A Prospective Study of Blood Levels of Nickel and its Adverse Health Effects on Workers Employed in Brass Manufacturing Units of Moradabad District in Uttar Pradesh, India

Saeed Saadiya,*, Abbas Hashim, Husain Munawwar, Saeed Saadiya

*Associate Professor, Department of Forensic Medicine, Jawahar Lal Nehru Medical College, Aligarh Muslim University, Aligarh, U.P. India

Sr. Resident, Department of Forensic Medicine, Jawahar Lal Nehru Medical College, Aligarh Muslim University, Aligarh, U.P. India

Professor, Department of Forensic Medicine, Jawahar Lal Nehru Medical College, Aligarh Muslim University, Aligarh, U.P. India

*Corresponding author: Dr. Saadiya Saeed, Associate Professor, The Department of Forensic Medicine, Jawahar Lal Nehru Medical College, A.M.U., Aligarh, U.P., India, Pin 202002.
Email: Prof. mh.raza@gmail.com

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Abstract

Nickel is a silvery white lustrous metal with a slight golden tinge. The use of Nickel has been traced back to 3500 B.C., but it was first isolated and classified as a chemical element in 1751 by Axel Fredrik Cronstedt. The metal is corrosion-resistant used for manufacturing of coins, magnets and common house hold utensils.
The workers in the manufacturing units of brass are exposed to high levels of Nickel which can result in large number of adverse health effects.

The present study was conducted in Moradabad district which is home to a large number of brass manufacturing units. The study group included 100 persons employed in brass industry. 20 persons not working in brass industry but residing in the neighborhood of brass manufacturing units were included as controls.

A questionnaire was prepared and given to the interviewer to record health effects of the persons included in the study. 5 ml of blood was collected and serum levels of Nickel were estimated by using Atomic absorption spectrophotometer. It was found that average serum Nickel level was 0.0315 + 0.007 in the control group. In the study group, there were higher levels of Nickel in all age groups and also in those with different periods of exposure. This difference between the study and control groups was statistically significant.

Persons working in brass industry also had a large number of adverse health effects, however the magnitude of the health problem was not quantified. Preventive measures against Nickel toxicity were recommended by the authors.

Keywords

Brass industry, occupational diseases, Nickel toxicity, Atomic absorption spectrophotometer.
Causes and Modes of Suicidal Attempts at JN Medical College Hospital, Aligarh Muslim University, India

Saadiya Saeed¹, Mohammd Shuaib², Muawwar Hussain³
¹Associate Professor; ²Senior Resident; ³Professor, Dept. of Forensic Medicine, AMU, Aligarh, UP, India

ABSTRACT

Suicide is the second commonest manner of unnatural death flanked by accident and homicide. The reasons for suicide and modes of attempted suicides vary from country to country and are also different in different races and cultures. This study was conducted at JN Medical College Hospital, Aligarh with the aim of knowing the common causes and modes of suicidal attempt.

The study was conducted over a period of 5 years from January 2007 to December 2011. A total of 1164 cases were included in the study 548 (47.08%) were males and 616 (52.92%) were females.

Poisoning was the most common mode of attempted suicide 530 (45.33%) cases, followed by hanging 252 (21.65%) cases. Domestic problems accounted for 255 (45.33%) cases as causes of attempted suicide. Regarding outcome of suicidal attempts 274 (23.54%) victims died in their suicidal attempt. The important findings in the present study included that 50% of the persons who attempted suicide were illiterates. Organophosphorus compounds (fertilizer) were used as poison and dowry related issues were important factors for attempting suicide.

Keywords: Suicide, attempted suicide, organophosphorus poisoning, dowry death, hanging, Burns.

INTRODUCTION

According to WHO, “Suicide is an act with a fatal outcome, that is deliberately initiated and performed by the deceased himself in the knowledge or expectation of its fatal outcome, the outcome being considered by the actor as instrumental in bringing about the desired changes in consciousness and/or social conditions.”

According to Medrad Boss “Flight from death is mere survival and flight into death is suicide”.

Every year throughout the world an estimated three quarters of a million take their own life and in many countries this is the leading cause of death in most productive age group.

All over the world, about 2,000 people end their life by means of suicide every day taking a toll of 80 to 100 deaths per hour. Around 10-15 times as many people make non-fatal suicidal attempts or perform para suicidal acts everyday.

The causes suggested for suicides include childhood and family adversities such as childhood sexual and physical abuse, witnessing domestic violence, parental separation or divorce and living with substance abuse, mentally ill or criminal family members. Suicidal behavior is highly familial and heritable as well.

The reason for suicide and modes of attempted suicides vary from country to country and is also different in different races and cultures. The reasons reported by western authors may not be the same in the Indian context.

In the light of the above facts, the present study was conducted at JN Medical College & Hospital, Aligarh Muslim University, Aligarh, with the following aims & objectives.

1. Epidemiological profile of patients with attempted suicide.
An Epidemiological Study of Suicidal Attempt Victims at J N Medical College, Aligarh

Saadiya Saeed, Mohammad Shuaib
1Associate Professor, 2Senior Resident, Department of Forensic Medicine, J. N. Medical College, Aligarh Muslim University, Aligarh, UP, India

ABSTRACT

Suicide is the second most common cause of unnatural death. Every year three quarters of a million take their own life in many countries. This is a leading cause of death in the most productive age group (20 – 50 years). Attempted suicide is 4 – 8 times more common than suicide. The studies pertaining to socio-demographic characteristics are helpful in formulating suicide prevention strategies at the state & National level.

The present study was conducted with the aim of studying the socio-demographic characteristics of suicidal attempt victims at J.N. Medical College Hospital, Aligarh Muslim University, Aligarh.

This study was conducted in the departments of Forensic Medicine and casualty over a period of 5 years between January 2007 till December 2011.

A total of 1164 suicidal attempt victims reported to this Hospital. Data were collected in relation to the demographic characteristics and other details and entered into a proforma specially prepared for this study.

Data were analyzed by using SPSS 17.0 (Statistical Package for social science) regarding the variables. The following results were obtained in this study.

Age: Commonest Age group was between 20 – 29 years (37.28%).
Marital Status: Majority of the suicidal attempt victims were married people (68.9%).
Religion: Hindu victims were 84.88%, Muslims 12.4% and Christians 0.6%.
Domicile: Most of the suicidal victims (66.41%) were form rural areas.
Educational Status: 50% of the victims were illiterates. Graduates and above constituted about 7.39%.
Occupation: 34.54% of the victims were unemployed.
Socio-economic Status: Majority of the victims were from lower socio-economic status 32.64%.
Location: Majority of the suicidal attempts were made at the residence 83.5%.
Time of the day: 37.2% of patients attempted suicide between 6 am to 12 noon.

Keywords: Suicidal attempt victims, epidemiology, socio-economic status, Geographic Location

INTRODUCTION

The term “Suicide” is derived from the Latin words, Sui (“of oneself”) and ciddium (“killing” or “slaying”), it is an act of an individual causing its own death⁰. Suicide is the second most common cause of unnatural death. Every year an estimated three quarters of a million take their own life and in many countries this is the leading cause of death in most productive age groupⁱ.

Attempted suicides have been on the rise all over the world and it is 4-8 times more common than suicide; it carries significant social and medical implications⁰. The studies pertaining to social, psychological and demographic factors are helpful in
THE DEFINITION OF DEATH: PAST, PRESENT & FUTURE

Saadiya Saeed

ABSTRACT

In the past, death has often been defined as the separation of the soul and body. Human death definition was much easier in the past. When the heart and the lungs stopped working, the person died. With advances in medical technology the distinction between life and death has become blurred. Life support technologies introduced in the 20th century have generated a new kind of patient, one whose brain does not function but whose heart and lungs continue to work.

Life and death are not binary states, from one to the other there is a gradual transition. Cells die individually and the rhythm of life slows steadily to a halt.

'Traditional formulation' of death has been defined as the complete and irreversible cessation of the vital fluid flow ie, air and blood.

'Whole brain formulation' of death is defined as the irreversible loss of an organism's ability to function as a whole.

'Higher brain formulation' of death is defined as the total and irreversible loss of consciousness and cognition.

'Social death', the socially dead are those bodies lacking personhood

The definition of death continues to evolve with adoption of modern technology the future definition will be at Genes DNA level.

Keywords: Definition of death, Traditional formulation of death, Whole brain formulation, Higher brain formulation, Social death.

INTRODUCTION

Robert Kastenbaum, professor of communications at Arizona State University wrote in a 1989 encyclopaedia titled "Definitions of Death" in the encyclopaedia of death and dying, that.

"In the past, death has often been defined with a few confident words. Death is generally considered as the separation of the soul and body, in which sense it stands opposed to life, which consists of the union there of (1768, V.2, P.309). The confidence and consonance had dissolved by the time the fifteenth edition appeared in 1973. The entry on death had expanded to more than thirty times the original length. The earlier definition was not mentioned, and the alternative that death is simply the absence of life was dismissed as an empty negative. Readers seeking a clear and accurate definition were met instead with the admission that death 'can only be conjectured' "the supreme puzzle of poets' (1973 V.5, P.526).

There is difficulty in defining and diagnosing death. Death is no more a momentary phenomenon, technology has deconstructed death. Human death definition was much easier in the past. When heart or lungs stopped working the person died. Sometimes the brain stopped earlier than the heart and lungs. The cessation of these vital organs occurred close together in time. With advances in modern medical technology the distinction between life and death has become blurred. Life support technologies introduced in the 20th century have generated a new kind of patient one whose brain does not function but whose heart and lungs continue to work.

Technology is problematizing death and this perhaps is the greatest paradox of the present century.

"As scientific knowledge and medicine advance, a precise medical definition of death becomes more problematic"

Technology has gradually and continually expanded the grey areas between life and death. According to some, technology per se did not create this grey area, it simply extended it and made it manifest. The reality is that life and death are not binary states, one from the other there is a gradual transition. The body gradually shuts the plant doors and turns out the lights one by one. Cells die individually and rhythm of life slows steadily to a halt.

But even this halt can be restarted with defibrillator and enthusiastic inflation of the lung with oxygen. There is no point at which we can collectively and scientifically say that 'now the patient is dead, there is no return from this state'.

As we understand more about human physiology and the technological advancements of the present century, we discover that a condition we once thought was beyond hope can routinely be recovered to a full and vibrant existence.
The definition of death: past, present & future

Saeed Saadiya*

Associate Professor, Department of Forensic Medicine, J.N Medical College & Hospital
Aligarh Muslim University, Aligarh

*Corresponding Author Dr. Saadiya Saeed Associate Professor, Department of Forensic Medicine, J.N Medical College & Hospital Aligarh Muslim University, Aligarh

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Abstract

In the past, death has often been defined as the separation of the soul and body. Human death definition was much easier in the past. When the heart and the lungs stopped working the person died. With advances in medical technology the distinction between life and death has become blurred. Life support technologies introduced in the 20th century have generated a new kind of patient, one whose brain does not function but whose heart and lungs continue to work.

Life and death are not binary states, from one to the other there is a gradual transition. Cells die individually and the rhythm of life slows steadily to a halt.

‘Traditional formulation’ of death has been defined as the complete and irreversible cessation of the vital fluid flow i.e. air and blood.

‘Whole brain formulation’ of death is defined as the irreversible loss of an organism’s ability to function as a whole.

‘Higher brain formulation’ of death is defined as the total and irreversible loss of consciousness and cognition.

‘Social death’, the socially dead are those bodies lacking personhood
The definition of death continues to evolve with adoption of modern technology the future definition will be at Gene/DNA level.

Keywords

Definition of death, Traditional formulation of death, Whole brain formulation, Higher brain formulation, Social death.
END OF LIFE DECISION MAKING: THE INDIAN SCENARIO

Saadiya Saeed

ABSTRACT

Although death is an everyday occurrence in the critical care units, there is a discomfort in confronting mortality in 21st century society. Advance life support interventions have greatly improved the prospects of treating seriously ill patients, but at the same time futile prolonged life support interventions can make death painful and agonising.

There is absence of guidelines in India regarding end of life issues especially with regards to withholding/ withdrawing advance life support.

Further, euthanasia, living will, do not resuscitate (DNR) and advance directives are not legally acceptable in the court of law. All this has created a dilemma for the doctors/patients and their relatives. Laws regarding harvesting of organs from brain dead patients are also not clearly defined. Revision of the primitive laws and introduction of new legislation on the lines of improve the western model will improve the end of life decision making in India. Introduction of end of life issues in medical curriculum and training of physicians in ethical decision making, advance directives and counselling in the intensive care units, will improve the dismal Indian scenario.

Keywords: End of life decision, DNR, advance life support, euthanasia, advance directives, organ transplantation.

INTRODUCTION

The population of the earth is ageing and as medical techniques, pharmaceuticals and devices push the boundaries of human physiological capacities, more humans will go on to live longer. However, this prolonged existence may involve incapacities, particularly at the end of life.

Although death is an everyday occurrence in the critical care units there is a discomfort in confronting mortality in the 21st century society.

It is of paramount importance that a physician recognises when he/she is dealing with a dying patient. Besides planning for alleviation of symptoms and treatment, an ICU physician must understand ethical decision making and advance directives. Be effective in interaction with families/surrogates, understand the influence of religion and spirituality, acknowledge diversity, be facile with palliation and transition to comfort care. Communicate well with the primary care team and enlighten medical students and residents regarding end of life issues.

Role of advance life support interventions:

Advanced life support interventions have no doubt greatly improved the prospects of treating seriously ill patients but at the same times we need to realise that prolonged and futile life support interventions can have the following effects.

1. Make death painful and agonising (Prolongs the dying process).
2. Imposes enormous economic burden on the patients and families and the national health resources.
3. Potentially salvageable patients are denied ICU care when scarce beds and resources are consumed by patients where in death appear inevitable.
4. Technologically prolonged dying process takes away the serenity and the dignity accorded to death.

Death which we all wish to be peaceful and to occur in the presence of loved ones has become artificial, away from the family surrounded by the paraphernalia of modern critical care.

Role of ICU health care team

We are confronted with the question regarding the responsibility of the physician where critical care is unlikely to save the patient's life or to restore him to a meaningful existence. In other words, is it ethical to keep someone who is in a vegetative state, on life support systems for years or months together, when the resources could be used to help someone else maintain quality of life?

For this, we need to address the major goals of the ICU health care team

1. To save lives by intensive and invasive therapy.
2. To provide/facilitate a peaceful and dignified natural death when death is inevitable.

(MD) Associate Professor; Department of Forensic Medicine, J.N Medical College Aligarh Muslim University Aligarh. (U.P) India

Address for correspondence
Dr. Saadiya Saeed
A-1 Medical Colony, A.M.U., Aligarh-202002 U.P. (India)
Email ID: mlt.naza@rediffmail.com, rofmlt.naza@gmail.com
Pattern of Suicidal and Para-Suicidal Cases at J.N.M.C.H., A.M.U. Aligarh

Mohd. Kaleem Khan1, Iram Khan1, Abhishek Kumar Varshney2
1Assistant Professor, Department of Forensic Medicine, 2Associate Professor, Department of Forensic Medicine

ABSTRACT

Intentional non-fatal acts which were aimed to end life are called Parasuicide acts. Because of under reporting of these cases and concealment of information about such attempted suicides, literature is scarce. Since, parasuicide survivor may be left with residual temporary or permanent disability, it should be dealt seriously. The only way to deal with parasuicide is by controlling risk factors for parasuicide, which will also be helpful in preventing completed suicides. This review presents the risk factors, socio-demographic profile and methods opted for parasuicide with an emphasis on the legal liabilities of parasuicide.

Key words: Disability, legal liabilities, parasuicide

INTRODUCTION

Suicide: An act with a fatal outcome, that is deliberately initiated and performed by the deceased himself in the knowledge or expectation of its fatal outcome, the outcome being considered by the actor as instrumental in bringing about the desired changes in consciousness and/or social conditions. Suicide (Latin suicidium, from sui caedere, ‘to kill oneself’) is a leading cause of death among teenagers and adults under 35 years of age.1,3 It is one of the top 13 causes of death for all ages worldwide, as revealed by the World Health Organization (WHO).1 It is believed that socioeconomic and behavioural factors are the fastest emerging cause of suicide in third world countries.1

Most commonly employed method of suicide in India was hanging 41% followed by poisoning in 2014. The highest incidents of 16,307 suicides were reported in Maharashtra followed by 16,122 suicides in Tamil Nadu.3

Parasuicide: An unusual act with non-fatal outcome, that has been performed intentionally with the expectation of such an outcome, that causes self harm, or without intervention from others will do so, or consists of ingesting a substance fatal dosage, the outcome being considered by the actor as instrumental in bringing about the desired changes in expectancies and/or social conditions.6 It is defined as a conscious and voluntary act by an individual with intention to injure himself, and with the belief that he is unlikely to survive, but where the injury has not led to death.7 The incidence of parasuicide is greatly dependent on age, sex, race, religion, culture, marital status, habitat, climate and social systems.8 Erwin Stengel suggests that persons who ‘attempt’ suicide and those who ‘commit’ suicide, although represent two different categories, but, there do exist some ‘overflow’ from one to another.7 Ratio for suicide to parasuicide may vary from 1:3 to 1:10.3 and
Neuroglycopenia Automatism and Driving Culpability

Abstract

Hypoglycemia unawareness is a stage of automatism in a neuroglycopenic state of the brain for insulin treated diabetes mellitus patients. Most of the medicolegal and legal fraternity need awareness in examining patients when they have an accident while driving. There should be a clear guidelines for people suffering from diabetes and are on insulin and oral hypoglycemic. Diabetic patients, because of their propensity to develop hypoglycemia, are more likely to be involved in a driving accident, although only slightly more than the rest of the population. Therefore, it has been a matter of debate since the earliest days of insulin therapy whether patients on insulin therapy should be allowed to have a driving license or not. Heavy vehicle licensing should be properly evaluated on regular intervals for the safety of patients, others people on the road, and the vehicle.

Introduction

The brain constantly requires glucose to function at an optimum level and at a tightly regulated blood glucose level of 4-10 mmol/L. Any decrease in blood sugar level (< 72 mg/dL) can hamper the proper functioning of the brain [1]. Insulin dependent diabetes is one of the factors for the derangement of blood glucose level. Insulin was introduced for the treatment of diabetes long way back in 1922, but it still needs proper monitoring and tight regulation [2]. Hypoglycemia generally defines the blood glucose level, which must be at a lower than certain marked level in the blood 72 mg/dL. It does not reflect the absolute condition of glucose supply to the brain. Symptoms of hypoglycemia can cause profuse sweating, increased system as part of the body’s defense against the effect of hypoglycemia in the brain. These symptoms are collectively called as acute neuroglycopenia. Sometimes, these symptoms pass undetected, termed as sub acute neuroglycopenia [3-5]. Individuals suffering from hypoglycemia unawareness may perform certain habitually performed tasks such as talking, walking, cooking, car driving, etc. When the patient recovers from such episodes, there is no memory of whatsoever work during that episode. There seems to be need of comprehensive studies to evaluate the cases of hypoglycemia unawareness and proper law to deal with it. Theoretical method applied in this article was to study various reported cases of hypoglycemia unawareness and various legal aspect applied to these cases.

Neuroglycopenia Automatism

It has been acknowledged by some courts that patients may act impulsively while they are impaired by neuroglycopenic brain malfunction and are incapable of forming intent to commit an offense, ranging from the trivial to the most heinous [6]. Hypoglycemia unawareness is not self-destructive, but may cause serious damage to surrounding people and property. During driving when this happens, a person may cause an accident and continue driving until reaching a destination or stopped by traffic police. It has been reported in the past in the UK to justify a plea of not guilty based on hypoglycemia unawareness [7]. Because of their propensity to develop hypoglycemia, diabetic patients are more likely to be involved in an accident during driving only slightly more than the rest of the population [8,9].

Various indicators of neuroglycopenia behavior:

a. Circumstances to the development of hypoglycemia.
b. The suspect had taken insulin or hypoglycemia-producing drug at the relevant time.
c. Change in the patient’s demeanour after being given sugar.
d. Amnesia for the events
e. Motiveless and uncharacteristic behaviour.

Law and Neuroglycopenia Automatism

Neuroglycopenia automatism seems to be a grey area in which laws of most developing countries have not paid attention. A country such as India having a population of about 1.25 billion with more than 62 million (7.1 percent) diabetic patients, needs separate regulation on such type of automatism [10].

Characteristics that may be observed during trial in court

i. The driver suffered hypoglycemic unawareness or had some warning symptoms;
ii. Was the driver previously aware of the condition? Or,
iii. He should not have been driving at all.

In India, automation and other types of mental conditions are dealt with in the Indian Penal Code (IPC) section 84. The section of the law mentions about unsound mind and the incapability of knowing the nature of the act [11]. Almost negligible reporting of hypoglycemia unawareness cases doesn’t seems depicting the real picture of such conditions but it may merely be reflecting unawareness of the condition. This hypoglycemia unawareness needs a proper attention address on all fronts, including medical, legal, political and social.
Case Report

High Voltage Electric Burn Injury to Penis - A Case Report

Mohd. Kaleem Khan, Reyz Ahmad

Abstract

History of electricity is not more than 300 years old as also the mortality related to it. With time, the inventions dependent on electricity made humans dependent on it. Ever increasing dependency on industry and domestic needs on electricity also exposing man to the injury by electric current and equipments running on it. The other source of such injury is lightning, which is very much life threatening due to the very high voltage content. An injury due to high voltage is often very morbid in nature due to instantaneous high energy production upon the contact with the surface of the body.

Here we present a case of burn injury due to high voltage transmission wire coming in direct contact with abdominal wall a child leading to burning of the abdomen, scrotum and penis.

Key Words: Electrocution, Burn, Abdomen, Penis

Introduction:

The invention of electricity proved to be a great boon to the human civilization. With time and the inventions based on electricity, almost whole of the mankind became dependent on it. Domestic use of electricity started with the invention on electric bulb, fans and other home appliances. With this, started the injuries and death from electric current. The first recorded death caused by electric current from an artificial source was reported in 1879, when a carpenter in Lyons, France, accidently came in contact with a 250-volt AC generator.

National crime records bureau data showed 10218 deaths from electrocution and that constitute 2.6% of all the accidental deaths, of which 0.7% were by lightning, which forms about 2833 cases. Self electrocution in India accounts for 0.7% of the total suicides, that is 952 out of 134799 suicide deaths in the year 2013.

Electrical injury is produced by the conversion of electric energy into heat while passing through tissue. Electrocution, though not very common, is often fatal. It can cause serious injuries and even permanent disabilities in survivors. Clinical manifestation can range from no apparent injury to serious systemic damage.

For wider understanding, electrical injuries are divided into high voltage (> 1000 V) and low-voltage (< 1000 V). Domestic supply is often of low voltage, whereas high voltage supply is usually to the industries. High voltage transmission of electricity is also used for the supply from substation to substation. From the substation it is converted to low voltage (250 volts) for the domestic supply. Most of the high voltage supply is through non insulated wires, which attract injury and accidents. Most of the time, poor maintenance of these wires and non favourable weather conditions lead to injury from broken wires.

High-voltage electrical trauma, which is more common in construction workers, involves a spectrum of lesions ranging from devastating soft tissue and neuromuscular injuries to potentially fatal outcomes such as respiratory arrest due to respiratory center paralysis or respiratory muscle tetany. In general, the main pathologic characteristics are varying degrees of
JATROPA CURCAS POISONING IN NORTH INDIA - A CASE SERIES

Mohd. Kaleem Khan1, Abhishek Kumar Varshney2

1Assistant Professor, Department of Forensic Medicine, J. N. Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh.
2Assistant Professor, Department of Forensic Medicine, TMME-RC, TMU, Moradabad, Uttar Pradesh.

ABSTRACT

BACKGROUND

Jatropha curcas poisoning mainly through ingestion is becoming common now-a-days in countries like India, as there is global thrust for production of jatropha oil as an alternate fuel, i.e. biodiesel. Rampant farming of the plant is posing threat to humans for accidental poisoning. It produces the symptom of burning sensation in the mouth and throat followed by vomiting, diarrhoea, abdominal pain, later dehydration and shock may lead to collapse of the patient. Most affected are children, as they are attracted by taste of fruits. Here, we present a case series of twelve children who ate Jatropha fruits and landed with above-mentioned signs and symptoms.

KEYWORDS

Jatropha curcas, Biodiesel, Crucin, Poisoning.


BACKGROUND

Poisoning by eating fruits and seeds of Jatropha in children is not very often reported in Northern India. The plant often attracts children for its yellow fruits and sweet taste, though all parts of the plant are poisonous. Jatropha belongs to Euphorbiaceae family and is most widely available species.11 Different regions have different names for Jatropha, in India the various local names are bagherendra, jangli arandi and safed arandi.12 J. Caracas has been used in traditional human medicine and for veterinary medicine for over a long period of time (Duke, 1985).13 In the past decade, interest in Jatropha seed oil for biodiesel production has propelled large scale J. Caracas plantations across Asia, Africa and South American countries.14

The plant is about 2 - 3 metre tall and has heart-shaped green leaves (Fig. 1). The flower is small and white in colour and the fruits are initially green and yellow to brown on ripening. Fruit contains black seeds, which are often 2 - 3 in number and oval in shape. The seed contains kernels and shells, kernel contain high protein (22% - 28%) and oil (54% - 58%).15 Almost all parts of the plant are toxic including kernel, leaves, flowers, roots, buds and wood. It contains terpenes, lignans, alkaloids and cyclic peptides. Diterpenes derived from the plants has various activities like tumour promoting, anti-inflammatory, irritant, cytotoxic, anti-tumour, molluscicidal, insecticidal and fungicidal activities.16

On ingestion and the symptom starts with burning sensation in the mouth and throat followed by vomiting, diarrhoea, abdominal pain, later dehydration and shock may lead to collapse of the patient.

CASE SERIES

We report cases of Jatropha poisoning presented to the J. N. Medical Hospital, Aligarh emergency with episodes of vomiting, diarrhoea and pain in the abdomen.

There were twelve children and all of them were having similar symptoms. Immediately, they were transferred to the Paediatric Emergency Unit and the Forensic Medicine Unit was called upon for the medico-legal evaluation.

During evolution, it was revealed that children were between 6 - 11 years of age, of which 2 were girls, consumed a green coloured fruit from a plant from their locality following which vomiting, diarrhoea and abdominal pain started. All the twelve patients were having signs and symptoms of dehydration, right from increased pulse rate, decreased blood pressure, cold extremities, sunken eye and dry tongue.

Fruit was brought by the parents with them and on inspection it was found to be of Jatropha (Fig. 2). Further on investigation, none of the parameters were found deranged including renal and liver functions. The patients were managed with IV fluids and symptomatically and were discharged later without any further event.

Figure 1. J. Curcas Fruits with Leaves
Doctors and Medico Legal Examination of Victims of Sexual Offenses

Khan MK
Assistant Professor, Department of Forensic Medicine & Toxicology, JNMCH, AMU, Aligarh, Uttar Pradesh, India.

Abstract

This increasing incident of crime against woman is adding up to the number of female patients. This, along with normal female patients there is a dire emergency in the treatment of female victims of sexual assault. We need provision in our hospital set up to treat the victims separately. There is also an awareness campaign against the sexual crimes and the right of women. Thus increasing trend of crime against woman in India is also burdening the health system in providing treatment and medico legal work.

There are various steps in the general examination where the female patient though gives the consent, but do not welcome the moves of the doctor. This feeling often makes the patient uncomfortable and may compel the patient herself or relatives to bring charges of indecency and of sexual assault against the doctor. The casual attitude of doctors is not going to stand in the present scenario. There has to be strict and vigilant environment in our hospital as far as dignity and privacy of female is concerned. Woman friendly environments and attitude should reflect in our hospital.

Keywords: Rape; Medico Legal; Criminal law

*Corresponding Author:
Dr. Mohd. Kaleem Khan,
Assistant Professor, Department of Forensic Medicine & Toxicology, JNMCH, AMU, Aligarh, Uttar Pradesh, India.
Tel: 8053450316
E-mail: khan4ua09@gmail.com

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Introduction

It has been observed that the crime against woman is rising in the country and it also respects the data of the National Crime Records Bureau (NCRB) that 33,707 females were raped in 2013 as compared to 24,923 in 2012. It also shows that around 93 women are being raped every day [1].

Sexual assault is itself such a heinous crime that any of punishment is not sufficient to replace the damage that has been caused. The physical trauma heals, leaving behind the long term psychological trauma.

This increasing incident of crime against woman is adding up to the number of female patients. This, along with normal female patients there is a dire emergency in the treatment of female vic-
Lip Print: an Aid to Human Identification

Umar Bin Abdul Aziz¹, Mohd Kaleem Khan², C B Tripathy³
¹Assistant Professor, Department of FMT, NMCH, Sasaram, Bihar, ²Assistant Professor, Department of Forensic Medicine & Toxicology GFIMSR Ballabgarh, Faridabad, Haryana, ³Professor & Head, Department of FMT, NMCH, Sasaram, Bihar

ABSTRACT

Among the various methods of identification, chelioscopy is one of the most interesting emerging techniques. It is a method to establish the identity of a person based on the presence of grooves on the red part of human lips as various studies have revealed the unique nature of lip prints just like finger or footprints. Edmond Locard of France was the first to recommend the use of lip prints for individual identification. Since 1950, the Japanese has carried out extensive research in the matter. Lip prints at a scene of crime, apart from identification, may help to point as to the nature of crime, sex of the person involved, type of cosmetics used, habits or any pathological changes of lips. Credibility of lip prints as a human identification tool for evidential purposes is yet to be accepted by courts in India as literature reveals very little research done in this field. There is a need to review the various methods of recording and collection of the lip prints at the crime scene and also the means to develop the latent lip prints. This paper reviews in detail all the important aspects of chelioscopy like its scope in crime investigation, limitations and current research carried out in this field.

Keywords: Chelioscopy, Lip Prints, Identification, Latent Lip Prints

INTRODUCTION

Among the various identification data like anthropometric measurements, fingerprints, scar marks, etc. that help fix the identity of a person lip print study is another upcoming forensic science that’s gaining popularity as an identification aid for the individuality of a person. A Lip print is a characteristic pattern produced by the numerous elevations and depressions present on the red external surface of the lips. Lip prints are unique and permanent, i.e. does not change during the life of a person.¹,²,³

History

The anthropologist R. Fischer was the first to note and describe the presence of wrinkles and furrows on the human lip in 1902.⁴,⁵

The criminologist, Edmond Locard, in 1932 emphasized the significance of lip print studies.⁶ Synder L, M, in 1950, described the possible role of using the lip prints as a tool of personal identification. Japanese scientists Suzuki and Tsuchihashi, during 1970 and 1974 in their studies demonstrated the hereditary character of lip prints. They devised a classification of six different types of grooves. It was observed that not even the uniovular twins had exactly the identical lip print patterns.⁵, ⁶ Since 1985, in Poland, the methods of finding and recovery of lip traces, recovering comparative material, and techniques employed to carry out that expertise have been introduced into the casework of the fingerprint Department of the Central Forensic Laboratory of Police in Warsaw.⁷

Studying the lip prints

Lips are composed of skin, muscle, glands and mucous membrane. The mucosal area, also called Klein’s zone, is covered with wrinkles and grooves that form a characteristic pattern – the lip print. As shapes and size of lips differ among individuals, following four groups have been identified⁸.
Profile of Poisoning Cases in JNMCH, District Aligarh: A Prospective Study

Umar Bin Abdul Aziz1, Mohd Kaleem Khan1, Shaukat Arif Hanif2, C B Tripathy4
1Assistant Professor, Department of FMT, NMCH, Sasaram, Bihar, 2Assistant Professor, Department of Forensic Medicine & Toxicology GFIMSR Ballabgarh, Fidabad, Haryana, 3Associate Professor Department of Forensic Medicine & Toxicology, J.N. Medical College, AMU, Aligarh, 4Professor & Head, Department of FMT, NMCH, Sasaram, Bihar

ABSTRACT

The availability of poisons and the deficiency of health services in the developing world is leading to a great economic and social set back. It has been found that easy access to large number of pesticides, rodenticides and other daily use chemicals and their ignorant use is leading to hazardous outcome in form of increased number of cases of poisoning related deaths. Recent industrialization and over use of insecticides has lead to an extensive proliferation of toxic chemicals. There is urgent need to devise mechanisms soon for strict regulation of availability and use of these chemicals. Other forms of poisoning includes over dose of prescription drugs such as hypnotics and anti-anxiety agents. Therefore there is need to put emphasis on regulation of dispensing these drugs over the counter and also developing newer antidotes for drug overdoses. With the above considerations there is need for further deepening our thought on prevention and regulation of drugs and chemicals.

The study conducted in our setup, which is placed in north central India shows poisoning cases in the young age group (20-30 years). The incidence of poisoning was found more in cases from the rural area than urban. Married person showed more incidence than unmarried. Manner of death being most commonly suicidal followed by accidental and homicidal poisoning. Aluminum phosphide showed the highest incidence as compared to other agents of poisoning.

Keywords: Poisoning, Suicide, Aluminium Phosphide

INTRODUCTION

Every day around the world around 700 people die from poisoning and many more suffer infirmities due to poisoning (WHO 1999). Agricultural poisoning cases are found in almost all regions of the developing world and in almost all the age and income group. More than three million Poisoning cases occur world wide causing around 2,51,881 deaths annually. Almost 99% of the cases are found in the agricultural workers in the developing countries.

Suicidal and homicidal poisoning are more common in India due easy access to various poison such as insecticides, pesticides, industrial chemicals and pharmaceutical drugs. Accidental poisoning in children is now on an increase due to unrestricted access to all these agents in their surrounding environment. In developing countries must commonly self poisoning due to agricultural pesticides is seen. The first report of pesticide poisoning in India was from Kerala in 1958, where over 100 people died after consuming wheat flour contaminated with parathion. (ICMR Bulletin 2001)

In the rural China pesticide poisoning accounts for over 60% of the suicide cases. Similarly a high proportion of suicides are due to pesticides in rural area of Sri Lanka (71%), Trinidad (68%) and Malaysia (>90%). A Poisoning study in the United States reported an increase in mortality rate in cases of accidental poisoning from 1.9 to 2.3 deaths per 100,000 populations from 1985 to 1986. The common causes among adults were opiates and related narcotics as well as local anesthetic drugs. In south India a study during the period January 2005 to September 2008 showed that among 1045 cases of poisoning 68.40% cases to be intentional where 31.60% of the cases were accidental poisoning.

At UCMS & GTB hospital Delhi a study showed that 10.57% deaths were due to poisoning and most of the poisoning cases were either suicidal or accidental. The incidence was more in the 2nd decade of life.
Unusual Scrotal Injury by Cycle Hand Brake - A Case Report

Khan MK*  
1Department of Forensic Medicine, JNMCH, AMU, Aligarh, India

ABSTRACT

Background: Scrotal injury with perforation is not often reported in forensic medicine since it has been a topic of discussion in urology, as it requires various measures in prevention and reconstruction of the damaged scrotal tissues. Injuries of the scrotum and its adjoining structure may lead to temporary or permanent impotence or infertility or both impotence and infertility in males. Among the various reasons of genital injuries, blunt trauma is the commonest, followed by injuries like animal bite and self-mutilation. Some of these injuries are not reported but this type of injury requires immediate attention and treatment to prevent long term psychological and sexual dysfunction. Under section 320 IPC (Indian Penal Code 1860), the first clause defines emasculation as a result of amputation, direct assault, nerve injury other injuries caused by accidents, violent sexual act etc. leading to sexual disability.

Case Report: Here is a case of accidental scrotal injury that led to the perforation of the scrotum. The perforation was by blunt force derived from the hand breaks of a cycle which penetrated to the root of the penis.

Conclusion: As far as this particular case is concerned the penetrating scrotal injury may lead to sexual impotence and long term male sex hormone imbalance which may affect the physical and sexual performance of the patient.

Implication for health policy/practice/research/medical education: Scrotal Injury by Cycle Hand Brake


1. Introduction:
Injuries to the external genitalia are often reported and most often are caused by outdoor sport activity, violent sexual acts and many at times due to heavy machines and road traffic accidents. Injury to the scrotum may be penetrating or perforating where as the injuries of the penis differ, it could be abrasion, bruises especially in sexual crimes. In circumcision a religious custom among certain communities, there is localized cut wound with bruises. Penile fracture and amputation is done under the influence of drugs or psychosomatic disorders (1).

The male external genital part is a mobile anatomical structure consisting of the penis and the scrotum with the testes. Injury to the penis or the scrotum is quite resistible due to the elastic nature of the
Medical Technology: Less Use and More Misuse

Authors
Dr Md Mojahid Anwar, MD¹, Dr Md Asrarul Haque, MD², Dr Afzal Ahmad, BDS³, Hena Fatma, MA⁴, Dr Munawwar Husain, MD, DNB⁵

¹Assist Prof, ²Assist Prof, ³Professor & Chairman, Department of Forensic Medicine, AMU
⁴MDS (std), Department of Prosthodontics, ⁵Ph.D scholar, Department of Psychology, AMU, Aligarh
Corresponding Author
Dr Md Mojahid Anwar
Email: dr.mojahidanwar@gmail.com, Mob: 8791872168

Abstract
This paper deals with ethical conundrum involved in the surge of high end technology invading medical equipment and gadgets. The pace of ethical understanding and formulation under strips the momentum of value added medical technology. All technologies come at a price, basically the initial investment cost and later the recovery cost which may go on and on. The main casualty in the process is that of practicing ethics. It is killed and the valuable technology is smothered by invaluable social thrust and service. The authors in this article have tried to go deep down in to this malaise and find out some of the root causes with the hope that if saner minds get together ethical practices could be salvaged.

Keywords: high value medical technology, ethical conundrum, salvaging ethical practice, misuse of technology.

Background
The high costs involved in procurement, maintenance and running of high value medical equipment make it necessary to charge high for investigation¹. The irony of situation is that, there is no uniformity in the charges levelled and each laboratory or diagnostics centre has a free hand in deciding about what to charge and how much to charge. The government has no control over it in as much as it could not impose a quality control in the first place. Against this backdrop, seeding of medical problems takes place and the user must have a fair amount of knowledge in order to differentiate whether they have been discriminated or not.

Technological abuse
In recent years, there has been a general protest against the doctors in misusing the diagnostic facility. Big corporate hospitals have a fixed agenda and the patients are made to ride the conveyor belt to predestined halts. Each halt means fresh investigation and generation of money for the hospital. A multicenter survey in USA of pre-operative diagnostic tests found that of 6200 test performed on 2000 patients; more than 60% are not warranted by the patient’s clinical history or physical examination². Is it a practice of “defensive medicine” or luxurious indulgence of “offensive medicine”? We keep this question open for our readers to decide. But there
Original Article

DNR Odontoscripting: Psychosocial Forensic Implication

Authors
Dr Afzal Ahmad, BDS, MDS (Std), Dr Md Mojahid Anwar, MBBS, MD,
Dr Asma Usmani, BDS, MDS (Std), Hena Fatima, MA (Clin Pschol), PhD Scholar,
Prof Munawwar Husain, MBBS, MD, DNB, MNAMS

1Resident, Dr. Z.A. Dental College, A.M.U. Aligarh
2Assistant Professor, Department of Forensic Medicine J.N Medical College, AMU, Aligarh
3Resident, Subarshi Dental College, Meerut
4Research Scholar, Department of Psychology AMU, Aligarh
5Professor and Chairman, Department of Forensic Medicine, J. N Medical College, AMU, Aligarh

Corresponding Author
Dr Md Mojahid Anwar
Email: dr.mojahidanwar@gmail.com, Mobile No: +91 8791872168

Abstract
Nowadays a raging controversy has arisen regarding “do not resuscitate” (DNR) will in unconventional methods. It has been reported that a person had brought DNR etching over his chest in the form of tattoo. One day, as luck would have been, he collapsed and was carried to ER section of the hospital. The person was unconscious and to give CPR and defibrillation his chest was laid bare. The doctor came across the DNR message over his chest and a controversy arose within the treating group of doctors. Few were in favour of giving CPR while others were against it. The protagonist accepted tattoo as a living will. Now even the courts have categorically stated that a living will in this regard should be accepted as a final say of the patient. In the present article the discussion is further carried forward emphasizing on reliability and durability of DNR bodily message.

Keywords: Odontoscript, Tattoo, Living Will, DNR Order, Post mortem Decay

Odontoscript
Retention of dental resin material is increased if enamel surface are pre-treated by certain inorganic acid or chelators (RA). The action of acid solution is to decalcify the enamel partially thus creating micro irregularities on the surface of the teeth. This procedure can be adopted under control condition and by expert odonto calligrapher. If this technique is used in engraving DNR on the buccal surface of the teeth, it is surmised that this will last the life time of the individual. In certain aspects this procedure should be better than broad and multi dyed tattoos on exposed surface of the body. This DNR inscription must be honoured as the final irrevocable order of the living will executors.

The acids used for the buccal surface etching are (a) 37% phosphoric acid, (b) 50% phosphoric acid, (c) 50% phosphoric acid buffered with 7% zinc oxide by weight, and (d) 30% phosphoric acid [w/w] solution.
Original Article
“Selfie” – Is It A Fad or A Famished Thrill? Some Rumination on Forensic Issue

Authors
Dr Mohammad Asrarul Haque1, Dr Mohammad Mojahid Anwar2, Dr Faiz Ahmad3
Dr Munawwar Husain4, Dr Jawed Ahmad Usmani5
1MBBS, MD, Assistant Professor
2MBBS, MD, Assistant Professor
3MBBS, MD, JR-III
4MBBS, MD, DNB, MNAMS, Diploma in Criminology & Criminal Administration, Professor & Chairman, Former Medical Superintendent, Principal, School of Nursing
5MBBS, MD (Path), MD (For Med), Diploma in Criminology & Criminal Administration, Professor
Department of Forensic Medicine, Faculty of Medicine, Aligarh Muslim University, Aligarh 202 002 India
Official website: http://www.amu.nic.in
Corresponding Author
Dr Mohammad Asrarul Haque
Email: asrar428@gmail.com, Mobile No. +91 8755198534

Abstract
The craze for ‘selfie’ is a recent phenomenon and it has percolated in every strata of society cutting across age, sex, occupation, culture and life style pattern. The existence of ‘selfie’ is precarious in nature and the desire to maximum appreciation in social media like facebook goads the individual to get photo shots in unusual postures and dangerous situations. Recent incidences have revealed that there is no ‘good-selfie’ or ‘bad-selfie’. Hence, the ‘selfie’ takers must take cognizance of risk factors and play to get only ‘SAFE= SELFIE’.

Short Communication
Right through 2014-15 hardly a day passed when selfie-related injuries or deaths have not been reported in national and international newspapers1,2,3,4,5. The following news has been randomly picked up from various sources. What is illustrative is that this phenomenon have pervaded among the youngsters crossing international boundaries, culture and literacy. It appears that the desire to indulge in seemingly innocent activity over-rides the caution deemed to be exercised in dangerous behavior.

Having gone through these heart-wrenching news the authors thought over the issue and reached a consensus that some sort of legal shackling is required to truncate the menacing outcome lurking behind “selfie”, particularly in places of high altitude, roof of running train, bridges across rivers etc. Unnatural destabilizing postures and rickety balances in dangerous places should be made out of bound legally for such adventurous exercises.

Legal provisions may also be required to be in place in those cases where criminal bent of mind
population detection and proper diagnosis of pheochromocytoma is mandatory, not only for the potential cure of hypertension but also to avoid the hazardous effects of the undiagnosed tumor. The massive release of catecholamines in pheochromocytoma can cause damage to heart cells. This damage may be due to either compromising the coronary microcirculation or by direct toxic effects on the heart cells. 7

CONCLUSION

Although Pheochromocytoma is a rare cause of hypertension, early diagnosis is necessary to prevent the fatal outcome of hypertension. Most of the time radiology cannot give confirmatory diagnosis. Hence, histopathology and immunohistochemistry play important roles in confirmatory diagnosis of Pheochromocytoma, which helps in proper management of patients.

Conflict of interest: None.

Due consent from the patient for publication: Taken.

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Juru Devi Mayurganjeki Sadia


Sir,

Casuistry in defense of Forensic Medicine

Hasan Manzoor, Haque Md. Asrarull, Arman Md. Mohiuddin, Ahmad Faiz, Usman Javed Ahmad

Casuistry is defined as “the interpretation of moral issues, using procedures of reasoning based on paradigm and analogies, leading to the formulation of expert opinion about the existence and stringency of certain particular obligation, framed in terms of rules or maxims that are generated but not universal or irrevocable, since they hold good with certainty only in the typical conditions of the agent and circumstances of action.” 1 The usefulness of the maxim is that it provides a value in making a quick defensible decision respected by professionals and the law. By direct application it favors doing well to others and in case it meets an obstacle, it seeks analogy by extension. Some people are of the opinion that modern medical ethics is casuistry.

Forensic Medicine has got several sub-disciplines namely, Forensic Pathology, Forensic Serology, Forensic Anthropology, Forensic Psychiatry and Clinical Forensic Medicine. By implication casuistry would be more in tune with clinical aspect of Forensic Medicine. However, this doesn’t mean that other sub-disciplines would receive an unfair treatment.

Casuistry like is an arrow ready to pierce the phenomenon of “shared insanity”. In shared insanity two or more siblings go insane with the same disease. One is known as the primary insane and the other is known as secondary or induced insane. Let it be assumed that a crime is committed by primary insane under partnership with secondary insane. Both are suffering from delusional ideas. The primary insane is the one who got the disease first. By virtue of closed proximity this disease got rubbed off on the other sibling. However detailed examination may reveal that the inducted insane have some episodes of sanity or clarity of consciousness.

In the above situation casuistry as a tool of redemption would be employed in order to do well to the deserving and identify the non-deserving. It would be useful while evaluating insanity, competence and dangerousness of the parties involved. The case is not as simple as it appears to be. Therefore by extrapolation the analogy would be sought.

The analogy quotable can be; two persons were raping a woman in secluded country side. An unknown person was walking through that way. He saw the rape being committed. Without a second thought he joined the party although he didn’t have malicious thought beforehand. The trial court would seek to clarify the objective meeting action. The first two persons involved in sexual assault definitely had common intention. The third man who joined later did it on the spur of the moment. Therefore imposing punishment would be different.

Finally, the authors would venture to say that casuistry has a definite place in Forensic Medicine too. May be the area of extended analogy be small but judicious application of mind can bring relief and succor to the aggrieved as well as definite party.

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Jasaiah GL Varma

Profeesor and Head, Medical Superintend, SMS (Corresponding Author)
NRI, B. Professor and Head, Dept of Forensic Medicine
BH Medical College, Rajkot 362 001, India.
Original Article

Activity Specific Study Pertaining to Old Age

Authors
Dr Mohammad Mojahid Anwar¹, Dr Mohammad Asrarul Haque², Hena Fatma³
Dr Faiz Ahmad⁴, Dr Munawwar Husain⁵, Dr Jawed Ahmad Usmani⁶
¹MBBS, D. Ophth., MD, Assistant Professor, Department of Forensic Medicine, J N Medical College, AMU, Aligarh 202 002
²MBBS, MD, Assistant Professor, Dept of Forensic Medicine, J N Medical College, AMU, Aligarh 202 002
³MA (Clinical Psychology), PhD (Scholar), Dept of Psychology, Aligarh Muslim University, Aligarh, India
⁴MBBS, JR-III, Department of Forensic Medicine, J N Medical College, AMU, Aligarh 202 002
⁵MBBS, MD, DNB, MNAMS, Dip in Criminology & Criminal Administration, Professor & Chairman, Department of Forensic Medicine, J N Medical College, AMU, Aligarh 202 002
⁶MBBS, MD (Path), MD (For Med), Dip in Criminology & Criminal Administration, Professor, Department of Forensic Medicine, J N Medical College, AMU, Aligarh 202 002
Corresponding Author
Dr. Mohammad Asrarul Haque
Email: asrar428@gmail.com, Mobile No. +91 8755198534

Abstract
Elders are abused everywhere without distinction of geography, socio-cultural and politico-economic system. This imply that when the body becomes weak and the mind wandering, elders slip quietly and unwillingly into the so-called perceived security of the younger ones. However, the demand of the present life style and the urge to forge ahead of others does not leave much time or space for the family to accommodate the elders. The collateral phenomenon off-shooting out of the dual paucity i.e., time and space led to the establishment of old age care homes. Nevertheless at the other extreme is a phenomenon, typically Indian, which is seen by all, acknowledged by few and redeemed by no one. That is the collection of animal dung and preparation of its cake as bio-fuel. This is generally done by old Indian women in villages and hamlets and people do not consider it an abuse. On the contrary it is considered to be a daily chore which the granny in the household is assumed to be well prepared to tackle. After all she has been doing it since childhood. This paper analyzes this phenomenon critically and argues why it is an abuse.

Keywords: Animal dung, dung-cake, elderly abuse, women abuse, granny ill treatment

Introduction
Preparation of animal dung cake is a traditional method and is widely practiced in Indian villages. This cake is used as bio-fuel and is used for preparing food in open ‘chulha’. In local dialect it is called ‘kanda’, ‘upla’ etc, and comes in circular shape, big and small. It takes effort to collect the animal-dung from fields and bring it back to the house. Several ingredients are mixed in to it to give it the required consistency and thickness. The ingredients used are themselves flammable, like husk, chafe of grain, wood powder etc. This paste
Original Article

A Comprehensive Study and Creation of Profile of Trauma Patients Admitted in ICU of a Tertiary Care Hospital in India

Authors

Dr Mohammad Mojahid Anwar¹, Dr Munawwar Husain², Dr Syed Moied Ahmad³,
Dr Jawed Ahmad Usmani⁴

¹MBBS, D. Ophth, JR-III, Department of Forensic Medicine
²MBBS, MD, DNB, MNAMS, PG Dip in Criminology & Criminal Administration,
Professor, Department of Forensic Medicine
³MD, Ph.D, Professor, Department of Anaesthesiology
⁴MBBS, MD (Path), MD (for Med), PG Dip in Criminology & Criminal Administration,
Professor & Chairman, Department of Forensic Medicine
J N Medical College, AMU, Aligarh 202 002
Corresponding Author
Dr Mohammad Mojahid Anwar
Email: dr.mojahidanwar@gmail.com, Mobile No.: +91 8791872168

ABSTRACT

A comprehensive study was conducted on trauma patients admitted in ICU of a leading tertiary hospital. The study was based on evaluation of head injury taking care of studying epidemiological aspect also. In a total case of patients (N=149) 130 (87.25%) sustained head injury. Tools of analysis was primarily CT scan, diagnosis then made revealed cranio cerebral injury 95 (63.76%). Detailed analysis revealed the following acute SDH (8.46%), EDH (7.69%), Contusion (29.23%), Brain edema (26.92%), f-skull (27.69%), SAH (6.15%), ICH (15.38%), Pneumoccephalus (5.39%), Granulomatous lesion (2.31%), diffuse axonal injury (3.84%), foreign body (1.54%). Detailed discussion about this manifestation is discussed in this research paper.

Keywords: neuro trauma, intensive care unit, SDH, brain injury, skull trauma, medical emergency, surgical emergency

INTRODUCTION

Trauma is one of the leading causes of preventable death and has major health and social impact¹ and is also the leading cause of death, hospitalization, and long-term disabilities in the first four decades of life². Majority of trauma victims are young group of people, and it accounts for loss of more years of life than lost due to heart, cancer and other disease summed together. Further with the advancement of civilization and leaps in transport, incidences of trauma have assumed gigantic proportion. Global statistic has revealed that death due to trauma comes just before myocardial infarction. Among trauma only road traffic injuries are the leading cause of death among young people, aged 15–29 years³⁴ and Injuries
International Journal of Health Research and Medico Legal Practice

A Multidisciplinary International Indexed Journal
Injuries Caused By Borrowed Dentures: Antithesis to Elderly Abuse – A Forewarning

Authors
Dr Munawwar Husain¹, Dr Mohammad Asrarul Haque², Dr Mohammad Mojahid Anwar³, Dr Faiz Ahmad⁴, Dr Mohammad Adil⁵, Dr Afzal Ahmad⁶,
Dr Jawed Ahmad Usman⁷
¹MBBS, MD, DNB, MNAMS, Dip in Criminology & Criminal Administration, Professor
²MBBS, MD, Senior Resident
³MBBS, D. Ophth, JR-III
⁴MBBS, JR-II
⁵MBBS, MD (Dermatology), Senior Resident, Department of Dermatology
⁶BDS, Junior Resident, Dr Z.A Dental College, AMU, Aligarh 202002
⁷MBBS, MD (Path), MD (For Med), Dip in Criminology & Criminal Administration, Professor & Chairman, Department of Forensic Medicine, J N Medical College, AMU, Aligarh 202 002
Corresponding Author
Dr Faiz Ahmad
Email: faizahmad61@gmail.com, Mobile No. +91 7417593173

Abstract
During the last few decades there had been an exponential rise in cases involving elderly abuse. The authors believe it to be a national shame. However, at the same time the authors advise for an exercise of caution. All cases may not be of abuse. This paper deals with injuries sustained during innocent activity and yet strongly mimic those of elderly abuse. Oral cavity has been selected for the study in which focus is maintained on injuries caused by artificial dentures.

Keywords: Borrowed dentures, elderly abuse, Oral injuries.

Background
It is only in the last two to three decades that abuse of the elderly has caught the attention of the public and the medical establishment. The first report of the abuse of the elderly in the literature was Burston’s letter to the British Medical Journal on “granny-battering” ¹. This was followed closely by Butler’s book, “Why Survive? Growing old in America” ². Now considerable interest has kindled on this issue and some form of law has been enacted in many states in USA³. Conservative estimate is that 10% of the elders suffer abuse in some form and 2% with physical abuse ⁴. Elderly abuse may take many forms, categorized in to (i) physical abuse (ii) mental, emotional or psychological abuse (iii) neglect and (iv) economic abuse, such as theft or misuse of the elder’s asset ¹.
Inject Interfaith Dialogue to Truncate Hostility in Patients

Munawwar Hussain, Mohd Asrarul Haque, Mohammad Mojahid Anwar, Faiz Ahmad, Jawed Ahmad Usmani, Farha Azmi

1Professor & Former Medical Superintendent, 2IR-III, 3IR-II, 4IR-I, 5Professor & Chairman, Department of Forensic Medicine, 6FM Medical College, Aligarh Muslim University, Aligarh, India, 7Lecturer, Government Nursing College, Rampur, India

ABSTRACT

With the advent of corporate hospitals patients have become conscious of rights and exercise this right to get fair treatment. Hospitals buy high technology equipment and give value service to patients. In turn the cost of medical treatment has gone high. If patient perceives – rightly or wrongly – about inadequate treatment, becomes hostile to the system. Litigation is one of the instruments to seek justice. The hostility is the prime mover of getting attention. It has been seen that no particular group is targeted by hostile patients. However, the doctors and then nurses are the ones who have to bear the brunt of hostility as they form the face of health care. Authors have discussed these issues and quoted from earlier works liberally. What is new is that idea of interfaith dialogue and counselling has been introduced. This has merit because such strategies have paid in other areas like conflict between nations and reconciliation between two or more communities belonging to different faiths. Such a venture if adopted in a hospital setting shall pay off. This is what authors suggest that this model may be accepted and propagated by people who matters in the larger interest of sick community.

Keywords: interfaith dialogue, hostile patient, hostile doctor, truncate hostility, shadow-parrying mistrust

INTRODUCTION

Webster’s comprehensive dictionary defines hostility as “the state of being hostile”. If we consider the antagonistic behaviour in an individual directed against a system, it would imply that either the system is not working properly (actual grudge) or the individual’s perceived interest is not being taken care of (falseified objective). Bluntly speaking, in the context of hostile patient, there are two ways of explanation. One, the patient is demanding beyond the scope of what a hospital can provide or two, the patient seems to be an attention seeker. In the latter case the intention of the patients may be to squeeze to the last drop of accruing benefits from the hospital.

The most important category among the hostile patients is that of attention seeker. This alluding category is rather difficult to tackle because they are bent upon to be irreconcilable. They just do not want to take up advice or try to know the working of the system. All that they seek is attention from others to fulfil they own ambition knowing full well that it is their self-creation without a sound basis. Psychological research has suggested several ways of coping with difficult people in one’s life, e.g. hostile co-workers or bosses, complainers, super-agreeable, know-it-all experts, pessimists, and stalkers. A tertiary care-based teaching hospital is a massive setup. There are dozens of units and sections with specialized functions. Hundreds of employees of all cadres are working there. Above all, doctors of many specialties are catering to the patients. The miracle is that these personnel work in perfect cohesion like oiled cog in a wheel. The most difficult hostile patient is considered to be the one who seeks attention without real cause – the-so-called fantasy behaviour. His/her analogy can be given as Munchausen’s syndrome. He/she is supposed to be difficult to manage because his problems stem from nowhere and eludes solution. This is further compounded in case of wealthy patients.
Medico moral torture: A philosophical approach to an undefined option

Each State shall ensure that all acts of torture as defined in Article 1 are offences under its criminal law. The same shall apply in regard to acts which constitute participation in, complicity in, or assistance to, or an attempt to commit torture (1, 2).

Human torture is detected and abated at times even by the practitioners of torture. Yet torture is continuing unchecked and is used as an instrument of terror and mind breaking. No limit is set; no holds barred is the rule. Deaths take place directly linked to torture. It ultimately arouses the international conscience and the United Nations - the conscience keeper of all nations - resolutely put its foot down, and enacted laws for member countries, which banned torture under all circumstances. That was in 1948, now litigated by the UN Convention against Torture and Inhuman and Degrading Treatment of a fellow human being by another. Till then as many as 40 conventions have been held by the world bodies. Dismaying, nothing worked. All that it did was to stiffen the resolve of nations who banished the institutionalized system under layers and layers of secrecy and hence that modular or uncounted shackles should not come out of it.

No sane mind could hold propagation of torture valid. However, there must be a limit to the extent of torture perpetrated on the victim. If a victim dies directly as a result of untold and unacknowledged injuries it signifies "deadly torture." If a victim is rendered cripple it is "barbaric torture." Yet if a victim survives with manageable mental and physical sequelae it shows the "humaneness" of the torturer. Let it be understood that torture is inexcusable. There may be degrees of torture practiced within the narrow confines of this system. Some countries claim that if it is torture, but mild coercion understandably for the larger good of the humanity. However, whatever the degree, torture must be condemned and fought with tooth and nail.

In between the two extremes, one having torture-free zone and the other torture-infested zone, there could be an intermediate zone the center piece of it to be occupied by the medico moral torture (MMT). The practitioners of MMT have enough morality and kindness ingrained within that he inflicts subdued torture. His moral sensibilities aligned to medical perceptions allow him to practice torture in a yet undefined but individually perceived "bles" upon, which emanation he understands that torture "must go this far, and no more." The interrogator must realize that the detention is a human being deserving ethical treatment under detention. He could interrogate without breaking the personality of the individual, coerce him without crossing his self-esteem, humiliate him without trashing to bare and functional humiliation. Extreme violence strikes the resistance to the ultimate, lesser violence in actuality shadowed by the fear of greater and enduring violence induces too many babbles splinters to the dreams of the most penetrant torture.

The poignant question is: What is the limit and how to identify such one? Can medico moral torture be created by the system from within it own resource material, and hopefully would they be the last entitled signaling the diminution/termination of torture world-wide?

Further research is being undertaken by the authors on such issues in detail subscribing to the theory that if an evil is not conquered by an outright, let it either by subtle manipulation of its own pedigree.

Munawwar Husain, Mohd Asrarul Haque, Mohammad Mojahid Anwar, Faiz Ahmad, Jawed Ahmad Usmani
Department of Forensic Medicine, Jawaharlal Nehru Medical College, Aligarh, Uttar Pradesh, India

Address for correspondence
Mohd Asrarul Haque, Department of Forensic Medicine, Jawaharlal Nehru Medical College, Aligarh, Uttar Pradesh, India.
E-mail: arvind20@gmail.com

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IT IS TIME THE STERNUM GETS A NEW NAME

Muhammad Mussa 1, Mohd Asrarul Haque 1, Mohammad Majahid Anwer 2, Fauz Ahmad 3, Jawed Ahmad Usmani 5, Nema Usman 6

1 Professor and I Mr Medical Superintendent, Department of Forensic Medicine, J N Medical College, Aligarh Muslim University, Aligarh, India.
2 JR-III, Department of Forensic Medicine, J N Medical College, Aligarh Muslim University, Aligarh, India.
3 JR-II, Department of Forensic Medicine, J N Medical College, Aligarh Muslim University, Aligarh, India.
4 JR-I, Departments of Forensic Medicine, J N Medical College, Aligarh Muslim University, Aligarh, India.
5 Professor & Chairman, Department of Forensic Medicine, J N Medical College, Aligarh Muslim University, Aligarh, India.
6 Assistant Professor, Department of Anatomy, J N Medical College, Aligarh Muslim University, Aligarh, India.

ABSTRACT

Names of objects change over a period of time. New words come up to keep in line with innovations and technology. Neologism requires that the new word entrant should be concise, phonetically strong and resemble the function to which the word may be used. Internet language is the latest invention in which the word has been so abbreviated that at times the listener is frightened that its continuous usage would finally obliterate the real word. To counter that threat old-timers adopt duality in action, i.e., they would use internet language while using internet portfolio and would revert to the old language while scripting text. However, in certain cases it is better to discard the old robe in favor of new when the coined word would instill more confidence and is in harmony to the function it is required to perform. In this way the word is remembered accurately and used with finesse. Presented in this paper is the strong defense for change of the word “sternum” to “saber” and reason why this change is desired.

KEY WORDS: Sternum, Saber, Manubrium, Xiphisternum.

Address for Correspondence: Dr Mohd Asrarul Haque, JR-III, Departments of Forensic Medicine, J N Medical College, Aligarh Muslim University, Aligarh 202 002, India. Mobile No.: +91 9045567792 / +91 97555198534 E-Mail: asrar428@gmail.com

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JUSTIFICATION FOR THE CHANGE OF NAME

On extended thinking followed by reasoning, it is apparent that sternum [1 (a)] is a misnomer unconnected with morphological behavior bonded with strict security responsibility. After enjoying name and unsolicited fame for millennia it is time the sternum may get a new name: saber [1(b)].

The authors as proponents render full justification to the substitution of name “sternum” to “saber”. An intellectual coup needs to take place.

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Case Report

GROSSLY DIFFERENTIATING FEATURES IN SUICIDAL AND HOMICIDAL CUT-THROAT INJURIES - REPORT OF TWO CASES

*Molud Asrarul Haque, Md Mojahid Anwar, Faiz Ahmad, Munawwar Husain and Jawed Ahmad Usmani

Department of Forensic Medicine, JNMC, AMU, Aligarh 202002
*Author for Correspondence

ABSTRACT

These incidences occurred within the time duration of two months. One case was of suicidal attempt by a blade. The other homicidal case involved incised wound on neck by a sharp knife. There were few differentiating points in these targeted are which made this study interesting. These two cases amply illustrate that study of incised wound pattern over neck could demonstrate the nature of wound i.e. homicidal versus suicidal. On the academic side these photographs could be used as a supplement for spot diagnosis in MBBS and MD examination in Forensic Medicine.

Keywords: Cut-Throat Injury, Suicidal Injury, Homicidal Injury, Bizarre Cut Throat, Incised Wound

INTRODUCTION

The forensic literature is replete with multiple variations of cut throat injury involving homicide and suicidal attempt using offending weapons like knife (Joshi et al., 2013; Shrabana et al., 2012), sickle (Shetty et al., 2009), razor (Rautji et al., 2004; Shrabana et al., 2012), table saw (Hejna, 2013) and sword (Shrabana et al., 2012). A bizarre case had been reported in which a mentally challenged individual cut his neck with scissor (Cox). The authors came across two cases who reported to the emergency section of JNMC, AMU, Aligarh, recently in which one injury was reported to be suicidal (Case No 1) whereas the other was homicidal (Case No. 2).

Photograph 1

Photograph 2

CASES

Case No. 1

The victim 28 years old male was brought to the casualty about fortnight back with fresh, bleeding incised wound over the neck. On examination it was found that the incision extended from left lateral of the neck to the right lateral side. The wound indicated a determined sweeping motion of the blade which was recovered from the site. Hesitation cut can be appreciated in small measure over left side of the neck. The bleeding was minimal. The jugular vein, carotid arteries and trachea were spared. No foreign body was found over or in the wound. The patient made an uneventful recovery later.

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Aggression and Violence in Perspective of Hypoglycaemia: A Review Analysis

Authors
Dr Munawwar Husain1, Dr Mohd Asrarul Haque2, Dr Mohammad Mojahid Anwar3, Dr Faiz Ahmad4, Dr Jawed A. Usmani5, Farha Azmi6
1MBBS, MD, DNB, MNAMS, Professor, Fmr Medical Superintendent & Principal, School of Nursing Dip in Criminology and Criminal Administration, Cert in Conflict Analysis, USIP, Washington D.C.
2MBBS, JR-III
3MBBS, JR-II
4MBBS, JR-I
5MBBS, MD (Path), MD (For Med) Dip in Criminology and Criminal Administration, Professor & Chairman
6M.Sc (Nursing) (OBG), Lecturer
1,2,3,4,5,6Department of Forensic Medicine, J N Medical College, AMU, Aligarh 202 002, India
Corresponding Author
Dr Mohd Asrarul Haque
Email: asrar428@gmail.com
Mobile No.: +91 9045567792 / +91 8755198534

Abstract
Violence is instinctive to human nature. The human mind is slow to react to peaceful mechanism to conflict solution but instantly jump to quick redress using violence and aggression as the vehicle. Additionally, there are some inborn errors in genetic, hormonal and nutritional component that may compel the individual to resort to violent means, sometimes provocatively and at other times without adequate stimulus. In the current paper nutritional element emphasizing on hypoglycaemia is reviewed. This particular component is selected because it has medical legal connotation and the trial court have given conflicting opinion on occasions ignoring biochemical basis and preferring on circumstantial ones. Automatism leads to hypoglycaemia which leads to violence which itself is ituable and perhaps a mitigator to sentencing.

Key words: hostility, aggression, violence, hypoglycaemia, tyrosine, under nutrition

Introduction
Aggression, violence and assault are commonly used words with easily self-defining concept. It is also easy to understand the product and outcome of violence in a reasonable and graded format. It may be equated to religion, philosophical, sociological, political and biological connotations, and the reader or observer may well rest on the chair because the age-old riddle of why aggression has taken place have been partially solved under these shades of explanation. Solving this task may
Medico Legal Advice to the Distressed Fetus – Now A Child

Authors
Dr Mohd Asrarul Haque¹, Dr Md Majahid Anwar², Dr Faiz Ahmad³, Prof. Munawwar Husain⁴, Prof. J A Usmani⁵

¹,²,³ MBBS, Junior Resident
⁴,⁵ MD, DNB, MNAMS, Professor and Former Medical Superintendent
⁵ MD (Path), MD (For Med), Professor and Chairman, Former Director (MAS)
Department of Forensic Medicine, J N Medical College, AMU, Aligarh 202002, India

Corresponding Author
Dr Mohd Asrarul Haque
MBBS, Junior Resident

Department of Forensic Medicine, J N Medical College, AMU, Aligarh 202002, India
Email: asrar428@gmail.com

Apropos the case report entitled "Fetal gunshot of the chest: An unprecedented surgical encounter"¹ the under mentioned authors would like to append the medico legal component to this unusual episode.

Figure: X-ray chest PA and right lateral view revealing radio opaque shadow (entrenched bullet) (Source: IJCRI, 2011; 2(8): 1-4)
Munchausen Syndrome in a New Perspective - A Case Report

Mohd Asrarul Haque	extsuperscript{1}, Mohd Anwar	extsuperscript{1}, Faiz Ahmad	extsuperscript{1}, Munawwar Husain	extsuperscript{1}, Jawed A Usmani	extsuperscript{2}

	extsuperscript{1}Professor, 	extsuperscript{2}Professor and Chairman, Department of Forensic Medicine, J N Medical College, AMU, Aligarh

ABSTRACT

A 17 year old, adolescent male was treated at Jawahar Lal Nehru Medical College, Aligarh, for reason of drug ingestion. It was discovered that he took 35 tablets of alprazolam 0.25mg. Past history revealed that he had demonstrated such behaviour on several other occasions (4-5 times). This case merited attention simply for the reason that there is a variance between motive-induced self-harm and pure desire to commit suicide. This case qualifies to be called "Munchausen Syndrome" as the events unfolded in the paper.

Keywords: Munchausen Syndrome, Alprazolam, Self-Harm, Compassion Seeking Behaviour, Parasuicide

INTRODUCTION

The present case report is a factual entity of self-harm and not that of parasuicide. The finer distinction can be made on the basis of manner of committing suicide and in the former case the desire to achieve the end whether it may be perceived to be illegal or against the norms of the society as perceived by others.

Self-harm (SH) is defined as the "intentional, directly injuring of body tissue most often done without suicidal intentions". Behaviours associated with substance abuse and eating disorders are usually not considered self-harm because the resulting tissue damage is ordinarily an unintentional side effect. However, the boundaries are not always clear-cut and in some cases behaviours that usually fall outside the boundaries of self-harm may indeed represent self-harm if performed with explicit intent to cause tissue damage.

Munchausen syndrome is a mixture of two elements; one, there is always an element bordering on self-harm of various degrees and two, the urge to gain out of the demonstrable harm. Literature has described Munchausen syndrome to be a psychiatric factitious disorder wherein those affected feign disease, illness, or psychological trauma to draw attention or sympathy to themselves. In some extreme cases, people suffering from Munchausen's syndrome are highly knowledgeable about the practice of medicine.

CASE REPORT

Mr. X, a 17 years old adolescent male, precocious, and a student of local senior secondary school was brought to the Jawahar Lal Nehru Medical College and hospital, AMU, Aligarh, in February 2008, late in the evening. The past and immediate history of the patient was offered by the mother and it seems striking that the mother was disconcerting and not as consolable as the situation demanded.

Present history

For the last many days that Mr. X was visibly perturbed and adamant in behaviour. The family members tried to console the boy but to no avail. The mother revealed an unusual streak of behaviour in the boy in the sense that the boy was not very close to any of the family members. On the contrary he used to derive satisfaction in the company of others, notably professionals. His stubbornness had no basis in the
Role of Social Worker in the Rehabilitation of Victims of Natural Disaster

Authors
Alamgeer, BSW¹, Dr Mohd Asrarul Haque, MBBS²
¹Department of Social Work, Faculty of Social Sciences, AMU, Aligarh (UP), India
²Junior Resident, JNMC, AMU, Aligarh (UP), India
Corresponding Author
Dr Mohd Asrarul Haque
Email:- asrar428@gmail.com, Mobile No. +918755198534

Abstract
The role of social worker in rehabilitation of victims of Natural Disasters is very important as they need physical and psychological support in order to achieve dignified life aftermath of crisis. Natural Disaster produces significant impact on the life of sufferers. Loss of life, property, disability, death results mental agony. Medical Social Worker plays a significant role by working in systematic and methodological approach.

Key words: Social Work, Natural Disaster, Rehabilitation, Psychological support, Public Health

Natural disaster, crises aftermath
Natural disasters like cyclones, floods, earthquakes, and fires create conditions in which hundreds of thousands of persons become victims each year.¹ Victims after natural disasters were reported to have symptoms of posttraumatic stress disorder.²

Disabilities among disaster victims are common. Heart attacks as well as physical injury related to disasters can lead to permanent disability conditions which require assistance in order for the victim to return to work.¹

Natural disasters are crises, and a crisis is a time-limited period of psychological disequilibrium in victims, precipitated by a sudden and significant change in individual life situations.³ That life situation change can be represented by loss of home, which leads to feeling of insecurity and vulnerability in the loss of privacy and treasured possessions. These persons are thrown into situations where they must lodge themselves in temporary shelters, without restrooms or cooking arrangements, and with poor sleeping conditions. The loss of home can extend to loss of community

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