YEAR BOOK
2023-2024

DEPARTMENT OF MEDICINE
Chittagong Medical College & Hospital


YEAR BOOK
2023-2024
DEPARTMENT OF MEDICINE
Chittagong Medical College & Hospital

Chittagong Medical College

A Centre Shaping Professionals Since 1957

Mission

Making Safe Doctors & Scientists For Nation & Beyond

Vision

Lead In Education & Science & Health

DEPARTMENT OF MEDICINE

Chittagong Medical College & Hospital
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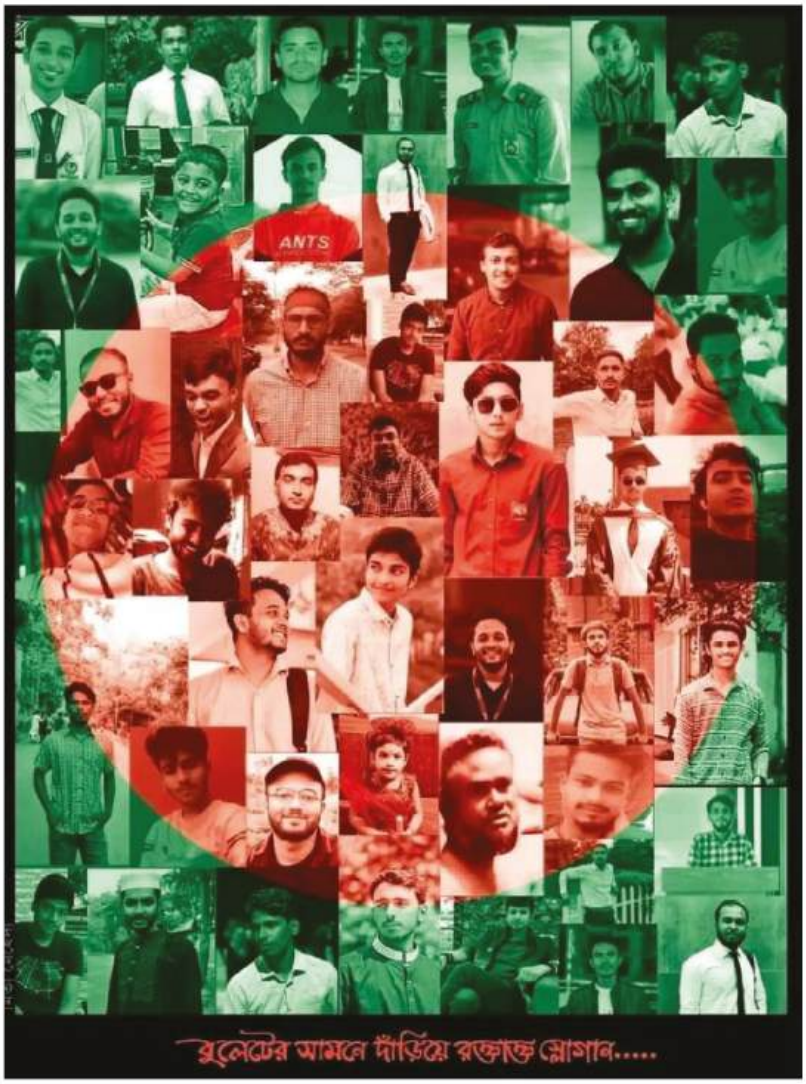
Dedicated

Relinquishment
For the valiant martyrs our beloved students of different schools, colleges, universities and thousands of people, who sacrificed their lives for the

New Bangladesh
with the dream of a country



Free from Corruption, free from coercion
Free from Injustice
Good education system
People rights
Religious Harmony
Valuation of intelligence, knowledge
And Peace, honesty and prosperity

Lest We Forget.....

"Your Life was a Blessing
Your Memory a Treasure
You are Loved
Beyond Works and
Missed Beyond Measure"

Professor Dr. Md. Ridwanur Rahman
Former Head
Department of Medicine
Shaheed Suhrawardy Medical College, Dhaka
Ex. Professor
Chittagong Medical College, Chattogram

Date of Incarnation : 21 April, 1958
Date of Departure: 25 October, 2023

Honoured by

Faculty Members & Associates
Department of Medicine
Chittagong Medical College, Chattogram

EDITOR

Yearbook – 2023-24
Department of Medicine
Chittagong Medical College & Hospital

PREFACE

We are pleased to present the **Year Book 2023-2024** of Department of Medicine, a concise record of the department's academic, clinical, and research activities over the years. This publication is the result of the collective efforts and dedicated contributions of our faculty members, trainees, and healthcare professionals.

The Department of Medicine has continued its commitment to excellence in patient care, medical education, and research. Our faculty members have rendered tremendous services across outpatient, inpatient, emergency, and specialty care settings. Their professionalism, clinical expertise, and academic dedication remain central to the progress of the department.

I do express my gratitude to Professor Md. Jashim Uddin, Principal, Chittagong Medical College & Professor of Medicine, Professor Md. Abdus Sattar, head of the Department of Medicine, Professor Aniruddha Ghose and Professor Rashed Mirjada for their valuable suggestions and support for this publication. I am very much grateful to Dr. Rabiul Alam Md Erfan Uddin, Dr. Maksudul Karim, Dr. Sheikh Khairul Kabir, Dr. Mohammed Rezaul Karim, Dr. S M Kamrul Hoque, Dr. Abdullah Abu Sayeed for their hard work of this **"Year Book-2023-2024"**. I am very much thankful & grateful to Dr. Rabiul Alam Md Erfan Uddin and Dr. Maksudul Karim, associate editors for their very much laborious work to publish this year book in short period.

Thanks to fellow colleagues, Registrars, Assistant Registrars, junior doctors, nurses, staff, employees and all others in the Department of Medicine for their support in this regard.

We pay respectful tribute to the **Victory Day of Bangladesh**, honoring the sacrifices that secured our independence. We also express our profound respect to the **July 2024 fighters** of Bangladesh, whose courage and commitment represent the strength, conscience, and promise of the nation's young generation.

We sincerely thank all contributors and supporters who made this publication possible. We hope the Medicine **Year Book 2023-2024** will serve as a meaningful record of achievement and a source of inspiration for continued excellence in medicine.

Professor Dr. A S M Zahed

MESSAGE

Vice-Chancellor
Chittagong Medical University

I am delighted to hear that Department of Medicine, Chittagong Medical College is going to publish their 'Year Book 2023-24'. An year Book is not only a collection of memories and achievements, but also a valuable record of this institution's journey of its students and faculty.

Since inception in 1960, the department has been working tirelessly for ensuring optimum patient care, a high standard of medical education for undergraduate and postgraduate students, along with encouraging and conducting research.

Undergraduate (MBBS, BDS) students were admitted under Chittagong Medical University for the first time in 2018. The MD degree in Infectious Diseases and Tropical Medicine under Bangladesh Institute of Tropical and Infectious Diseases, affiliated with Chittagong Medical University (CMU) has been running since 2023 with support from the Department of Medicine, CMC. More postgraduate courses will be started under Chittagong Medical University.

In addition to the above, as the department supports eight (08) MD courses in various specialties and the FCPS in Internal Medicine, I trust the leadership of the department will further academic activities and establish strategic partnerships with national and international educational and research institutes.

I congratulate the Department of Medicine, Chittagong Medical College on this initiative and hope that this Year Book will serve as a source of pride, historical reference and a guiding light for future generations in medical science and healthcare of this prestigious institution.

Professor Dr. Omar Faruque Yusuf

MESSAGE

Principal, Chittagong Medical College
Dean, Faculty of Medicine, University of Chittagong
Dean, Faculty of Medicine, Chittagong Medical University

It is with great pleasure and pride that I extend my heartfelt congratulations to the Department of Medicine on the upcoming publication of the **Year Book 2023-2024**. As we navigate the evolving landscape of medical education and healthcare, it is important to pause and celebrate our achievements, resilience and unwavering commitment to the community.

Chittagong Medical College, since its establishment in 1957, has stood as a beacon of excellence in medical education, research, and patient care. Over the decades, we have made tremendous strides in providing the highest quality education to our students while continuously advancing medical research and improving healthcare services across the region. Our college remains a symbol of dedication, innovation and collaboration, helping to shape the future of healthcare in Bangladesh and beyond.

The Department of Medicine, one of the pillars of our institution, has consistently demonstrated exceptional leadership in the education of both undergraduate and postgraduate students. In particular, the department has made significant strides in treating patients, especially during dengue outbreak. The dedication of our faculty, staff and students in the face of such challenges has been nothing short of inspiring.

The **Year Book 2023-2024** serves as a testament to the Department's outstanding contributions over the past years. From the tireless efforts in patient care to the remarkable research and academic achievements, this publication is a reflection of the commitment we have to advancing both medical knowledge and patient outcomes. It highlights not only our accomplishments but also our plans for continued growth and innovation in medical education.

As we look ahead, I am confident that the Department of Medicine will continue to evolve, embracing new educational methodologies and fostering international collaborations to provide the best possible learning environment for our students. Together, we will continue to advance the field of medicine, improve patient care and contribute to the global healthcare community.

I whole heartedly support this endeavor and look forward to seeing the continued success of our students and faculty. Let us all remain dedicated to the mission of Chittagong Medical College: to educate, heal, and inspire for generations to come.

Sincerely,

Professor Dr. Mohammed Jashim Uddin

MESSAGE

Director
Chittagong Medical College Hospital

Chattogram Medical College Hospital is the second largest hospital in the country and the only tertiary-level facility serving the greater Chattogram region, catering to the healthcare needs of approximately thirty million people. The six-storied hospital building currently accommodates all wards and departments of the major medical disciplines and specialties.

The Department of Medicine operates around the clock, admitting an average of 200 to 300 new patients daily—nearly one third of the hospital's total admissions. The department provides comprehensive care for general medical disorders, as well as acute and critical conditions. It currently maintains three High Dependency Units (HDUs) each with six beds and plays a pivotal role in managing public health crises such as dengue outbreaks. Furthermore, it is entrusted with the operation of the One Step Emergency Care (OSEC) Unit of the hospital.

I am pleased to learn that the department is expanding its services with the introduction of an Acute Medicine Unit, Geriatric Unit and an NCD Corner—an important step towards enhancing patient care.

In addition to its clinical responsibilities, the department is a leader in the training and skill development of medical professionals. Despite spatial constraints, all units continue to function within their existing physical premises with remarkable efficiency.

It is indeed heartening to hear that the Department of Medicine is set to publish its Year Book 2023-2024, documenting its activities and accomplishments. I extend my heartfelt congratulations to all faculty members of the Department of Medicine for this commendable initiative.

Brigadier General Mohammed Taslim Uddin, MPhil, MPH

MESSAGE

Vice Principal
Chittagong Medical College

I am very much pleased to extend my sincere greetings on the publication of the **Year Book 2023–24** of the Department of Medicine, Chittagong Medical College. This year book reflects the department's continued commitment to excellence in clinical service, medical education, and research.

My heartfelt thanks to the faculty members, students, and healthcare professionals of the Department of Medicine for their dedication, professionalism, and academic enthusiasm. Their collective efforts in patient care, teaching, and scholarly activities significantly contribute to the reputation and progress of our institution.

I congratulate all those involved in the preparation of this publication and wish the department continued success in its of academic excellence and dedicated services to the nation.

Professor Dr. Md Abdur Rab

MESSAGE

Head
Department of Medicine
Chittagong Medical College Hospital

It is both an honor and a privilege to announce the publication of the **Year Book 2023-2024** of the **Department of Medicine** at Chittagong Medical College. This year Book serves as an important annual publication that provides a detailed account of our department's academic and clinical achievements over the past year.

Academically, the Department of Medicine continues to excel. We have maintained a high standard of education for our undergraduate (MBBS, BDS) and postgraduate (MD,FCPS) students. In addition to delivering essential medical knowledge through lectures, seminars, and practical training, we have continued to adapt our teaching methods to meet the evolving demands of the healthcare environment. We have also placed a strong emphasis on research, both independently and in collaboration with international research teams, ensuring that our academic contributions are both impactful and innovative.

Extracurricular activities have also been an integral part of this department's efforts. In addition to our clinical and academic responsibilities, the department has been actively involved in organizing various health awareness campaigns, outreach programs and community services. These initiatives not only enhance the student experience but also make a significant contribution to public health.

In addition to the pandemic-related work, this department continues to offer specialized outpatient services for the community. These include the **Geriatric Clinic,** the **HOPE (Hypertension, Obesity, Pre-diabetes) Clinic** in Ward 14, the **Rheumatology Clinic** in Ward 13, as well as the **Snakebite and Respiratory Clinic** in Ward 16. All faculty members of the Department of Medicine are whole heartedly involved in these vital services, alongside their routine clinical duties.

Beyond the delivery of routine and emergency healthcare, the department has also been actively engaged in research activities. These have included both independent projects and

collaborations with various international research groups. Our research efforts continue to contribute to advancing medical knowledge and improving patient care.

I would like to express my deepest gratitude to **Professor (Dr.) Omar Faruque Yusuf** Honourable Vice-Chancellor of Chittagong Medical University, **Professor (Dr.) Md Jashim Uddin**, Honourable Principal of Chittagong Medical College and Honourable Dean of the Faculty of Medicine, University of Chittagong, and **Brigadier General Md. Taslim Uddin**, Honourable Director of Chittagong Medical College Hospital, for their invaluable support in the publication of this year Book.

I also wish to extend my heartfelt thanks to all the faculty members, doctors and staff who have contributed to the success of this publication. Additionally, I would like to acknowledge the support of Labaid Pharmaceuticals for their partnership as our scientific collaborator.

I look forward to the continued success of this department, confident that we will persist in delivering high-quality medical education, patient care and meaningful research. Together, we will continue to advance our mission of excellence.

With warm regards,

Sattar

Professor Md. Abdus Sattar

Year Book 2023-2024

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DEPARTMENT OF MEDICINE
Chittagong Medical College & Hospital

FACULTY MEMBERS

Professor Dr. Mohammed Jashim Uddin
MBBS, FCPS
Blood Group : AB (+ve)

Professor Dr. Md Abdus Sattar
MBBS, FCPS
Blood Group :A (+ve)

Professor Dr. Aniruddha Ghose
MBBS, MD, FCPS
Blood Group :O (+ve)

Professor Dr. Rashed Mirjada
MBBS, FCPS
Blood Group : A (+ve)

Professor Dr. A S M Zahed
MBBS, FCPS
Blood Group : B (+ve)

Professor Dr. Md Abdur Rouf
MBBS, FCPS, MD
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Professor Dr. Md Abu Yousuf Chowdhury
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FACULTY MEMBERS

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FACULTY MEMBERS

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Blood Group : AB (+ve)

FACULTY MEMBERS

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Assistant Professor
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FACULTY MEMBERS

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Dr. Istiak Ahmad
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Blood Group : O (+ve)

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Senior Consultant
Blood Group : O (+ve)

Dr. Murad Mohammed Faisal
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Blood Group : O (+) ve

DOCTORS OF
DEPARTMENT OF MEDICINE

Registrars

- Dr. Ashab Maharaj
- Dr. Prabal Chowdhury
- Dr. Mohammed Mostafa Sarowar
- Dr. Tafhima Jannat Inshad
- Dr. Md Gias Uddin
- Dr. Md Sifatul Islam
- Dr. Sudeshna Chowdhury
- Dr. Kamrul Hasan Murad

Assistant Registrars

- Dr. M. Kamrujjaman
- Dr. Mohammad Ikramul Hoque
- Dr. Mohammad Shahidul Islam
- Dr. Muddassir Rahman
- Dr. Umme Honey
- Dr. Rasheda Parvin
- Dr. Abdul Ahad Bin Idris
- Dr. Sutapa Dutta
- Dr. Saiful Islam Arju
- Dr. Omar Haider

Indoor Medical Officers (IMO)

- Dr. Ziaul Hasan
- Dr. Md. Abdullah Jobaer
- Dr. Asma Hossen Chowdhury
- Dr. Abu Zafar MD. Sadek
- Dr. Bushra Mahjabeen
- Dr. Sadman Saika
- Dr. Nazia Tasnim
- Dr. Mohammed Arman Hossen
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- Dr. Lubna Afrose Eva
- Dr. Kaniz Fatema Rudba
- Dr. Md. Kamrul Alam
- Dr. Sahik Ahmed
- Dr. Afsana Tasmim Tisha
- Dr. Monirul Hoque
- Dr. Mohammad Tanvir Chowdhury
- Dr. Siham Imam
- Dr. Asif Khan
- Dr. Jannatul Kawnine
- Dr. Mohammad Ariful Islam
- Dr. Jabed Iqbal Riyadh
- Dr. Nahid Hasan
- Dr. Abdul Haque Sajib
- Dr. Ariful Islam
- Dr. Ayesha Martuja
- Dr. Md. Abdul Mannan
- Dr. Galib Bin Mostafa
- Dr. Umme Salma Nishat
- Dr. Mohammad Faruk
- Dr. Kaji Fahima Afrin
- Dr. Mainul Karim
- Dr. Md. Saimul Islam
- Dr. Jumana Amani
- Dr. Kazi Khursed Alam
- Dr. Sabbosachi Biswas

DOCTORS OF
DEPARTMENT OF MEDICINE

MD Students

Dr. Nayon Kumar Sarker	Phase- A
Dr. Saikat Bhadra Palash	Phase- A
Dr. Md. Samyul Islam Tarafder	Phase- A
Dr. Afroza Sharmin Mili	Phase- A
Dr. Md. Hossain Al Imran	Phase- A
Dr. Badhon Das (neurology)	Phase- A
Dr. Samira Mahmud (Derma)	Phase- A
Dr. Saziratul Marua (Derma)	Phase- A
Dr. Ahsan Habib (Cardio)	Phase- A
Dr. Nawar Iqbal (Derma)	Phase- A
Dr. Umma Habiba Yeasmin	Phase- A
Dr. Farzana Akter	Phase- A
Dr. Souvik Bhattacharjee	Phase- B
Dr. Azmiri Sultana	Phase- B
Dr. Asifur Rahman	Phase- B
Dr. M M Nayoon Salauddin	Phase- B
Dr. Udaya Shankar Roy	Phase- B
Dr. Faiza Parveen	Phase- B
Dr. Umme Salma Kusum	Phase- B
Dr. Md Shahjahan	Phase- B
Dr Md Nafiur Rahman	D-Card
Dr. Syed Didarur Rahman	D-Card
Dr. Mohammad Didarul Alam	D-Card
Dr. Md. Rashed Nizam	D-Card

Honorary Medical Officers (HMO)

Dr. Farnaj Parvin
Dr. Nusrat Hossain Nishu
Dr. Orthita Chowdhury
Dr. Jemin Akter
Dr. Samin Isfaq
Dr. Joubidul Haque Emon
Dr. Susmita Sen
Dr. Nabila Sheherin Chowdhury
Dr. Mohammadnil Hassan
Dr. Shahadat Hossain Razib
Dr. Mumtahina Reza Shorna
Dr. Sajidul Kabir
Dr. Miton Kanti Das
Dr. Sayedul Abrar
Dr. Yaser Araf
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Dr. Sreepurna Chakrabarty
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Dr. Shrabanty Bhowmik
Dr. Swapnil Barua Badhan

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DEPARTMENT OF MEDICINE

Honorary Medical Officers (HMO)

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Dr. Zerin Sultana Liya	Dr. Nabil Saad Galib
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Dr. Maksud Hossain	Dr. Prithiraj Kar
Dr. Fahad Ullah	Dr. Junayedul Karim Khan
Dr. Nur Tamiz Bhuiyan	Dr. Md. Muhin Uddin
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Dr. Abdullah Al Mamun	Dr. Samiha Chowdhury
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Dr. Tahmina Rashid	Dr. Yousuf Ahmed
Dr. Rihul Jannat	Dr. Shovon Sarkar
Dr. Bikram Chowdhury	Dr. Md. Mizanur Rahaman
Dr. Abdul Ahad Bappy	Dr. Md. Tariful Islam Nero

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DEPARTMENT OF MEDICINE

Honorary Medical Officers (HMO)

Dr. Shawrin Nayeem	Dr. Srinanda Chowdhury
Dr. Taosiful Islam Chowdhury	Dr. Rubaiat Sabrin
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Dr. Homaira Sultana	Dr. Md Sakeeb Pasha
Dr. Mohima Dutta	Dr. Md. Ibrahim Chy
Dr. Ahmadullah Chowdhury	Dr. Sudipto
Dr. Mohammad Rakib Hasan	Dr. Saon Das Shuvo
Dr. Sujon Dash Gupta	Dr. Mohammed Eiahia Masud
Dr. Asif Ahmed	Dr. Abrar Faisal Chowdhury
Dr. Sakila Parveen	Dr. Md. Irfan Uddin
Dr. Nahid Farzana Irin	Dr. Fargana Jasim
Dr. Umme Sabiha	Dr. Bijoy Bosh

Medicine OPD

Name	Designation	Academic Degree
Dr. S.M. Riasad Shahabuddin	Resident Physician	MBBS, FCPS(Med)
Dr. Mohammad Mohiuddin Kader	Junior Consultant	MBBS, FCPS(Med)
Dr. Hamid Hasan	Medical Officer	MBBS, MD(Med)
Dr. Mahmudul Hasan	Medical Officer	MBBS
Dr. Mohammed Shahed Iqbal Hasan	Medical Officer	MBBS, MD(Med)
Dr. Rakib Salam	Medical Officer	MBBS
Dr. Mahfuzur Rahman Khan	Medical Officer	MBBS
Dr. Mohammad Samiul Karim	Medical Officer	MBBS
Dr. Asif Khan	Medical Officer	MBBS

NURSING Staffs

Ward-13

Name
Salma Khatun (Incharge)
Krishna Rani Saha
Zulia Bose
Nete Kana Nath
Pampy Rani Das
Mst. Sumayea Khatun
Sumi Ghosh
Jesmin Ara Begum
Dipa Chowdhury
Halima Khatun
Fulmani Mandi
Mst. Rubina Khatun
Tania Khatun
Sultana Ahamed
Fatema Begum
Mst. Taslima Banu
Popy Barua
Rojufa Akhter
Tajmahal Akter Chowdhury
Jesmin Akther
Bristy Debnath
Hamida Bibi
Sahida Yeasmin
Bishno Priya Nath
Aklima Akter
Aparna Roy
Rima Paul

Ward-14

Name
Marzia Akter (Incharge)
Ruma Chowdhury
Panna Rani Dey
Rehena Yeasmin
Mari Rani Mojumder
Shirin Chowdhury
Jinia Chakma
Sonaki Chakma
Shilpi Eva Adhikary
Minakshi Dev
Lucky Barua
Selina Akter
Dipa Chowdhury
Topu Dutta
Taslima Jannat
Farjana Rahman
Monira Jahan Moni
Swaranika Sharma
Taspiah Rahman
Mst. Sumaya Khanom
Konika Rani Biswas
Mitu Rani Roy
Shathee Akter
Sadikun Nahar
Chayanika Chowdhury
Tanzir Ahmed Nisu (ML)
Plaboni Barua
Marzia Akter (Incharge)
Ruma Chowdhury

Ward-16

Dipti Rani Devi (Incharge)
Sukla Datta
Rukmini Rani Boral
Rupali Bishwash
Taniz Sultana Shova
Akter Jahan
Popy Akter
Nazmunnessa
Tipu Das
Lipika Barua
Sweety Dutta
Jesmin Akter Jelly
Sharmin Akter
Sharmin Akter
Saimun Sultana
Supta Barua
Tanzina Chowdhury
Taslim Sadia
Nasrin Akter
Nigar Sultana
Umme Salma Eva
Mst. Baby Naznin
Sakia Jahan
Priyanka Sutradhar
Tania Akter
Mst. Hira Parveen
Fahmida Basrin
Shahanaz Parveen
Mst. Shammy Akter
Kaniz Fatema Keya
Mst. Jakiya Sultana
Tamanna Yeasmin Mukta
Simki Khanom
Mst. Shahanur Khatun
Nipa Bishwas
Razia Sultana

Dissertations & Theses of 2023-2024 years

Publications of Current Faculty Members

CMCH and MORU : a highly successful collaboration

Ongoing Research & Post Graduate Students

DISSERTATIONS & THESIS

Ongoing & Completed

2023-2024

Topic	Student's Name	Guide
Calorie intake and nutritional status of rural elderly population of Chattogram district.	Dr. Mohammad Shah Solaiman	Prof. Dr. Sujat Paul
Role of admission albumin bilirubin score in predicting 90-day mortality in patients of acute on chronic liver failure	Dr. Md. Nazrul Islam	Prof. Dr. Aniruddha Ghose
C-reactive protein to albumin ratio as a predictor of outcome in adult patients with sepsis admitted in Chittagong Medical College Hospital.	Dr. Mohammed Shahed Iqbal Hasan	PROF. DR. ANIRUDDHA GHOSE, PROFESSOR, DEPARTMENT OF MEDICINE, CMC.
Performance of neutrophil to albumin ratio, lactate to albumin ratio and SOFA score for prediction of mortality in patients suffering from sepsis.	Dr. Shahin Akter Nipa	PROF. DR. SUJAT PAUL, PROFESSOR, & HEAD, DEPARTMENT OF MEDICINE, CMC.
Assessment of pulmonary function after pulmonary rehabilitation in post covid clinic in a tertiary care hospital of chattogram	Dr. S.M. SafayetHossain	Prof. Dr. Sujat Paul
Correlation of whole blood acetylcholinesterase activity with clinical severity score (Peradeniya organophosphorus poisoning scale) and their association with in-hospital outcome in acute organophosphorus compound poisoning.	Dr. Anusen Das Gupta	Prof. Dr. Aniruddha Ghose
Frequency of intestinal strongyloidiasis in immunocompromized patients.	Dr. Md. AhasanulHoque	Prof. Dr. Md. Abdus Sattar
Platelet count as a predictor of oesophagealvarices and its grading in patients with chronic liver disease.	Dr. Md. Asaduzzaman Jewel	Prof. Dr. Aniruddha Ghose
Effectiveness and safety of baricitinib compare to tofacitinib in methotrexate failure rheumatoid arthritis.	Dr. S.M. Showkat Ali	Prof. Dr. M.A. Hassan Chowdhury
Prevalence & etiology of fever in systemic lupus erythematosus (SLE) patients in a tertiary care hospital.	Dr. Abu NaserFoysal Reza	Prof. Dr. Aniruddha Ghose
Cinico-epidemiological profile and predictors of outcome in paraquat poisoning in hospitals of Chattogram Metropolitan area, Chattogram, Bangladesh.	Dr. Mohammad Noor	Dr. A.S.M Zahed
Knowledge, Attitude and Practices towards malaria among malaria patients attending government hospitals in south-east region of Bangladesh.	Dr. Komrul Azad	Prof. Dr. Md. Abdus Sattar
High density lipoprotein level as a prognostic factor in adult patients with sepsis admitted to a tertiary care hospital in Bangladesh.	Dr. Anika Haque	Prof. Dr. Md. Jasim Uddin

Ongoing Research & Post Graduate Students

DISSERTATIONS & THESIS

Ongoing & Completed

2023-2024

Topic	Student's Name	Guide
Vitamin D level estimation and its relation with fatigability among apparently healthy female doctors of Chittagong Medical College Hospital	Dr. ShailaTashunva	Prof. Dr. Mohammad JashimUddin
Serum creatine phosphokinase, a biomarker for severity assessment and clinical outcome of organophosphorus poisoning in tertiary care hospital.	Dr. Prasenjit Ghosh	Dr. RashedMirjada
Clinico-epidemiological evaluation of rheumatoid arthritis patients with or without fibromyalgia.	Dr. Mohammed Nurul Islam Chowdhury	Dr. RashedMirjada
Dyslipidemia and 10-years ASCD risk assessment in Hypothyroid patients.	Dr. Real Baura	Dr. A.S.M Zahed
Patterns of self-reported behavioral risk factors of non-communicable diseases among physicians working at Chittagong Medical College Hospital (CMCH)	Dr. Raju Dey	Dr. Shoman Sarkar
LIFETIME ATHEROSCLEROTIC CARDIOVASCULAR DISEASE RISK AMONG DOCTORS OF CMCH	Dr. SagarShil	Dr. Shoman Sarkar
Pattern of lipid profile in diabetic patients with hemorrhagic stroke.	Dr. Md. Mainuddin Khan	Dr. Shoman Sarkar
Pattern of metabolic syndrome among the physicians aged 30-40 years working in Chittagong Medical College and Hospital	Dr. S.M. AsadUllah	Prof. Dr. Mohammad JashimUddin
Association of blood group with severity of covid 19 in a tertiary hospital in Chattogram	Dr. Manjurul Islam	Dr. ShakeelWaez
Frequency of helicobacter pylori infection in patients attending for UGI endoscopy in a tertiary care hospital.	Dr. Ummay Salma	Prof. Dr. Sujat Paul
Co-morbidities and outcome of geriatric covid-19 patients admitted in Chittagong Medical College Hospital.	Dr. Rana Chowdhury	Prof. Dr. Md. Abdus Sattar
Bacteriological profile and antimicrobial sensitivity pattern in patients with non covid-19	Dr. Mohammad Abu SyeedChowdhury	Prof. Dr. Sujat Paul
Bacteria isolated from diabetic patients with urinary tract infections and their antibiotic susceptibility in a tertiary care hospital	Dr. Md. Saifullah Chowdhury	Dr. A.S.M Zahed
Psychiatric assessment of patients admitted with history of acute intentional poisoning	Dr. BishawjitChowdhury	Dr. A.S.M Zahed
Comparison between mews and news scoring system for the prediction of clinical deterioration of sepsis in a tertiary care hospital.	Dr. Mohammad Daloarul Islam	Dr. ShakeelWaez

Ongoing Research & Post Graduate Students

DISSERTATIONS & THESIS

Ongoing & Completed

2023-2024

Topic	Student's Name	Guide
Pattern of hepatic biochemical markers in rheumatoid arthritis patients attending rheumatology clinic in Chittagong Medical College Hospital.	Dr. KaziFahima Afrin	Prof. Dr. Aniruddha Ghose
Gender specific status of prehypertension and hypertension and its associated factors among geriatric patients in the department of medicine of tertiary hospital of Bangladesh.	Dr. RokeyaRomman	Prof. Dr. Md. Abdus Sattar
Anthropometric measures of obesity and associated cardiovascular disease risks in patients attended in a tertiary hospital.	Dr. Md. RezaulKarim	Prof. Dr. Md. Abdus Sattar
Profile and factors associated with poor glycemic controll among diabetic patients in Chittagong Medical College Hospital.	Dr. Md. TofazzalHossain	Dr. ShakeelWaez
Sociodemographic profiles and clinical presentations of different types of diabetic kidney disease patients attending in a tertiary care hospital.	Dr. Md Anwar Syed	Prof. Dr. Md. Abdus Sattar
Glycated hemoglobin status in patients with stroke admitted in Chittagong Medical College Hospital (CMCH)	Dr. Md. Nadimul Islam	Dr. A.S.M Zahed

NATIONAL PUBLICATIONS OF CURRENT FACULTY MEMBERS (2023-2024)

1. Uddin MN, Ghose A, Majumder M, Akter R, Ali M, Ahmed M. Pattern and seasonal variations of snake bite in southern part of Bangladesh. Central Medical College Journal. 2023 June. 6(2):71-76. Doi: 10.3329/cemecj.v6i2.67071.

2. Khanom M, Uddin RAME, ghose A, Zahed SM, Islam MK,Karim R, Karim ATMR,Ara Shamim,Ahemd R, Chwodbry MAI, Hossen MA. Predictors of Duration and Demand of Oxygen Therapy inHospitalized RT-PCR Positive COVID-19 Patients.Bangladesh Medical Council Bulletin.2023;49:75-80

3. Rashid R, Fairouz F, Sayeed AA, Amin MR, Faiz M. Snakebite Affecting both Human and Animal Dates Back 1870: A Historical Perspective. Bangladesh Journal of Medicine [Internet]. 2021 Dec 6 [cited 2023 Feb 21];33(1):126-7

4. Das D, Vongpromek R, Assawariyathipat T, Srinamon K, Ghose A, Sayeed AA et al. Field evaluation of the diagnostic performance of EasyScan GO: a digital malaria microscopy device based on machinelearning. Malaria Journal [Internet]. 2022 Apr 12 [cited 2023 Feb 22];21(1). Available from: https://doi.org/10.1186/s12936-022-04146- 1

5. Amin MR, Sayeed AA, Alam RAME, Ghose A, Shahjahan M, MahbuburRahman AS, Mondal RN, Faiz MA. Position statement on use of antivenom. Bangladesh Journal of Medicine [Internet]. 2022 Aug 30 [cited 2023 Feb 22];33(3):317.

6. Faiz MA, R Rashid, Faizouz F, Sayeed AA, Amin MR. Snake bite history-letter to editor. Bangladesh Journal of Medicine [Internet]. 2021, December, 33(3):317.

7. Rashid R, Sayeed AA, KarimN,Hakim M, Fairouz F, Faiz MA, Begum A. The Pattern of Pregnancy Related Complications and HealthSeeking Behavior of Rural Women. Scholars Journal of Applied Medical Sciences [Internet]. 2020 May 30 [cited 2023 Feb 22];08(05):1263-9. Available from: https://doi.org/10.36347/sjams.2020.v08i05.019

8. Khatun UF, DeySubroto, Paul S. DevAparna. Assessment of Frequency of Polypharmacy along with its Relation to Dementia and Drug Adherence among Admitted Geriatric Patients in Medicine Wards of a Tertiary Care Hospital.March 2023, Journal of Medicine 24(1):3-9, DOI:10.3329/jom.v24i1.64897, License CC BY-NC-ND 4.0

9. Clinico-Epidemiological characteristics of elderly presented in a Newly established geriatric wing of tertiary level hospital of Bangladesh. Sattar M A, Mirzada MR, Chowdhury MM, Karim MN, Ullah EE, Arif MH, Hassan MH, Taznuba T, Sajjad MHC, Chowdhury MAH, Sujat P. JCMCTA 2023: Vol 34 Number 1, 3- 9DOI:10.3329..

10. As principal investigator – "The antibiotic resistance pattern in first year of novel covid19 era in a metropolitan city in Bangladesh" - M H Arif, T Tahreen, R Ahmed, E EUllah, A Sattar (2023). JCMCTA 2023; 34(1): 41-46.

11. Siddique MAN, Rubel IU, Khatun UF. Pattern of Pesticide and Herbicide Poisoning Among People Admitted to Medicine wards of a Tertiary care Hospital. MEDICINE Today, 2023; 35(2), 109-113. DOI; https://doi.org/10,3329/medtoday, v35i2.69274

12. "Rapidly Destructive Chronic Small Joint Monoarthritis with Epitroclear Lymphadenopathy: Atypical Presentation of Rheumatoid Arthritis." Razzaque MA, Karim MN, Dewan G, Deb A (2023). Journal of Rheumatic and Autoimmune Diseases, 1(1), 24-27.

13. MAHMUD S1, PAUL S2, MA SATTAR 3, MIRZADA MR4, ULLAH EE5, RAJIB MSA6, RAZZAQUE MA7; NAILFOLD VIDEO-CAPILLAROSCOPIC CHANGES IN ADULT BANGLADESHI PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: CORRELATION WITH DISEASE ACTIVITY: DOI: https://doi.org/10.3329/bjm.v34i20.66161

14. SAHED UDDIN AHMED1, MD. ABU HANIF CHOWDHURY2, MD. JABER ABEDIN2, MA SATTAR3, SUJAT PAUL4, ASOK KUMAR DUTTA4; PREDICTIVE VALUE OF NEUTROPHIL TO LYMPHOCYTE RATIO AND SEQUENTIAL ORGAN FAILURE ASSESSMENT SCORE IN PATIENT WITH SEPSIS: DOI: https://doi.org/10.3329/bjm.v34i2.65686

15. Hossain MM, Mohammed N, Hossain MI, Islam MJ, Uddin RAME, Chowdhuny AI. ECG Abnormalities in symptomatic Hospitalized Patients - A study In Medicine unit, CMCH. TAJ, 2024;37(2), 392-397 Doi: https://doi.org/10.70818/taj.v037i02.0345

16. Saleheen M, Uddin MZ. Begum RA, Chowdhuny BR Hoque Z. Das A. Triple Burden of Non communicable Diseases among Tribal Patients Attended to a Primary Health care facility in Bangladesh, JOURNAL 2024:9(1), 40-44

17. Kutubuddin M, Uddin MR, Nazir N, Uddin MS, Sarkar S, Pattern of Coronary Artery Disease among Different Stages of Chronic Kidney Disease. BGC Trust Medical College Journal, 2024; 9 (2), 13-16.

18. Shahed A M, Hossain N, Mahmud S, Hossain MI, Hossain M A, Rahim MA, Shumu S J, Khan Jahangir, Saifullah M Quantitative Value of Adenosine Deaminase in Exudative and Transudative Type of Pleural Effusion-50 Case Study. (The Insight 2024; 7(2): 90-94)

19. RAME Uddin, AA Sayeed, A Ghose, MR Ami, MA Faiz. Antivenom, an essential underused drug. Journal of Bangladesh College of Physician and Surgeon. 32(3): July 2024; 273-281

20. Anika US, Manzoor JR, Islam M, Jesmin A, Mou FEN, Martuja A, Saha M, Fardous J, Deb A, Tui RR, Sharif M, Rafi MA, and Hasan MJ; The 2023 Dengue Outbreak in Bangladesh: Exploring the Epidemiology in Hospitalized Patients. The American Journal of Tropical Medicine and Hygiene, Volume 110: Issue 6, Page: 1165–1171. doi:10.4269/ajtmh.23-0806

21. Sakit Mahmud 1,*, M. A. Razzaque2, Anupam Barua3, Md. Rashed Mirzada4, Enshad Ekram Ullah5, Mrinal Saha6, M. A. Sattar7, and Sujat Paul8, Nailfold Capillary Changes in Adult Bangladeshi Patients with Systemic Lupus Erythematous: Correlation with Disease Activity: 10.24018/ejmed.2024.6.4.2162

22. Das A, Hoque Z, Farhana C, Saif SH, Reza MF, Saleheen M, Alam MS, Ghose A. Respiratory bacterial co-infection in patients with pulmonary tuberculosis in Chattogram, Bangladesh. Chattogram Int Med Coll J. 2024 Jan;9(1):19-23.

INTERNATIONAL PUBLICATIONS OF CURRENT FACULTY MEMBERS (2023-2024)

1 Collaboration for Research, Implementation and Training in Critical Care in Asia and Africa (CCAA); Rashan A, Beane A, Ghose A, Dondorp AM,et al.Minh YL. Mixed methods study protocol for combining stakeholder-led rapid evaluation with near real-time continuous registry data to facilitate evaluations of quality of care in intensive care units. Wellcome Open Res. 2023 Nov 1;8:29. doi: 10.12688/wellcomeopenres.18710.3. PMID: 37954925; PMCID: PMC10638482.

2 Ghose A, Alam MS, Abu Sayeed A, Shah Jahan M, Akter F, Uddin RAME, Sarkar S, Zahed ASM, Das KK, Rahman MH, Rashid R, Nasrin H, Dutta AK, Khan MI, Kuch U, Faiz MA. Survey on sea snakebite and related morbidity and mortality among Bangladeshi fishermen in the Bay of Bengal: A pilot study. Toxicon. 2023 Oct;234:107273. doi: 10.1016/j.toxicon.2023.107273. Epub 2023 Aug 29. PMID: 37652104

3 Haidar IKA, Ghose A, Noman M, Rahman MM, Rudra S, Auawal A, Islam MR, Uddin MA, Uddin RAME, Sayeed AA, Amin MR, Ahsan MF, Faiz MA, Chowdhury MAW. Implementation of Ecological Distribution of Venomous Snakes for Clinical Management of Snakebite in Bangladesh. J MEDICINE 2023; 24: 139-151

4 Alam MJ, Maruf MMH, Iqbal MA, Hasan M, Sohan MSR, Shariar MR, Haidar IKA, Chowdhury MAW, Ghose A, Hoque KMF, Reza MA. Evaluation of the properties of Bungarus caeruleus venom and checking the efficacy of antivenom used in Bangladesh for its bite treatment. Toxicon X. 2023 Jan 3;17:100149. doi: 10.1016/j.toxcx.2023.100149. PMID: 36654657; PMCID: PMC9841277.

5 Gamage Dona DP, Aryal D, Ghose A et al. Suitability of low and middle-income country data-derived prognostics models for benchmarking mortality in a multinational Asia critical care registry network: a multicentre study [version 1; peer review: 2 not approved]. Wellcome Open Res 2024, 9:699 (https://doi.org/10.12688/wellcomeopenres.22981.1

6 Aasiyah Rashan, Abi Beane, Aniruddha Ghose , Arjen M Dondorp et al. The Collaboration for Research, Implementation and Training in Critical Care in Asia and Africa (CCAA), Mixed methods study protocol for combining stakeholder-led rapid evaluation with near real-time continuous registry data to facilitate evaluations of quality of care in intensive care units. Wellcome Open Research 2023, 8:29 Last updated: 20 JAN 2023, Feb 2023DOI: 10.12688/wellcomeopenres.18710.2ISBN:2398-502X

7 Rahman, MM, Sayeed AA, Noman M, Haidar IK, Uddin MA, Auawal MA, Rudra S, & Chowdhury MA, Amin MA, Faiz MA, Kuch Ulrich, Ghose A. 311 Venom research centre, Bangladesh: a national initiative to attain antivenom capacity. Injury Prevention.2024: 30. Doi: A68.1-A68. 10.1136/injuryprev-2024-SAFETY.160.

8 Sayeed AA, Uddin RAME, Zahed ASM, Sarkar S, Alam MS, Das K, Islam M, RahimMA, Ghose A, Faiz MA. 313 Snakebite clinic at Chittagong medical college hospital, Chattogram, Bangladesh: establishment of a 'hub and spoke model' of service delivery. Injury Prevention. 2024: 30. Doi: A68.2-A68. 10.1136/injuryprev-2024- SAFETY.161.

9 Inglis R, Leaver M, Pell C, Ghose A, Dondorp A, Tripathy S, Faiz MA et al. Understanding patient and family experiences of critical care in Bangladesh and India: What are the priority actions to promote person-centred care? PLOS Glob Public Health. 2024 Jun 28;4(6):e0003372. doi: 10.1371/journal.pgph.0003372. Erratum in: PLOS Glob Public Health. 2024 Oct 23;4(10):e0003894. doi: 10.1371/journal.pgph.0003894. PMID: 38941335; PMCID: PMC11213345.

10 Chowdhury MAW, Müller J, Ghose A, Amin R, Sayeed AA, Kuch U, Faiz MA. Combining species distribution models and big datasets may provide finer assessments of snakebite impacts. PLoS Negl Trop Dis. 2024 May 20;18(5):e0012161. doi: 10.1371/journal.pntd.0012161. PMID: 38768190; PMCID: PMC11142713.

11 Sinnige JS, Smit MR, Ghose A, de Grooth HJ, Itenov TS, Ischaki E, Laffey J, Paulus F, Póvoa P, Pierrakos C, Pisani L, Roca O, Schultz MJ, Szuldrzynski K, Tuinman PR, Zimatore C, Bos LDJ; PEGASUS investigators. Personalized mechanical ventilation guided by ultrasound in patients with acute respiratory distress syndrome (PEGASUS): study protocol for an international randomized clinical trial. Trials. 2024 May 7;25(1):308. doi: 10.1186/s13063-024-08140-7. PMID: 38715118; PMCID: PMC11077821.

12 Verma VR, Lamb T, Sattar MA, Ghose A, Eddleston M. Lessons from the field: compound-specific management in acute pesticide poisoning. Trans R Soc Trop Med Hyg. 2024 Jun 4;118(6):347-349. doi: 10.1093/trstmh/trae003. PMID: 38339958; PMCID: PMC11149373.

CMCH AND MORU A HIGHLY Successful COLLABORATION

Chittagong Medical College and Hospital (CMCH) in Chittagong, Bangladesh, and Mahidol-Oxford Tropical Medicine Research Unit (MORU) of Bangkok, Thailand, are partners in a highly successful and productive research collaboration that is now heading into its 22nd year. It produced arguably one of the most important clinical trials in tropical medicine this decade, the South-East-Asia-Quinine-Artesuante-Malaria Trial (SEAQUAMAT) study and has continued to evolve and grow ever since. The collaboration has successfully completed a number of significant clinical studies which have given important new insights into the management and pathogenesis of malaria and to date, generated many peer-reviewed international journal publications. With each passing year, the size of the collaboration continues to increase along with the number and complexity of research studies undertaken. It has also helped to provide valuable postgraduate training to develop clinical services and increase capacity for high quality research in Bangladesh. The partners have complementary knowledge, skills and expertise and share common goals and it is hoped that this will remain a highly successful collaboration long into the future.

In 1979, this research collaboration was established between Mahidol University in Bangkok (Thailand) and the University of Oxford (UK), supported by the Wellcome Trust. Now known as the Mahidol-Oxford Tropical Medicine Research Unit (MORU). It is a Wellcome Trust Major Overseas Programme and its administrative offices and laboratories are located in Mahidol University's Faculty of Tropical Medicine in Bangkok.

Journal articles CMCH – MORU 2005-2021; Total 66

Taken From: Maude RJ et al. CMCH AND MORU: A HIGHLY SUCCESSFUL COLLABORATION. JCMCTA 2009;20(1):2-5

CLINICS

SNAKEBITE CLINIC

Snake BITE CLINIC

- An idea conceived by Prof M A Faiz in around 1993, when Col Md. Mohsin was Superintendent of CMCH, Prof Syeda Nurjahan Bhuiyan was Principal of CMC) and Prof. A J M Mujibul Hoq was HOD of Medicine
- First one in Bangladesh to be established in a Medicine ward in CMCH

Impacts on Snakebite Management

- Admitting and managing all snakebite patients in one ward/unit 24/7.
- Experiences and Expertise: Develops over time
- Better supervision
- Less logistic requirement Emergency tray and storage facility
- Shortened response time
- AV storage and supply
- Better documentation, reporting and publication
- A referral centre for peripheral health facilities
- A research and training facility

Snakebite Data -2023

Summary

Total Patients	1368	Male-942 Female-426
Antivenom Given	43	Male-25 Female-18
Death	2	Male-1 Female-1
No Envenomation	1088	1368
Local Envenomation Only (Local Swelling)	234	
Local Envenomation+Spontaneous Bleeding/Coagulopathy	3	
Local swelling + Neurotoxicity	25	
Systemic Envenomation (Neurotoxicity Only)	18	
Unknown Bite	119	

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Snakebite Data -2024

Summary

Total Patients	1283	Male-846
		Female-432
Antivenom Given	52	Male-23
		Female-29
Death	3	Male-2 Female-1
No Envenomation	928	1395
Local Envenomation Only (Local Swelling)	301	
Local Envenomation+Spontaneous Bleeding/Coagulopathy	6	
Local swelling + Neurotoxicity	37	
Systemic Envenomation (Neurotoxicity Only)	14	
Unknown Bite	109	

WINGS

Venom Research Centre, Bangladesh (VRC,B)

National Poison Centre, Bangladesh (NPCB)

VENOM RESEARCH CENTRE

Bangladesh (VRC,B)

Prof. Dr. Aniruddha Ghose, Dr. Abdullah Abu Sayeed

Venom Research Centre Bangladesh (VRC,B) is a scholastic initiative of the NCDC, DGHS, MOH&FW, GoB. Operated as a project of DGHS under its Operational Plan (OP), the centre is dedicated to collecting venom from medically important snakes and laying the groundwork for antivenom development. Established at Chittagong Medical College during the 2017–18 fiscal year, the primary objectives of the centre include collecting representative venom samples, standardizing them, and using these for the development of effective, representative, and affordable antivenoms. Currently, the centre houses around 400 snake specimens, including Cobras, King Cobra, Kraits, and Vipers, sourced from nearly all geographical regions of Bangladesh. It has also established an Animal Immunization Laboratory to conduct scientific research on antibody production against Russell's Viper venom using goats and chickens. Researchers affiliated with the centre have published several scientific papers in both national and international peer-reviewed journals and have contributed to expanding the documented snake fauna of Bangladesh. The facility also serves as a unique educational hub for veterinary professionals, university scholars, and college students. This flagship project not only addresses the critical public health issue of snakebite through a scientific lens but also opens significant avenues for future research and academic advancement. However, as all OPs of DGHS are held, VRC,B is running out of fund. Recently, VRCB submitted a Developmental Project Proposal (DPP) to seek government funding.

National Poison Centre

Bangladesh (NPCB)

Dr. Abdullah Abu Sayeed

National Poison Centres are a core component of public health systems, playing a critical role in managing chemical exposures, drug overdoses, pesticide poisoning, envenomation, and other toxicological emergencies. Recognized by WHO as key institutions for poison prevention, clinical management, surveillance, and risk communication—particularly in low- and middle-income countries where the burden of poisoning is high—these centres directly contribute to the Sustainable Development Goals (SDGs). Their work advances SDG 3 (Good Health and Well-being) by reducing poisoning-related morbidity and mortality, SDG 12 (Responsible Consumption and Production) by promoting safer use of chemicals and medicines, and SDG 6 (Clean Water and Sanitation) by addressing risks from chemical contamination. Through 24/7 expert consultation, healthcare worker training, poisoning data collection, and early warning for chemical incidents, poison centres strengthen health system preparedness and support WHO priorities on chemical safety, patient safety, emergency response, and universal health coverage.

The National Poison Centre, Bangladesh (NPCB), based at Chittagong Medical College, Chattogram, began its journey in 2023 under the FlutNetz Project funded by Federal Ministry of Education and Research (BMBF) and executed by GU University of Germany in collaboration with Non Communicable Disease Control (NCDC), Directorate General of Health Services (DGHS). Building on this foundation, upon completion of the project, DGHS and NPCB entered a formal collaboration with Food and Agriculture Organization, FAO through a Letter of Agreement (June 2024–January 2025). This partnership focuses on strengthening Bangladesh's national response to pesticide and chemical poisoning—an ongoing public health challenge affecting thousands of rural families each year. Now NPCB collaborates with Toxicology Society of Bangladesh (TSB) and Syngenta Bangladesh to continue its activities.

In its initial phases, NPCB developed standard operating protocols, produced awareness and educational materials, and trained 112 doctors from Upazila Health Complexes, equipping frontline providers with structured, evidence-based approaches to poisoning management. The programme expanded further between July and September 2025, delivering five targeted training sessions across multiple districts to enhance clinical decision-making for acute pesticide poisoning among doctors and Senior Assistant Community Medical Officers (SACMOs).

Throughout this period, NPCB's 24/7 poison hotline (16801) has remained operational, providing real-time guidance to healthcare professionals and the public during toxicological emergencies. Collectively, these initiatives are strengthening national capacity, improving the quality and timeliness of care, and extending life-saving support to vulnerable rural communities—positioning, NPCB as a vital pillar of Bangladesh's public health and chemical safety landscape.

Dengue Ward

under

Acute Medicine Unit

Department Of Medicine CMCH

Dengue fever remains a major seasonal health burden in Bangladesh, frequently leading to high patient load, overcrowding, and increased risk of complications in tertiary care hospitals. Prior to September 2023, patients with dengue at Chittagong Medical College Hospital (CMCH) were managed in general medical wards, which limited focused monitoring, standardized care, and timely identification of disease severity.

To address these challenges, a dedicated dengue ward was established at CMCH on 15 September 2023. This intervention aimed to provide structured, protocol-based management in a specialized care environment. Dengue patients were managed separately from general admissions, allowing better allocation of resources, improved nurse-to-patient ratios, and consistent clinical monitoring. Standard treatment protocols were implemented with emphasis on regular assessment of vital signs, hematocrit and platelet levels, early recognition of warning signs, appropriate fluid management, and prompt escalation of care when needed.

Following the establishment of the dedicated dengue ward, a significant reduction in dengue-related mortality was observed. Early detection and timely management of severe dengue and its complications contributed to improved survival outcomes.

In addition to clinical benefits, patient satisfaction improved notably after the ward was established. Reduced overcrowding, faster clinical response, clearer communication, and the presence of trained healthcare personnel in a specialized setting enhanced patient confidence and perceived quality of care. The dedicated ward also facilitated better counseling of patients and attendants regarding disease course and warning signs.

Overall, the establishment of the dedicated dengue ward at CMCH from 15 September 2023 proved to be an effective structural intervention, leading to significant reductions in mortality and morbidity along with improved patient satisfaction. This experience supports the value of disease-specific wards during epidemic periods and highlights a model that can be replicated in other tertiary care hospitals to improve outcomes during seasonal outbreaks.

Year	Total Patient Admitted	Cured	Death	Death Rate
2023	4182	4114	68	1.63%
2024	2066	2028	38	1.84%
2025	2010	1994	16	0.8%

Ref: Dr. Noor Mohammed
Senior Consultant of Medicine, CMCH

MEDICAL HUMANITIES in MBBS CURRICULUM

Soft Skills Needed to be Achieved By Future Generation Physicians

Professor (Dr.) Md Abdus Sattar
Professor and Head, Department of Medicine
Chittagong Medical College, Chattogram

Medical humanities integrate the arts, social sciences, ethics and humanistic approaches into medical education and practice. Within the MBBS curriculum of 2021, a wide range of topics under medical humanities have been emphasized to help future doctors develop not only technical competence but also compassion, empathy, professionalism and ethical responsibility. These areas include behavioral science, medical sociology, etiquette in using social media, self-directed learning including team learning, medical ethics, communication skills, doctor-patient relationship, physician's bedside manner, etiquette, and rapport-building with patients, integrity and accountability of medical professionals, aspects of a good doctor, medical professionalism, inter-professionalism, patient safety and medical error, career planning, basic infection prevention and control, white coat ceremony, CME and CPD, as well as the study of causes of death. Together, these domains aim to create well-rounded doctors who are socially responsible and patient centered.

Behavioral science forms the foundation for understanding human actions, emotions, motivations and cognition in medical contexts. Its scope extends from psychology and anthropology to social psychology, helping physicians interpret why patients respond differently to illness, treatment or lifestyle modifications. In clinical application, knowledge of behavioral science assists doctors in counseling, designing community health programs, and improving doctor-patient communication. (Ref: 1)

Medical sociology complements this perspective by exploring the social determinants of health, cultural norms, and health inequities. It helps doctors recognize how poverty, education, gender, or occupation impact health outcomes. The need for medical sociology lies in its ability to sensitize doctors to societal structures, thereby enabling them to advocate for equity and justice in healthcare delivery. Practically, it guides health policy, public health interventions, and effective patient counseling. (Ref: 2)

Etiquette in using social media has become a pressing concern in modern practice. Medical students must understand the boundaries of digital professionalism, as improper online behavior can erode trust in the profession. At the same time, social media, when used responsibly, can be an excellent tool for patient education, public health advocacy and academic networking. Hence, education in social media etiquette is essential to balance professional image with the benefits of digital platforms . (Ref: 3)

Self-Directed Learning (SDL) is another cornerstone of the curriculum, as it equips medical students with the skills required for lifelong learning. In a field that constantly evolves with new knowledge and technology, SDL encourages learners to identify their own gaps, set goals, and seek resources. In medical education, these methods are applied through problem-based learning, group case discussions, and interprofessional activities that prepare students for real-world teamwork in healthcare settings . (Ref: 4)

Medical ethics lies at the heart of medical practice. The four core principles—autonomy, beneficence, non-maleficence and justice—serve as the guiding framework for decision-making. Understanding medical ethics ensures that physicians respect patient rights while balancing scientific knowledge and humane care. By integrating ethics into the MBBS curriculum, future doctors are prepared to handle such dilemmas responsibly. (Ref: 5)

Communication skills are inseparable from good medical practice. Doctors must not only diagnose and treat but also explain conditions, procedures, and outcomes to patients and their families in a clear and empathetic manner. Effective communication includes both verbal and non-verbal skills, active listening, and cultural sensitivity. Barriers such as medical jargon, hierarchical systems and patient anxiety need to be overcome for better clinical outcomes. Structured models such as SPIKES for breaking bad news or SBAR for interprofessional communication are now standard tools taught in medical schools worldwide . (Ref: 6)

Doctor-patient relationship, which has evolved from a paternalistic model to one of shared decision-making. Building trust, respect and empathy are central to this relationship. In chronic illnesses, where long-term management is essential, a strong doctor-patient bond enhances adherence and quality of life. Patients today expect to be active participants in their healthcare, which demands openness and collaboration from doctors. (Ref: 7)

The physician's bedside manner, etiquette, and rapport-building skills directly impact patient satisfaction and outcomes. A calm, respectful and compassionate approach reassures patients, reduces anxiety, and fosters healing. Bedside etiquette involves listening attentively, maintaining privacy, showing respect, and avoiding dismissive attitudes. Clinical competence is often judged by patients more by the warmth and respect shown to them at the bedside than technical skill. (Ref: 8)

Integrity and accountability are professional virtues expected of every doctor. Integrity implies honesty, fairness, and moral courage, while accountability refers to being answerable for one's actions toward patients, colleagues and society. In practice, this includes transparency in medical errors, avoidance of conflicts of interest, and adherence to professional codes of conduct. Embedding these values in medical education ensures doctors remain trustworthy custodians of health. (Ref: 9)

The aspects of a good doctor go beyond scientific knowledge. Compassion, empathy, cultural sensitivity, humility and professionalism are qualities that make a physician truly effective. Medical education must therefore focus on role modeling and reflective practice to nurture these qualities in students, creating physicians who are both competent and humane. (Ref: 11)

Medical professionalism encompasses altruism, excellence, duty, honor, and respect. It is both an ideal and a practical standard for doctors in their relationship with patients, colleagues, and society. Frameworks such as the American Board of Internal Medicine (ABIM) Charter and General Medical Council (GMC) guidelines define professionalism as a social contract between medicine and society. The

challenge lies in upholding these principles amidst commercialization, technological disruption and healthcare inequities. (Ref: 11)

Inter-professionalism emphasizes collaborative practice across disciplines. Doctors, nurses, pharmacists, and allied health workers must function as a team to ensure safe and effective patient care. Training medical students in Inter-Professional Education (IPE) enhances respect for other roles and prepares them for multidisciplinary teamwork in clinical settings, particularly in high-pressure environments like emergency care. (Ref: 12)

Patient safety and medical error have become global priorities. Errors are often systemic rather than individual, and addressing them requires a culture of safety, transparency and learning. Strategies include checklists, simulation training, reporting systems and root cause analysis. Medical students must learn that patient safety is a shared responsibility that extends beyond avoiding mistakes to actively creating safer healthcare systems. (Ref: 13)

Career planning is an essential yet often neglected component of medical education. Students must reflect on their aptitudes, values, and societal needs to make informed career decisions. Structured career counseling, mentorship and exposure to different specialties during MBBS training help students choose pathways that align personal interests with public health needs. (Ref: 14)

Basic Infection Prevention and Control (IPC) remains a cornerstone of patient safety. Simple practices such as hand hygiene, use of personal protective equipment, sterilization, and isolation precautions significantly reduce hospital-acquired infections. The COVID-19 pandemic reinforced the critical importance of IPC for healthcare workers and patients alike. Embedding IPC in medical humanities highlights its ethical and professional dimensions as well. (Ref: 15)

The white coat ceremony is a symbolic milestone in a medical student's journey, marking the transition from preclinical study to clinical practice. By donning the white coat, students pledge to uphold professionalism, compassion, and patient-centered care. It reinforces their professional identity and moral commitment, reminding them of the trust society places in physicians. (Ref: 16)

Continuing Medical Education (CME) and Continuing Professional Development (CPD) embody the principle of lifelong learning. While CME focuses on updating knowledge and skills, CPD is broader, encompassing professional, ethical and personal development. These activities ensure doctors remain competent and responsive to evolving scientific, technological and social changes. Regulatory bodies increasingly mandate CME/CPD for license renewal, underscoring their importance. (Ref: 17)

Understanding causes of death is both a medical and social responsibility. The distinction between proximate and ultimate causes and between natural and unnatural deaths, has clinical, public health, and legal significance. Accurate death certification informs epidemiology, health planning, and family counseling, while errors may have legal consequences. Medical students must therefore master the skill of documenting and interpreting causes of death accurately. (Ref: 18)

In conclusion, the integration of medical humanities into the MBBS curriculum ensures that future doctors are not only scientifically knowledgeable but also socially responsible, ethical, and compassionate. By engaging with behavioral sciences, sociology, ethics, professionalism, communication and patient safety, medical students develop into well-rounded physicians equipped to meet the complex needs of society. In an age of rapid medical advances, the human dimension of healthcare remains indispensable and medical humanities provide the framework for nurturing doctors who are competent, humane and trustworthy custodians of health.

References

1. Frankel, R. M., Quill, T. E., & McDaniel, S. H. (2013). The biopsychosocial approach: Past, present, future. University of Rochester Press.

2. Cockerham, W. C. (2017). Medical sociology (14th ed.). Routledge.

3. Guseh, J. S., Brendel, R. W., & Brendel, D. H. (2009). Medical professionalism in the age of online social networking. Journal of Medical Ethics, 35(9), 584–586.

4. Murad, M. H., Coto-Yglesias, F., Varkey, P., Prokop, L. J., & Murad, A. L. (2010). The effectiveness of self-directed learning in health professions education: a systematic review. Medical Education, 44(11), 1057–1068.

5. Beauchamp, T. L., & Childress, J. F. (2013). Principles of biomedical ethics (7th ed.). Oxford University Press.

6. Silverman, J., Kurtz, S., & Draper, J. (2013). Skills for communicating with patients (3rd ed.). Radcliffe Publishing.

7. Ridd, M., Shaw, A., Lewis, G., & Salisbury, C. (2009). The patient-doctor relationship: A synthesis of the qualitative literature on patients' perspectives. British Journal of General Practice, 59(561), e116–e133.

8. Ong, L. M., de Haes, J. C., Hoos, A. M., & Lammes, F. B. (1995). Doctor-patient communication: A review of the literature. Social Science & Medicine, 40(7), 903–918.

9. Cruess, R. L., & Cruess, S. R. (2008). Expectations and obligations: professionalism and medicine's social contract with society. Perspectives in Biology and Medicine, 51(4), 579–598.

10. General Medical Council (GMC). (2019). Good medical practice. GMC.

11. American Board of Internal Medicine (ABIM). (2002). Medical professionalism in the new millennium: A physician charter. Annals of Internal Medicine, 136(3), 243–246.

12. World Health Organization (WHO). (2010). Framework for action on interprofessional education and collaborative practice. WHO.

13. Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (2000). To err is human: Building a safer health system. National Academies Press.

14. Buddeberg-Fischer, B., & Herta, K. D. (2006). Formal mentoring programmes for medical students and doctors–a review of the Medline literature. Medical Teacher, 28(3), 248–257.

15. World Health Organization (WHO). (2009). WHO guidelines on hand hygiene in health care. WHO.

16. Hafferty, F. W. (2002). What medical students know about professionalism. Academic Medicine, 77(6), 533–537.

17. Davis, D., O'Brien, M. A., Freemantle, N., Wolf, F. M., Mazmanian, P., & Taylor-Vaisey, A. (1999). Impact of formal continuing medical education. JAMA, 282(9), 867–874.

18. World Health Organization (WHO). (2014). International statistical classification of diseases and related health problems (ICD-10). WHO.

ARTIFICIAL INTELLIGENCE in Medicine

A Comprehensive Review

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Introduction:

Artificial Intelligence (AI) is reshaping clinical medicine through innovations in diagnostics, predictive analytics, precision medicine, workflow automation, robotics and telemedicine. This review synthesizes current evidence supporting AI applications and discusses challenges related to data quality, ethics, and regulatory frameworks. Figures and tables are included to summarize key concepts for medical faculty.

AI, particularly Machine Learning (ML) and Deep Learning (DL), has demonstrated remarkable capabilities in medical imaging, genomics, clinical decision support and remote monitoring. The acceleration of AI research and the availability of large datasets have enabled models that rival specialist-level diagnostic accuracy in select domains. This review uses structured tables and illustrations to summarize the landscape of AI in modern medicine.

AI in Diagnostics:

i) Image acquisition (CT/MRI/X-ray/Retinal imaging)

ii) Preprocessing

iii) AI algorithm analysis

iv) Clinician review and validation

v) Diagnostic decision and documentation

Radiology:

Demonstrated expert level of` accuracy in detecting pulmonary nodules, breast lesions, and brain hemorrhage. The FDA approved for diabetic retinopathy represents the first autonomous AI diagnostic device.

Pathology:

Whole slide imaging combined with AI enables automated tumor classification and metastasis detection. Weakly supervised models show accuracy comparable to expert pathologists.

Dermatology and Ophthalmology:

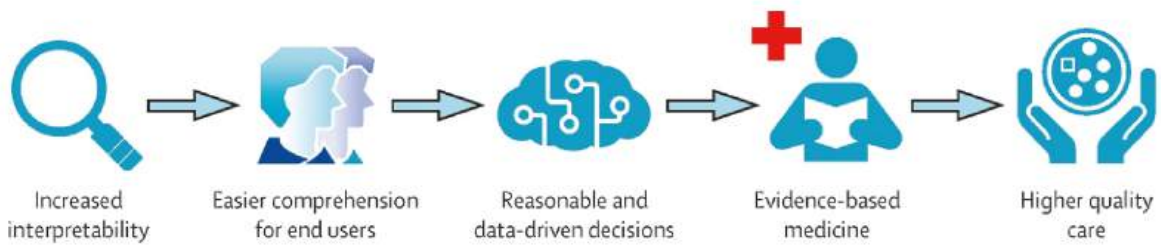
AI models diagnose melanoma and diabetic retinopathy with high precision, assisting specialists and improving early detection.

Examples of High-Impact AI Diagnostic Systems

Medical Field	AI System / Study	Clinical Application	Performance Summary
Ophthalmology	IDx-DR (Ref:1)	Diabetic retinopathy detection	Autonomous AI: Specialist-level accuracy
Dermatology	(Ref:2)	Skin cancer (Melanoma)	Matches dermatologist performance
Pathology	(Ref:3)	Lymph-node metastasis detection	Comparable to expert pathologists
Radiology	Google DL models	Chest pathology detection	High sensitivity for nodules

Predictive Analytics and Risk Stratification

AI predicts clinical events such as sepsis, readmission, cardiac mortality and organ failure.



- Input: EHR data + vitals + labs + imaging + genomics
- Feature extraction via ML algorithms
- Predictive output (e.g., Sepsis risk within 6 hours)
- Presentation to clinician with confidence scoring

Early models such as the sepsis prediction algorithms (Desautels et al., 2016) significantly outperform rule-based systems. (4)

4. Clinical Domains Benefiting from Predictive AI

Clinical Area	Predictive Target	Key Evidence	Clinical Impact
Critical Care	Sepsis onset	(Ref: 4)	Early recognition, reduced mortality
Cardiology	MI mortality risk	(Ref: 5)	Outperforms traditional scoring
Internal Medicine	HF readmissions	(Ref: 6)	Improved risk-adjusted planning
Nephrology	CKD progression	Multiple ML models	Personalized monitoring

AI in Precision Medicine

Genomics

AI accelerates variant detection and interpretation. Tools like DeepVariant improve genomic accuracy.

Oncology

Radiomics models predict response to immunotherapy and tumor phenotype.

Pharmacogenomics

AI analyzes drug–gene interactions and predicts adverse drug reactions.AI Uses in Precision Medicine

Domain	AI Application	Example	Benefit
Genomics	Variant calling	(Ref: 7)	Faster, more accurate genotype calls
Oncology	Radiomics models	(Ref: 8)	Predicts treatment response
Pharmacogenomics	ADR prediction	(Ref: 9)	Reduced adverse events

AI in Workflow and Operations

AI improves documentation, triage, ICU monitoring, and administrative efficiency.

AI Integration in Hospital Workflow

- Automated documentation
- Clinical summarization
- Smart triage
- Early warning systems
- Resource optimization

Operational AI Tools in Hospitals

Workflow Task	AI Application	Evidence	Outcome
ED Triage	Risk prediction	(Ref: 10)	Improved prioritization
ICU Monitoring	Deterioration prediction	(Ref: 11)	Early detection
Documentation	NLP-based transcription	(Ref: 12)	Reduced clinician workload
Scheduling	Predictive optimization	Health AI pilots	Increased efficiency

Telemedicine and Remote Monitoring

Wearable sensors and at-home diagnostic tools powered by AI improve chronic disease management and enhance rural access.

Applications of AI in Telehealth

Area	AI Function	Key Evidence	Clinical Utility
Chronic disease	Wearable-based prediction	(Ref: 13)	Early detection
Triage	AI symptom checkers	(Ref: 14)	Improved access
Ophthalmology	Remote DR screening	(Ref: 15)	Community-level diagnostics

Challenges and Limitations

As many experts have stated, one of the key reasons is the scarce transparency associated with specific AI algorithms, especially black-box algorithms. Clinical medicine, primarily evidence-based medical practice, relies on transparency in decision making. If there is no medically explainable AI and the physician cannot reasonably explain the decision-making process, the patient's trust in them will erode.

Data Quality and Bias

Biased datasets can cause unequal performance among populations.

Explainability

Complex models reduce clinician trust.

Regulatory Issues

Continuous-learning algorithms challenge existing frameworks.

Workflow Integration

Poor integration can worsen clinician workload.

Ethics

AI affects consent, privacy, and fairness.

Future Directions

- Hybrid clinician–AI decision systems
- Federated learning to protect privacy
- Real-time algorithm audits
- Standardized datasets
- Updated medical curricula to include AI skills

Conclusion

AI will play an increasingly vital role across diagnostics, precision medicine, surgical robotics, telemedicine and hospital operations. Effective adoption requires collaboration between clinicians, technologists, policymakers and educators. With proper governance, AI will augment, not replace—medical professionals.

References

1. Abràmoff MD, Lavin PT, Birch M, et al. NPJ Digit Med. 2018;1:39.
2. Esteva A, Kuprel B, Novoa R, et al. Nature. 2017;542:115–118.
3. Campanella G, Hanna MG, Geneslaw L, et al. Nat Med. 2019;25(8):1301–1309.
4. Desautels T, Calvert J, Hoffman J, et al. Biomed Inform Insights. 2016;8:1–6.
5. Khera R, Haimovich J, Hurley NC, et al. JAMA Cardiol. 2021;6(6):633–641.
6. Mortazavi BJ, Downing NS, Bucholz EM, et al. Circ Cardiovasc Qual Outcomes. 2016;9(6):629–640.
7. Poplin R, Chang P, Alexander D, et al. Nat Biotechnol. 2018;36(10):983–987.
8. Aerts HJWL, et al. Nat Commun. 2014;5:4006.
9. Beam AL, Kohane IS. JAMA. 2018;319(13):1317–1318.
10. Raita Y, Goto T, Faridi MK, et al. JAMA Netw Open. 2019;2:e186937.
11. Futoma J, Morris J, Lucas J. arXiv. 2017;1703.08715.
12. Rajkomar A, Oren E, Chen K, et al. NPJ Digit Med. 2018;1:18.
13. Topol EJ. Nat Med. 2019;25:44–56.
14. Shen J, Zhang CJ, Jiang B, et al. EClinicalMedicine. 2020;21:100525.
15. Ting DSW, Pasquale LR, Peng L, et al. Br J Ophthalmol. 2019;103:167–175.

"DOCTOR'S DOCTOR"

The Internist

ROLES AND RESPONSIBILITIES

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Internal medicine specialists or internists, play a crucial, multifaceted role in Bangladesh's healthcare system by providing **Comprehensive, non-surgical medical care for adults**, focusing on the diagnosis, treatment, and prevention of a wide spectrum of illnesses.

Their key roles in Bangladeshi society include:

Diagnosis and Management of Complex Illnesses: They are specially trained to solve puzzling diagnostic problems and handle complex, chronic conditions, often involving multiple organ systems simultaneously . This includes managing diseases such as:

- Diabetes and other endocrine/hormonal disorders
- Hypertension (High blood pressure) and heart diseases
- Infectious diseases like dengue, typhoid, malaria, and tuberculosis
- Respiratory issues such as asthma and pneumonia
- Kidney, liver, and digestive system diseases
- Rheumatic conditions and arthritis

Care Coordination and Referrals: Internists act as the central point person, coordinating care with other medical and surgical subspecialists (eg, Cardiologists, neurologists, oncologists) when needed, ensuring an integrated and holistic approach to patient management.

Preventive Medicine and Health Promotion: A significant part of their role involves promoting wellness, offering lifestyle guidance and implementing preventive measures to help patients avoid potential complications of chronic diseases.

Management of Medical Emergencies: They are equipped to diagnose and manage various medical and pediatric emergencies, providing competent initial care and referring complicated cases to appropriate secondary and tertiary care centers.

Teaching and Research: Internal medicine departments in hospitals and medical colleges in Bangladesh are actively involved in training undergraduate and postgraduate medical students and intern doctors, as well as conducting clinical research and drug trials to advance medical knowledge and adapt new ideas to local needs.

Community Service: Medical students and internists also engage in community service, such as organizing medical camps during public health emergencies (eg, floods,Covids,Dengue outbreaks), providing essential medical aid and health education to underserved populations.

In essence, internal medicine specialists in Bangladesh are vital for providing continuous, patient-centered, and expert adult healthcare, serving as the backbone of adult medicine within the country's healthcare infrastructure.

Collaborative role of Internists with subspecialists:

Another primary role of an internist (Internal medicine physician) in collaboration with subspecialists is to serve as the **central hub for coordinating and integrating a patient's entire healthcare journey**.

Internists are "Experts in complexity" who see the **"Big picture"** of a patient's health, ensuring that all aspects of care from various specialists are well-integrated and do not conflict.

Key aspects of this collaborative role include:

Care Coordination and Referrals: Internists manage the overall healthcare plan, making referrals to appropriate subspecialists (eg, Cardiologists, oncologists, nephrologists) when a specific, focused expertise is needed. They select specialists based on patient needs and the quality of communication they can provide.

I**ntegrating Diverse Treatments:** They gather and analyze information from multiple specialists to ensure a cohesive treatment plan. This prevents fragmented care, such as duplicated tests or conflicting medications, which can be harmful to a patient with multiple, complex conditions.

Comprehensive Patient Management: Internists are uniquely trained to manage patients with multiple chronic and interrelated health conditions (Multisystem disorders). They maintain stability of these conditions during treatment by other specialists or physiological stresses like surgery.

Facilitating Communication: They ensure seamless and effective communication among all members of the healthcare team, including other physicians, nurses and allied health professionals, to keep everyone updated on the patient's status and progress.

Patient Advocacy and Education: Internists advocate for their patients within the healthcare system and ensure patients understand complex medical information and treatment choices. They involve patients in decision-making and act as a consistent point of contact, often building long-term relationships with them.

Doctor's Doctor: Due to their broad diagnostic prowess and ability to solve puzzling medical problems, other medical professionals often consult internists for their ability to "connect the dots" in complex cases.

In essence, the internist provides the vital generalist, integrative approach, which complements the focused, organ-centered expertise of the subspecialist.

Bibliography:

1. Huddle T S, Centor R, Heudebert G R. American Internal Medicine in the 21st Century: Can an Oslerian Generalism Survive? J Gen Intern Med, 2003; 18 : 764-768

2. Larson E B, Fihn S D, Kirk L M, Levin W, Loge R V, Reynolds E et al. The Future of General Internal Medicine. J Gen Intern Med. 2004; 19(1): 69–77.

3. https://www.rcplondon.ac.uk/mrcp https://www.racp.edu.au/

4. https://www.aiims.edu/aiims/academic/aiims-syllabus/ Syllabus%20-%20md%20ms%20mds% 20mha. pdf

5. BSMMU. Residency Programme 2023

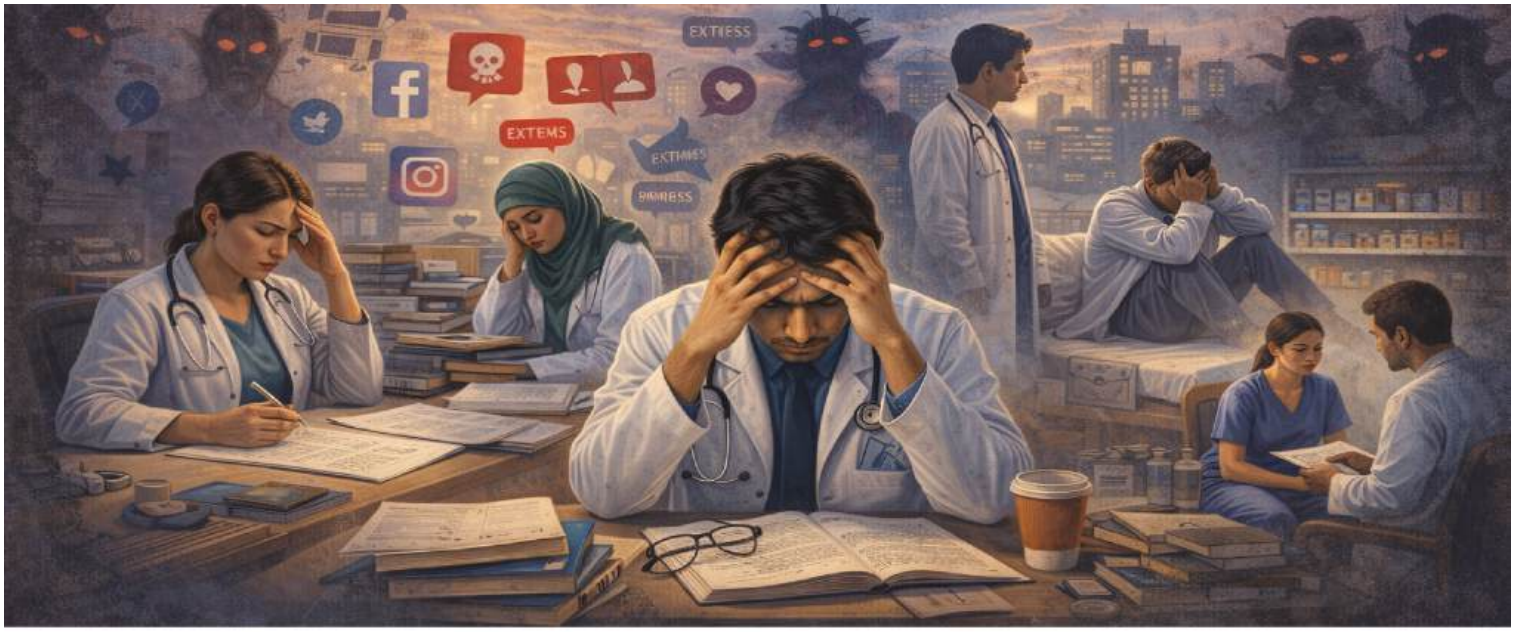
6. Bauer W, Schumm-Draeger P M, Koebberling J, Gjoerup T, Alegria J J G, Ferreira F et al. Political issues in internal medicine in Europe. European Journal of Internal Medicine 16 (2005) 214 – 217

7. Fletcher R H, Fletcher S W. What Is the Future of Internal Medicine? Ann Intern Med. 1 December 1993; 119(11): 1144-1145

8. Fournier A M. Resolving the Conflicts between General and Subspecialty Medicine: The Internist as Consulting Physician-Scientist. Am J Med. 104:259 –263.

9. Post Graduate Institute of Medicine. https://pgim.cmb.ac.lk/ wp content/uploads/2017/05/General-Medicine-2015.pdf

10. Kramer MH, Akalin E, Alvarez de Mon Soto M, Bitterman H, Ferreira F, Higgens C et al. Internal medicine in Europe: how to cope with the future? An official EFIM strategy document. Eur J Intern Med. 2010 Jun; 21(3): 173-5.



The Silent Struggle: Mental Health Crisis among Medical Students in Bangladesh

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Introduction:

Every year, hundreds of young dreamers walk into our medical colleges — their eyes bright with purpose, hearts full of compassion. They come to heal others, to serve humanity and to make their families proud. But somewhere along the journey, many begin to lose that light. Behind the white coats and confident smiles, countless medical students silently battle stress, depression, anxiety and burnout. What was once a dream gradually turns into a daily struggle to survive academically and emotionally.

This is the untold story of a silent epidemic— the mental health crisis among medical students in Bangladesh.

A Journey of Pressure and Perfection:

Medical education in our country is often described as a "Pressure cooker." The syllabus is vast, exams are frequent, and failure feels like a personal disaster. Students study late into the night, often with heavy hearts and empty stomachs, afraid to fall behind. There is little time for rest, recreation or even reflection. Family events are missed, hobbies forgotten. The fear of being judged — by teachers, peers, or parents — keeps many students in a constant state of anxiety. Over time, exhaustion turns into emotional numbness. Some lose confidence, some lose motivation and sadly, a few lose hope altogether.

The Stigma of Silence:

Perhaps the most painful part of this crisis is the silence that surrounds it. In our culture, mental health is still misunderstood. Students hesitate to seek help, fearing they will be labeled as "Weak," "Unstable," or "Unfit for medicine."

Even within medical colleges, discussions about depression or counseling are rare. A student who cries or expresses distress is often told to "Be strong" or "Everyone feels stressed." But strength does not mean silence. True strength lies in acknowledging pain and asking for help — something we must teach and normalize in our institutions.

Why are Medical Students at Risk?

Several factors combine to create the perfect storm:

Heavy academic load and frequent exams, Sleep deprivation and irregular routines, Intense competition among peers, Exposure to suffering and death during clinical training, Lack of proper guidance or mentorship, Cultural stigma around mental illness.

Many students also live far from home, dealing with loneliness, homesickness, and financial pressure. In hostels or rented rooms, they struggle to balance books with emotion

The Hidden Consequences:

The mental health crisis among medical students doesn't end with graduation. Stressed and emotionally drained students often become burned-out doctors. This affects not only their personal well-being but also patient care, empathy, and decision-making. A doctor who is emotionally exhausted cannot provide holistic healing. Thus, caring for our medical students today means ensuring better healthcare for our patients tomorrow.

The COVID-19 Turning Point:

The COVID-19 pandemic made this crisis even more visible. Students were confined at home, classes moved online, clinical exposure stopped, and uncertainty loomed large. Many volunteered in hospitals, facing fear and grief daily. Yet, this difficult time also opened conversations about mental well-being. Some institutions began organizing online counseling, peer-support sessions, and mindfulness workshops. These small steps showed that change is possible — if only we care enough to act.

What Needs to Change:

To heal this crisis, we need to transform how we see medical education— and how we treat those who learn medicine.

i) Counseling and Mental Health Services-

Every medical college should have a confidential counseling center, run by trained professionals, where students can seek help without fear or stigma.

ii) Mentor–Student Relationships-

Faculty should not only teach medicine but also model empathy and support. A kind word from a respected teacher can often restore confidence more than any textbook.

iii) Curriculum Reform-

Including mental health awareness, stress management, and communication skills within the curriculum can prepare students for both professional and personal challenges.

iv) Promoting Balance-

Encouraging extracurricular activities, physical exercise and short breaks can help students rediscover joy and connection beyond academics.

v) Fighting the Stigma-

Mental health campaigns, open discussions, and testimonials from senior doctors can help normalize the idea that seeking help is not weakness — it is wisdom.

A Message to Our Students

Dear students,

You are not alone. Every doctor, at some point, has struggled silently. Feeling stressed, anxious, or overwhelmed does not mean you are unfit to be a doctor — it means you are human. Take care of yourself. Sleep, eat, talk, laugh, cry, and rest when needed. Medicine is a lifelong journey you cannot pour from an empty cup. To care for others, you must first care for yourself.

A Call to Educators and Institutions:

As teachers, we hold more power than we realize. Our words can build or break, heal or hurt. Let us choose empathy over authority, mentorship over criticism. Let every medical college become not just a place of knowledge, but also a space of kindness.

Conclusion:

The mental health crisis among medical students is not a passing concern — it is a wake-up call. If we continue to ignore it, we risk producing physicians who are technically skilled but emotionally broken. But if we listen, support, and reform — we can build a generation of doctors who are both compassionate and strong. Doctors who heal with both mind and heart. The future of healthcare depends not only on medical excellence but also on mental resilience. And that healing must begin within our classrooms, our wards, and our hearts.

"Let us Build a Medical Culture where It's Okay to be Human — Even While Learning to Save Lives."

Bibliography:

1. Hossain S, Anjum A, Uddin ME, Rahman MA, Hossain MF. Burnout, anxiety and depression among medical students in Bangladesh: a cross-sectional study. PLoS One. 2021;16(6):e0252793.

2. Islam S, Akter R, Sikder T, Griffiths MD. Prevalence and factors associated with depression and anxiety among first-year undergraduate students in Bangladesh: a cross-sectional study. Int J Ment Health Addict. 2022;20(3):1289-302.

3. Dyrbye LN, Thomas MR, Shanafelt TD. Systematic review of depression, anxiety, and other indicators of psychological distress among U.S. and Canadian medical students. Acad Med. 2006;81(4):354-73.

4. Rotenstein LS, Ramos MA, Torre M, Segal JB, Peluso MJ, Guille C, et al. Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: a systematic review and meta-analysis. JAMA. 2016;316(21):2214-36.

5. Sarokhani D, Delpisheh A, Veisani Y, Sarokhani MT, Manesh RE, Sayehmiri K. Prevalence of depression among university students: a systematic review and meta-analysis study. Depress Res Treat. 2013;2013:373857.

Collaborative activities of department of medicine, CMCH with different national and international Institutes/Organizations/Universities

Memorandum of Understanding

The Mahidol Oxford University Tropical Medicine Research Unit, Bangkok, Thailand.
The Center for Infection and Immunity Amsterdam (CINIMA), Academic Medical Center University of Amsterdam, the Netherlands.
Chattogram General Hospital, Chattogram, Bangladesh.

Memorandum of Understanding

Department of Zoology, Chittagong University, Chattogram, Bangladesh.
Toxicology Society of Bangladesh (TSB), Bangladesh.
Chief, Division of Toxicology, China Medical University Hospital, Taichung, Taiwan.

Memorandum of Understanding

Edinburgh Clinical Toxicology, Pharmacology, Toxicology & Therapeutics, University of Edinburgh, UK.

DISEASE PROFILE

Disease Profile 2023

Department of Medicine, CMCH

SUMMARY

Total number of beds	192
Total no of patients	48852
Total number of deaths	3325
Top 5 morbidities	CVD (TIA & Stroke)
	Acute Gastroenteritis
	COPD
	OPC Poisoning
	Diabetes Mellitus
Principal causes of death	CVD
	COPD with Type 2 failure
	Malignancy
	Septicaemia
	Chronic liver disease

Common Categories of Disease	Total Number of Patients Admitted
Infectious diseases	7153
Respiratory diseases	7657
Cardiovascular diseases	5158
Alimentary diseases	4542
Hepatobiliary diseases	2557
Neurological diseases	5692
Renal diseases	3067
Endocrine diseases	2431
Haematological disorders	1758
Dermatological diseases	583
Musculoskelatal diseases	1956
Poisoning and Envenomation	5256
Psychiatric disorder	1042

Disease Profile Report (2023)

1. Executive Summary

This report provides a comprehensive analysis of patient admissions, morbidity, and mortality data for the year 2023 at the Department of Medicine, CMCH. The department operated with a 192-bed capacity, managing a significant patient load of 48,852 admissions. The overall mortality recorded for the year was 3,325 deaths.

2. Morbidity and Mortality Overview

The clinical focus of the department is dominated by non-communicable diseases, though infectious diseases and emergency poisoning cases remain high-volume categories.

Top 5 Morbidities: 1. Cardiovascular Disease (TIA & Stroke), 2. Acute Gastroenteritis, 3. Chronic Obstructive Pulmonary Disease (COPD), 4. OPC (Organophosphorus Compound) Poisoning, 5. Diabetes Mellitus

Principal Causes of Death:

The primary drivers of mortality include Cardiovascular Disease, COPD with Type 2 Failure, Malignancy, Septicaemia, and Chronic Liver Disease.

3. Detailed Admission Analysis by Category

Total admissions were distributed across 13 primary disease categories. Respiratory and infectious diseases represent the highest volume of cases.

i) Respiratory Diseases -7,657, ii) Infectious Diseases-7,153, iii) Neurological Diseases-5,692, iv) Poisoning- 5,256,

v) Cardiovascular Diseases- 5,158, vi) Alimentary (Digestive) Diseases- 4,542, vii) Renal Diseases- 3,067,

4. Key Disease Sector Insights

A. Infectious Diseases

Total Cases: 7,153.

Dominant Condition: Acute Gastroenteritis (2,470 cases) peaked in May and September.

Critical Trends: Tuberculosis (1,007) and Enteric Fever (907) remain significant burdens. Dengue showed a sharp seasonal increase, with 65–74 cases per month between May and October.

B. Respiratory Diseases

Total Cases: 7,657.

COPD Burden: COPD is the leading cause in this category with 2,140 cases, plus an additional 323 cases of COPD with Cor Pulmonale.

Malignancy: There were 312 recorded cases of Bronchial Carcinoma.

C. Neurological Diseases

Major Concern: Cirrhosis of Liver (noted within Neurological data) accounted for 1,872 cases.

Emergency Presentations: High numbers of BPPV (647) and Acute Confusional State (623) were documented.

D. Poisoning and Environmental Emergencies

Toxicology: OPC Poisoning is a major emergency with 1,365 cases.

Environmental: Snake bites are highly prevalent (1,079 cases), peaking significantly in September (146 cases).

5. Conclusion and Observations

The data reflects a department under heavy pressure, with an admission-to-bed ratio that suggests high turnover or significant overcrowding. The prominence of Septicaemia and CVD as leading causes of death highlights the need for continued focus on critical care and early intervention for stroke and systemic infections. Additionally, the seasonal surges in Dengue and Snake bites indicate a need for resource scaling during the middle and latter parts of the year.

Disease Profile 2023

INFECTIOUS DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Malaria	1	1	0	1	4	4	4	5	2	1	1	2	**26**
Acute Gastroenteritis	178	175	190	195	304	221	279	189	268	154	152	165	**2470**
Viral Fever	69	58	64	55	141	55	141	78	152	54	63	65	**995**
PUO	19	17	18	18	15	18	22	24	12	15	17	10	**205**
Enteric fever	41	41	73	69	114	40	115	97	111	67	68	71	**907**
Shigellosis	3	2	2	0	1	1	0	0	1	1	2	2	**15**
Helminthiasis	3	5	4	3	3	4	4	2	2	1	3	2	**36**
Dengue	0	0	3	11	65	53	73	73	74	52	4	3	**411**
Chikunguniya	1	0	1	0	0	0	0	1	1	0	1	2	**7**
Mumps	0	1	0	0	1	0	0	1	0	0	1	1	**5**
Measles	1	0	0	1	0	0	0	1	0	0	1	2	**6**
Leishmaniasis	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Filariasis	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Tuberculosis	77	70	91	87	95	68	93	87	103	83	82	71	**1007**
Leprosy	2	1	3	0	0	0	3	0	1	5	0	4	**19**
HIV	2	1	0	1	10	0	9	0	11	2	2	0	**38**
Septicaemia	54	64	52	39	41	31	62	67	57	49	46	33	**595**
Leptospirosis	5	4	5	6	10	4	4	11	8	9	4	7	**77**
Herpes Zoster	4	0	3	3	7	4	10	3	6	7	1	2	**50**
Tetanus	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Others	21	24	34	22	35	26	18	20	33	18	15	17	**283**
Total	**481**	**464**	**543**	**511**	**846**	**529**	**837**	**659**	**842**	**518**	**464**	**459**	**7153**

RESPIRATORY DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
URTI	81	63	57	43	67	46	79	66	84	69	65	67	**787**
Penumonia	106	78	67	72	88	67	90	82	97	86	75	77	**985**
COPD	230	193	178	151	185	136	166	163	180	174	191	193	**2140**
COPD With Cor Pulmonelle	41	30	23	20	33	17	32	26	29	23	22	27	**323**
Respiratory Failure	55	61	44	42	45	43	40	57	52	47	49	48	**583**
Tubercular pleural effusion	61	62	65	55	51	53	55	57	61	64	56	53	**693**
Bronchiectasis	32	25	27	32	31	27	30	29	26	24	31	29	**343**
Pulmonary Tuberculosis	60	31	27	31	47	39	60	28	55	24	32	39	**473**
Hydro-/ pyo- / pneumthorax	23	17	22	23	18	22	27	20	26	19	23	27	**267**
Bronchial Carcinoma	31	21	23	21	28	22	34	25	31	27	28	21	**312**
Bronchial Asthma	34	22	32	30	34	22	38	22	38	32	26	22	**352**
Lung abscess	16	11	12	9	17	11	18	10	19	13	11	16	**163**
ILD	10	12	10	12	7	8	10	5	5	8	11	10	**108**
Others	8	9	11	8	26	19	7	6	9	11	7	7	**128**
Total	**788**	**635**	**598**	**549**	**677**	**532**	**686**	**596**	**712**	**621**	**627**	**636**	**7657**

CARDIOVASCULAR DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Heart failure	93	101	83	67	102	69	80	95	89	81	80	87	**1027**
Rheumatic Fever	7	3	6	2	2	0	2	4	2	5	2	1	**36**
Cardiomyopathies	18	13	10	11	17	19	2	4	7	2	3	1	**107**
Ischemic Heart Dis.	99	115	97	79	107	63	99	108	105	91	83	91	**1137**
Acute Coronary Syndrome	54	65	46	45	53	35	50	57	69	53	48	52	**627**
HTN	99	93	105	103	99	115	120	103	101	114	106	101	**1259**
Vulvular H.D.	3	4	6	3	14	5	7	6	5	6	7	60	**126**
Endocarditis	27	37	23	28	25	35	25	31	32	25	30	34	**352**
Non Specific Chest Pain	27	37	23	28	25	35	25	31	32	25	30	34	**352**
Peipheral vascular Disease	1	0	1	0	2	3	0	1	0	1	2	1	**12**
Others	10	9	8	11	14	11	9	11	12	7	11	10	**123**
Total	**438**	**477**	**408**	**377**	**460**	**390**	**419**	**451**	**454**	**410**	**402**	**472**	**5158**

ALIMENTARY DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Peptic Ulcer Diseases	35	33	53	36	109	43	100	57	108	33	45	64	**716**
GERD	34	37	37	43	91	34	83	42	88	37	37	39	**602**
Pancreatitis	16	19	38	13	46	36	45	52	48	12	30	37	**392**
Carcinoma Stomach	21	21	32	24	37	21	31	35	34	24	1	38	**319**
Carcinoma Esophagus	2	3	3	2	2	2	5	1	3	2	2	3	**30**
Ca. Colon/Intestine	5	5	6	5	10	11	2	7	2	8	7	5	**73**
Intestinal T.B	21	20	17	20	30	19	41	22	39	22	20	22	**293**
Appendicitis	12	17	12	18	6	14	7	10	6	17	17	10	**146**
Oesophageal Candidiasis	15	14	11	16	8	15	5	8	4	15	15	6	**132**
Malabsorption Syndrome	8	7	11	9	11	6	15	11	14	9	8	12	**121**
Inflammatory Bowel Disease	4	5	28	5	40	23	43	30	41	3	24	27	**273**
Non specific abdominal pain	51	65	58	55	81	53	73	53	74	67	46	61	**737**
Acute Abdomen	43	52	53	49	57	59	63	53	58	52	61	52	**652**
Others	3	4	4	3	10	9	4	3	4	3	4	5	**56**
Total	**270**	**302**	**363**	**298**	**538**	**345**	**517**	**384**	**523**	**304**	**317**	**381**	**4542**

HEPATOBILIARY DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Acute Viral Hepatitis	34	48	32	29	55	28	49	33	51	36	33	41	**469**
Chronic Hepatitis	9	7	8	9	7	8	7	6	7	8	7	6	**89**
Chirrhosis of Liver	62	87	69	57	79	66	73	80	85	78	77	71	**884**
Liver Abscess	11	11	14	9	16	9	14	19	24	20	11	15	**173**
Hepatocellular Carcinoma	15	21	22	16	21	13	21	19	15	15	16	19	**213**
Biliary Ascariasis	2	1	2	2	0	1	2	2	0	1	1	1	**15**
Cholecystitis	17	19	15	11	9	10	18	14	22	16	21	13	**185**
Obstructive Jaundice	21	25	22	17	23	15	23	23	27	29	26	16	**267**
Cholangitis	13	10	8	13	11	13	10	11	13	7	14	10	**133**
Acute Liver Failure	5	4	4	3	5	4	3	2	4	2	5	4	**45**
Others	4	12	6	0	12	2	12	6	12	6	2	10	**84**
Total	**193**	**245**	**202**	**166**	**238**	**169**	**232**	**215**	**260**	**218**	**213**	**206**	**2557**

NEUROLOGICAL DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Meningitis	47	47	38	37	43	31	43	42	53	40	39	34	**494**
Primary Headache	37	33	25	17	20	24	33	23	31	33	26	24	**326**
Chirrhosis of Liver	169	184	186	142	164	152	175	166	206	156	97	75	**1872**
Peripheral Neuropathy	20	17	20	17	23	15	16	18	20	19	18	13	**216**
Lumbago Sciatica	13	11	7	2	19	4	5	6	15	8	12	1	**103**
Epilepsy	12	9	6	5	14	5	5	4	13	7	8	7	**95**
Encephalitis	25	27	23	18	23	15	16	21	25	18	20	12	**243**
Multiple Sclerosis	3	4	4	1	2	2	2	2	5	4	6	1	**36**
GBS	8	7	8	7	9	8	5	7	6	9	4	9	**87**
ICSOL	4	2	1	2	5	2	1	0	1	2	2	1	**23**
Hypokal. Per. Paralysis	4	4	2	2	4	0	2	2	6	2	4	0	**32**
Myopathy	6	7	4	7	10	2	5	4	6	5	4	1	**61**
Trans. Myelitis	5	2	3	3	6	4	0	3	6	4	3	4	**43**
Syncopal Attack	34	37	44	39	37	33	42	44	46	40	36	19	**451**
Acute Confu.State	47	59	59	49	54	45	53	52	55	61	53	36	**623**
BPPV	68	59	51	47	60	36	54	57	67	54	55	39	**647**
Paraperesis	19	24	20	17	22	17	16	21	22	20	19	18	**235**
Wilsons Disease	1	0	1	0	0	0	0	1	1	0	0	1	**5**
Pott's Disease	4	5	1	2	2	6	1	0	5	2	5	1	**34**
Spinal SOL	0	1	0	1	0	0	1	0	0	0	0	0	**3**
Other Spinal Cord Comp.	2	2	1	2	3	1	0	2	1	0	0	1	**15**
MND	2	1	2	0	2	2	1	1	1	0	1	1	**14**
Myasthenia Gravis	0	1	0	0	0	1	1	0	1	0	0	0	**4**
Others	4	2	1	4	6	3	2	1	2	1	2	2	**30**
Total	**534**	**545**	**507**	**421**	**528**	**408**	**479**	**477**	**594**	**485**	**414**	**300**	**5692**

RENAL DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Golmerulonephritis	7	10	6	11	5	6	12	8	6	3	7	11	**92**
Urinary Tract Infection	90	73	91	86	87	73	72	96	83	71	75	71	**968**
Nephrotic Syndrome	11	11	17	10	8	10	9	11	17	14	9	11	**138**
Acute Kidney Injury	35	55	50	27	44	46	59	43	42	56	39	28	**524**
CKD	75	80	83	70	75	69	89	85	83	81	68	54	**912**
Renal colic	13	5	12	19	8	16	5	12	5	14	14	19	**142**
ESRD	13	20	17	12	19	15	19	14	15	24	18	11	**197**
Obstructive Uropathy	6	5	6	8	0	4	5	3	2	3	4	3	**49**
Others	3	2	2	3	5	7	3	5	3	3	5	4	**45**
Total	**253**	**261**	**284**	**246**	**251**	**246**	**273**	**277**	**256**	**269**	**239**	**212**	**3067**

ENDOCRINE DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Diabetes Mellitus	83	97	81	79	80	66	82	73	88	74	68	80	**951**
Hypothyroidism	16	20	12	13	19	9	18	15	18	13	7	23	**183**
Nephrotic Syndrome	18	17	12	12	12	10	17	14	11	20	7	18	**168**
Cushing Syndrome	5	6	7	7	3	6	4	5	5	2	5	4	**59**
Addison's Disease	3	3	0	4	6	2	4	0	2	3	2	3	**32**
Acromegaly	0	0	1	0	0	1	0	1	0	0	1	0	**4**
PCOS	1	0	0	2	0	0	2	1	2	0	0	2	**10**
Hypoglycemia	31	36	32	22	33	24	25	33	29	27	28	34	**354**
Electrolyte Imbalance	51	69	56	53	45	63	51	49	53	61	44	56	**651**
Others	2	1	1	1	5	4	2	1	0	0	1	1	**19**
Total	**210**	**249**	**202**	**193**	**203**	**185**	**205**	**192**	**208**	**200**	**163**	**221**	**2431**

HEMATOLOGICAL DISORDERS

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Hemolytic Anaemia	20	21	16	19	28	19	25	22	21	26	21	22	**260**
ALL	3	2	3	2	2	1	0	0	1	2	1	3	**20**
AML	6	15	8	14	15	6	19	15	18	14	14	13	**157**
CML	6	15	10	14	18	12	20	17	19	14	16	13	**174**
CLL	5	5	6	4	4	7	4	5	5	4	5	5	**59**
Deficiency Anaemia	49	55	51	56	68	35	75	59	70	54	63	44	**679**
ITP	4	5	3	4	9	4	14	5	13	8	5	5	**79**
Bleeding disorders	0	3	1	4	4	1	7	4	6	5	4	3	**42**
Aplastic Anaemia	3	6	2	5	5	3	10	7	11	4	7	5	**68**
Hodgkin's Lymphoma	4	9	4	5	10	2	11	8	11	4	6	6	**80**
Non-Hodgkin's Lymphoma	2	1	3	3	2	3	4	5	2	2	2	1	**30**
Multiple Myeloma	4	9	4	5	10	2	11	8	11	4	6	6	**80**
Others	2	1	3	3	2	3	4	5	2	2	2	1	**30**
Total	**108**	**147**	**114**	**138**	**177**	**98**	**204**	**160**	**190**	**143**	**152**	**127**	**1758**

DERMATOLOGICAL DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Psoriasis	16	13	16	22	16	15	14	21	14	13	15	190	**16**
Exfoliative Dermatitis	11	11	10	8	19	12	11	10	15	6	8	9	**130**
Scabies	19	22	19	16	30	25	25	20	29	18	20	19	**262**
Urticaria	11	14	10	10	23	14	16	14	18	7	8	10	**155**
Others	2	1	1	2	5	2	1	2	1	1	1	1	**20**
Total	**59**	**61**	**56**	**58**	**93**	**68**	**67**	**67**	**77**	**45**	**52**	**229**	**583**

MUSCULOSKELATAL DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
SLE	30	33	39	32	41	27	30	36	34	29	25	32	**388**
Spondylo arthritides	9	12	9	16	7	14	16	17	18	12	14	7	**151**
Rheumatoid Arthritis	27	26	34	22	30	18	28	29	29	26	23	26	**318**
Polymyositis/ Dermatomyositis	8	6	7	6	7	2	7	7	4	7	6	7	**74**
Vasculitis	13	12	13	10	15	8	11	16	15	12	11	11	**147**
MCTD	5	4	5	2	4	1	2	4	5	4	0	5	**41**
Reactive Arthritis	6	7	5	9	4	8	5	8	7	6	5	4	**74**
Osteoarthritis	28	32	50	35	37	34	32	37	43	32	28	29	**417**
Septic Arthritis	22	20	29	20	25	19	20	26	24	22	19	20	**266**
Others	7	6	5	6	9	8	6	8	7	6	7	5	**80**
Total	**155**	**158**	**196**	**158**	**179**	**139**	**157**	**188**	**186**	**156**	**138**	**146**	**1956**

POISONING and Envenomation

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
OPC POISONING	104	105	125	105	133	106	117	112	123	116	126	93	**1365**
Commuter Poisoning	37	39	41	26	51	22	38	47	54	42	52	32	**481**
Corrosive	47	47	49	49	69	46	43	53	63	58	59	47	**630**
Snake bite	38	46	70	88	120	110	105	114	146	129	65	48	**1079**
Insect Bite	25	24	28	15	32	23	23	23	32	23	24	16	**288**
Electrocution	28	24	22	26	33	24	28	28	29	25	26	25	**318**
Rat Killer Poisoning	23	20	20	5	21	4	27	25	27	23	29	13	**237**
Unknown Poisoning	40	39	36	33	42	31	42	34	43	33	44	35	**452**
Sedative overdose	7	5	6	7	11	6	5	7	5	8	8	7	**82**
Others	13	27	36	29	36	29	9	10	39	31	35	30	**324**
Total	**362**	**376**	**433**	**383**	**548**	**401**	**437**	**453**	**561**	**488**	**468**	**346**	**5256**

PSYCHIATRIC DISORDERs

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Conversion Disorder	21	21	34	26	24	31	29	25	24	31	25	22	**313**
Somatoform Disorder	16	14	25	19	14	19	22	21	21	20	21	15	**227**
Schizophrenia	0	0	1	1	0	0	0	1	0	0	0	1	**4**
Anxiety Neurosis	43	40	49	49	29	48	17	42	47	45	45	28	**482**
Others	1	0	2	1	2	1	2	2	1	2	1	1	**16**
Total	**81**	**75**	**111**	**96**	**69**	**99**	**70**	**91**	**93**	**98**	**92**	**67**	**1042**

Disease Profile 2024

Department of Medicine, CMCH

SUMMARY

Total number of beds	192
Total no of patients	48075
Total number of deaths	3828
Top 5 morbidities	CVD (TIA & Stroke)
	Acute Gastroenteritis
	COPD
	OPC Poisoning
	Diabetes Mellitus
Principal causes of death	CVD
	COPD with Type 2 failure
	Malignancy
	Septicaemia
	Chronic liver disease

Common Categories of Disease	Total Number of Patients Admitted
Infectious diseases	7224
Respiratory diseases	9012
Cardiovascular diseases	4528
Alimentary diseases	4660
Hepatobiliary diseases	2726
Neurological diseases	4076
Renal diseases	2426
Endocrine diseases	2687
Haematological disorders	1851
Dermatological diseases	740
Musculoskelatal diseases	2004
Poisoning and Envenomation	5122
Psychiatric disorder	1019

Disease Profile Report (2024)

1. Executive Summary

During the 2024 reporting period, the Department of Medicine managed a total of 48,075 admitted patients. With a capacity of 192 beds, the department faced a significant patient load, resulting in 3,828 total deaths. The data indicates a high prevalence of chronic non-communicable diseases alongside substantial seasonal spikes in infectious and environmental emergencies.

2. Patient Morbidity & Mortality

The hospital identified the primary drivers of hospital admission and the leading causes of mortality for the year:

Top 5 Morbidities: Cardiovascular Disease (TIA & Stroke), Acute Gastroenteritis, COPD, OPC Poisoning, and Diabetes Mellitus.

Principal Causes of Death: Cardiovascular Disease (CVD), COPD with Type 2 Failure, Malignancy, Septicaemia, and Chronic Liver Disease.

3. Disease Category Distribution

Respiratory and Infectious diseases represented the highest volume of admissions:

| Rank | Disease Category | Total Patients |

| 1 | Respiratory Diseases | 9,012 |

| 2 | Infectious Diseases | 7,224 |

| 3 | Poisoning & Environmental | 5,122 |

| 4 | Alimentary (Digestive) | 4,660 |

| 5 | Cardiovascular Diseases | 4,528 |

4. Key Clinical Insights

Respiratory Burden: COPD is the single largest respiratory burden with 2,718 cases. Admissions peaked in May (934) and during the winter months of October–December.

Infectious Trends: Acute Gastroenteritis (2,539 cases) remained a year-round threat, peaking in May and September–November. Dengue showed a distinct seasonal surge starting in May and peaking in October (89 cases).

Cardiovascular Health: Ischemic Heart Disease (1,221) and Hypertension (1,111) were the most frequent cardiovascular diagnoses.

Poisoning & Injuries: Organophosphate (OPC) poisoning was a major emergency with 1,459 cases. Snake bites showed a massive seasonal increase, rising from 29 cases in February to a peak of 146 in September.

Metabolic & Renal: Diabetes Mellitus accounted for 1,008 admissions, while Urinary Tract Infections were the primary cause of renal-related admissions (1,038).

5. Conclusion & Recommendations

The 2024 data highlights a dual challenge: managing the high volume of chronic conditions (COPD, CVD, Diabetes) while maintaining the capacity for seasonal surges in Dengue and Snake bites. The high mortality rate associated with Septicaemia and CVD suggests a need for enhanced critical care interventions and early screening programs.

Disease Profile 2024

INFECTIOUS DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Malaria	3	3	0	2	4	7	3	6	2	0	5	2	**37**
Acute Gastroenteritis	217	195	191	181	281	165	202	134	244	261	245	223	**2539**
Viral Fever	76	105	65	68	137	54	81	25	125	158	169	89	**1152**
PUO	34	17	27	19	10	18	14	15	12	18	17	18	**219**
Enteric fever	50	88	49	55	112	56	63	39	118	131	139	96	**996**
Shigellosis	1	2	2	0	1	1	3	0	1	1	1	2	**15**
Helminthiasis	1	2	3	3	2	1	2	1	2	1	1	2	**21**
Dengue	0	5	3	2	73	71	62	81	71	89	33	60	**550**
Chikunguniya	1	0	0	0	0	0	0	0	0	0	0	0	**1**
Mumps	0	0	0	1	0	1	0	1	1	0	1	1	**6**
Measles	0	0	0	1	1	0	0	1	1	0	1	1	**6**
Leishmaniasis	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Filariasis				0	0				0	0	0		**0**
Tuberculosis	72	71	81	81	82	72	72	68	88	96	92	72	**947**
Leprosy	0	1	0	0	1	0	0	0	1	0	0	0	**3**
HIV	0	1	1	0	4	0	1	0	8	13	7	0	**35**
Septicaemia	31	38	38	35	42	47	41	31	36	33	36	34	**442**
Leptospirosis	3	5	4	2	4	5	4	3	6	9	4	9	**58**
Herpes Zoster	1	1	2	0	7	2	2	1	4	5	8	3	**36**
Tetanus	0	1	0	0	0	0	0	0	0	0	0	0	**1**
Others	15	17	15	16	11	15	9	13	15	11	12	11	**160**
Total	**505**	**552**	**481**	**466**	**772**	**515**	**559**	**419**	**735**	**826**	**771**	**623**	**7224**

RESPIRATORY DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
URTI	73	70	90	67	104	81	80	75	69	83	84	93	**969**
Penumonia	102	88	97	84	133	70	75	85	86	106	94	104	**1124**
COPD	273	223	218	213	232	187	188	207	220	252	256	249	**2718**
COPD With Cor Pulmonelle	68	42	61	41	86	32	25	34	46	84	48	59	**626**
Respiratory Failure	66	60	50	57	43	48	43	60	53	54	49	88	**671**
Tubercular pleural effusion	62	66	65	55	83	66	65	63	58	61	66	78	**788**
Bronchiectasis	25	26	32	29	30	25	25	27	27	33	32	28	**339**
Pulmonary Tuberculosis	29	29	51	37	69	22	26	34	38	52	35	24	**446**
Hydro-/ pyo- / pneumthorax	14	17	19	10	22	20	19	15	24	15	25	11	**211**
Bronchial Carcinoma	38	23	29	24	59	28	30	26	31	30	33	43	**394**
Brochial Asthma	27	25	35	8	39	33	34	25	39	38	39	23	**365**
Lung abscess	15	10	18	10	18	5	12	9	18	14	20	15	**164**
Interstitial Lung Disease	18	7	9	9	9	9	5	4	4	9	13	7	**103**
Others	8	9	11	8	7	4	7	6	9	11	7	7	**94**
Total	**818**	**695**	**785**	**652**	**934**	**630**	**634**	**670**	**722**	**842**	**801**	**829**	**9012**

CARDIOVASCULAR DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Heart failure	98	89	86	102	82	78	77	97	87	108	68	119	**1091**
Rheumatic Fever	5	4	7	2	1	4	5	4	0	2	2	4	**40**
Cardiomyopathies	2	3	1	5	3	5	8	5	6	20	6	4	**68**
Ischemic Heart Dis.	107	98	90	106	115	92	83	101	96	115	93	125	**1221**
Acute Coronary Syndrome	33	57	55	61	52	44	46	56	63	62	48	144	**495**
HTN	88	98	100	85	105	90	97	85	88	82	101	92	**1111**
Cardiomyopathy	9	5	16	16	5	16	4	14	7	27	4	3	**126**
Endocarditis	1	0	1	0	1	2	0	1	0	1	0	0	**7**
Non Specific Chest Pain	33	36	40	28	30	26	24	25	44	43	44	33	**358**
Peipheral vascular Disease	0	1	0	1	1	0	1	0	1	0	0	6	**11**
Others	9	8	11	14	7	9	11	6	7	11	10	113	**0**
Total	**385**	**399**	**407**	**420**	**402**	**366**	**356**	**394**	**399**	**471**	**376**	**643**	**4528**

ALIMENTARY DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Peptic Ulcer Diseases	37	60	33	35	97	56	62	33	106	119	98	53	**789**
GERD	30	39	29	33	78	44	39	35	94	98	74	41	**634**
Pancreatitis	15	46	17	12	50	38	17	25	48	51	48	47	**414**
Carcinoma Stomach	24	40	24	23	33	38	24	22	35	44	33	38	**378**
Carcinoma Esophagus	1	1	0	0	1	1	1	1	2	0	1	2	**11**
Ca. Colon/Intestine	3	4	5	4	0	5	8	4	2	9	1	8	**53**
Intestinal T.B	27	19	18	18	38	18	16	18	37	33	40	13	**295**
Appendicitis	15	12	13	18	3	12	19	10	6	10	7	12	**137**
Oesophageal Candidiasis	8	4	15	15	3	9	8	13	5	10	3	7	**100**
Malabsorption Syndrome	8	9	11	9	12	8	11	8	14	15	12	10	**127**
Inflammatory Bowel Disease	0	21	5	0	42	25	6	6	39	39	42	24	**249**
Non specific abdominal pain	57	54	60	56	68	52	67	69	84	80	72	55	**774**
Acute Abdomen	48	46	46	48	61	56	57	56	59	57	66	55	**655**
Others	3	4	4	3	4	3	4	3	4	3	4	5	**44**
Total	**276**	**359**	**280**	**274**	**490**	**365**	**339**	**303**	**535**	**568**	**501**	**370**	**4660**

HEPATOBILIARY DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Acute Viral Hepatitis	53	37	17	44	51	32	39	42	59	73	52	35	**534**
Chronic Hepatitis	5	4	3	4	4	9	7	6	6	9	7	6	**70**
Chirrhosis of Liver	79	80	58	71	82	84	80	89	84	90	94	81	**972**
Liver Abscess	10	9	13	10	9	11	19	12	19	12	14	15	**153**
Hepatocellular Carcinoma	20	16	17	27	15	15	16	26	14	21	18	15	**220**
Biliary Ascariasis	2	1	2	2	1	1	2	2	0	1	1	1	**16**
Cholecystitis	17	11	13	10	14	15	19	14	23	15	10	11	**172**
Obstructive Jaundice	16	21	19	20	18	23	27	27	28	30	19	20	**268**
Cholangitis	10	11	11	10	13	8	4	10	14	14	13	9	**127**
Acute Liver Failure	4	5	4	2	4	4	3	2	5	3	5	5	**46**
Upper GIT BLeeding	14	11	6	14	13	10	10	16	14	14	14	12	**148**
Total	**230**	**206**	**163**	**214**	**224**	**212**	**226**	**246**	**266**	**282**	**247**	**210**	**2726**

NEUROLOGICAL DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Meningitis	23	21	33	26	34	15	19	24	18	18	35	23	**289**
Primary Headache	31	24	18	25	27	31	25	12	29	18	22	24	**286**
Chirrhosis of Liver	41	60	58	56	65	62	48	50	56	45	62	57	**660**
Peripheral Neuropathy	5	12	10	11	15	17	5	11	16	11	15	12	**140**
Lumbago Sciatica	9	5	13	10	4	7	4	8	10	7	5	6	**88**
Epilepsy	9	3	4	12	4	6	3	11	15	6	4	5	**82**
Encephalitis	10	18	14	32	18	21	14	30	14	16	14	13	**214**
Multiple Sclerosis	4	2	2	1	0	4	2	2	3	2	2	1	**25**
GBS	6	8	6	7	5	8	4	3	4	5	6	6	**68**
ICSOL	2	2	3	2	2	2	1	0	1	2	2	1	**20**
Hypokal. Per. P	4	1	5	0	0	2	1	0	7	1	1	0	**22**
Myopathy	6	6	7	4	2	5	1	2	5	1	0	3	**42**
Trans. Myelitis	3	4	5	3	3	4	2	5	6	4	3	4	**46**
Syncopal Attack	30	41	39	33	38	36	47	35	23	37	39	38	**436**
Acute Conf. State	52	61	46	50	55	27	55	51	32	58	60	59	**606**
BPPV	65	49	61	50	46	57	59	56	68	76	49	50	**686**
Paraperesis	25	20	19	24	15	20	19	24	9	13	14	17	**219**
Wilsons Disease	1	0	1	0	1	0	0	1	1	0	0	1	**6**
Pott's Disease	7	7	7	9	8	6	7	5	9	7	3	5	**80**
Spinal SOL	0	1	0	1	0	0	1	0	0	0	0	0	**3**
Other SC Comp.	2	2	1	2	2	1	0	2	1	0	0	1	**14**
MND	2	1	2	0	1	2	1	1	1	0	1	0	**12**
Myas. Gravis	0	1	0	0	1	1	1	0	1	0	0	0	**5**
Others	4	2	1	4	3	3	2	1	2	1	2	2	**27**
Total	**341**	**351**	**355**	**362**	**349**	**337**	**321**	**334**	**331**	**328**	**339**	**328**	**4076**

RENAL DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Golmerulonephritis	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Urinary Tract Infection	73	117	80	80	82	98	76	84	94	96	77	81	**1038**
Nephrotic Syndrome	14	22	14	17	13	17	10	12	18	15	12	15	**179**
Acute Kidney Injury	55	47	40	53	54	50	57	54	40	43	40	48	**581**
Renal cell Carcinoma	8	8	6	12	8	9	10	10	6	3	7	9	**96**
Renal colic	6	10	15	10	7	9	34	6	6	13	15	18	**149**
ESRD	20	15	13	19	21	16	22	19	14	17	16	14	**206**
Obstructive Uropathy	2	7	8	5	3	4	5	3	2	3	5	1	**48**
Chronic Renal Failure	0	89	76	78	86	75	82	83	88	81	96	78	**87**
Others	3	2	2	3	5	4	3	5	3	3	5	4	**42**
Total	**181**	**317**	**254**	**277**	**279**	**282**	**299**	**276**	**271**	**274**	**273**	**268**	**2426**

ENDOCRINE DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Diabetes Mellitus	94	64	81	100	91	83	87	93	80	88	77	70	**1008**
Hypothyroidism	16	18	14	15	15	13	20	17	17	21	13	15	**194**
Nephrotic Syndrome	12	14	21	13	17	12	20	14	10	10	14	12	**169**
Cushing Syndrome	4	6	7	4	4	3	2	3	6	0	6	3	**48**
Addison's Disease	3	1	2	2	4	0	4	2	3	4	2	1	**28**
Acromegaly	0	0	1	0	0	1	0	1	0	0	1	0	**4**
PCOS	0	1	2	2	1	0	2	1	2	0	1	2	**14**
Hypoglycemia	45	42	43	44	43	40	40	41	37	42	34	33	**484**
Electrolyte Imbalance	60	63	59	67	71	67	61	58	56	57	49	59	**727**
Others	2	1	1	1	0	1	2	1	0	0	1	1	**11**
Total	**236**	**210**	**231**	**248**	**246**	**220**	**238**	**231**	**211**	**222**	**198**	**196**	**2687**

HEMATOLOGICAL DISORDERS

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Hemolytic Anaemia	21	21	19	18	27	18	24	19	20	29	27	24	**267**
ALL	3	1	4	2	2	1	0	0	4	4	4	3	**28**
AML	14	14	2	13	15	6	12	16	17	14	16	14	**153**
CML	14	14	7	12	16	11	13	14	16	17	18	13	**165**
CLL	5	4	6	3	5	5	3	5	4	3	3	4	**50**
Deficiency Anaemia	59	54	57	59	78	51	52	59	66	73	76	61	**745**
ITP	5	6	3	4	13	3	7	4	12	7	12	4	**80**
Bleeding disorders	3	3	1	4	6	1	6	4	6	5	4	3	**46**
Aplastic Anaemia	6	7	2	4	10	3	4	5	10	5	12	6	**74**
Hodgkin's Lymphoma	5	5	4	2	8	3	3	4	7	8	7	3	**59**
Non-Hodgkin's Lymphoma	4	4	5	4	12	4	2	3	11	8	12	5	**74**
Multiple Myeloma	7	4	3	6	10	4	6	7	8	9	9	7	**80**
Others	2	1	3	3	2	3	4	5	2	2	2	1	**30**
Total	**148**	**138**	**116**	**134**	**204**	**113**	**136**	**145**	**183**	**184**	**202**	**148**	**1851**

DERMATOLOGICAL DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Psoriasis	15	12	12	14	16	13	14	15	22	25	13	13	**184**
Exfoliative Dermatitis	9	10	7	10	9	9	8	9	14	15	10	10	**120**
Scabies	22	21	18	21	11	17	17	20	30	29	22	22	**250**
Urticaria	16	13	10	15	14	10	12	13	19	22	13	13	**170**
Others	2	1	1	2	1	2	1	2	1	1	1	1	**16**
Total	**64**	**57**	**48**	**62**	**51**	**51**	**52**	**59**	**86**	**92**	**59**	**59**	**740**

MUSCULOSKELATAL DISEASES

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
SLE	31	37	31	36	33	38	31	31	36	33	28	39	**404**
Spondylo arthritides	16	16	21	18	15	17	16	17	19	20	21	17	**213**
Rheumatoid Arthritis	28	31	25	28	30	36	31	27	30	27	26	31	**350**
Polymyositis/ Dermatomyositis	7	5	6	6	7	8	8	8	3	9	7	6	**80**
Vasculitis	14	13	14	11	11	10	12	13	14	13	10	11	**146**
MCTD	4	2	4	4	4	4	3	3	4	5	2	5	**44**
Osteoarthritis	31	33	39	36	37	47	33	34	45	37	29	40	**441**
Septic Arthritis	23	25	23	21	22	27	10	23	27	28	22	23	**274**
Others	5	4	3	4	3	6	4	6	5	4	5	3	**52**
Total	**159**	**166**	**166**	**164**	**162**	**193**	**148**	**162**	**183**	**176**	**150**	**175**	**2004**

POISONING AND ENVENOMATION

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
OPC POISONING	125	103	110	117	112	120	130	131	140	137	124	110	1459
Commuter Poisoning	38	48	38	40	39	40	45	43	55	49	45	49	529
Corrosive	52	48	52	52	41	42	51	55	60	83	46	50	632
Snake bite	38	29	60	70	93	120	126	115	146	98	79	48	1022
Insect Bite	22	22	21	20	22	32	24	24	33	30	21	23	294
Electrocution	22	24	27	30	29	24	25	27	30	30	27	31	326
Rat Killer Poisoning	3	2	4	5	3	4	7	5	9	5	11	13	71
Unknown Poisoning	0	30	31	35	34	40	39	26	39	42	48	46	410
Corrosive Poisoning	35	12	12	30	20	36	30	31	38	36	11	12	303
Others	7	5	6	7	5	6	5	7	5	8	8	7	76
Total	**342**	**323**	**361**	**406**	**398**	**464**	**482**	**464**	**555**	**518**	**420**	**389**	**5122**

PSYCHIATRIC DISORDERs

NAME OF DISEASES	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	TOTAL
Conversion Disorder	15	29	20	21	32	30	26	15	26	28	35	22	299
Somatoform Disorder	12	13	19	14	21	20	23	12	22	17	22	24	219
Schizophrenia	0	0	1	1	0	0	0	1	0	0	0	1	4
Anxiety Neurosis	43	44	39	31	32	55	42	35	48	38	33	41	481
Others	1	0	2	1	2	1	2	2	1	2	1	1	16
Total	**71**	**86**	**81**	**68**	**87**	**106**	**93**	**65**	**97**	**85**	**91**	**89**	**1019**

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Outdoor

WARD 13

WARD 14

WARD 16

Clinical Round Picture

WARD 13

WARD 14

WARD 16

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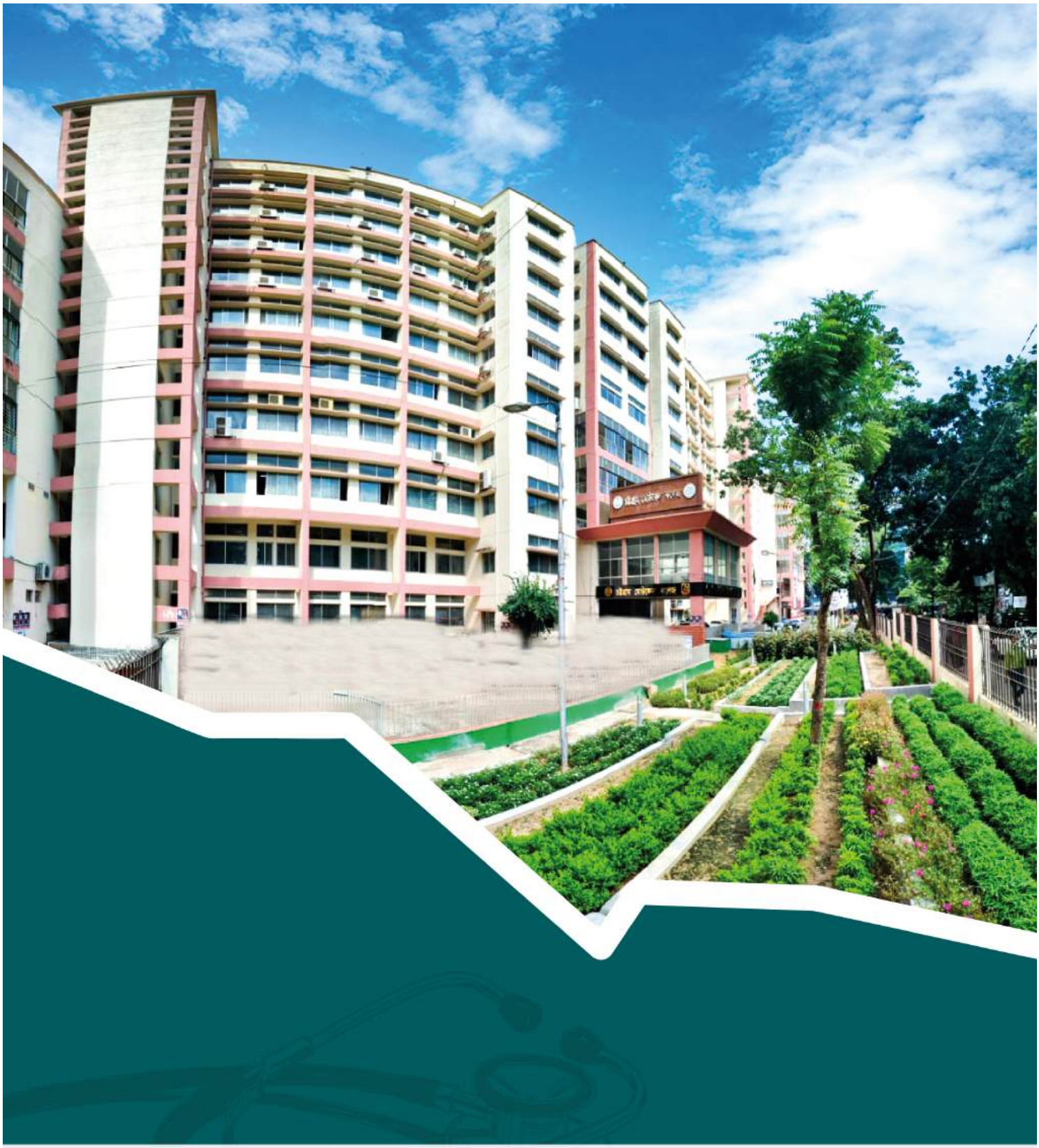

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