

No Humor-No Learning.

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Abstract:

It seems paradoxical to talk of humor in medical education as it dilutes the standard of preaching and delivering scientific knowledge of highest quality to the noblest brains of the society. When I look back & I confirm to myself that the most humorous moments of my medical carrier have left the best learning memories and they thus become autobiographical memories.

Humor in medicine is not a specialty in the traditional sense. Humor and laughter have been a focus of attention in the popular media but not gained that much importance in the medical literature. It seems paradoxical to talk of humor in medical education as it dilutes the standard of preaching and delivering scientific knowledge of highest quality to the noblest brains of the society. Yet my friends, when I look back & I confirm to myself that the most humorous moments of my medical carrier have left the best learning memories and they thus become autobiographical memories. Being a Professor in Psychological Medicine as well as practicing Neuropsychiatry for more than two decades I can say with affirmation that adding humor boost up learning by manifolds as it allows brain to pair memories of humorous moments with hardest of medical information. Thus the subtle and factual medical information get actually imprinted for life time. I would like to recall a few such incidents during my UG (undergraduate) days to substantiate, where humor played the predominant factor to memorise the medical facts. Out of innumerable incidents I will share one each from the three professional periods.

In first professional, we get acclimatized with the human body parts, bones and cadavers. In one such boring anatomy lecture in the afternoon demonstrator was trying to describe the different types of pelvis, depending upon inlet, outlet & positioning of pelvic bones. It was beyond grasp and very evident on our faces. Suddenly out of the blue, the demonstrator asked the whole class. "Do you know what made Rajesh Khanna the superstar of Indian cinema to start wearing his trademark Guru kurta". Suddenly the boredom disappeared and curiosity smile where there on each other faces. The demonstrator further explained that as Rajesh khanna is having a Gaynecoid type of pelvis though male, the bottom appear huge and to hide it stylishly he invented and popularized Guru Kurta. From that class and now even after 27 years have passed gyanecoid pelvis is most roomy of all types of pelvis is printed on my brain.

Similarly, I recall one more humourous teaching experience during my Second professional

classes, while dealing with cardiovascular drugs, our lecturer shot a question, "What causes Bradycardia?". One of the girl good in academics mumbled "Bread". The lecturer was aghast and on top of his voice, he asked sarcastically addressing the entire class that this madam says – eating Bread leads to Bradycardia. He rhymed it so well Bread & Bradycardia that the entire class burst into laughter. But to every one's surprise the girl explained that she has memorized it in the form of a pneumonic to remember that the main cause of Bradycardia is Bread where-

B=Beta Blocker.
R= Hypothyroidism.
E=Electrolyte disturbance.
A=Anti-arrhythmic drugs.
D=Digoxin.

Believe me even after two decades I never had difficulty to recollect cause of Bradycardia during clinical practice. Finally in our final year during surgery clinical posting our faculty had taken a morning lecture on Burger's disease and its correlation with chronic smoking. On same day a male patients in early 30 came to OPD for consultation regarding the hemmorrhides. After initial history taking patient was asked to be in examination room for per rectal examination. While examination the same teacher of morning noticed the claudication and other signs of the Burger's disease in this patient and asked on of us to take detail history about tobacco consumption. One of the enthusiastic colleague started asking volley of questions to the patient. The patient was clearly disturbed and sort of perplexed, in PR position & facing all sorts of questions. On hearing when the last time was he smoked bidi, the patient answered are you people seeing smoke down there referring to site of PR examination. Hearing this everyone started smiling and believe me my friend's correlation of Burger's disease with smoking will be always remembered. I always cherish those moments which have added to by intellectual bank due to humorous situation. I suggest and also implement to add humor while imparting medical education. As I confirm & affirm, No Humor - No Learning.