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### Editorial Notes

It was the Egyptian physician Imhotep (2600-2800 BC), who showed the world the way of cure from various diseases and for the same he is regarded as the 'first physician of the world'. Indirectly he is the pathfinder of all General Practitioners of present era. Appropriate medication and support from biological, social and psychological perspective have made the position of General practitioners most respectful and trustworthy. Though, there are several restrictions exists depending upon the complexities of the disease and such limitations sometimes mocks with 'Jack of all trade' proverb to General Practice profession. However, the seeds of modern General Practice (GP) were sown in the late nineteenth century. This period saw a progressive bifurcation of the role of general practitioners from that of the surgeons and physicians, who held specialization in niche areas of medicine. During the course of this bifurcation, the GP became the personal/family/community doctor, while the surgeons and consultant physicians practiced at hospitals and provided their technical and scientific expertise. Patients requiring specialized interventions were referred to the consultant physicians or surgeons by their GPs. General Practice has since then evolved into a medical discipline in its own right; with training specifications custom tailored for each country.

This issue of 'Journal of General Practice' presents some interesting findings and analyses. Basis [1] has authored an article describing how an efficient management can revamp the Emergency Department of a hospital without resorting to any major changes in the infrastructure. In an attempt to contribute to the revision of ICD-10 (International Classification of Diseases; Version 10), Francois [2] explored the role played by the contextual factors such as socio-economic and psychosocial factors on mental health as discerned by the patients (F category) and their relatives. Bamujaly [3] studied the titers of Anti-Nuclear Antibody (ANA), C-reactive protein (CRP), and Rheumatoid Factor (RF) in Systemic Lupus Erythematosus (SLE) and Rheumatoid Arthritis (RA). Zeng [4] postulated that Moxa Tar inhibits proteins directly related to T-cell activity thereby, arresting the inflammatory cascade. Singh and colleagues [5] reviewed the number of Quality and Outcome Framework (QOF) indicators that had been addressed or overlooked by the registrars during their appointment with patients, based on which, a formal QOF induction tutorial was developed. Michiels et al. [6], investigated the presence of residual vein thrombosis (RVT) using color duplex ultrasonography (DUS). The authors observed that complete recanalization on DUS 1 to 3 months post-DVT is associated with low risk of DVT and post thrombotic syndrome (PTS). De [7] conducted a study on rural pubescent girls in Paschim Medinipur using anthropometric tools.

In this issue, Basis [1] has documented about the efficient management of an Emergency Department (ED). Towards this, he compared the statistics of the ED of the Rambam Healthcare Campus under two different managements, one during (1993-2001) and

another during (2002-2007). Though the number of beds, admissions, and visits during these two periods remained almost constant, a change in the management converted a fully packed ED to an uncrowded one within weeks, and revamped the management of the hospital, which was maintained for many years. During (1993-2001), the average length of stay (LOS) in the ED was 5.05+0.98 hours, which dropped to 2.45+0.21 during (2002-2007) ( $P < 0.001$ ). Furthermore, the death rate in the ED during (2002-2007) significantly decreased ( $P < 0.001$ ). It is a commonly held belief that shortage of hospital beds is the most important reason underlying overcrowding of EDs, this report has shown that overcrowding of EDs can be managed without resorting to any drastic changes in the infrastructure or human resources.

The International Classification of Diseases (ICD) is the standard diagnostic tool for health management. Francois and colleagues [2], aimed to contribute to the revision of ICD-10 by exploring the influence of the contextual factors such as socio-economic and psychosocial factors on mental health as perceived by patients (F category) and their relatives, with regard to- a) the onset of a mental/behavioral disorder; b) the resurgence of a mental/behavioral disorder, and c) recovery. The Contextual Factors Questionnaire (CFQ) encompassed eighteen categories of contextual factors proposed in the beta draft of ICD-11. It was observed that the contextual factors were most influential in the recovery process, followed by the resurgence phase. The most influential factor governing the recovery process was 'interventions', whereas 'social or cultural factors' were found to be the most influential across dimensions, closely followed by 'risk factors', and 'interpersonal relations'. The paper presents recovery as the ultimate goal for mental as well as for physical healthcare.

Anti-Nuclear Antibody (ANA), C-reactive protein (CRP), and Rheumatoid Factor (RF) are among the most frequently used non-specific markers of autoimmunity. Bamujaly and colleagues [3], explored ANA, RF and CRP titers in patients of autoimmune diseases such as Systemic Lupus Erythematosus (SLE) and Rheumatoid Arthritis (RA) with respect to gender and age. Serum from patients afflicted with rheumatic diseases ( $n=103$ ) was tested for the presence of ANA, CRP, and RF. The study revealed that all SLE patients were (+ve ANA), (+ve CRP), and (+ve RF), while not all RA patients were +ve RF or +ve CRP with the exception of (20-24) age group. The highest titers of ANA, CRP, and RF were observed in females.

Currently, glucocorticoid is the treatment of choice for chronic inflammatory diseases like rheumatoid arthritis, asthma, and COPD. But many chronic inflammatory diseases such as pulmonary fibrosis and atherosclerosis related diseases are resistant to glucocorticoid. Therefore, there is a need for new anti-inflammatory drugs and therapies. Moxa (Artemisia Argyi) is a plant, with strong anti-inflammatory properties. In this issue, Zeng [4] introduced a Moxa-Tar based method of treating glucocorticoid resistant chronic

inflammatory diseases. In this study, the clinical signs and symptoms before and after Moxa Tar treatment have been compared. The author observed that Moxa Tar (Moxa smoke) is successful in treating only those chronic inflammatory diseases which manifest T cell infiltrates. The author therefore postulates that the Moxa Tar inhibits proteins directly related to T-cell activity thereby, terminating the inflammatory cascade.

The Quality and Outcome Framework (QOF) was introduced as section of the General Medical Services Contract in 2004 in the UK. Singh and colleagues [5], reviewed the patient's notes with respect to the number of QOF indicators that had been addressed or overlooked by the registrar during the appointment. After this, a second round of audit was performed for investigating any improvements in clinical performance that had been wrought as a result of the recommendations made. Based on the suggestions, a formal QOF induction tutorial was developed. The author observed that majority of the registrars started applying the recommendations to their consultations.

Complete compression ultrasonography (CCUS) has proven to be a highly sensitive and safe modality for the recognition of deep vein thrombosis (DVT) as radiation or contrast exposure are not required. Medical elastic stockings (MECS) and anticoagulants provide symptomatic relief to acute DVT patients. Michiels et al. [6], investigated the presence of residual vein thrombosis (RVT) using color duplex ultrasonography (DUS) at 1, 3 and 6 months post-DVT. The authors observed that complete recanalization on DUS 1 to 3 months post-DVT is associated with low risk of DVT and post thrombotic syndrome (PTS). Delayed recanalisation with RVT at 3 months post-DVT is associated with high risk of DVT recurrence and PTS necessitating the need to extend treatment with anticoagulants for 1 to 2 years.

Puberty is characterized by different psychological and physiological changes. Nutrition plays an essential role in puberty, lack of nutrition leads to stunted growth, delayed puberty, or in some cases menarche. Undernourished females suffer from anemia and suffer from pregnancy related complications. De and colleagues [7], conducted a study on rural pubescent girls in Paschim Medinipur using anthropometric tools. The author noted that the overall mean standard deviation of height and weights of the girls were 150.01 cm (4.81) and 44.06 kg (5.70), respectively. It was observed that there is a progressive increase in both the mean height and weight of the girls from 10 years to 19 years. Amidst all circumferential measurements, the mean Hip circumference was the highest 84.85 cm (6.57).

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