I am goat and I am not seductress

Authors
Dr Md Mojahid Anwar¹, Hena Fatma², Devendra Singh³, Dr Mohid Asrarul Haque⁴
Dr Munawwar Husain⁵
¹MBBS, MD, Assistant Professor
Email: dr.mojahidanwar@gmail.com
²MA (Clinical Psychology), PG Dip in Criminology and Criminal Administration, Ph.D (Scholar)
Research Scholar, Department of Psychology
Email: hena.abi01@gmail.com
³LLB, LLM, Ph D (scholar), Civil Judge (JD), Budaun, U.P. India
Email: dev13ad@gmail.com
⁴MD, Assistant Professor
Email: asrar428@gmail.com
⁵MBBS, MD, DNB, MNAMS, PG Diploma in Criminology & Criminal Administration, Professor & Chairman,
Department of Forensic Medicine, AMU, Aligarh, India
Email: husain.uita@gmail.com
Corresponding Author
Dr Md Mojahid Anwar
Mobile No.: +91 8791872168 / 8630858662

Abstract
My travails are encased in the following stanzas: Look at me with all thy innocence. And I shall embrace you with
colourful incense. If you seduce me for no fault of mine. There shall be devastation, thunder and lightning.

Keywords: goat perspective, bestiality, FO8CO Ac, gang rape.

From the perspective of goat
Eight grown-up men raped me by barricading all escape routes ¹. My cries, agonised shrieks all got
drowned in their vicious, lust-filled manoeuvres. Human beings say it was gang rape. My heart bled
and so did my inner parts. My physical pain dwarfed in front of assassination of my trust that I
reposed in human beings. How can they do this to me!
Animals are considered to be inarticulate. How unilateral decision regarding our being voiceless
can be taken by homo sapiens! In-articulation does not mean sensory and emotional numbness.
At the time of onslaught I was pregnant. Earlier I used to caress my baby by constricting my
stomach. I could see that my child loved it. It used to move and gently tickle me inside. The horrific
action finished it all. I was shrieking and so was my child.
After the fourth man dismounted I could feel quaint feeling of quietness within. My child lay
inside inertly. I could feel its weight and nothing more. Its silence numbed me. What happened
afterwards I had no re-collection. Newspaper said that there were eight men, all robust, muscular and
vicious and completely inebriated. I was dying
Letter to editor

NAVIGATING MENTORSHIP OF UNDERGRADUATE STUDENTS IN INDIA:
THE STUDENTS' PERSPECTIVE

Dr. Md Mojahid Anwar1, Dr. Mohd Asrarul Haque1, Hena Fatma2, Dr. Afzal Ahmad3,
Dr. Munawwar Husain4

1, 2. Assistant Professor, 3. Research Scholar, Department of Psychology, 4. Resident, 5. Professor &
Chairman Department of Forensic Medicine, AMU, Aligarh, Dr ZA Dental College, AMU, Aligarh

*Corresponding author: Dr. Md Mojahid Anwar
Email id: dr.mojahid.anwar@gmail.com
Received: 27/06/2018 Revised: 26/07/2018 Accepted: 01/08/2018

ABSTRACT

Mentoring under graduate medical students is not easy as it appears to be. In India as elsewhere, selection to
medical course i.e., MBBS is highly competitive with 1:400 ratio of competing students. Therefore, it can be
surmised that entrants are well read, computer savvy and language erudite. If they need mentoring that should be
done by qualified mentors possessing inclination and virtue of a mentor. A mentor just cannot fool one and all
medical mentees. Therefore, there should be an established process of mentoring in which the students should be
free to question and raise doubts. It should a two way channel. With important apex national bodies like Human
resource development (HRD), medical Council of India (MCI), University Grants Commission (UGC), Indian
Medical Association (IMA) etc., the mentor must take the task seriously and goal oriented.
Keywords: MBBS students mentoring, assessment of mentor, assessment of mentee, mentoring tools

INTRODUCTION

[A] What is mentorship? The earliest quotable instance:

Webster’s Comprehensive Dictionary of English Language, ed. 2013, has defined mentor to be a "wise
and trusted monitor or advisor". Etymologically, its roots can be traced to “Odyssey” in which Odysseus
appointed a guardian and mentor to his son Telemachus before he departed for the Trojan War. Later, upon his safe return from war after meandering
for the next ten years at sea he found that there were several suitors to his wife Penelope. Natural justice
prevailed and he, assisted by his son managed to kill all the suitors. It is ironical that out of many war
veterans who perished after Trojan War, he alone survived and melted into a happy re-union with his

family.

It raises a fairly reasonable and logical question. Did it all happen because of good mentoring of his son and selection of an appropriate mentor?

The author of this article having been an undergraduate medical student himself feel immersed deep into the undergraduate’s need and desire of
being mentored. Therefore, I would like to put forth several aspects of mentoring which a student would
aspire for herself/himself. Momentarily I have donned the mantle of spokesperson for all the student
community of my ilk. I feel that if the students' emotions, sensibilities and desires are taken into
consideration, mentoring would become a relishing
Grotesque image can never be forgiven
nor forgiven

An adult male was admitted in Rani Laxmibai Medical College, Jhansi, MP, India, where his leg was amputated. Regrettably, the patient's amputated leg was tucked under his head as a pillow while the patient was recuperating in the emergency section of the hospital.

This situation is clearly professionally unethical, promotes medical ostracism, creates psychological issues for the victim, and works against inherent humanistic values and medical progress and accepted norms of decency. This form of mental torture may not exactly conform to the definition of torture in the Convention against Torture. However, it must certainly be degrading treatment, at the very least, and such practices must surely be condemned by the medical professional worldwide. In this case, a non-implantable body part which has become 'non-self' being used as a pillow is highly likely to seriously detrimentally psychologically affect the patient.

Why did this happen? Whilst in a hospital such incidents should never take place, still they do. The problem of lack of resources and the increase in patient load has created an atmosphere where apparently minor lapses and unethical practices are often overlooked, or normalised. Additionally, patients find it hard to question the quality of health care as their treatment is going on, particularly as they may not consider healthcare to be their birth right - despite assurances given by the Indian government. Justification for incidents such as these is often inadequacies in the health care system. However, it is our firm view that this context does not and must not give free reign for medical professionals and other to indulge in blatantly unethical and unprofessional practice. It is important that standards are maintained to avoid traumatising or tortuous environments in healthcare settings (Centre for Human Rights and Humanitarian Law Anti-Torture Initiative, 2013).

We feel obliged to speak out particularly as this is not the first time that such a practice has been identified. On this occasion, the matter was highlighted by the press (Hindi Daily, 2018). Previously, similar situations have been shown to occur time and again in India (Husain, M., Anjum, A, Alshraim, M, Usmani, A, Usmani, J.A., 2012).

We urge that such practices be stopped and counselling should be provided to those hospital employees who are so susceptible to stress that they take short cuts without realising that these may cause deep hurt and downgrade professional values.

Md Mojahid Ansar, MD, Ass Prof., Mohd Asrarul Haque, MD, Ass Prof., Azfar Haroon, MD, Ass Prof., Hena Fatima, *, Munawwar Husain, MD, Prof., **

References
UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. A/RES/39/46.
Teeth are the sentinels of a canyon mirroring flourishing and gushing personality

Authors
Dr Afzal Ahmad, BDS, MDS (Std)¹, Dr Md Mojahid Anwar, MD², Dr Asma Usmani, BDS, MDS (Std)³, Hena Fatma, MA, PhD (std)⁴, Dr Munawwar Husain, MD⁵
¹Resident, Dr ZA Dental College, AMU, Aligarh
²Department of Forensic medicine, AMU, Aligarh
³Resident, Subharti Dental College, Meerut
⁴Department of Psychology, AMU, Aligarh
Corresponding Author
Dr Md Mojahid Anwar
Email: dr.mojahidanwar@gmail.com, Mobile No. 8791872168

Abstract
Oral health constitutes an important part of health and gives indication about the personality perspective in terms of hygiene. If a person has good and sparkling teeth that give an impression to others that the individual is taking care about his oral hygiene and health. Therefore, it is imperative that proper care be taken of teeth, gums and buccal cavity. Further, it has cosmetic too. This paper takes a somber view of oral hygiene and cleanliness because it also lend an insight in to the openness of the personality. So, there is a need to understand the intimate connection between oral health and overall health and what can be done to protect ourselves?

Keywords: oral health, periodontitis, oral disease prevention, sparkling teeth.

Few conditions that may affect oral health are enumerated:
Oral health may be affected or cause effect or contribute to proliferation of various diseases and conditions, including:
1. Endocarditis: Gum disease and dental procedure that cut the gums and may allow bacteria to enter the blood stream. If a person has a weak immune system or damaged heart valve, this can cause infection in other parts of the body such as infection of the inner lining of heart known as endocarditis.¹

2. Cardiovascular diseases: Researches suggest that heart disease, clogged arteries and stroke may be linked to oral bacteria, possibly due to chronic inflammation from periodontitis- a severe form of gum disease.²

3. Pregnancy and birth: Gum diseases have been linked to premature birth and low birth weight.³

4. Diabetes: It reduces the body’s resistance to infection putting the gums to risk. In addition, people who have inadequate blood sugar control may develop more
Medical Technology: Less Use and More Misuse

Authors

Dr Md Mojahid Anwar, MD\textsuperscript{1}, Dr Md Asrarul Haque, MD\textsuperscript{2}, Dr Afzal Ahmad, BDS\textsuperscript{3}, Hena Fatma, MA\textsuperscript{4}, Dr Munawwar Husain, MD, DNB\textsuperscript{5}

\textsuperscript{1}Assist Prof, \textsuperscript{2}Assistant Prof, \textsuperscript{3}Professor & Chairman, Department of Forensic Medicine, AMU
\textsuperscript{4}MDS (std), Department of Prosthodontics, \textsuperscript{5}Ph.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 investigation\textsuperscript{1}. 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 back drop, 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 conveyer belt to predestined halt. 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 examination\textsuperscript{2}. 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

“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 newspapers.1,2,3,4,5 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.

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.

REFERENCES


Sir,

Casuistry in defense of Forensic Medicine

Husain Munawar1, Haque Md. Asrarul2, Anwar Md. Majahid3, Ahmad Faiz4, Usmani Jawed Ahmad5

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 invariable, since they hold good with certainty only in the typical conditions of the agent and circumstances of action”. The usefulness of the maxim is that it provides cash 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 induced 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.

REFERENCES


Address for correspondence:
1Professor and Head, Medical Superintend. 2SR (Corresponding Author) 
3JR. IR. 4Professor and Chairman Dept. of Forensic Medicine 
5M.D. Medicine (Pathology). AIO University 207 002, India.

LETTER TO THE EDITOR
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, Aligargh, 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 so-called perceived security of the younger ones. However, the demand of the present life style and the urge to surge 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
Injuries Caused By Borrowed Dentures: Antithesis to Elderly Abuse – A Forewarning

Authors

Dr Munawwar Husain, Dr Mohammad Asrarul Haque, Dr Mohammad Mojahid Anwar, Dr Faiz Ahmad, Dr Mohammad Adil, Dr Afzal Ahmad, Dr Jawed Ahmad Usman

1 MBBS, MD, DNB, MNAMS, Dip in Criminology & Criminal Administration, Professor
2 MBBS, MD, Senior Resident
3 MBBS, D. Ophth, JR-III
4 MBBS, JR-II
5 MBBS, MD (Dermatology), Senior Resident, Department of Dermatology
6 BDS, Junior Resident, Dr Z.A Dental College, AMU, Aligarh 202002
7 MBBS, 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 USA 3.

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 4.
Bending Bullet- Beyond Imagination – A Case Report

Authors
Dr Faiz Ahmad¹, Dr Mohammad Asrarul Haque², Dr Mohammad Mojahid Anwar³,
Dr Munawwar Husain⁴, Dr Jawed Ahmad Usmani⁵
¹MBBS, JR – II,
²MBBS, MD, SR,
³MBBS, D. Ophth, JR - III
⁴MBBS, MD, DNB, MNAMS, Professor
⁵MBBS, MD (Path), MD (For Med), Professor & Chairman,
Dept of Forensic Medicine, J N Medical College, Aligarh Muslim University, Aligarh 202 002, India
Corresponding Author
Dr Faiz Ahmad
Email: faizahmad61@gmail.com 7417593173

Abstract
There are innumerable circumstances when a firearm injury has been presented in different forms. Some injuries are considered to be clean, where as others are twisty and bizarre in presentation. Examples may be quoted as ricocheting of bullet, single entry wound and multiple exit wounds, single entry wound but no exit wound presumably bullet vanishing suddenly. The present case report deals with the case in which the bullet has struck the shin of right lower extremity causing fracture and bending of bullet at the level of its neck.

Key words: bending bullet, ricocheting, fracture tibia, low velocity

Background of the case
A patient Mr. XYZ aged 22years/male, student, resident of civil line area district Aligarh, came to the Emergency Section of J N Medical College, Aligarh, alleging that he has been shot from a close range on the anterior aspect of right lower leg. On quick examination it was found that he was stable, conscious and well oriented to time, place and person indicating that he was not in dire emergency category.

Case report
Physical examination:
Vitals: BP-124/78 mm of Hg
R/R-18/min,
Pulse- 78/min
Pupils- Bilaterally normal reacting to strong beam of light
Temp- Afebrile.

Psychological and mental examination: He was in state of compose mentis, slightly disturbed but not frightened. He could not stand on his leg and was supported by others in this endeavor.
Bullet Richocheting and Riding the Easy Way – A Case Report

Authors
Dr Mohammad Mojahid Anwar¹, Dr Faiz Ahmad², Dr Mohammad Asrarul Haque³, Dr Mohammad Adil⁴, Dr Munawwar Husain⁵, Dr Jawed Ahmad Usmani⁶, Dr Baitullah⁷

¹MBBS, D. Ophth, JR-III, Department of Forensic Medicine, 
²MBBS, JR-II, Department of Forensic Medicine 
³MBBS, MD, Senior Resident, Department of Forensic Medicine 
⁴MBBS, MD (Dermatology), Senior Resident, Department of Dermatology 
⁵MBBS, MD, DNB, MNAMS, Dip in Criminology & Criminal Administration, Professor, Department of Forensic Medicine 
⁶MBBS, MD (Path), MD (For Med), Dip in Criminology & Criminal Administration Professor & Chairman Department of Forensic Medicine 
⁷MBBS, MS, Professor, Department of Anatomy, Al Ameen Medical College, Bijapur, Karnataka

Corresponding author 
Dr Faiz Ahmad 
Email: faizahmad61@gmail.com Mobile No. +91 7417593173

Abstract 
A very visible and easily recognizable fire-arm entry wound was discernible on the right shoulder. No exit wound was found. It was assumed that the bullet may have struck a bone and would have rested at the site of impact. As is customarily and logically ordained in such matters an x-ray of right shoulder was advised. It was a shock at not finding the bullet at the end of track. The bullet was clearly found 6 inches below the wound on x-ray lying nose down and base in perfectly perpendicular position. No fracture of bone was detected. This aspect and corresponding explanation forms the basis of this case report.

Keywords: bullet, richochet, pectoralis major, tumbling, wobbling, yaw

Case Report
A male victim of gunshot injury was brought to the Emergency Section of J N Medical College Hospital, AMU, district Aligarh, in the first week of October 2015. He appeared to be 40 years old, robust in health. He was accompanied by his brother and other close relatives. He was conscious and did not appear to be frightened. The history about the incident was very brief and non-leading one. Allegedly he was shot after a brief altercation with the accused from a close range. He did not get the chance to dodge the bullet and took the fire standing upright facing the assailant. He saw that a revolver was used to fire upon him.

Dr Munawwar Husain et al JMSCR Volume 04 Issue 02 February
Madness In Self Injury-Severe Cut Throat Self Inflicted Injury By A Mentally Deranged Person

Authors
Mohammad Mojahid Anwar, Mohd Asrarul Haque, Faz Ahmad, Munawwar Husain, Jawed Ahmad Usman, Mohd Adil

1&3Junior Resident, 2Senior Resident, 3Professor, 4Professor & Chairman, 5Senior Resident, Department of Dermatology, JNMC, AMU, Aligarh 202002

Corresponding Author
Dr Mohd Asrarul Haque
Senior Resident, Dept of Forensic Medicine, J. N. Medical College, AMU, Aligarh 202002
E-mail: asrar48@gmail.com

ABSTRACT
There are innumerable cases in which mentally deranged individual have attempted self inflicted injury over the neck and throat. This injury is glaringly absurd in nature and could defy logic and reasoning. The present case report is on in series of such cases. The uniqueness in the present case is that mentally unsound person practically severed his neck under the command of a voice considered by him holy and binding.

Key-words: Self-inflicted injury, mentally deranged, cut-throat, psychiatric disorder, Command from spirit

CASE-HISTORY
Mr X, 30 years old, married, was brought to the causality section of JNMC Aligarh, accompanied by his wife in the month of July 2015, in a critical condition requiring immediate emergency measure. He was provided the required medical treatment at the emergency section and was kept under observation for two days. Once his condition stabilised he was shifted to the surgical ward for additional treatment and recuperation.

HISTORY
Personal and Past History
The patient was of average build and illiterate. The history was provided by the attendant accompanying the patient because he was incommunicado. It appears that he was hearing voices since the past several months. These voices were commanding in nature, forceful and instrumental in enforcing the individual to submit himself to its dictate. Most of the time family members recognised his condition and did not leave him alone. Therefore, he was prevented in principal from doing any damaging act by the constant vigil provided by the relatives. However in this particular occasion he was left unattended and therefore, he got the opportunity to self destruct. Basically this is against the nature and objective of forensic psychiatry. Clinical studies have demonstrated that such people at risk should not be left with razor or sharp instrument or appliance that could facilitate hanging. In fact

Mohammad Mojahid Anwar et al JMSCR Volume 04 Issue 02 February
Congenitally Fused Kidney Mal-Positioned In the Sacral Region

Authors

Dr Mohd Asrarul Haque¹, Dr Mohammad Mojahid Anwar², Dr Faiz Ahmad³,
Dr Munawwar Husain⁴, Dr Jawed A Usman⁵, Dr Baitullah⁶

¹MBBS, MD (Forensic Medicine), SR
²MBBS, D.Ophth, MD (std), JR-III
³MBBS, MD (std), JR-II
⁴MD, DNB, MNAMS, PG Diploma in Criminology and Criminal Administration, Professor
⁵MD (Path), MD (For Med), PG Diploma in Criminology and Criminal Administration, Professor and
Chairman
Department of Forensic Medicine, J N Medical College, Aligarh Muslim University, Aligarh 202 002 India
⁶MBBS, MD (Anatomy), Professor, Department of Anatomy, Al Ameen Medical College, Bijapur,
Karnataka, India
Corresponding Author

Dr Mohd Asrarul Haque
Email: asrar428@gmail.com, Mobile No.: +91 8755198534

Introduction

Normally the anatomical position of kidneys is at the level of T12-L3 vertebrae in relation to spine. It is supplied by renal artery which is a branch of abdominal aorta.

Report

Recently we came across a case in which congenital ectopic pelvic kidneys with lower poles fused and empty renal fossa was accidently found. The patient Mr X, age 18 years, male, resident of university hostel, consulted nephrology unit for occasional boring pain on the right flank of abdomen. The pain migrated to the back and at times the patient felt difficulty in bending. On examination no abnormality was detected in blood, urine and stool. The investigation was brought to next higher level and IVP was done. The IVP showed the kidneys were mal-positioned in the pelvic region, lower poles of both the kidneys were fused which were congenital (Fig 1, 2 & 3 after IVP).
Husain-usmani Principle of Shared Insanity: the First, and the Last Dot Connect, What About the Middle One? Discussion on Forensic Issue

Munawwar Husain, Jawed Ahmad Usmani, Mohammad Asrarul Haque, Mohammad Mujahid Anwar, Faiz Ahmad, Hena Fatma

Professor & Former Chairman, Medical Superintendence, Principal, School of Nursing, Professor & Chairman, Senior Resident JI-II, Research Scholar, Department of Psychology, AMU, Aligarh, Department of Forensic Medicine, Faculty of Medicine, Aligarh Muslim University, Aligarh, India

ABSTRACT

Forensic psychiatry is a sub-discipline of psychiatry which is still ridden with intrigue, shadow boxing, and uncertainties. Ironically, the insanity of the accused has to be defended by sanity in the court of law. Most of the time we do not have the depth of conviction about what and whom the forensic psychiatrist is defending in the court. More issues are being cropped up rapidly as this discipline is in the phase of transformation and re-modeling. One such issue is that of “shared insanity”. Since this is an under diagnosed and under explored area not much is to offer at this stage. However, the authors took upon them to look in to certain aspects of forensic issue attached to this illness as corollary. These are extrapolated below.

Keywords: shared insanity, partnership insanity, Husain-USmani Principle, delusion, schizophrenia, l’oeil a deux

INTRODUCTION

Husain-USmani Principle of Shared Insanity

Shared insanity is a misnomer. Common feature is that two persons in close relationship, in isolation, share delusional ideas based on the same theme. If a primary insane has a delusional effect, that same effect is felt by the induced person; say an individual has seen a ghost as complete manifestation, the induced one shall also have the same effect. The ghost image is not divided into two – the upper and lower torso – each one to have the divided effect. Sharing is proportionality, whereas partnership could be different. A partner would be amenable to have the complete profiling effect of the ‘ghost’ and not ‘torso-wise’.

Partnership is partaking equal proportion of grief or joy. The entity is indivisible.

Sharing is having a divided portion. A loaf of bread is shared by two people equally. This means that the loaf was divided into two portions and each partner took one for himself or herself.

Hence the authors suggest that the terminology of “shared insanity” may be substituted by “partnership insanity”. The next reason for proposing this essential change is that the concept is still not fully understood. All the more the condition remains under diagnosed. Befittingly, if proper words are not aligned, it may lead to wrong conceptualization in the academics. The core issue may fritter away. The literature is patchy and non-illustrative in this aspect.

However, in partnership insanity, the primary insane shall demonstrate all the features of delusions, schizophrenia or paranoia. The rubbing effect on the induced partner shall be faded one or just patchy. What is important is to realize that the initiative is always taken by the primary partner. He/she gets the support from the induced partner – the prompter.

Corresponding author:
Dr Mohd Asrarul Haque
E-mail: asrar428@gmail.com,
Mobile No. +91 8755195834
Case Report

Crash helmet – the harbinger of death: a case report

Mojahid Anwar, Mohammad Asrarul Haque*, Faiz Ahmad, Munawwar Husain, Jawad Ahmad Usmani

Department of Forensic Medicine, JNMCH, AMU, Aligarh, UP, India

Received: 17 August 2015
Revised: 20 August 2015
Accepted: 08 September 2015

*Correspondence:
Dr. Mohammad Asrarul Haque,
E-mail: asrar428@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

In one of the rarest form of freak accident, a young woman surrendered to her death in a manner that belie the reality only to be played back in a slow motion sequence. History is replete of instances in which death struck individuals in otherwise innocent forms. In this case – elaborated below – a helmet tucked under the crook of an elbow became the undoing causing the woman to topple backward in a slow-motion, the head striking the hard surface of the road and precipitating her death later in a hospital.

Keywords: Helmet, Elbow crook, Freak accident, Pillion rider, Strap entanglement

INTRODUCTION

There are innumerable instances of bizarre circumstances causing death, each one fiercely competing for slot number one in weirdness. The philosophy behind this irrationality becomes conspicuous when that event happens in a conducive environment and friendly situation. Otherwise, who would think of death in sporting events, life sustaining work place, lawful demonstrations and travelling? The sub scripted citing belies such beliefs. Few happenings have been randomly picked up from historical sheets illustrating that confidence reposed has been battered by betrayal.

Case 1: In 1977, Tom Pryce, a Welsh Formula 1 driver was killed while driving his car at the speed of 270 kph (170 mph) and the fire extinguisher over head struck his head.

Case 2: In 2011, Joe Luis Ochoa, 35 years old, died after being stabbed in the leg. He was watching an illegal cock fight in Tulane County, California, USA. This unbelievable accident occurred when one of the birds who had a knife attached to its leg suddenly diverted and stabbed him. He died later.

Case 3: Robert Williams, a worker at the Ford Motor Co. plant, on August 11, 1983, was the first known human to be killed by a robot after a one ton factory robot hit him in the head. The jury adequately compensated him posthumously.

Case 4: In 1871, Clement Vallandigham, a lawyer in Ohio, USA, was accidentally killed while he trying to demonstrate to the presiding judge proving the possibility of gun being fired by the deceased. He was defending the suspect. This happened as he raised himself from the kneeling position the loaded gun still pointing towards him.

Case 5: Tragically, in 1927, Isora Duncan, dancer, died of a broken neck when her long scarf caught on the wheel of a car in which she was a passenger.

Case 6: A five year old girl in Jaipur died after ‘manjha’ slit her throat.

This case report has similar level of unbelievable and that is one reason why the authors decided to bring this to the attention of its varied readers.
Sudden fall into A Dry Well: Life Saved but Laterality Snuffed Out

Authors
Dr Mohammad Mojahid Anwar¹, Dr Mohammad Asrarul Haque², Dr Faiz Ahmad³, Dr Munawwar Husain⁴, Dr Jawed A Usmani⁵
¹MBBS, D.Ophth, MD (std), JR-II
²MBBS, MD (std), JR-III
³MBBS, MD (std), JR-I
⁴MD, DNB, MNAMS, PG Diploma in Criminology and Criminal Administration, Professor
⁵MD (Path), MD (For Med), PG Diploma in Criminology and Criminal Administration, Professor and Chairman

Department of Forensic Medicine, J N Medical College, Aligarh Muslim University Aligarh 202 002 India
Corresponding Author
Dr Mohammad Asrarul Haque
MBBS, MD (std), JR-III
Email: asrar428@gmail.com, Mobile No.: +91 8755198534

Abstract
An unexpected fall of an adult man into a dry well leads to an unusual injury of the right upper limb leading to permanent crippling. This case report dealt below is unusual in the sense, that such type of injury generally do not takes place when a person falls from the height of approximately 30 feet into a gravel and pebble filled of the well. The following narration is presented bellow sequentially.

Key word: Dry well, submersible pump, amputation of limb, coast of alcoholism

Introduction
Not long ago drawing water was frequently seen all over India and wells were dotted throughout landscape of rural India. Later with the advent of piped water and submersible pump, majority of the wells were closed down. However, few disused wells still remain open inviting catastrophe. The present case report is a measure of gross negligence and dim understanding that finally led to the loss of limb of unfortunate victim.

Case report
Mr X. aged 45 years male and resident of village, 10km south of district Kasgunj, India. As per the version of the hapless victim he went to the dry well in order to check whether the submersible pump was working or not. The mouth of the well was fully covered by sheet of strong iron. A window was cut and hinged so that the person can peep inside the well without removing the entire corrugated sheet. If required, he can manoeuvre himself through window opening and descend down the ladder fixed around the side wall of the
Inject Interfaith Dialogue to Truncate Hostility in Patients

Munawwar Husain1, Mohd Asrarul Haque1, Mohammad Mojahid Anwar1, Faiz Ahmad2, Jawed Ahmad Usmani3, Farha Azmi3

1Professor & Former Medical Superintendent, 2IR-III, 3IR-II, 4IR-1, 5Professor & Chairman, Department of Forensic Medicine, 6N Medical College, Aligarh Muslim University, Aligarh, India, 7Lecturer, Government Nursing College, Kanpur, 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 (falsified 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 stoners. 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/her 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 as offences under its criminal law. The same shall apply in regard to acts, which constitute participation as, complicity in, movement to, or an attempt to commit torture" [1,2].

Human torture is detected and abhorred at times even by the practitioners of torture. Yet torture is continuing unabated and is used as an instrument of terror and mind breaker. No limit is set; no holds barred is the rule. Deaths take place directly linked to torture. It ultimately aroused 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, neon-lighted 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 buried the institutionalized system under layers and layers of secrecy and hence that malodor or unmercifully shriek 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 "beastly torture." If a victim is rendered crippled it is "barbaric torture." Yet if a victim survives with mangeable mental and physical sequela 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 it is not torture, but mild coercion understandably for the larger good of the humanity. However, whatever the degree may be, 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 centerpiece of it to be occupied by the medico moral torture (MMT). The practitioner of MMT has enough morality and kindness ingrained within that he inflicts subdued torture. His moral sensibilities aligned to medical perceptions allow him to practice torture in as yet undefined but individually perceived "blebs" upon, which emanation he understands that torture "must go this far, and no more." The interrogator must realize that the detainee is a human being deserving ethical treatment under detention. He could interrogate without breaking the personality of the individual, coerce him without causing his self-esteem, humiliate him without denying his right to free and fruitful imagination. Extreme violence stifles the resistance to the utmost, less violence in actuality shadowed by the fear of greater pending violence relieves many bold scruples to the abomination of the most pernicious torture.

The poignant question is; What is the limit and how to identify such torture? Can medico moral torture be created by the system from within its own resource material, and hopefully would they be the last outlets signifying the elimination/degradation 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 onslaught, let it either by subtle manipulation of its own pedagogy.

Munawwar Husain, Mohd Asrarul Haque, Mohammad Mojahid Anwar, Faiz Ahmad, Jawed Ahmad Usmani
Department of Forensic Medicine, Jaiwaharl 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: ahsan426@gmail.com

Received: April 01, 2015
Accepted: April 10, 2015
Published: April 15, 2015

REFERENCES
1. Art. 7. Declaration of the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNC General Assembly Resolution No. 3452).

© QEDSAV, licensee GEDSAV. This is an open access article licensed under the terms of the Creative Commons Attribution Non-commercial License (http://creativecommons.org/licenses/by-nc/3.0/) which permits unrestricted, non-commercial use, distribution and reproduction in any medium, provided the work is properly cited.

Source of Support: Nil, Conflict of Interest: None declared.
IT IS TIME THE STERNUM GETS A NEW NAME

Munawwar Husain 1, Mohd Asrarul Haque 2, Mohammad Mujahid Anwar 3, Iau Ahmad 4, Jawed Ahmad Usmani 5, Nema Usman 6.

1 Professor and fmr 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 user 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 8755198534 E-Mail: asrar428@gmail.com

Access this Article online

Quick Response code

Web site: International Journal of Anatomy and Research
ISSN 2321-4287
www.ijmhr.org/ijar.htm

Received: 10 Mar 2015   Accepted: 02 Apr 2015
Peer Review: 10 Mar 2015   Published (O): 30 Apr 2015
Revised: None   Published (P): 30 June 2015

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

*Mohd 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 the 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.

© Copyright 2014 | Centre for Info Bio Technology (CIBTech)
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

Department 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 medico 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 triable 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 Haque, Dr Md Mojahid Anwar, Dr Faiz Ahmad,
Prof. Munawwar Husain, Prof. J A Usmani

1,2,3MBBS, Junior Resident
4MD, DNB, MNAMS, Professor and Former Medical Superintendent
5MD (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’ 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
(entrained bullet) (Source: IJCRI, 2011; 2(8): 1-4)
Munchausen Syndrome in a New Perspective - a Case Report

Mohd Asrarul Haque1, Mojibd Anwar2, Faiz Ahmad3, Munawwar Husain4, Jawed A Usmani5
1[Medical II, 2[Medical I, 3[Professor, 4[Professor and Chairman, Department of Forensic Medicine, AMU 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.

Keywords: 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...
Case Report

A bizarre case report of self-harm by ingested lock trapped in oropharynx

Mohd Asrarul Haque*, Munawwar Hussain, Jawed Ahmad Usmani

Department of Forensic Medicine, JNMC, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

Received: 18 February 2015
Accepted: 08 March 2015

*Correspondence:
Dr. Mohd Asrarul Haque,
E-mail: asrar428@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

The present case report deals with a highly and yet unreported case of self-harm in which a medium sized lock was ingested with convulsive movements of the face and neck which ultimately got trapped in oropharyngeal region. The lock managed to ‘sink’ and settled down in that region so that the patient did not feel any gross pain once it was swallowed. There was history of mental illness reported by the attendants of the patient that remained unverified since no treatment card or the name of drug(s) was shown to the treating team of doctors. Therefore, it remained speculative whether the attempt to swallow lock was as a result of psychiatric illness or was supplemented by other social factor notable the influence of “Tantrik”. Tantriks are special breed of spiritual healers who resorted to unscientific method of healing. At times they use unethical practices. There are reports in which tantrik have provoked their unsuspecting victims to highly complex maneuvers leading to self-harm. The present case, it is believed falls in this category.

Keywords: Ingested lock, Self-harm, Bruised oropharynx, Mental illness, Tantrik, Bizarre behavior

INTRODUCTION

Most of the time victims of foreign body ingestion are toothless adults, prisoners and psychiatric patients. Commonly ingested objects are toothbrushes,1 table spoons,2 coin,3 bone piece, fish, nails, button, glass pieces, dentures, ear ring, chain, pins, needles and razor blades.4 In another significant study it has been reported that most ingested foreign bodies don’t get impacted in oropharynx except fish, chicken bones or any other sharp or irregular object.5 These patients with foreign body in oropharynx generally present in emergency department with complain of sudden onset of dysphasic and pain in throat associated with minor laceration and abrasion in the oral cavity.

On many occasions ingestion of foreign bodies have been reported in various scientific publications and their variety never ceases to titillate. Present case report is very interesting and has not been reported elsewhere and is novel in character.

CASE REPORT

A woman of around 25 years of age, married, multipara, was brought to the emergency section of JNMC and hospital, AMU, Aligarh, in the month of August 2014. She was acutely dysphasic and dyspneic. She was unable to swallow saliva and sips of water. She was partly stuporous, restless and was unable to talk. She was avoiding direct eye communication.

She was accompanied by her parents and few relatives. No member of her in laws accompanied her.

Initially, her parents were evasive and avoided direct questioning. They gave controlled answers in monosyllables. However, upon persistent questioning,
Original Research Paper

Trauma to Spleen: A Marker to Assess the Prognosis In Blunt Trauma to Abdomen Cases

Mohd. Asrarul Haque, 2Munawwar Husain, 3S. Hasan Harris, 4Jawed A. Usmani

Abstract
It has been reported that the emergency section of Jawaharlal Nehru Medical College Hospital, Aligarh is predominantly occupied by trauma cases (85-90%) out of 100 attending per day. 40-50 patients come as a result of assault and Road Traffic Accident (RTA). This study is primarily based on Blunt Trauma to Abdomen and seeking answers to morbidity and mortality arising out of intra-abdominal splenic injury. Amazingly, before the start of the project, the authors unerringly assumed that splenic injury carries higher risk of mortality irrespective of grading of injury to the organs.

Our study have demonstrated that out of our series of victims (n=250), 97 cases sustained splenic injury of various grading, and a single mortality was reported. Splenic injury was also involved along with injuries of other organs in the following decreasing sequence. However to make the study more precise the authors have focused research on splenic trauma scale to mortality and morbidity.

Key Words: Splenic injury, Blunt trauma abdomen (BTA), Assault, RTA

Introduction:
The emergency Department of J. N. Medical College, AMU, Aligarh, India, is an extremely vibrant section since it receive about 100 – 150 patients per day and cater to the population of about 6 lakhs.

Out of these 100 cases, 10-15 are from the medicine and allied specialties and 85-90% patients per day occupy the notoriety of surgical/orthopedic involvement. Ironically out of these number 40-50 patients comes as a result of assault and road traffic accidents.

Our aim and objective to pursue this study was derived from the fact that in Blunt Trauma Abdomen (BTA), involvement of spleen was maximum ultimately leading to quick death or near quick death. [1]

The finding of our study extending a period of three years has revealed remarkable findings. Diagnostic techniques like USG, CT and MRI contributed vastly to this study.

A case has been reported in which sub capsular haemorrhage of spleen took place from a fall of 3-4 feet [2] which is indicative of vulnerability of spleen from a minor blunt trauma.

Materials and Methods:
The study spanned a period of 3 years i.e. Jan 2011 to Dec 2013. All those patients who sustained blunt injury abdomen due to a variety of causes and reporting at the emergency section of J. N. Medical College, Aligarh, formed subjects for study taking due consideration in terms of consent and voluntariness. A total of 250 patients formed the study material, out of which 97 has sustained splenic injury alone. Rest 153 suffered injuries to other organs too.

Since our study focused exclusively on splenic injury, therefore 97 cases were segregated from 250 and detailed analysis was conducted on these cases only. No exclusion was done on the basis of relative age, sex, occupation, sports etc.

The trauma score follows the splenic injury scale (1994 revision). (Table A)

Result and Discussion:
It is evident from our study that out of total 97 cases the maximum number of cases of splenic injury fall in 11-20 years (29.9%); 21-30 years (23.7 %); and 31-40 years (16.5%), age groups respectively. (Table 1)

The 11-20 years period is considered as adolescent and early adulthood; hence it carries