

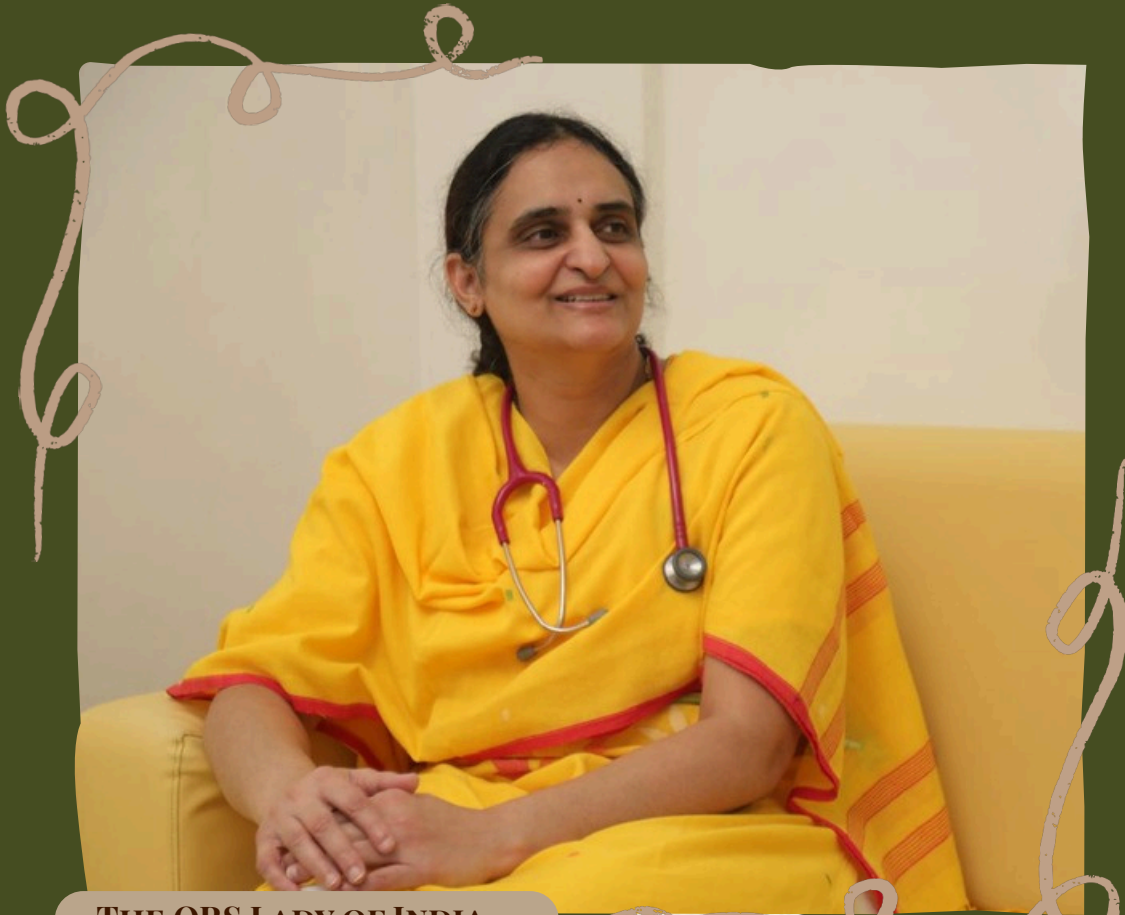
# CURAVVERSE

March | 2026

First Issue

by

QUIZCURA



THE ORS LADY OF INDIA

***Dr Sivaranjani Santosh***

Mentors Message

QuizSphere

Frontline Medicine.

MedMind Diaries

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# CURAVVERSE

## Magazine

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### MEET OUR EDITORIAL CREW

*Shweta Sawant*

"Falling in love with medicine  
one quiz at a time"



*Priyanshu Dutta*

"Elevating medical quizzing to a new  
standard."



*Preetam Pal*

"I'm the one who keeps the code bug-  
free and the transitions frame-perfect,  
ensuring our quizzes look as sharp as  
the people taking them."



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# THE MENTOR'S *Message*

As I am writing this, and as I remember every thing that I had to go through to get ORS removed from the labels/branding of high sugar drinks, and those drinks not conforming to the WHO recommended formula ORS, an occasional tear drops from my eyes! The journey was so tumultuous and traumatic that it scarred me to some extent! I also remember one of the podcasters asking me, "what would you name the book if some one writes a book on this?". I said, "Dogged persistence!". Yes! That was what it was!

Imagine a mother going to the pharmacy and buying a brightly colored tetrapack with a sugary liquid in it, and giving it to her sick child thinking that the costly liquid was going to correct her sick child's dehydration and make her better, only to realise later that her child's condition had worsened. Imagine, now, about the millions of parents, who had never realized that the culprit was the sugary drink which had worsened their child's diarrhoea! That was why I had to fight! Not for myself or my family, not for money or fame, but for the children of this country! For those parents who never knew they needed to fight against this nemesis called ORSL, and for those children who couldn't fight for themselves!

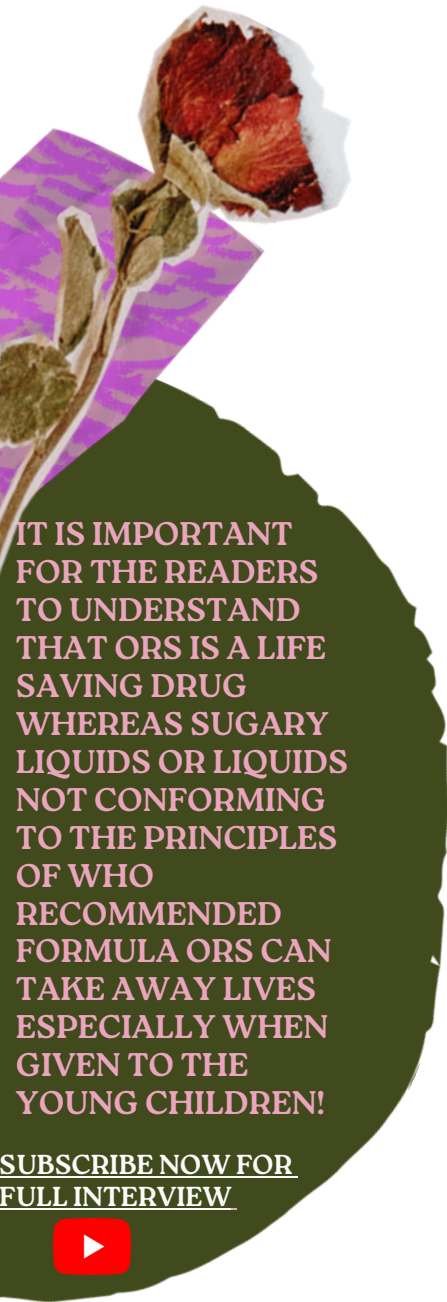
Let me start from the beginning. As medical students, we had seen so many children getting admitted for severe dehydration and shock, and some of them dying of dehydration and shock. That we should educate parents about correct rehydration was drilled into us by our teachers. So, we continued doing that, and never needed to admit children who were being appropriately hydrated by their parents.

Around 2014 or 2015 (to be frank, I don't remember exactly), I started noticing that the children were getting more sick and dehydrated than improving even after the correct advice regarding rehydration was given to the parents. I needed to investigate. I asked the parents to get the ORS they were giving the children, and to my dismay, I realized that the parents were giving ORSL with a picture of an apple on it, and that it had 110 grams sugar per litre whereas WHO recommended formula ORS should have 13.5 grams per litre of glucose. The mystery was solved. The high sugar level in those ORSL liquids was worsening the children's diarrhoea. Initially, I educated the parents who were bringing their children to me. Then, I started making videos and shared the information on social media. It took me some time to realize and wonder how many children must have died because of these liquids! It was then that I started writing to the regulatory authorities in the year 2021. I had first written to the CDSCO. I sent proofs. Instead of addressing this crucial issue, they redirected me to the FSSAI. I persisted with the FSSAI as well as with the Central Health Minister.



**THIS ERZL IS  
BEING SOLD  
AS ORS AT  
THE GROUND  
LEVEL! ONE  
SIVARANJANI  
CANNOT STOP  
THIS! PLEASE!**





**IT IS IMPORTANT FOR THE READERS TO UNDERSTAND THAT ORS IS A LIFE SAVING DRUG WHEREAS SUGARY LIQUIDS OR LIQUIDS NOT CONFORMING TO THE PRINCIPLES OF WHO RECOMMENDED FORMULA ORS CAN TAKE AWAY LIVES ESPECIALLY WHEN GIVEN TO THE YOUNG CHILDREN!**

**SUBSCRIBE NOW FOR FULL INTERVIEW**

On 8th April, 2022, an order was issued by the FSSAI that food and beverages should not have the name of the drug 'ORS' on their labels, but the order was reverted on 14th July 2022 saying companies with valid trademark could continue selling the misbranded tetrapacks with a disclaimer 'This is not an ORS'. Nobody cared that parents would continue giving those liquids as ORS to their children! No body cared that people would give these liquids as health drinks to their children, parents, and spouses with diabetes! No body! Neither the companies nor the FSSAI. There was no choice but to file a PIL in the Telangana High Court with respondents being FSSAI, DCGI, Government of India, Government of Telangana and the companies. Parallely, I was reaching out to the IAP. Absolute indifference. I was even elected as an executive member in the state unit, but had to resign after seeing the indifference and the callous attitude towards child safety. I was trolled in the IAP and on Social media, but slowly things started changing. Doctors on social media, podcasters, lawyers, journalists, influencers, and most importantly parents started supporting me. Meanwhile, the awareness through social media has increased! More and more people started becoming aware. Finally the order was issued by the FSSAI on the 14th of October with a clarification on the 15th of October. There was this article where the journalist got it totally wrong and reported that companies could use 'ORS' on the labels as long as they have a disclaimer, "This is not an ORS". I was shocked! I was very angry, and I questioned FSSAI for that on social media! Luckily some one replied FSSAI had actually given the order in favour of my fight and not against it. You saw my reaction! All of you, saw the tears of relief and joy! Even I didn't expect that the video would become a Tsunami! I am glad I posted it, because, the whole India became aware of the crucial issue of the companies misbranding their sugary liquids as ORS and jeopardizing the health and lives of children.

Here, I want to thank my family, especially my husband, who stood by me, inspite of fearing for my safety. I want to thank my teachers from JIPMER who have drilled ethics into us! Dr Prof Srinivasan Sir and Dr Prof Nalini (Padma Shri awardee) Ma'am came all the way from Puducherry to Hyderabad to felicitate me. She surprised me by bringing a crown to crown me! My JIPMER friends presented me with a symbolic conch with Goddess Durga killing Mahishasura!

When I recently got nominated as Co opted member of the Telangana Medical Council and expressed my commitment to abolishing quackery, Dr Prof Mahadevan Sir messaged me saying, "you will succeed just like how you succeeded in abolishing the ORS quackery"!

*Dr. Sivaranjani Santosh*

# QUIZSPHERE

QUIZCURA events



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The mind is not a vessel to be filled,  
but a fire to be kindled."

– Plutarch

---



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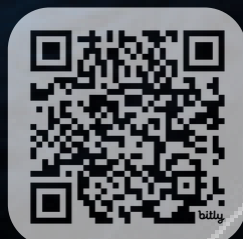


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# CLINICAL INSIGHTS

## ACUTE PERICARDITIS

The Chest Pain That Tricks Even Good Clinicians

Not all ST elevation is a heart attack.

In fact, one of the biggest real-life diagnostic traps is Acute Pericarditis masquerading as STEMI. Many patients have unnecessarily received thrombolysis — simply because this distinction was missed.

### The Rarely Emphasised Clue

Most students know:

Diffuse ST elevation

PR depression

But here's what many miss 📌

➡ Pericarditis affects the atria too — not just ventricles

That's why PR depression happens.

It reflects atrial epicardial inflammation — something myocardial infarction does NOT cause.

### The “Opposite Lead” Secret

In exams and real ECGs, remember this:

PR Depression → Most leads

PR Elevation → Lead aVR

This mirror-image finding is a subtle but powerful differentiator from MI.

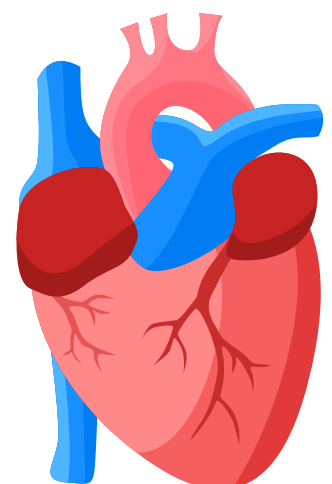
### Why ST Elevation Looks “Saddle-Shaped”

Unlike MI (which causes convex ST elevation due to transmural ischemia), Pericarditis causes surface inflammation, leading to:

➡ Concave / Saddle-shaped ST elevation

Think:

Inflammation spreads → Ischemia localizes



### **The Silent Danger Students Rarely Note**

Pericarditis pain improves on sitting forward...

But if suddenly:

- ! Pain reduces
- ! Breathlessness increases

Be cautious.

This may indicate developing Pericardial Effusion.

Because:

Less friction = less pain

More fluid = more compression

### **ECG Nugget Almost No One Mentions**

In early pericarditis:

➔ Spodick's Sign

Down-sloping TP segment

Seen best in Lead II and lateral leads.

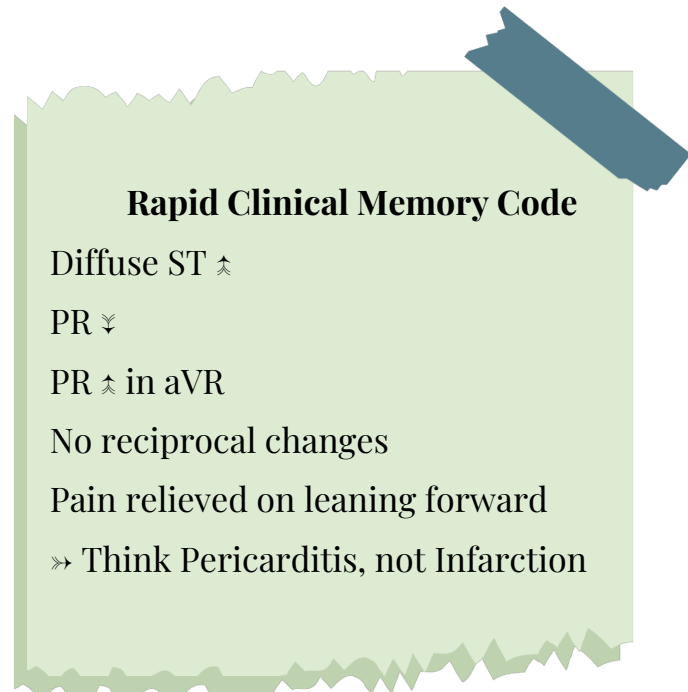
A subtle but exam-worthy differentiator from STEMI

### **Why Thrombolysis Can Be Dangerous**

Misdiagnosing pericarditis as MI and giving thrombolytics may lead to:

- ➔ Hemorrhagic Pericardial Effusion
- ➔ Cardiac Tamponade

A potentially fatal iatrogenic complication.



**Rapid Clinical Memory Code**

Diffuse ST  $\uparrow$

PR  $\nabla$

PR  $\uparrow$  in aVR

No reciprocal changes

Pain relieved on leaning forward

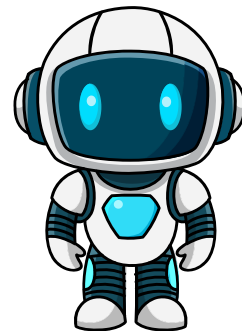
» Think Pericarditis, not Infarction

### **Learn This Visually**

ECG pattern recognition is best learned through guided interpretation.  
Watch the detailed breakdown by Physics Wallah with above link.

**To keep learning get your PW subscription today!**

# Frontline Medicine



## Diagnostic Odyssey

For many people living with MS, the road to a diagnosis is exhausting. It often involves months of uncertainty, multiple specialist visits, expensive MRI scans, and painful procedures like lumbar punctures (spinal taps). Canary Speech is trying to replace that stress with something as natural as human breath. By partnering with Intermountain Health, they've launched a study to see if AI can "hear" MS in a patient's voice long before physical symptoms become obvious.

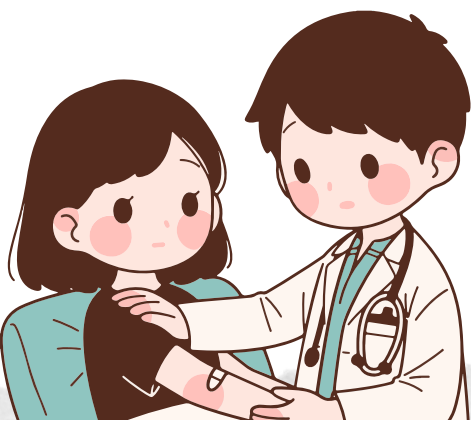
### ->How it Actually Works (The "Human" Element)

When we speak, we aren't just sharing words; we are using a complex coordination of our lungs, vocal cords, tongue, and brain. MS affects the central nervous system, and even microscopic changes in how the brain sends signals to those muscles can alter the way we speak—changes so subtle a human ear could never hear them.

The technology analyzes over 2,500 tiny vocal biomarkers—things like the micro-pauses between words, the steady (or shaky) quality of a vowel, and the strength of muscle coordination. It's like a "digital stethoscope" for the brain.

### ->Why This Matters for Real People

- **Time is Brain:** In the world of neurology, every month matters. The sooner a patient starts treatment, the more damage to the nervous system can be prevented. This technology could flag MS in a primary care office during a routine check-up, getting patients to specialists much faster.
- **A New Safety Net:** With nearly 3 million people worldwide affected by MS, this provides a scalable way to monitor health. Whether it's over a telehealth call or in person, your voice becomes a living record of your neurological health.



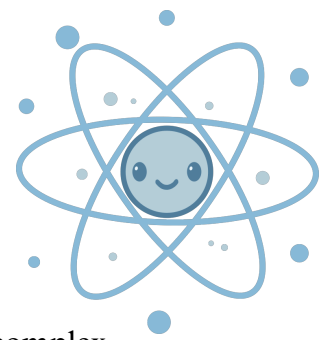
## Vocal Biomarkers: The "Voice Print" Check-up

Your voice is becoming the next vital sign. New AI-driven diagnostic tools can now detect Vocal Biomarkers—microscopic changes in speech patterns, pitch, and breath—that are invisible to the human ear but indicate diseases like Parkinson's, Alzheimer's, or even COVID-19. By early 2026, these tools are being integrated into smartphones, allowing for non-invasive, remote screenings during a simple phone call. In the future, your virtual assistant might suggest a doctor's visit simply because it "heard" an early sign of heart failure in your morning greeting.



## The Era of "In Vivo" CRISPR Therapy

Gene editing has reached a historic milestone: we can now edit DNA directly inside the human body. In a groundbreaking 2025 case, doctors used Lipid Nanoparticles to deliver CRISPR tools via a simple IV infusion to treat rare genetic liver diseases. Unlike earlier methods that required removing and "fixing" cells in a lab, this "in vivo" approach makes gene therapy as easy as receiving a standard medication. This paves the way for a future where we can "program" out hereditary diseases like sickle cell anemia and cystic fibrosis with a single injection.



## Quantum Computing: The Next Revolution in Medicine

Quantum computing is an emerging technology that uses qubits to perform complex calculations far beyond the capability of classical computers. In medicine, it holds immense promise in accelerating drug discovery by accurately simulating molecular and protein interactions. This could significantly reduce the time required to develop treatments for cancer, infectious diseases, and rare genetic disorders. It also enhances genomic analysis, paving the way for truly personalized medicine based on an individual's DNA. When integrated with artificial intelligence, quantum computing can improve diagnostic accuracy and predictive disease modeling. Although still in early stages, this technology represents a transformative shift that could redefine the future of healthcare and medical research.

# MEDMIND DIARIES

## MELIOIDOSIS AS A KNOWN CASE OF HEREDITARY STOMATOCYTOSIS TRANSFUSION DEPENDENT WITH SECONDARY HEMOSIDEROSIS

### BACKGROUND:

Melioidosis is a serious infection caused by *Burkholderia pseudomallei* with a diverse clinical spectrum like abscess, sepsis carries a **high mortality if missed**. Immunosuppression, haematological conditions, iron overload and DM increase susceptibility yet paediatric cases remain **rare**. We report an unusual case of Melioidosis in a chronically transfused 12-year-old girl.

### CASE SUMMARY:

A 12-year girl with Hereditary Stomatocytosis transfused since infancy later manifested secondary hemosiderosis presented with abdominal distension, breathlessness, significant weight loss. General examination revealed cachexia, anaemia, icterus. GI findings were dilated veins over abdomen, hepatosplenomegaly. Respiratory examination revealed tender chest wall swelling, coarse crackles and crepitation.

### INVESTIGATIONS:

Complete Blood Count revealed Haemoglobin: 8.7g/dL

WBC Count: 17930/ $\mu$ L

Neutrophil:15060/ $\mu$ L

LFT: S. Bilirubin[total]: 2.64mg/dL

S. Bilirubin[direct]: 2.04mg/dL

CRP: 65.78mg/L

**S. Ferritin:12300ng/mL**

**Ultrasound Abdomen: Multiple hepatic and splenic abscesses**

Ultrasound Chest: Loculated collection with internal septations in right anterior chest wall

Minimal right pleural effusion

**Given our endemic settings, Tuberculosis** was suspected and patient was **empirically started on ATT**. Despite treatment the symptoms persisted, new abscesses developed. **CBNAAT** was found to be **negative** prompting an alternative diagnosis.

USG-guided aspiration: Pus culture positive for ***Burkholderia pseudomallei*** establishing the diagnosis of **Melioidosis** following which **ATT was discontinued**.

AST: **Sensitive to Ceftazidime, Imipenem, Amoxicillin-Clavulanate, Cotrimoxazole**

**TREATMENT:**

Started on **Ceftazidime–Avibactam**, later upgraded to **Meropenem + Cotrimoxazole** as per **sensitivity**.

Regular abscess drainage

Iron chelation continued

Repeat imaging: Significant regression of abscesses

FINDINGS RELATED TO PHENOTYPE							
Gene&Transcript	Variant	Location	Zygoty	In silico Parameters**	Disorder(OMIM)	Inheritance	Variant Classification
<i>PIEZO1</i> NM_001142864.4	c.4316_4322delinsCG p.Ala1440Glnfs*83	Exon 31	Heterozygous	-	DEHYDRATED HEREDITARY STOMATOCYTOSIS 1 WITH OR WITHOUT PSEUDOHYPERKALEMIA AND/OR PERINATAL EDEMA; DHS1:194380	Autosomal Dominant	Likely Pathogenic

**TIMELINE:**

On monthly transfusion from 2 months of age with persistently high ferritin levels suggestive of iron overload

On BMA and Biopsy suspected as Diamond Blackfan Syndrome [Pure Red Cell Aplasia].

CECT: Altered echotexture in liver with increased density of liver parenchyma consistent with hemosiderosis.

To confirm the findings:

1. Genetic Testing: Diagnosed as **Hereditary Stomatocytosis** (Transfusion Dependent).
2. On Biopsy of liver: **Secondary Hemosiderosis** was detected.

**DISCUSSION:**

Melioidosis is rare in children

**Disseminated disease may cause pneumonia or deep-seated abscesses in liver, spleen, kidneys, or other organs.**

Chronic melioidosis can mimic tuberculosis.

Definitive diagnosis requires culture confirmation, and early targeted antibiotics plus iron chelation

**CONCLUSION:**

**Melioidosis should be suspected in children with iron overload or deep-seated abscesses or immunosuppression.**

The case highlights how a **high index of suspicion, timely microbiological confirmation and appropriate targeted antibiotic therapy are crucial for survival in case of Melioidosis**. Beyond antibiotics, **addressing iron overload** was key to recovery-reminding clinicians that sometimes, infection control begins with correcting the host environment.

**ALL THAT LOOKS LIKE TUBERCULOSIS MAY NOT BE TUBERCULOSIS**

Neha Kar, Muskan Mittal (4th year MBBS)

Dr. Palash Das (Professor, Department of Paediatrics, KIMS)

Dr. Sebaranjan Biswal (Professor and HOD, Department of Paediatrics, KIMS)

## MY FIRST INTERACTION WITH FAP FAMILIES

It was 10 February, 2026, time for an actual interaction with the community. I was all set to record the details of my allotted families and I really mean that because, the night before, I literally crafted out a diary into FAP entry book. With sticky notes, I partitioned it into “Observation”, “Record” and “Activity”.

We sat in our allotted buses and it was just a 10-min drive. I literally crafted out a map – just to look back and say “Why did I do it?”. We, as a team, move to the allotted houses, banging their doors and pleading for their details. Some were gentle, others not so. Since my roll number in the team came last, my first family was barely visible in the horizon.

The first family I met, had whooping 14 members (until I realized they are 3 separate families in a single household). It felt to me as I was taking a caste survey. I made a pedigree for each family, thanks to genetics class 12. The second family of 7 had a bleak house but were nice in conversation.

The third family of 5 were resistive to give me a point of contact, perhaps because they see it as a risk for their sole bread-winner. They ordered me some medicines, but it's not in my domain. To find fourth and fifth families, I was a camel in the dunes of desert.

**The search halted with the another great family who gave the information easily. The fifth one, met me on the road. The individual was highly enthusiastic and detailed how he did not receive proper treatment at our hospital and had to go private. I jotted down his concerns and assured him of a better experience next time.**

## THE FESTIVAL OF LIGHT, IN MED SCHOOL HALLS

The campus libraries, once so bright,  
 Are shadowed by the looming night.  
 Not just of evening, falling fast,  
 But of the exams that are so vast.  
 The air outside, with sparkle teems,  
 While we are lost in textbooks and in dreams.  
 Of pathways, cycles, and disease,  
 That float on every Diwali breeze.

Our diya is the monitor's soft glow,  
 A steady, rhythmic, beating flow.  
 A pulse oximeter's crimson light,  
 That punctures through the study night.  
 Our fireworks are the synapses' fire,  
 The answers to a deep query's pyre.  
 A brilliant, sudden, neural streak,  
 The understanding that we seek.

We trade the mithai, sweet and grand,  
 For glucose packets, close at hand.  
 A quick release of needed fuel,  
 To keep us sharp and break the duel  
 Between the need for sleep and rest,  
 And giving this next test our best.  
 The crackers' pop, a sharp report,  
 Is now the ECG's staccato sport.

So let this Diwali's meaning hold,  
 A story waiting to be told:  
 That in the dark of doubt and strain,  
 A deeper light we shall attain.  
 We study wounds to learn to heal,  
 With knowledge fervent, strong, and real.  
 This Diwali, as the real lamps are lit,  
 We'll celebrate with our own grit.

For every student, tired and true,  
 A brilliant, healing light in you.  
 Happy Diwali!

By Ujjwal Pandey  
 3rd Year MBBS  
 GMC Nagarkurnool

# WHY DID I CHOOSE TO BECOME A DOCTOR

Life is a series of choices, and some decisions are shaped by our deepest emotions, experiences, and the people who inspire us. For me, the choice to become a doctor was not just a career decision—it was a calling, a tribute, and a way to continue the legacy and principle of selfless service that my father, an army personnel instilled in me.

Through This Essay I Express the emotional and practical reasons behind my decision to pursue medicine, the influence of my father’s military background, and how his values shaped my aspirations. It is a story of duty, compassion, and the desire to make a difference.

Growing up in an army household meant living a life of discipline. My father’s routine was strict—early mornings, physical training, and an unshakable sense of responsibility. His resilience in the face of challenges was something I admired deeply. Whether it was enduring tough postings, long deployments, or the emotional toll of being away from family, he never complained. Instead, he taught me that hardships are meant to be overcome.

Soldiers and doctors share a common thread—service before self. My father’s life was dedicated to protecting the nation, often at the cost of personal comfort. I saw how he put his duty above everything else, whether it was during natural disasters, wartime postings. Medicine, in many ways, is similar. Doctors serve without expecting anything in return. Whether it’s working through the night in an emergency room, treating patients in remote areas, or battling pandemics, the commitment is the same—putting others first. My father’s selflessness inspired me to choose a profession where I, too, could serve humanity.

## THE TURNING POINT : WHY MEDICINE?

When I was 12 , my father suffered from severe back injury in an operation.

The days that followed were filled with anxiety as we waited for updates. The army doctors worked tirelessly to save him, and their dedication moved me. Seeing the relief on my mother’s face when the surgeon informed us that he would recover made me realize the power of medicine.

At that moment, I understood that doctors are silent warriors—they fight battles too, but their weapons are knowledge, skill, and compassion. I wanted to be someone who could bring that same hope to others.

The idea of diagnosing an illness, relieving pain, and even saving a life became my driving force. I wanted to be the person who could stand beside a worried family and say, “Everything will be okay,” just as the doctors had done for mine.

CHALLENGES AND MOTIVATION:

Becoming a doctor is not easy. The years of study, sleepless nights, and immense pressure can be overwhelming. But my father's training had taught me that nothing worthwhile comes without effort. Just as he endured grueling physical training, I was prepared to endure the mental challenges of medical school. Doctors often face heartbreaking situations—losing patients, delivering bad news, and dealing with suffering. While peers fainted at cadavers, I dissected with grim focus. These learnings at medical school became my terrain that resonated with my heartbeat.

My answer to choose medicine isn't a single incident but a series of lifetime events woven into fabric that can be described as;

1. The Grammar of Scarcity: Learning in places where medical miracles were wrought with pressure cookers and desperation, proving ingenuity trumps abundance.
2. The Calculus of Sacrifice: Watching my father and his comrades give pieces of themselves – time, safety, peace of mind, sometimes limbs or life – understanding that true service demands a price.
3. The Alchemy of Compassion: Witnessing army doctors wield science with profound humanity, mending bodies and souls under duress, showing me healing is the ultimate act of strength.

PERSONAL AMBITION :

So the big dramatic events are significant reasons. But wanting to become a doctor was just not only about emergencies and hospitals., In school, my favourite subjects were Science and Biology. Learning about the human body is like exploring the most amazing, complicated machine ever built. How does our heart pump blood all day, every day without getting tired? How do tiny cells fight off giant germs? How does our brain remember what we had for breakfast or how to ride a bike? It's incredible! Becoming a doctor means I get to learn all of that, deeply. It's like getting the ultimate instruction manual for the human body. I want to understand the engine so I can fix it when it breaks down. I always knew becoming a doctor was never going to be a cake walk. Firstly acing 3 subjects Physics, Chemistry and Biology in My intermediates . Then the sternous effort for NEET entrance followed by long challenging 5.5 years of medical school

CONCLUSION :

Choosing to become a doctor was not just a career decision—it was a tribute to my father's sacrifices and a continuation of his legacy. The army taught me discipline, resilience, and the value of serving others. Medicine gave me the tools to do that in my own way.

I did not choose medicine despite having an army father; I chose it because of him. His life was my inspiration, and my white coat is my salute to his olive green. Together, in our own ways, we serve—and that is the greatest honor.

At last, the scent of boot polish and antiseptic. The sound of reveille at dawn and the midnight beeping of cardiac monitors. The sight of my father's ceremonial sword gleaming beside my stethoscope. These sensory imprints define my existence – a child of the barracks who chose the hospital ward. My journey to medicine wasn't born in lecture halls, but in the windswept peripheries of military outposts, where my father's service became the blueprint for my own.

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