

EDITOR'S NOTE

Dear Friends,

Greetings!

As we marvel at the beauty and fury of monsoon, I call upon you to pick up a cup of Darjeeling tea, the latest issue of *JIACM* and sit in a quiet corner near the window, to enjoy the best offerings of this season.

A variety of original articles are presented to pique your interest; the oft ignored Magnesium ion can trouble a lot if not attended to, the heart is definitely and seriously affected by Dengue (again very pertinent for the coming months), and how Artificial Intelligence can be harnessed to diagnose a very common type of headache – migraine.

The humble urine examination always keeps on crying for attention in our daily practice, so we decided to put it up centre stage, for all to read and assimilate in their management algorithms for patients – a profoundly useful review article.

Case series portray *common cases* which internists must be aware of and never miss, if confronted with one. Indian weather lends happily to food-borne botulism (again during these months) and how a lack of essential vitamins can cause devastating strokes and thromboses – makes for absorbing reads.

A multitude of interesting and *uncommon cases* are presented – from various presentations of anaemia, Addison's disease, and hypokalaemia to life-threatening and tongue-twisting eponymous ones like Haemophagocytic Lymphohistiocytosis and Tracheobronchopathia Osteochondroplastica ! Sickle cell disease at 62 years of age and Diabetes causing chorea – it's all here.

So, read on and as my mentor used to say, "*Even if you can remember one line from the article you have read, it is more than sufficient*".

We have re-introduced the section on "*Images in Clinical Medicine*" beginning with a case of Symmetrical Peripheral Gangrene due to *Acinetobacter baumannii* Infective Endocarditis.

There is a brand new section on "*Videos in Clinical Medicine*" in the online e-journal available at the website, where we will post-interesting videos in Clinical Medicine. The inaugural video is of two patients of Diabetic Chorea (we have a case report too in this issue!) – you will get to read and see this unusual phenomenon.

I encourage you to visit the website www.jiacm.in and enjoy all the above offerings and relish the flavours in an electronic format, along with past issues.

Finally, and most importantly, I request you *to inform, invite and involve your students, colleagues and friends from India and abroad to read and contribute to JIACM.*

Let us be proud Physicians, honoured members of *IACM*, and accomplished authors published in *JIACM*.

I and my Editorial team are always available for comments, queries, suggestions, criticisms and congratulations!

Long live Clinical Medicine, long live *IACM* and long live *JIACM*.

Jai Hind

– Dr Sumeet Singla