

Correspondence

Comments on Teachers Eligibility Qualifications in Medical Institutions Regulations, 2022

The Board of Governors (BOG) in supersession of the Medical Council of India (MCI) revised the guidelines for the promotion of medical teachers in India that were effective till 21 February 2022.^{1,2} The previous criteria are now replaced with the 'Teachers Eligibility Qualifications in Medical Institutions Regulations, 2022' published in the Indian official gazette on 22 February 2022.³ The current journey of a medical teacher in Indian medical colleges is summarized in an infographic available at <https://doi.org/10.6084/m9.figshare.19387691.v1>.

The major changes in comparison to prevailing guidelines are (i) removal of authorship order in a research publication; (ii) removal of credit for research projects; (iii) modification in accepted bibliographic databases; and (iv) increase in the number of required research papers by one for promotion from assistant professor to associate professor.

In the previous guideline, the first, second, third and corresponding authors were considered for credit for a research paper. In the new regulation, the text that relates to this has been removed from the clause. This may be a welcome move from the National Medical Commission (NMC). In large-scale collaborative work, there is the involvement of multiple researchers from several institutions. We presume that they all would get credit for their contribution to a publication. However, offering gift authorship may increase in the near future. This should be avoided and the corresponding author should be aware of the International Committee of Medical Journal Editors criteria for authorship.⁴

Research should always be promoted in a medical institution for the overall progress of medical sciences in India. Those who have prepared a proposal and been funded by any national funding agency understand the vigour with what they need to plan, prepare and present the proposal to get the fund. If completion of the project needs a long time and some teachers' promotion is due, the teachers need to wait for the completion, preparation of the report, and the publication of the manuscript for the promotion. Hence, the removal of the research project in place of publication could be avoided by the NMC.

The accepted bibliographic databases had a drastic change in the amended criteria set by the BOG in supersession of MCI where the much criticized database 'Index Copernicus' was removed from the accepted database.² However, in that amended criteria, there were some punctuation errors, and inclusion of a non-existent database (i.e. Citation Index). The correct databases in the guidelines were Medline, PubMed Central, Science Citation Index Expanded, Embase, Scopus, and Directory of Open Access Journals (DOAJ). The 'Science Citation Index (SCI)' is no more maintained by the parent company—Clarivate™. It has been merged with Science Citation Index Expanded.⁵

This list could be carefully prepared and proofread before the final publication as it is the reference for medical teachers of the whole country.

The number of required papers was relaxed from two papers to one paper for an assistant professor to become associate professor in 2020 (effective from 17 February 2020 to 21 February 2022) notification. However, the current guideline again insisted on the two-paper norms with an underline mark to put an emphasis. Hence, the number of publications is an important factor for promotion. Authors should be careful before publishing their valuable manuscripts in credible journals that are indexed with an accepted bibliographic database. Many journals claim that they are indexed in certain databases; however, in fact, the journals are not indexed. The authors may use the guidelines available elsewhere⁶ for checking the current status of the indexing of the journal.

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Corrigendum

Due to a technical glitch, in the version of the below article printed in Volume 35, Number 3, on page 187, the text did not show the references as superscript. The complete correct article is reprinted below. We regret the error.

—Editors

A family with nutmeg poisoning due to a home-made 'Covid treatment syrup'

The enthusiasm to find an effective treatment or prophylaxis for Covid-19 has been seen in alternative medicine systems such as

Ayurveda, Siddhi, and other traditional methods unique to Asians.¹ The substances used include ginger, coriander, cardamom, cinnamon, pepper, garlic, holy basil, sweet flag, Malabar nut and nutmeg.²

Various recipes of home-made syrups using nutmeg (*Myristica fragrans*) as the main ingredient were circulated on social media among

the Sri Lankan community, claiming to be effective against Covid-19. Human nutmeg poisonings with non-fatal and fatal outcomes are well documented, and these mixtures have several ingredients which could potentiate the toxic effects of nutmeg.³⁻⁵ The safe dose and toxic effect profiles of these substances are not scientifically studied.

We report a family with nutmeg poisoning following ingestion of a home-made Covid-19 preventive syrup. The diagnosis was based on the history and clinical features.

A 48-year-old woman weighing 68 kg was seen 3–4 hours after consuming a home-made syrup as a prophylactic treatment for Covid-19, with nausea, vomiting, gradual onset confusion and hallucinations. The main syrup ingredients were 200 g of nutmeg and 300 ml of bee honey made to a volume of one litre. She had consumed 75 ml, approximately a nutmeg dose of 220.58 mg/kg body weight. The children had consumed only a few sips.

She was restless and confused. Her heart rate was 120 per minute and blood pressure was 160/80 mmHg. There was generalized muscle weakness of grade 3-4/5, dry skin and acute retention of urine. She had hyponatraemia (125 mmol/L). The rest of the biochemical investigations were within normal limits. She was sedated with intravenous midazolam and hydrated with 0.9% NaCl and given activated charcoal. After 72 hours she made a complete recovery. The children developed similar clinical features to a lesser degree and were managed symptomatically.

Nutmeg is a spice used in small amounts to flavour food. In alternative medicine, nutmeg has been used as a stimulant, anti-diarrhoeal, carminative, aphrodisiac and anti-rheumatism agent.⁶ The fixed oil of nutmeg contains trimyristin and myristic acid, while the volatile oil comprises a mixture of terpenes and alkenylbenzene derivatives. Myristicin (5-allyl-1-methoxy-2,3-methylenedioxybenzene), safrole and elemicin constitute about 80% of the alkenylbenzene derivatives.^{6,7} Myristicin is metabolized to 3-methoxy-4,5 methylenedioxyamphetamine (MMDA) a sympathomimetic with hallucinogenic properties.^{3,8} The human toxic dose of nutmeg is 1–2 mg/kg body weight.⁸ The toxic effects of myristicin include nausea, vomiting, palpitations, dehydration, hallucinations and urinary retention.^{3,4} These symptoms occur 3–6 hours after ingestion of myristicin and persist for up to 72 hours.⁴ Elemicin decreases muscle coordination and activity.³ The patient's confusion and hallucinations were due to a toxic dose of myristicin, generalized muscle weakness was likely to be due to elemicin while

hyponatraemia could be due to a high level of MMDA-like substances with increased release of vasopressin resulting in syndrome of inappropriate antidiuretic hormone (SIADH) secretion.⁹

The importance of scientific evaluation of treatments and the danger of self-medication is highlighted here. We hope that the worldwide health and regulatory authorities will educate the public regarding the danger of self-medication using medicinal regimens given in social media.

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