



# UBIQUISCOPE

A LOOK INTO SCIENCE



AUGUST 2023 • VOLUME 6

## WHAT'S INSIDE

|  |    |
|--|----|
| Editorial Note<br>Sneak Peek   | 1  |
| Twelve Tips for Successfully<br>Getting Involved in Research as a<br>Medical Student | 2  |
| It's All in a Name   | 3  |
| Health and Demographic<br>Surveillance System  |    |
| Epidermolysis Bullosa  | 4  |
| From the Dean's Desk   | 5  |
| Harlequin Disease- Case Capsule  | 6  |
| Med Poets Society<br>Cross-Anat  | 7  |
| Words That Matter: Dr. Anil S.<br>Mane   | 8  |
| Words That Matter: Dr. Anil S.<br>Mane (contd)<br>Dates to Remember                  | 9  |
| Campus Insights  | 10 |
| Campus Insights (contd)  | 11 |
| Where on the Spectrum are you?   | 16 |

## EDITORIAL NOTE

As Albert Einstein quoted, "Education is not about learning the facts but training the mind to think". Following the idea to ignite a sense of inquisitiveness and making the mind wonder, the team of UBIQUISCOPE is dedicated to providing our most valued readers with thought provoking contents. With this vision we present to you, dear readers, the sixth edition of our newsletter with spellbinding, captivating and engaging articles. Put on your thinking caps, switch on your creative taps, and delve into the world of research, where even the infinitesimal comes with infinite possibilities, and hidden among the statistics, there exist endless paths to explore. Much like the ones pursued by the Meckel brothers, who blessed the scientific community with a myriad of discoveries, leaving behind their name to be read, reviewed and confused by medical students in every year of study. The medical journey is twofold, while one side emphasizes on the importance of community education, surveillance and primordial prevention, the other stresses on treatment-like that of Epidermolysis Bullosa. This edition would be incomplete without a display of poetic ability, a test of wit via crossword, exciting highlights of events in and around campus, where our students brought home laurels and the insights shared by Dr. Anil Mane, an esteemed faculty who helped pave the way for emergency medicine, in the Indian medical community. With these enthralling titbits, we bid you to peruse, and hope to greet once again, in our next edition.

Warm regards,  
Team UBIQUISCOPE



*Convocation  
Ceremony  
Batch 2017*



## Twelve tips for successfully getting involved in research as a medical student

Medical research is a highly competitive yet vital part of medical training. In the short-term, the acquisition of invaluable skills and research attitudes is the main benefit. In the long-term, students will develop an increased ability to demonstrate interest and commitment in future job applications, as well as developing key skills in practicing evidence based practice.

### Tip 1: Define your specialty of interest

Although it is absolutely acceptable for one's options to change over time, discovering a specialty of interest early on narrows the wide range of available opportunities to relevant, focused ones. So the choice made at early training does not need to be definitive, but rather just an area of medicine which is enjoyable.

### Tip 2: Prepare your CV and personal statement

The content of the CV should ideally be adapted to meet the relevance criteria of a potential project.

### Tip 3: Follow relevant societies on social media to find out about opportunities

This approach is aimed at increasing awareness of available opportunities for their members, as well as the accessibility to medically relevant events, achieved using multiple social media platforms.

### Tip 4: Find a mentor

The number and seniority of mentors to work with is a personal choice, depending on what guidance one needs.

### Tip 5: Apply for a place in research groups

They allow students to work within a team of like-minded researchers whereby workload is divided according to skills, while supervision and guidance are offered and prove to be more structured.

### Tip 6: Contact clinicians and researchers

This information can be found through various online researches and through networks found by national societies including colleges of surgeons or physicians.

### Tip 7: Clearly define your role in and expectations out of a project

After securing a place in a research group, it is crucial to have an honest conversation with the supervisor regarding realistic goals, demands and outcome of the project.

### Tip 8: Be prepared and involved in your project

Undertaking a research project is seldom a smooth ride. Honesty and good communication is the key.

### Tip 9: Develop your academic writing skills

The framework most commonly employed is the 'IMRAD' which refers to 'Introduction, Methods, Results and Discussion'.

### Tip 10: Work collaboratively with peers

This will not only enhance efficiency, but also help in practicing key skills in communicating effectively and managing workload.

### Tip 11: Focus on learning and gaining experience

While these skills are usually components of the medical school, having acquired them earlier will ultimately be appreciated by research supervisors.

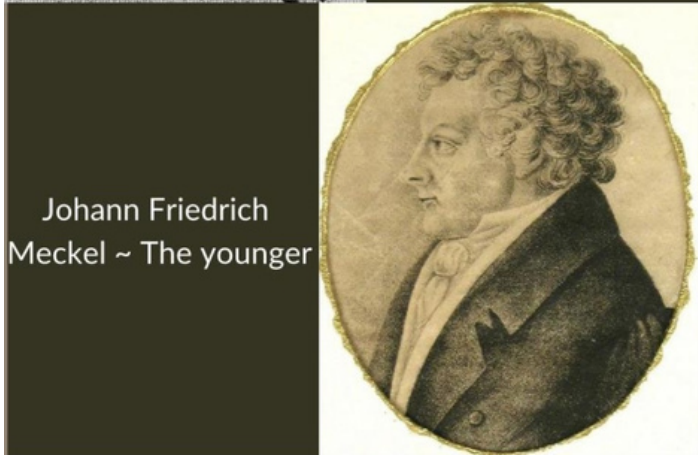
### Tip 12: Make the most out of every opportunity – it will open doors for more!

Source: <https://doi.org/10.1080/0142159X.2021.1915469>

## It's all in a name!



Johann Friedrich  
Meckel ~ The elder



Johann Friedrich  
Meckel ~ The younger

Our classrooms echo with a name our textbooks are filled with. A German family provided the medical field, two phenomenal anatomists over the course of the 18th and 19th centuries. Johann Friedrich Meckel the elder (1724-74) was a professor of anatomy, botany and obstetrics. His discovery of submandibular ganglion in 1748 propelled his career towards having several anatomical eponyms after him. Meckel's space or cave (cavity in dura mater over the petrous part of temporal bone, covering the trigeminal ganglion), Meckel's ganglion (sphenopalatine ganglion) and Meckel's ligament (portion of anterior ligament that fastens malleus to wall of tympanic membrane) are associated with him.

His grandson Johann Friedrich Meckel's the younger (1781-1833) had enough eponyms to warrant a differentiation between the two namesakes. He went onto become a professor of natural and pathological anatomy, surgery and obstetrics in University of Halle. Meckel's diverticulum (outpouching or bulge in lower part of small intestine), Meckel's cartilage (cartilaginous bar of mandibular arch), Meckel-Gruber syndrome (MKS- a ciliopathic genetic disorder), Mecklin gene (found on chromosome 8 responsible for MKS) and Meckel Serres law -recapitulation theory are the eponyms to his credit. The name has made its mark on anatomical studies, which can be traced back to one medically oriented German family in Wetzlar. The service of these pioneers will be an inspiration.

## Health and Demographic surveillance system

Health demographic surveillance system collects important health data continuously in at a given site. Establishing a HDSS allows researchers to conduct various community based studies efficiently. One such HDSS is in Ballabgarh known as comprehensive rural health services project (CRHSP). It was established in 1961, with a purpose to develop a model for rural healthcare practice in India. Its main function is demographic surveillance and community based research. In addition to that, it also provides health- promotion, preventive and curative facilities to the nearby areas. It serves a huge population of about 90,000 (back in 2011). Its data is collected by fortnightly visits of entire population by health care workers. The system's data base is updated once every month and further updated with missing data and special morbidity surveillance data during the annual census.

Since its establishment, CRHSP Ballabgarh has done an amazing job of collecting demographic data, reproductive data and health data about mothers and children. This data can be used for research projects, surveillance and aiding government policy making by analysing their effects, needs and scope of improvement.

Recently, the project began collecting data on diseases such as tuberculosis, and because of changes in life style it recently began collecting data about non-communicable diseases (NCD) and risk factors for NCDs. Despite the constant efforts of teams of CRHSP Ballabgarh and advancement in today's era, the major challenges faced by the population under this system are an adverse sex ratio, with more boys than girls, and a stagnant neonatal mortality rate.

The project shares data with different agencies for health-management purposes, which can be made available to bona fide researchers on receipt of a proposal.

Source: <http://www.indepth-network.org/member-centres/ballabgarh-hdss>



## Understanding Epidermolysis Bullosa: Causes, Symptoms, pathology and Treatment Options

Epidermolysis Bullosa (EB) is a rare genetic disorder that affects the skin and mucous membranes. It is characterized by the formation of blisters and sores on the skin in response to minimal trauma or friction. It is caused by defects in the proteins that anchor the layers of the skin together. These proteins are crucial for the integrity and strength of the skin. The severity can vary widely, ranging from mild blistering to life-threatening complications.

There are several types of epidermolysis bullosa, including:

- Epidermolysis Bullosa Simplex: The most common type, characterized by blistering within the epidermis (top layer of the skin).
- Junctional Epidermolysis Bullosa: Blistering occurs at the junction between the epidermis and the underlying dermis.
- Dystrophic Epidermolysis Bullosa: Blisters develop within the dermis (deeper layer of the skin).

Symptoms:

- The primary symptom of epidermolysis bullosa is the formation of blisters and sores on the skin.
- blisters on the hands and soles of the feet.
- thickened skin that may be scarred or change colour over time.
- thickening of the skin and nails.
- skin erosions, scarring, nail deformities, and dental abnormalities.
- In severe cases, internal organs may also be affected, leading to complications such as difficulty swallowing, respiratory problems, and an increased risk of skin infections.

Causes:

Epidermolysis Bullosa is primarily caused by genetic mutations that affect the proteins responsible for maintaining the structural integrity of the skin. These mutations can be inherited from one or both parents (homozygous or heterozygous) or occur spontaneously. The condition follows an autosomal dominant or autosomal recessive pattern of inheritance, depending on the type.

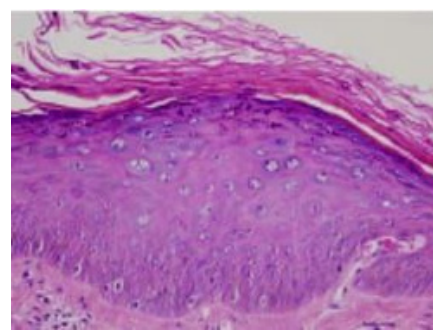
Pathology: a) Severe Generalized Recessive Dystrophic EB    b) Severe Generalized Dominant Dystrophic EB



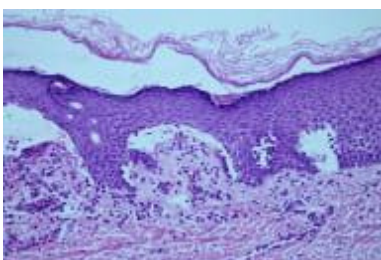
a)



b)



Dystrophic EB: Pretibial Lesion



Punch Biopsy EBS lesion: intact stratum corneum and upper epidermis with vesicle formation in lower epidermis at basal layer due to degeneration of individual epidermal cells

Sources

<https://escholarship.org/uc/item/01h2c4k6#section-1-3-0>

<https://www.pathologyoutlines.com/topic/skinnontumorepidermolysisbullosa.html>



## FROM THE DEAN'S DESK PRACTICE QUESTIONS FOR STUDENTS

1. A 25-year-old male, Mr Xyz, went on a 10 days bird watching trek to Mizoram. On returning to Delhi he had fever. On third day of fever he developed few convulsions and on the next day he went into a coma. He was quickly admitted to a corporate hospital. His peripheral blood smear showed typical signet rings. On fundoscopy, cotton wool spots were revealed. What could be his diagnosis?

- (a) Malaria
- (b) Falciparum malaria
- (c) Cerebral malaria
- (d) Japanese encephalitis

2. Mr Xyz. described in Problem 1 above was transferred to the ICU. The physicians and neurologists discussed his further course of management. In your opinion how should they proceed further to treat him?

- (a) Supportive therapy (paracetamol, rest, fluids) and wait for coma to pass off
- (b) Artesunate + SP (Sulfadoxine + Pyrimethamine)
- (c) Artemisinin + Quinine
- (d) Artemether + Lumefantrine

3. As per the National drug policy for malaria, artemisinin combination therapy (ACT) is also to be accompanied by single dose of Primaquine on day 2, given to all confirmed P. falciparum cases. Classically, Primaquine is given to vivax malaria cases in order to execute radical cure of patients with confirmed vivax-parasitemia and for causal and terminal prophylaxis. It is not hazard-free either, as it can precipitate hemolysis in G6PD deficient individuals. Then why is it used in falciparum cases?

- (a) To eliminate hypnozoite stage
- (b) AS a gametocidal drug
- (c) To eliminate vivax, if it is a mixed infection
- (d) To eliminate intra-hepatic schizonts

4. Mr Xyz got malaria as he was a traveller, but many natives of endemic areas like Mizoram, continuously exposed to infected mosquitoes develop some immunity to malaria. This could be because of:

- (a) Premunition, host response protecting against high parasitaemia
- (b) Sustained maternal antibodies
- (c) Duffy-negative natives
- (d) Sickle cell trait in natives

Correct Answers will be placed on WhatsApp Group of Class Representatives 1 week after publication of UBIQUISCOPE

## Harlequin Disease- A Case of Rare Autosomal Recessive Inheritance

A male neonate, weighing 2.5kg, was born at full term to a 22year old mother through LSCS due to failure of induction of labour with H/O PV leak >12hrs and cried immediately after birth. The baby was first by birth order, a product of non-consanguineous marriage. The mother had received regular antenatal care and was detected with GDM at 7th month of gestation. On ultrasound scanning B/L renal pylectasis was noted.



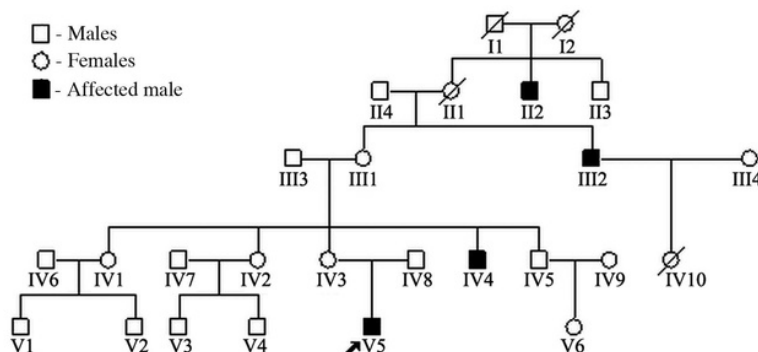
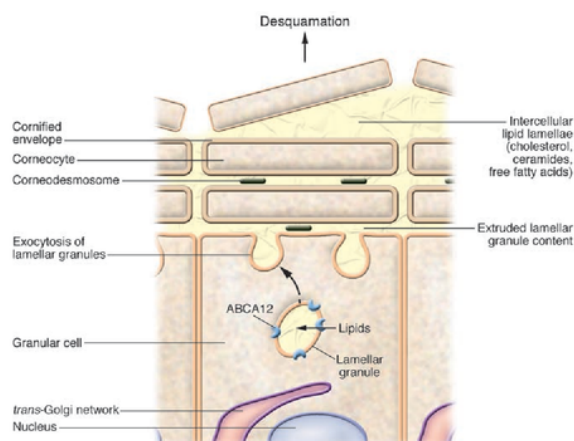
The neonate presented on the first day of life to PMT hospital with chief complaints of Scaling of skin split separated by fissures. The scales and fissures covered most of the body but was highly marked in the flexures.

On Physical Examination, there was presence of large, thick plate like scaly skin that covers the whole body, Mongolian eye, absent eyebrows, eyelashes and scalp hair, open mouth, flat nose with keratin plugging the nostrils, small and rudimentary external ears, clenched fist and curved toes.

Coat of armour appearance was present due flexion contracture of limbs leading to restricted mobility

Based on clinical features, supported by physical examination findings and history, a diagnosis of Harlequin Ichthyosis was made. Confirmation required further workup on genetic studies, which needed an advanced setup and was not feasible at our rural hospital due to limited resources.

The baby was nursed in neonatal intensive care unit and placed in a humidified incubator with cardiorespiratory monitoring. Parenteral nutrition was initiated on the first day of life as the baby was unable to suck and a nasogastric tube could not be inserted through blocked nostrils. He required supplemental oxygen during this period. Nasogastric feedings were started on fourth day of life. There was initially mild feeding intolerance which subsequently improved. Injection Augmentin 40mg(IV) BD was also administered and was kept under monitoring.



## The Canvas



I wonder where I really belong  
 Sometimes I'm earth's favourite song  
 And then there are days when I'm the  
 darkness that nobody longs

~ Sejal Atal  
 Batch 2020 (MBBS)

## Med Poets Society

### Humanity

It's not about the war you fought  
 It's about the purpose you sought

It's not about your dictatorial dream  
 It's about the infants' dreadful screams

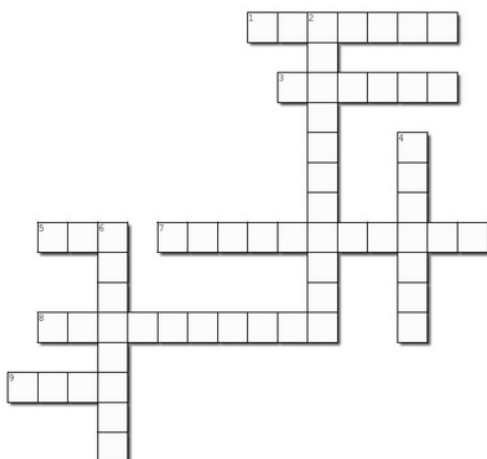
It's not about your victory and loss  
 It's about the outcome's inhumane cost

It's beyond your prejudice and greed  
 It's about the generations we breed

It's time to show humanity

Aayushi Shah  
 MBBS- I (2022)

## CROSS-ANAT



### Across

1. Medical examination of a dead body to determine the cause of death
3. Medical condition caused by long-term tobacco use
5. Initials of the toxic substance found in tobacco leaves
7. A medical professional who performs autopsies and forensic examinations
8. Method used to identify human remains based on dental records
9. Substance added to tobacco products to enhance nicotine absorption

### Down

2. The study of postmortem changes in a body
4. Substance used to identify bloodstains at a crime scene
6. Toxic chemical compound found in tobacco smoke



# Words That Matter

According to WHO; emergency, trauma and acute care services are an essential part of Universal Health Coverage(UHC). To give the most appropriate and efficient response, with available resources, in an emergency, is a conundrum which petrifies newly conferred doctors, and experienced professionals alike. Dr. Anil S. Mane, Professor and Head, Department of Emergency Medicine, Dr. Balasaheb Vikhe Patil Rural Medical College, who has been practicing medicine for the last 35 years, is a pioneer in this emerging field.

He believes that patient's blessings and their response towards us is the most rewarding, and he is a true personification of how medicine makes you a lifelong learner. In this edition's Interview section, we have attempted to encapsulate his wisdom, in his own words.



**"there is much to do, much to learn, much to study, become a master in your own subject, there is no question of stopping anywhere"**

### **1. Can you tell us about your first day of work in Emergency Medicine?**

I received my MD degree in 1988. But I had been working in the Emergency Medicine and Critical Care unit even before I got the degree, that is since day one of pursuing General Medicine. So, technically I have pursued, have been trained in, and practised Emergency Medicine since 1986, only there was no demarcation then, and a separate branch of Emergency Medicine had not yet emerged. It was naturally very amazing when I could become a teacher and finally opt for this department. It must have been one of the best days of my life.

### **2. Is there a case in particular that you had tended to that has stayed with you?**

It was a morning of 2018 when two young lads were brought to the casualty of SMBT Medical College, with a history of snake bite. Both of them presented with symptoms of altered sensorium and respiratory failure. I was the HOD of Emergency Medicine and the Chief Intensivist there at that time. We immediately put the patients on ventilator. Their case flummoxed me a great deal. We racked our brains and finally diagnosed it to be a case of neuroparalysis secondary to envenomation. The situation was so dire that we could not even shift the patients to some other hospital. For eight days we managed the patients in every possible way known to us, leaving no stones unturned. On the eighth day, when both of their conditions had somewhat stabilized, I considered extubating them. But it was a perilous decision because it could become catastrophic. Some 5,000 people had gathered outside the casualty and I feared that they'd burn the whole place down if there was an error of judgement. So I went outside the casualty and told the people about the situation and asked them what to do. I explicitly told them about the alternative scenario of extubation. They vested faith in me and asked to do what I thought was right, and so I extubated them, and against all odds they survived and are currently happily married.

### **3. What are certain skills that are crucial to deal with trauma cases ?**

For routine patients we take a detailed history and carry out extensive examination. The same can't be done for a trauma patient, since in their case time is of the essence. In the latter case, there is a golden hour in which we have to look at the signs and symptoms of the patient and begin treatment expeditely. The goal is always to give minimum treatment with maximal efficacy which treats the chief complaint(s) and concomitantly ameliorates the comorbidities.

For multiple casualties like RTA, the key is to prioritise the patient who needs an emergency treatment and observe the patient who can afford to wait, while they wait for their turn. This segregation is done by promptly assessing all the patients that are brought with injuries, all in no time.

**4. What is the most rewarding thing about your work?**

Patient's blessings and their response towards us is the most rewarding.

**5. What advice would you give to undergraduates who aspire to become a trauma doctor?**

If you aspire to become an Emergency medicine doctor, you need to know the basics of all the clinical subjects well. That is you need to become a jack of all trades. You have to acquire precision in your practice and learn how to be quick in your actions, since immediacy is a cornerstone of Emergency Medicine. And while you are at it, pick up some resilience along the way, since the most gruesome of cases show up in this department.

**6. What are some changes that you would like to see in Emergency Medicine in the near future ?**

Emergency medicine is a new subject and people should understand what an emergency actually means. Also in my opinion the undergraduates should be sensitized to the department early in their UG life. The students have full grasp of the theory of management of a RTA case but in reality it isn't exactly the same. So, after passing their final year exam, when an intern attends their first RTA case in their casualty posting, they usually panic. Therefore, early exposure to casualty postings is a change that is urgently required.

**7. If you could speak to your younger self, equipped with your current knowledge, what piece of advice would you give him?**

That there's still a lot to do, a lot to learn and a lot to study before you can become a master of Medicine. And that there is as much joy in being a student of Medicine as there is in becoming a master of it. Don't ever stop. I say this after having been a teacher for 35 long years. I got a MD degree in General Medicine in 1988, but it was only the beginning of an adventurous journey. I went on to pursue Anaesthesia, Emergency Medicine, Critical Care, Endoscopy, and Disaster Management in that order of chronology. I still feel that there is a lot to learn and so much to explore in this vast ocean of knowledge.

## DATES TO REMEMBER

2nd April: World Autism Day

7th April: World Health Day

17th April: World Hemophilia Day

25th April: World Malaria Day

8th May: World Thalassaemia Day

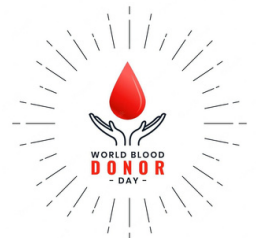
31st May: World Anti- Tobacco Day

8th June: World Brain Tumor Day

14th June: World Blood Donor Day

1st July: World Doctor's Day

28th July: World Hepatitis Day





CAMPUS INSIGHTS 



**HANDS ON SUTURING WORKSHOP CONDUCTED BY SYNERGIA CLUB ON 6TH AND 7TH APRIL 2023 IN SKILLS LABORATORY.**



**SHUTTLEMASTERS- SHUTTLEMASTERS BADMINTON LEAGUE CONDUCTED FROM 30TH MARCH TO 9TH APRIL .THE TROPHY WAS LIFTED BY "BADDIESQUAD" .**



**IMA-MSN STUDENTS, IN COLLABORATION WITH NSS, ORGANISED A STREET PLAY ON WORLD TUBERCULOSIS DAY-24TH MARCH, SUBJECT-LET'S END TB! THE STUDENTS RECEIVED APPRECIATION FOR THEIR EFFORTS, AND CONTRIBUTION TO SOCIETY.**

**GREATNESS NEVER RESTS, AND NEITHER DOES THE PPBL! SEASONED BASKETBALL PLAYERS OF OUR COLLEGE COLLIDED HEAD ON IN THIS STAR STUDDED MATCH!**





ASCENSION 2023, THE FIRST EVER ANNUAL SPORTS LEAGUE OF PIMS, TOOK PLACE FROM 3RD-9TH APRIL, HERE ARE THE HIGHLIGHTS, FROM THE WINNERS ARENA



**TABLE TENNIS FINALS: TURNING THE TABLES, THE PADDLE MASTERS!**



**CRICKET SEASONED BALL FINALS : LIVING UP TO THEIR NAME, THE NORTHERN HURRICANES!**



**THROWBALL FINALS: BANGING BALLERS WIN IT ALL!**



**WOMEN'S CRICKET FINALS: GUTS 'N' GLORY, FILLED WITH FURY!**



**FOOTBALL FINALS: EASTERN WARHAWKS, YOUR SPIRIT NEVER RESTS!**



**VOLLEYBALL FINALS: BETA BLOCKERS ON THE GO!**



# SILHOUETTES

ARMED FORMCES MEDICAL COLLEGE, PUNE,  
CULTURAL FEST MAY 2023



ADITI AMDEKAR OF BATCH 2019, WITH HER ANGELIC VOICE STOOD FIRST IN DHWANI, THE SOLO SINGING COMPETITION



DR. NIKHIL VATSAL BATCH 2018, AND LAKSHAY GUPTA BATCH 2019, CHARMED THE CROWDS, AND STOOD SECOND IN EASTERN DUET SINGING

THE PIMS CRICKET TEAM MADE US EXTREMELY PROUD, AS THEY LIFTED THE WINNERS TROPHY AT THE PRESTIGIOUS AFMC CRICKET TOURNAMENT! AN EXTREMELY WELL DESERVED WIN FOR OUR YOUNG MEN!



ABHISHEK SHELKE BATCH 2020, WAS THE MOST VALUED PLAYER OF THE TOURNAMENT, AS HOURS OF HIS AND HIS TEAM'S HARDWORK AND EFFORT FINALLY PAID OFF! MANY MORE TO COME!

ADRENALINE RUSHED AND THE BODIES GROOVED IN THE CROWD, AS OUR VERY OWN BAND, HEADRUSH, PERFORMED ON STAGE. A FAN FAVOURITE, THEY STOOD THIRD, IN THE MOST COVETED BATTLE OF THE BANDS!!







A VERY PROUD MOMENT FOR OUR COLLEGE, WHEN SHREYAS ACHARYA BATCH 2021, AND VANSHIKA VATS BATCH 2020, PARTICIPATED IN A MEDICAL QUIZ COMPETITION ORGANISED BY BJMC PUNE ON 15TH JULY 2023. THEY STOOD FIRST AND WERE REWARDED A CASH PRIZE WITH HIGH PRAISE FOR THE SAME!



TEAM: A THOUSAND MILES PARTICIPATED IN A MEDICAL SYMPOSIUM ORGANISED BY TERNA MEDICAL COLLEGE ON 20TH JUNE 2023 AND WERE THE FIRST RUNNERS UP.



DEPARTMENT OF COMMUNITY MEDICINE ORGANISED A SESSION FOR THE INTERN BATCH 2018 TO ACQUAINT THEM WITH THEIR ROLES AND RESPONSIBILITIES AS NEWLY ANNOINTED DOCTORS.



NURSING STUDENTS FROM UNIVERSITY OF WORCESTER, UK, VISITED THE COMMUNITY MEDICINE MUSEUM. DR. D.B. PHALKE, PROFESSOR AND HOD, DEPARTMENT OF COMMUNITY MEDICINE EXPLAINED TO THEM IN DETAIL, ABOUT THE VARIOUS SPECIMENS AND MODELS DISPLAYED, ENRICHING THEIR EXPERIENCE WITH ANECDOTES AND EXPERTISE.



HRIDAYA JAIN BATCH 2022 STOOD SECOND AT AFMC SILHOUETTES LAWN TENNIS TOURNAMENT. KUDOS TO THE YOUNG ATHLETE!



# MEDIACE'23



## MEDIACE'23 13-15TH JULY HIGHLIGHTS:

1. DR. UJJAINI RUDRA STOOD 3RD IN PAPER PRESENTATION
2. SOUMYA GANGWAR WAS GIVEN SPECIAL MENTION IN MWHO.



# SKNMC

3. AAYUSHI SHAH BATCH 2022 STOOD 2ND IN PHOTOGRAPHY EVENT.
4. FOOTBALL TEAM STOOD 2ND

## SYNCITIUM'2 25-28TH APRIL HIGHLIGHTS:

1. VANSHIKA VATS BATCH 2020 STOOD 2ND IN CRESCENDO, AND FIRST IN DEBATE WHERE SHE WAS AWARDED THE BEST REBUTTAL.
2. KULDEEPSINGH RAIKA BATCH 2019 STOOD 2ND IN DEAD LIFTING, 66KG.



# SYNCITIUM



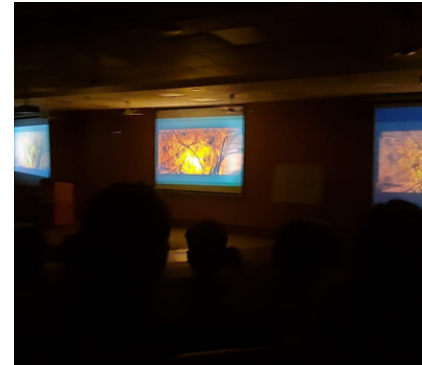


# Maitreyi

THE HUMANITIES SOCIETY



"MAITREYI IS A SAFE HAVEN FOR YOU TO ESCAPE FROM THE DAILY GRIND, RELAX, ENJOY WITH FRIENDS, LEARN NEW SKILLS. FROM PAINTINGS TO MOVIES, QUIZZES AND OPEN MICS, MAITREYI IS MORE THAN A CLUB- IT IS A VISION, A BRIDGE BETWEEN BEING IN COLLEGE AND LIVING A COLLEGE LIFE, AND IT IS IRREPLACEABLE"



"TRUE TO THEIR TALENT, TRUE TO THEIR GURUS, TRUE TO THE SPIRIT OF CAMRADERIE AND LIFELONG LEARNING OF MUSIC. WITH VOCAL AND INSTRUMENTAL LESSONS FOR EVERY LEVEL AND JAMMING SESSIONS ONE CANNOT MISS, THE MEMBERS PROUDLY PRESENT-MANTHAN-WHERE MERIT MEETS MELODY."



# Manthan

THE MUSIC CLUB

ENRICHING ACADEMICS WITH HANDS ON SKILL WORKSHOPS, NOVEL METHODS OF TEACHING AND COMPETING, FOSTERING A SPIRIT OF TEAMBUILDING AND HARDWORK, WITH LIKEMINDED INDIVIDUALS DEDICATED TO DISCIPLINE, STUDY AND CURIOSITY, WE PRESENT TEAM SYNERGIA-FROM ACADEMIA TO EXCELLENCE



# THE ACADEMIC CLUB

# SYNERGIA

## WHERE ON THE SPECTRUM ARE YOU?



Autism, the word is misunderstood much like the disorder itself. Renamed as Autism Spectrum Disorder by the American Psychiatric Association in the Diagnostic and Statistical Manual version 5 (DSM- 5), a “spectrum” disorder implies that these individuals experience a wide variation in the type and severity of symptoms.

Key triad symptoms of ASD are impairment in social interaction and communication along with limited imagination.

Equally affecting people of all genders, races, ethnicities, and economic backgrounds, this disorder does not discriminate, yet society discriminates against autistic individuals.

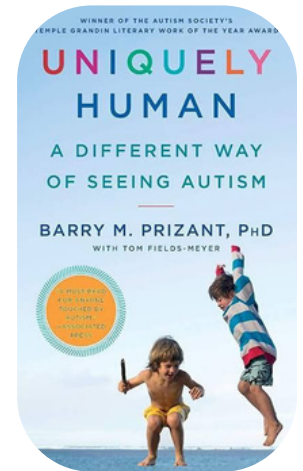
The individual, as well as their loved ones, battle through hardships and stigma even to achieve that which would be considered minor or trivial by a non- autistic person.

On occasion of autistic pride day, ubiquiscope brings to you, a selection of books, movies and tv shows featuring neurodiversion, carefully curated by someone who has enjoyed them, in the hope, that they make a home in your hearts too.

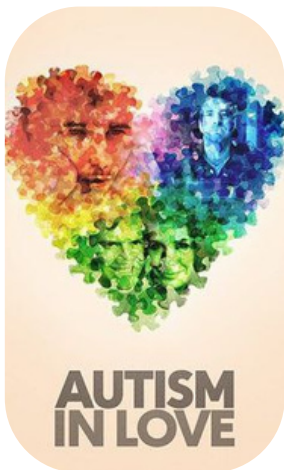
### BOOKS

#### UNIQUELY HUMAN

Based on his many years as a clinician and researcher Prizant argues that conventional approaches to children with autism are not only ineffective but harmful. Rather than attempting to suppress the “symptoms” of autism, Prizant proposes that clinicians, parents and teachers alike instead investigate these behaviors to discover their underlying emotional causes. Ultimately, Prizant argues for an about-face in the way autism is viewed: “Autism isn’t an illness, it’s a different way of being human.”



### TV SHOWS



#### AUTISM IN LOVE

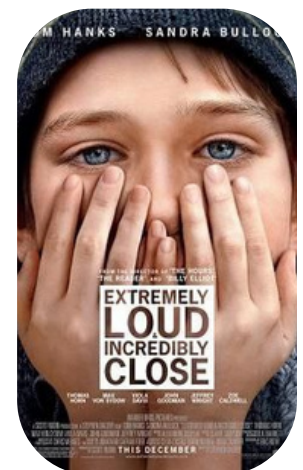
The story of four adults with autism spectrum disorders as they search for and manage romantic relationships. Autism in Love takes an affectionate but clear-eyed look at the romantic lives of several people on the autistic spectrum (AS).

Encompassing a socially isolated young man, a couple in their 30s working through the challenges of long-term commitment and a middle-aged man whose wife is gravely ill, it’s a judiciously balanced work, which helpfully dispels persistent and irritating myths about AS folk’s supposed coldness and disinterest in others.

#### EXTREMELY LOUD AND INCREDIBLY CLOSE

Oskar Schell (Thomas Horn) is a young boy with Asperger's disorder or autism whose dad Thomas (Tom Hanks) died in the September 11 attacks on the World Trade Center in New York. Oskar is having trouble coming to terms with the loss of his father, who he was very close to.

He is not stated to be autistic in the novel, and in fact autism is not even mentioned. Jonathan Safran Foer said in an interview that he never thought of Oskar as autistic when writing. You cannot protect yourself from sadness without protecting yourself from happiness.” It also represents that he needs to let other people in and realize how to let people go.

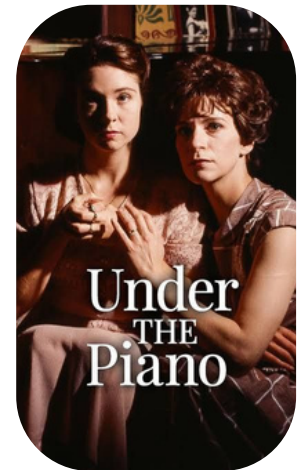




MOVIES

UNDER THE PIANO

A woman (Amanda Plummer) tries to free her musically gifted, autistic sister (Megan Follows) from their controlling mother (Teresa Stratas), a faded opera diva. The film follows the story of one woman’s overwhelming faith in her talented but emotionally defenseless sister. Their mother Regina, who gave up a promising career as an opera singer to raise her children, refuses to acknowledge Rosetta’s talent and believes she will never be capable of looking after herself. Franny vehemently disagrees with her mother, which has caused friction between them since she was a child. Eventually, Regina’s bitterness, ignorance and desire for acknowledgement of her own talent cause a rift between her and her daughters. Franny ultimately moves out of the house causing Rosetta to hurt herself in a desperate cry for help. Rosetta is hospitalized and assessed by doctors who recommend to Regina that her daughter be lobotomized for her own good. Franny must summon all of her courage in order to prevent her mother from allowing Rosetta to have the operation and be committed to an institution for the rest of her life.

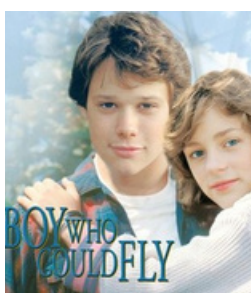


KNOW IT ALL

A football coach afraid of commitment has to take care of his nephew with Asperger's Syndrome.



Given the sheer abundance of creative expression surrounding it, there is no doubt, that autism is as much a part of humanity, as is the capacity to dream. For all humans, there are a number of different cognitive abilities in which we can excel or lack, we are all somewhere on the spectrum of human capability.



Editorial Team

**CHAIRMAN**

Dean AVM Dr. Rajvir Bhalwar Retd.

**CONVENORS**

Dr. Bindu Krishnan  
Dr. Mandar Baviskar

**EDITORS**

Pratik Praxhar  
Vanshika Vats  
Soumya Gangwar

**ARTICLE REVIEWERS**

Anshika Sethi  
Sameera Faiyaz  
Abhirami Nair  
Oneeka Sharma  
Diksheetsa Mathur

**CAMPUS INSIGHTS AND INTERVIEW**

Swatam Shetti  
Avantika Sharma

**ARTWORK**

Shresth Sharma  
Anoushka Singh  
Suraj Mohapatra  
Sejal Atal

**ADVISORY**

Aditya Dash  
Ujjaini Rudra  
Peri Sowmya  
Nikhil Vatsal