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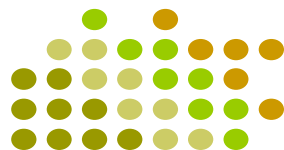


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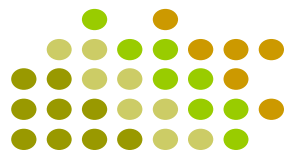
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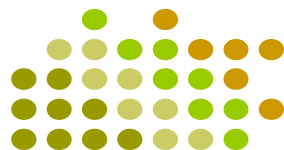
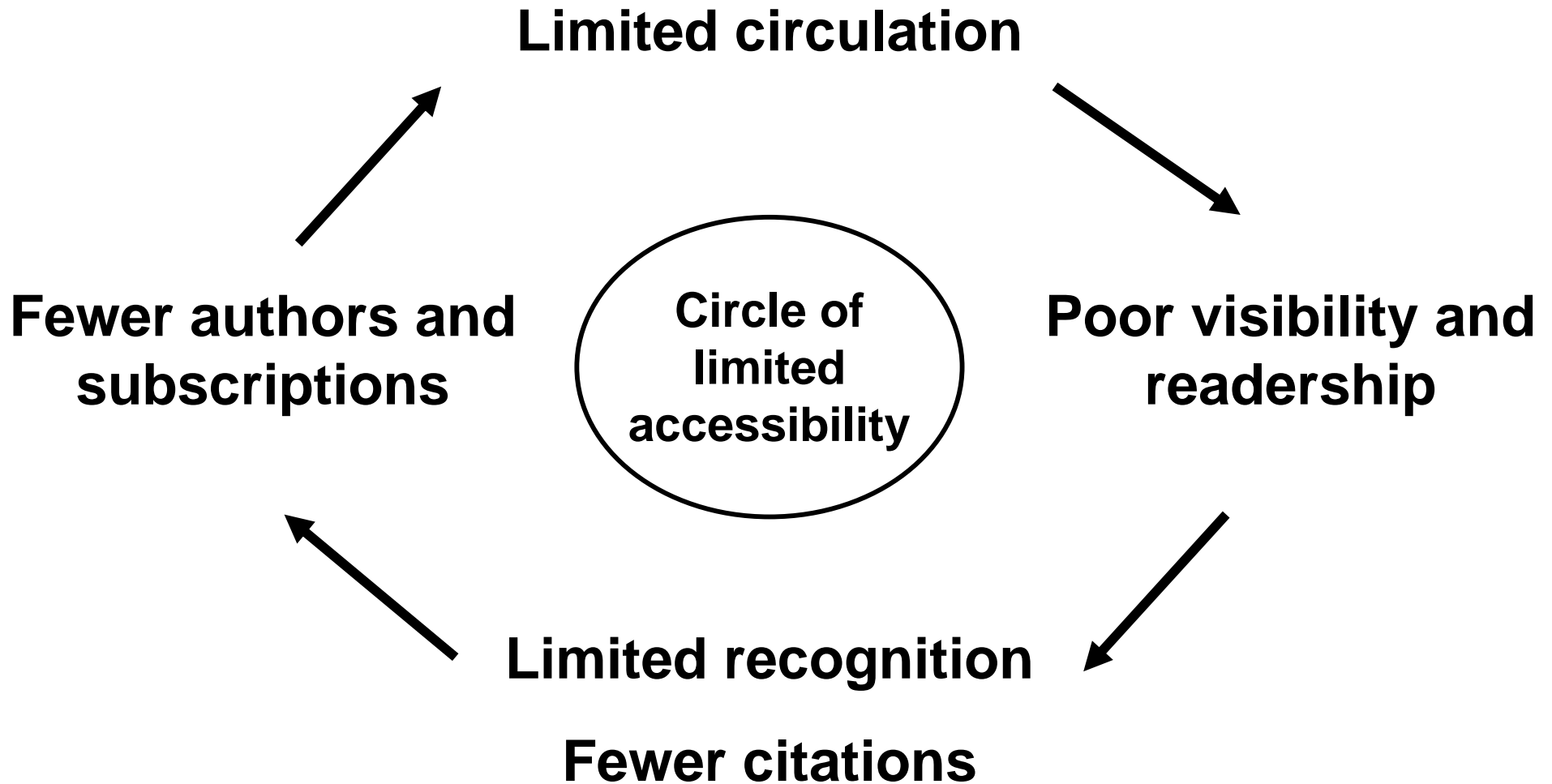
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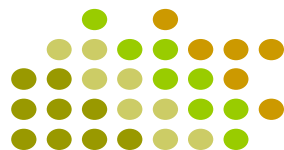
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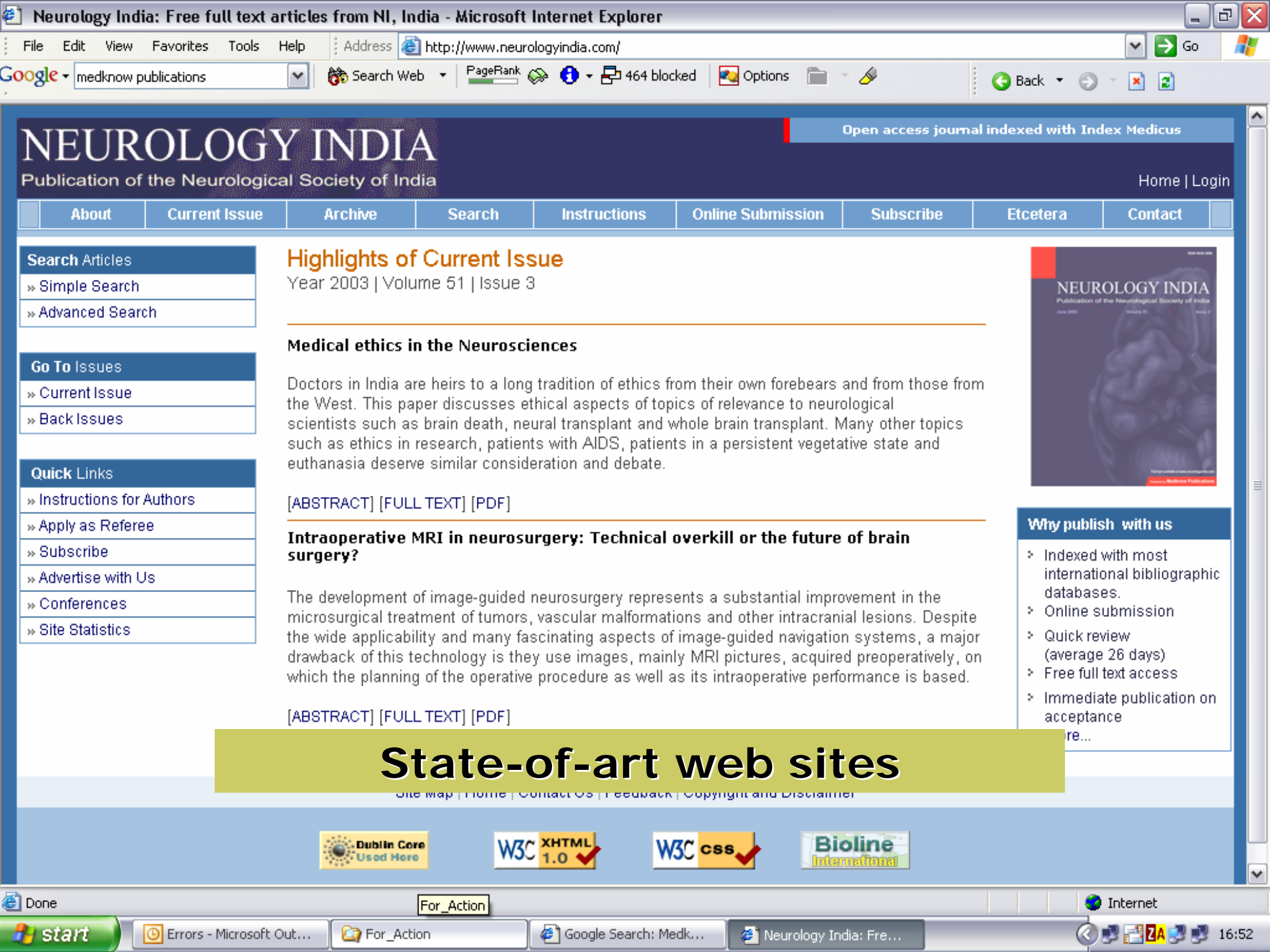
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Year 2003 | Volume 51 | Issue 3

### Medical ethics in the Neurosciences

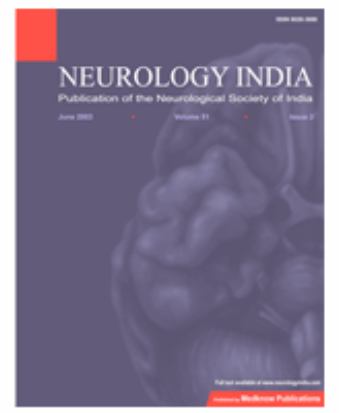
Doctors in India are heirs to a long tradition of ethics from their own forebears and from those from the West. This paper discusses ethical aspects of topics of relevance to neurological scientists such as brain death, neural transplant and whole brain transplant. Many other topics such as ethics in research, patients with AIDS, patients in a persistent vegetative state and euthanasia deserve similar consideration and debate.

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[ABSTRACT] [FULL TEXT] [PDF]



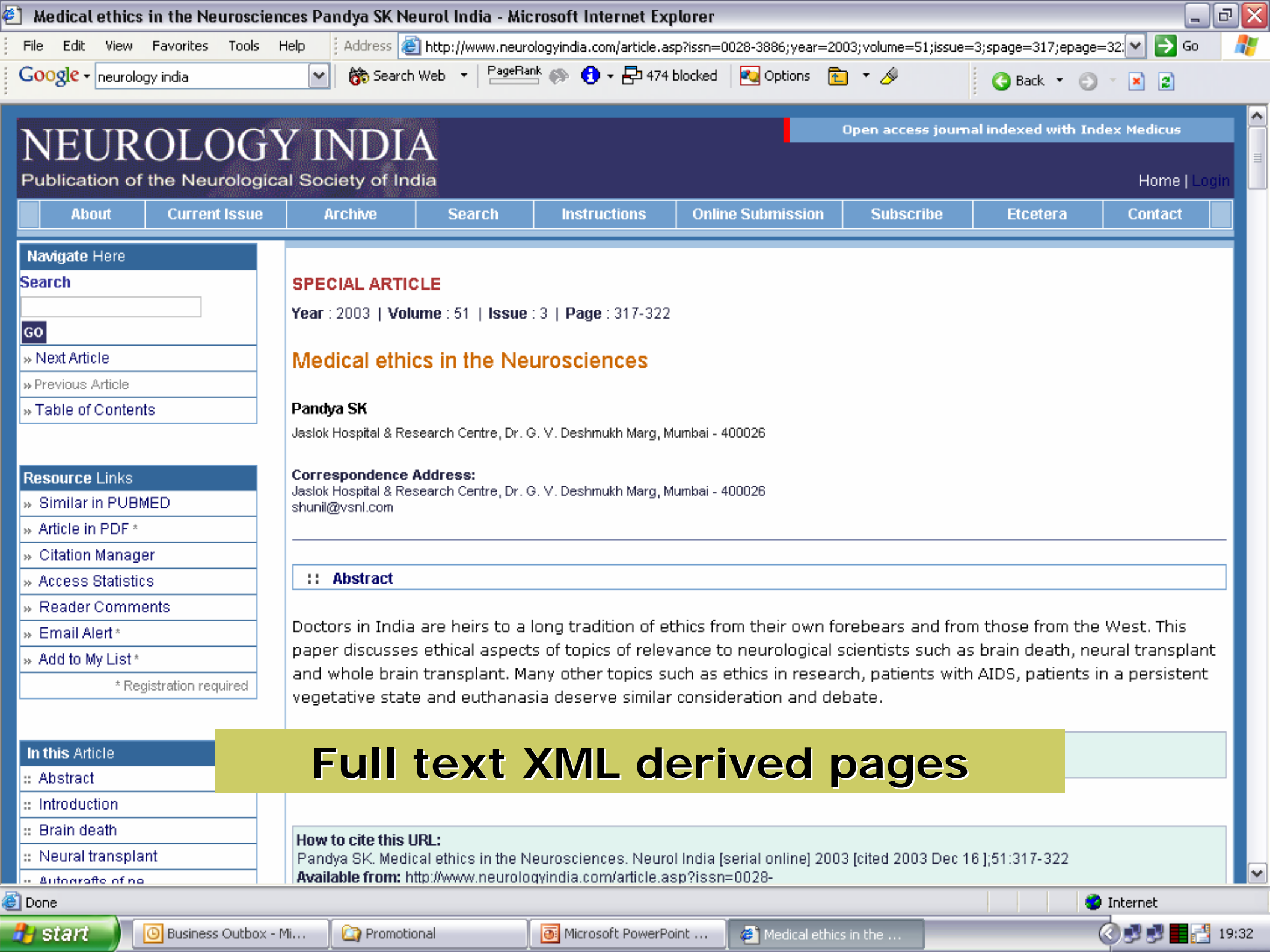
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## SPECIAL ARTICLE

Year : 2003 | Volume : 51 | Issue : 3 | Page : 317-322

## Medical ethics in the Neurosciences

**Pandya SK**

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:: **Abstract**

Doctors in India are heirs to a long tradition of ethics from their own forebears and from those from the West. This paper discusses ethical aspects of topics of relevance to neurological scientists such as brain death, neural transplant and whole brain transplant. Many other topics such as ethics in research, patients with AIDS, patients in a persistent vegetative state and euthanasia deserve similar consideration and debate.

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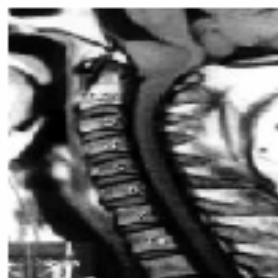
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**:: Introduction**

No one disputes that the aims of medicine are to help restore health, maintain it and prevent it from deteriorating or being attacked by disease. Here we consider a few aspects of current medical practices insofar as they pertain to the nervous system of man.

Primitive tribal cultures have long recognised the fact that the head contains the centre of reason and 'the soul substance of man'. Excavations of prehistoric burials show that often, before burying the dead, early man removed the skull, evidently attaching a special spiritual value to it.[1]

Hippocratic tradition has guided western medicine since the 5th century BC. Each doctor taking the oath undertakes to 'apply ... measures for the benefit of the sick according to my ability and judgement; I will keep them from harm and injustice. I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect... In purity and holiness I will guard my life and my art.'[2]

In India, the populace at large remains guided by ancient religious and philosophical doctrines. Indian physicians of the past remained faithful to the oath of initiation[3] administered by the teacher to every student aspiring to the medical profession. The oath included the following:

'Day and night however thou mayest be engaged, thou shalt endeavour for the relief of patients with all thy heart and soul. Thou shalt not desert or injure thy patient even for the sake of thy life...'

'Thou shalt renounce all evil desires, anger, greed, passion, pride, egotism, envy, harshness, meanness, untruth, indolence and other qualities that bring infamy upon oneself.'

# Translate into 8 languages

'As long ago as 1000 BC, Çaraka firmly believed that the head (sira) was the most important organ of the human body. In the Vedas the brain is considered to be the centre of the mind which possesses the highest of all senses. If the brain is destroyed the limbs are paralysed and death follows.'[4]

The present concept of brain death appears to have been anticipated in the Vedas. 'We had a recent discussion with

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theaflavins (20%). These polymers contribute to the characteristic bright orange-red colour of black tea. Between 3 and 10% of the catechins remain in black tea. The major fractions of black tea polyphenols called theaflavins have higher molecular weights and are chemically poorly characterized.

Garlic

Garlic contains allyl sulphides which in their volatile state contribute to the strong odour. The sulphur compounds inhibit cell proliferation of cancer cells, modulate cell cycle activity and interfere with hormone action in cancer cells.[52],[53],[54],[55] Allicin is the major ingredient in crushed garlic and has been shown to inhibit the proliferation of human mammary, endometrial and colon cancer cells.[55] Chronic *Helicobacter pylori* disease is reduced with allium vegetable intake, and substantial *in vitro* anti-*Helicobacter pylori* effects have been shown for pure garlic oil, garlic powder and allicin, which suggest that they may be useful for *in vivo* clinical use against *Helicobacter pylori* infections.[56]

Soy Isoflavones

Soy protein is the highest quality protein found in the plant kingdom, and it is eaten by two-thirds of the world's population. Soy protein naturally contains isoflavones, primarily genistein and daidzein, phytoestrogens which act like very weak oestrogens or anti-oestrogens similar to raloxifene, and selective oestrogen response modifiers. In some tissues, soy acts as a mild pro-oestrogen (bone and brain) while in others it acts as an anti-oestrogen (breast and uterus). The evidence supporting an understanding of the

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1/100,000 the affinity of estradiol) to the alpha-estradiol receptor, which mediates pro-  
...estrogen effects in the breast and uterus, but isoflavones and estradiol bind equally



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**Species 2000** Taxonomic information extracted from **Species 2000 Catalogue of Life**, version 2003.

**sp** *Helicobacter pylori* (Marshall et al. 1985) Goodwin et al., 1989  
accepted name

Bell's spasm: involuntary twitching of the facial muscles

**Bell-Magendie law** *More Details*: The anterior spinal nerve roots contain only motor fibres and the posterior roots only sensory fibres

**Mona Lisa syndrome** *More Details*: Facial muscle contracture that develops after Bell's palsy when the facial nerves have undergone partial **Wallerian degeneration** *More Details* and have regenerated

**:: References**

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4. Pearce JM. Sir Charles Bell 1774-1842. J Neurol Neurosurg Psy 1993;56:913-16. □
5. Pearce JM. Sir Charles Bell (1774-1842). J R Soc Med 1993;86:353-4. □
6. Loudon IS. Sir Charles Bell and the anatomy of expression. Br Med J 1982;285:1794-6. □

**'Learning beyond boundaries'**

8. Chikwe J. Art and literature in the anatomy of Charles Bell. J R Coll Surg Edinb. 1994;39:201-7. □

# Augustus Volney Waller

English neurophysiologist, born December 21, 1816, Elverton Farm near Faversham, Kent; died September 18, 1870, Geneva, Switzerland.

## Associated eponyms:

### Waller's law

When nerve fibres are cut the distal portions of the fibre degenerate.

### Waller's method

Use of the changes undergone by the distal portion after sectioning (Wallerian degeneration) to trace the pathway of a nerve fibre.

### Wallerian degeneration

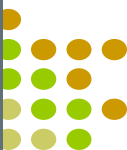
Degeneration of the distal segment of a peripheral nerve fibre (axon) that has been severed from its nutritive centres (cell body), without local inflammation.

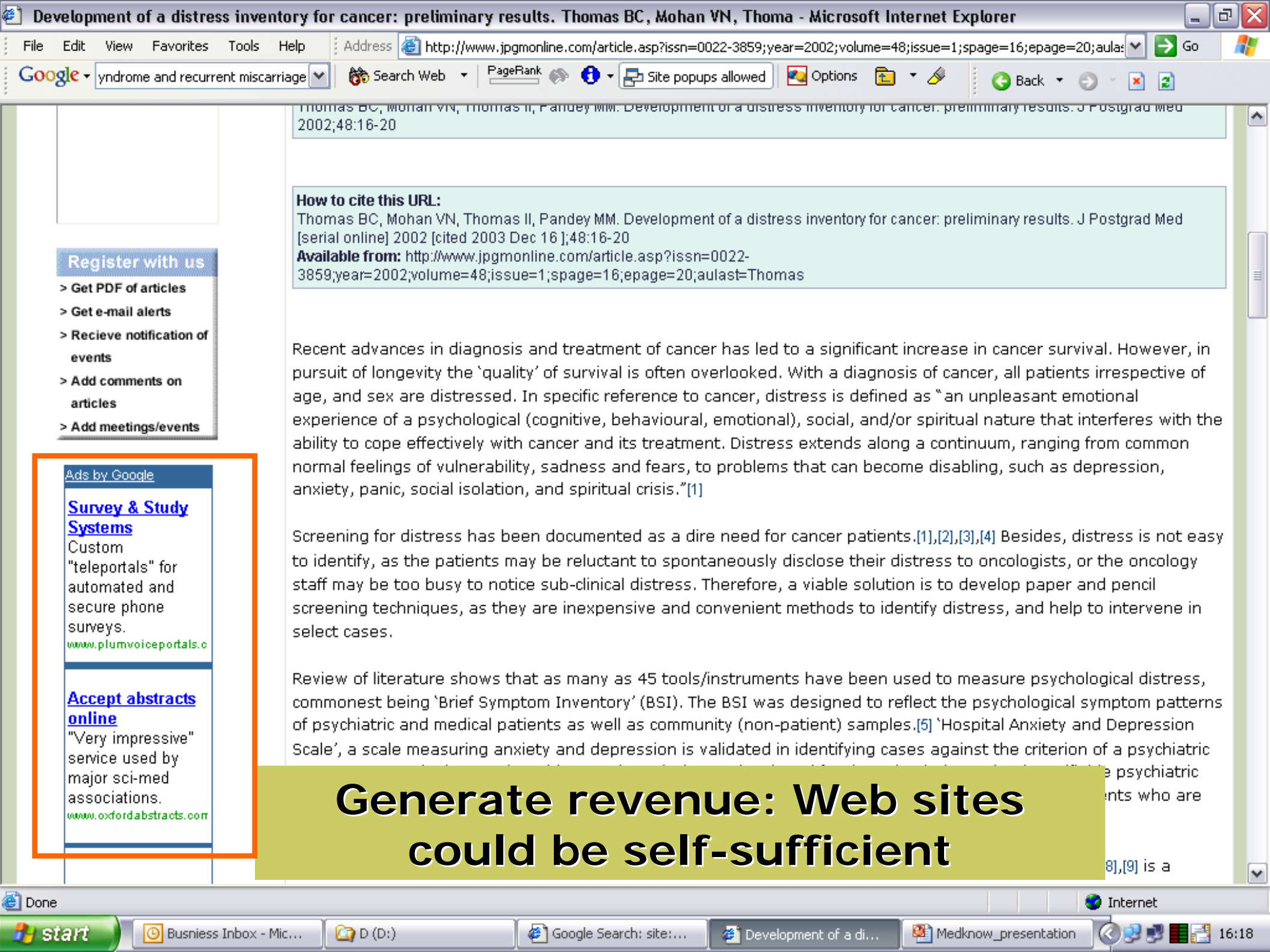
## Biography:

**Augustus Volney Waller**, the son of William Waller, was raised in the south of France, in Nice, until his father's death in 1830. Augustus was 14 year old when he returned to school in England, living with Dr. Lacon Lambe and then with William Lambe (1765-1847), and eccentric vegetarian who believed that almost all diseases were caused by animal diet and the poor water in London. Following early training in the physical sciences, Waller studied medicine at Paris, receiving the M.D. degree in 1840.

## A student takes a closer look

In his student years, between 1834 and 1840, Waller became involved in microscopy. It was a time of great advances in the subject. The resolution of microscopes had been improved by the introduction of the achromatic lens by Lister in 1826 and the first systematic account of animal histology was published by Hodgkin and Lister in 1827. One of the earliest histologists was Waller's teacher, Alfred Donné (1801-1878), whose MD thesis on the formation of pus and blood cells might have stimulated Waller's later interest in leukocyte movements. It was in this period that Waller became interested in the histology of the frog's tongue.





Thomas BC, Mohan VN, Thomas II, Pandey MM. Development of a distress inventory for cancer: preliminary results. J Postgrad Med 2002;48:16-20

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Recent advances in diagnosis and treatment of cancer has led to a significant increase in cancer survival. However, in pursuit of longevity the 'quality' of survival is often overlooked. With a diagnosis of cancer, all patients irrespective of age, and sex are distressed. In specific reference to cancer, distress is defined as "an unpleasant emotional experience of a psychological (cognitive, behavioural, emotional), social, and/or spiritual nature that interferes with the ability to cope effectively with cancer and its treatment. Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness and fears, to problems that can become disabling, such as depression, anxiety, panic, social isolation, and spiritual crisis."<sup>[1]</sup>

Screening for distress has been documented as a dire need for cancer patients.<sup>[1],[2],[3],[4]</sup> Besides, distress is not easy to identify, as the patients may be reluctant to spontaneously disclose their distress to oncologists, or the oncology staff may be too busy to notice sub-clinical distress. Therefore, a viable solution is to develop paper and pencil screening techniques, as they are inexpensive and convenient methods to identify distress, and help to intervene in select cases.

Review of literature shows that as many as 45 tools/instruments have been used to measure psychological distress, commonest being 'Brief Symptom Inventory' (BSI). The BSI was designed to reflect the psychological symptom patterns of psychiatric and medical patients as well as community (non-patient) samples.<sup>[5]</sup> 'Hospital Anxiety and Depression Scale', a scale measuring anxiety and depression is validated in identifying cases against the criterion of a psychiatric

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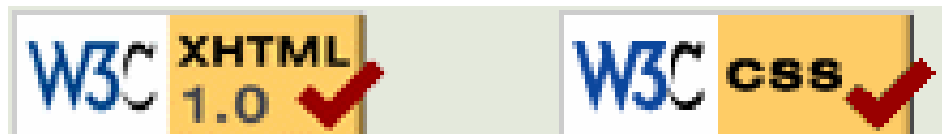
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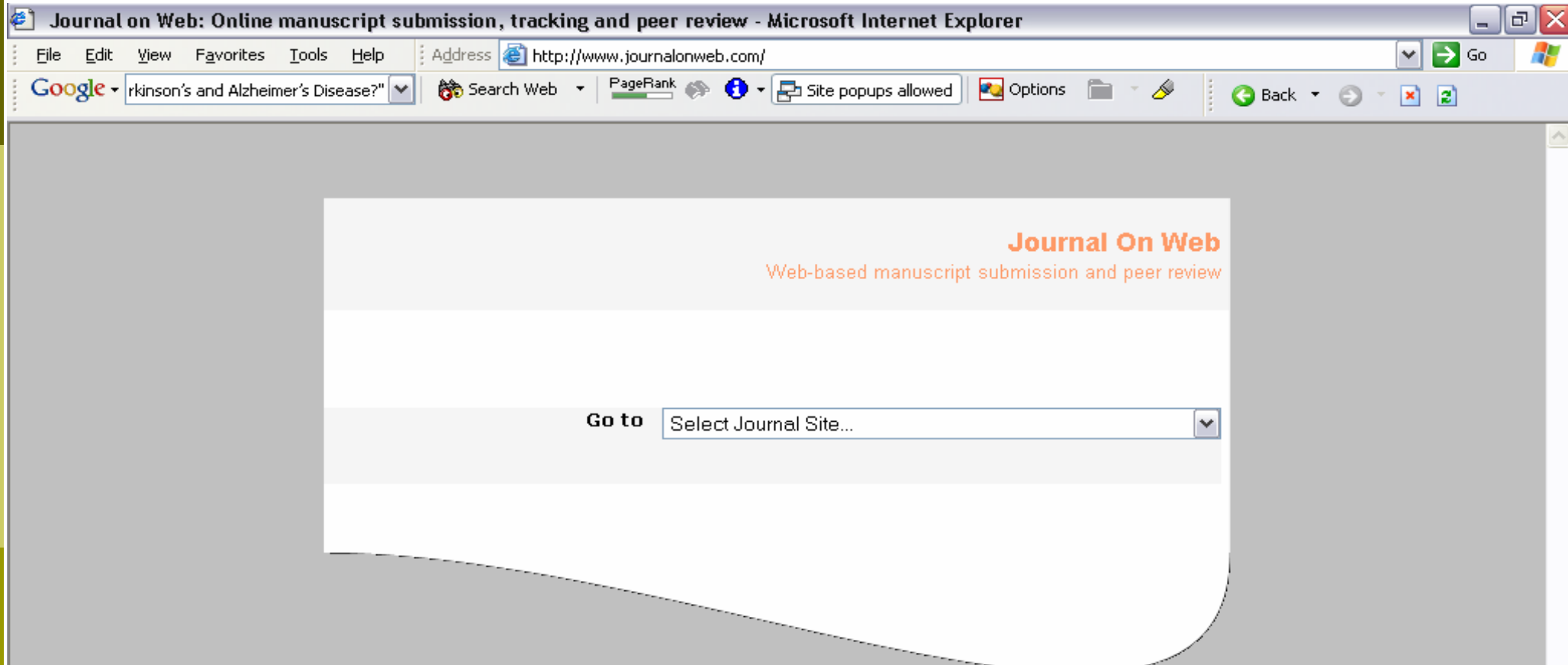


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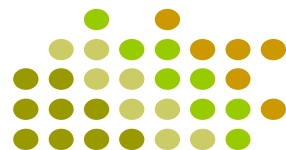
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			cbalachandran		srsengupta	
2	IJDVL_104_03	Combined Review	Referee	Remark	Editor, Referee (16/11)	Change
			mramam		skoranne	
3	IJDVL_108_03	External Review	Referee	Remark	Referee (2/12)	Change
			vksharma		scriton	
4	IJDVL_109_03	Combined Review	Referee	Remark	Editor, Referee (18/11)	Change
			dasatish		jayakarthomas vrjanaki	
5	IJDVL_111_03	Combined Review	Referee	Remark	Editor, Referee (23/11)	Change
			manaschatterjee		sanjeevkandhari kkrajababu	
6	IJDVL_112_03	Combined Review	Referee	Remark	Editor, Referee (23/11)	Change
			ashakubba		sanjeevkandhari UdayKhopkar	
7	IJDVL_113_03	Combined Review	Referee	Remark	Editor, Referee (13/12)	Change
			mramam		mvenkatram	
8	IJDVL_114_03	Combined Review	Referee	Remark	Editor, Referee (27/11)	Change
			rajeevsharma		artinanda jayakarthomas	
		Review	koushiklahiri		deepakparikh	Change
11	IJDVL_117_03	Combined Review	Referee	Remark	Editor, Referee (30/11)	Change

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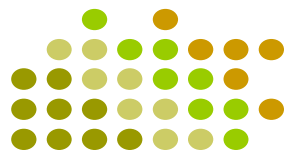
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Volume 51

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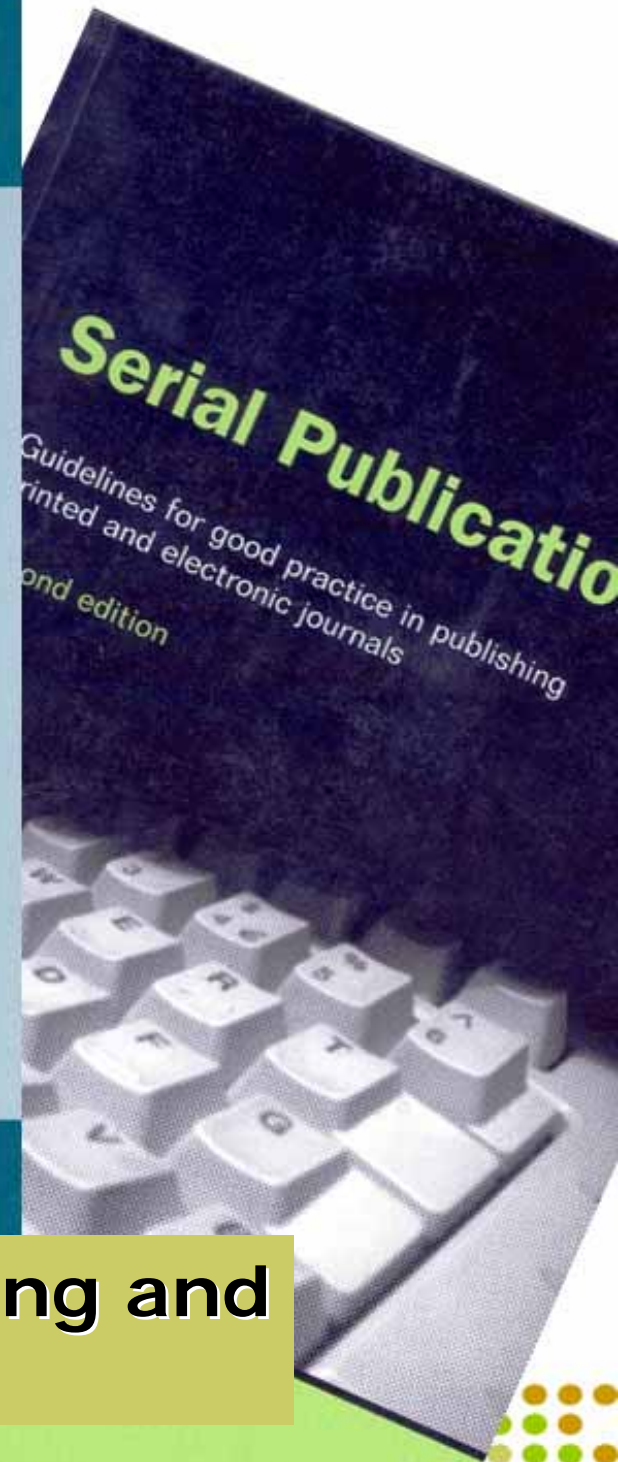
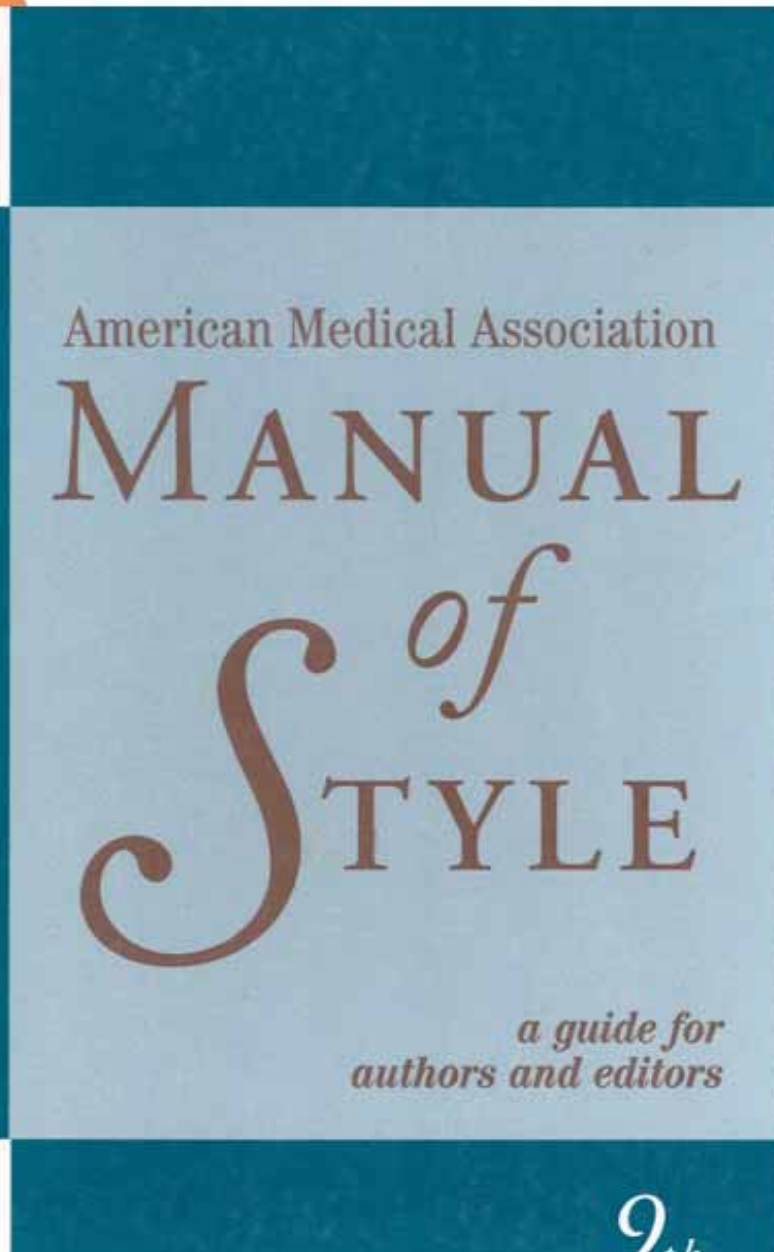
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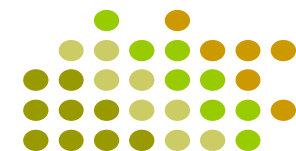
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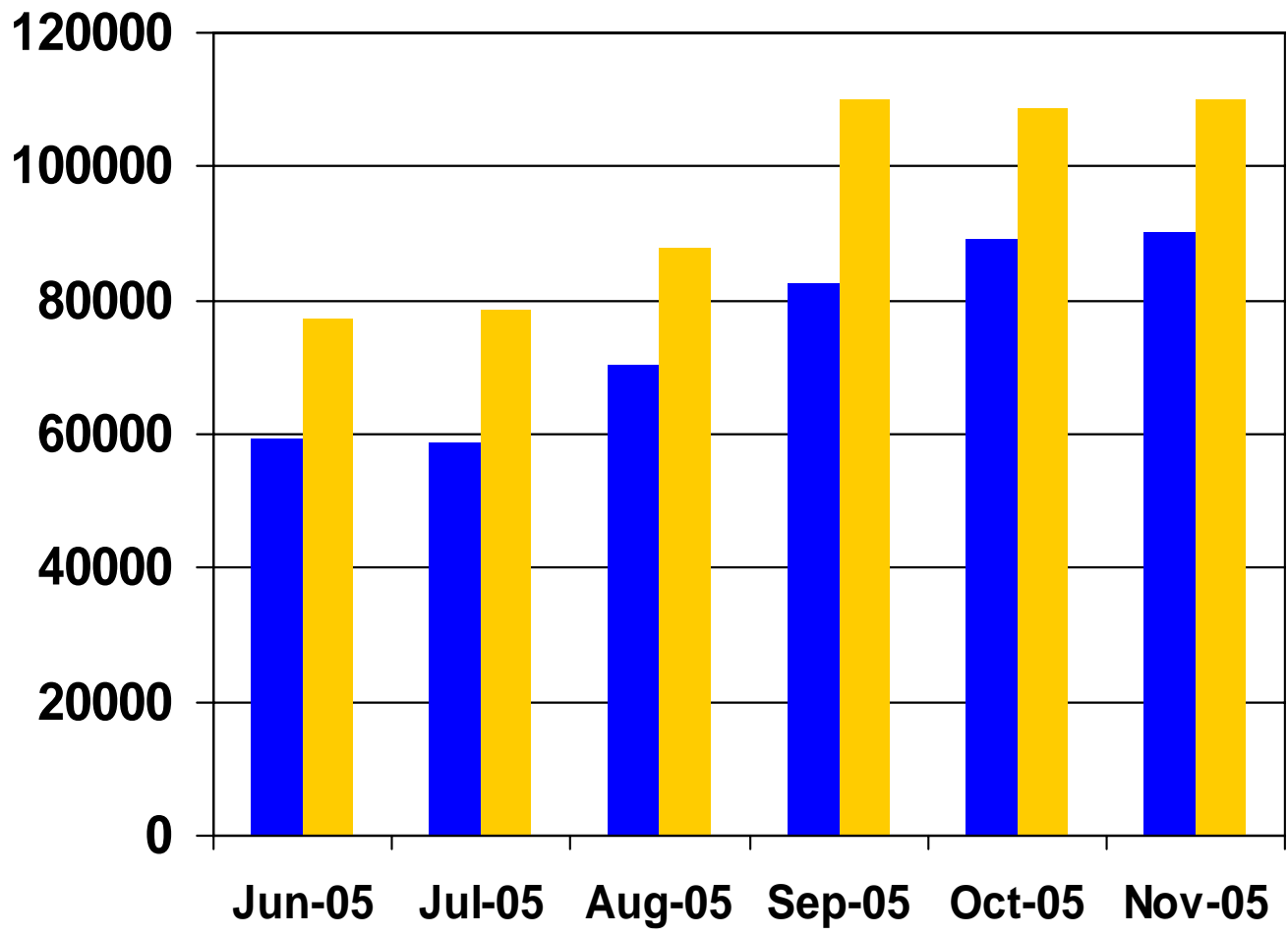


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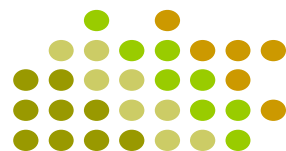
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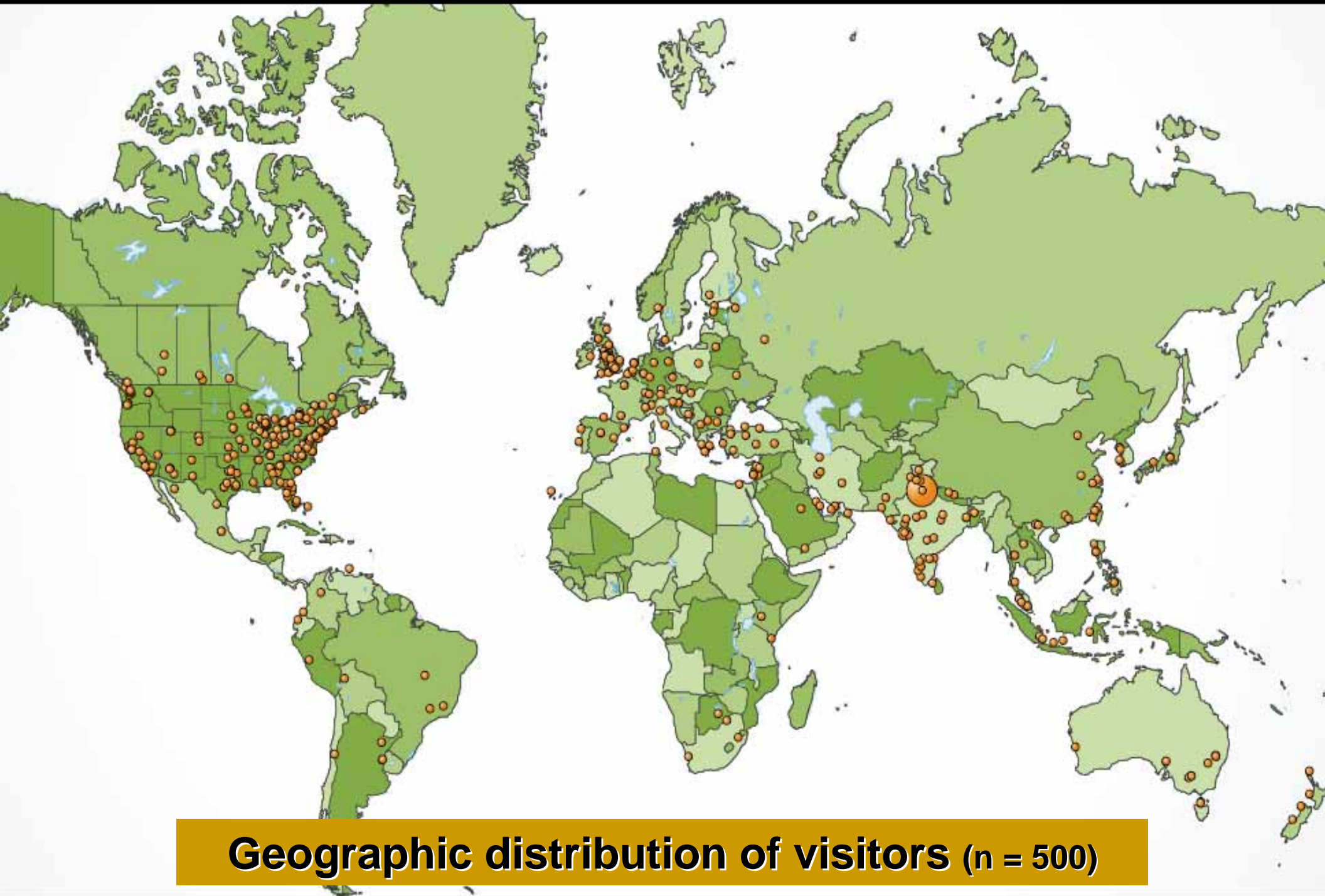
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## Performance for year

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Year

### Submitted To First Decision for the Year: 2005

Number of Articles Submitted	484
Days to Suggest Reviewers	3.38 [ 0 , 105 ]
Days Taken by Reviewers	24.19 [ 0 , 112 ]
Days taken by Editor for Decision	5.35 [ 0 , 125 ]
Days until Paper is Under Review	32.92

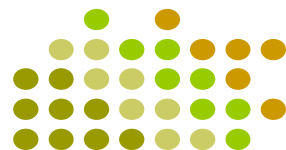
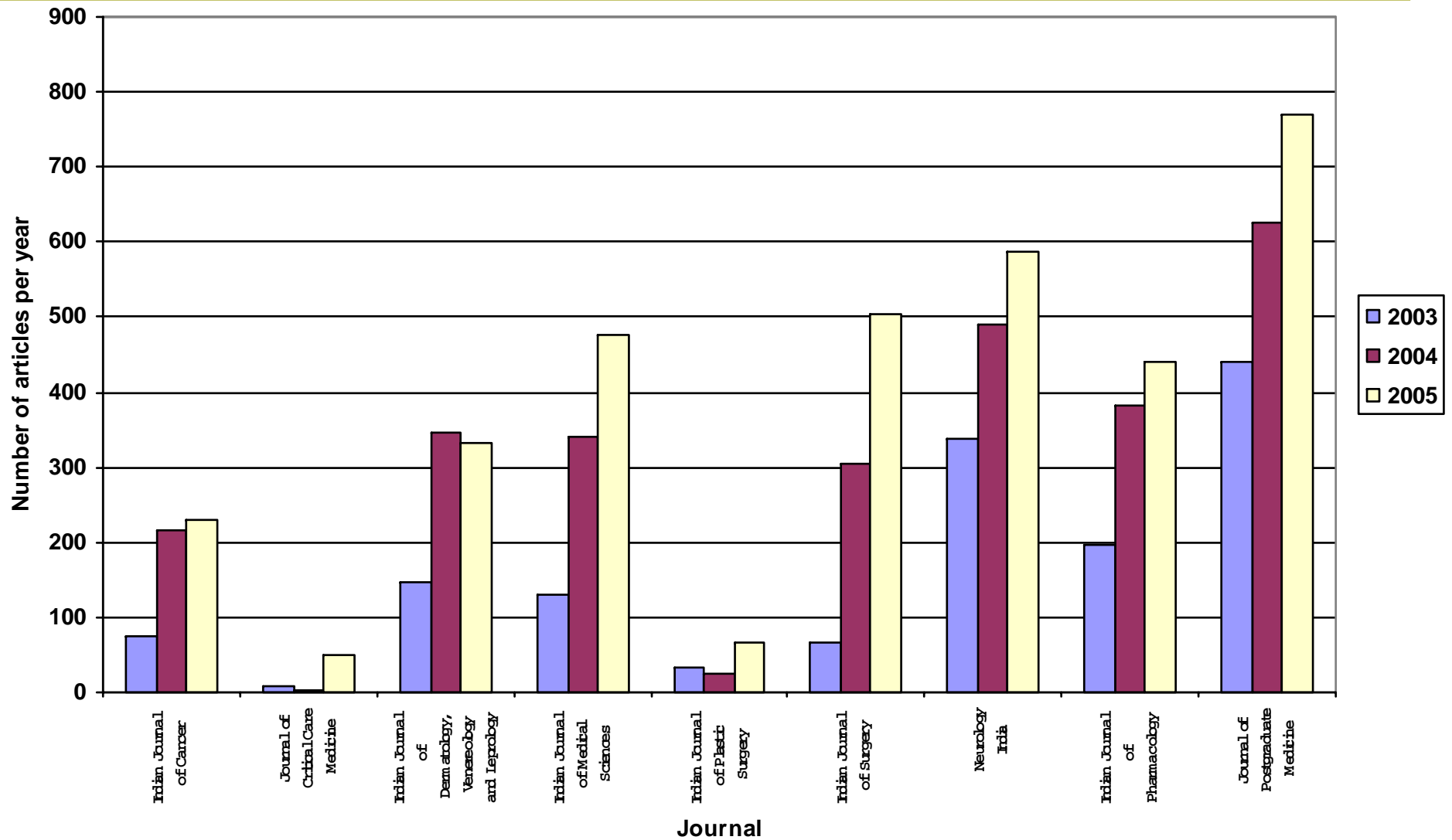
### Revisions for the Year: 2005

Days from First Decision Until Revision Arrives	18.98 [ 0 , 70 ]
Days for Editor To take Decision	1.75 [ 0 , 23 ]
Articles Re-Reviewed	49
Days for Re-Review by Reviewers	8.93 [ 0 , 61 ]
Days to send Revision Decision by Editors	1.75 [ 0 , 23 ]
Days from Revision Receipt to Revision Decision	12.43

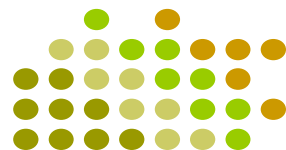
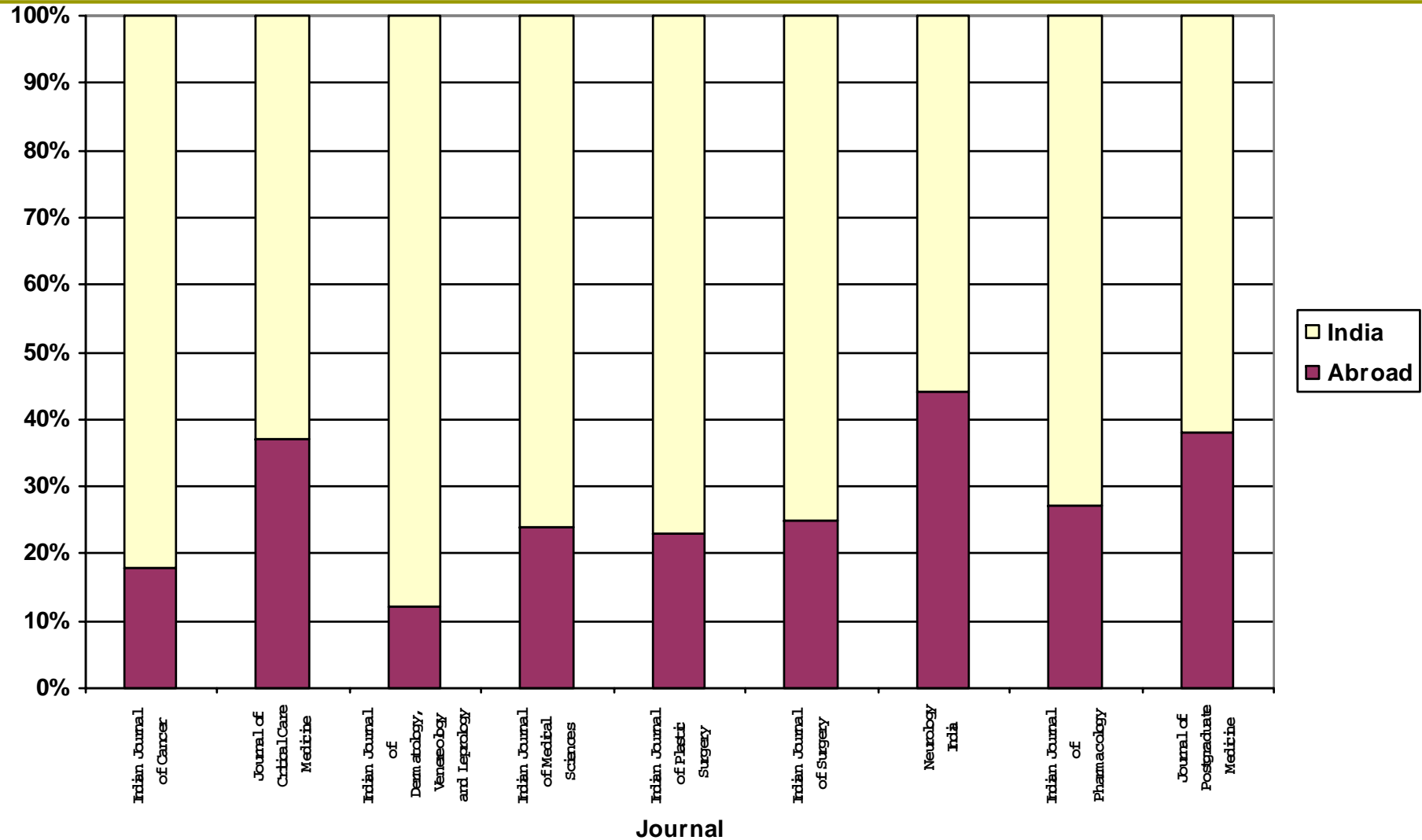
### Reduced submission to decision time

Days from First Submission to Acceptance	50.22 [ 0 , 174 ]
Days from Acceptance to Publication	44.57 [ 0 , 92 ]

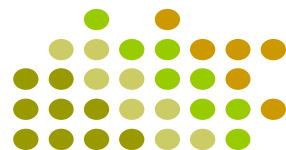
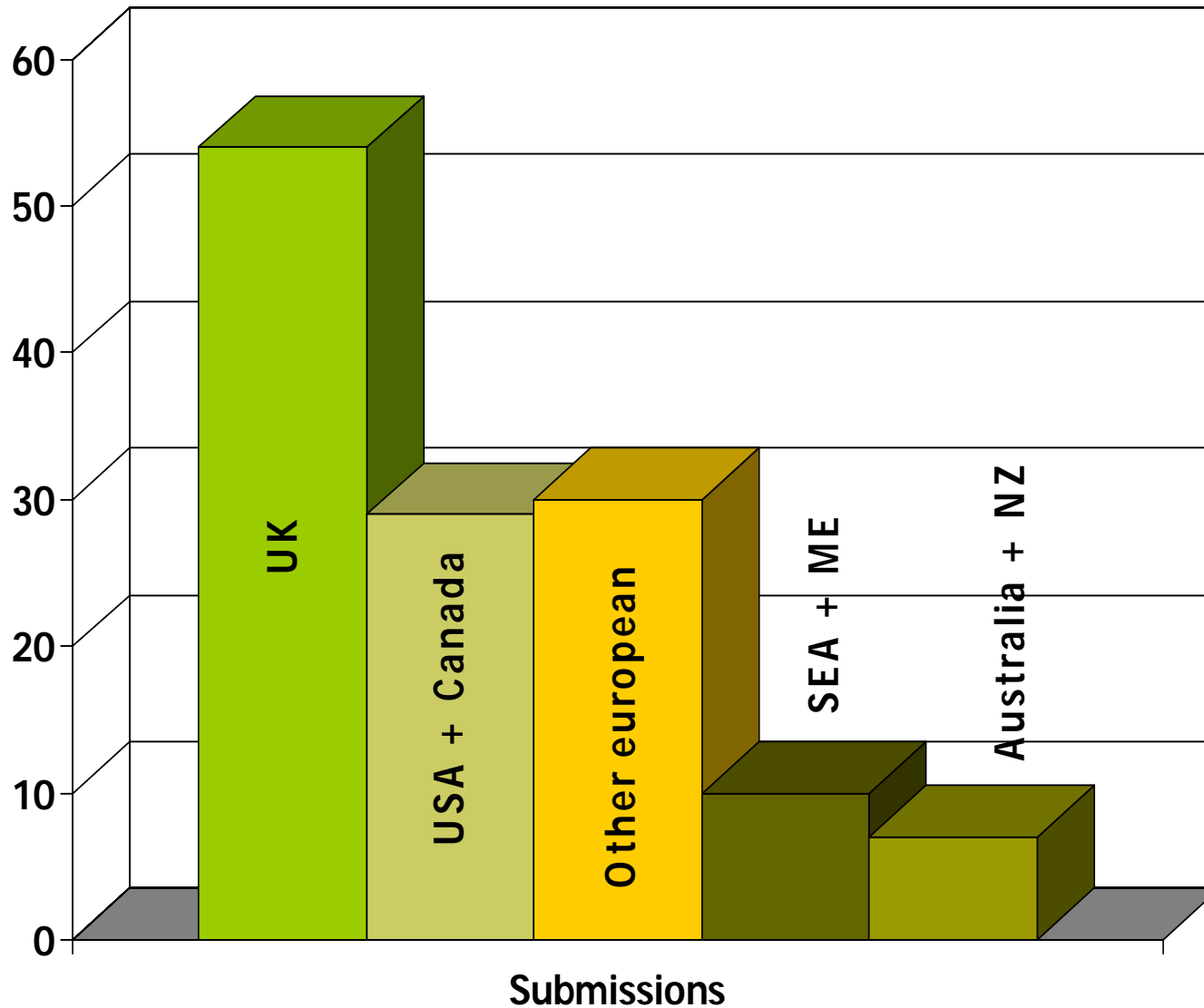
# Article submission rates



# More international submissions

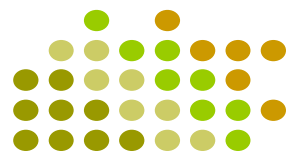
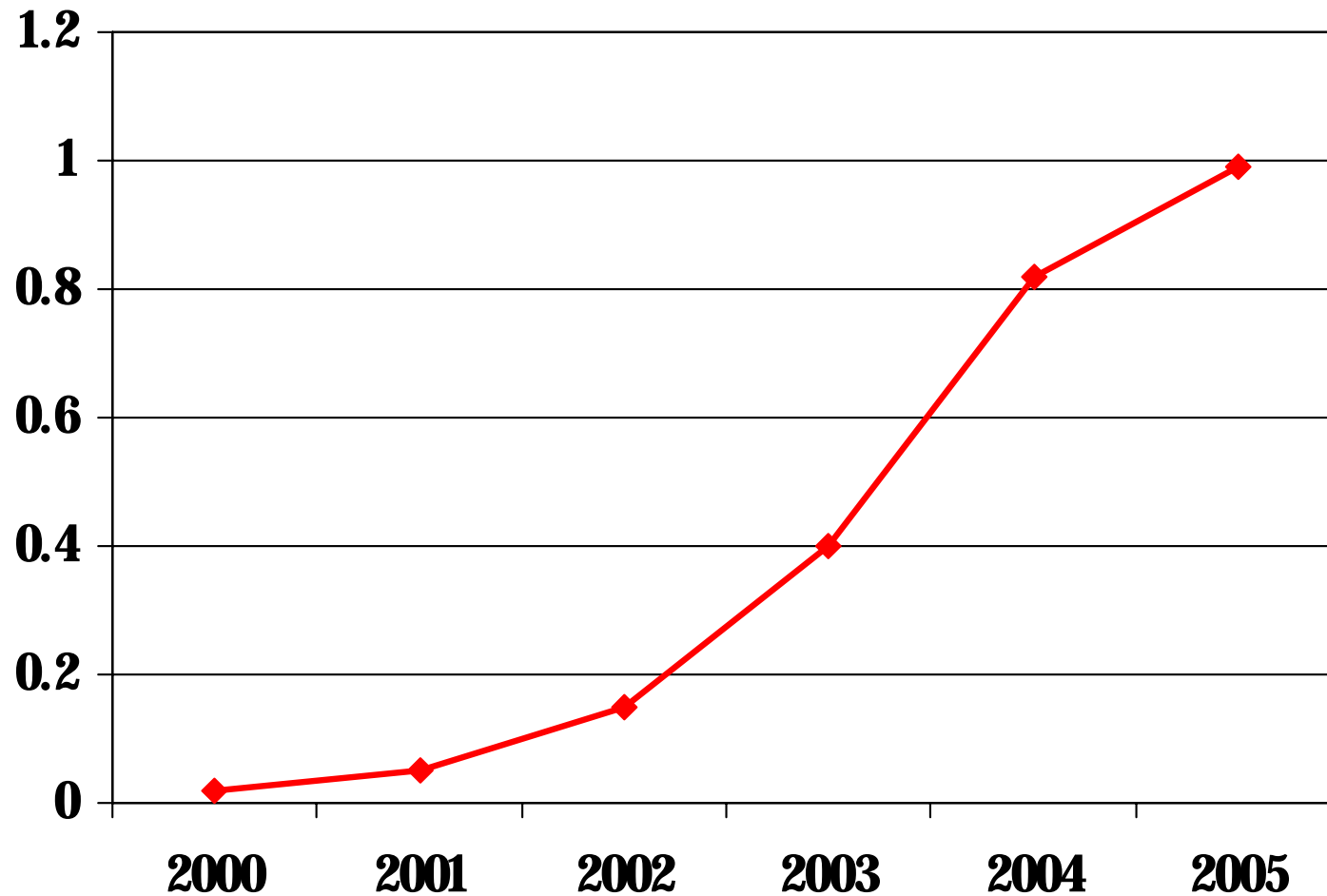


# Articles from >30 countries

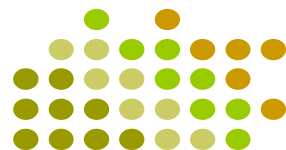
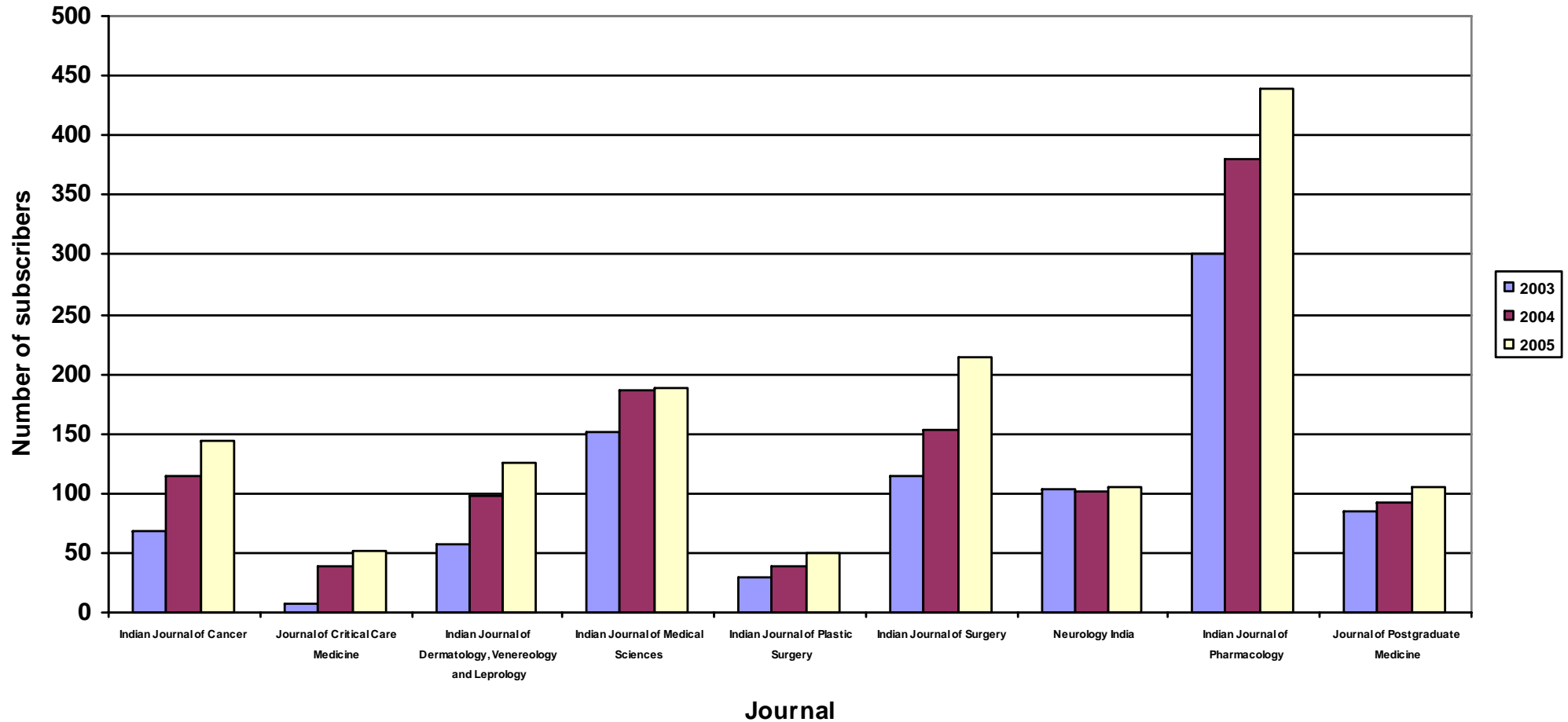


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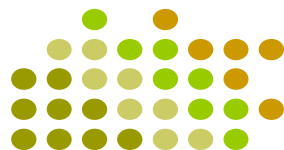
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which at a membership strength of over 9000 is probably the 2nd largest society of ophthalmologists in the world. The IJO which is an indexed, peer reviewed journal, originated as a platform for the scientific expression of the AIOS which is the umbrella society to which all ophthalmologists in India belong. For the years to be in the process of accepting articles from all over the world. IJO is published 4 times a year in March, June, September, and December.

## Latest Articles

- Research trials: Registration, reporting and publication  
[J Postgrad Med 2005 51 2](#)
- Oligodendrogliomas: Impact of molecular genetics on treatment  
[Neurol India 2005 53 2](#)
- Recombinant activated factor VII for acute intracerebral hemorrhage  
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