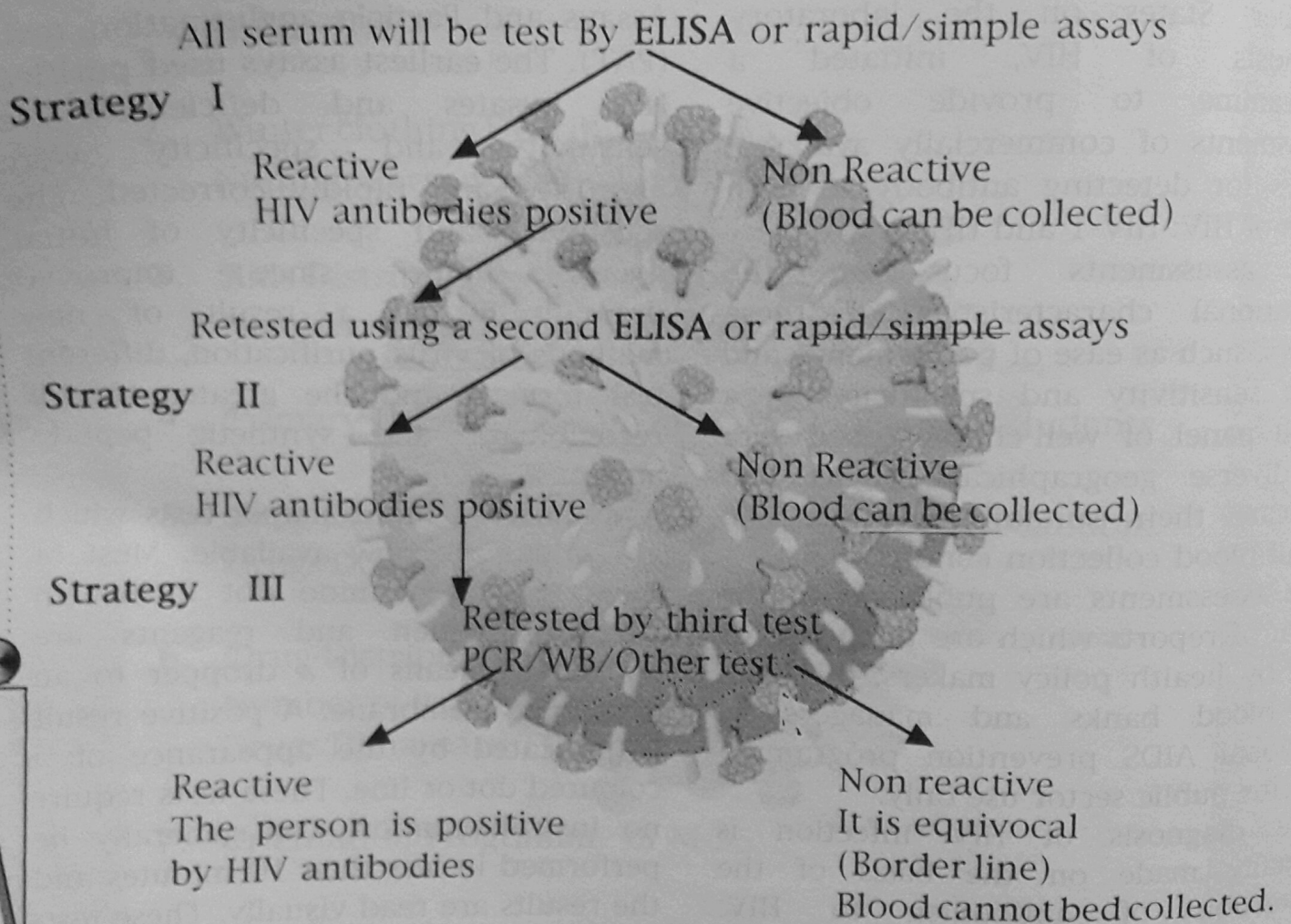
A number of rapid/simple tests which are initial are now available. Most of them use on virmino dot format in which specimen and reagents are added by means of a dropper to an absorbent membrane. A positive result is indicated by the appearance of a coloured dot or line. These tests require no instrumentation, can generally be performed in less then 10 minutes and the results are read visually. These tests are most suitable for use in laboratories that have limited resources and low numbers of specimens.

When a single initial assay is used for testing low prevalence people for HIV, the probabilities that a person is infected with HIV when the result is positive and for accuracy second supplemental test should be used. If found negative by the second test are

considered negative for antibodies to HIV.
The most commonly used supplemental test is the western Blot

(WB). As it is expensive, WHO therefore consider the use of ELISA's and rapid/simple assays as an alternative to WB.

WHO Strategies for HIV testing



Materials collected from WHO.

DR. SHIKHA RUDRA
Asstt. professor
Dpt. Of Transfusion Medicine
Mymensingh Medical College Hospital
Mymensingh

Pain in anus and anal fissure

Lots of people suffer from pain in anal canal. It is a distressing and annoying symptom. Fissure means an ulcer or a crack in the anal canal. Anus means through which we pass motion and wind. Anal fissure is of two types : acute and chronic. Acute anal fissure causes severe pain while passing motion. In chronic anal fissure intensity of pain varies. It can occur at any age : I have seen a patient as young as 40-days old. Young people and adults suffer more from this pain. It affects both sexes equally.

Causes : It occurs usually due to constipation and application of force to pass motion. It is thought that hard motion tears the anal canal. It occurs less in those people who take foods containing sufficient amount of fiber. Among fiber containing food are vegetable, raw fruits, *isobgul* husk, etc. It has no relation with consumption of tea, coffee or wine. Frequent passage of motion and diarrhoea increase the likelihood of being attacked with fissure. During the attack, it is hard to examine the inside of anus. Scientists have measured the pressure of anal canal and found that the pressure of anal canal does not rise during this period.

Symptoms : The main symptom of

anal fissure is pain and bleeding. This kind of pain usually happens after passing motion and it may continue for a few minutes to many hours. I have seen many patients complaining of pain for 24 hours. I saw about six patients in the last nine months, who complained of extreme pain in the anus and could not pass motion and wind. They asked me to perform surgery immediately.

'Proctathgia fugax' is a kind of disease when patients feel pain in the anus, but it does not have any relation to passing motion. Patients with thrombosed piles also complain of pain in the anus. In this condition they complain of a lump in the anus.

In anal fissure, bleeding is usually minimal, but, I have seen patients complaining of profuse bleeding. I have met a young officer who had profound anaemia due to bleeding.

People with chronic (long standing) anal fissure complain of a different kind of symptom. They complain of lump, discharge of pus, itching or a protruding skin tag in anus. In this condition, there may or may not be any bleeding. Pain is usually slight, or sometimes, there is no pain at all except while passing hard motion.

Patients with anal fissure sometimes complain of urinary trouble, and female

patients occasionally feel pain during sexual intercourse. Though patients may realise that this problem perhaps arises from constipation, they don't respond to nature's call due to fear of pain. This aggravates constipation further. I have met patients who pass motion once in seven to ten days.

Acute anal fissure : In this stage there is severe pain and variable bleeding. Anus looks very much contracted. It is not possible to see the fissure inside because of severe pain. It's very hard to introduce any instrument inside.

Chronic anal fissure : Chronic fissure is limited within a circumscribed margin. In this stage there is a tag of skin which hangs down. Inside the anus also there is a tumour like piece of meat called hypertrophied anal papilla. Many doctors confuse it with a tumour. In this situation interior of the anus and rectum should be tested with instruments called sigmoidoscope or colonoscope so that we can identify any tumour or inflammatory cause. This fissure can sometimes get infected and cause abscess which ultimately leads to fistula formation and discharge of pus.

Prevention : One should take care of his bowel so that constipation does not occur and, during defecation, one should not apply much force. We should give up the habit of going to toilet frequently. If there is diarrhoea, he should be treated immediately.

Treatment: Treatment of anal fissure is of two kinds: conservative and surgical. If conservative treatment is started soon after the problem starts, there is a great chance that the patient

will be cured without operation. We prescribe different kinds of medicine to make stool softer. To this end, fibre containing diet to increase the volume of stool and some pain killers are used. Sitz bath (hip bath) is very much helpful. This is done by immersing the hip into a filled bowl of warm water containing salt. If this does not cure the condition and, if the disease continues for a long time, then there is less likelihood that the problem will be over without operation. Surgical treatment includes dilatation of anal canal. Now-a-days, this operation is not done because of its poor result.

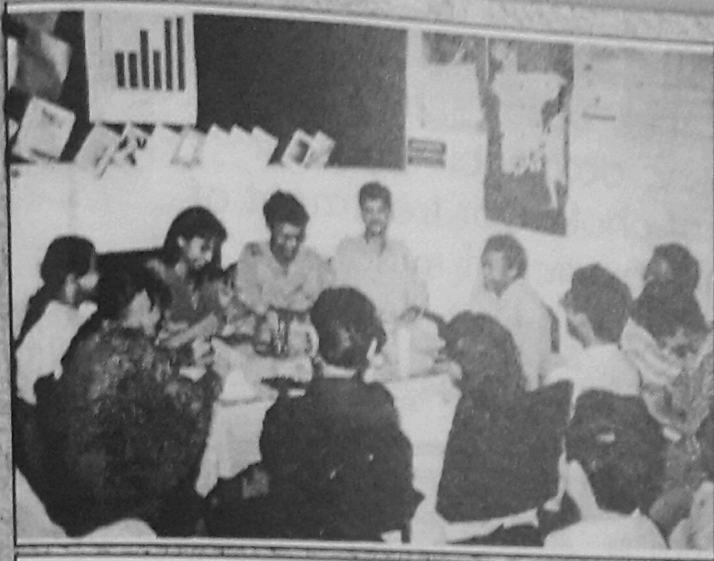
Internal sphincterotomy: In this operation internal sphincter is divided. No need for full anaesthesia. We usually employ spinal anaesthesia in which half of the body below the umbilicus is made senseless. Two days hospital stay is necessary. The patient can lead a normal life after three to seven days. The success rate of this operation is 95 to 99 per cent.

Comment: In my view, this is perhaps the commonest of anal canal problems in our country. If the patient reports early, conservative treatment is satisfactory. In the chronic case (long standing), operative treatment is usually required. Result of operation is excellent. It is to assure all patients that the comfort of passing motion becomes as normal as it is before the disease.

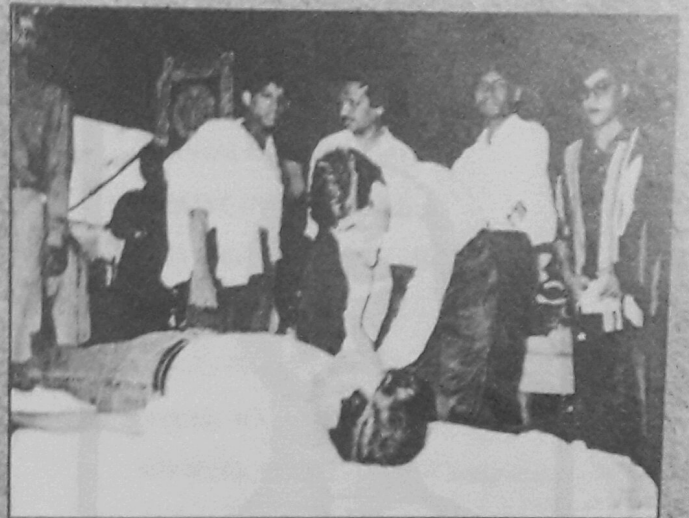
Dr. A. F. M. Fazlul Haque
Assistant Professor, Dept. of Surgery
Dhaka Medical College & Hospital



Medicine Club Album



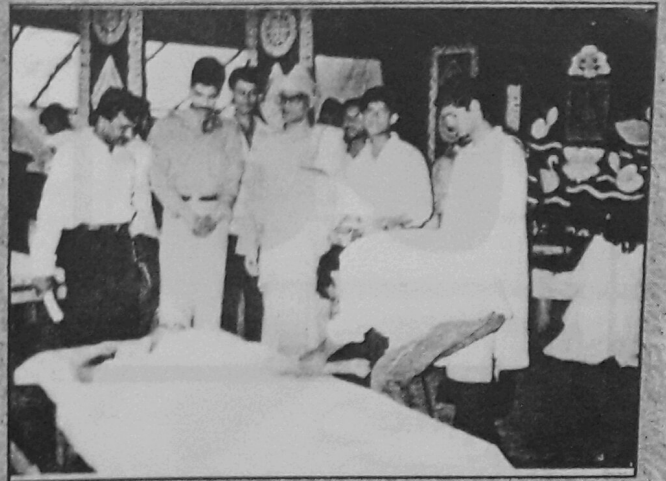
We are in our club.



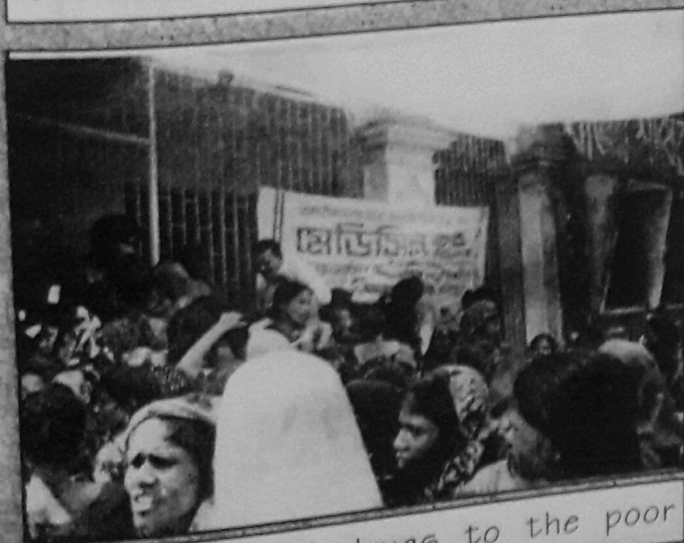
Health check-up of a donor



Orientation programme of M-35



Programme in Ram Krishna Mission



Distribution of drugs to the poor



Blood Donation Programme in BAU