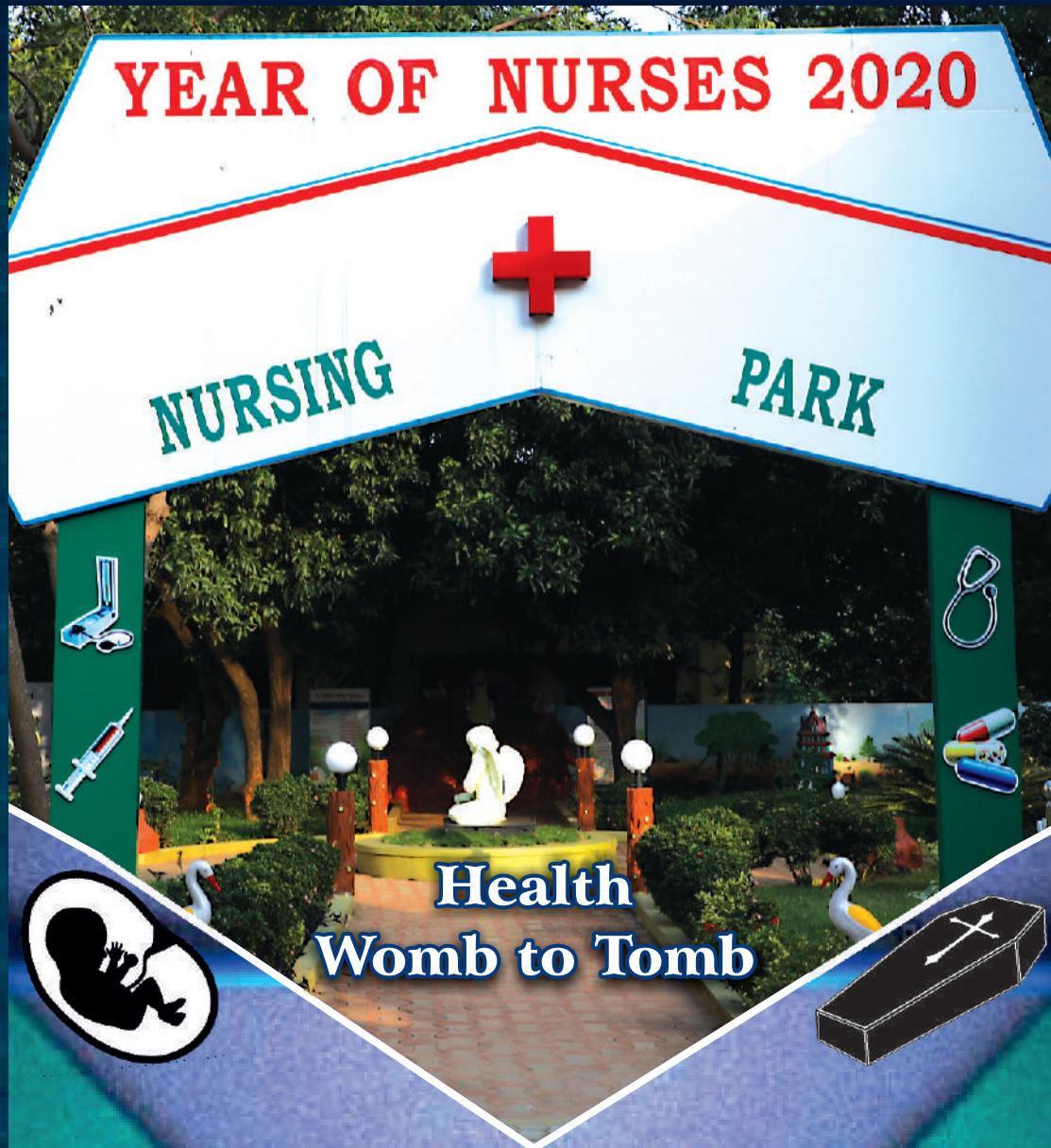
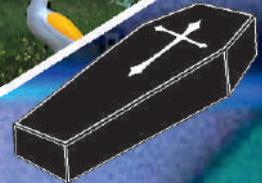


LIGHT

Flame 5 Spark 9 & 10
Feb 2020 - Aug 2021



Health
Womb to Tomb



Adult to old age



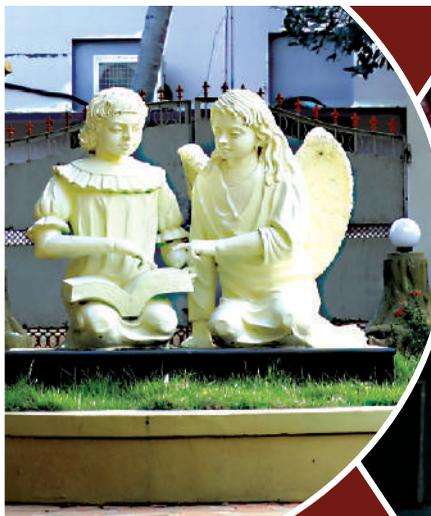
Our Lady of Health Patron of our Institution

OUR LADY OF HEALTH SCHOOL & COLLEGE OF NURSING

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Nursing Park 2020

Dream projects of our Correspondent



ARCH



GROTTA-OURLADYOFNURSING



MADHA STATUE



FRONT PATHWAY



OFFICE ROOM



OUTDOORSTAGE



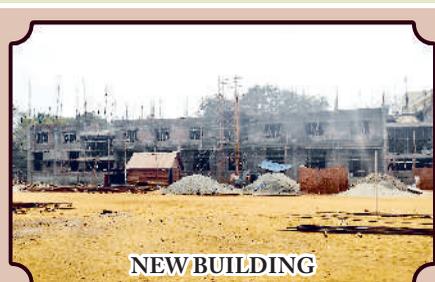
NAZARETH SQUARE IN HOSTEL



COMPUTER LAB



LIFT



NEW BUILDING



CLASSROOMS



TWO WHEELER PARKING

ACHIEVEMENTS OF OUR CORRESPONDENT

Rev. Fr. T. Arokia Baskar.,DCL (2015-2021)

Academic

- ➔ Enhancement of 100 seats for B.Sc (Nursing).
- ➔ TMCH/RMH tie - up for clinical practice of students.
- ➔ English academy.
- ➔ Journal club.
- ➔ LIGHT magazine.
- ➔ Faculty development programme.
- ➔ College Anthem.
- ➔ Exam Song.
- ➔ Diploma in Nursing students farewell.
- ➔ College Calendar / College diary.
- ➔ Carrier orientation programme.
- ➔ Exam orientation programme.
- ➔ Students counseling service.
- ➔ Showcase placement for medals & prizes.
- ➔ Digital board.
- ➔ LCD in classrooms.
- ➔ Alumni - OLAA
- ➔ New Bus.
- ➔ Audio system for assembly and morning prayer.
- ➔ Audio system separately for auditorium and outdoor programmes.
- ➔ Nursing Park.
- ➔ Prayer pilgrimage before exam to Carmel convent Adaikala Madha Church and Infant Jesus Shrine.
- ➔ 150 coloured Uniforms for sports groups.

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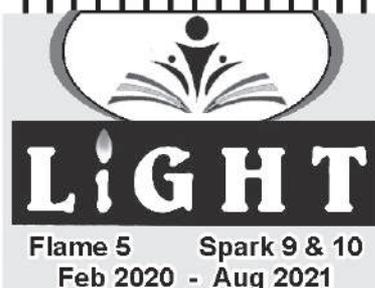
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Chief editor's voice

"A Nurse is an Angel who opens the eyes of a new born and gently closes the eyes a dying person"

Nursing is a Holy and Noble profession. A nurse travels along with the life of a human being from womb to tomb. Nurse becomes a caring mother, a loving sister, a supporting friend and a guardian angel throughout the night when the patients are in critical situation. 2020 being a year dedicated to Nurses, Light magazine concentrated on Health: Womb to Tomb.



Flame 5 Spark 9 & 10
Feb 2020 - Aug 2021



**BIANNUAL
MAGAZINE
OF OLHSCON**

V.O.C.Nagar,
Thanjavur - 613 007, S.India.



Chief Editor

Rev. Dr. T.Arokia Baskar., D.C.I.,
Correspondent

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Principal.

Mrs. G. Grace Jebakani Sweety.,
M.Sc(N), Ph.D

Associate Professor

Mrs. G. Vidhya., M.Sc (N).,
Associate Professor

A doctor remains with the patient just for few minutes, evaluating the patient's condition and writing orders. But nurses are the ones who bear the brunt of the patient's anger, or clean them up when they vomit or soil themselves. They act as a surrogate family to patients and often get to know details of a patient's life simply because they are the ones spending the time and energy to explore and to save that life.

Being noble is defined as having, showing or coming from personal qualities that people admire such as honesty, generosity, courage, etc. There are a few noble professions in this world. Practicing medicine is one of them. And being a nurse is perhaps the noblest in the house of medicine. That is why the profession of nursing is honoured as heart of medical field. I take this wonderful opportunity to appreciate all the nurses in the world. Especially in this pandemic crisis, the nurses are admired very much for their dedicated and sacrificial service.

We shed an average of 600,000 particles of skin every hour.

I feel so proud and privileged to be the Correspondent of Our Lady of Health School and College of Nursing and to guide the budding nursing students for 6 years. As I am completing my term of office as Correspondent, I am indebted to our Founder and President of Our Lady Nursing Institutions for giving me this great responsibility believing in my capacity. I would like to express my sentiments of gratitude to all my teaching and non-teaching faculties of the institution for their endless support in these 6 years. I also profit this occasion to thank my loving children who travelled with me for the past six years. Only after coming here, I was able to understand the actual difficulties of students of Nursing and the teaching faculty. Let me also thank all the workers of Our Lady Family, they are the ones who loved me more and supported me in all the efforts I took in order to improve the quality of living.

I say to my students and the staff that the COLLEGE IS THE PLACE OF LEARNING and the HOSTEL IS THE PLACE OF LIVING. All of you my dear loving staff and students understood me and supported me. Thank you all and Love you all. I also thank all the parents and well wishers of Our Lady Family, it is only with your support I was able to handle every situation. Let me conclude, before saying Good Bye to all.

Life is too short, Let us live this life with true love.

Be happy and make others Happy.

Learn more. Work hard.

Make use of Time and Talent given by God.

Achieve more.

**Try to leave good and positive foot
prints behind wherever you go.**

Allow others to be themselves.

Avoid unnecessary criticisms

Avoid spoiling others' name and fame.

With Love and Only with True Love

Fr. Arokia Baskar

Interestingly, the brain and nerve cells are the only cells in the body that cannot regenerate.



MOST REV. DR. M. DEVADASS AMBROSE

D.D., L.S.S., S.T.D.,

Bishop of Thanjavur



BISHOP'S MESSAGE

Greetings in the Holy name of the Father Almighty! I feel so overwhelmed to pen a few lines for the 8th issue of the "LIGHT" magazine of Our Lady of Health Nursing Institutions. This year you have concentrated in this magazine on the aspects of the sneak peak of the health related waves from adulthood to old age. Even in these pandemic days of COVID - 19 we are blessed by the Almighty to walk through our life with safety. This issue carries some important topics related to COVID - 19 to impart some new information for the readers. I hope this issue will cater to the needs and aspirations of the readers. I assure my blessings to all the staff and students of Our Lady of Health Nursing Institutions and especially the authors of this issue.

Dear loving students and staff, you are very important for the society especially in this pandemic situation; your health is so essential to work towards the wellness of others. So, take care of your health; boost your immune system; be mentally strong and stay safe wherever you go. Let us together fight against this pandemic cases so that peace and serenity prevail everywhere.

I wish all the best for the success of the magazine in forthcoming years. My appreciation blends with the management, students and the editorial team for all the further endeavors.



+ M. Devadass Ambrose

Most Rev. Dr. M. Devadass Ambrose,
Bishop of Thanjavur

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A person at rest usually breaths between 12 and 15 times a minute.



90th ANNIVERSARY
1928 - 2018

TAMIL NADU NURSES AND MIDWIVES COUNCIL

(Constituted Under Tamil Nadu Act III & XXVI of 1976 & 1960)

Jayaprakash Narayanan Maligai, Old No, 140. New No, 56. Santhome High Road (Near Santhome Church),
Mylapore, Chennai - 600 004, Tel: 044 - 46786539.

Web: www.tamilnadunursingcouncil.com E-mail: info@tamilnadunursingcouncil.com

All communications to be addressed to the 'Registrar' and not by Name

To
The Management
Our Lady of Health
School & College
of Nursing, Thanjavur.



19/04/2021

MESSAGE

Dedicating their lives to helping those who are sick and injured, nurses provide the backbone of 21st century health care. A Novel idea of "Nursing Park" been put into action in a small town at Our Lady College of Nursing, Thanjavur, Tamilnadu and celebrating the bicentenary year of 2020 of Florence Nightingale and also the "year of Nurses and Midwives".

This "Nursing Park" is exhibiting the Nurses Education and contribution to the nursing community as well as to the general public about nursing.

It is a great gesture of thanking the Nursing Community by way of creating this beautiful, meaningful and informative "Nursing Park" for public eyes and I strongly feel it has really brought the profession to limelight.

On behalf of my fraternity, I thank and congratulate the Management and faculty for this novel initiative.


Prof. Dr. (Mrs). S. Ani Grace Kalaimathi
RN, RM, Ph.D., MBA., BGL.,
Registrar, TNNMC, Chennai.



Dr. M. Selvakumar, MBBS, DNB
(Family Medicine), PDFICM,

**Intensivist,
Royal Care Hospital,
Coimbatore.**



FEEDBACK

Greetings to Our Lady Institution. I feel so ecstatic to give some words regarding the 7th issue of the magazine "LIGHT". The topics of the issue based on the Health: Womb to Tomb - fetus to adolescence was so informative. The topics were framed as per the utmost splendid informative content. Hats off for the editorial committee and hope this magazine will enlighten the readers' minds in the coming days with holistic knowledge of growth and development.



Prof. C. Nageswari, MPT, MIAP,
Principal,
Shri Indra Ganesan
Institute of Medical Science,
College of Physiotherapy,
Trichy



FEEDBACK

I'm very happy to write my feedback regarding the 7th issue of the "LIGHT" magazine of Our Lady of Health School and College of Nursing. The catchy topics related to the growth and development from fetus to adolescence threw a great reminder of all the present issues in readers' minds. I enjoyed each and every line of the articles and the new informations had been highlighted which increased the interest till the last page of the magazine. I wish all success for the future endeavors of the Institution.



REPORT ON YEAR OF NURSES 2020



The World Health Organization (WHO) has designated 2020 as the “International year of the Nurse and the Midwife”, in honor of the 200th anniversary of Florence Nightingale’s birth. The year of the Nurse designation by the WHO highlights the push to increase the global nursing workforce worldwide, and the WHO estimates that in this year there will be a shortage of nearly 9 million nurses.

Our institution inaugurated the celebration of the International year of the Nurse and Midwife on the occasion of the lamp lighting and graduation ceremony on 10.01.2020 by hoisting the year of nurse 2020 flag. Our students participated in eco - friendly cleaning activity on 15.02.2020 in our college premises and near areas.

Cancer awareness day was celebrated in our college with the brainstorming session regarding female and male cancers - screening, diagnosis, treatment, palliative care and follow up by Dr.Govindharaj M.S (Surgical Oncologist, Trichy). During the incidence of Covid - 19, our faculty members conducted public awareness regarding the prevention of corona virus disease and issued pamphlets along with the Thanjavur corporation. Our institution established nursing park in our premises compiling all the available nursing departments and its salient features. Our institution will work forward to celebrate the events of the year of nurses in the near future.

REPORT ON LEADERSHIP EXCELLENCE AND PROFESSIONALISM TRAINING PROGRAMME - 21.02.2020

In the view of celebrating International year of nurses, LEAP programme was organized in our institution. The session are as follows:

- Session 1 - Decision is yours - boss/leader
- Prof. Mrs. Thamaraiselvi , Principal,
OLHCON, Thanjavur.
- Session 2 - Build your leadership assets
- Dr. Santham Sweet Rose, Principal,
SRM College of Nursing, Trichy.
- Session 3 - Problem the guidelines
- Mrs. Nirmala, Vice Principal,
KMC College of Nursing, Trichy.
- Session 4 - Team work makes the dreamwork
- Dr. Mrs. Suja Suresh, Vice Principal,
SRM College of Nursing, Trichy.
- Session 5 - Begin today - To see the bright tomorrow
- Sr. Sagaya Mary, Vice Principal,
Servite College of Nursing, Trichy.
- Session 6 - You the brand ambassador
- Prof. Mrs. Ouvai, Professor,
St.Xavier's College of Nursing, Kumbakonam.
- Session 7 - Focus on well being and welfare
- Prof. Mrs. Iramani, Vice Principal,
OLHCON, Thanjavur.
- Session 8 - It's mandatory, no options
- Prof. Mrs. Iramani, Vice Principal,
OLHCON, Thanjavur.





MOST REV. DR. M. DEVADASS AMBROSE

D.D., L.S.S., S.T.D.,

Bishop of Thanjavur

Ref No. 04/2021/18

1 March 2021

To,
Rev. Fr. Arokia Baskar DCI,
Correspondent,
Our Lady of Health College of Nursing
Thanjavur

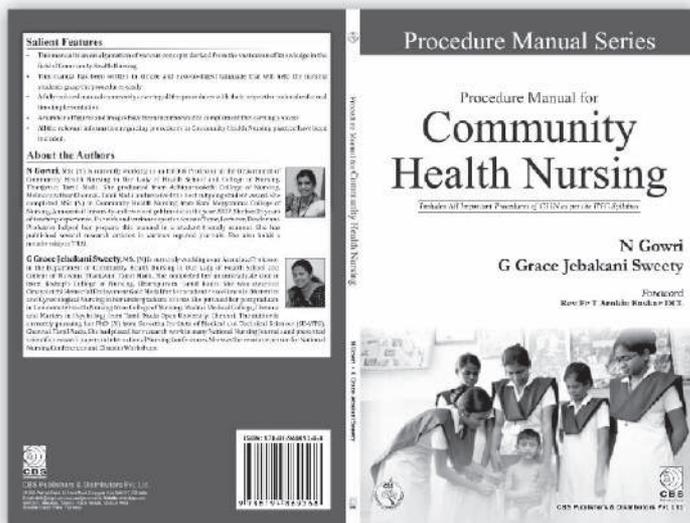


Dear Fr. Baskar,

Greetings from Bishop Devadass Ambrose....

I am in receipt of your letter dated 26 February 2021 along with the book "Procedure Manual for Community Health Nursing" authored by N. Gowri and G. Grace Jebakani Sweety.

First of all, allow me to congratulate the authors of this book and you for the encouragement given to them. Kindly give them my best wishes and greetings. Of course this is the maiden work for them but at the same time, I am sure that this will inspire other professors to write such books in the years to come.



Yours Devotedly in Christ,

With my Cordial Blessings,

+ M. Devadass Ambrose

Most Rev. Dr. M. Devadass Ambrose,
Bishop of Thanjavur



Bishop's House, Post Box. 204, Thanjavur - 613 007, Tamilnadu, India.

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The aging process also begins during early adulthood and is characterized by changes in skin, vision, and reproductive capability.

CHALLENGES OF ADOLESCENCE TO ADULTHOOD ROLE TRANSITION



Mrs. Jeya Vanitha, M.Sc(N)
Professor,
Department of
Child Health Nursing

The transition from adolescence to adulthood represents a major developmental challenge for everyone: while it often succeeds, it sometimes fails or threatens to fail. As adolescence and young adulthood represent a particularly vulnerable period for the development and chronification of mental disorders, the best possible care needs to be ensured for these age groups.

Five features of emerging adults:

As Anett describes, emerging adulthood can be defined as an:

- ➔ **Age of identity exploration:** Young people are deciding who they are and what they want out of work, school and love.
- ➔ **Age of instability:** The post - high school years are marked by repeated residence changes, as young people either go to college or live with friends or a romantic partner.
- ➔ **Age of self focus:** Freed of the parent - and society directed routine of school, young people try to decide what they want do, where they want to go and who they want to be with - before those choices get limited by the constraints of marriage, children and a career.
- ➔ **Age of feeling in between:** Many emerging adults say they are taking responsibility for themselves, but still do not completely feel like adults.
- ➔ **Age of possibilities:** Most emerging adults believe they have good chances of living “better than their parents did”, and even if their parents are divorced, they believe that ‘they will find a lifelong soul mate’.

To give parents a jumpstart on having a good relationship with their teens, there are some 10 tips :

1. Family rituals

May be it's a day at the park or movie night at home. It doesn't matter what you do, as long as you designate a day or time to spend together. In the long run, this ritual breaks down the wall between the parents and children - and opens up discussion when needed.

2. Words of wisdom

Religion is important for the families. They should create a family prayer to recite before dinner or bed time. If that's not a factor for your family you can read an inspirational poem or quote that resonates with your family as an alternative to a prayer.

3. Rights of passage

As your teens transition, it's important to give them the opportunity to make decisions for themselves. However this isn't something you can do overnight. Slowly, give your children the chance to make their own decisions, but help guide them.

4. Be a role model

Demonstrate positive ways to learn, resolve conflict and make decisions. Your children will notice you as an example.

5. Show appreciation and affection

No matter what age your children are, they will always crave affection from mom and dad - even if they don't admit it.

6. Make time

Between work, maintaining a home and raising a family, life can get hectic, but stop and spend time with your child. It's in those moments of your time with the kids, it really matters for the children.

7. Show them the way

Help guide your children. Teach them how to do practical things like cooking dinner or balancing a monthly budget. This is the time when they are learning practical skills that will serve them into adulthood.

8. Set clear rules and boundaries, and stick to them

Kids - no matter their age - need some boundaries. It helps them set limits, feel a sense of security that someone cares, and sometimes can help ensure their safety.

9. Express enthusiasm

When your children do well, let them know. Praise them and encourage them for keeping good decisions. Positive reinforcement really does work well in shaping behavior.

10. Have a fun and laugh a lot

Life can't be serious all the time. Enjoy it, and enjoy the time you spend with your family.

CONCLUSION

An adolescent makes the transition through young adulthood into adulthood and becomes a fully independent person when the parents and society are giving the correct amount of support - not pushing too hard or holding back too much. Parents always will be concerned about their children. But as children get older, they need to begin to assume some responsibilities for their own safety.

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1. www.ncbi.nlm.nih.gov
2. <https://lacs.edu.au>
3. <https://lnobaproject.com>

Screening tests for common adult diseases



Mrs. S.Surya, B.Sc(N)
Nursing Tutor
Department of
Community
Health Nursing

Screening Tests



Introduction

Nothing in this world is more precious than your health. To preserve this priceless possession, a timely preventive health check - up should be undertaken. A complete health check - up will help you to minimize the risk factors and keep any illness away.

Screening tests:

Screening tests are used to identify a condition in people who may have a disease before the symptoms are obvious (early detection).

Screening tests are an important part of your preventive health care. For people between the ages of 30 and 49, these tests are used for early detection of some of the more common and potentially deadly diseases - such as cancers, diabetes, and heart disease - that begin to affect people in their middle years. These tests can help catch certain illnesses and conditions in their earliest and most curable stages, even before you notice symptoms. In adults, examples of Screening tests are Papanicolaou (Pap) tests for cervical cancer, mammograms for breast cancer, blood pressure measurements for hypertension, blood glucose measurement for diabetes, and colonoscopy for colorectal cancer.

When are screening tests used?

- ➡ The condition is serious.
- ➡ A delay of treatment may be harmful.
- ➡ A treatment is available if the condition is detected early.
- ➡ Early treatment may improve outcome, be easier to tolerate than more intense treatments later in the disease course, or decrease the transmission of the disease to others (if it is an infection).
- ➡ The disease is common.

The most common health condition in oldage is non communicable diseases.

COMMON SCREENING TESTS FOR ADULTS:

1. A general (preliminary work up) physical exam: This is a basic clinical examination that includes recording of your weight, height, BMI and blood pressure measurements.
2. Blood tests : Are an important part of a master health checkup to detect anaemia, infections and the onset of a more debilitating disease.
3. Liver and kidney function: Tests are performed to ensure the proper functioning of the organs and identify any potential diseases that could cause problems if left untreated.
4. Blood sugar: Is tested to identify potential diabetes or pre - diabetes conditions. This test is very important as early detection can prevent the onset of the disease if you make drastic simple lifestyle changes in the early stages.
5. X - ray and ECG: Is taken to monitor vital functions of your heart and lungs your organs in the chest area and uniformity of the heart beat. This can help detect signs of dangerous chest / respiratory infections and cardiac disorders.
6. Urine test analysis: Is done as it is a valuable indicator to assess the overall health providing information relating to metabolic health, renal health, fever and even cancer.
7. Mammogram: A Mammogram is an X-ray picture of the breast. Mammography may find tumors that are too small to feel.
8. Colonoscopy: Computed tomography (CT) colonoscopy, also called a virtual colonoscopy, uses X-rays and computers to produce images of the entire colon, which are displayed on a computer screen for the doctor to analyze.
9. Pap smear: (Papanicolaou) A pap smear, also called a pap test, is a procedure to test for cervical cancer in women. A pap smear involves collecting cells from your cervix - the lower, narrow end of your uterus that's at the top of your vagina. Detecting cervical cancer early with a pap smear gives you a greater chance at a cure.

Benefits of a screening test:

- ➔ To Review overall health
- ➔ For detecting early signs of illness
- ➔ Helps you maintain a good lifestyle

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1. www.medlineplus.gov
2. www.who.int
3. www.webmd.com



Less than 5% of adults participate in 30 minutes of physical activity each day.

MIND IN MIDLIFE



Mrs. J. Jhanani M.Sc(N)
Assistant Professor
Department of
Fundamentals of Nursing

Midlife is the central period of a person's life, spanning from approximately age 40 to age 65 years.

Midlife crisis :

Midlife crisis is a transition of identity and self confidence that can occur in middle-aged individual , typically 45-60 years old

Triggers for a midlife crisis :

Midlife crisis can affect men and women differently because their stressors differs. The common stressors are :

- * Physical changes associated with aging.
- * Work or career (or lack of them) .
- * Spousal relationship (or lack of them)
- * Maturation of children .
- * Aging or death of parents
- * Financial strains .

Individual experiencing a midlife crisis may feel

- * A deep sense of remorse for goals that have not been accomplished.
- * A fear of humiliation among more successful colleagues .
- * Longing to achieve a feeling of youthfulness .
- * A heightened sense of their sexually or lack of it .
- * Boredom, confusion, resentment or anger due to their discontent with their marital, work, health, economic or social status .
- * Ambitious to correct the missed steps that they feel they have taken early in life .
- * Need to spend more time alone or with certain peers .

Men vs. Women in midlife crisis

Men	Women
Average age : 43 years	Average age : 44 years
Average length of crisis : 3-10 years	Average length of crisis : 2-5 years
<ul style="list-style-type: none"> ⇒ Fear of aging ⇒ Fear of not fulfilling dreams ⇒ Fear of loss of attraction ⇒ Fear of illness ⇒ Fear of death 	<ul style="list-style-type: none"> ⇒ Fear of children and spouse separation ⇒ Fear of life style changes and enabling opportunities. ⇒ Fear of biological and psychological changes.
Men tend to focus on last time	Women tend to focus on self-exploration

Only 35 - 44% of adults 75 years or older are physically active, and 28 - 34% of adults ages 65-74 are physically active.

17 signs that signifies a mid life crisis :

1. You're gaining / losing weight.
2. You're apathetic .
3. You're jealous of other people.
4. You're experiencing unusual physical pain.
5. You're asking yourself deep, probing questions.
6. You're making rash decisions.
7. You feel like you're slowly losing your mind.
8. You can't sleep through that night.
9. Your vision of the future is dismal.
10. You're constantly bored.
11. You have on overwhelming sense of loss.
12. You become overly concerned about your appearance.
13. You stop caring about appearances completely.
14. You think of yourself as an "old person".
15. You rarely (if ever) have interest in sex.
16. You think your best years are behind you.
17. You think that every day is a bad day.

Ways to overcome a midlife crisis :

I. Dealing with your problem :

1. Determine if a midlife crisis is the problem
2. Face your problems.
3. Find new goals.
4. Appreciate the life you have.

II. Making big decisions :

1. Make informed choices.
2. Get some advice.
3. Move forward, not backward.

III. Coping with stress:

1. Spend some time alone with nature or meditate.
2. Nurture your friendship
3. Do some relaxation every day.
4. Avoid turning to alcohol or drugs.
5. Eat healthy foods and make yourself fit.

IV. Handling your emotions:

1. Work through depression and anxiety.
2. Identify symptoms of depression and anxiety and get help if you need.
3. Find a therapist who will help you move through the process of your crisis.

Many people do not believe in the concept of midlife crisis. Many experience a midlife crisis, or something akin to a crisis, when they reach middle age, and they need the support to friends and family members closest to them.

Turn your midlife crisis to your own advantage by making it a time for renewal of your body and mind, rather than standing by helplessly and watch them decline

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- * Trudi Griffin, How to over come a midlife crisis, March 29,2019,<http://www.wikihow.com>.
- * Mellissa Lee Philips, Mind in mid life, April 2011, volume-42, <http://www.apa.org>.

EMERGING AND RE - EMERGING INFECTIOUS DISEASES



Ms. JKeerthana, B.Sc(N)
Nursing Tutor
Department of
Fundamentals of Nursing

EMERGING INFECTIOUS DISEASES

Emerging infectious diseases are infections that have recently appeared within a population or those whose incidence or geographic range is rapidly increasing or threatens to increase in the near future.

RE - EMERGING INFECTIOUS DISEASES

Re-emerging infectious diseases are diseases that once were major health problems globally or in a particular country, and then declined dramatically, but are again becoming health problems for a significant proportion of the population.

EMERGING INFECTIOUS DISEASES

S.No	Name of the diseases	Affected Countries	Signs & Symptoms	Treatment	Prevention
1.	Nipah virus	Bangladesh, India 2003	Acute respiratory infection (mild, severe,) and fatal encephalitis.	There is no specific treatment for the viral infection as yet.	PREVENTION: Reducing the risk of animal-to-human transmission - using gloves and protective clothing while handling sick animals and avoiding contact with infected pigs.
2.	SARS	November 2002 and 2003, an outbreak of SARS in Southern China	Fever, muscle pain, lethargy symptoms, cough, sore throat, shortness of breath and pneumonia	SARS is mainly supportive with antipyretic.	PREVENTION: Clinical isolation, Hand-washing, Disinfection of surfaces or fomites, Avoiding contact with bodily fluids
3.	Avian influenza (H5N1)	2013 and early 2017, in China	Cough, diarrhea, Respiratory difficulties. fever (over 100.4 F or 38 C) headache. Muscle aches. malaise. runny nose	Antiviral drugs oseltamivir (Tamiflu) and zanamivir (Relenza)	Vaccine : stockpile of vaccine against H5N1 bird flu
4.	Ebola virus	July 2019, Congo	Fever, sore throat, muscular pain, and headaches. Vomiting, diarrhoea and rash	Providing fluids and electrolytes (body salts) through infusion into the vein (intravenously)	Vaccine : Ebola vaccine rVSV-ZEBOV (Trade name "Ervebo)

Social isolation makes seniors more vulnerable to elder abuse.

5.	Influenza H1N1	2015, India, August 2018, China	Fever, lethargy, sneezing, coughing, difficulty breathing and decreased appetite.	Antiviral agents, zanamivir (Relenza), oseltamivir (Tamilflu), peramivir (Rapivap).	Vaccine: Panvax vaccine
6.	Corona virus	2019-20 corona virus pandemic	Fever, cough, fatigue, shortness of breath, or muscle pain, severe pneumonia, acute respiratory distress syndrome, sepsis, septic shock and death.	Supportive care.	PREVENTION: Hand washing, Respiratory hygiene, social distancing self-isolation
7.	Hanta virus	2005 and 2019, South America.	Fever greater than 101 ^o F, chills, body aches, headaches. Nausea and vomiting and abdominal pain. New rash (faint red spots). A dry cough followed by rapid onset of breathing difficulty.	There is no specific treatment.	PREVENTION: Stay away from places where rodents leave droppings. Wear rubber gloves and a mask that covers your nose and face during exposure to mouse dropping
8.	LASA fever	Nigeria, Liberia, Sierra Leone, Guinea	Fever, weakness, headaches, vomiting, and muscle pains.	Antiviral medication ribavirin.	There is no vaccine. PREVENTION: Prevention requires isolating those who are infected and decreasing contact with the mice.

RE - EMERGING INFECTIOUS DISEASES

S.No	Name of the diseases	Affected Countries	Signs & Symptoms	Treatment	Prevention and vaccine
1.	Malaria	Africa, Asia and Latin America	Fever, tiredness, vomiting, and headaches. In severe cases it can cause yellow skin, seizures, coma, or death	Antimalarial medications that includes an artemisinin	Vaccine: Mosquirix. (2015)
2.	Dengue fever	Asia and South America	High fever, headache, vomiting, muscle and joint pains.	There are no specific antiviral drugs for dengue; however, maintaining proper fluid balance is important	Vaccine: Dengvaxia vaccine

Laughing is good for the heart and can increase blood flow by 20 percent.

3.	Yellow fever	South America and Africa	Fever, chills, loss of appetite, nausea, muscle pains particularly in the back, and headaches.	Antiviral drugs	Vaccine: 17D vaccine
4.	Chikungunya fever	Africa and Asia	Fever and joint pains.	Supportive care	Vaccine: MV- CHIK vaccine
5.	West Nile fever	South Africa	Headache, body aches, joint pains, vomiting, diarrhea or rash	Supportive treatment	No vaccine or specific antiviral treatments
6.	Cholera	Africa and South East Asia	Large amounts of watery diarrhea that lasts a few days. vomiting and muscle cramps	Rehydration. The goal is to replace lost fluids and electrolytes using a simple rehydration salts ORS, Intravenous fluids, Antibiotics Zinc supplements.	Vaccine: Vaxchora
7.	Human Monkey Pox	West Africa, Congo	Fever, headache, muscle pains, swollen lymph nodes, and feeling tired. This is followed by a rash that forms blisters and crusts over	No treatment for monkey pox	Vaccine: JYNNEOS™ (also known as Imvamune or Imvanex)
8.	Tuberculosis	India, China, Indonesia, Pakistan	Chronic cough with blood containing mucus, fever, night sweats, and weight loss	Short-course (DOTS, also known as TB-DOTS)	Vaccine: vaccination with the bacillus calmette - Guerin (BCG) vaccine.

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Positive thinkers have more life years than negative thinkers.

WORKING WOMEN SYNDROME



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‘My duty is to serve’, says poet Namakkal Ramalingam pillai. There is no profession today where women are not employed. There are innumerable challenges and problems faced by them both at home and work place. Women always work at home doing domestic chores rearing small child and caring senior child. Since there is no monetary benefit for these kind of activities, their service is undermined, not recognized and not valued at all. Even then, they continue to do this with complete devotion and enthusiasm. In addition to this routine job, when they earn money on deployment, they are said to be working women.

The major problems for working women arise out of the dual responsibilities of domestic work as well as office work. A woman has a pretty good career, has a loving family, and involved with community initiatives. On the outside things look good. But she is not feeling good on the inside. Then, it is called as ‘working women syndrome’.

It’s good that society allowed women to explore having a career, however did not re delegate the responsibilities of managing their personal and family life. “The idea that fulfilling all the roles and responsibilities to perfection will lead to a lifetime of happiness and balance is not realistic, nor should it be,” says Jennifer Duong. Instead of feeling fulfilled, you can find yourself feeling stressed. When they are unable to balance both ends, you lack performance either side.

CAUSES OF WORKING WOMEN SYNDROME.

1. Failure to prioritize and communicate according to situation.
2. The role conflict, role ambiguity and role overload.
3. An imbalance in the brain of the ‘feel good’ chemical serotonin, (Dr.Bost)

SIGNS AND SYMPTOMS

Emotional and cognitive symptoms of working women syndrome

- Irritability, unable to concentrate, having memory problems
- Mood swings, thinking about negative things all the time, emotional outbursts.
- Indecisiveness, lack of sense of humor, lack of motivation and feelings of guilt and low self esteem.

Physical symptoms of working women syndrome

- Muscle tension / muscle spasms or nervousness tics, tiredness, fatigue
- Stomach / abdominal pain, increased appetite, weight gain, ‘Butterflies’ in stomach
- Unable to sleep or excessive sleep
- Shortness of breath, sweating when not physically active

Too much sitting increases the chances of early death.

HOW TO OVERCOME WORKING WOMEN SYNDROME

Easing the stress may be a better way to reach our full potential. Let us as women stop judging each other for not being the perfect mom or a good daughter in law. Let us leave the work place early.

1. Prioritize and plan the work ahead. Family first, work second. Work with compassion and passion at office and forget home. At home, forget office and spend quality time with family. Do one at a time. Clarify your job description, what to do and what not to do.

2. Learn to delegate and ask for help. Share the work load and ask for help when needed. You really don't have to do everything. If your kids are old enough, ask them for help with housework. Ask your husband to lend a helping hand at home. It really is okay to ask for help. It is not weak to ask for help. Let your family know that you need help and how they can assist you.

3. Start taking care of you. Schedule breaks into your calendar and hold yourself to it. Get a massage, read a book, take a walk, get your hair done etc... Go shopping for a new outfit. Go off somewhere on your own and read a good book. Have coffee with a good friend. The world really will go on while you take a break.

4. Learn to say 'NO'. No is not a dirty word. Start saying NO to things that you don't want or don't have the time, to do.

5. Set achievable goals. Set goals according to how you want to live. Compare with where you are standing. Realign your goal and make small actions to strive towards your goal.

6. Let go of perfectionism. Realize that the house does not have to be clean 24/7. Dinner does not have to be just right every evening. It really is impossible to be perfect all of the time. Similarly, you cannot be the perfect employee all the time. Take time to relax and enjoy your family.

7. Assertiveness Training. Learn to express yourself, your thoughts your feelings, your beliefs, all while respecting the rights of others. Assertive behavior can prevent problems that have the potential to create stress. Be bold and courageous

8. Support system. Build your own support system and form effective relationships. These people can give help and comfort during times of potential stress.

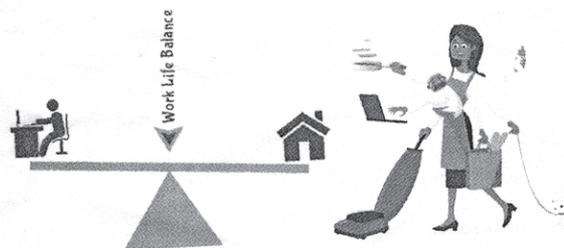
9. Have a relationship with God. Take time out of your day for prayer and studying the Word. God is also a good One to talk to in times of trouble or despair.

10. Make the sacrifice. Ask yourself what things you can live without. Try to focus on your needs instead of your wants.

11. Don't expect love, understanding, respect, recognition from others. Instead radiate unconditional love, peace and happiness to everyone around. You have chosen to do something because you have the will power and ability to do it. So, you can make it. Be proud of being a working women.

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Nearly 30% of adult population are obese.

GYNAECOLOGICAL CONCERNS OF OLDAGE WOMEN

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INTRODUCTION

With the typical age at menopause being between the ages of 50 to 55 years, women in the geriatric age group are well into their postmenopausal phase of life. As life expectancy increases, postmenopausal years may exceed then duration of the reproductive years for many. It is important that primary care clinicians be aware of common gynaecologic concerns and the potential impact of these on the function and quality of life of older women .

COMMON HEALTH PROBLEMS OF OLDAGE WOMEN

Postmenopausal morbidity

Postmenopausal women's reproductive health problems are different from those of younger women. The perimenopause is that phase of a woman's life characterized by declining ovarian function. As a woman approaches menopause, the hormone levels in her body start to shift. Estrogen and progesterone levels decline sharply, stabilizing a few years after the final menstrual period. Levels of the two pituitary hormones, follicle stimulating hormone (FSH) and leuteinzing hormone (LH) become variable during the menopausal transition , and increase over time.

Particular health problems in order women are predominantly associated with hormonal changes, before and during the menopause. Osteoporosis, a result of increased bone loss after menopause, often leads to bone fragility and an increase in the risk of bone fracture during old age. Cardiovascular diseases (CVD) is another common cause of death in older women. The risk of CVD increases after menopause due to hormonally influenced changes in blood lipid profiles. The menopause is only one stage in the continuum of life stages, and prior health status, reproductive patterns, life style and environmental factors play a significant role in determining the health status of older women.

Heart diseases and stroke

In a typical developed country, heart disease and stroke are the major causes of death among older women, accounting for close to over 60% of all adult female deaths. Cardiovascular diseases are also the major cause of death among women aged 50 years and over in developing countries despite the incomplete control of communicable diseases. Despite the importance of cardiovascular disease in aging populations, few studies have specifically examined women in this age group. In women the prevalence off CHD and stroke has more serious implications for morbidity patterns as a result of longer life expectancy and reduced case fatality .

Malignancies

Other common reproductive health disorders associated with aging include reproductive tissue cancers (breast, cervix, endometrium, ovarian, vulva) all of which can be influenced by exposure to oestrogens and progestin. The two most common cancers among postmenopausal women are breast cancer and cervical cancer ; the latter being more frequent in women from developing countries, and the second most frequent cancer in women worldwide.

Osteoporosis

Bone loss is a normal occurence in both sexes after the age of 30, but it accelerates in women after the menopause. Because the loss of oestrogen at menopause is associated with reduced bone density,

Reading can lower levels of unhealthy stress hormones.

osteoporosis is increasingly being defined as a hormone deficiency disease, a condition experienced only by postmenopausal women.

Genito urinary conditions

The onset of incontinence with increasing age is a key predictor of loss of functional independence, and can be one consequence of reduced mobility and other impairments. Incontinence can have serious personal and social consequences. It can cause anxiety, loss of self-esteem, avoidance of sexual personal and social consequences. It can cause anxiety, loss of self-esteem, avoidance of sexual activity, and depression. Through embarrassment, women may avoid social contact and thus become socially isolated.

Sexually transmitted infections

A woman's vulnerability increases due to poverty, lack of prevention strategies and higher sexual subordination of women. From the perspective of reproductive health education, it is important that women are made aware of the use barrier methods of contraception as a means of STD prevention and its use should not stop once the reproductive ability of a woman is lost.

Mental health

Depression can arise from the many stresses women face as they age. However, because depression can also be associated with biochemical disorders, there is a need for accurate diagnosis and treatment. Although the lifetime prevalence of any psychiatric disorder is higher for men, women are twice as likely to be depressed. The prevalence of dementia rises steeply with age, from less than 3% for the population aged 65-70 years, to over 25% at age 85 and over.

FACTORS AFFECTING ELDERLY WOMEN'S HEALTH

As women age, their health is influenced by many factors their living conditions, reproductive history, work and home-life demands, diet, exposure to infectious and chemical agents, and availability of healthcare. Certain conditions, some influenced by menopause and others by aging, also affect older women's health and well-being. Women live longer than men and have, on average, more years of ill health later in life. Older women's health reflects inadequate access to basic services, food and nutrition throughout their lives, and the hardship of their childbearing years; including births too early or too closely spaced, poor nutrition and anaemia. In many poor households and communities women work harder than men but eat less.

Environmental hazards, including lifelong exposure to pesticides and indoor air pollution from smoky kitchens also threaten women's health. Polluted water affects women's health more than men's health because they are more frequently in contact with it. Many older women suffer from chronic health problems caused by years of neglect and discrimination. Biological factors that lead to higher disease and disability in women can be exacerbated by this lifelong discriminatory treatment.

PREVENTIVE CARE OF OLDAGE WOMEN

The increasing number of old aged women requires the establishment of geriatric gynaecologist as a new subspecialty of the profession. The gynaecologist must have a working knowledge of these women-diseases including their physiopathology, differential diagnosis, treatment and, above all, prevention. The new understanding is moreover based upon the unique position of the gynaecologist in the regular prevention and last, not least, upon the special confidence of the clients to their women-doctor and upon the special human intimacy in the relation between female patients and gynaecologists. The care of senior women today includes life style counselling with the aim of prevention of preventable diseases.

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PARKINSON'S DISEASE



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INTRODUCTION

Parkinson's disease is a progressive nervous system disorder that affects movement. symptoms start gradually, sometimes starting with a barely noticeable tremor in just one hand. Tremors are common, but the disorder also commonly causes stiffness or slowing of movement.

CAUSES

In Parkinson's disease, certain nerve cells (neurons) in the brain gradually break down or die. many of the symptoms are due to a loss of neurons that produce a chemical messenger in your brain called dopamine. When dopamine levels decrease, it causes abnormal brain activity, leading to symptoms of Parkinson's disease.

- ★ Problems with genes
- ★ Environmental triggers. Exposure to certain toxins or environmental factors may increase the risk of later Parkinson's disease, but the risk is relatively small.

RISK FACTORS

- ★ Age. Young adults rarely experience Parkinson's disease. It ordinarily begins in middle or late life, and the risk increases with age. people usually develop the disease around age 60 or older.
- ★ Heredity. Having a close relative with Parkinson's disease increases the chances that people will develop the disease. However, the risks are still small.
- ★ Sex. Men are more likely to develop Parkinson's disease than are women.
- ★ Exposure to toxins. Ongoing exposure to herbicides and pesticides may slightly increase the risk of Parkinson's disease.

SIGNS AND SYMPTOMS

- ✱ Tremor. A tremor, or shaking, usually begins in a limb, often in hand or fingers. Hands are mostly involved.
- ✱ Slowed movement (bradykinesia). Over time, Parkinson's disease may slow the movement making simple tasks difficult and time-consuming. The steps may become shorter while walking. It may be difficult to get out of a chair.
- ✱ Rigid muscles. Muscles stiffness may occur in any part of your body. The stiff muscles can be painful and limit the range of motion.
- ✱ Impaired posture and balance. The posture may become disturbed, or people may have balance problems as a result of Parkinson's disease.

Yoga can boost the cognitive function and lower stress.

- ✱ Loss of automatic movements. The client may have a decreased ability to perform unconscious movements, including blinking, smiling or swinging the arms while walking.
- ✱ Speech changes. The client may speak softly, quickly, slur or hesitate before talking. The speech may be more of a monotone rather than with the usual inflections.
- ✱ Writing changes. It may become hard to write, and the writing may appear small.

COMPLICATIONS

- Thinking difficulties.
- Depression and emotional changes.
- Swallowing problems
- Chewing and eating problems
- Sleep problems and sleep disorders.
- Bladder problems.
- Constipation.
- Blood pressure changes(Low blood pressure)
- Smell dysfunction
- Fatigue
- Pain. Some people with Parkinson's disease experience pain, either in specific areas of their bodies or throughout their bodies.
- Sexual dysfunction. Some people with Parkinson's disease notice a decrease in sexual desire or performance.

DIAGNOSIS

The diagnosis of this disease will be by assessing the signs and symptoms, blood tests for assessing the thyroid function, MRI, CT scan positron emission photography(PEP).

TREATMENT

Parkinson's disease can't be cured, but medications can help control the symptoms, often dramatically. In some later cases, surgery may be advised. Surgery includes deep brain stimulation(DBS), where surgeons implant electrodes into a specific part of a brain. The electrodes are connected to a generator implanted in the chest near the collar bone that sends electrical pulses to the brain and may reduce the Parkinson's disease symptoms.

PREVENTION

- ✱ Go organic(and local) pesticides and herbicides have been heavily implicated in causing Parkinson's disease
- ✱ Eat fresh and raw vegetables
- ✱ Incorporate Omega-3 fatty acids into the diet
- ✱ Vitamin D3 intake in the diet
- ✱ Green tea
- ✱ Regular aerobic exercises.

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GERONTOLOGICAL NURSING

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Aging

Aging is a normal process of time related change, begins with birth and continuous throughout life. It is a multidimensional process of physical, psychological, and social change.

Aging categories

Categories	Age in years
Young Old	65-74
Middle Old	75-84
Old Old	85-100
Elite Old	Over 100

Gerontology The scientific study of the biological, psychological, and sociological phenomena associated with old age and aging.

Gerontological nursing

Gerontological nursing is the specialty of nursing pertaining to older adults. Gerontological nurses work in collaboration with older adults, their families, and communities to support healthy aging, maximum functioning, and quality of life. Nursing care of the aged patient given in the home, the hospital, or special institutions such as nursing homes, psychiatric institutions, etc.

Nightingale was the first geriatric nurse. ANA (American Nurses Association) established the Division of Geriatric Nursing Practice in 1966 with a goal to create standards for quality nursing care for the aged. The standards and scope of gerontological nursing practice were developed in 1969 by ANA. The term gerontological nursing replaced the term Geriatric Nursing in the 1970's.

Objectives of geriatric care

- ✿ Maintenance of health function.
- ✿ Detection of diseases at early stages.
- ✿ Prevention of deterioration of any existing problem.

Regular activity can ease the severity and reduce the frequency of lower back pain.

Goals

- ✍ Promoting and maintaining functional status
- ✍ Helping older adults to identify and use their strengths to achieve optimal independence.

Levels of prevention

Primary prevention

- ✳ Control of BP, (blood pressure) weight and diabetes
- ✳ Avoid smoking and alcohol
- ✳ Regular, moderate physical exercise
- ✳ Avoidance of drug abuse and self medication
- ✳ Well balanced diet with plenty of vegetables and fruits, low in saturated fats, refined sugars and fast foods.
- ✳ Cultivation of interest in reading, listening to music and other recreational activities.
- ✳ Avoid plenty of fluid intake
- ✳ Periodical screening for blood pressure, vision and hearing
- ✳ Plan for future financial, housing security.
- ✳ Yoga exercises and meditation
- ✳ Immunization against influenza, pneumonia, tetanus, hepatitis B

Secondary prevention

- ✍ Educate about danger signals of disease
- ✍ Educate women about Breast Self Examination. (BSE)
- ✍ Pap smear examination for menopause women.

Tertiary prevention

- ✳ Cataract surgery, provision of spectacles
- ✳ Hearing aids, artificial limbs, prosthesis.
- ✳ Physiotherapy, vocational therapy, psychological and social therapy depending upon the functional capacities.
- ✳ Deaddiction counseling
- ✳ Establishment of old age homes and old age clubs
- ✳ Establishment of geriatric clinics

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POST COVID SYNDROME

COVID - 19 affects different people in different ways. Most infected people will develop mild to moderate illness and recover without hospitalization. The disease is caused by different strains of corona viruses. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

OVERVIEW OF THE DISEASE

The best way to prevent and slow down transmission is to be well informed about the COVID - 19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face. The COVID - 19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow). Even vaccines are available for the disease; still personal protective measures are the primary need for the prevention and control of the deadly disease.

POST COVID SYNDROME

Just as COVID - 19 itself can come with a range of symptoms, so, too, can post - COVID syndrome.

The most common symptoms that can linger include:

- ★ Fatigue
- ★ Difficulty breathing
- ★ Joint pain
- ★ Chest pain
- ★ Brain fog, including an inability to concentrate and impaired memory
- ★ Loss of taste and / or smell
- ★ Sleep issues



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RISK PEOPLE FOR POST COVID SYNDROME

- ★ Adults over the age of 50
- ★ People who experienced a more severe case
- ★ Individuals with underlying health conditions, particularly cardiopulmonary issues, hypertension, diabetes or obesity

POST COVID SYNDROME AND ITS EFFECT ON VITAL ORGANS

Post - COVID respiratory system

A few patients who recover from COVID - 19 tend to complain of persistent fatigue, shortness of breath and the need to take deep breaths, hindering their abilities to complete even little routine tasks. This could possibly be due to the long - standing damage to the air sacs and lung tissue. The scars formed in the lung as a result of the inflammatory changes during the disease can lead to long - term breathing problems.

Post - COVID heart and blood vessels

Post - COVID effects on the heart and the circulatory system can be life - threatening and difficult to treat, especially in patients with pre - existing heart diseases. Doctors have observed that even after having

Drinking at least five glasses of water a day can reduce your chances of suffering from a heart attack by 40%.

tested negative for COVID -19, patients have had chronic fatigue, abnormal heart rate, palpitations, chest pain and lasting heart muscle damage (as seen on imaging studies). The other important observation made in patients with COVID - 19 is the formation of blood clots - while large clots can directly contribute to heart attacks and strokes, the smaller clots can travel to end organs like the liver, kidney, etc and cause significant organ damage.

Post - COVID kidneys

Another rising problem is the low kidney function that is observed in hospitalized patients and even in those who have been discharged. The presence of high blood pressure and diabetes further enhances the risk of developing kidney dysfunction post - COVID. Patients have had low urine output, infrequent urination, and sometimes, the damage has been extensive enough to require dialysis. The kidney damage, which is being observed even in younger patients or those with no history of kidney disease, is largely attributed to direct attack by the virus, low blood oxygen levels, cytokine storm and blood clots that might clog the kidneys.

Post - COVID liver

Liver injury is a consequence of viral replication and damage to the hepatic tissue during the infection. Patients admitted for moderate to severe COVID-19 have been noted to have elevated levels of liver enzymes and abnormal liver function. A retrospective study in china noted that over one-third of patients hospitalized for COVID-19 had abnormal liver function, and a higher proportion was observed in males. It has been observed that in some patients, the liver function test does not return to normal levels even post recovery, and this too can be attributed to cytokine storm, pneumonia-associated low oxygen levels, and side effects of drugs used to treat the infection.

Post-COVID brain

some patients who have had COVID-19 have developed strokes, seizures, and mild to severe inflammation in the brain, leading to long term impacts. Some patients who recover with mild symptoms have reported feeling confused, having foggy thoughts, dizziness, blurred vision, inability to focus, etc. Researches believe that COVID-19 may even cause temporary paralysis (Guillain - Barre syndrome) and increases risks of developing parkinson's and Alzheimer's disease in some patients.

Post-COVID digestive system

COVID-19 can potentially disrupt nutrient absorption by the gastrointestinal system, making it more difficult for the body to absorb essential nutrients and electrolytes. Many patients often complain of nausea, abdominal discomfort, loss of appetite, persistent diarrhea and symptoms of gastritis after recovering from COVID, making it difficult to return to a regular, normal diet. Although this is mostly temporary, complications like gastrointestinal bleeding have been observed in some patients.

It is important to note that many long-term effects of COVID-19 are still unknown, and effective treatment modalities are being looked into. Most patients, however, recover quickly without long-lasting effects, and many patients also seem to be slowly relieved of these lingering symptoms. However, the presence of persistent problems from COVID-19 only reiterates the importance of reducing its spread by wearing masks, washing hands and practicing appropriate social distancing measures.

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A lack of water can cause a range of problems, such as constipation, asthma, allergy and migraines.



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MYTHS AND FACTS OF CORONA



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➡ **Myth: The COVID vaccines were rushed.**

Fact: Years of prior research helped speed up the process. The remarkable speed of the COVID - 19 vaccine development isn't magic or a miracle. It's the result of years and years of hard work and previous research on other viruses, including corona viruses such as SARS and MERS. Using the prior research, scientists were able to quickly come up with effective and safe vaccines.

➡ **Myth: The vaccines weren't properly tested.**

Fact: All vaccines have to adhere to strict safety standards. The Federal Drug Administration (FDA) sets rigorous safety and efficacy guidelines for all vaccines, including the ones for COVID - 19. A new vaccine has to go through phases of testing and trials where it's given to a group of people who are then studied to make sure it's effective and safe. Every COVID vaccine that has been approved has met these standards and are considered safe and effective.

➡ **Myth: You can get COVID - 19 from the vaccines.**

Fact: The approved vaccines do not contain any live virus in them. Every approved COVID -19 vaccine is an mRNA vaccine. These types of vaccines work by teaching your body to recognize specific proteins on the surface of COVID-19 so your immune system is able to fight off the virus. They don't actually have the corona virus in them, so there isn't a chance the vaccine could ever give you the virus.

➡ **Myth: The COVID vaccine affects fertility.**

Fact: The mRNA COVID - 19 vaccines essentially teach your body's immune system how to fight off the virus. But it doesn't affect the fertility of women. In fact, during the Pfizer vaccine trials, 23 women volunteers became pregnant.

Indoor air pollution can be even worse than outside.

➡ **Myth: If you've had COVID - 19, you don't need a vaccine.**

Fact: You can get re-infected with COVID - 19. The truth is that people who have gotten sick with the virus can really still benefit from getting the vaccine. It can help prevent potential reinfection, and while you may be protected from getting the virus again for a time, there isn't enough available evidence to know how long that will be.

➡ **Myth: The COVID - 19 vaccines cause severe side effects.**

Fact: Most side effects are very mild. Some people can have side effects that are similar to other vaccines such as muscle pain, chills, and a headache. These are actually normal signs that your body is building up protection, and they should go away within a few days.

➡ **Myth: The vaccines cause autism in children.**

Fact: There is no evidence that any vaccines cause autism. This myth has been associated with other vaccines as well, such as the measles, mumps, and rubella (MMR) vaccine. It stems from a discredited study that incorrectly linked vaccines to autism in children. There is zero evidence that the COVID - 19 vaccines cause autism in children or adults.

➡ **Myth: The virus has mutated and vaccines won't work.**

Fact: There's no evidence that available vaccines won't work. While it's true that there are new strains of corona virus that are spreading quickly and may be more contagious, there isn't any convincing data that suggests that currently available vaccines will be ineffective. Viruses mutate often and the current vaccines appear to be effective against the new strains.

➡ **Myth: Natural immunity is stronger than the vaccine.**

Fact: Immunity from the vaccine is probably stronger than natural immunity. Not only is immunity from the vaccine safer and less risky than actually getting the virus, but it may also be even more effective. Research suggests that because you get 2 doses of the vaccine, you'll likely be immune for a longer period of time than you would after contracting and recovering from the virus. Your best option is to get the vaccine, not the virus.

COVID VACCINE



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INTRODUCTION

The world is in the midst of a COVID - 19 pandemic. Vaccines save millions of lives each year. Vaccines work by training and preparing the body's natural defences - the immune system - to recognize and fight off the viruses and bacteria they target. After vaccination, if the body is later exposed to those disease - causing germs, the body is immediately ready to destroy them, preventing illness.

VACCINE SCENARIO

As of 18 February 2021, at least seven different vaccines across three platforms have been rolled out in countries. Vulnerable populations in all countries are the highest priority for vaccination. Safe and effective vaccines will be a game changer: but for the foreseeable future we must continue wearing masks, physically distancing and avoiding crowds. Being vaccinated does not mean that we can throw caution to the wind and put ourselves and others at risk, particularly because it is still not clear the degree to which the vaccines can protect not only against disease but also against infection and transmission.

VACCINES FOR COVID IN INDIA

Covaxin

India's Covaxin, the homegrown government - backed vaccine, has an efficacy rate of 81%, preliminary data from its phase 3 trial shows evolved by Bharat Biotech.

The country launched its vaccine drive, the world's largest inoculation effort, in early January. It has vaccinated nearly 30 million people so far - healthcare and frontline workers were given priority in the first phase. People over 60 and those who are between 45 and 59 but have other illnesses are now getting vaccinated. The government aims to cover 250 million "priority people" by the end of July 2021.

Covaxin is an inactivated vaccine which means that it is made up of killed corona viruses, making it safe to be injected into the body. Bharat Biotech used a sample of the corona virus, isolated by India's National Institute of Virology. When administered, immune cells can still recognize the dead virus, prompting the immune system to make antibodies against the pandemic virus. The two doses are given four weeks apart. The vaccine can be stored at 2°C to 8°C.

Covishield

The Oxford - AstraZeneca vaccine is being manufactured locally by the Serum Institute of India, the world's largest vaccine manufacturer. It says it is producing more than 50 million doses a month.

The vaccine is made from a weakened version of a common cold virus (known as an adenovirus) from chimpanzees. When the vaccine is injected into a patient, it prompts the immune system to start making antibodies and primes it to attack any corona virus infection.

The nose knows: it can remember 50,000 different scents.

The vaccine is administered in two doses given between four and 12 weeks apart. It can be safely stored at temperatures of 2°C to 8°C, about the same as a domestic refrigerator. International clinical trials of the Oxford - AstraZeneca vaccine showed that when people were given a half dose, effectiveness hit 90%

Precautions for COVID - 19 Vaccination

1. **Authorized Age Group:** Under the EUA, COVID - 19 vaccination is indicated only for 18 years and above.
2. **Co - administration of vaccines:** If required, COVID - 19 vaccine and other vaccines should be separated by an interval of at least 14 days
3. **Interchangeability of COVID - 19 Vaccines is not permitted:** Second dose should also be of the same COVID - 19 vaccine which was administered as the first dose.

Contraindications

1. Persons with history of:

- ✿ Anaphylactic or allergic reaction to a previous dose of COVID - 19 vaccine
- ✿ Immediate or delayed - onset anaphylaxis or allergic reaction to injectable therapies, pharmaceutical products, food - items etc.

2. Pregnancy & Lactation

- ✿ Pregnancy & Lactation women have not been part of any COVID - 19 vaccine clinical trail so far. Therefore, women who are pregnant or not sure of their pregnancy; and lactating women should not receive COVID - 19 vaccine at this time

Provisional / temporary Contraindications: In these conditions, COVID vaccination is to be deferred for 4-8 weeks after recovery

1. Persons having active symptoms of SARS - CoV - 2 infection
2. SARS - CoV - 2 patients who have been given anti SARS - CoV - 2 monoclonal antibodies or convalescent plasma
3. Acutely unwell and hospitalized (with or intensive care) patients due to any illness

Special precautions

Vaccine should be administered with caution in persons with history of any bleeding or coagulation disorder (e.c., clotting factor deficiency coagulopathy or platelet disorder).

Following conditions are not contraindicated for COVID vaccines

- ✿ Persons with a past history of SARS - CoV - 2 infection (sero - positivity) and or RT - PCR positive illness
- ✿ History of chronic diseases and morbidities (cardiac, neurological, pulmonary, metabolic, renal, malignancies)
- ✿ Immuno - deficiency, HIV, patients on immune - suppression due to any condition (the response to the COVID - 19 vaccines may be less in these individuals)

Other important issues to consider

- ✿ Vaccine specific contraindications may apply as the new information becomes available

Comparative Sheet for different Covid - 19 vaccines, under Indian Government supply

Indicator	OVISHIELD	COVAXIN
Type of Vaccine	Recombinant COVID - 19 vaccine based on Viral Vector Technology	Whole - Virion Inactivated Corona Virus Vaccine
No. of doses in each vial	10	20
Shelf life	6 months	6 months
Expiry date available on vial	yes	yes
Vaccine Vial Monitor (VVM)	Not Available	Not Available
Route	Intramuscular (IM) Injectable	Intramuscular (IM) Injectable
Physical Appearance of Vaccine	Clear to slightly opaque, colourless to slightly brown	Whitish translucent
Dose	0.5 ml each dose	0.5 ml each dose
Course	2 - doses	2 - doses
Schedule	4 - weeks apart	4 - weeks apart
Vaccination during Pregnancy	Not recommended	Not recommended
Vaccination <18 years of age	Not recommended	Not recommended
Vaccination to Lactating mother	Not recommended	Not recommended
Storage and transportation	+ 2° C to + 8° C at all levels	+ 2° C to + 8° C at all levels
Cold chain storage space in secondary packaging	2.109cm ³	1.7187cm ³
Shake test	Not applicable	Not applicable
Open Vial Policy	Not applicable (Discard after 4 hours of opening)	Not applicable (Discard after 4 hours of opening)
Freeze Sensitive	yes	yes
Discard the vaccine vial, if found	'frozen' or 'frozen and thawed'	'frozen' or 'frozen and thawed'
Discard the vial, if	Solution is discoloured or visible particles are observed or Some mild AEFI may occur like injection site tenderness, injection site pain, headache, fatigue, myalgia, malaise, pyrexia, chills and arthralgia, nausea	Presence of particulate matter other coloration Some mild AEFI may occur like injection site pain, headache, fatigue, fever, body ache, abdominal pain, nausea and vomiting, dizziness - giddiness, tremor, sweating, cold, cough and injection site swelling
AEFI		
AEFI Other	Paracetamol may be used to provide symptomatic relief from post - vaccination adverse reactions Very rare events of demyelinating disorders have been reported following vaccination with this Vaccine without the causal relationship establishment As with other intramuscular injections, COVISHIELD should be given with caution to individuals with thrombocytopenia	
Any other instruction		shake well, before use Use of Chloroquine and Corticosteroids may impair antibody response

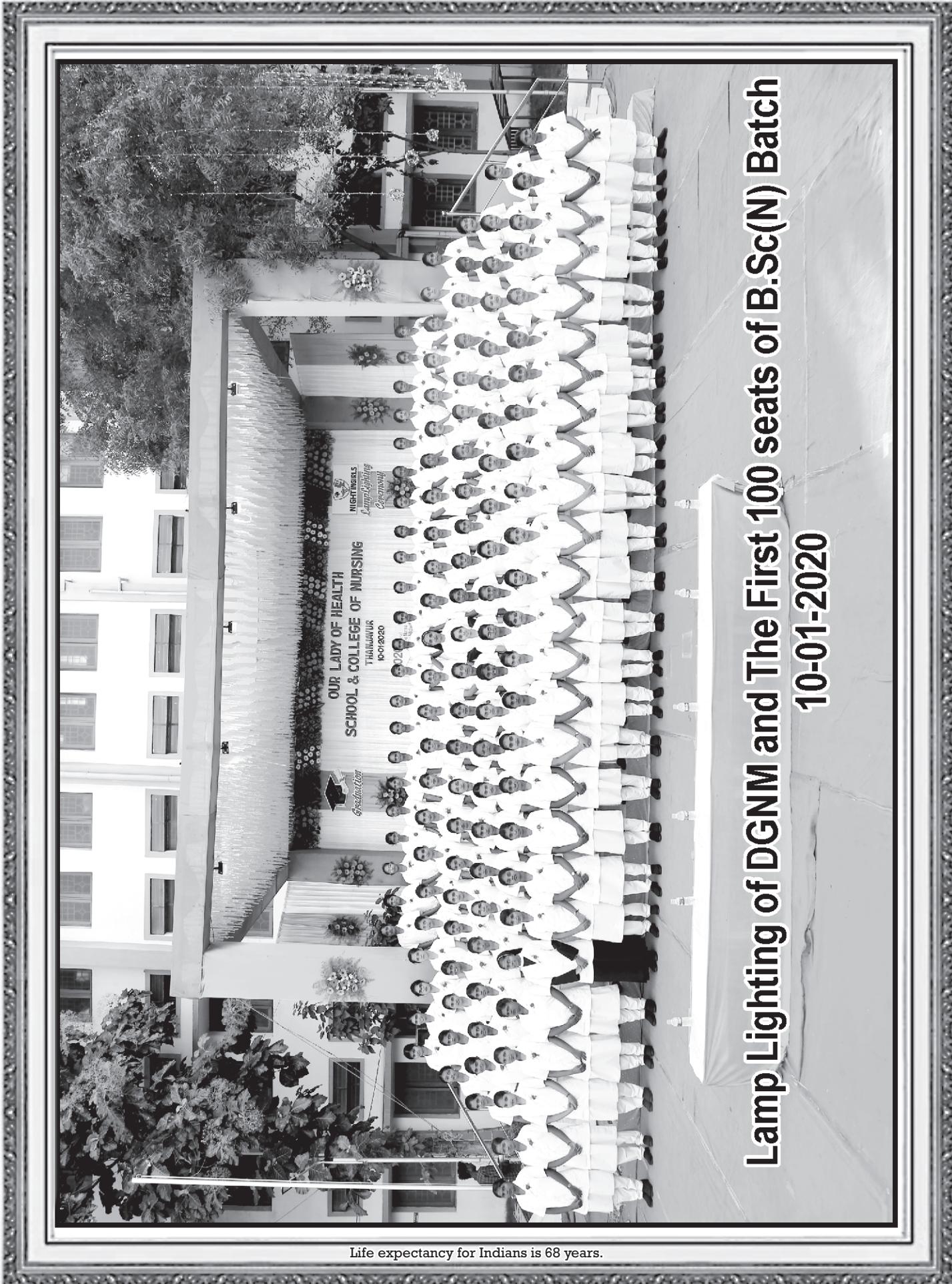
Humans can cough at 60 miles an hour and sneezes can be 100 miles an hour - which is faster than the average car !

இயற்கைக்கு வலிமையுண்டு

இயற்கைக்கு வலிமையுண்டு
 இப்போது உணர்கின்றோம்
 நொடி முள்ளை கணக்கிட்டு
 ஓடினோம் எல்லோரும்
 மனிதனிடம் மனிதன் இல்லை
 சக மனிதனிடம் பேச பிடிக்கவில்லை
 பார்த்தது இயற்கை....
 பாவம் மனிதன் ஓய்வில்லாமல்
 இப்படி ஓடிக்கொண்டிருக்கிறானே என்று
 கொடிய நோய் ஒன்று பெருந்தொற்றாய்
 பரவி விட நிலை குழைந்து போனோம்
 நிம்மதியை இழந்தோம்!
 உலகமே அசைவற்று நிற்கையில்
 ஆதரவாய் இரு கரங்கள்
 ஒரு பக்கம் மருத்துவர்கள்
 மறு பக்கம் செவிலியர்கள்
 தன் அகங்களை மறந்து
 நம் அகம் கலந்தவர்கள்
 நன்றி என்று வார்த்தைகளில் கூறாமல்
 அவர்கள் நலம் காண ஆண்டவனிடம் வேண்டுகிறோம்
 சூரியனுக்கு இரவில் ஓய்வு
 நிலவுக்கு பகலில் ஓய்வு - செவிலியருக்கோ
 இல்லையே இப்படி ஒரு ஓய்வு!
 பணியாற்றி விட்டு வீட்டிற்கு செல்லும்
 இளம் தாய்மார்களின் நிலையோ பரிதாபம்
 தொட்டால் ஓட்டிக்கொள்ளும் கொடும் நோயினால்
 தன் குழந்தையை அள்ளி அணைக்க முடியாமல்
 கண்களில் கண்ணீரோடு உதட்டில் புண்ணகையுடன்
 நின்ற கோலத்தை நாம் எல்லாம் பார்த்தோம்
 அம்மா.... என்னை தூக்கு.... என்று
 குழந்தையின் அழுகுரல்.... அப்பப்பா....
 வார்த்தைகளே இல்லை உங்களை வாழ்த்துவதற்கு!
 கண்ணுக்கு தெரியாத பேராய்! சேவையில்
 மருத்துவருக்கும் மேலாய் - அன்னை தெரசாவாய்
 நைட்டிங்கேல் அம்மையாராய் - இன்றும்
 வாழ்ந்து கொண்டிருக்கும் செவிலியர்க்கு
 வாழ்த்துக்கள்.... வாழ்த்துக்கள்..... வாழ்த்துக்கள்



Mrs. Inba Tamilveni . C
 B.A.,DS (Admin)



**Lamp Lighting of DGNM and The First 100 seats of B.Sc(N) Batch
10-01-2020**

Life expectancy for Indians is 68 years.

Research article on knowledge and attitude regarding covid vaccine



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M.Sc(N),Ph.D(N), - Principal,
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A quasi experimental study to assess the effectiveness of IEC package on the knowledge and attitude regarding COVID -19 vaccination among Nursing students at Our Lady of Health College of Nursing, Thanjavur

ABSTRACT

Background: Corona virus disease (COVID-19) is a deadly disease which continues to affect many countries in the world. This is caused by the new corona virus strain SARS- CoV-2 which has become a serious public health concern worldwide. **Methods:** Quasi experimental design was used to assess the knowledge and the attitude among nursing students. The data was collected by using a semi structured knowledge questionnaire and an likert attitude scale regarding COVID-19 vaccination. **Results:** There was a substantial difference in knowledge and attitude between the pre-test and post test scores among participants regarding the COVID-19 vaccination. **Conclusion:** After the IEC, the post assessment inferred a significant improvement in the knowledge and positive attitude towards COVID-19 vaccination among the participants.

INTRODUCTION

The corona virus disease (COVID-19) has become a global health concern. The World Health Organization characterized COVID-19 as a pandemic on March 11, 2020^{9,10}. This pandemic has affected 223 countries. As of 17th April 2021, Globally, the number of confirmed cases and deaths were 141 million and 0.01million, .in India, it has risen to over 15.1 million and 179000 respectively. In Tamil Nadu , more than 991 000 covid -19 infected cases and 13,11 deaths were confirmed⁽²⁾.

Vaccines are the most important public health measure and most effective strategy to protect the population from COVID-19. Indian government approved and agreed to use the covaxine and covishield vaccines against COVID-19 among general population⁽³⁾. Several vaccines have been approved against COVID- 19 and distributed globally in different regions. However, general public including the health professionals' knowledge and attitude towards COVID-19 vaccination are poorly understood. Thus the study was aimed to find out knowledge and attitude towards COVID-19 vaccination in India.

OBJECTIVES

- To find out the acceptance level of the participants and to assess the knowledge and attitude regarding COVID 19 vaccination.
- To evaluate the IEC package regarding COVID 19 vaccination.

HYPOTHESES

- There will be a significant difference between the pre-test and post-test level of knowledge regarding COVID 19 vaccination among the participants.
- There will be a significant difference between the pre-test and post-test level of attitude towards COVID 19 vaccination among the participants.

The longest word in the oxford dictionary is pneumonoultramicroscopicsilicovolcanoconiosis, which is a 45 - letter lung disease.

METHODOLOGY

Research type and Design: A Quantitative, quasi experimental research design was adopted. **StudySetting:** the study was conducted at OurLady of Health School and College of Nursing, Diocese of Thanjavur, **Sample:**Data were collected from 100 Nursing students selected randomly. After obtaining the written consent from the management and the participants, a semi structured questionnaire was used to assess the knowledge and a 3 point likert scale was used to find out the attitude of participants towards COVID-19 vaccination. **Data analysis:** Inferential and descriptive statistics were used to analysis the data. Statistical analysis was carried out using the statistical package for social sciences. (spss, version 22)

RESULTS It was scientifically proved that there was a significant improvement in the knowledge and the attitude of participants regarding the COVID-19 vaccination., after the intervention. package The participant's acceptance for COVID-19 vaccination was also considerably increased..

Table -1 :Acceptance level of participants for COVID-19 vaccination N=377

Course	B.Sc Nursing				Diploma in Nursing		
	I (n-100)	II (n-100)	III (n-58)	IV (-n-59)	I (n-20)	II(N-20)	III (n-20)
Acceptance level	13(13%)	18(18%)	18(31%)	3(5%)	3(15%)	7(35%)	2(10%)

Table -2 : Distribution of knowledge regarding COVID-19 vaccination among the participants. N =100

Sl.No	Level of Knowledge	Pretest	Post test	t value
		%	%	
1	Adequate	5	25	24.8
2	Moderately Adequate	40	70	
3	Inadequate	55	5	

Table -3 Distribution of attitude regarding COVID-19 vaccination among the participants. N=100

Sl.No	Level of attitude	Pretest	Post test	t value
		%	%	
1	Agree	15	64	27.3
2	Uncertain	40	30	
3	Disagree	55	6	

CONCLUSION

The COVID-19 pandemic continues to wreak global havoc on lives and livelihoods and the COVID-19 vaccine represents a possible light of hope for the future. The present study findings suggest that the policy makers and the health care workers involved in implementation of COVID-19 vaccination are need to have adequate knowledge and attitude and to educate the public that it's a shared responsibility to ensure a safe and an efficient COVID-19 vaccine administration.

REFERENCES

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- 3) World Health Organization. WHO SAGE Roadmap for Prioritizing uses of COVID-19 Vaccines in the context of limited supply. Geneva, Switzerland; 2020.

9) What about your diet plan during this COVID-19 duty?

I take more amount of fruits, vegetables, nuts, whole grains, legumes, moderate amount of eggs, dairy products,, poultry and fish ; little amounts of meat and pulses. I used to drink kapasara kudineer everyday and drink lot of warm fluids.

10) What are the biggest challenges your are facing in treating the patients in this pandemic?

The biggest challenge in this PPE is it's difficult to wear this for a long time as it cause suffocation and the fear of getting infected though taking many precautions.

“முதியோர் இல்லம் கூறும் வாழ்க்கைப்பாடம்”

“பரந்து விரிந்த பாரத பூமியில்
பல பொறுப்பற்ற பிள்ளைகளின்
பாவமான சுயநல செயலால்
பரிதாபமாய் பரவி வருகிறது
பல முதியோர் இல்லங்கள்”.....!



E.Aruljothi M.Sc(N) II year

ஆம், இன்று இந்தியாவில் மட்டும் சுமார் 728 முதியோர் இல்லங்கள் உள்ளன. இதற்கு காரணம் அவசரமான உலகில் அன்பிற்கு அடைக்கலம் இல்லாமல் போனதுதான் முதியோர் இல்லங்கள் கூறும் வாழ்க்கைப்பாடம் என்பது நல்ல உள்ளங்கள் கொண்ட பிள்ளைகள் இருந்திருந்தால் இன்று இத்தனை முதியோர் இல்லங்கள் இருந்திருக்காது! என்பதுதான். “உன்னை நான் கருவறையில் சுமந்தேன். ஆனால் என்னை சுமக்க உன் வீட்டில் ஓர் சிறு அறை கூட இல்லையா”? என்பது முதியோர் இல்லத்தில் இருக்கும் ஒவ்வொரு பெற்றோர்களின் குரல் ஆகும்.

பத்து மாதம் சுமந்து, இரத்தத்தை பாலாக கொடுத்து வாழ்க்கை பாடத்தை கற்றுக்கொடுத்து வளர்த்த பிள்ளைகள் ஒரு கட்டத்தில் பெற்றோர்களுக்கு பாடம் கற்பித்து உதறிவிடுகிறார்கள்.

ஒரு கணம் கூட யோசிக்காமல் வயதான காலத்தில் பேரப்பிள்ளைகளுடன் கொஞ்சி விளையாடும் நேரத்தில் அனாதை போல் முதியோர் இல்லத்தில் இருக்கும் அவல நிலை இங்கு தான் இருக்கிறது.

பணத்தின் முன் பாசம் தோற்றுவிட்டது அதனால் பல முதியோர் இல்லங்கள் தோன்றிவிட்டன. வீதியில் இரண்டு இளைஞர்கள் சண்டை போட்டுக் கொண்டிருந்தனர், என்னவென்று விசாரித்து பார்த்தால் தாயை யார் வீட்டில் வைத்து பார்த்து கொள்வது என்று, இப்படிப்பட்ட மகன்களை பெற்று வளர்த்து ஆளாக்க அப்பெண் எவ்வளவு சிரமப்பட்டிருப்பாளோ.

திரைகடலோடியும் திரவியம் தேட வெளிநாடுகளுக்குச் செல்பவர் முதலில் ஓரிரு மாதங்களுக்குப் பெற்றோரிடம் தொலைபேசியில் நலம் விசாரிக்கின்றனர். கொஞ்ச காலம் சென்ற பின்னர் தொப்புள்கொடி உறவு, கடைசிவரை தொலைத்தொடர்பு உறவாக மாறி பின் அந்த உறவு தொடர்பே இல்லாமல் முதியோர் இல்லத்தில் தள்ளப்படுகிறது.

இந்திய மக்கள் தொகையில் 8.2 சதவிகிதம் பேர் முதியோர்கள். இவற்றில் 3.4 சதவிகிதம் பேர் முதியோர் இல்லங்களில் வாழ்ந்து கொண்டிருக்கின்றனர். இவற்றில் பலர் பிள்ளைகளால் கைவிடப்பட்டோர். எனவே, முதியோர் இல்லங்கள் குறைய வேண்டுமென்றால், பிள்ளைகள் பாசத்திற்கு முக்கியத்துவம் கொடுத்து, வீட்டில் தனது மனைவி மற்றும் குழந்தைகளிடம் தம் பெற்றோர்கள் தமக்கு எவ்வளவு முக்கியம் என்று கூறியும், தம் பெற்றோர் தம்மை வளர்க்க பட்ட துன்பங்களை நினைத்து பார்த்தால் மட்டுமே முடியும். எனவே, ஒவ்வொரு குடிமகனும் உறுதிமொழி எடுக்க வேண்டும். நாங்கள் எப்பொழுதும் “எங்கள் பெற்றோர்களை முதியோர் இல்லம் என்ற சிறைக்குள் கொண்டு செல்ல மாட்டோம்,” என்று.

“முதியோர்களை பாதுகாப்போம்
முதியோர் இல்லங்களை குறைப்போம்”

முதுமையின் இனிமை

கன்னங்கள் சுருங்கிட, மீசைகள் நரைத்திட
தள்ளாத வயதிலும் தவிக்க விடாமல்
துணையாய் வரும் முதுமை காதலோ இனிமை!..
என்னில் அவள் மரமாய் வேரூன்றி விட்டாள்
வேர்களுக்கு என்ன வயது வரம்பு, முதுமையில்லா
என் ஆயுள் கால இனிமையே முதுமை....
இளமையில் முகம் அழகு முதுமையில் ஆன்மா அழகு
இளமை கோபத்தால் சாதிக்கலாம் என்பதை நம்புகிறது
முதுமை அதை தாங்கிக் கொள்வதால் வென்று விடுகிறது.
முதுமை என்பது உடலளவே தவிர மனதளவிலே இல்லை
முதுமையின் இனிமையை இளமை சொல்லுகிறது
நான் நினைத்ததை விட அதிகம் வாழ்ந்து காட்டினாய் என்று
யுகம் பல ஆயினும் மாறாத இருமனங்கள்
கருப்பில் இணைந்த காதல் தூய நரையிலும்
இணைபிரியா பந்தமாய் முதுமையிலும் இளம் காதலர்கள்
அழகு நிர்ணயிக்கும் உறவோ இளமை இருக்கும் வரை தான்
அன்பு நிர்ணயிக்கும் உறவோ முதுமை முடியும் வரை...
எதிரெதிரே நீயும் நானும் உறவினால் அல்ல
உறக்கத்தில் உள்ளதோ இனிமை...
அருகருகே நீயும் நானும் அணைப்பினில் அல்ல
அன்பில் ஒருவித இனிமை....
முதிர்ந்த என் முகத்திலே நரைத்த என் முடி ஒதுக்கி
இதமாய் வழங்கிடும் ஓர் முத்தம் இனிமை...
உன் மூச்சுக்காற்றிலே முற்றுப் பெறட்டும்
என் முதுமையின் இனிமை....



P. Gajalakshmi
B.Sc(N) III Year

“முதுமை - இனிமையா? சுமையா?”

“முதுமை பருவம் அது நம் வாழ்வின் இறுதிபருவம்:
சிறு மழலைகளின் முத்தான சொற்கேட்டு மகிழ வேண்டிய பருவம்.”
அன்புக்காக ஏங்கும் போது:
ஆதரவின்றி தவிக்கும் போது.
பிறரை நம்பி வாழும் போது.
பசியால் வாடும் போது.
பெற்ற மகனே முதியோர் இல்லத்தில் சேர்க்கும் போது.
தடுக்கி விழும் போது. தாங்கி பிடிக்க துணை இல்லாத போது.
கால்கள் தளர்ந்து கைத்தடி ஊன்றி நடக்கும் போது.
முதுமை நிச்சயம் சுமையானது தான்!
முதுமையும் இனிமையாக மாறும்.
உண்மையான அன்பும், ஆதரவும் கிடைக்கும் போது.
மதிப்போம் முதியோர்களின் உணர்ச்சிகளை,
மாற்றுவோம் முதுமையை இனிமையாக!



A. INFANT MONIKA
B.Sc(N) IV YEAR

Human heart beats around 100,000 times a day.

செவிலியரே!!!

செவிலியரே!!!
 உன்னால்தான்...
 இயற்கை அன்னையின்
 இன்னல்கள் புரிந்தது.
 மனித உயிர்களின்
 மகத்துவம் தெரிந்தது.
 மனம்போன போக்கில் போகாமல்
 இறைவன் பதம் சேர்ந்து
 மாமிசம் தவிர்ந்து மரக்கறி உண்டோம்
 சத்தமின்றி கைகளை சுத்தம் செய்தோம்.
 இதே தலைக்கணத்தோடு மீண்டும் வராதே!
 மரணம் எனக்கல்ல! உனக்கே! ஆம்!



V.JENIFER RUBIYA
 II YEAR POST BASIC
 B.Sc(N)

ஊரடங்கு சட்டம் போட்டாலும்
 உயிர்காக்கும் பணி தொடர்ந்தது
 இரவு எனும் கருமையில்
 கடமை எனும் வெளிச்சத்தில்
 அல்லும் பகலும் பணி செய்து
 கொரோனா வென்றோம்!
 விதி முடியும் நேரத்திலும் சில
 விளக்குகளுக்கு ஒளியேற்றி விட்டே
 விடைபெறும் தீக்குச்சி போல்
 பிறந்த குழந்தையையே தாக்கும்
 கிருமிகளுக்கிடையே!
 பிரசவ பணி செய்து பிள்ளை பெறாமலேயே
 இன்னொரு தாய் எனும் பெருமைபெற்றோம்..
 ஆறரிவு இல்லாத கிருமியின் அகந்தை அடங்க
 ஆற தழுவிய உறவுகள் அனைத்தும்
 “அச்” என்ற மாத்திரம்
 ஆறடி இடைவெளி என்ற போதிலும்
 கொரோனா நுரையீரலை தொட்ட போதிலும்
 நாங்கள் நோயாளிகளின் இதயம்
 தொட்டோம்
 அன்புக்கரம் நீட்டி....
 ஆடம்பர வாழ்க்கை துறந்து
 அரைப்படி உணவே உண்டு
 அவசரக் கழிவைக் கூட
 ஆறுமணி நேரம் சென்று கழித்து
 அர்ப்பண வாழ்வு வாழ்வது - செவிலியர்
 அன்னையர்களே!

இரவு தூக்கம் மறந்து
 இன்னல்கள் பல அடைந்து
 இன்பங்கள் எல்லாம் துறந்து
 இடர்பாடில் கரம் தந்து
 இன்முகத்துடன் சேவை செய்வது
 இறைவனின் பிரதிபலிப்பான
 இதய தெய்வங்களே!
 செவிலிய தங்கங்களே!

வெள்ளை நிறம் விதவைகளுக்குத்தான்
 “விதி” என்றான போதிலும் - விளக்கேற்றி
 வெண்மை நிற ஆடையால்
 வியர்வை சிந்த கொரோனா வென்று
 வெற்றிகள் கண்டோம்! ஆம்
 நீரின்றி நானாக போதிலும்
 நாமின்றி உலகில்லை என்பதை
 விதைத்து விஸ்வரூபம் எடுத்தாய்
 செவிலியர் எனும் விருச்சமாய்
 உமக்கு ஆயிரமாயிரம் பொற்பாத!
 நன்றிகள்! நன்றிகள்!!

செவிலியரின் கருமையில்



by.
 G. Devasi
 1st year BSc, (N).

Skin is the human body's largest organ.

முதியோர் இல்லம் கூறும் வாழ்க்கைப்பாடம்



K. Sameem Banu
B.Sc(N) II Year

“அம்மாவிடம் இருந்து கற்றுக்கொள்வது அன்பு
அப்பாவிடம் இருந்து கற்றுக்கொள்வது அரவணைப்பு
உடன்பிறப்புகளிடம் இருந்து கற்றுக்கொள்வது இரத்தப்பாசம்
நண்பர்களிடம் இருந்து கற்றுக்கொள்வது
உண்மையான நேசமும் உன்னதமான உரிமையும்
ஆனால் வாழ்க்கையிடம் இருந்து மட்டுமே
அனுபவமான பாடங்களை கற்றுக்கொள்கிறோம்.”

நமது வாழ்க்கை ஒவ்வொரு நிகழ்வுகளிலும் ஒவ்வொரு விதமான பாடங்களை
கற்றுக்கொடுத்துக் கொண்டேதான் இருக்கிறது. ஒவ்வொரு முதியவர்களின் வாழ்க்கையிலும்
ஒரு அனுபவமான பாடம் உண்டு.

மார்பில் பாலூட்டி வளர்த்த தாயும் மார்போடு அனைத்துக் கொண்ட தந்தையும் நமக்கு
பாரமாக தெரிகிறார்கள் என்று நினைத்துக் கொள்கிறோம்.

தாய்க்கு நாம் பாரமாய் தெரிந்ததே இல்லையாம்
நம்மை கருவறையில் சுமக்கும்போது
தந்தைக்கும் நாம் பாரமாய் தெரிந்ததே இல்லையாம்
நம்மை மார்பில் சுமக்கும்போது
ஏன் கல்லறைக்கு கூட நாம் பாரமாய் தெரிவதில்லை
நம்மை சுமக்கும் போதுகூட மண் மௌனமாய் தான் இருக்கிறது மனிதனே!
வாழும்போது மட்டும் உனக்கு உன்தாய் தந்தை சுமையானவர்கள் எப்படி?

நமக்கு பெற்றோர்கள் சுமையாக தெரிந்தால் நாம் சோம்பேறிகள் ஆகின்றோம் என்றே
அர்த்தம். நமது வாழ்க்கையில் நாம் யாருக்காவது எதையாவது கொடுத்து கொண்டே இருக்க
வேண்டும். முதியோர் இல்லத்திற்கு நீங்கள் எதையாவது கொடுத்தால் தாராளமானவர்கள்
அதே சமயத்தில் முதியோர் இல்லத்திற்கு தங்கள் பெற்றோரைக் கொடுத்தால்
தன்னலகாரர்கள்..

முதியோர் இல்லத்திற்கு உணவு கொடுங்கள்
முதியோர் இல்லத்திற்கு வடை கொடுங்கள் - ஏன்
முதியோர் இல்லத்திற்கு பணம் கூட கொடுங்கள் ஒன்றை தவிர அதாவது
“உங்கள் பெற்றோர்களை தவிர”

முதியோர் இல்லத்தில் இருக்கும் ஒரு தாயின் வாழ்க்கைப்பாடம்

நமது வாழ்க்கையில் நமக்கு ஒவ்வொரு விதமான பாடங்களையும் கற்றுத்தருபவர் நம்
அம்மா. நாம் பெற்ற முதல் இரத்ததானம் எது தெரியுமா அம்மாவின் பால். அவை வெறும்பால்
மட்டுமல்ல நம் அம்மாவின் குருதியே. அம்மா தனக்கு என்னவெல்லாம் செய்தால் என்பதை
மனிதன் கடைசிவரை உணர்வதில்லை. அவன் அதை உணரும்போது அம்மா உயிரோடு
இருப்பதில்லை.

சொல்ல வந்ததை சரியாக சொல்ல முடியாமல்
தவிர்த்து நின்று பார் தாய்மொழியின் அருமை புரியும்
வெளிநாட்டில் இருந்துப் பார்
தாய்நாட்டின் அருமை புரியும் இதேபோல
தாயை விட்டு தள்ளி இருந்துப் பார்
தாய்மையும் தாய்மையின் தியாகமும் புரியும்.

நமக்காக ஒவ்வொன்றையும் பார்த்து பார்த்து செய்யும் நம்மின் அம்மாவிற்கு நாம்
என்னச் செய்யப் போகிறோம்.

ஒவ்வொரு ஆண்மகனும் தன் அம்மாவை தனக்கு பிறக்கப்போகும் பெண்குழந்தையை போல நினைத்துக்கொண்டால் முதியோர் இல்லத்தில் எந்த ஒரு தாயும் இருக்க வேண்டியதில்லை.

முதியோர் இல்லத்தில் இருக்கும் ஒரு தாயின் கண்ணீர்

“நீ இருக்க ஒரு கருவறை இருந்தது என் வயிற்றில்
ஆனால் நான் இருக்க ஒரு இருட்டறை கூட
இல்லையா உன் வீட்டில்”

என்ற வரிகளோடு ஒரு தாயின் வழிந்தோடும் கண்ணீர் இவ்வாறுதான் உள்ளது ஒரு தாயின் வாழ்க்கைப்பாடம் முதியோர் இல்லத்தில்.

என் பார்வையில் செவிலியர் பணி



J.Sangavi
B.Sc(N) I Year

முன்னுரை:

உலகமே தாய்மையை போற்றுகிறது. அந்த புனித தாய்மையே செவிலியர்களை போற்றுகிறார்கள். இந்த புனிதமான பணியை ஏற்றுக்கொண்டு தனக்கென வாழாமல் பிறருக்காக வாழும் செவிலியர்களை நாமும் போற்றுவோம். இந்த புனிதமான, அன்பான, பாசமான, அறிவான, பணிவான, கடமை தவறாத செவிலியர்களை உருவாக்கி, நல்ல நிலையில் நிலைநிறுத்திய நமது பாதுகாவலி புனித ஆரோக்கிய அன்னையை போற்றுவோம். இப்படிப்பட்ட செவிலியர்களைப் பற்றி விரிவாக காண்போம்.

செவிலியர்கள்:

செவிலிய பணி என்பதே ஒரு சிறப்பு மிக்க மிகவும் புனிதமான பணியாகும். இந்த பணியில் பெண்கள் மட்டுமல்லாது ஆண்களும் பிறருக்காக தனது வாழ்வை அர்ப்பணிக்கிறார்கள். தனது பள்ளி படிப்பை முடித்துவிட்டு அடுத்தக்கட்டத்தில் செவிலியர் பணியில் தான் சேர வேண்டும், என்ற உறுதியுடனும், மன தைரியத்துடனும் பிறருக்காக சேவை செய்வதற்காகவும் “செவிலியர்” என்ற புனிதமான, உயரிய பணியை தேர்ந்தெடுத்தவர்கள் அனைவருமே கடவுளால் ஆசீர்வதிக்கப்பட்டவர்களே. ஒரு குழந்தை முதன் முதலில் உலகிற்கு வரும்போது (மீறக்கும்போது) அந்த பிஞ்சு குழந்தையை முதன் முதலில் “தொட்டு தூக்குவது செவிலியரே” அதற்கு அடுத்துதான். குழந்தை தனது தாயின் கையை சென்றடையும். அப்படிப்பட்ட புனிதமான பெருமைமிக்க பணியை தேர்ந்தெடுத்தவர்கள் அனைவரும் எதற்கும் கலங்காமலும், மன உறுதியுடனும், இந்த பணியை திறம்பட செய்து வருகிறார்கள். இனிமேலும் செய்வார்கள். நான் செவிலிய மாணவி என்பதில் பெருமிதம் அடைகிறேன். “ஒரு மனிதன் மீறப்பதிலிருந்து இறப்பதுவரைக்கும்” ஒரு செவிலியரின் பங்கு முக்கியமானது தனக்கென எந்த ஒரு தனிப்பட்ட ஆசைகளையும் வைத்துக்கொள்ளாமல் பிறருக்காக தனது வாழ்க்கையை அர்ப்பணிப்பவர்கள் செவிலியர்களே. இந்த புனித செவிலியர் பணியில் ஈடுபட்டுள்ள அனைவருமே புனித ஆரோக்கிய அன்னையால் ஆசீர்வதிக்கப்பட்டவர்களே.

செவிலியர்களின் சிறப்பு:

முதன் முதலில் செவிலியர் பணியை செய்ய தொடங்கியவர் “ப்ளாரன்ஸ் நைட்டிங்கேல்.” அவரது பிறந்த நாளாகிய மே- 12 என்ற அன்றைய தினத்தை நாம் உலக செவிலியர் தினமாக கொண்டாடுகிறோம். அந்நாளில் ஒவ்வொரு செவிலியர்களும் கௌரவிக்கப்படுகிறார்கள், என்பதில் பெருமிதம் அடைகிறோம்.

தனது குடும்பத்தை பிரிந்து கல்லூரியில் இணைவதில் இருந்து செவிலியர்கள் தனது கடைசி உயிர்மூச்சு உள்ள வரை இந்த அற்புதமான, பெருமைமிக்க செவிலியர் பணியை துறப்பதில்லை. ஒவ்வொரு நாளும் செவிலியர்கள் புதிய புதிய மனிதர்களையும், அவர்களுக்கு உள்ள பிரச்சனைகளையும் சந்தித்தாலும் எவரிடமும் கடுமையாக நடந்து கொள்வதில்லை

You can't breathe and swallow at the same time.

ஒரு சாதாரணமான பெண் அவளது குடும்ப நபர்களாலும், தனது சொந்தங்களினாலும் மட்டுமே ஆசிரவதிக்கப்படுவாள். ஆனால், ஒரு செவிலிய பெண் தனது குடும்ப நபர்களாலும், தனது சொந்தங்களினாலும், தனக்கும் தன்னையும் யாரென்றே தெரியாதவர்களினாலும் ஆசிரவதிக்கப்படுகிறார்கள். அதற்கான காரணம் என்னவென்றால் அன்பு மட்டுமே. நீடிய பொறுமையுடனும், என்றுமே மாறா அன்புடனும் தன் குடும்பத்தில் உள்ள நபர்களை எப்படி கவனத்துடனும், அக்கறையுடனும் பார்த்துக்கொள்வார்களோ அதேபோல் பிறரையும் பார்த்து கொள்வதில் செவிலியர்களுக்கு நிகரே இல்லை. எனவே, செவிலியர் பணியை செய்வதிலும், செவிலியர் பணிக்கு வருவதிலும் எந்த ஒரு வருத்தமோ, அவமானமோ இல்லை. இப்படிப்பட்ட புனிதமான பணியை செய்வதற்கு செவிலிய மாணவர்களாகிய நாம் மட்டுமல்ல இந்த பணியை செய்தவர்களும், செய்பவர்களும், இனி செய்ய இருப்பவர்களும் பெருமிதம் கொள்ள வேண்டும்.

கொரோனா காலத்தில் செவிலியரின் பங்கு:

2020 - 2021 - ல் உலகையே அச்சுறுத்தி வந்த, வருகின்ற மிக கொடுமையான, நோய் (மீணி) கொரோனா ஆகும். கொரோனாவால் ஒவ்வொருவரும் தனிமையாக தன்னைத்தானே தனிமைப்படுத்தி கொண்டிருந்தார்கள். ஆனால் ஒவ்வொரு செவிலியர்களும் தனது குடும்பத்தை விட்டு, பாதிக்கப்பட்ட அனைத்து நபர்களையும் கவனமாக பார்த்து வந்தார்கள். அந்நேரத்தில் தனக்கெதுவும் நேரிடுமோ என்ற கேள்வி அவர்களுக்குள் எழவில்லை. அவர்களது குடும்பத்தில் தன் மகளைப் பற்றி எவ்வளவுதான் கவலையோ, இல்லை தன் மகள் கொரோனாவால் பாதிக்கப்படுவாயோ என்ற பயமோ இல்லாமல் மனநிறைவுடன் பணிக்கு அனுப்பி வைத்தார்கள். இப்படிப்பட்ட தாய், தகப்பன், சகோதரன், சகோதரிகளை நினைத்து நெகிழ்ச்சி அடைவதோடு மட்டுமல்லாமல் நன்றி கூறவும் கடமைப்பட்டிருக்கிறேன். இந்த குறிப்பிட்ட காலக்கட்டத்தில் எண்ணிலடங்காத செவிலியர்களும், மருத்துவர்களும் தனது உயிரை இழந்திருக்கிறார்கள்.

உலகமே போற்றும் செவிலியர்கள்:

மருத்துவர்களை காட்டிலும் மருத்துவ பணியில் சிறந்து விளங்குபவர்கள் செவிலியர்களே, ஒரு குடும்பத்தில் பெற்றோர்கள் பிள்ளைகளுக்கோ, பிள்ளைகள் பெற்றோர்களுக்கோ செய்யும் காரியங்களில் அறுவறுப்பாக நினைக்கும் காரியங்களை கூட செவிலியர்கள் பிணியாளர்களுக்கு சகிப்புத்தன்மையுடன் செய்வார்கள். அந்த காரியத்தில் எவ்விதமான மனகசப்பும் இன்றி பரிபூரணமான அன்புடன் செய்வார்கள். “நோய்க்கு மிகப்பெரிய எதிரி அன்புதான்.” அப்படிப்பட்ட பலமான எதிரியை வைத்தே செவிலியர்கள் பல நோய்களை வெல்கிறார்கள். இதனால் செவிலியரை மட்டுமல்லாமல், செவிலியரின் குடும்பத்தையும் பலரும் வாழ்த்துவதை பார்க்கமுடிகிறது. எனவே, இத்தகைய பணிக்கு தன்னையும், தன் வாழ்வையும் அர்ப்பணித்த செவிலியர்கள் வாழவும், இனியும் வளரவும் போற்றுவோம்.

முடிவுரை:

இத்தகைய சிறப்பும், மனநிம்மதியும், நிறைந்த இந்த பணியை செய்வதில் நாங்கள் பெருமிதம் கொள்கிறோம். செவிலியர்களுக்கு நம்மால் முடித்த ஒரு சிறிய உதவியாக செவிலியர் தினத்தை கொண்டாடுவோம். உன்னதமான இந்த புனித செவிலியர் பணிக்கு அர்ப்பணித்த, செவிலியர்கள் மற்றும் அவர்களின் பெற்றோரை போற்றுவோம். நமக்காக தம் வாழ்வை அர்ப்பணித்த, இனியும் அர்ப்பணிக்க போகிற அனைத்து செவிலியர்களையும் வாழ்த்துகிறோம். புனித ஆரோக்கிய அன்னை செவிலியர் கல்லூரி மட்டுமல்லாது இன்னும் பல கல்லூரிகள் செவிலியர்களுக்கு என பணிபுரிவதை நினைத்து நன்றி செலுத்துகிறோம். இன்னும் பலர் இப்பணிக்கு வருமாறு அன்புடனும், நன்றியுடனும் வரவேற்கிறோம். இத்தகைய பணியை செய்யும் செவிலியர்களுக்கு நன்றி கூறுகிறோம். நமக்காக தன் வாழ்வை அர்ப்பணித்த செவிலியர்களின் வாழ்வும் அவர்களின் குடும்பமும் நலமுடனும், நீண்ட ஆயுளுடனும், ஆரோக்கியத்துடனும் வாழ எல்லாம் வல்ல இறைவனை பிரார்த்திப்போம். “இந்த செவிலிய பணியை செய்யும் அனைத்து பெண்களும் சிங்க பெண்களே”!....

An adult skin weighs around 3 to 4 kgs.

என் பார்வையில் செவிலியர்



R.Keerthana Nirmal Rani
B.Sc(N) I year

முன்னுரை

சூரியனுக்கு இரவில் ஓய்வு, நிலவுக்கு பகலில் ஓய்வு
செவிலியருக்கோ - இல்லையே இப்படியோர் ஓய்வு
பகலில் சூரியனாகவும், இரவில் நிலவாகவும்
பணிபுரிபவள் செவிலியர் மட்டுமே

என்ற பாரதியின் பாடல் வரிகளுக்கு ஏற்ப செவிலியரை போற்றுவோம் என்றுக் கூறி இக்கட்டுரையைத் தொடங்குகிறேன்.

செவிலியர் பணி :-

தன்னை இவ்வுலகில் பலர் ஏளனம் செய்தாலும் அதை தன் மனதில் ஒருபொருட்டாக எடுத்துக்கொள்ளாமல் தன் பணியே உயர்ந்த உன்னத பணி என்று எண்ணி தன் பணியை நோக்கி பயணிக்கும் ஒரே பிறவி செவிலியர் பிறவி. இரவு பகல் என்று பார்க்காமல் இவளிடம் உதவிகேட்டால் எந்நேரத்திலும் சோர்வின்றி ஓடி வந்து எப்பொழுதும் பிறருக்காக மட்டும் பிறர் நலமுடன் வாழவேண்டும் என்பதற்காக மட்டுமே தன்னை பற்றி சிறிதும் யோசிக்காமல் உழைப்பவர் தான் செவிலியர்.

உணவுமில்லாமல் தூக்கமில்லாமல் பிறர் நலமுடன் வாழ்வதற்காக உழைப்பவர்.

காற்றுக்கு வேலி இல்லை

கடலில் அலைகள் ஓய்வது இல்லை

அதுபோல் செவிலியர்களின் பணிக்கு ஓய்வேயில்லை

மரங்கள் அசையாமல் இருப்பதில்லை

அதுபோல் செவிலியர்களின் பணிக்கு முடிவேயில்லை

தாய்மை உணர்வு :-

பெண்களே வேண்டாம் என்று உதறிய நம் நாட்டில் பெண் இல்லை என்றால் ஒன்று கூட இயங்காது என்ற நிலைக்கு இன்று உயர்ந்தவர்கள் பெண்கள். அனைத்துத்துறையிலும் ஆண்களுக்கு நிகரான இடத்தில் பெண்களும் இருக்கின்றனர். செவிலியர் என்பவள் ஒரு குழந்தை தன் தாயின் கையில் ஏந்துவதற்கு முன் இவள் தன் கையில் தாங்கி தாய்மை உணர்வை வளர்க்கும் பெரும் பேறுபெற்றவள்தான் செவிலியர்.

ஒருவரின் பிறப்பு முதல் இறப்பு வரை இவளின் சேவை மக்களுக்கு தேவை.

செவிலியரின் உறவு :-

மற்றவர்களுக்கு இன்னொரு தாயாகவும், தோழியாகவும்

சகோதரியாகவும் அவர்களின் அனைத்து உணர்வுகளையும்

புரிந்துகொள்பவள் நீயடி....

இணைய உலகில் வாழ்கின்ற நம்மில் இருக்கக்கூட நேரமில்லாமல் இருக்கின்ற நமக்காக உழைக்கின்ற இவர்கள் நமக்கு யார்? சொந்தங்களா? இல்லை உடன்பிறப்புகளா?

மனிதன் இயற்கையாகவும் இன்பமாகவும், ஆரோக்கியமாகவும் அக்காலத்தில் வாழ்ந்தான். ஆனால் இக்காலத்தில் செயற்கையான பொருட்களை உபயோகித்து உடல் ஆரோக்கியத்தை குறைத்து செயற்கையாகவே உடல் உருப்புகளை பொருத்திக் கொள்கின்றனர். இவர்களைக் காப்பதற்காகவே பாடுபடும் உயிர்தான் செவிலியர்.

அல்லும் பகலும் அயராது உழைக்கும் ஒரே ஒரு

புனித பணி செவிலியர் பணி மட்டுமே.

முடிவுரை :-

பறவைகள், பூக்கள், மரங்கள், விலங்குகள் இவைகள் இல்லாமல் இயற்கை இல்லை செவிலியர்கள் இல்லாத மருத்துவ துறைகள் இல்லை. சிறியவர்கள் முதல் பெரியவர்கள் வரை சாதி, மதம் என்று பாராமல் அனைவரையும் தம் உறவுகள் போல் பார்த்துக் கொள்பவள். செவிலியர்கள் தன் குறையை பாராமல் பிறர்குறையை தன்குறையாக எண்ணி தன் சேவையை நிறைவாக செய்பவள்.

உலகைக் காக்கும் தேவதைகள்

இப்படிப்பட்ட ஒப்பற்ற துறைக்கு உன்னையே உப்படுத்து என்று கூறி இக்கட்டுரைக்கு முற்றுப்புள்ளி வைக்கின்றேன்.

Our blood is on a 60,000 - mile journey per day

என் பார்வையில் செவிலியப்பணி



P.Dhivya
B.Sc(N) I Year

அரவணக்கும் தாயோ இவள் - இல்லை;
ஆறுதல் தரும் தோழியோ? - இல்லை;
இன்பத்துன்பங்களை பகிர்ந்து கொள்ளும் சகோதரியோ? - இல்லவே, இல்லை
ஈர நெஞ்சம் கொண்டவள் அவள், - இயலா நிலையில் தோள் கொடுக்கிறவள் இவள்,
எடுத்துக்காட்டாய் வாழும், எறும்பைப் போல் உழைக்கும்,
இரக்க குணம் கொண்டவள், தன்னிகரில்லா தரணியில்
தனக்கென தனிச்சிறப்பை கொண்டவள்
தாய்மை பண்பை தரணிக்கு எடுத்துக்காட்டும் தங்க தாரகை இவள்
இவள் நற்குணங்களின் களஞ்சியமோ? - அல்லது
நலமளிக்கும் தேவதையோ?
எதை நான் எழுதுவேன் எழுத எழுத்துக்களே இல்லை.



S. Deepshika
B.sc (Nursing)
1st year

என் பார்வையில் செவிலியர்



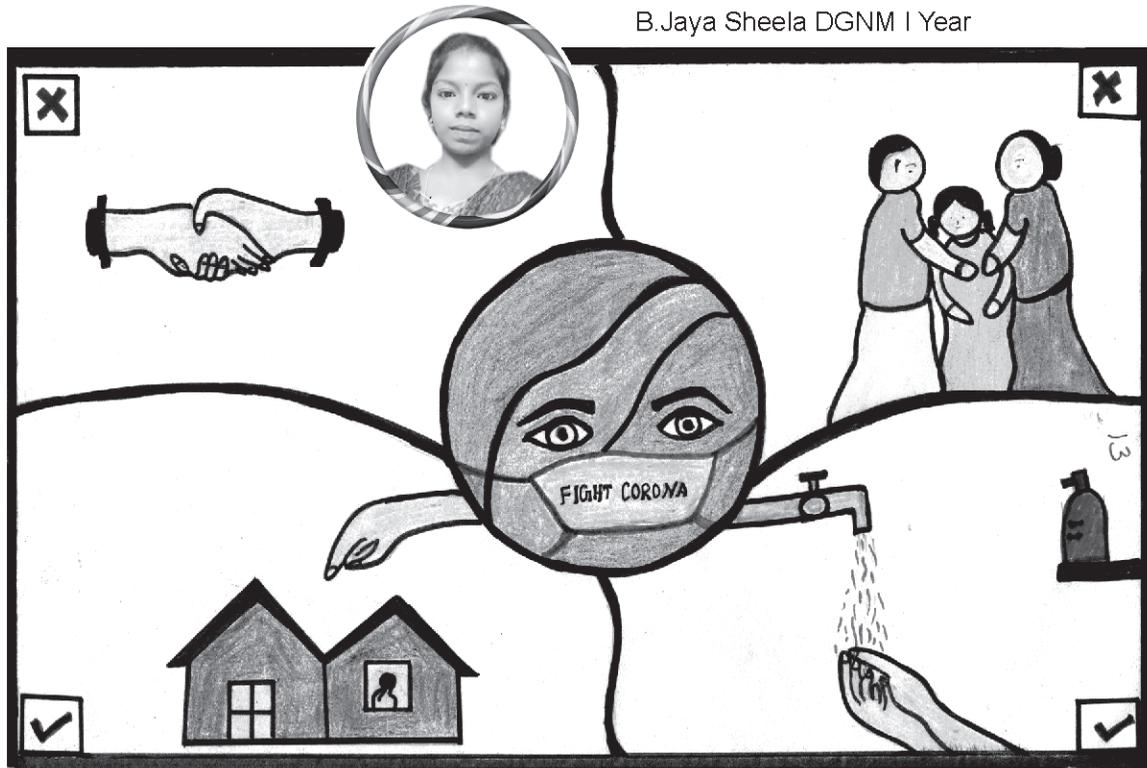
என் பார்வையில் செவிலியர் பணி.

J. JAYADHARSINI
1st-YEAR DGNM

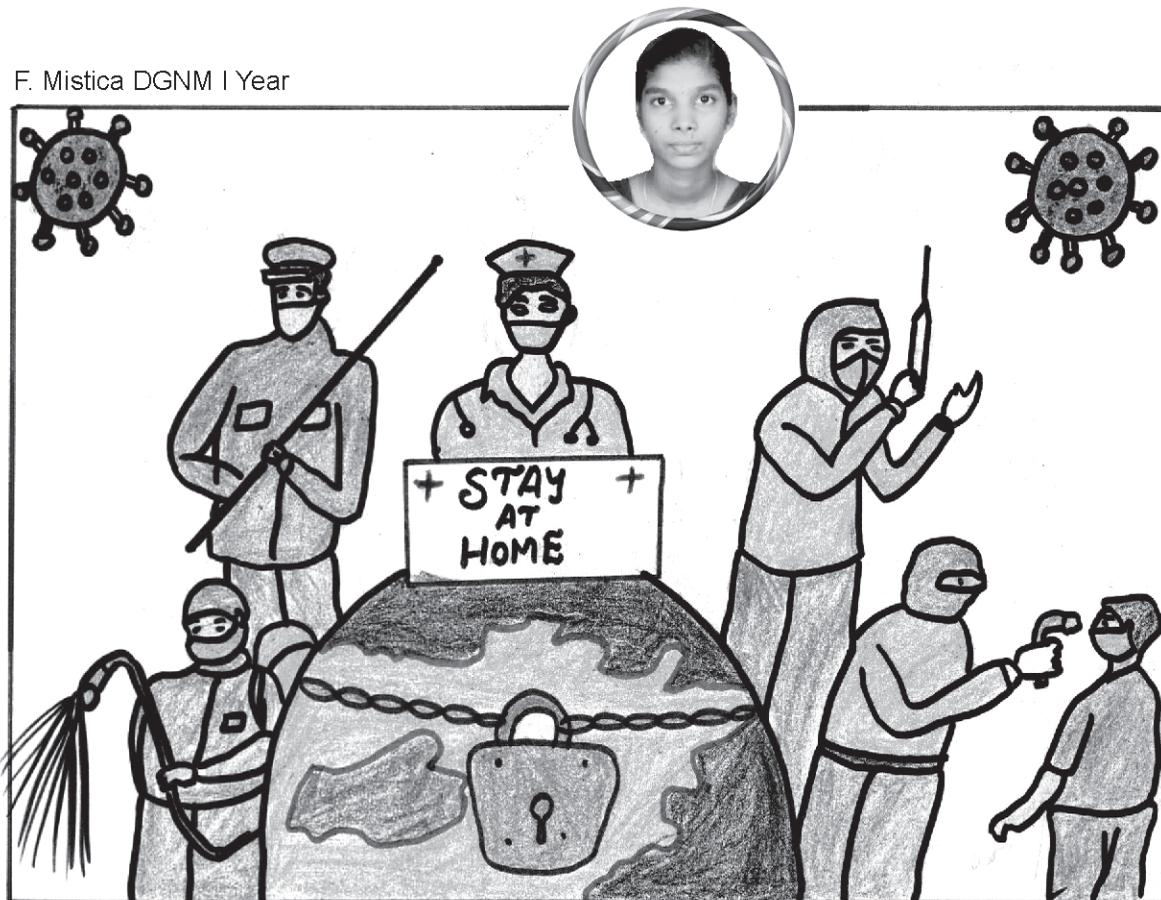


We exercise atleast 36 muscles when we smile.

B.Jaya Sheela DGNM I Year



F. Mistica DGNM I Year



A person can expect to breathe in about 45 pounds of dust over his / her lifetime.

ACHIEVEMENTS OF OUR CORRESPONDENT

Rev. Fr. T. Arokia Baskar, DCL (2015-2021)

Non Academic

- ➔ Placement of positive quotes in the campus.
- ➔ Annual day and sports day.
- ➔ நலச்சேற்று.
- ➔ Holy mass every 1st Saturday of a month.
- ➔ Teacher's day celebration.
- ➔ Placement of RO water supply.
- ➔ Amma Amma song.
- ➔ Birthday celebration for all.
- ➔ Hostel day celebration.
- ➔ Pongal celebration.
- ➔ College feast.
- ➔ Orientreat.
- ➔ Gaja cyclone relief works.
- ➔ Canteen.
- ➔ Tour for College staff.
- ➔ Tour for Hostel staff.
- ➔ Ground illumination by over head focus lights.
- ➔ Extra wash rooms with roofed drying area.
- ➔ More phone facility with smart card.
- ➔ New names for residencies in hostel and celebration of residency feast.
- ➔ Praying for birthday celebrants.
- ➔ Birthday songs.
- ➔ Fish tank.
- ➔ CCTV cameras in hostel.
- ➔ Mother Teresa Statue.