



MAX FAC
SURGE

THE OMFS NEWSLETTER

ASSOCIATION OF MAXILLO FACIAL SURGEONS OF INDIA
TAMILNADU AND PUDUCHERRY BRANCH

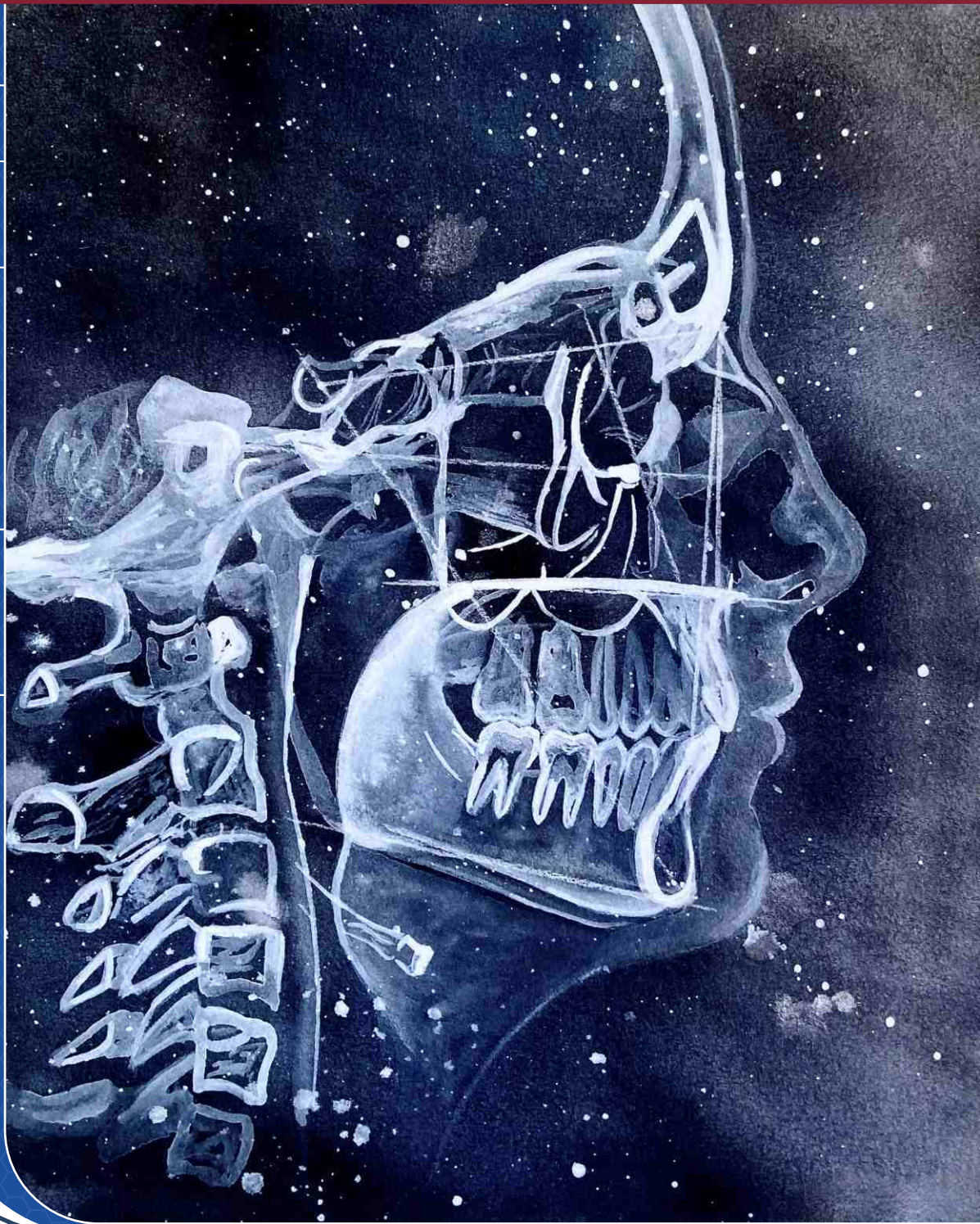
Volume 1

Issue 1

JUL 2022 to
APR 2023

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Dr. J. Balaji
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**ASSOCIATION OF MAXILLO FACIAL SURGEONS OF INDIA
TAMILNADU AND PUDUCHERRY BRANCH**

Volume 1

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July 2022 - April 2023

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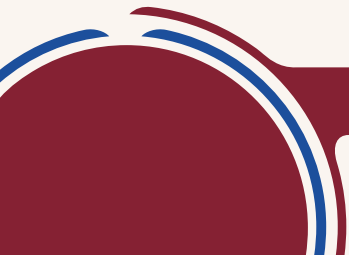
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“The measure of success is the ability to adapt and change.”

The essence, philosophy, scope, skill set, training and practice of Oral and Maxillofacial Surgery is constantly evolving and is witnessing a metamorphic transformation. It is, but natural and necessarily essential to imbibe, embrace and incorporate the CHANGE.

As I assumed office last July at Coimbatore, I realized that I was inheriting a responsibility fantastically nurtured and curated by Dr K Arun Kumar and Dr Kannan (former Editor-in-Chiefs) and their editorial team. The kind of transition and cult status ***Max-Fac SURGE*** has acquired during their periods was the inspirational point to start.

It has taken me the last 6 months to conceptualize and incorporate my vision and thoughts to the future of this Newsletter, whilst retaining the essence and spirit with which it has evolved over the years. I sincerely understand, this requires a great deal of passion, integrity and commitment, both to uphold the high standards set and the enthusiasm with which it has been received. On that accord, my earnest apologies for the delay in presenting the first issue of Newsletter. Henceforth, Max-Fac Surge will be a quarterly issue.

A slew of changes has been incorporated with a fresh perspective, that all work and no play ***is no fun***, even for an academic publication. Articles on lifestyle and well-being, Satire in Surgery – a devoted cartoon corner, laugh it out loud (LOL), travelogue on less ventured destinations in Tamil Nadu have been included as new additives to add further fervour in reading this newsletter. A large emphasis has been placed on tailoring Max Fax Surge also as a quick read for post graduates on relevant topics in OMFS by including new features such as Max-Fac Facts, Case Features by post graduate students, invited write up, and Lead to Read – Suggested scientific publications reading.

The task is never complete when our achievements are not showcased to the health care fraternity in all parts of the country and the general public in a large measure. **PIXELS** will be the new section on Accredited programs and activities of AOMSI – TN & P, conducted in tandem with OMFS Departments of various colleges, NGO's and statutory organizations in the State. The newsletter will be available in both, limited print copies and digital versions ensuring a dedicated circulation to all OMFS post graduate student members and fraternity members of our state association.

This being the first issue of my incumbent tenure, and as much it is exciting and challenging for my editorial team and me, flaws if any are only unintentional, and an inevitable part of the work. To this regard, I look forward to all your collective suggestions, constructive criticisms and thoughts to improve the scope, success and true purpose of our NEWSLETTER. Lots of love and warm regards,

R Yoganandha

Editor-in-Chief

President's Message



Dr P SUBRAMANIAN
President

Martin Luther said – “If you want to change the world; pick up the pen and write.” It is a matter of pride to pen down this introductory message for MaxFac Surge – Newsletter of Association of Oral and Maxillofacial Surgeons of India – Tamil Nadu and Puducherry Chapter. My heart fills with immense pleasure, as I perceive the progress being made this year through various scientific programs and webinars being systematically conducted by the cooperation of association members and the OMFS Departments of various dental colleges in the State.

The entire purpose of digital education and other scientific activities is not to restrict itself to imparting bookish knowledge only but inculcate practical values and first hand experiences through video demos and our endeavour is to strike a balance between imparting latest knowledge on scientific development through skill set development programs and workshops.

Our state branch is also working hard in new membership development, zonal coordination among members, motivating members to use the security schemes, welfare schemes announced by Head office and also providing legal and logistic support to members in professional and legal distress.

I extend my warm wishes to the editor, executive council, and members to continue and support this journey on the road to excellence. We are pleased to present to you all from Editor's Desk - a compilation of works done by our state chapter in digital format as a first initiative of a long journey.

'Semper Sursum' in Latin means 'ALWAYS AIM HIGH', and our editor has pledged in the best path to document and publish the association works in a periodic compilation.

Best wishes to all

Dr P Subramanian

President – AOMSI TN & P

Dr K ARUN KUMAR

Hon. Secretary



Greetings!! Firstly, I thank each one of you for reposing faith in me as Secretary of AOMSI TN & P Branch. I feel it is a great privilege and a huge honour for me to get an opportunity to serve our society. This also brings in great responsibility. I, on behalf of the entire EC assure you that we will do our best to live up to the expectations of our members.

The newsletter is a mirror of the Association. It reflects the enthusiasm and unity of its members. I take this opportunity to congratulate the new Editor and his team for their monumental efforts in compiling a plethora of activities by AOMSI Tamil Nadu and Puducherry branch over the past year for this edition of Max Fac SURGE our newsletter. This newsletter is a glance over the multifarious activities taken up by our association and members through their institutions and hospitals. The contents are interesting, insightful and creative. We also request you for your feedback and active participation for the future editions.

I hope all these measures will help to shed the "identity crisis" we face in the society now, and create a mark as a proud oral and Maxillofacial Surgeon and make it a household name in the future. As the first editor of the maiden edition of Max Fac Surge in 2019, it gives me immense pleasure to see the newsletter to grow with respect, quality and sustainability. Heartfelt thanks to the previous editorial team for making it possible.

I am sure the new team will raise the bar and take it to further glory in the coming years and wish them all the very best.

Warm regards

Dr K Arun Kumar

Hon. Secretary – AOMSI TN & P



Dr VIKAS DHUPAR
President

Greetings from the Head office of AOMSI

I am happy to learn that the Tamil Nadu and Puducherry State Chapter of AOMSI is releasing its first newsletter for this year

I want to start by stating that a great team work that is required to bring publish a newsletter. This is possible by support of the all the office bearers of the state chapter in particular the President **Dr P Subramaniam** and Hon. Secretary **Dr K Arun Kumar**. The editorial team lead by **Dr R Yoganandha** with his team must have burnt midnight oil to compile this newsletter. The newsletter will serve as a window through which the complete profile of the academic and co-curricular activities will be highlighted.

Oral & Maxillofacial Surgery is at present at a very interesting crossroad due to rapidly developing newer technologies in our field. Patients today are very demanding; we need to adapt to newer innovations very rapidly in order to deliver the best to our patients. A selfless pursuit for excellence should be the goal of all Oral & Maxillofacial surgeons.

Best wishes for the success of the newsletter of Tamil Nadu and Puducherry Chapter of AOMSI.

Jai Hind
Vikas Dhupar
President, AOMSI

Secretary's Message

Dr S GIRISH RAO

Hon. General Secretary



Greetings from the Head office of AOMSI

At the outset, I would like to congratulate the President **Dr P Subramaniam**, Secretary **Dr K Arun Kumar**, Editor **Dr R Yoganandha** and the most enthusiastic and hard-working office bearers and team of Tamil Nadu and Pondicherry state chapter for bringing out this well informative e-newsletter – Max Fac Surge.

I believe that this chapter is infused with zeal and energy to pursue the activities of our dear speciality. We truly appreciate the initiatives taken by the state chapter in organizing a cycling rally with over 1500 participants to raise awareness on road safety to commemorate International Oral and Maxillofacial Surgeons Day in nine locations. All the maxillofacial surgeons in Tamil Nadu and Pondicherry are doing a phenomenal work for the association and the society.

It has been heart-warming to see the passion among all our surgeons in working towards spreading awareness about maxillofacial surgery in their own capacities. Let us celebrate our speciality by coming together, joining hands and taking our fraternity to greater heights and making Oral & Maxillofacial Surgery a household name.

Jai Hind!

Dr Girish Rao

Hon. General Secretary AOMSI



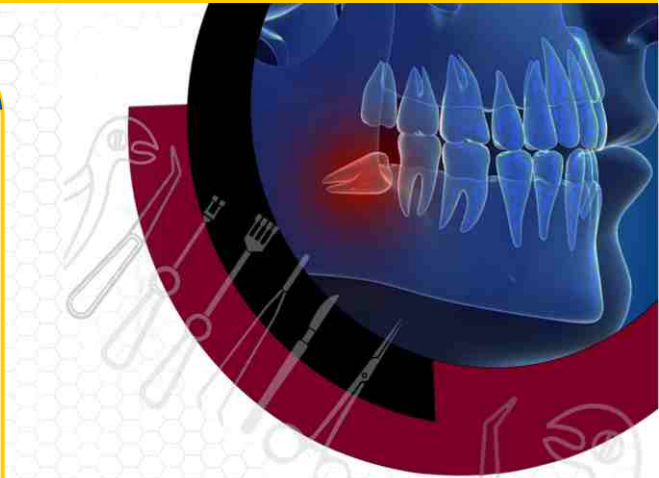
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HIGHLIGHTS

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Written by JAMES CLEAR

In 1997, Warren Buffett, the famous investor and multi-billionaire, proposed a thought experiment. “Imagine that it is 24 hours before you are going to be born,” he said, “and a genie comes to you.”

“The genie says you can determine the rules of the society you are about to enter and you can design anything you want. You get to design the social rules, the economic rules, the governmental rules. And those rules are going to prevail for your lifetime and your children's lifetime and your grandchildren's lifetime.”

“But there is a catch,” he said. “You don't know whether you're going to be born rich or poor, male or female, infirm or able-bodied, in the United States or Afghanistan. All you know is that you get to take one ball out of a barrel with 5.8 billion balls in it. And that's you.”

“In other words,” Buffett continues, “you're going to participate in what I call the Ovarian Lottery. And that is the most important thing that's ever going to happen to you in your life. It's going to determine way more than what school you go to, how hard you work, all kinds of things.”

Buffett has long been a proponent for the role of luck in success. In his 2014 Annual Letter, he wrote, “Through dumb luck, [my business partner] Charlie and I were born in the United States, and we are forever grateful for the staggering advantages this accident of birth has given us.”

When explained in this way, it seems hard to deny the importance of luck, randomness, and good fortune in life. And indeed, these factors play a critical role. But let's consider a second story.

The Story of Project 523

In 1969, during the fourteenth year of the Vietnam War, a Chinese scientist named Tu Youyou was appointed the head of a secret research group in Beijing. The unit was known only by its code name: Project 523.

China was an ally with Vietnam, and Project 523 had been created to develop antimalarial medications that could be administered to the soldiers. The disease had become a huge problem. Just as many Vietnamese soldiers were dying from malaria in the jungle as were dying in battle.

Tu began her work by looking for clues anywhere she could find them. She read manuals about old folk remedies. She searched through ancient texts that were hundreds or thousands of years old. She travelled to remote regions in search of plants that might contain a cure.

After months of work, her team had collected over 600 plants and created a list of almost 2,000 possible remedies. Slowly and methodically, Tu narrowed the list of potential medications down to 380

and tested them one-by-one on lab mice. “This was the most challenging stage of the project,” she said. “It was a very laborious and tedious job, in particular when you faced one failure after another.”

Hundreds of tests were run. Most of them yielded nothing. But one test—an extract from the sweet wormwood plant known as qinghao—seemed promising. Tu was excited by the possibility, but despite her best efforts, the plant would only occasionally produce a powerful antimalarial medication. It wouldn't always work.

Her team had already been at work for two years, but she decided they needed to start again from the beginning. Tu reviewed every test and re-read each book, searching for a clue about something she missed. Then, magically, she stumbled on a single sentence in *The Handbook of Prescriptions for Emergencies*, an ancient Chinese text written over 1,500 years ago.

The issue was heat. If the temperature was too high during the extraction process, the active ingredient in the sweet wormwood plant would be destroyed. Tu redesigned the experiment using solvents with a lower boiling point and, finally, she had an antimalarial medication that worked 100 percent of the time. It was a huge breakthrough, but the real work was just beginning.

The Power of Hard Work

With a proven medication in hand, it was now time for human trials. Unfortunately, there were no centres in China performing trials for new drugs at the time. And due to the secrecy of the project, going to a facility outside of the country was out of the question.

They had reached a dead end.

That's when Tu volunteered to be the first human subject to try the medication. In one of the boldest moves in the history of medical science, she and two other members of Project 523 infected themselves with malaria and received the first doses of their new drug. It worked.

However, despite her discovery of a breakthrough medication and her willingness to put her own life on the line, Tu was prevented from sharing her findings with the outside world. The Chinese government had strict rules that blocked the publishing of any scientific information.

She was undeterred. Tu continued her research, eventually learning the chemical structure of the drug—a compound officially known as artemisinin—and going on to develop a second antimalarial medication as well.

It was not until 1978, almost a decade after she began and three years after the Vietnam War had ended, that Tu's work was finally released to the outside world. She would have to wait until the year 2000 before the World Health Organization would recommend the treatment as a defence against malaria.

Today, the artemisinin treatment has been administered over 1 billion times to malaria patients. It is believed to have saved millions of lives. Tu Youyou is the first female Chinese citizen to receive a Nobel Prize, and the first Chinese person to receive the Lasker Award for major contributions to medical science.

Luck or Hard Work?

Tu Youyou was not fabulously lucky. My favourite fact about her is that she has no postgraduate degree, no research experience abroad, and no membership in any of the Chinese national academies—a feat that has earned her the nickname “The Professor of the Three No's”.

But damn was she a hard worker. Persistent. Diligent. Driven. For decades she didn't give up and she helped save millions of lives as a result. Her story is a brilliant example of how important hard work can be in achieving success.

Just a minute ago, it seemed reasonable that the Ovarian Lottery determined most of your success in life, but the idea that hard work matters feels just as reasonable. When you work hard you typically get better results than you would with less effort. While we can't deny the importance of luck, everyone seems to have this sense that hard work really does make a difference.

So, what it is? What determines success? Hard work or good fortune? Effort or randomness? I think we all understand both factors play a role, but I'd like to give you a better answer than “It depends.”

Here are two ways I look at the issue.

Absolute Success vs. Relative Success

One way to answer this question is to say: Luck matters more in an absolute sense and hard work matters more in a relative sense. The absolute view considers your level of success compared to everyone else. What makes someone the best in the world in a particular domain? When viewed at this level, success is nearly always attributable to luck. Even if you make a good initial choice—like Bill Gates choosing to start a computer company—you can't understand all of the factors that cause world-class outcomes.

As a general rule, the wilder the success, the more extreme and unlikely the circumstances that caused it. It's often a combination of the right genes, the right connections, the right timing, and a thousand other influences that nobody is wise enough to predict.

As a general rule, the wilder the success, the more extreme and unlikely the circumstances that caused it. Then there is the relative view, which considers your level of success compared to those similar to you. What about the millions of people who received similar levels of education, grew up in similar neighbourhoods, or were born with similar levels of genetic talent? These people aren't achieving the same results. The more local the comparison becomes; the more success is determined by

hard work. When you compare yourself to those who have experienced similar levels of luck, the difference is in your habits and choices.

Absolute success is luck. Relative success is choices and habits. There is an important insight that follows naturally from this definition: As outcomes become more extreme, the role of luck increases. That is, as you become more successful in an absolute sense, we can attribute a greater proportion of your success to luck.

As Nassim Taleb wrote in *Foiled by Randomness*, “Mild success can be explainable by skills and labour. Wild success is attributable to variance.”

Both Stories are True

Sometimes people have trouble simultaneously holding both of these insights. There is a tendency to discuss outcomes in either a global sense or a local sense.

The absolute view is more global. What explains the difference between a wealthy person born in America and someone born into extreme poverty and living on less than \$1 per day? When discussing success from this angle, people say things like, “How can you not see your privilege? Don't you realize how much has been handed to you?”

The relative view is more local. What explains the difference in results between you and everyone who went to the same school or grew up in the same neighbourhood or worked for the same company? When considering success from a local viewpoint, people say things like, “Are you kidding me? Do you know how hard I worked? Do you understand the choices and sacrifices I made that others didn't? Dismissing my success as luck devalues the hard work I put in. If my success is due to luck or my environment, then how come my neighbours or classmates or co-workers didn't achieve the same thing?”

Both stories are true. It just depends on what lens you are viewing life through.

The Slope of Success

There is another way to examine the balance between luck and hard work, which is to consider how success is influenced across time. Imagine you can map success on a graph. Success is measured on the Y-axis. Time is measured on the X-axis. And when you are born, the ball you pluck out of Buffett's Ovarian Lottery determines the y-intercept. Those who are born lucky start higher on the graph. Those who are born into tougher circumstances start lower. Here's the key: You can only control the slope of your success, not your initial position.

In *Atomic Habits*, I wrote, “It doesn't matter how successful or unsuccessful you are right now. What matters is whether your habits are putting you on the path toward success. You should be far more concerned with your current trajectory than with your current results.”

You can only control the slope of your success, not your initial position.

With a positive slope and enough time and effort, you may even be able to regain the ground that was lost due to bad luck. I thought this quote summarized it well: “The more time passes from the start of a race, the less the head-start others got matters.”

This is not always true, of course. A severe illness can wipe out your health. A collapsing pension fund can ruin your retirement savings. Similarly, sometimes luck delivers a sustained advantage (or disadvantage). In fact, one study found that, if success is measured by wealth, then the most successful people are almost certainly those with moderate talent and remarkable luck.

In any case, it is impossible to divorce the two. They both matter and hard work often plays a more important role as time goes on.

This is true not only for overcoming bad luck, but also for capitalizing on good luck. Bill Gates might have been incredibly fortunate to start Microsoft at the right time in history, but without decades of hard work, the opportunity would have been wasted. Time erodes every advantage. At some point, good luck requires hard work if success is to be sustained.

How to Get Luck on Your Side

By definition, luck is out of your control. Even so, it is useful to understand the role it plays and how it works so you can prepare for when fortune (or misfortune) comes your way.

In his fantastic talk, *You and Your Research*, the mathematician and computer engineer Richard Hamming summarized what it takes to do great work by saying, “There is indeed an element of luck, and no, there isn't. The prepared mind sooner or later finds something important and does it. So yes, it is luck. The particular thing you do is luck, but that you do something is not.”

You can increase your surface area for good luck by taking action. The forager who explores widely will find lots of useless terrain, but is also more likely to stumble across a bountiful berry patch than the person who stays home. Similarly, the person who works hard, pursues opportunity, and tries more things is more likely to stumble across a lucky break than the person who waits. Gary Player, the famous golfer and winner of nine major championships, has said, “The harder I practice, the luckier I get.”

In the end, we cannot control our luck—good or bad—but we can control our effort and preparation. Luck smiles on us all from time to time. And when it does, the way to honour your good fortune is to work hard and make the most of it.

Medical updates for Maxillofacial Surgeon

Patient Under Antithrombotic Therapy - What Should We Know?

Dr Catherine MDS

Dr Thanvir Mohamed Niazi MDS,

Department of OMFS, CSI College of Dental Sciences & Research Institute

In our routine practice, we often encounter patients who are under anticoagulant and antiplatelet therapy for different medical reasons like coronary artery diseases (CAD), venous thromboembolism (VTE), pulmonary embolism (PE), atrial fibrillation (AF), stroke, transient ischemic attack (TIA) and Decompensated Chronic Liver Disease (DCLD). The anticoagulant therapy aims to prevent or reduce the chances of intravascular coagulation and its consequences. There are various derivatives and classes of anticoagulant and antiplatelet drugs in use (Table 1).

Aspirin (Acetyl salicylic acid- ASA) is used by significant population to prevent cardiovascular event. Primary prophylaxis is using Aspirin to prevent the first occurrence of event in the absence of established cardiovascular disease defined by history and clinical testing. Secondary prophylaxis is using ASA for prevention of recurrence of disease in the presence of overt cardiovascular disease/condition. Aspirin irreversibly inactivates COX 1 and blocking thromboxane production for the life span of a platelet i.e. 7-10 days. ASA alone affect the primary hemostasis and is more effective in arterial circulation.

ASA within one hour of ingestion result in 90% of reduction in thromboxane level. Aspirin effect on platelet function, COX activity and thromboxane inhibition are time and dose dependent. 20mg of ASA in single dose reduce COX activity by 82% whereas 100mg reduces it by 95±4%. Repeated dosage significantly reduces the required ASA platelet inhibitory dose. A repeated dose of 20 - 40mg daily will reduce 92%-95% of COX activity in 6-12 days. Antiplatelet effects are studied using platelet aggregation tests includes optical aggregometry and ASA reaction units (ARUs). ARUs are a function of rate and extend of platelet aggregation. In normal individual, the ARUs are 550 or greater.

Aspirin also influences coagulation by suppression of plasma coagulation, enhancement of fibrinolysis by acetylation of fibrinogen, decrease thrombin formation and by impairing thrombus stability. Aspirin synergistically affects coagulation when used in combination with other drugs like dipyridamole. Dipyridamole modifies several biochemical pathway results in reduction of platelet aggregation and vasodilation. Thus, when ASA is combined with dipyridamole there is increased risk of bleeding.

Anticoagulant agents inhibit specific pathways of the coagulation cascade after the initial platelet aggregation and finally leads to formation of fibrin. Anticoagulants have truly insignificant effect on arterial circulation. Warfarin, a vitamin K antagonist is the most commonly used anticoagulant and administered in doses to achieve therapeutic INR of 2.0 to 3.0 for most clinical indications (exception in patients with mechanical mitral heart valves where higher INR 2.5–3.5 is needed). Warfarin has lot of food and drug interactions. Alfalfa, Avocado, Spinach, Grapefruit, interact

Medical updates for Maxillofacial Surgeon

with anticoagulants. Antibiotics like Amoxicillin, Amoxicillin-clavulanate, Ciprofloxacin, Levofloxacin, Metronidazole, and Sulfamethoxazole increase the anticoagulant activity of warfarin whereas dicloxacillin, nafcillin, rifampin, and rifapentine may decrease the anticoagulant activity. Discontinuation of any antithrombotic medicine before conducting an invasive procedure may pose a risk to the patient sometimes with a fatal outcome from thromboembolic complications like myocardial infarction, stent thrombosis and morbidity related to inflammatory-mediated rebound effects of platelet adhesion. On the other hand, it may cause increased post-operative bleeding if continued. So, risk vs benefits must always be weighed before continuing/discontinuing the antithrombotic drug therapy. To prevent these mishaps, a comprehensive knowledge and treatment algorithm of anticoagulant and antiplatelet therapy is deemed necessary for the practising surgeon. A stepwise approach is charted to manage the patients on anticoagulants, which consists of 4 basic norms:

1. Assessment of bleeding risks by addressing if the anticoagulant has to be stopped for the surgery or the procedure can be performed while the patient is on anticoagulation medication.
2. Deciding on the duration of preoperative interruption of the antithrombotic agent.
3. Assessment of patient's risk of suffering a thromboembolic event if there is a perioperative interruption of anticoagulation therapy.
4. Consideration of the need for bridging therapy.

Assessment of bleeding risk: The potential of bleeding risk can be assessed with HAS-BLED score (table 2). Several studies suggested that low dose aspirin therapy (75mg) and warfarin therapy should not be interrupted during dental extraction. According to the current results of research minor oral surgical procedures can safely be carried out with the INR within the therapeutic range (2.0- 3.0) supplemented by local hemostatic measures to control bleeding.

Duration of Preoperative interruption of Anticoagulant: Low dose aspirin (50 mg- 75mg) used for secondary prophylaxis should be uninterrupted unless contraindicated. ASRA guidelines recommended that discontinuation of 6 days is recommended for individuals taking ASA for secondary prevention in case of anticipated high risk of procedural bleeding, 4 days for low to intermediate risk category. For individuals under primary prevention, a discontinuation of 3 days is recommended. NSAIDS should be suspended 24- 48 hours before intervention. Cyclooxygenase -2 has minimal effect whereas clopidogrel to be stopped for 5-7 days, ticlopidine 14 days, platelet GPIIb/IIIa inhibitors 24 to 48 hours before high risk procedures. For low risk procedures, the discontinuation of warfarin is considered based on shared assessment of risk stratification and management with the treating physician. Many procedures can be safely conducted if INR is <3.0 . In invasive oral and maxillofacial surgery with intermediate to high risk of bleeding, warfarin is generally stopped 5 -7 days before the proposed procedure to normalize the INR. If INR doesn't fall ≤ 1.2 then small dose of Vitamin K injection is advisable one day prior to surgery. Thrombolytic agents like streptokinase, urokinase must be stopped 48 hours prior to the procedure.

Medical updates for Maxillofacial Surgeon

Assessment of patient's risk: Discontinuation of antithrombotic therapy in an established cardiac and cerebrovascular disease is associated with significant risk. 10% acute cardiovascular syndromes are preceded by withdrawal of ASA. Upon discontinuation of ASA a platelet rebound phenomenon may occur, characterized by increased thromboxane production, enhanced thrombin stability, increased fibrin crosslink and decreased fibrinolysis. In primary prophylaxis, the role of ASA is still unclear and there is no definitive benefit for overall mortality rate.

Bridging therapies: Using short acting low molecular weight Heparin (LMWH) or unfractionated heparin (UFH) during the period of discontinuation of anticoagulant therapy can be used to prevent the risk of thromboembolic event. UFH inactivates factor IIa, Xa, and IXa. Half-life of heparin is 1.5 to 2 hours and therapeutic effect ceases by 4 to 6 hours after administration. Heparin action is monitored via aPTT values. ASRA guidelines recommended that IV heparin (UFH) be stopped 4-6 hours before interventional procedure. Bridging therapy also carries the risk of periprocedural bleeding, stroke and high risk of pocket hematoma formation. So bridging therapy with parental anticoagulant should be considered in case of high risk thrombosis like AF, recent stroke, recent VTE within 3 months, prosthetic mitral valves. The reversal of heparin action is achieved with protamine 1mg/100units of heparin.

The LMWH has a higher and predictable bioavailability than standard heparin and dose adjustment to weight is not required. The thromboprophylaxis dose is 1mg/Kg /12 hour. Its antithrombotic effect is dose dependent. LMWH used for bridging should be stopped 24 hours before the procedure and restarted along with Warfarin usually within 24 hours of procedure provided adequate hemostasis achieved. For high-risk patients (HAS BLED >3) LMWH has to be restarted 36 to 72 hours. ASA, clopidogrel and NSAIDs can be restarted 24hours after the procedure.

Recent studies have shown that the bleeding profile of the new oral anticoagulants (NOAC) (table 1) is more favourable and predictable than that of warfarin because of their stable anticoagulant effects, lower risk of drug interaction and less monitoring making surgical management safer and easier with these classes of medications.

In the new age of anti-coagulant therapy, direct oral anticoagulant agents (DOACs), such as dabigatran and rivaroxaban are becoming the preferred treatment modality compared to warfarin, owing to their smaller side effect profiles, more predictable effectiveness, and more favourable pharmacokinetics. DOAC can be discontinued shortly before surgery, 3-4days for medium to high-risk procedures and 2 days for low risk procedures. In case of high risk of VTE, bridging therapy with LMWH has to be considered.

The risk of thromboembolic events after cessation or bridging of oral anticoagulation is reported to be 0.8%, including 0.2% fatal events. The postoperative bleeding risk seems to be equivalent comparing VKAs and the new DOACs, but surgeons are still more cautious conducting dental surgery in patients undergoing DOAC therapy.

Table 1

Antiplatelet drug	Antiplatelet include - COX inhibitors, ADP receptor inhibitors, Phosphodiesterase inhibitors, Adenosine reuptake inhibitors and Glycoprotein IIb/ IIIa inhibitors. Aspirin, NSAIDS, thienopyridine derivatives (ticlopidine, clopidogrel)
Unfractionated Heparin	
Low molecular weight Heparin	
Direct oral anticoagulant (DOAC)	
1. Thrombin (factor IIa) inhibitor	Desirudin, Lepirudin, Bivalirudin, Argatroban
2. Factor Xa Inhibitors	Fondaparinux, Rivaroxaban, Apixaban, Edoxaban ^[1]
Thrombolytic & Fibrinolysis Medication	Tissue plasminogen activator, Streptokinase, Urokinase, Anistreplase
Vitamin K Antagonist	Warfarin, Acenocoumarol, Phenprocoumon, Atromentin, Phenindione

Table 2: HAS – BLED Score

H	Hypertension	1
A	Abnormal live/ renal function	1/2
S	Stroke	1
B	Bleeding	1
L	Labile INR	1
E	Elderly > 65 years	1
D	Drug/Alcohol	½
	Maximum	9

Conclusion

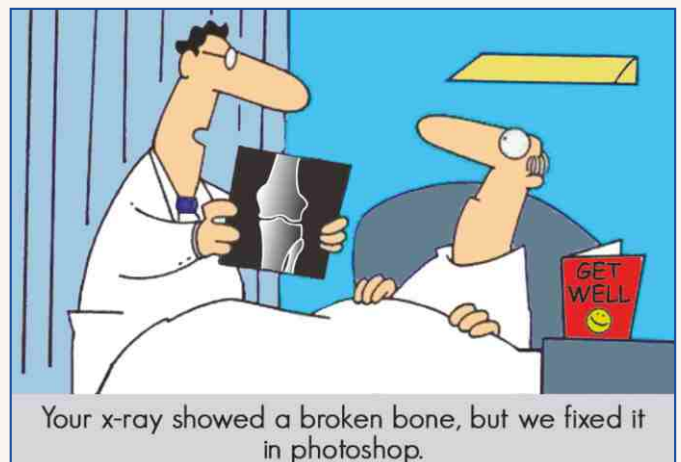
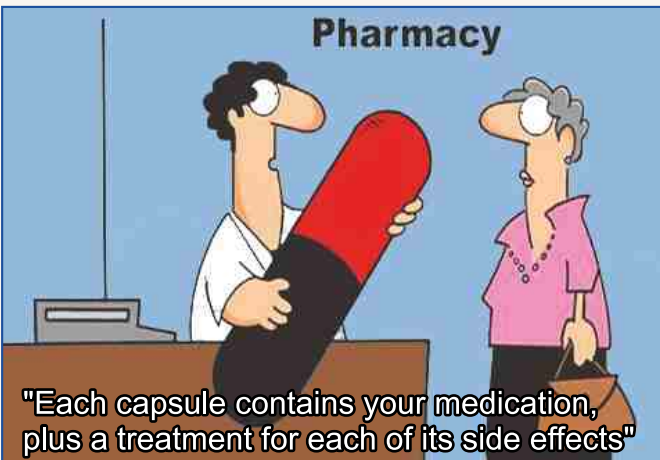
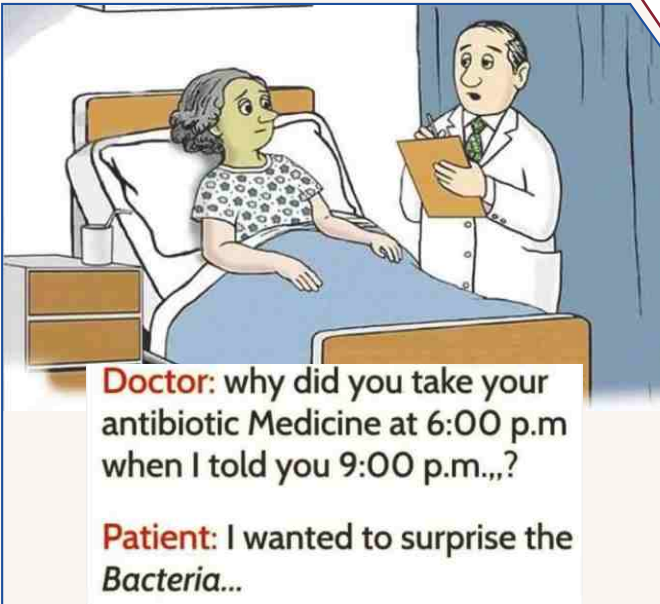
The available data is limited in the literature for the perioperative management of patients under antithrombotic therapy. Common recommendations are valid in many patients; however, individual decision-making is required in specific patients. Early restarting of antiplatelet and anticoagulant agents after surgery is essential in these patients.

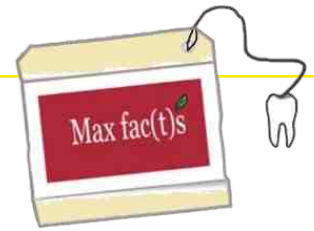
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3. MA Sheikh XKong , B Haymart , S Kaatz , G Krol , J Kozlowski , et al Comparison of temporary interruption with continuation of direct oral anticoagulants for low bleeding risk procedures. Thrombosis research 2021;203:27-32.
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Laugh it Out Loud

LOL!





Dr Suresh Veeramani MDS,
Deputy Medical Superintendent,
Consultant Oral & Maxillofacial Surgeons, SIMS Hospital, Chennai.

Airway Management of Trauma Patient

Management of airway is the most important concern in critically injured patient with life-threatening injuries. A patent airway can be maintained by putting patient in lateral position and open mouth by applying pressure on temporomandibular joint so that blood and secretion are allowed to drain out of mouth/oropharynx. Sniffing position and head tilt should be avoided in patient with suspected cervical spine injury to prevent any further neurological injury. Chin lift and jaw thrust are not a good option due to distorted anatomy. The oropharyngeal airway may further deteriorate the patient condition. The nasopharyngeal airway is a better option in such patients but it should not be used in patient with skull base fracture.

For securing airway, the available options are: Orotracheal intubation

- Nasotracheal intubation
- Surgical intervention
- Tracheostomy (surgical or percutaneous)
- Cricothyroidotomy (surgical or needle)

Beta Angle

Baik C Y and Ververidou M introduced the Beta angle as a new angular measurement for assessing the skeletal discrepancy between the maxilla and mandible in the sagittal plane. This measurement was found to remain constant even with the changes in the position of cranial landmarks, jaw rotations or dental occlusion. The beta angle has three points and three lines.

The three points are:

Point A - subspinale Point B - supramentale Point C- centre of the condyle

The three lines are:

Line connecting the point C to point B.

Line connecting the point B to point A.

Line perpendicular from point A to line C–B

Finally, the angle is measured between the perpendicular line and the AB line. Any angle between 78 and 138 has been found to have a Class I skeletal pattern and anything more acute or obtuse had a skeletal Class II or skeletal Class III pattern respectively.

Chronic Liver Failure

End-stage liver disease or cirrhosis is a consequence of long-term damage to the liver tissues. Hepatic impairment affects all body systems including the oral cavity. Mucosal lesions, especially fungal

related lesions are more prevalent in the oral cavity of patients with chronic liver failure. Hyposalivation is also a complication seen in cirrhotic patients. The use of various medications predisposes these patients to reduced saliva flow rates. Candidates of liver transplantation are also faced with a dose-dependent decrease in the proliferative capacity of osteoblasts with increasing bilirubin levels.

Diabetes and Implant Failure

Patients with poorly controlled diabetes HbA1c (more than 8) have lower implant stability at the first 2 to 6 weeks. But in the following weeks, stability reaches the baseline again. Reaching the baseline takes two times the duration it needs in patients with HbA1c below 6. Looking at the implant stability 1 year after implantation, there is no difference to the groups, not even to the poorly controlled HbA1c.

ESPEN Guideline: Clinical Nutrition in Surgery

- Integration of nutrition into the overall management of the patient
- Avoidance of long periods of preoperative fasting
- Re-establishment of oral feeding as early as possible after surgery
- Start of nutritional therapy, as soon as a nutritional risk becomes apparent
- Metabolic control e.g., glycemic control
- Reduction of factors which exacerbate stress-related catabolism or impair gastrointestinal function
- Minimized time on paralytic agents for ventilator management in the postoperative period
- Early mobilization to facilitate protein synthesis and muscle function

Hemifacial Microsomia (HFM)

Hemifacial microsomia is a rare disorder characterized by craniofacial abnormalities involving the jaws, mouth and ears, in addition to extracranial anomalies of the cardiac, skeletal, renal systems and extremities. The two key features differentiating Treacher Collins Syndrome (TCS) from Oculoauriculovertebral Spectrum (HFM and Goldenhar) are:

- TCS is symmetrical
- TCS does not affect the nerves

Bioresorbable Plates

Resorbable plating systems are designed for the use in the fixation of bones of the craniofacial and midfacial skeleton affected by trauma or for reconstruction. Most resorbable plating systems have a copolymer composition of poly-L-Lactide (PLLA), polyglycolide (PGA) and poly D-Lactide (PDLA) in a ratio of 85:10:5. It has an attractive combination of strength, balanced resorption and contourability. They have a gradual resorption time, depending on the patient anatomy and metabolism, of approximately 8-13 months.

Post Graduate Corner - Case Feature

Osteochondroma of the Condyle

Compiled by: **Dr Mahima Seetaram, II Year PG**

Guided by: **Prof. Dr. R. Karthik, MDS.,**

Department of OMFS, SRM Dental College Hospital, Kattankulathur

Apart from the various customised treatment plans provided to patients, a peculiar case of a 55year old female patient who complained of facial asymmetry with progressive unilateral deviation of jaw with difficulty in mouth opening and deranged occlusion for the past 10 years. CT facial bones revealed an evident hyperplastic condyle of left side.

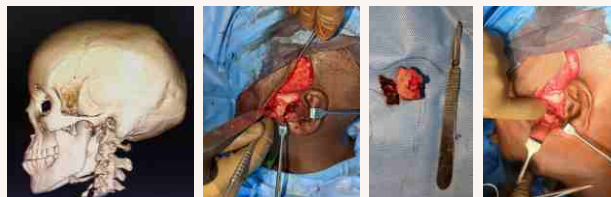
Post admission routine investigations were done and the patient was posted for surgery. A condylectomy was performed and post operatively intermaxillary fixation was done. A histopathologic examination provided a diagnosis of osteochondroma of left condyle. The postoperative period and recovery were satisfactory and patient provided a positive feedback, having been relieved of a chronic progressive condition of 10 years.



Deviation of Jaw to right side Deranged Occlusion



Radiographic Image - Condyle



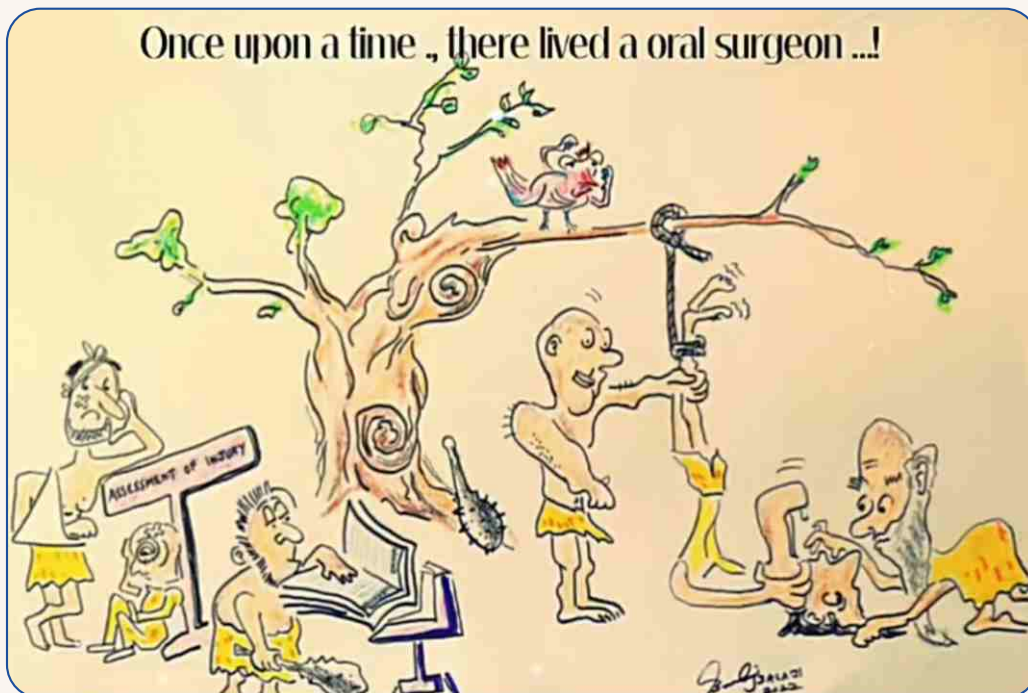
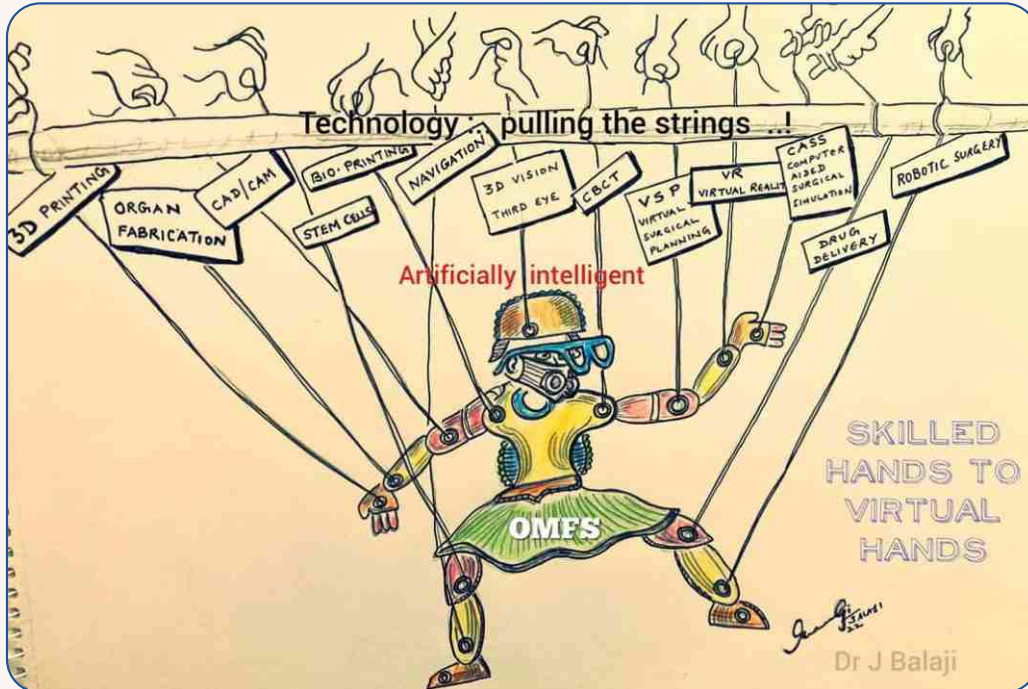
Intraoperative Images



Post Operative Image

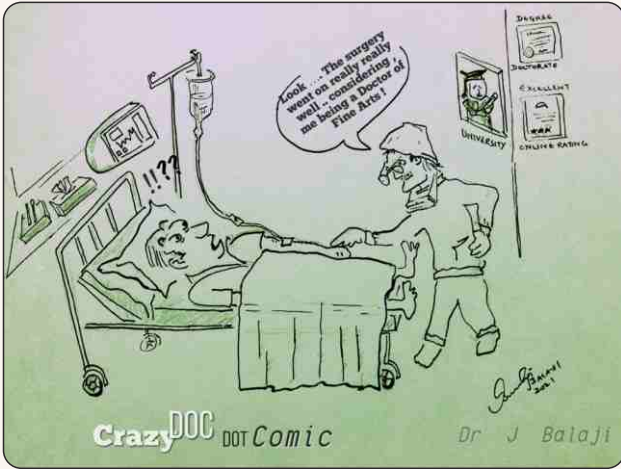
Satire in Surgery – Cartoon Corner

Dr Balaji MDS.,
Department of Oral & Maxillofacial Surgery
Government Dental College & Hospital, Chennai



Satire in Surgery – Cartoon Corner

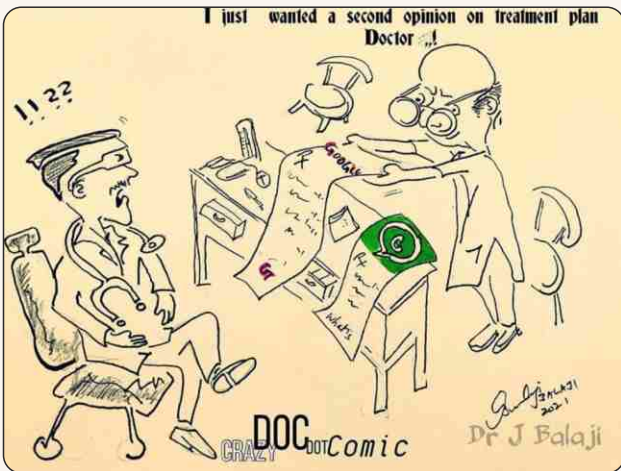
The Art of Surgery ..!!



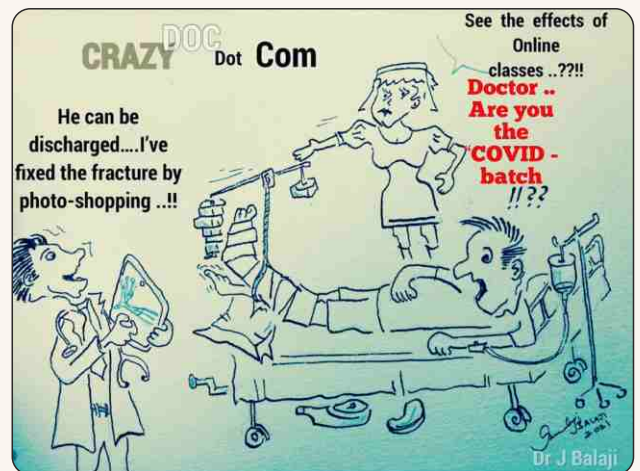
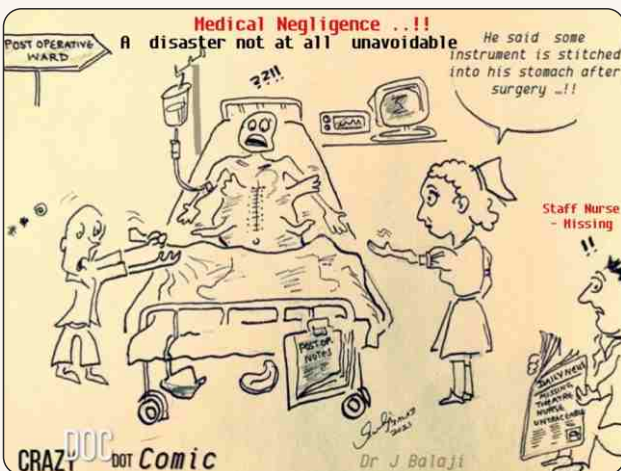
Now .. the many specialities within Oral Surgery



Order of the day : Keep yourself informed



Wrong Extraction ..!!



Decoding the matrix: Concepts in Bone Grafts and Bone Graft Healing

Prof Dr Thomas Zachariah, MDS, FCLPS

Department of Oral and Maxillofacial Surgery

Meenakshi Ammal Dental College/ Meenakshi General Hospital

Meenakshi Academy of Higher Education and Research (Deemed to be University)

Chennai

Introduction: Bone is unique in connective tissue healing because it heals entirely by cellular regeneration and the production of a mineral matrix rather than just collagen deposition known as scar. Contrary to its static appearance, bone is a highly dynamic tissue, constantly in flux, continuously remodelling and adapting in response to external forces. A thorough understanding of the concepts of bone healing and bone grafting healing is imperative in oral and maxillofacial surgery.

Embryology of the skull, facial bones, and jaws: The calvarium, facial bones, clavicle, and jaws are intramembranous bones that arise from cells that migrated from the neural crest adjacent to the notochord. These bones develop, grow, and heal by direct ossification of mesenchyme rather than from preformed cartilage. By contrast, all the other bones of the skeleton, which are referred to as the appendicular skeleton, arise from preformed cartilage by the process known as endochondral ossification. Specifically, the calvarium originates as six membrane-covered neural crest cell islands that correspond to the bilateral frontal bone segments, the bilateral parietal bone segments, and the midline occipital squamous plate and occipital bone proper separated by fontanelles. The maxilla as well as the incus and mandible arise separately from the first pharyngeal arch. Although each arises with a central cartilage element, which in the maxilla is called the palatopterygoquadrate bar and in the mandible is called Meckel's cartilage, the cartilage itself does not transform into bone but only serves as a scaffold on which neural crest mesenchyme transforms into bone.

The conjectured and unproven importance of this embryology is that bone grafts from the calvarium are ideally suited for mid face and jaw reconstruction where feasible because they are similar ectomesenchymal bones. This is reinforced by the frequent observation that calvarial block onlay grafts to the midface and jaws experience less resorption than do grafts from endochondral bones, such as the ilium or ribs.

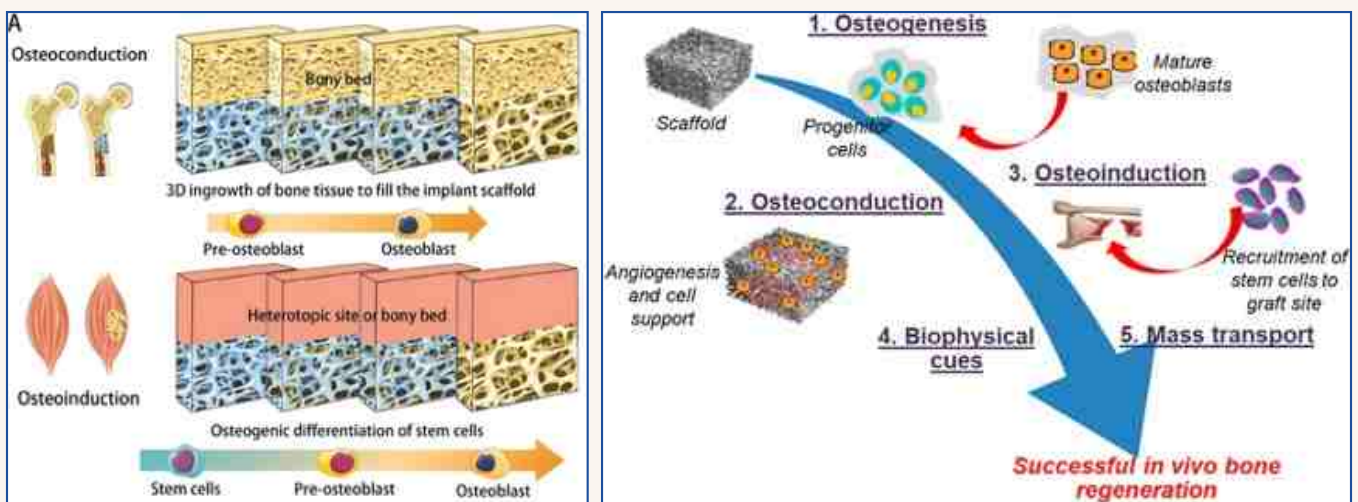
Mechanism of bone regeneration and healing: Bone grafts of any type can only regenerate bone through three possible mechanisms: direct osteogenesis, osteoconduction, and osteoinduction. Grafts may develop bone from one, two, or all three of these mechanisms to varying degrees.

Direct osteogenesis: Direct osteogenesis is the formation of osteoid by osteoblasts. Osteogenesis may occur in children without any grafting and has been termed "spontaneous osteogenesis." In these cases, the bone forms from the surrounding periosteum and from the endosteum of adjacent bone. Osteogenesis from a bone graft is often termed "transplanted osteogenesis." In these cases, numerous surviving endosteal osteoblasts

mainly from cancellous marrow because of its extended surface area and marrow stem cells are the cellular sources of new bone formation. Autogenous cancellous marrow grafts are examples of direct transplanted osteogenesis, which migrates through the blood clot of the wound.

Osteoconduction: Osteoconduction is the formation of new bone from adjacent bone or from periosteum through a matrix that acts as a scaffold. In these cases, the matrix must bind the cell adhesion molecules fibrin, fibronectin, and vitronectin or consist of collagen itself. The natural healing of a tooth socket is an example of osteoconduction, as is a sinus augmentation graft using a nonviable graft material.

Osteoinduction: Osteoinduction is the formation of bone by the biochemical transformation and stimulation of stem cells into bone-producing cells. BMP, whether endogenous or exogenous, is the best-known bone-inducing agent.



Healing of bone grafts from the craniofacial skeleton Vs bone graft from the axial skeleton: The jaws, facial bones, and calvarium arise from embryonic stem cells from neural crest origin. There is a common notion that embryologically derived similar bone grafts from the calvarium perform better than bone grafts from embryologically dissimilar bone grafts harvested from long bones. Although this notion is not confirmed, experienced surgeons who have accomplished both types of grafts have noted that calvarial blockgrafting to the jaws experience less resorption and volume loss than similar block grafts from the ilium or ribs.

This occurrence may be caused by the similarity in the residing stem cells in each bone or to similar architecture. It also may be caused by diploic vascular channels in calvarial bone that evolved to vent heat from the human brain. This competing theory postulates that this greater number of vascular channels contains more endosteal osteoblasts and stem cells for bone regeneration while promoting an earlier revascularization. In either case, calvarial bone is preferred for grafting the midface, nasal area, and orbits and is used for larger sized maxillary and mandibular ridge augmentations where possible and practical to harvest.

Healing of non-vascularized block bone grafts: The mechanisms of healing and incorporation of autogenous block bone grafts are universal regardless of the donor site. The rate of this healing and the

amount of final bone formation vary with the donor site, however, and depend on several other factors. The most important factors are the amount of cellular marrow transplanted with the bone graft, the vascularity of the tissue bed, and the attainment of graft stability. The osteocytes within these grafts die of because of their encasement in a mineral matrix and disruption of their delicate canalicular blood supply. New bone is formed by osteogenesis as a result of surviving endosteal osteoblasts and marrow stem cells, which are few in block grafts, and by osteo induction from the release of BMP and IGF-1 and -2 as the mineral matrix is resorbed and by osteo conduction through the framework of the graft itself.

Block bone grafts form new bone, mostly by osteo induction and osteo conduction from the adjacent bone margins and much less through direct osteogenesis from surviving osteo competent cells. This is why, larger block grafts form less bone and experience a reduction in their volume when used as onlay grafts. It is also why in larger mandibular continuity defects block grafts are noted to show bone regeneration at each resection margin, which tapers to the center, where a residual defect may continue

Healing and of vascularized block grafts: Block grafts on a vascular pedicle, such as a free microvascular fibula, transfer preformed mature bone. In this case, the composite of mature osteocytes, periosteum, and mineral matrix can be transferred in a viable state. Conceptually this would seem the ideal graft and is embraced by many surgeons who are not as familiar with jaw morphology, function, and the need for denture wearing as oral and maxillofacial surgeons. The problem with such preformed bone is more practical than biologic. That is, the fibula is far too small and too straight to be an adequate jaw reconstruction, particularly for the mandible. A fibula is only 10 to 12 mm in height, which is the size of each person's index finger. Placed next to a mandible, the size discrepancy becomes readily apparent. To curve such a straight and brittle cortical bone about the arch form of the mandible

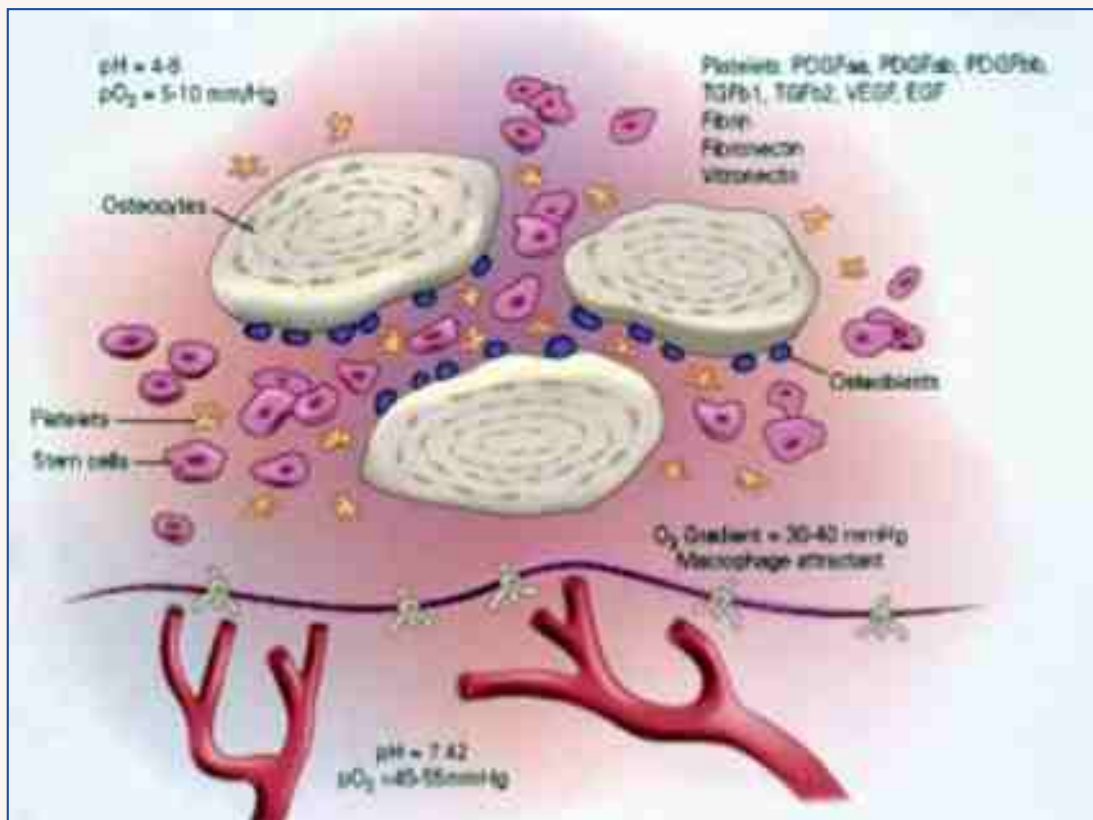
also requires two osteotomies. At best, it only reconstructs a small broken jaw, which is not ideal. The healing of this type of graft to the host bone is identical to fracture healing, which is via the proliferation of endosteal osteoblasts and periosteal osteoblasts through the fibrin and fibronectin of the blood clot between the bone ends. This process begins with the degranulation of platelets, which cause the migration, differentiation, and stimulation to form a bony callus.

The initial internal and external callus first consists of osteoid that unites the graft to the host bone and then undergoes a gradual resorption and replacement by new bone, which remodels the callus into a mature bony union.

Autogenous cancellous graft healing: Autogenous cancellous cellular marrow grafts are the most common grafts used by oral and maxillofacial surgeons and represent the most predictable outcome. Their value resides in the transplantation of more endosteal osteoblasts and marrow stem cells (osteocompetent cells) than any other graft. Their mechanism of healing whether used in a maxillary alveolar cleft, a sinus augmentation, or a continuity defect of the mandible is the same. It begins with the initial survival of the transplanted osteocompetent cells. These cells are open to the local environment and survive by oxygen and nutritional diffusion (plasmatic circulation) until the graft becomes re-vascularized by capillary ingrowth. Mature osteocytes do not survive the transplantation. Their mineral matrix is resorbed later when revascularization allows osteoclasts to enter the area.

In the first week of a cancellous cellular marrow graft, platelets regulate the bone regeneration by their degranulation and secretion of seven growth factors: the three isomers of platelet-derived growth factor (PDGF $\alpha\alpha$, PDGF $\beta\beta$, PDGF $\beta\alpha$), transforming growth factor-beta 1 and 2, vascular endothelial growth factor, and epithelial growth factor. These growth factors are chemotactic, mitogenic, and angiogenic. As early as the third day, capillaries are seen to penetrate into the graft and the osteocompetent cells are seen to undergo a proliferation. By the seventh day, the platelets are exhausted and contribute little more to healing but are replaced by the macrophage, which was attracted to the graft by its initial hypoxic state and the chemoattraction from the platelet effects. The macrophage continues to secrete the same or similar growth factors until the graft is fully re-vascularized, which occurs between 14 and 21 days.

Once the graft begins revascularization especially when it is completed, the oxygen and nutrients it affords allows the osteocompetent cells to synthesize and secrete osteoid. This process begins at approximately 2 weeks and continues to approximately 6 to 8 weeks. Once such revascularization occurs, osteoclasts arrive from the circulation and resorb the original mineral matrix and liberate BMP and IGF-1 and -2, which begins the maturation of the graft. As the osteoid is resorbed and new osteoblasts are induced, the newly forming bone is under function. The new bone is formed in accordance with this function and tends to be less cellular and more mineral and contains lamellar architecture. This process continues from approximately the sixth week throughout the lifetime of the graft but is 90% mature by 6 months. The first 2 weeks of a cancellous cellular marrow graft involve cytokine secretion and intense cellular proliferation. The period from week 2 to week 8 involves osteoid formation. The period after 8 weeks is one of resorption new bone apposition remodelling into a mature more mineralized bone.



Conclusion: The clinical relevance of this mechanism of healing of each graft type relates to the general choice and expectation of the graft. Non-vascularized onlay block grafts from the ilium should be oversized to compensate for their expected volume reduction of up to 30%. Although they can be used successfully to reconstruct smaller continuity defects, they are best limited to defects 3 cm or smaller in younger, non-radiated patients in whom sufficient osteocompetent cells remain in the host bone or periosteum to bridge the defect by osteoconduction. Non-vascularized calvarial grafts are well suited for orbital, nasal, maxillary, and mandibular onlay grafts because of their embryologic similarity, which seems to confer a lesser volume reduction than other donor sites, and to their contour similarity. The amount of donor bone is limited and mostly cortical, however, which makes this site impractical for continuity defects, many sinus augmentations, and most alveolar clefts. Vascularized block grafts are reasonable as an immediate stabilization graft to restore continuity and facial form. Their inadequate size and lack of morphologic similarity to the jaws makes them unsuitable for a definitive mandibular reconstruction, however. Cancellous cellular marrow grafts are best used in larger defects and in situations in which their particulate nature can be contained, such as alveolar clefts, sinus augmentations, and continuity defects. Their advantages are that they can be sculpted into a more ideal jaw contour, height, and width and have the least dimensional change. The bone that regenerates is active remodelling bone that responds well to functional loading. They readily support denture wear and rehabilitation with dental implants.

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Lead to Read:

Suggested Reading in OMFS Journals

**Dr Elavenil Panneerselvam &
Dr Sasikala Balasubramaniam**

*Department of OMFS,
SRM Dental College & Hospital, Ramapuram, Chennai*

TRAUMA

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Events Calendar

Upcoming AOMSI Events



26th MID-TERM CONFERENCE & 12th PG CONVENTION OF AOMSI
Date: 20th, 21st & 22nd JULY 2023
Venue: Padmabhushan Dr. Balasaheb Vikhe Patil Lecture hall Complex, PIMS, Loni.
Theme: MAXFAX 360°
Host: AOMSI & Pravara Institute of Medical Sciences (PIMS)

Home Committee Registration Scientific Trade & Sponsorship Accommodation Venue Contact

dates: M Guidelines [Click here](#) | Last date for abstract submission of free paper : 15th April 2023 | Last date for submission of Abstract - Prize paper : 31st March 2023

<https://midcoms2023.com/Webpages/accommodation1.aspx>



Home Committee Scientific Registration Trade & Sponsorship Venue Accommodation Contact

47th AOMSI - 2023
Date : 23rd - 25th November 2023
Venue : The Leela Ambience Convention Hotel, Delhi
Theme : Teaming Experience with Evidence

dates : Last date for earlybird registration is 28th February 2023.

Events Calendar

Upcoming Maxfax Trauma Workshop Hands on Course



Association of Oral & Maxillofacial Surgeons of India (Tamilnadu & Puducherry Branch)

in association with

stryker

Maxfax Trauma Workshop Hands on Course

Dates : 28th April 2023 - 29th April 2023

Venue : Sri Balaji Dental College, Moinabad Road, Himayatnagar Hyderabad - 500075



FACULTY

Course Director

Dr. S Prabhu

Course Co Director

Dr. Rajashekar Gaddipatti

Course Faculties

Dr. S. Prabhu
Dr. P. Subramanian
Dr. K. Arun Kumar
Dr. S. Jimson
Dr. Rajasekhar Gaddipatti
Dr. Arjun Kumar

President

Dr. P. Subramanian



Programme coordinator

Dr. S. Jimson

Course Coordinators

Dr. Pramod Kumar Gandra
Dr. Mohsin Ali

Dr. Dinesh Sharma
Dr. Sukhvinder Bindra
Dr. M. Rajmohan
Dr. Pasupuleti Anitha
Dr. Bhogavaram Bharadwaj
Dr. Ratna K Beeram

Hon' State Secretary

Dr. K Arun Kumar

For registration Contact:

Dr. K. Arun Kumar +91 9840127037

- ✓ Limited attendance course: Limited to 20 participants (hands on) and 20 (observers)
- ✓ Participants will be awarded Certificate of participation on completion of course



Association of Oral & Maxillofacial Surgeons of India (Tamilnadu & Puducherry Branch)

in association with

stryker

Maxfax Trauma Workshop Hands on Course

Dates : 28th April 2023 - 29th April 2023

Venue : Sri Balaji Dental College, Moinabad Road, Himayatnagar Hyderabad - 500075

PROGRAMME

Day 1 – 28 th April 2023		
Registration		8:30am to 9:00am
Inauguration		9:00am to 9:10am
Introduction of Faculty and System	Dr. S Prabhu	9:10am to 9:30am
Session 1: Mandible Fractures		
Surgical Anatomy	Dr. Bhogavaram Bharadwaj	9:30am to 9:45am
Approaches	Dr. Mohsin Ali	9:45am to 10:00am
Osteosynthesis Principles	Dr. Rajmohan	10:00am to 10:15am
Soft tissues injuries	Dr. S Prabhu	10:15am to 10:30am
Tea Break		10:30am to 10:45am
Hands on exercise : Arch bar Fixation and para and angle plating		10:45am to 1:00pm
Lunch		1:00pm to 2:00pm
Session 2		
Approach to condyle and controversies	Dr. K. Arun Kumar	2:00pm to 2:30pm
Condyle plating		2:30pm to 3:30pm
Case discussion 5 cases of mandible fractures: 5 group discussions	Dr. Arjun Kumar	3:30pm to 4:30pm
Questions and Feedback		4:30pm to 5:00pm
Day 2 - 29 th April 2023		
Session 1: Midface Fractures		
Surgical anatomy	Dr. Pasupuleti Anitha	9:00am to 9:15am
Osteosynthesis principles	Dr. Ratna K Beeram	9:15am to 9:30am
Orbit fractures	Dr. Subramanian	9:30am to 9:45am
Approaches to orbit	Dr. Rajashekar Gaddipatti	9:45am to 10:00am
NOE	Dr. Dinesh Sharma	10:00am to 10:15am
Pan facial Sequencing	Dr. Sukhvinder Bindra	10:15am to 10:30am
Tea Break		10:30am to 10:40am
Surgical exercise	All Faculties	10:40am to 1:00pm
Lunch		1:00pm to 2:00pm
Session 2		
Case discussion	All Faculties	2:00pm to 3:30pm
Valedictory		3:30pm to 4:00pm

Dr. P. Subramnian
President

Dr. K. Arun Kumar
Hon. State Secretary

Follow us on social media for more updates



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Events Calendar

Upcoming Association of Oral and Maxillofacial Surgeons of India



15th Annual Conference of Association of Oral and Maxillofacial Surgeons of India

Tamilnadu & Puducherry Branch

State Conference

VENUE: SAVEETHA DENTAL
COLLEGE AND HOSPITALS,
POONAMALLEE,
VELAPPANCHAVADI, CHENNAI



**SEP
2023**

7th PRECONFERENCE
8th & 9th CONFERENCE

AOMSI NATIONAL OFFICE BEARERS

PRESIDENT
DR. VIKAS DUPAR

GENERAL SECRETARY
DR. GIRISH RAO

TAMIL NADU CHAPTER

DR. P. SUBRAMANIAN
TAMIL NADU STATE PRESIDENT

DR. ARUN KUMAR
TAMIL NADU STATE SECRETARY

CONFERENCE SECRETARIES

DR. KRISHNA KUMAR RAJA
DR. REENA RACHEAL JOHN

ORGANISING COMMITTEE

ORGANISING CHAIRMAN
DR. MURUGESAN

ORGANISING SECRETARY
DR. SENTHILNATHAN KP
SCIENTIFIC CHAIRMAN
DR. SENTHIL MURUGAN M

TREASURER
DR. SENTHIL MURUGAN P



Thandikudi - The Hidden Gem of Kodai Hills

Thandikudi is the one of the most beautiful village in Kodaikanal taluk in Dindigul District, Tamil Nadu. It is situated at an altitude of 1,500 meters above sea level, at the longitude of 77.64 and latitude of 10.31. It is also called trekker's paradise and "Aadha Kodai" (half Kodaikanal!). The place is famous for Murugan Temple, Coffee Plantations, Pre-Iron Age Burials, Pure Honey, Deep Forest Trekking and abundance of medicinal plants. Some places of interest here are Murugan Temple, Kariyamal Temple, Kadavu Malai, Maayandi Temple, Sangu Parai view point, Ponnu-Mapillai Hill, Doll Man's Cave, Kattel Kasam Water Falls and Echo Rock etc. One can notice a marvelous change in flora and fauna, as one goes from Vathalakundu to Thandikudi. The establishment of numerous coffee estates made Thandikudi famous. Lofty mountains, dense forest and miles and miles of coffee plantations greet the passengers on most routes.

There are two common beliefs that are prevalent for the village Name "Thandikudi". One is the belief that the residents of Thandikudi told to their generations. Such as after the fight with asuran Idumban, Lord Muruga jumped over the hill to reach Palani and hence the name of the place was called "Thandi-Kuthi" and later became as "Thandi-Kudi".

Another one is based on the archaeological survey done by Department of Epigraphy and Archaeology, Tamil University, Thanjavur. "Thandikudi, about 47 km northeast of Vathalakundu in lower Palani hills, was associated with Sangam Age chieftains named Tondrikon and Kodaiporunan". The Kulasekhara Pandya inscription issued during the 12th regnal year (1280 AD) records this village as Tanrikudi. "Tanri" is a variety of tree (termenalia bellarica) famous for its medicinal value and found in abundance in this region. "Kudi" means a clan based settlement. The present name Thandikudi is derived from Tandrikudi. "Archaeological vestiges suggest that the site lies in a perfect ecological background, which helped to occupy continuously for more than 3,500 years." The serene location of Thandikudi had remained an important archaeological site since megalithic times.

To Reach:

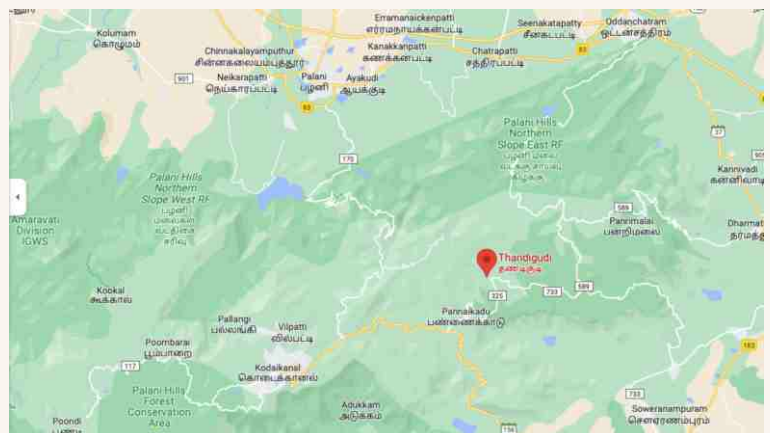
Nearest Airport: Madurai

Nearest Train Station: Kodai Road Junction

By Road: Madurai – Kodai Road Junction -
Vathalakundu – Pattiveranpatti – Ayanpalayam –
Thandikudi

Suggested Stays:

Tranquil Nest, Kodai Vel's Farm





Pixels - AN OVERVIEW OF EVENTS

National & State Conferences

- 25th Mid-Term Conference & 11th PG Convention of AOMSI
- AOMSI TN & P State Chapter Panel: 35th IDA Tamil Nadu State Dental Conference.

Accredited Programs conducted with AOMSI – TN & P Branch

- Workshop and Surgical Demonstration of Single Stage Orthognathic Surgery with Custom Made Alloplastic TMJ Replacement
- Delta Surgeons Group – DELTACON: Orbit Symposium Integrated Meet
- SV – COGS: Sri Venkateshwaraa – Comprehensive OrthoGnathic Surgical Training: Live Orthognathic Surgical workshop & Demo on Skull & Model
- SOOW – 1: 1st Symposium on Oral Oncology & Workshop
- Sree Balaji Orthognathics (Orthognathic Surgery Workshop)
- Symposium on Oral Cancer: Known, Unknown and Beyond
- MAXIO 23: Maxillofacial Trauma & BLS Hands-on Workshop – IAOMS Day Celebration
- National Oral Pathology Day Celebration: SRDC

Maxillofacial Trauma Hands-on Workshop conducted in association with Stryker

- Manipal College of Dental Sciences, Mangalore
- Sree Mookambika Dental College, Kulasekharam
- 45th Annual AOMSI Conference, Indore

Cyclathon Event & IAOMS Day Celebrations

- IAOMS Day Celebrations, Vivekananda Dental College
- Cyclathon Event & Celebration: 9 zones (Tamil Nadu & Puduchery)

Online Events - Webinars

Felicitation Program

- Prof Dr S Prabhu & Prof Dr Gunaseelan Rajan

PG Training Program

- ROME 23: Ramachandra Oral Maxillofacial Education



Pixels - NATIONAL & STATE CONFERENCES

25th Mid-Term Conference & 11th PG Convention of AOMSI

14th to 16th July 2022 | Venue: Le Meridian, Coimbatore, Tamil Nadu | Theme: **Scaling up Skills**
Spear headed by Dr Kannan Balaraman & team, the 25th Mid Term Conference and the preconference workshops were a humongous success and well attended by more than 500 delegates from India and abroad. With an impressive array of lectures, keynotes, break away sessions, and panel discussions, the conference was well received.





Pixels - NATIONAL & STATE CONFERENCES

AOMSI TN & P State Chapter Panel: 35th IDA Tamil Nadu State Dental Conference.

2nd, 3rd, & 4th September 2022 | Venue: Hotel Kodai International, Kodaikanal.

For the 1st time ever, a dedicated AOMSI Panel contribution was instituted in the Annual IDA Tamil Nadu State Conference. Led by our beloved President Prof Dr P Subramanian and dynamic secretary Prof Dr K Arun Kumar, the session showcased the role of OMF surgeons in routine clinical practice and highlighted the major works and advances achieved in the field of maxillofacial surgery.





AOMSI TN & P State Chapter Panel: 35th IDA Tamil Nadu State Dental Conference.



35th IDA Tamil Nadu State Dental Conference 2022

The 35th Tamil Nadu State Dental Conference
Host - IDA - Madurai Branch
Conference Secretariat : No. 17A, Sarojini Street, Chinna Chokkikulam, Madurai - 625 002.

Dr. K.Rajasigamani Conference Secretary
Dr. R.Pradeep Organising Chairman
Dr. N.Gururaj Organising Secretary
Dr. B.Arul Arasu Organising Treasurer
Dr. D.Manivannan Patron

AOMSI PANEL DISCUSSION
Topic : MAX-FAX - Past,Present.,Future...
- MODERATOR -
Dr.K.Arunkumar
Hon.state secretary, Aomsi -TN&P branch

- PANELISTS -
Dr.P.Subramaniam **Dr.J.Balaji** **Dr.M.Senthilmurugan**
Dr.M.Rajmohan **Dr.S.Elengkumar** **Dr.Senthilmoorthy Murugesan**

REGISTRATION
Date : 03rd, 04th September, 2022
Venue: Hotel Kodai International, Kodaikanal

35th IDA TN STATE DENTAL CONFERENCE
CITY UNION BANK CHINNA CHOKKIKULAM
AC. NO 510909010124848 IFSC CODE CIUB0000506
WHATSAPP THE PAYMENT SLIP TO 9894376292

Pixels - ACCREDITED PROGRAMS CONDUCTED WITH AOMSI - TN & P BRANCH

Workshop and Surgical Demonstration of Single Stage Orthognathic Surgery with Custom Made Alloplastic TMJ Replacement

19th & 20th August 2022 | Venue: Department of OMFS, Meenakshi Ammal Dental College, Chennai
Among the pioneers in organizing unique and first of its kind workshops, the OMFS team, MADC, MAHER, led by Prof Dr Manikandan, Dr Srinivasa Prasad and Prof Dr Neelakandan, this 2-day program with live surgeries by Prof Dr Abhay Kamat was attended by more than 150 delegates from across the country and state.



Workshop and Surgical Demonstration of Single Stage Orthognathic Surgery with Custom Made Alloplastic TMJ Replacement





 **MEENAKSHI**
ACADEMY OF HIGHER EDUCATION & RESEARCH
DEEMED TO BE UNIVERSITY U/S 3 OF UGC ACT, 1956 

FACULTY OF DENTISTRY
MEENAKSHI AMMAL DENTAL COLLEGE, CHENNAI
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY


 **ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS OF INDIA**
TN & P STATE BRANCH

Workshop and Surgical Demonstration of Single Stage Orthognathic Surgery with Custom made Alloplastic TMJ replacement
On 19th & 20th August 2022

PATRONS	ADVISORS
Thiru A.N. Radhakrishnan, MA, D.Com CHANCELLOR, MAHER	Dr. R.S. Neelakandan, MDS, FRCGS Vice - Chancellor
Mrs. Jayanthi Radhakrishnan, MBA RECTOR - MAHER	Dr. C. Krithika, MDS, PhD Registrar
PRINCIPAL	VICE PRINCIPAL
Dr. N. Velmurugan, MDS	Dr. H. Annapoorni MDS (Academics) Dr. G. Lambodaran MDS (Administration)
ORGANISING CHAIRMAN	ORGANISING SECRETARIES
Dr. T. Srinivasa Prasad, Professor & Head, Dept. of Oral and Maxillofacial Surgery	Dr. R. Manikandhan, MDS, FDSRCS (Eng), FFDRCS (Ire), MNAMS, Professor, Director, Meenakshi Cleft & Craniofacial Centre Dean - International Relations MAHER
	Dr. P. Anantanarayanan, MDS, DNB, MNAMS, FICS, MFDSCRCPGlas, FDSRCS(Ed), Professor, Dept. of Oral and Maxillofacial Surgery

 **MEENAKSHI ACADEMY OF HIGHER EDUCATION & RESEARCH**
(Declared as Deemed to be University under section 3 of the UGC Act 1956) 

FACULTY OF DENTISTRY
MEENAKSHI AMMAL DENTAL COLLEGE, CHENNAI
Department Of Oral And Maxillofacial Surgery


 **ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS OF INDIA**
TN & P STATE BRANCH

Workshop and Surgical Demonstration of Single Stage Orthognathic Surgery with Custom made Alloplastic TMJ replacement
On 19th & 20th August 2022

Course Faculty
Dr. Abhay T Kamath MDS
Cranio-maxillofacial Surgeon
Professor & Head
Dept. of Oral and Maxillofacial Surgery
KMC Hospital, Mangaluru.

Welcomes all the Delegates and Faculties

VENUE : MEENAKSHI AMMAL DENTAL COLLEGE & HOSPITAL
Maduravoyal, Chennai - 600 095.



Delta Surgeons Group – DELTACON: Orbit Symposium Integrated Meet

8th & 9th October 2022 | Venue: Trichy

DELTACON has emerged as the forefront in emphasizing the need for interdisciplinary and integrated approach to Maxillofacial work for definitive and better treatment outcomes and results. The ORBIT SYMPOSIUM conducted as part of this edition ushered in some of the key pioneers in the field of OMFS, Plastic Surgeons, Orbit and Oculoplastic Surgeons, Head and Neck surgeons to deliberate on the various facets managing conditions related to Orbit. The 1st Prof Dr C Kesavaraj Memorial Oration was delivered by Prof Dr A Thangavelu. The program was well attended by more than 200 delegates from across the state.



Pixels -

SV - COGS: Sri Venkateshwaraa - Comprehensive OrthoGnathic Surgical Training: Live Orthognathic Surgical workshop & Demo on Skull & Model

16th & 17th December 2022 | Venue: Sri Venkateshwaraa Dental College, Puducherry
Department of OMFS, Sri Venkateshwaraa Dental College, Puducherry conducted a 2-day Comprehensive Live Surgery, Training and workshop on Orthognathic surgery. Dr Yuvaraj and team showcased an ensemble of cases for the live surgeries with didactic lectures and well curated training sessions. The program was attended by over 150 delegates and students.





Pixels -

SV - COGS: Sri Venkateshwaraa - Comprehensive OrthoGnathic Surgical Training: Live Orthognathic Surgical workshop & Demo on Skull & Model



SOOW – 1: 1st Symposium on Oral Oncology & Workshop

6th & 7th January 2023 | Venue: Meenakshiammal Dental College Hospital, Chennai

The 1st Symposium on Oral Oncology & Workshop (SOOW-1) was held on 6th & 7th Jan. 2023 at Meenakshi Ammal Dental College & Hospital, Chennai. The program was organised by the Oral Oncology Unit- Dept. of Oral & Maxillofacial Surgery to cater to both graduates and post-graduates. It was very well attended with around 130 registered delegates and more than 100 graduates. The 2nd day dealt with Advanced lectures on Oral cancer management and reconstruction which was attended by around 100 registered delegates. The 2day exhaustive lectures gave a good insight about Oral Oncology.



Sree Balaji Orthognathics (Orthognathic Surgery Workshop)

20th & 21st January 2023 | Venue: Sree Balaji Medical College & Hospital, Chennai

Organized by Prof Dr Jimson & team, Sree Balaji Orthognathics had a dream diaspora of surgical faculty performing live orthognathic procedures and was complimented by an equally engaging team of speakers. The 2-day event was a comprehensive and immersive in all aspects and was well attended by more 150 delegates from all across the country.



Sree Balaji Orthognathics (Orthognathic Surgery Workshop)



Symposium on Oral Cancer: Known, Unknown and Beyond

3rd & 4th February 2023 | Venue: Srinivasan Medical College & Hospital, Samayapuram, Trichy

In View Of "World Cancer Day" (February 4th), an ORAL CANCER SYMPOSIUM entitled "KNOWN UNKNOWN AND BEYOND" was organized by the Department of Dentistry, Srinivasan Medical College and Hospital, Samayapuram on 3rd and 4th February 2023. The entire program was conducted under the banner of Association of Oral and Maxillofacial Surgeon of India, Tamil Nadu and Pondicherry Chapter (AOMSI), Indian Academy of Oral Medicine and Radiology, Tamil Nadu and Pondicherry Chapter (IAOMR), Indian Dental Association (IDA) and also in association with Dhanalakshmi Srinivasan dental College and Hospital, Siruvachur. There were more than 250 participants from various Dental College of different states of South India who were undergraduates, postgraduates, staffs and private dental practitioners. The symposium had 28 thought provoking lecture on importance of early diagnosis, novel diagnostic aids, recent advances in various treatment modalities and researches on prevention of oral cancer by various famous national speakers who were the expert in the field.



Pixels

MAXIO 23: Maxillofacial Trauma & BLS Hands-on Workshop-IAOMS Day Celebration

13th February 2023 | Venue: CSI College of Dental Sciences & Research Institute, Madurai
Department of OMFS, CSI College of Dental Sciences, conducted Maxio 23: Maxillofacial Trauma event and Certified Basic Life Support Hands on Workshop in association with TACT Academy Chennai. Prof Dr P Subramanian, President, AOMSI – TN & P graced the event as the Chief Guest and inaugurated the proceedings. The program was attended by 100 delegates and 30 delegates participated in the Hands-on Workshop.



MAXIO 23: Maxillofacial Trauma & BLS Hands-on Workshop-IAOMS Day Celebration



National Oral Pathology Day Celebration: SRDC

A novel concept conceived by Prof Dr S Prabhu and Prof Dr Jimson to teach and train post graduate and young OMFS surgeons in emerging techniques and concepts of managing maxillofacial trauma using advanced plating systems. The programs were held at Manipal College of Dental Sciences, Mangalore in July 2022; Sree Mookambika Institute of Dental Sciences, Kulasekharam October 2022; and Preconference Workshop during the 45th Annual Conference of AOMSI at Indore in November 2022.

SRI RAMACHANDRA
INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Category I Chartered by University of Pondicherry)

Sri Ramachandra Dental College
in association with
Indian Association of Oral and Maxillofacial pathologists,
Association of oral and maxillofacial surgeons of India- Tamil Nadu and Puducherry chapter
IDA- Thiruvallur district branch
Proudly celebrates
IV National Oral Pathologists-2023
Oral Pathology & Oral Surgery –CDE on "Insight into Oral Biopsies"
4th CDE Program

Free Registration

- ❖ Date of program: 25th Feb 2023, Saturday
- ❖ Lunch followed by session: 12:00noon-4pm

Program Highlights

- ❖ Interactive demonstrations for biopsy techniques
- ❖ Goat head working model
- ❖ Sample collection techniques

Venue: Lecture Hall 5, 3rd Floor, SRDC

Contact
Dr S Elengkumaran: 9944943451; Dr Sharada T Rajin: 9840082472; Dr K G Rajesekaran: 9894520517



National Oral Pathology Day Celebration: SRDC



Pixels - MAXILLOFACIAL TRAUMA HANDS-ON WORKSHOP CONDUCTED IN ASSOCIATION WITH STRYKER

Manipal College of Dental Sciences, Mangalore



Sree Mookambika Dental College, Kulasekharam





45th Annual AOMSI Conference, Indore

A novel concept conceived by Prof Dr S Prabhu and Prof Dr Jimson to teach and train post graduate and young OMFS surgeons in emerging techniques and concepts of managing maxillofacial trauma using advanced plating systems. The programs were held at Manipal College of Dental Sciences, Mangalore in July 2022; Sree Mookambika Institute of Dental Sciences, Kulasekharam October 2022; and Preconference Workshop during the 45th Annual Conference of AOMSI at Indore in November 2022.



45th Annual AOMSI Conference, Indore



Pixels - CYCLATHON EVENT & IAOMS DAY CELEBRATIONS

IAOMS Day Celebrations, Vivekananda Dental College

13 th February 2023 | Venue: Vivekananda Dental College, Tiruchengode.

The Department of OMFS, Vivekananda Dental College, Tiruchengode conducted a one day lecture program to commemorate International OMS Day with lectures on facial trauma, quiz program for students, road safety awareness, emphasis on seat belt and helmet use. The event was graced by Prof Dr P Subramanian, President, AOMSI – TN & P and the event was attended by over 150 students and faculty.





Pixels - IAOMS Day Celebrations – Vivekananda Dental College for Women



Pixels - CYCLATHON EVENT - CHENNAI

12th February 2023.

A major cyclathon event was organized by AOMSI Tamil Nadu and Puducherry chapter in 8 regional zones of Tamil Nadu and 1 zone in Puducherry. Dr K Arun Kumar, Hon Secretary, whose brain child was this cyclathon program in close coordination with the zonal in charges set to stage a synchronized flag off the events in all



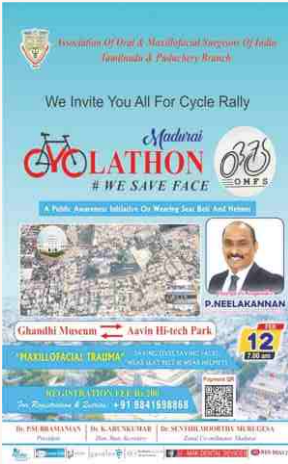
Pixels - CYCLATHON EVENT - CHENNAI

the 9 zones – Chennai, Coimbatore, Madurai, Nagercoil – Kanyakumari, Salem, Tirunelveli, Trichy, Vellore and Puducherry on the morning of 12.02.23 to raise awareness on maxillofacial trauma, road safety, helmet seat belt use and to convey to the public the definitive role of maxillofacial surgeons in health care system. The event was presided by senior police officers, IAS officers, Members of medical fraternity and enthusiastic participation of students, faculty members and general public.





Pixels - CYCLATHON EVENT - MADURAI





Pixels - CYCLATHON EVENT - SALEM



**Association Of Oral & Maxillofacial Surgeons Of India
Tamilnadu & Puducherry Branch**

VINAYAKA MISSION'S RESEARCH FOUNDATION
VINAYAKA MISSION'S SANKARACHARIYAR DENTAL COLLEGE

We Invite You All For Cycle Rally

Salem CYCLOATHON
#WE SAVE FACE

A Public Awareness Initiative on Wearing Seat Belt and Helmet

10 Km
Narasu Shiva Yanantha Mahal → Hasthampatty → Gorimedu → Periya → Yercaud
← Roundana ← Bus stop ← Kollapatti ← Foot Hills

5 Km
Narasu Shiva Yanantha Mahal → Hasthampatty → Gorimedu
← Roundana ← Bus stop

Registration Details
Registration Fee Rs. 200
Fee includes T-Shirt, Certificate & Medal, Hydration Caravan, Milk Water

For Queries Contact
Dr. A. Narendran
99407 48600
Dr. C. Manoj
98945 92638

Registration QR
Payment QR

OPEN ALL 7

FEBRUARY 12 6.00 AM

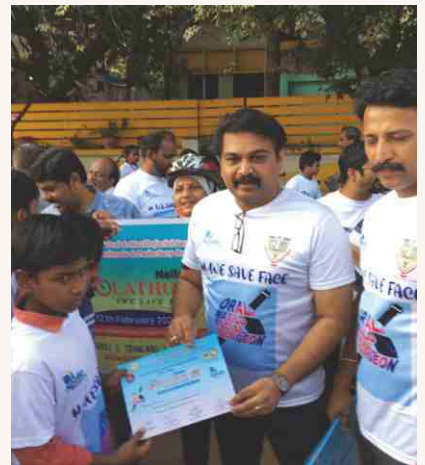
The Principal, VIMS Dental College
Hullian Road
HR A.C. No. 52367071
Branch : Vayyapatti, Salem
DSC : 101100091616

President: Dr. P. Subramanian
Zonal Co - Ordinator: Dr. B.S. Saccanna
Hon State Secretary: Dr. K.Arunkumar

Our Sponsors
DECATHLON, Dr. Manoj, VIMS, KURINJI, SELVA ENTERPRISES



Pixels - CYCLATHON EVENT - TIRUNELVELI





PIXELS - CYCLATHON EVENT - NAGERCOIL





Pixels- CYCLATHON EVENT - COIMBATORE





Pixels- CYCLATHON EVENT - TRICHY





PIXELS- CYCLATHON EVENT - TRICHY





Pixels- CYCLATHON EVENT - PUDUCHERRY





Pixels- CYCLATHON EVENT - VELLORE



Pixels - ONLINE EVENTS - WEBINARS

AOMSI TN & P chapter in association with Stryker organized a series of webinars and these were pan India programs were close to 600 attendees have benefitted by the interaction on various topics discussed.

President: Dr. P. Subramaniam
 Hon' State Secretary: Dr. K. Arun Kumar

OBSTRUCTIVE SLEEP APNEA- INTEGRATED PANEL Aug 7th, 2022 | 10.30 Am -12 Noon IST
On zoom meeting

MODERATOR **PANELISTS**

Webinar ID: 95157785447 Passcode: 082022

President: Dr. P. Subramaniam
 Hon' State Secretary: Dr. K. Arun Kumar

CLEFT CRAFTS-NEXT GEN PANEL Sep 11th, 2022 | 10.30 Am -12 Noon IST
On zoom meeting

MODERATOR **PANELISTS**

Webinar ID: 933 9602 2814 Passcode: 269806

President: Dr. P. Subramaniam
 Hon' State Secretary: Dr. K. Arun Kumar

ONCO SURGERY PANEL DISCUSSION NOV 13th | 10:30am
ON ZOOM MEETING

MODERATOR **PANELIST**

webinar id : 998 1957 5994. Passcode: 894210 | Link: <https://www.zoom.us/j/99819575994>

President: Dr. P. Subramaniam
 Hon' state secretary: Dr. K. Arun Kumar

VIRTUAL SURGICAL PLANNING IN ORTHOGNATHIC SURGERY Dec 11, 2022 | 10.30am
On ZOOM MEETING

Moderator **Panelists**

Meeting ID: 941 5168 3842 Passcode: 336926

Dr. P. Subramanian
 President

Dr. K. Arun Kumar
 Hon' State secretary

VIDEO DEMO SERIES-1 Jan 8th 2023 | 11am onwards

**OPEN
TM JOINT
SURGERIES-
VIDEO DEMO**

Presenter

Dr. Pramod Subash

Moderator

Dr. P. Suresh Kumar.

Meeting ID: 981 4376 7280 Passcode: 964798
 Zoom link: https://stryker.zoom.us/webinar/register/WN_OVyErbZk5HCnow6i149pVQ

Dr. P. Subramanian
 President

Dr. K. Arun Kumar
 Hon' state Secretary

Video demo series-2 26th March 11am onwards

**Management of a Large Odontogenic Cysts
"Importance of Surgical planning"
Video Demo**

Presenter

Dr., Kandhaswamy Ganesan

Moderator

Dr. J. Balaji

https://stryker.zoom.us/webinar/register/WN_DBw5HsRiQwecnGkCMiurQ



ONLINE EVENTS - WEBINARS




 Association of Oral & Maxillofacial Surgeons of India
 Tamilnadu & Puducherry Branch

WEBINAR
 Understanding Oral Cancer

SUN, 3 OCT at 11 AM

 Scan the QR Code to Join the Meeting

<http://www.youtube.com/c/MaxFaxTalk>

		
Speaker Dr. Pradeep Jeevadas Oral Maxillofacial & Oncology Surgeon Holy Cross Hospital, Nagercoil	Speaker Dr. Senthil Murugan Professor, Oral & Maxillofacial Surgery, Saveetha Dental College & Hospital Chennai	Moderator Dr. Jimson S Vice Principal-Research Head, Department of Oral & Maxillofacial Surgery, Tagore Dental College & Hospital, Chennai

Invited By : **Dr. Krishna Kumar Raja** President **Dr. S. Jimson** Hon. State Secretary

[/aomsitnp](#) [/aomsitnp](#) [/aomsitnp](#) [/c/MaxfaxTalk](#)

www.maxfaxtalk.in

Pixels - Felicitation Program - Prof Dr S Prabhu & Prof Dr Gunaseelan Rajan

20th January 2023 | Venue: Presidency Club, Chennai

A felicitation program was organized by the state chapter to commemorate the appointment of Dr S. Prabhu as Professor Emeritus, Department of Oral & Maxillofacial Surgery, Sree Balaji Dental College and for Prof Dr Gunaseelan Rajan being elected unanimously as the President Elect of the Asian Association of Oral & Maxillofacial Surgeons. The program was graced by Dr Manjunath Rai - Immediate Past President, Prof Dr Veerabahu - Past President of the Association of Oral and Maxillofacial Surgeons of India, Prof Dr K K raja - Past President AOMSI TN & P, Prof Dr Kannan Balaraman and members of AOMSI TN & P.





Pixels - Felicitation Program - Prof Dr S Prabhu & Prof Dr Gunaseelan Rajan



Pixels - PG TRAINING PROGRAM

ROME 23: Ramachandra Oral Maxillofacial Education

29th, 30th March & April 1st 2023 | Venue: Sri Ramachandra Dental College

The Department of Oral and Maxillofacial Surgery conducted their 3-day annual rapid review program - ROME 2023 - from March 30 to April 1, 2023. There were more than 100 participants, all of them postgraduates of institutions from southern states of India. A total of 35 speakers were selected from across institutions in South India. The inauguration was presided by the honourable Vice-Chancellor Dr. Uma Sekar and Dean of Dental college, Dr. H. Thamizh Chelvan. The Chief guest for the program was Dr. R. Gunaseelan,





the President of the Asian Association of Oral and Maxillofacial Surgeons. Guests of honour were Dr. R. Manikandhan, the Vice President of the Association of Oral and Maxillofacial Surgeons of India and Dr. Subramanian P., the President of the Association of Oral and Maxillofacial Surgeons of India-TN&P. Senior Faculty / Heads of Departments - Oral and Maxillofacial Surgery from across the state were felicitated with by the honourable Vice-Chancellor and the Chief Guest.



விஷ்ணுபுரம் நாவலை சம்முகமாமா பொறட்டிக் கொண்டிருந்தார். மரணம் வரும் வரை அது நமக்கு புலப்படுவதில்லை என்று எழுதியது குறித்து மனதில் ஆலோசனை செய்து கொண்டிருந்தார், மரணம் வரப்போவது எப்படி தெரியும் என்ற சிந்தனையை கலைத்த தெருக்கோடி கணேசன் வந்து மாமாவிடம் கடன் சிக்கல் களைவது எப்படி என்று ஆலோசனை கேட்க, கடனோடு வாழ பழகிகோடா! குடிக்கிறதையும் லாக்ரிவஸ்துவையும் கொஞ்சம் நிறுத்துடா என்றார்.

அதிலேயே உனக்கு ஏகப்பட்ட மிச்சம் ஆகுமே ,நானே வெத்தல புகையிலை விட முடியாமல் சிரமப்படுறேன் என்று மாமி காது பட கூறினார். திருந்தாத ஜென்மங்கள் இருந்தென்ன லாபம் வருந்தாத உள்ளங்கள் வாழ்ந்தென்ன லாபம் என்று மாமி உரைநடையாய் கூறியபடியே காபி கொடுப்பார்

சம்முக மாமா பேங்க் ஆபீஸராக இருந்தவர் . பேங்கர் காலனியில் மாலை வாசலில் அமர்ந்து வெத்தலை பெட்டியில் உள்ள கும்பகோணம் வெத்தலையை புகையிலை சீவலுடன் மடித்து குதப்புவார். துப்பிய எச்சிலில் விசாலமான வேப்பமரம் அடியில் பூராம் சிவப்பாக இருக்கும் சாணி மொழுகிய தரையே சிவப்பாக ஆக்கி வைத்திருப்பார். மாலை வேளையில் அங்குள்ள நண்டு சிண்டு களுக்கு எல்லாம் கதை சொல்லும் வழக்கம். வெத்தலை போடாமல் தூக்கம் வராதா என்று மாமி கடுகடுத்து கொள்வாள். உடனே இவர் பாசரம் பாட ஆரம்பித்து விடுவார்

**கருப்பூரம் நாறுமோ கமலப்பூ நாறுமோ,
திருப்பவளச் செவ்வாய்தான் தித்தித்தி ருக்கும்மோ,**

என்று ஆண்டாள் பாசரத்தை மேற்கோள் காட்டி தலைவிக்கு பிடித்த வாசனையே தாம்பூலம் போட்ட தலைவன் வாயின்நறுமணமே என்பார்.

**மருப்பொசித்த மாதவன்றன் வாய்ச்சுவையும் நாற்றமும்,
விருப்புற்றுக் கேட்கின்றேன் சொல்லாழி வெண்சங்கே**

அந்த வேப்பமரம் தான் அவர் உயிர் . சிறு வயதிலிருந்து வீட்டு வாசலில் இருக்கும் இந்த மரத்துடன் ஒரு பந்தம் . அதன் அடியில் அமர்ந்து வாழ்க்கையின் மிக முக்கிய முடிவுகள் மற்றும் படிப்புகளை மேற்கொண்டார். ஆலும் வேலும் பல்லுக்கு உறுதி என்று சொல்லி அதன் குச்சியை மெண்டு பற்பசை வாங்கும் செலவை குறைத்து விட்டார். திருமணத்தின் போது மாமி பார்க்க வந்தபொழுது கூட இந்த வேப்ப மரத்துக்கு அடியில் இருவரும் பேசிக் கொண்டு சம்மதம் என்றனர்.. காலையில் சம்முகமாமா குளித்து பவுடர்யீட்டு பாசரம் பாடுவார், அவருக்கு காபி வேண்டும்... அதன் பின் வெத்தலை மெல்ல வேண்டும் அதற்கு வீட்டம்மாலை எழுப்ப ஒரு பாசரம் அனுப்புவார்,,,

எல்லே! இளங்கிளியே இன்னம் உறங்குதியோ

சில்லென்று அழையேன் மின் நங்கைமீர் போதருகின்றேன்....

என்று உச்ச கட்டையில் பாசரம்பாடி மனைவியை அழைப்பார். வயதான மாமியார் மூலையில் படுத்திருப்பார் காபி வேண்டி அவருக்கு ஒரு பாசரம் அனுப்புவார்

மாமீர்! அவளை எழுப்பீரோ? உம் மகள் தான்

ஊமையோ அன்றிச் செவிடோ அனந்தலோ

ஏமப் பெருந்துயில் மந்திரப்பட்டாளோ?

என்று வீட்டில் இருந்த வயதான மாமியாருக்கு அழைப்புகள் விடுப்பார். மாமி எழுந்து காபி கலந்து கொடுத்த உடன் வெற்றிலை போட்டு புகையிலை உடன் காலை பேப்பர் படிக்க ஆரம்பிப்பார்.

மாமிக்கு சக்கரை உள்ளதால் சர்க்கரை இல்லா காப்பி. அல்சர் உள்ளதால் அரை கப் லைட் காபி மட்டுமே. இவ்வளவு கஷ்டப்பட்டு காபி குடிக்க வில்லை என்று யார் அழுதார்கள் என்று மாமா வைவார். எல்லாவற்றையும் தடை பண்ணினால் சீக்காளி மாதிரி தோணுகிறது என்று மாமி முறைப்பாள் . சிறுவயதிலேயே அரிசி மெல்லும் பழக்கம். ஒரு நாளைக்கு கிரைண்டர் மாதிரி

ஒரு டம்ளர் அரிசியை மென்று விடுவார். சிறுவயதிலேயே பல் கொட்டி பரம்பரை சுகர் தொற்றிக் கொண்டது. ரிட்டயர்மென்ட் :பண்டில் உனக்கு தங்கப்பல் கட்டுவேன் என்று மாமா துளுரைத்திறுந்தார்.நீங்கள் வெத்தலை போடுவதை நிறுத்தினால் ஒரு புதுவீடு கட்டிக் கொடுக்கலாம் என்று அங்கலாய்ப்பாள் மாமி.

ஆனால் இன்று காலை எந்த பாசுரமும் ஏவாமல் படுக்கைக்கு ரொட்டி துண்டுடன் காபி வந்து விட்டது .எல்லா உயிரும் சந்தோசத்தை தேடுகின்றன. எல்லா சந்தோஷங்களும் இறை வடிவமாக இருக்கின்றன என்று எதிரில் இருந்த படத்தில் எழுதியிருந்தது. ஆஸ்பத்திரியில் சேர்ந்து மூன்று நாள் கடந்து விட்டது. சில தினங்களுக்கு முன் மாமாவிற்கு ஆபீஸில் வாய் கொப்பளிக்கும் போது ரத்தமாக கொட்டியது, மாமாவிற்கு வாயில் ஆறாத புண் கீழ்தாடை கடவாய் பகுதியில் வெற்றிலை வைத்த இடத்தில் இருந்தது. பல டெஸ்டுகள் எடுத்து மருத்துவர் வாயில் புற்று நோய் முற்றிய நிலை உள்ளதாக தெரிவித்தார்.

**பொலிக பொலிக பொலிக!* போயிற்று வல் உயிர்ச் சாபம்*
நலியும் நரகமும் நைந்த* நமனுக்கு இங்கு யாது ஒன்றும் இல்லை***

பாசுரம் பாடிய மாமி மனதுக்குள் கண்ணீர் வடித்தாள். எண்ணெய் முந்துமோ திரிமுந்துமோ என்று கவலைப்பட்ட காலம் போய் விளக்கையே கழுவி கமுத்தியது போல் உணர்ந்தாள். நீ பயப்படாதே, நான் உன்னுடனே இருக்கிறேன்; திகையாதே, நான் உன் தேவன்; நான் உன்னைப் பலப்படுத்தி உனக்குச் சகாயம்பண்ணுவேன்; என் நீதியின் வலதுகரத்தினால் உன்னைத் தாங்குவேன் என்ற பைபிள் வாசகம் எழுதப்பட்டிருந்ததை வாசித்து மனமருகினாள் மாமி. தகப்பன் சாமியாக பிள்ளையும் வீட்டின் தேவதையான மகளும் ஒடோடி வந்தனர். மகன் கல்லூரியில் படிக்க மகள் படிப்பை முடிக்கும் தருவாயில் உள்ளார். அவள் திருமணம் குறித்து ஜோசியரிடம் பேச வேண்டும் என்று மாமா நினைத்திருந்தார்

வாய்ப்புற்று நோய் என்று தெரிந்த ஒரு நாள் முழுவதும் மலைப்பாக இருந்தது. சிகிச்சைகள் பல இருந்தாலும் புற்று நோய் என்றால் அதற்கு குணம் இல்லை என்று மருத்துவர் கூற எல்லா சிகிச்சைகளும் வாழ்நாள் நீட்டிப்பு மட்டுமே என்று விளக்கினார். ஆறாத புண் 5 வருடங்களுக்கு முன்பே கண்ணாடியில் பார்த்த மாமா வலிதான் இல்லையே என்று உப்பு தண்ணி கொப்பளித்து சுண்ணாம்பு தடவி சுய வைத்தியம் பார்த்துக்கொண்டிருந்தார். கல்லூரி செலவுகள் கை நிறைய இருப்பதால் பிறகு பார்த்துக் கொள்ளலாம் என்று தள்ளிப் போட எல்லாம் காலம் கடந்து விட்டது.

அறுவை சிகிச்சை செய்து பின்பு கரண்ட் வைக்க வேண்டும் மேலும் கீமோதெரபி கொடுக்க வேண்டும் என்று சிகிச்சைகள் அடுக்கிக் கொண்டே போக .செலவு லட்சங்களில் நின்றது.இன்னும் பத்து வருட பணி காலம் இருந்தது. கொஞ்சம் முயற்சித்தால் வேலைக்கு போக வாய்ப்பு கிடைக்கலாம் என்று எண்ணி வீட்டு பத்திரத்தை அடமானம் வைத்து கடன் பெற்றார். மருத்துவர்கள் அறுவை சிகிச்சை செய்து ஒரு பகுதி பாதிக்கப்பட்ட தாடையை அகற்ற திட்டமிட்டனர். அன்று இரவு முழுவதும் அவருக்கு தூக்கம் பிடிக்கவேயில்லை. காரணம் என்னவென்று சொல்ல முடியவில்லை. தூக்கம் உள்ளவனுக்குத்தான் தூக்கமில்லாது போகுமாம் என்றார் மாமா. எனக்கு என்ன தூக்கம் என்று தெரியவில்லை என்றார். வெறும் இருட்டை வெறித்துப் பார்த்துக் கொண்டே நடுநிசி வரையில் இருந்தாயிற்று. நோயாளியும், பித்தனும், ஞானியும், கலைஞனும் இரவில் தூங்குவதில்லை என்று காலை டியூட்டி டாக்டரிடம் தெரிவித்தார். நீங்கள் எத்தனை பீடிகை போட்டாலும் தூக்க மாத்திரை கிடையாது என்றார் மருத்துவர்; மாமாவிற்கு அறுவை சிகிச்சைக்கான ஏற்பாடுகள் நடக்கத் தொடங்கின.

படுத்து இருக்க விருப்பம் இல்லாத மாமா பக்கத்து நோயாளிகளிடம் வழக்கமான பேச்சை ஆரம்பித்தார். பக்கத்து படுக்கைசீனுவுக்கு உதட்டு அடிபாகத்தில் புற்றுநோய்.



அக்னி குஞ்சொன்று கண்டேன் - அதை
அங்கொரு காட்டிலோர் பொந்திடை வைத்தேன்;
வெந்து தணிந்தது காடு;

அக்னி குஞ்சு என்றால் நாம் போட்ட புகையிலை ..பொந்திடை என்றால் வாய்க்குள்ளே ..வெந்து தணிந்தது காடு என்றால் புற்றுநோய் வந்து விட்டது.. அட்டே பாரதி இதைத்தான் சொல்லி இருப்பானோ.

காலேஜ் படிப்பு முடித்து திருமண ஏற்பாடு நடந்து கொண்டிருக்கும் பொழுது வாய் பற்கள் கரையாக உள்ளது என மணப்பெண் சொல்ல பல சுத்தம் செய்ய மருத்துவரை அனுகிய போது உதட்டுக்கு அடியில் உள்ள புண்ணை பார்த்து புற்றுநோய் என்றும் உதட்டை வெட்டி அகற்ற வேண்டும் என்று மருத்துவர் கூறிவிட்டார்.

திருமண ஏற்பாடு நிறுத்தும்படி அறிவுரை கூறப்பட்டது. அவனும் ஒரு பெண் வாழ்க்கை பாதிக்க கூடாது என்பது உணர்ந்து சொந்த காதலித்த மாமா பெண்ணை துறந்தான். துக்கம் தொண்டை அடைக்க மருத்துவரிடம் அழுத அவனிடம் மருத்துவர் கூறினார் Appreciation is love, possession is not love, விட்டுக் கொடுத்தலே காதல். கைப்பற்றுவது காதல் இல்லை என்றார். எட்டாவது படிக்கும்போது நண்பர்கள் கொடுக்க ஹான்ஸ் புகையிலை உதட்டுக்கடியில் வைக்க போதை தலைக்கு ஏறும் பழக்கம் ஆட்கொண்டுவிட்டது. தொடர்ச்சியாக உபயோகப்படுத்தியதால் திருமணத்திற்கு ஒரு வாரம் முன்பு புற்றுநோய் கண்டறியப்பட்டு வாழ்க்கை தலைகீழாகி விட்டது.

சீனுவுக்கு மாமா எல்லா ஆலோசனையும் வழங்கினார் அலோபதி மருத்துவம் உடலை ஒரு எந்திரமாகத்தான் பார்க்கிறது. அதற்கு பிறப்பதற்கு முன் இருந்து இறக்கும் வரை உடல் எனும் இயந்திரம் இயங்க வேண்டும். அப்பொழுதுதான் வியாபாரம் நடக்கும். இதயமே போனாலும் வேறொரு இதயம் பொருத்தி விடுவார்கள். ஆனால் இறப்பு என்பது இயற்கையாக ஒத்துக் கொள்ள வேண்டிய விஷயம். அதை எதிர்த்துப் போராடக்கூடாது என்று மாமா அறிவுரை கூறிக் கொண்டிருந்தார். சீனுக்கு புரிந்ததோ இல்லையோ மண்டையை ஆட்டி வைப்பான்.

அன்னக்கிளி ஒன்னத் தேடுதே.....எப்எம் பாட்டு கைபேசியில் கேட்டபொழுது சீனுவுக்கு கண் கலங்கி தான் விட்டது

புள்ளி போட்ட ரவிக் கைக் காரி புளியம்பூ சேலைக்காரி
நெல்லறுத்து போகையில் யார் கன்னி எந்தன் காவலடி அன்னக்கிளி ஒன்னத் தேடுதே.....
சொல்லித் தீராத அன்பை அழுது தீர்க்க முடியாத சோகத்தை மீளாத் தனிமையின்
வடிகால்களாக ஒரு சில திரைப்பட பாடல்கள்.

சீனுவின் அம்மா கோகிலாம்மா வாடிய முகத்துடன் ஒரே மகன் நிலை கண்டு பேதலித்தாள். குடிப்பழக்கம் உள்ள தந்தை மறைந்தது 5 ஆண்டுகள் முடிந்து விட்டது. சிரமத்திற்கு வந்த பென்ஷன் பணம் முழுவதையும் படிப்புக்காக செலவு செய்வாள். தம்பி மகளே மணப்பெண்ணாக அமருவாள் என்ற கனவில் மண் விழுந்தது. வாழ்க்கை திகைப்பை தந்தது. உதடில்லாமல் நெஞ்சு சதையை எடுத்து உதடு போல் செய்து பொறுத்த வேண்டும் என்று மருத்துவர் கூறியுள்ளார். சிறிது விகாரமாகத்தான் இருக்கும் என்றும் ஐந்து வருடம் தாக்கு பிடிக்கும் என்று கூறினார். நோய் முத்தி உள்ளதால் திரும்ப வரும் வாய்ப்பு உள்ளது என்று அதிர்ச்சி அளித்தார்.

சம்முமாமா ஜன்னல் வெளியே அசைந்தாடும் வேப்பமரத்தையே பார்த்துக் கொண்டிருந்தார்... நாளை ஆப்ரேஷன் என்று கூறியிருந்தனர். கஞ்சி எடுத்துட்டு வந்த மாமிய பார்த்து ஒரு கப் பால் பாயாசம் குடித்தால் நல்லா இருக்கும் என்றார். மாமி கடுகடுங்க நர்ஸ் மறுப்பு தெரிவித்தார்.

கடைசி பெட் கவிதா வீட்டுக்காரர் மதிய உணவு எடுத்து வர தாமதமாகிவிட்டது. அவளுக்கு மூக்கில் டியூப் போட்டு உணவு கொடுக்க வேண்டும். ஒரு கப் கஞ்சி கிடைத்தால் நன்றாக இருக்கும் என்று நர்ஸ் வினவ மாமா அவர்கள் கஞ்சியை அந்த பக்கம் தள்ளிவிட்டார். கவிதா அவள் பாட்டியிடம் இருந்து புகையிலை எடுத்து மெல்லுவார்.

25 வயதில் தொண்டை கரகரப்பு ஏற்பட கருப்பட்டி கசாயம் குடித்து குடித்து சரி பண்ண பார்த்தார். ஆனால் மருத்துவ பரிசோதனைகள் தொண்டை புற்றுநோய் உள்ளது தெரியப்படுத்தி குரல் நான் அகற்றப்பட பேச்சை இழந்தார். கவிதா அழகாக நாட்டுப்புறப் பாடல்கள் பாடுவார். அவள் பாட்டில் மயங்கி தான் செல்வம் அவளை திருமணம் செய்து கொண்டார். பேச முடியாமல் தொண்டையில் குழாய் பதித்துக் கொண்டு மனைவியை பார்க்கும் பொழுதெல்லாம் நான் என்ன பிழை செய்தேன் இறைவனே என்று மனம் நோக கதறுவான். எல்லாம் முன்னவன் செய்த பிழை என்று புகையிலை பாட்டி முட்டுக் கொடுப்பார். புகையிலையினால் தான் புற்றுநோய் வந்தது என்று அந்தப் பாட்டி நம்பவே இல்லை. 35 வருடமாக சுவைத்து வரும் அவருக்கு ஒன்றும் இல்லை என்ற நம்பிக்கைதான். டாக்டர்கள் வியாதியை கண்டுபிடிக்க தெரியாமல் ஏமாற்றுகிறார்கள் என்று ஒரே போடாக போட்டார்..கவிதா காலடியில் படுத்து இருந்த மகள் கற்பகம் சாப்பிடாமல் அடம் பிடித்துக் கொண்டிருந்தாள். சாப்பிடவே மாட்டிங்கா என்ற பாட்டி, கவிதா பொதுவா பாட்டு பாடி தான் சாப்பிட வைப்பாய் . இப்போ அடம் ஜாஸ்தியாகிவிட்டது என்ற பாட்டியை பார்த்து கண் கலங்கினாள் கவிதா..

...ஆரிராரோ ஆராரோ ஆரடிச்சு நீயழுதாய்
கண்மணியே கண்ணுறங்கு கண்ணே யடிச்சாரார்
கற்பகத்தைத் தொட்டாரார் தொட்டாரைச் சொல்லியழு
தோள் விலங்கு போட்டு வைப்போம் அடிச்சாரைச் சொல்லியழு

இனி வாழ்க்கையில் நான் பாடவே முடியாதே என்று மனதுக்குள் பாடி உருக்குலைந்தாள்.

மாலையில் சம்முக மாமா வெளியில் நடந்து வர கிளம்பினார். மூலைக்கடை பார்த்ததும் ஒரு முறை கடைசியாக வெத்தலை சீவல் போட ஆசைப்பட்டார். வெளியே யாரும் பார்க்க கூடாது என்று கடை உள்ளே அமர்ந்து நிதானமாக சுவைக்க ஆரம்பித்தார்.

ஆல் இந்தியா ரேடியோ மாநில செய்திகள் வாசிப்பது... என்று ரேடியோ அலறியது. வாகன சோதனையின் போது காவல்துறையினர் மூன்று டன் அளவுக்கு குட்கா மற்றும் தடை செய்யப்பட்ட புகையிலைபொருட்களை கண்டுபிடித்தனர்..... இது குறித்து காவல்துறையினர் தெரிவிக்கையில் பெரும்பாலும் இளம் தலைமுறைதான் அதிகமாக பயன்படுத்துகிறார்கள் மற்றும் இது பள்ளி மற்றும் அது சுற்றுப்புறங்களில் அதிகமாக விற்பனை செய்யப்படுகிறது என்றும் இந்த பழக்கத்திற்கு அடிமையானவர்கள் பல்வேறு உபாதைகளுக்கு ஆளாகிறார்கள் என்றனர்.

ஓ கொண்டு வந்து கொடுத்த கடை பையன் வாயில் பான் பராக் மெல்வதை கண்ட வெள்ளை சட்டைக்காரர் இந்த பழக்கம் வேண்டாம் என்றார். ஏற்கனவே உனக்கு வாய் வெந்து வாய் திறக்க முடியாமல் உணவே உட்கொள்ள முடியாமல் இருக்கிறாய் என்று கண்டித்தார். உனக்கு வாய் இறுக்க நோய் உள்ளது பின்னர் இது புற்று நோயாக மாறிவிடும் என்று கூறினார். போன தடவையே வாயில் வெள்ளை படலமா இருக்குதுன்னு சொன்னேன் இல்ல என்றுகடை முதலாளியை பார்த்தார்.நாங்க இதெல்லாம் விக் கிறது இல்லைங்க என்று முடித்துக் கொண்டார்

சம்முக மாமா அருகில் வெள்ளை உடுப்பில் ஒருவர் புகை பிடித்துக் கொண்டிருந்தார். பார்க்க மருத்துவரை போல இருக்கிறீர்கள் என்று மாமா வினாவ ஆமாம் என்று அவர் கூற பரஸ்பர விளக்கங்கள் தொடர்ந்தன. அவர் இரத்தத்தில் புற்று நோய் ஏற்பட்டு எல்லாம் முயற்சியும் செய்து வியாதி முற்றிய நிலையில் உள்ளதாக நெஞ்சிருக்கும் பரவி விட்டதாக கூறினார். மூச்சு திணறல் ஏற்படும் என்று இன்று மருத்துவமனையில் தீவிர சிகிச்சை பிரிவில் சேர சொல்லி உள்ளனர். கடைசியாக உள்ளே நுழையும் முன் ஒரு முறை கடைசி சிகரெட் புகைக்க வந்துள்ளார்.

புற்று நோய்க்கு குணமே இல்லையா என்று மாமா கேட்க மருத்துவர் அது நரகாசுரன் மாதிரி என்றார். நரகாசுரனை வெட்ட வெட்ட அவன் ரத்த துளிகள் இருந்து புது அரக்கன் புறப்படுவது போல் இது நம் உடலில் வளர்ந்து கொண்டே தான் போகும். நரகாசுரனை அழிக்க இறை வந்தது போல், இறைவன் மனம் வைக்கும் வரை மருந்துகள் சிகிச்சைகள் உங்கள் நோயை தடுக்கும் என்றார்.

மாமா வியப்பாக பார்த்து பின்னர் நேரம் ஆகிவிட்டதால் வாயை கொப்பளித்து படுக்கைக்கு சென்றார். நர்ஸ் நாளை அறுவை சிகிச்சை இருப்பதால் தூங்கவும் என்று இரவு 8 மணி விளக்கனைக்கப்பட்ட பின் மாமி கால் அருகில் தலை வைத்து அமர்ந்திருந்தாள். மாமா கீழே விரித்து படு என்று கூறிவிட்டு உறங்கினார். மூன்று மணி அளவில் அடிவயிரிலிருந்து ஏதோ அழுத்தம் கொடுக்க இதயம் படபட என்று துடிக்க மூச்சு அடைப்பது போல் உணர் எல்லோரும் கூப்பிட வேண்டும் என்று மாமா முயற்சி செய்ய நினைக்க சிறு உடல் நடுக்கத்துடன் சர்வமும் அடங்கியது. **மரணம் வரும் வரை அது நமக்கு புலப்படுவதில்லை..... அர்த்தம் தேடியது** அவருக்கு புலப்பட்டதா என்று தெரியவில்லை. காலையில் மாமி பார்த்து கதற அங்கிருந்தோர் அவரை அமைதியாக இருக்கும்படி வெளியில் அழைத்து வந்தனர்.

மூன்று வாரம் கழித்து உறவுகள் கலைந்தபின் பால்காரன் மணி அடிக்கும் சத்தம் கேட்டு வந்த மாமி யை பார்த்து பால்காரன் வருத்தம் தெரிவித்தார். 30 வருடம் முன் வெற்றிலை பழக்கத்தை கைவிட்டேன் என்றான். நான் இனிமேல் போட மாட்டேன் என்றான். வாசல் தெளிக்க வந்த மாமி சிவப்பு வெற்றிலை கரை படிந்த தரையை பார்த்து வெறித்தாள். சுவற்றில் இந்த வெற்றிலை கரை வெள்ளை அடித்த பிண்ணும் மறையவில்லை.

எல்லே! இளங்கிளியே இன்னம் உறங்குதியோ சில்லென்று அழையேன் மின் நங்கைமீர் போதருகின்றேன்....

என்று மாமா பாசுரம் பாடி காபி கேட்பது போல் மாமி உணர்ந்தாள். காபி குடிக்க விருப்பம் இல்லை என்றாலும் ஒரு கப் காப்பியை கலந்து வெறித்துப் பார்த்துக் கொண்டிருந்தாள். வழக்கமான காலை பரபரப்பு பேங்கர்ஸ் காலணியில் தொற்றிக் கொண்டது. காலம் கடந்து தான் செல்லும்.

வாசலில் இருந்த வேப்பமரம் கார்ப்பரேஷன் டிரான்ஸ்பார்மர் வைக்க இடைஞ்சலாக இருப்பதால் வெட்டப்பட்டு கொண்டிருந்தது... உங்கள் டூத் பேஸ்ட்டில் வேம்பும் உப்பும் இருக்கிறதா என்று எஃப்எம் வீட்டுக்கு வீடு அலறிக் கொண்டிருக்கிறது. அடுத்து நீங்க கேட்க இருக்கும் பாடல் அன்னக்கிளி படத்திலிருந்து இளையராஜா இசையில்.....

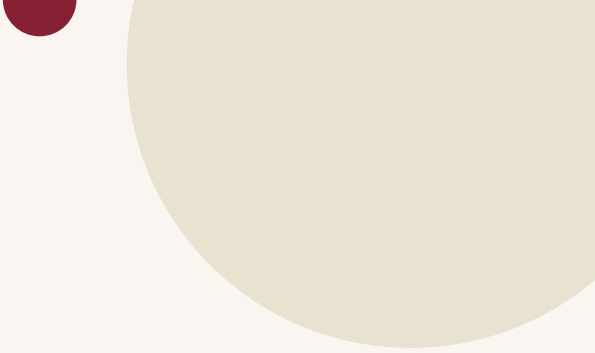
அன்னக்கிளி ஒன்னத் தேடுதே.....

மழை பேஞ்சா

மழை பேஞ்சா வெதவெதச்சி

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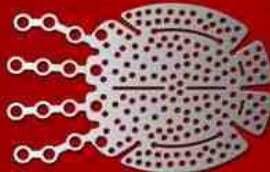


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T Plate, 10Holes, 0.5t

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BSSO Plate 0.8t



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