

THE AMSUN

THE AMSUN   
**Gazette**

**THE UNIVERSITY OF NAIROBI'S  
FACULTY OF HEALTH SCIENCES  
PREMIER MONTHLY  
MAGAZINE**



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## Editor's Note

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Dear Readers,

We are almost there, the finish line is only a leap away, the endless days, the sleepless nights all culminating to this final showdown.

Is it then a matter of how many hours you put into your books, or a matter of how well you've mastered the art? Or maybe, just maybe, whatever works works!

You have proven yourself time and time again.  
You have conquered more than you ever thought possible.  
Yes honey, You ate and left no crumbs  
so trust that you will do so repeatedly every step of the way.

Friends, Let it be known that  
we are more than conquerors!!

**KIMEU WINFRED MUTULI**  
Editor-In-Chief

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# A WORKING AMSUN: CONFERENCE REPORT

### THE TASK

The Association of Medical Students of the University of Nairobi (AMSUN) is a professional students' organization of medical students in the university. Drawing its membership from the more than 2500 medical students, it is the largest of its kind in the country. However, the real strength of the association lies in how well it fulfills its major mandate-to nurture the professional development of its members and even beyond the confines of its membership. Without a comprehensive list of impacting activities, the association would just be a paper tiger.

It is in this understanding that the association embarked on a series of events this year including a comprehensive orientation of its younger, mental health awareness week, regular talks on various aspects not taught in school such as financial literacy and life after graduating, medical camps, the charity run among many others. But most of these activities are what I'd term regular among many professional bodies. AMSUN is a giant in its field of students' professional associations and with that comes giant responsibilities that would cement its pole position in the field.

### WILL IT HAPPEN?

Enters the AMSUN scientific conference. An event that had not taken place for more than two years due to the pandemic and financial difficulties associated it which meant that getting enough funding for such a mammoth event was such a hard nut to crack. Yet not all AMSUN executive committees that came before us had the pandemic to blame - if we had the conference this year, it would be only the 12th edition; compare with the fact that AMSUN has been in existence for more than five decades. Loaded with such discouraging facts, we faced the decision of organizing the conference or being contented with what we had already done. Dr. Maxwell Okoth, CEO Ruai Family Hospitals Group, had stressed on the importance of "just beginning" in a financial talk with the association earlier on in the year, and began we did.

A team of eight individuals opened the door into a dark room not knowing what to expect. And, yes, it was from this brave move to "just begin" that we boast of the just concluded successful 12th AMSUN Scientific Conference. But what exactly does it take to get a scientific conference organized by students running?

### THE PLANNING

Bringing the conference plans, which had hitherto only existed in our ambitious minds, to fruition was a task bigger than anyone in the scientific conference committee had anticipated. Soliciting for funds required a heart of stone and unmatched dedication. A series of meetings had yielded a potential list of sponsors. These needed to be approached within a short time frame and for that dedication was key. Because list of potential sponsors was huge, division of roles had to come into play. It was here that the reality of deciding to organize a scientific conference in the midst of an ongoing pandemic hit us. Most corporations were on cost cutting measures which meant hitting a dead end with many in regards to funding of the conference. Slowly, members of the conference committee got used to both polite and not so polite rejections, or say we developed hearts of stone. Yet, the conference chair, Lucianne, together with the vice chairperson, the man who the constitution placed the weight of spearheading the conference on, urged us on. We got used to the phrase "The conference will happen" from Castro which was almost always accompanied by an unasked question "But how will it happen without money Bwana Vice Chair?"

June 1 2022, barely 8 days to the conference slated for 9th and 10th June 2022. A seemingly endless list of tasks still lies ahead: The venue must be secured, lunch and tea organized, communication be sent out regularly, abstracts examined, the schedule prepared, judges and panelists identified and invited, transport organized, final and desperate measures to fill the financial gaps among other intricate details. It is then that we see prime movers among the committee and giants in planning and getting things done are exemplified. Instructions on the word limit in the report means I am unable to furnish you with the finest of details which would make the reader appreciate more what it took to bring this dream to reality. However, I must mention that hope turned out to be a very important aspect. Not giving up and pushing on till the very end meant that we got last minute reprieves and everything was set. On June 8th 2022 in our final meeting before the conference, Bridget Neema, one of the conference committee members remarked with a sigh of relief, "Guys it's going to happen"



## THE CONFERENCE EXPERIENCES

The practice of conferencing is considered an integral part of a scientific culture that has existed since the 19th century. Scientific conferences bring together a network of academic professionals to discuss and disseminate new knowledge.

The practice of conferencing also includes activities that go far beyond the exchange of information; a conference is not just an avenue for a scientist to present their research to the wider community, but it can be an important venue for brainstorming, networking and making vital connections that can lead to new initiatives, papers and funding, in a way that virtual, online meetings cannot. This is why conferences matter; they yield a plenitude of scientific and societal impacts.

The 12th AMSUN Scientific Conference was one that fulfilled and even exceeded these objectives. Attendees had a chance to listen to students present their research findings and realize that as the consumers of medical education, we have a role to play in ensuring its continuity. AMSUN gives a voice to the attendees through a feedback form circulated to them. Responses in the feedback form has made the conference committee realize the impact of the conference to each individual.

One particularly loved insights on the importance of sacco and saving by KMA Sacco, another was awed by the quality of services at Ruai Family Hospital, a finalist student tells of his newly found interest in nephroMed and what they do and another is inspired by her bank's willingness to support her school's activities in reference to Equity Bank. When it comes to learning, dozens couldn't get enough of the panel discussion by Dr. Beda, Dr. Magoha and Fiona Nyaanga. Dr. Nyaim's presentations on leadership and hemorrhoids have many speaking of them and Dr. Marianne Mureithi's key note has been described as inspirational. So impactful was Dr. Musa Misiani's address that a recommendation was that we should allocate him more time in the next event.

The conference presented a chance for students to drink from the pot of wisdom of larger than life figures in the university too. Prof. Ogengo, Prof. Wagaiyu and Prof. Obimbo all addressed an audience on carefully selected topics that are sure to remain engraved in the memories of the attendees. The conference also presented a chance to officiate the AMSUN constitution representing a milestone for the association and paving way for its official registration.

## FINALLY

If we look to the answer as to why we achieved so much with the 12th AMSUN scientific conference despite the hurdles, it was because the members of the conference committee unleashed the energy and individual genius of man to a greater extent than has ever been done before.

This was met with the willing and generous hearts of our noble sponsors without whom the conference would have remained a grand idea. Names like Servier, NephroMed, Equity Bank, Kenya Medical Association, Ruai Family Hospital, Surgical Society of Kenya and Kenya Medical Association Sacco remain dear to us.

Topping up this was the support by University of Nairobi's administration and more so at the faculty level. Determination and diligence were more available and assured among the conference planning committee than in any other place on earth. The price for this venture was at times high, but we were never unwilling to pay that price. AMSUN remains forever thankful to these aforementioned heroes of our time.

**JOSEPH KARIUKI**  
**AMSUN SECRETARY GENERAL 2022**







# RESEARCH TODAY FOR A HEALTHIER TOMORROW

The Association of Medical Students of the University of Nairobi (AMSUN) hosted its 12th Scientific Conference on the 9th and 10th June 2022 at the Chandaria Centre for performing arts which is located on the 6th floor of the iconic University of Nairobi towers. An event that was officiated by the University deputy Vice Chancellor AA Prof. Julius Ogengo and the awards and closing ceremony hosted by the Dean, Faculty of Health Sciences, Prof. Evelyn Wagaiyu.

In his speech, Prof. Ogeng'o urged students to be actively involved in research saying it comes with a lot of benefits.

"Participating in research teaches you critical life skills. Somebody who is actively involved in research is a better critical thinker, a better creative thinker, better in analysis, better in defining a problem, and better in making diagnosis. It enhances professional growth. It is a critical component of the search of excellence. You are advancing the vision of the University," Prof. Ogeng'o said. The DVC noted that conferences are learning opportunities and the attendees must be willing to learn and at the same time work because those who don't work don't achieve anything.

On her part, Faculty of Health Sciences (FHS) acting Dean, Prof. Evelyne Wagaiyu complimented the conference organizers for choosing 'Research today for a healthier tomorrow' as the theme of the event.

Prof. Wagaiyu said the theme was timely in the sense that there can't be a healthier tomorrow if research is not done today.

"Research is all about changing the way we do things, improving the way we do things. If you are not questioning the way you are doing things and wanting to improve then you are not planning for a healthier tomorrow. Research is about improving the way we manage our patients, improving the drugs we give them, the techniques we use in managing our patients. You should always have an inquisitive mind that is looking always to improve things for you to have a healthier tomorrow," Prof. Wagaiyu said.

In his remarks, FHS acting Associate Dean of undergraduate studies Prof. Moses Obimbo gave the students key tips on becoming good scientists. "To be a good scientist you have to be driven by curiosity in science discovery, be scientific, creative, treat research career as part of your life, and be conscious in research," Prof. Obimbo.

Medical students who have engaged in research before had the opportunity to present their research findings to an audience of curious students and a panel of well-versed judges. Students were able to interact, network and learn from each other.

Outstanding research findings were awarded. The awards were into two categories; poster and oral presentations. The oral category winner was Ms. Stephanie Njambi who scored an 85, 1st runner up was Amayo Amollo who scored 84.67 and the 2nd runner up was Felix Njoroje who scored 84.14. The poster presentation winner was Ms. Khulud Nurani.

**Special appreciation to our able judges Dr. Victor Bargoria, Dr. Edwin Walong, Dr. Daniel Ojuka, Bridget Neema Dr, Special appreciation to our Keynote Speakers Dr. Elly Nyaim (Leadership in Medicine), Dr. Marianne Mureithi (Research in the pandemic era) and Dr. Musa Musani (Undergraduate Medical Student involvement in research). Special thanks to our panelists; Dr. Beda Olabu (Anatomy), Dr. Michael Magoha (Neurosurgery) and Ms. Fiona Nyaanga. Special thanks to our Sponsor guests Dr. Maxwell Okoth (CEO Ruai Family Hospital-RFH), Mr. Deepak Sharma (CEO Nephromed), Dr. Mercy Korir (KMA) and Mr. Seth Owiti (Servier) Special thanks to our lecturers whose guidance, support and connections made this fruitful; Prof. Walter Mwanda (Haematology), Dr. Marianne Mureithi (Microbiology), Dr. Julius Kiboi (Surgery) and Dr. Elly Nyaim (Surgery). Special thanks go to the conference organizing committee: Ms. Bridget Neema, Ms. Lucianne Odiero, Melvin Mwenda, Vincent Kipkorir, Joseph Kariuki, Ms. Fadhila Yusuf, Talha Chaudhry, Ms. Fiona Nyaanga and myself Castro Jasper. Heartfelt appreciation to the AMSUN chairperson, Mr. Ireri Victor, the Faculty of Health Sciences Associate dean Prof. C.F Otieno and Dean Prof Evelyn Wagaiyu for the guidance and support towards this milestone event.**

The Association of Medical Students of the University of Nairobi (AMSUN) is proud of everyone who made this a reality, of all the delegates from UoN and other medical students within the country who attended the two-day event, AMSUN is forever grateful.

## LEAVE NO MEDIC BEHIND INAUGURAL CHARITY RUN 2022 REPORT

The first time that Leave No Medic Behind was mentioned was in 2017. The then 5th year MBChB Class had a classmate who was almost being denied to sit for their end of year exams owing to a fees balance of less than sh 20,000 shillings. The class leaders then approached one of their lecturers requesting him to help them get the school administration to give this student special permission to sit for his exams despite the fees balance. The lecturer asked them how many students they were in their class. He was informed the class had well over 200 students. He then suggested that they table a financial appeal in their class WhatsApp group for anyone able and willing to contribute sh 100 or whatever they have to offset their classmates school fees balance. By the end of that day, they had raised enough to clear the balance and that is how Leave No Medic Behind(LNMB) was born.

Since 2017, Leave No Medic Behind has been a students driven funds drive that happens annually among different classes through the popular '21 day challenge'. In 2020, the Leave No Medic Behind Fund was officially housed by KMA Nairobi Division under the label of the Prof. Hassan Saidi Education Memorial Fund. This was an important step that ensured the accountability and transparency of funds collected by the initiative.

In 2021, the AMSUN Running Club was founded as a fitness community of runners and runners to be at the University of Nairobi School of Medicine. The club founder Ruby Oswere had the vision to organize for a charity run for Leave No Medic Behind. In 2022 February, the official charity run planning committee was formed and started working towards the actualization of the dream. There were 10 members of the team namely:

- \*RUBY OSWERE -RACE DIRECTOR
- \*BEAULAH NEALLY-DEPUTY RACE DIRECTOR
- \*BOB ANTHONY-ORGANIZING LEAD
- \*SANDRA LUKORITO-VENUE MANAGER
- \*BRIAN BEST-SALES AND FINANCE LEAD
- \*HAMDI ISSAACK-PUBLICITY LEAD
- \*KEITH TONGI -FITNESS LEAD
- \*FEIZAL BARASA -PURCHASES AND LOGISTICS LEAD
- \*FAITH KENDI-EXTERNAL AFFAIRS LEAD
- \*EUGENE WECHULI-ICT LEAD

The road to the manifestation of the Leave No Medic Behind run was not easy. It involved 4 months of planning, 8 different departments and more than 100 people (all medical students) giving their time and skill towards the cause. The journey was especially arduous owing to the fact that the team was planning something new that hadn't been done before in medical school. Most of the planning process was a matter of strategizing, implementing, at times failing and then re-strategizing once more. There were difficult times but also so many beautiful ones. Along the way, the team experienced unprecedented support from various stakeholders and well wishers who shared the vision. By the time race day arrived, there was no doubt in anyone's mind that the team had done everything, given everything and sacrificed everything to make it happen. And we are glad to report that it was all worth it...

The inaugural Leave No Medic Behind Charity Run was held on 4th June 2022. The starting point and ending point for the run was the KMTC field and the chosen route for the run was within the Upper Hill Area. There was a 10km route and a 5km route. The 10km run went through the following route: The KMTC Nairobi Campus field to the Raila Odinga way footbridge, to the Upper Hill links Road to Hospital Road (Real Towers junction) to Lower Hill Road (Don Bosco Church roundabout) to Matumbato Road/Masaba Road junction to Geomaps Africa along Elgon Road to Kenyatta National Hospital which is within our school grounds.

The event began at 8.00am with short speeches from the guest of honor who was the Deputy Vice Chancellor Prof. Julius Ogengó, the late Prof Hassan Saidi's wife Husna, AMSUN chairman Victor Ireri, KMA Nairobi Division Secretary Dr. Amina Gulled and LNMB Fund Patrons Dr. Chokwe and Dr. Walong. The warm up was then led by Ms. Damma, along with Ruby Oswere AMSUN Running Club Chairperson.

The flag off was at 8.30am and by 10.30am majority of runners had returned. There was a cool down/stretch session led by representatives of the fitness committee of the AMSUN Running Club. At about 11am, the entertainment program kicked off with the run attendees being divided into 4 teams: Blue team, Yellow team, Red Team and Green Team. The Teams competed among themselves in various competitions including karaoke contest and dancing contest. Blue team emerged the overall winners of the day. The vote of thanks was given by Ruby Oswere AMSUN Running Club Chairperson at 1pm. From 1-2pm, there was music playing while runners were encouraged to purchase food, snacks and other items from the vendors space. By 3pm majority of runners had dispersed from the venue.

The day was a massive success with more than 650 t-shirts being sold and about 550 attendees participating in the run. What was once a dream was now a reality. The Leave No Medic Behind run will now be a permanent fixture in the medical school as an annual event that brings together students, lecturers, well wishers and stakeholders from all fronts all for a worthy cause.

The charity run was perfect testament to the fact that indeed nothing is impossible for the one who believes. The vision behind Leave No Medic Behind which was birthed in 2017 has now been amplified through AMSUN Running Club and no doubt it will continue to live on and grow further through the minds and hearts of every student who dared to dream and join the cause to support their colleagues. The charity run will ensure that both now and in the future, no medic will be left behind.



**Ruby Oswere**  
**Year 5**  
**MBChB**  
**Race Director,**  
**LNMB Run 2022**







# MAL-PRACTICE

Dr. Kamau locked the door behind him, put the keys in the bowl by the door, and walked straight to his usual seat and slumped in just as he always did. This was his usual evening routine getting home after a long day of surgeries. Standing for hours on the operating room floor, with the bright theatre lights shining above you can take a toll on anyone. For this reason, like clockwork, the good doctor would first take a long rest on the couch to realign his chakras or something, before tackling the agenda of the evening. This particular evening, however, it was not business as usual. The doctor was visibly shaken, the sofa ritual was not helping at all.

You see, Dr. Kamau was born and raised in Kimende, Kiambu County, an hour's drive from the capital of Nairobi in a lower middle class family. His father was a secondary school teacher, and the mother would sell farm produce at the nearby Kimende Market. He was the oldest of 4 children, 2 sisters, and a younger brother and they were raised in a relatively small loving christian family. They never had plenty, but they never lacked non the less and by the standards of the area, their living standards were pretty decent.

Dr. Kamau's father, Mr. Ephraim Maina was a force to reckon with. He was the glue that held the family together and the cornerstone that held everything from falling apart. Thanks to his passion as a teacher, several former students, now successful members of society, would occasionally drop by to show gratitude. He was popular with his friends for his quick wit and positive outlook. His influence on the town was palpable, being the proprietor of the local butchery and barber shop. Occasionally, he would be summoned to settle disputes among the townsfolk.

In December 1992, when young Kamau was just 12 years old, his father started experiencing strange symptoms: numbness and tingling of his arms and legs, mostly on one side. An MRI scan done at the time was reported as showing signs of multiple sclerosis, a degenerative disease where nerves lose their insulation sheathing.

The symptoms went away, and Mr Ephraim's doctor took no other actions until he came back to him in July 1993, seven months later, complaining of similar but more aggressive symptoms. He had had episodes where his legs suddenly gave way and she fell. Another MRI scan was ordered. This time the radiologist relayed that the scan looked like Mr. Ephraim might have either multiple sclerosis, or an inflammation of blood vessels in her brain, or a stroke from a blood clot.

It would later become apparent that this newer MRI scan report was misread by the radiologist. The scan actually showed a blockage of the right internal carotid artery, one of the major blood vessels feeding the brain, and obvious signs of ischemia in the areas supplied by that artery, following the thrombotic stroke. Mr. Ephraim would go on to suffer a major stroke several months later, a stroke that could have been prevented by blood thinners had his scan in July 1993 been read correctly.

As a consequence of the radiologist's mistake, young Kamau's family was thrown into disarray. An entire village's support system had fallen, and this set off a chain of events that would subject the family to abject poverty, worsened by supporting a paralyzed father. It was during this low moment, that the young man resolved to pursue medicine. With the promise that he would ensure that no family would go through what they went through as a result of medical negligence.

As Seneca puts it, "fate leads the willing and drags along the unwilling" and true to Dr. Kamau's words, twenty five years later, here he was, a fully fledged general surgeon, with eleven years of medical training under his belt including six years for an undergraduate degree, and five years for a residency.

Up until this point, Dr. Kamau's medical career thrived, his patients loved him, and he was always in sync with his colleagues. However, as the swahili say "kila nyani na siku yake" and as bad luck would have it, on this fateful day, he was called in for a central venous placement on a forty five year old female Mrs. Nafula, a county clerk from Busia. He briefed the patient's family, reassured them that this was a routine procedure, and that they would be done in no time.

Once the patient was cleaned, draped and anaesthetised, he introduced a needle catheter to gain access to the central veins. However, he unintentionally punctured an artery which went unrecognised for a while. Once he noticed the blood loss, the surgeon opted for immediate removal of the catheter and compression. The patient would later develop severe complications resulting in stroke and death five hours after the surgery.

Within a few hours, an ambulance-chasing medical malpractice lawyer had already revealed to the family that the surgeon should have done immediate surgical exploration, removed the catheter, and repaired the artery under direct vision.

For the rest of that day, tempers were unquellable at the facility. Some angry relatives were threatening to beat Dr. Kamau to a pulp, while others were preparing to file a lawsuit seeking to have his license revoked.

Luckily, security guards at the hospital managed to sneak the now shaken Dr. Kamau out of the facility unscathed. As he drove home, he couldn't help feeling hopeless. How could everything go wrong so fast? Was this the end of his medical career? Not only had he lost a life, but he had broken his promise and subjected a family to what he had gone through. He had failed.

Unbeknownst to anyone, that evening, when the news of the patient's death and the surgeon's 'mistake' got back to the rest of Mrs. Nafula's family in Busia, her youngest daughter made a vow. Downcast from losing her loving mother, the little girl vowed to work hard, pursue medicine, and become a doctor so that no other family would be subjected to the pain he was going through. The pain of losing someone you love to a 'negligent' doctor.



# “LEAVE NO MEDIC BEHIND”

Etched miles apart from the ever familiar adage, “Every man for himself and God for us all”, the leave no medic behind mantra has certainly cemented itself as the noblest cause to ever grace the Medical fraternity at UoN since pineapples on pizza. Lying at the very peak of what comradeship should look like, it encompasses what it really means by the enemy of my enemy is my friend. But what happens when the enemy of my enemy is still my enemy? When the supposed trust bonds give in and mistrust creeps in? When the rivets that held together what was once a circle of trust give into to the stresses of the system and break into a three tangent selfish triangle of me, myself and I?

Between global lock downs and mental break downs, 2020-2021 were evidently the most grounded years we have ever experienced and all puns intended. Years that were very much deserving of their place in the history books as the references in my Biochemistry reports. At the very back of it and not in any circumstances to be looked at or confirmed. To most of us, they were years to forget. With myths and misconceptions, masks and mandates making headlines everywhere, opinions were not the only things divided. Just blooming campus relationships and evidently the MBChB Class of 2026 were a prime example.

The cause was quite noble and straight to the point. Boycott the CATs until solutions are sought. Either our interests coincide but should they collide, We were not leaving any medic behind!

That was the supposed chant. The master plan. The blueprint to the revolt. With the pandemic turning tides and tables on a number of livelihoods and streams of income, the university had grown quite insensitive to the situation by pushing online classes and offering no facilitation of the same despite maintaining the same tuition fees. They would later even raise them but that’s a story for another forum. It had essentially turned to show its underbelly when most of us were flipping on ours. And despite efforts to hold sober talks to postpone the CAT 3 exams until our fellow disadvantaged comrades were sorted out, the university went on ahead with the online examinations as scheduled. With our pleas falling into nonexistent ears, the ball was back on our courts and in individual hands. Essentially adding some spice with a sprinkle of twist to the narrative that now provided everyone with a dagger.

“To be, or not to be, that is the question:  
Whether ‘tis nobler in the mind to suffer  
The slings and arrows of outrageous fortune  
Or take arms against a sea of troubles,  
And by opposing end them:  
To die, to sleep...”

(Translation to all my non Shakespeare comrades)

**To do, or not to do, that is the question?**

**D-Day 0823HRS: (7 minutes to exams)**

“Vaccination is better than cure... Don’t let the notion of ‘easy online CAT3’ blind you... Do not usher in the End of Year...It’s a litmus paper!!”

The speeches definitely did not lack their fair share of grammery luster with a twist of an all too familiar comrade confidence. But as the seconds dwindled to a crunching ultimatum, every tick pushed one of us to the wall and every tock plagued out a decision. A solidarity meeting was set up so as to give solace to divided and restless minds during the examination period. A show of unity only rivaled by me and procrastination. Conscience and consequences struck a painful balance on the scales of Themis and with every asphyxiating breath, thundering heart and nervous tinkering, the daggers were drawn to tip it. Black and white no longer gave gray but remained grave individual colors as distinct as my wishful grades. A decision had to be made. To do, or not to do!

**0830HRS**

“Viva!!!”

“Comrade Power”

“Power”

**0900HRS**

....

**0930HRS**

....

**1000HRS**

“Mbona mmenyamaza sana? Kwani mnaifanya exams?”

“What’s happening??? Guys???”

“Wanaconsult ndio wamalize”

Directly translated, absolutely haram! The scales had finally tipped but whether it was on your favor or not was as individual and secret as the back you stuck your dagger.

#LeaveNoMedicBehind had evidently gone sour and fermented into a sad but definitely foreseen #MamaIMadelt. Three hundred emails of “solidarity”, thirty days of planning, an hour of reckoning and two of uncertainty, cursing and numb backs later....

### HUMAN ANATOMY CAT III

This is to pass my sincere gratitude to all for the massive turnout during the just concluded Online CAT 3.

The performance is also by far the best we have seen in your class, and this is very encouraging, especially in the circumstances we are in.

You can check your individual marks online, on the same platform. I do not plan to release CAT 3 results as a list as we normally do, but I can share the summary.

So sorry that some people were not able to do the exam. We have received your mails regarding your issues, and will forward them to the dean as well.

**Tsuma Mbwana Kelvin  
Year 3**

**MBChB**

**IG: @Tsuma.Mbwana**

**Twitter: @TsumaMbwana**

# GUNS AND CRUTCHES.

I cannot say for certain what made me decide to take a walk that night. Had I not read about the women who had been raped within the hospital premises while going to breastfeed their newly born babies? That the sordid assaulters had not cared that these women were already sore, torn & worn from giving birth?

All I remember is that it had been a slow night. The doctor had mentioned how he dreaded 2AM as it was the slowest hour of the night. I wanted to differ and tell him it was 3AM because that was when the religious people said paranormal activity happened and paranormal activity, like they showed in the movies, always seemed to drag by slowly. As a child, whenever my grandmother visited, she would always wake up to pray at that hour, warding off evil spirits from her children and their children, covering all of us with the blood of Jesus.

On unfortunate nights, she'd wake me up to keep vigil with her and I would have to read selected Bible passages, with her stopping me every so often to interpret the meaning, which was mostly just her repeating, with exaggerated passion, what I had just read. I did not care what Daniel had done or what Jonah hadn't done, all I wanted was for the blood of Jesus to come down already so that I could go back to sleep.

I walked out into the well-lit corridors, everything grey & cold and without a single soul in sight. Except for the painfully bright fluorescent lights, the grey, cold soullessness of the place was very reminiscent of a cemetery. The lift pinged & opened and no longer wishing to be out in the cold, I stepped into the empty elevator. I pressed the button to 10th floor, that had been built specially to be the private wing, bearing the promise of better treatment, a promise that lured the comfortable middle class.

Just as the doors were about to seal together, a crutch tip was jolted in. Four men entered, two with crutches, one with a broken arm and the fourth with no clear-cut diagnosis, between them, only 6 functional legs and 7 arms. They were all quiet for a moment, then one of them mumbled something to the rest, they all turned to face me and laughed. It would have been a lie to say that I was scared at this point. You see, I was in my whitecoat and that signified that I was untouchable. It was until the one with no visible illness started walking towards me, his eyes gleaming with boyish mischief, that I realized I was in a precarious situation.

He kept on inching closer, uncomfortably close, with the intention of cornering me.

"Wanakuitanga aje huku?"

I ignored him.

"Na si wewe ni mdogo sana kuwa daktari?"

I ignored him.

He turned to the rest, "Hawa madaktari si wanakuwanga na maringo.

Haka hakajui tunakaweza?"

Fear. Panic. Anger. Hate. Stupid. That's all I felt. I should have taken the stairs instead, I thought. Between the obvious powershift and my visible fear, we both knew he had the winning hand. The one with the crutches told him to leave me alone.

"Si aongee...kwani hawezi jiseema?" he laughed and continued... "Ama wewe ni bubu?"

I still ignored him. It was my act of defiance in that situation, not giving him my voice, or maybe I was afraid if I spoke it would betray me and actually show how scared I really was. The others seemed to pity me and this gave me some tiny hope. Without the backing of the rest there was nothing he could do other than talk at me. I wondered if they'd still feel this way if they weren't themselves in pitiful situations, broken bones and all.

Suddenly, the lift doors opened and I immediately rushed out, it wasn't 10th floor but at this point I just wanted to go back to the safety of the ward. Once again, I found myself in another well-lit corridor, still grey & still cold but this time it wasn't empty. There was a number of military-clad patrol officers having cheerful banter amongst themselves. I instantly felt safe on seeing them and thought about telling them about my ordeal in the lift but chose not to.

As I walked past them, the one who seemed like the team leader approached me.

"I have a problem," He started.

"I have a problem and I need your help."

"What's the problem?"

"It's my heart. It's hurting from love." He said and smiled.

Weak. Very weak. Not his heart but his attempt at flirting. The others, who had stopped talking to listen to this exchange laughed.

I tried to walk away but he stood right in front of me blocking my path.

"It's like you're not taking my problem seriously doc. I've said I have a heart problem." Two of his men came and stood by his side, laughing with him as he taunted me.

"How can I help you?" I asked, hoping compliance would help me out of this one.

"I just need to send a message to the one I love."

"What's stopping you?"

"I don't have her number." He leant towards me as he said this, coming awfully close to my chest and read my name from my tag saying it loudly as if savouring each name in his mouth before spitting it out. The sense of security I had felt earlier melted out of my body, and willing the little confidence I had left, I told him I had patients waiting for me and made a second attempt to walk away. He placed his gun on his shoulder, as if to remind me who was in control.

"Everyone is asleep doc. No one walks around this late. By the way, kwenyu ni wapi niletee baba yako ng'ombe?" I was reminded for a second time this night, that I was just a girl in a man's world. And men... men can take whatever they want. The others laughed menacingly at this remark, almost as if they were trying to impress their leader with their camaraderie. He moved closer sizing me up, I took two steps back, hating myself for wearing the fitting jeans that my mum said were too tight.

"Okay, kama ukona haraka basi give me a hug and we'll let you go."

My mouth tasted of disgust and fear as I thought about all the things a hug could become. I sent a prayer upwards and I guess the prayer warriors hadn't woken up to jam heaven's pathway, because almost immediately the lift doors opened. The four patients from earlier hobbled out.

"Ah daktari bado uko hapa? Si basi ukuje ututembelee kwetu." The one with the crutches beamed happily at me.

The askari was clearly mad about this turn of events and backed away. I almost cried with relief on seeing them. I left with them, walking close to the one with crutches. As we got to their ward, he leaned closer, as far as his crutches would allow him and said,

"By the way naitwa Peter. Si unipee number yako tuendelee kuchat."



## TIME ME GENTLEMEN!

**OCTOBER 16, 1846.**

The world witnesses the use of ether as an anaesthetic. Though not the first recorded use of anaesthesia (for this, you have to walk into Dr. Crawford Long's office on 30th March 1842), it was the first public demonstration of a successful procedure under performed under anaesthesia. This procedure, immortalized by British painter Ernest Board in this painting which hangs in the Wood Library-Museum of Anesthesiology, was performed by Harvard Professor and Surgeon John Collins Warren on Gilbert Abbot to excise a small vascular tumour of the jaw.



*Illustration of the first use of ether as an anaesthetic in 1846 by the dental surgeon W.T.G. Morton by British Painter Ernest Board.*

The anaesthetist was William T.G. Morton, a dentist who had developed the anaesthetic. Although it is reported that the patient was still able to mutter some few half coherent words, he felt no pain, just the faint sense of his skin being "scratched with a hoe". Undoubtedly the advent of anaesthesia was and still remains a medical miracle that has allowed even more medical miracles to happen. Today, enucleations, amputations and organ replacements all happen painlessly.

But what was life like in the operating table before the advent of this great milestone? These were the days when surgery was akin to barbarism. Patients undergoing surgery had to be restrained with many reports of them passing out due to the excruciating pain. And unfortunately for them, the rule of the thumb then was that surgical procedures required the patient to be alert and awake so opiates were never far away from the operating table. During these years, surgeons were known for their speed, especially in amputations as this was the only effective way to ensure less agony and increase the chances of survival from these operations. It is at this point that enters Dr. Robert Liston (1794 -1847).



*Prior to discovery of anaesthesia, surgeries were performed on people who were wide awake, often held down by men whose only job was to ignore the patient's screams so that the surgeon could do the job.*

### **The Fastest Knife in the West End**

A Scot who received his medical training at the University of Edinburgh and earned his qualification as a surgeon in 1818, he was a giant both physically and metaphorically. He was known for washing his hands and putting on an apron during operations at a time when surgical antisepsis was still widely accepted with Joseph Lister yet to gain a name in the medical world.

Then, operations were done in front of an audience (Hence the origin of the word theatre) and Liston's audience was not small despite him charging a fortune to watch his skill. Before an operation, Liston would walk very boldly into the theatre well aware of the respect bestowed to him by the audience who he would turn to and in a brusque voice announce "Time me gentlemen" before rushing to begin the amputation. Historians report that the noise of the audience pulling out their watches was startling. Taking an average of 2.5 minutes in a typical amputation, with his fastest time reported to be under 30 seconds, he was the fastest surgeon of the pre anaesthesia era thus the description by historian Richard Gordon as the "Fastest knife in the west end".

Yet these minutes, though seemingly few were hell on earth as evidenced by the details of the procedure: A cloth was put in the patient's mouth to mask his screams and all limbs except the one to be amputated were well restrained. Liston would quickly saw through the flesh with one clean cut using his Liston Knife which had a long blade and a relatively short handle then proceed to saw the bone off.

# TIME ME GENTLEMEN!

## The dark side

Remember the patients spent the entire procedure fighting as hard as they could with the medical students whose job was to hold the screaming patients down. In this confusion, surgeons were known to miss or amputate more than they needed to. Once, Liston operated so fast that he accidentally amputated an assistant's fingers along with the patient's leg. While changing instruments, he slashed through a spectator's coat who wasn't cut but died of shock. Both the patient and the assistant died a few days later of sepsis from resulting infections. It remains the only operation in history with a 300% mortality rate.

## The legacy

It goes without saying that Liston made quite significant contributions to the field of surgery. Despite the speed at which he performed the operations, he's reported to have a mortality rate of only 1 in 10 patients compared to the average mortality rate of 1 in 4 patients then, representing an unusually high survival rate for the time.

One of the more popular aphorisms from Moche Schein's book "aphorisms and quotations for the surgeon" states that one of the most important qualities of a surgeon is knowing when not to operate.

Liston believed in this and in his text, "Elements of Surgery", Liston writes: **"The functions and structure of parts are more frequently preserved uninjured - mutilation is more rarely required - and operations are dispensed with. The wider the extension of Pathology, the fewer the operations will be - thus affording the best criterion of professional attainment. Who will question, that there is more merit in saving one limb by superior skill, than lopping off a thousand with the utmost dexterity."**

Liston died of ruptured aortic aneurysm due to accidental blow on his chest during sailing on December 7th, 1847, at the age of 53. An arguably larger than life figure, his memory lives on and his record for a 300 % mortality rate has never been beaten, and hopefully never will.



*Robert Liston, 1847 portrait by Samuel John Stump  
(Image source: Wikipedia)*

**Joseph Kariuki  
Year 4  
MBChB  
and History enthusiast**



'The morning is chilly, the sky is grey but barren. In a few hours, the sun will obliterate any signs of heaviness the clouds bear and it will be bright and hot. But for now, it is cool and cloudy. My kind of weather.

It is nine in the morning, this is time for the ward rounds. I must be serious today I say to myself. I put on my lab coat and walk briskly toward KNH. So huge and stately, so ancient and grand. I am proud of the hospital, and I am not being cheesy about this. It gives me so much to think about whenever I see it, a resort made of concrete for the unwell and the ambitious alike.

My earphones are in my ears-still saving up for those earplugs. For now, I have to bear with the unprofessional look wired earphones convey. I don't know who's looking but whoever you are onlooker, I am sorry. Madaktari huvaa earphones wakitembea. Cûcû wa gakuga is blasting my eardrums. It is a nostalgic song this one, lots of good vibes and memories in it.

We are all rushing in, some anxiously to look for patients to clerk, some fearfully in response to a call from the hospital early in the morning. Some are in pursuit of money, some are in pursuit of a degree(which looks like money to me). A conversation plays out in my brain. I have to leave this hospital having learnt something today. Like Prajeet who's always scribbling stuff. Like Maina who always has a to-read list after the rounds. Or maybe like Jael who is always so elegant and composed.

I enter the elevator and say a prayer. I always do. The lifts in KNH creak loudly. You do not want to hear a creak in the lift as you ascend five floors. One day the doors opened mid floors and I have never been the same again. I used the stairs for so many weeks after that. Something must kill a man, for me, it is a soft, posh life, not KNH elevators. Within a few minutes, I am out hastily, it creaked so badly today! Someone oil these things before we die young!

My ward mates are already here. They do not know that this young man is serious today! I say hello very curtly; serious students do not have time for small talk! I pull out my notebook as we wait for the doctors to start. Must as well use my time wisely.

# WAS I SERIOUS TODAY?

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It was going on well, this plan of mine until we entered room one. This patient in the corner was watching DJ afro on loud speaker. My ears had to choose whether they will hear "monitor output and input" or "tuko ma-area za Bangkok!" Serious student's ears today mister! I force myself to listen to the fluids and electrolytes plan being discussed.

We moved closer and the more we did the more Dj afro kept winning. "Amefanya a very big mishhtake!" was the nail in the coffin. For the next two patients, all I could hear was a man commentating on martial arts and toxic masculinity.

We got to the DJ afro patient. Mwaura is his name and comes from Murang'a. He carries the largest load of audacity I have ever seen. The consultant says hello to him. He pauses the movie, says hello, looks around and goes back to his movie still on loud speaker. I bet the consultant and the registrars were all shook by the man's audacity. I was smiling behind my mask.

One of the registrars asks him to stop the movie. He reaches into his shelf, gets a pair of headphones and proceeds with his movie. "Nyinyi endeleeni tu na kazi wacha nisiwasumbue" are his final remarks before turning in the bed and facing the wall. Unbothered, unchallenged! No one dared disturb him again. I wish I had that courage.

So far my serious student resolve is slowly waning. I look around and I see her. The doctor I may or may not like. She is at the head of the rounds, doing her thing. Spewing knowledge every time she speaks. Shaking away a few stray braids every two or three minutes. Such power and knowledge and smarts on one person is an unfair advantage for some people.

I spend the next few minutes stealing glances. "Undergraduates, give any indications for a stoma." For the next few minutes, the serious student was back thinking, speaking and scribbling.

## AMSUN GAZETTE

That was until Mariam stood next to me. She had the longest nails I've seen in my whole life. I kid you not! We are due for a lesson on digital rectal exam this week. So many uncomfortable thoughts creep into my mind and I cringe every time. I laugh too. She could have had her nails done any other time and week but here she was. Audacity, nails and all! Ah, why am I focusing on nails again? We are discussing a stab wound patient now, focus.

By now I am at the very back of the cohort this morning. I am tall and having to allow others a front-row opportunity is my excuse. My mind wanders to West Africa as Dr Oku speaks. He has such a heavy accent you would definitely know he is Nigerian or at least from West Africa. He calls the doctor "doctor" and the nurse "nurse" and says "procedure" instead of procedure. I wonder how he deals with patients in the clinic.

Mariam passes her phone to me to look at a meme. I try to laugh subtly but my nose goes ahead and snorts. All eyes turn and I could swear I turned red with shame. A doctor touched me and pulled me aside. That is how I developed grade three hypertension BP in a minute!

A patient's blood pressure is abnormally low. The nurse gets one of the doctors to intervene. The doctor gets one of the medical students to assist. You are right, said medical student is your's truly. I relax a bit knowing I was not in trouble. It's just a patient! (I cringe at how casual that sounded)

In the next few minutes, we have two wide bore cannulas in place(that the doctor fixed as I passed her sanitiser and gloves and anything she shouted for) and fluids flowing in faster than you can pronounce the word fluids. The BP slowly rises and we can breathe. This patient will go back to the ICU as soon as possible.

The ward round is over I sign and walk out. Was I serious today?

My mom calls a few minutes later. We chat for the whole stretch of the walk back to my room. I tell her all I have learnt, even though all she wanted to know was if I had visited my aunt who I hadn't. Serious students remain in school over the weekend to read after all (laughs in sleep mode)

I was a serious student today. Did my best. Tomorrow we go back and try again.



**John Ndichu**  
Year 4  
MBChB



## GREYS ANATOMY IN REAL-TIME

"Each of you comes here today hopeful, wanting in on the game. A month ago you were in med school, being taught by doctors. Today, you are the doctors.

This is your starting mark. This is your arena. How well you play, that's up to you."

If you've watched Grey's Anatomy, or even had a snippet, these words ring in your mind. And it's even crazier when this is actually a real-time phase of your life. And it's even crazier when we're looking at it from a month or two perspective.

Should you be elated? Scared? Excited? Nervous? Proud? I think we should be all that. But mostly excited? I think! It doesn't matter whether you've never performed a primary survey before because someone else has, and they'll teach you.

We know too much already and the board! Oh my! The board!!! Have they not been satisfied already! Jesus!! Does it ever end? As blurry as it all may seem, we all have what it takes. Maybe we won't be at the same place, but we'll surely be somewhere.

As scary, as nerve-wracking, as emotional and as big as it gets, we're the Next Big Thing and it shows! All the best with the most significant move in your life surgeon!

Sisi kama finalists, You can call us **Daktari**, a well-deserved title.



**Otwoko Daktari  
Finalist.**



# A COUNTERINTUITIVE APPROACH TO CONSCIOUSNESS

Thinking about consciousness is just as intriguing as thinking about other intractable mysteries of the universe (as they've been referred to for millennia). Our experience of consciousness is so intrinsic to who we are that we tend to forget the profound questions that are staring us in the face: What's consciousness? What's the source of consciousness? Why would any collection of particles in the universe be conscious? We all know intuitively what consciousness is, yet there's nothing as hard to explain as consciousness. This has made some scientists, philosophers and religious leaders to conclude that the human brain might have a "cognitive closure" towards some subjects and consciousness might just be one of them. The same way birds can't solve calculus might just be the same way human beings might never be able to unravel the mystery behind consciousness. Some have concluded the human brain might have only evolved to tackle problems impinging on our survival and not to delve into the mysteries of the universe. However much disappointing it might be to conclude the impossibility of ever unravelling the mystery that sits right at the core of consciousness, it is human nature that we still need to find answers.

One of the biggest questions that has been there for millennia is the hard problem of consciousness: How would experience arise from a mere con guratom of mater (brain)? Consciousness here is used to refer to the definition coined by philosopher Thomas Nagel which states that consciousness is what it is like to be you at the moment. It's experienced in its basic form. It's an undeniable fact that we're made up of the same chemical composition as stones and chairs, but what puzzles us is why would the lights turn on when matter is conjured into a human being but still be off for stones and chairs despite having the same chemical compounds? When exactly does consciousness enter the human brain..? Is it at conception or immediately after birth? Is there something that it is like to be a human being? The answer would definitely be yes. Why would the answer be no when the same question is asked about a rock, a book or a table?

Some scientists and philosophers have described consciousness as a fundamental part of the universe that transcends the brain, a fundamental part of the building blocks of nature. This means that consciousness is universal and exists independent of the brain. It sounds a little bit counterintuitive that this inherent experience that is only manifested by a brain would exist without it. It's a big claim to make but those that support it have likened it to the eye and UV rays. In this example, UV rays represent consciousness which is a fundamental part of the universe and the eyes represent the brain. They go further to suggest that the brain acts as a filter of universal consciousness in the same way that the eyes act as filters of universal UV rays. The brain, therefore, keeps us in a constant illusion of the self and personal experience. It tricks us into perceiving a false duality of self and others yet we're not separate from other aspects of the universe but an integral part of them.

The same way an eye would "die" and UV rays still remain as a constant part of the universe is the same way a brain would die and consciousness still exist as a fundamental part of the universe. This leads to a more counterintuitive conclusion that "people become more conscious when they die" because our consciousness becomes part of the vast universal consciousness. It transcends the subjective human experience and becomes a fundamental part of existence. The view is known as panpsychism that rather than consciousness being a unique feature of human subjective experience, it's a fundamental part of the universe that's present in every single particle.

Let's take a break from panpsychism and revisit the 1st definition of consciousness which states that consciousness is what it is like to be you at the moment. It suggests that consciousness is experienced in its basic form. Such a view will need a brain and therefore behaviour to define consciousness. Do we really need behavior to define consciousness? No, might just be the most suitable answer. A perfect example to debunk this 1st definition of consciousness is in bodily imprisonment conditions such as anaesthesia awareness in which a patient becomes conscious in the middle of general anaesthesia. The patient might live out the nightmare of the procedure without the ability to move or communicate that they're fully awake and can feel the pain of the procedure. This in itself suggests that consciousness would exist without behavior and therefore without experience.

If behavior and brain have failed to define consciousness, does this give room for panpsychism? Panpsychists would claim that for consciousness to exist in a whole organism let's say human beings, there must have been some basic form of experience in the subatomic particles that form the human body. It could be described as the most basic form of consciousness. This is to say that consciousness might be viewed as an emergent property of experiences of all subatomic particles that collectively form the human body. Emergent properties are features of an ensemble that cannot be deduced by studying single components of the collection and this clearly explains why we can't look into an electron in search of experience.

The fact that conventional theories have failed to efficiently (if not at all) describe consciousness opens doors for more radical and controversial theories such as panpsychism despite being unfalsifiable by our current scientific methods. Some facts are important and so counterintuitive that if they stay for long they'll permeate our reality and become a foundation for our new ways of thinking, panpsychism might just be one of them. We are stuck between two options, whether to follow the definition of consciousness as experience that requires a brain to define or use one of the main guiding principles in scientific research, Occam's razor (theories that need fewer explanations), and become Panpsychists, but for sure the mystery at the core of consciousness will be unravelled someday.

**Janu Griffins Stower**  
**Year 3**  
**MBChB**



# EMBRACE YOUR CRINGE

As a teenager, I dreaded growing older. I didn't understand why my friends were so eager to become adults. If I had the ability to make time stand still, I probably would have. I'd have given anything for life to remain as simple as it was. It's funny how at such a young age, I was able to comprehend how aging only made things more complicated.

My favourite memory from back then was staying awake past lights out (high school) until everyone was asleep. From the top bunk (with the headframe against the window and the world around me dead quiet), I'd stare at the starry sky. Lost in the terrifying beauty of the night, hoping, even then, to stay as young forever.

My roommates thought it was a weird habit. And when I'd be the last one to wake up the next morning, they'd say "that's what you get for staying up so late." I was the one with the unusual mannerisms. These days, I wonder how I managed to stay alone with my thoughts for that long. The longest I can go now is the 3 minutes it takes me to reboot my phone. Of course, that's just a hyperbole. But much is to be said about the effect of technology on us. I will now fight the desire to digress into a monologue on how I'm convinced having a phone has turned me into a person I would have otherwise not been. Still, I wonder what a fifteen-year-old had to think about, shielded as I was from the real world.

The next day, walking past the field outside our window, all the possibilities, the "monsters", the supernatural beings, the wild animals, and basically any scary thing that I pictured staring back at me every night, would become impossible. I think that's why when night came, I wasn't scared of drawing the curtains open. I knew that in the morning, it'd be obvious that the only thing out there was always an open field and trees. It's funny how things change. Because now, at my big age, the scary thing in the dark is a stranger with not so good intentions.

As I write this, I find myself yearning for the evenings we'd carry our mattresses to the balcony; singing, taking turns playing the guitar, making confessions and then falling asleep all bundled up together. If you are yet to piece it together, I am sentiment passing off as human. It makes for great journal entries, but in real life leaves you quite unsettled.

For instance, of late I find myself thinking of an old classmate. Her name was Lydia. We weren't close or anything, but my nostalgic self misses her. Because serious as she was, she would at times play the guitar as I sang along. And those moments make for great memories now.

I thought being sentimental was something I would grow out of. Years have come and gone (I am getting up there), yet I still feel like that little girl who'd stay behind in class just to sit by the window lost in her own thoughts. This was in primary school. I find it so adorable now. One time, after watching High School Musical, I spent that time singing Gabriella's infamous "when there was me and you" while walking around the classroom imagining myself in a movie. I've met people who found it hard to understand the whole concept of being sentimental, others have found it cringe-worthy, while some have asked me to teach them how to be like me.

Somewhere along the line, I discovered that this thing that thoroughly embarrassed me, that I wished would just go away, was actually a strength. My strength. If I didn't know any better, I'd have added it to my resume.

Why? Because it powers my creative side. Through the realization that moments are fleeting, and that life changes fast, I am able to channel every single feeling into something. A sketch, a rant piece like this one, and sometimes the motivation to run.

I think the lesson here (which I'm only adding to justify this wordy rant), is to embrace your cringe. Besides, who knows how long we have to be cringey?

**Hanifa Ibrahim**  
Year 4  
MBChB

# BECOMING

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Whether we concur, dismiss the idea or remain lukewarm, change is necessary. It's an unavoidable part of being human. It is auxiliary to living, our disassociative essential. Be it gradual, spontaneous or instantaneous, the little we can do is swim along its strong currents, surrender to its course and contemplate on the new bearing to switch. The part we miss is the intrinsic trigger to change and the patience required in shedding off the former and adjusting to the latter. It is the hesitation to step into the dawn of uncertainty.

The dawn with unpredictable patterns.  
The obscured dawn.

Maybe after dawn, comes beaming light. Exposing our weaknesses. Ministering our plight to sundry. Where we cannot hide, we cannot pretend. Our weaknesses are magnified at the test by one huddle. Then we collapse and reminisce the subtle moments in the darkness of the night. When no one could draw our weaknesses and punctuate us with drawbacks all over. Becoming known and bleaching the stains by its beams or staying in darkness and bolding our weaknesses is our all-time dilemma. While many settle for the latter and prefer dying on their knees with their flaws in disguise, few stagger on their feet and face their flaws.

While we fear, the benefit of thinking beyond, magnifying the future and strengthening the bridges to take us there, we should be presently whole. Transitioning needs much shedding off and letting go. Unlearning and relearning. The angst self should not settle for fake. Just like a flowering plant, it abuts the impossible and buds into a dull fold of a flower-to-be. With time, it blossoms into a flower, releasing scent, its boon and bane. With a thousand honeybees and nectar feeders preying, it takes that for a heralded goal. It lets go of its beauty and eventually its patience pays, a fruit is begotten. The beauty of calyces, for a promising fruit with a thousand seeds. Potent seeds. The beauty of letting go.

If a blossomed flower does not wither to grow into fruit, then we would forget about flowers because of no filial sequences. Will you wither to blast into your full potential, or hold onto your impulsive brightness and go off after some time?

The many times of failure should not be taken as a lifelong thing. If hit by such a mindset, just think of relatability, authenticity and reflective the tough times dial in and leave traces behind, nourishing your future steps. The scars constantly ring bells, coding for exuberant traits and gradually, our ways are smooth lined into the right paradigm. Great achievers toppled over, stumbled onto and were swept by the currents that are common to anyone in pursuit of greatness. What kept them afloat is the switch of mindset and staying positive. With time, they learnt alternative ways of controlling the same currents that paused a threat. Tough times are common, but running from them just makes it worse. It's best if we abut them now and be free in the future. We should play our role well by being intertwined in the mystery of hope and courage. At the end of it all, things will be in place, so if they are not working out currently, then it is not the end, keep going!

**Hemman Mwash Limonyo.**  
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# TALES OF UNCLE JAY

(An excerpt from the humorous write-up, Tales of Uncle Jay)

Evening. The breeze, not as pleasant, but with a sweeping, calming almost numbing effect to the skin, the muscle and the joint. The beat, flows in sync with the waves. On the stage is the famous band popularly known as wanavokali, contemporarily translated into English as 'those with the vocals. A team of six; a mix of beauty and traction. A combinum whose vocal tenacity is traceable back to the year 2018, when life was good, before the bug hit the globe, at the Old Mutual Amazing Voices extravaganza; a celebrated acapella team just like the Ole dubeof Ethiopia and the Ndalomboya of Zambia, envied across the country, and the region at large.

The time is 8pm. The City is Nairobi. I am Uncle Jay, and this is my story.

Ordinarily, a village boy like me would get stunned by the glitter and the glimmer of the city. A city so explorative that people love to hate and hate to love. A city that everyone back in my village of Baragulu die to visit. A city that on my second day of visit, allowed two of its boys to do me a strangling ovation within the dusty parks of Jeevanjee; for what? My infinix and a crusted note of 200 shillings. The lads, gowned in dark jackets held my neck so tight that my vocal cords nearly broke; without considering that I was the only alto vocalist at Barkodier ACK choir. Were it not for my friend Julia nyar Awelo, I would have died. Anyway, this is a story for another day, lest I digress.

Having grown up in a Christian home, drinking at whatever magnitude is not accepted let alone having that conversation. Smoking is in its entirety an alien affair abhorred across the community; only considered a reserve for the dead and the dying. A young man is expected to stay young and an old man old.

Utalii lane. Nairobi. My reason for being here is to enjoy some beat, back at home I only saw such on TV, when Vero, my sister was not watching her favorite soap 'secreto de amor' or later on 'Tormenta en el Paradiso' or listened to them on Linda Nyangweso's kiss FM; but now that I had worked hard, and gone to University in Narobi, as we from the lakeside would call it, I had the chance to explore and replore the nerves of this city. And on this particular night, I was here, attending this envied musical concert at the popular school of French, the Alliance Francaise.

Now, music is not the only beautiful thing in Nairobi. Girls. Beauties radiating an ambience not seen in any other village, town or city. As an uncultured village swine, all the beauties appeared to be my type contradicting the reality that I ordinarily have no type, neither do I have standards. This was my night. I had to take one home; to the tiny Mamlaka hostels. my roommate Manwech, a Bukusu by nature but a simp by assimilation, would have to brace himself for a night away, the impending exile was inevitable.

When it comes to money, I never have much. When it comes to looks, I can't speak without my lawyer. But when it comes to words, I don't gamble. Rumor has it that My great grandfather Sakhame ka-miruka was a celebrated dowry negotiator, sweet with words and with smile. If the in-laws wanted twenty bulls for dowry, all you needed was ten, and the services of Sakhame, and you would gladly take home not only your intended, but also her younger sister. He was so good in words that while his fellows the Kenyattas, the Jaramogis and the Mois were grabbing fertile acres of land across the valley and the highlands of Kenya, mzee Sakhame the son of Miruka was sweet-talking fertile women in the village of Baragulu, Karemo division. It is this sweetness of words that I possess. The sweetness that got me a light skin Nairobiian, curved and built to my preference.

"Twende chini mahali hakuna kelele mob", she whispered in her sweet almost seductive voice.

For a moment I was mummified. This was becoming way too beautiful than I had forseen. In my typical luo manner, I held her hand and we descended down, in a dark poorly lit stretch. Across was the female washroom. I stopped about two steps away.

In my fantasies I had always desired a bad girl; A church-going Cardi B. A born again Kim Kardashian. But not a smoker.

My catch leaned on the wall and I leaned on the opposite. She pulled out of her pocket what looked like a packet of sportsman; indeed it was. She took one and handed me another. She lit both. I stood there, frozen. Staring at her taking puff after puff with my cigar held like a piece of dusty chalk. Holding my cough and my impending small cell lung cancer, should I dare to make the move.

Take me back where the girls balance water on their heads, and our aunts spot for us wives that only smoke fish. This Nairobi is not the green green grass of home.

# A TALE OF PAIN AND SCARS



I think I underrated fear. Most of us do. I underrated fear because I quickly realised how much fear has held me back. How many experiences I have missed and how many times I have failed to speak up. I was therefore debating on getting a tattoo. A reminder to not be afraid. That I can do anything if I set my mind to do it. Naturally, the debate fell to where I would have the tattoo.

You see my hands look like fraternal twins. My right hand is very smooth and pretty and no SCARS in sight. My left hand on the other hand looks like it has been through it all. I have a burn mark that I have had since I was a year old. It's part of me. It grew as I grew and I don't remember not having it. Therefore the only time I notice it is if someone asks me about it. To be honest I rather like it. On my index finger, I have a scar that I got at ten years old. I was cutting grass as I had seen before but with a very blunt panga. After all who would let a ten-year-old have a sharp one? I held the grass and aimed with all my strength. I cut a vein. No stitches by the way. But I remember there was a lot of blood. And everyone was coming up with natural remedies to stop it. At some point, I think I even had tea leaves on it.

My thumbnail is not the original one. This one I don't have a lot of recollection I just know I lost it and regret it. There was pain. That's all I remember. Recently I fell down the stairs after doing laundry. On my left hand, I was holding a cup, on the right one I was holding my phone. I saved my phone. The glass broke. Cut in several places. I have an assortment of tiny scars that looks like I was attacked by an over-eager mosquito. I hurt my back pretty bad too. But I am good now. As I write this I have a wound that I got while washing my favourite jeans and a button took out some skin. Maybe God is giving me a sign to get a washing machine. It's probably going to leave a scar. I wore an elastoplast too long. It got a little infected.

I know this began with fear then tattoos and now scars but I swear I have a point. You see I really don't need that tattoo. I have a permanent and unique reminder on my left hand not to be afraid. At a year old, before I knew much, I had already gotten past a big trauma. At ten, at 25 I can get through anything. I am not saying a button wound is anything much but my point is if I have done it before, what's stopping me from doing it every other time. I have already been strong and fearless. That's one more exam or job interview. I can do anything.



# **THREADS OF LIFE**

**I grab my crocheting hook and yarn and make my first few chains. Still not sure what I'll end up with, but this is my happy place, my solace. The one thing that clears my mind when I'm ready to wrap up the week on a Tuesday. I'll just go on and on, stitch after stitch, and see what comes out, destined for beauty.**

**Today is different. A thought stirs up my usual peace. I realize it's all coming to an end, the seven years are really over. Do I have something to show for them? Of course, yes, a lot. Has my life changed? A lot more. Am I happy it's almost over? Very much so. Sad? Yeah. Mixed feelings, bitter-sweet. The next few days, months, or even years strike me...time ceases to make sense, it all seemed so near yet so distant.**

**The upcoming End-of-Year EXAMS. Dreading, right? Makes me understand why chickens wake up at 4 am and just scream. But someone told me that the far we've come, exams should fear us, and not the other way round. He got a point there though. Just like the past five or so times, we've got this.**

**Truth be told, SEPARATION anxiety is a thing. In medical school, we've had classmates, colleagues, friends, soulmates, and families we got to choose. We've made lasting impressions in each other's lives, good or bad. We were there, together. Most times, crawling through the shadows and sometimes standing boldly in the sun. From enlightening discussions, and fascinating chats (including a little harmless gossip), to the hearty laughs with Clare on a Thursday evening. After this, we may never be in that same space, with the same wonderful people, talking fatuously yet happy. For some, we may never see each other again, unfortunately. And....that's life.**

**INTERNSHIP. About the 72-hour shift stories. Being the workhorse. The extensions after slight mistakes. Being counted on to save That Life, to just make it happen. (sigh!!!!) quite scary. Am I ready to do this? Honestly, not quite sure, but we'll hack it, Inshallah.**

**Now on to, LIFE. So, everyone expects me, a former baby, to do things for myself. An appropriate reaction to this is 'aki shukisha', adulting is not 'mathing'. Not all can relate to this, but I'm sure most do, if not most, then some, if not some, I know I do. The 7 am classes I slept through, the day-offs I took in the name of 'checking on my mental health'. These little pleasures are gone, and life may never be the same again. Now we'll have to show up, every day. It's subtly upsetting, but looking closely, it's progress. It's growth. Essential growth.**

**Wow, two hours down! Finally, a grey, snug scarf for the cold cold July. I should gift this to someone in remembrance of these days. All I can say is, WE SURVIVED, WE'LL SURVIVE! Whatever has a beginning comes to an end. On to the next phase of life, I hope it treats us well, as this scarf will its beholder.**

**Mercy Buyaki  
Year 6  
MBChB**

## BRING ME THE SUNSET IN A CUP.



Thus begins a beautiful story of the bleeding sky. I had the most esteemed privilege of watching the sunset today. It is a constant, the sunset; quite unfailing, if you ask me! A magnificent sunset and a vague sense of nostalgia. A blend between a pale tint of orange, hues of pink and a reddish glow. A quiet thrill and a universal serendipity. Drink in the sunset, ladies and gentlemen!

**“ People are just as wonderful as sunsets if you let them be. When I look at a sunset, I don't find myself saying, "Soften the orange a bit on the right-hand corner." I don't try to control a sunset. I watch with awe as it unfolds.”**

**-Carl R. Rogers, A Way of Being.**

I am intrigued by the diversity of the human race. I enjoy the company of the daughters and sons of the sun. These are the bright people who love to share their light with humanity. They tend to be genuinely kind and loving. The children of the sun seem to have a keen eye on the 'half-full' glass and for their optimism, we are both grateful and resentful!

**Sunshine all the  
time makes a  
desert**

I relish the amity of the daughters and sons of the moon. The children of the moon are accommodating because their truth, tends to be relative rather than absolute. The world may not always agree with them but this is where their strength and resilience comes in. Just like the children of the sun, they tend to be kind and loving.

**Sunshine and moonlight equilibrium.**

Daughters and sons of the earth, may the nourishment of the earth be yours!

**Alice Muritu  
Year 4  
MBChB**



## **A BOOK REVIEW: THE LITTLE COFFEE SHOP OF KABUL**

**Disclaimer; I haven't quite read the book.**

I mean, I have seen it before, so this is quite literally a case of me judging a book by its cover. For the longest time, I've been meaning to read it. It just screams "me", if you get what I mean. Like the type of book you'd find in my collection.

Anyway, back to what I was saying. The title has this "small town, warm coffee house" vibe to it that just beckons to me. For clarification, I still have absolutely no idea what the book is about, it may have nothing to do with an actual coffee shop.

But yesterday, on an excursion with a friend of mine, what do we come across if not a small café called "Coffee shop". I kid you not, it was exactly how I had imagined the little coffee shop of Kabul. Again, I apologize to anyone who's actually read the book (in case it has nothing to do with a coffee shop).

This place had everything; pretty art pieces on the walls, bulbs in broken bottles, rustic-looking wooden platforms to sit on, warm lights, etcetera. I could see myself showing up with my journal and writing as I enjoy their (quite cheap) meals. The icing on the cake is that the place isn't in Nairobi! It's in a small town that I absolutely love. If anything, it solidified my resolve of wanting to settle away from the city in the future. I would even be content having my own little coffee shop in a small town.

The book, *The Little Coffee Shop of Kabul*, has a rating of 3.6 on Goodreads, which isn't bad at all. I'll definitely get to reading and reviewing, soon. Maybe for our next issue.



**Hanifa Ibrahim  
Year 4  
MBChB**

# WHO MOVED MY CHEESE?

Back in high school, I saw my brother reading this book, whose title I found quite childish. I couldn't help but wonder, Why?

Nine years later, seated in my cousin's library in April, and searching for answers, I finished this non-medical book (that was less than 100 pages long) within a day. I should mention that I've always disliked reading books that were not school books (except Harry Potter, because I had watched the movie, and felt like I wanted to be like the chosen one who goes to Hogwarts to learn magic. That is how different I felt from my peers. Like there had to be more to life than just following the rules all my life.) But let me not digress, back to the review.

So, Who Moved My Cheese? I've been asking myself this question since I focused too much on the 'difficult' Anatomy and Biochemistry that I knew I had to read for, and ignored the Physiology that everyone told me was easy. Because all my life I had never failed the easy stuff.

This book sent me on a soul-searching process to the realization that I had to change my ways if I wanted to get out of cheese station C like Haw. On that journey, I lied to myself that I had figured everything out, yet around me, everyone else was so far ahead, and I could feel the pressure of society's expectations of a doctor. But at the end of the book, someone asked the question, "What about Hem?" And the narrator replied, "What about Hem?"

To find out, the sequel, "out of the maze", gives the perfect answer. In this life you should never get stuck wondering who moved your cheese. You find your running shoes and tools and head out in search for more cheese, as weak as you will be, and hope that the ones you left behind finally stop worrying and find their way to success. Or, learn that an apple can also be an option, and that to get it, you need to get out of the maze.



*The Sniffs who anticipate change early by sniffing it out in the marketplace, and update the corporate vision.*



*The Scurrys who quickly scurry into action and adapt. He liked to get things done, so they took action based on the new corporate vision.*

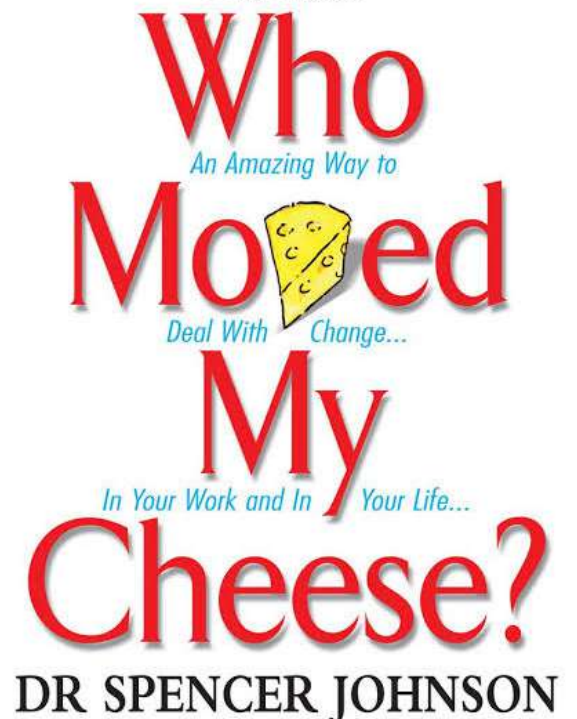


*The Hems who deny change and resist it out of fear. He wanted to work in a place that was safe and where the changes made sense to them, turning them into Haws.*



*The Haws who learn to adapt in time when they see something better. They were hesitant at first, but were open-minded enough to learn something new, and adapted.*

*'One of the most successful business books ever'*  
*Daily Telegraph*



**Kinyori  
Dennis  
Year 6  
MBChB**



# ONCE UPON A BROKEN HEART

## MY TAXI IS HERE.”

He should have said that. I should have seen it rather.

But here I am, amidst confusion and despondence. The avoidance in “I’m fine/ it’s fine”. The cynicism and resentment, predicting the future and assuming the worst. Part time crying in sadness and despair. Inability to tolerate emotions with the mentions of his name and thoughts of him. Avoiding the reality in the process. In a journey to find a way of adapting, coping and responding skilfully. Almost every time, it’s overwhelming (tear drops). It takes a huge toll on my mental health. It’s like a cycle; somehow persistent. I was certainly not prepared for it.

No farewell words. Dad just left. His taxi was here-cholangiocarcinoma. This taxi kidnapped him at the dawn of 2017. To a place far far away. “Happy New Year” has never been happy ever since. Mama said; as he came to this earth before us, and so he had to leave before us. I almost don’t agree. At least not yet. He should have stayed a lot longer.

Every time we remind ourselves of fond memories. Not with a wistful longing for the past, but with an appreciation of the good times. Sometimes in dreams; a euphoria when catching up after long time off sight.

While In this chronic traumatic grief, I am keeping the candle lit regardless. With the hope that we will meet again on that shore beyond the sea.

**“Grief I’ve learned is really just love that has no direction. It’s all the love you want to constantly give but are unable to. All of that unspent love gathers in the corners of your eyes, the lump in your throat, and the hollow part of your chest. Grief is just love with no place to go. Grief is just love. And love is love”**  
Austin Arnold, Candle In The Wind.

And love is forever .

# THE WATCHER ON THE WALL RECOMMENDS...

Ever since men have discovered the ability to dream, the taste of that which we know not became insatiable. Man's desire is to know the mind of God, and as such what better way to imagine a whole new world, full of endless possibilities than that of cinema? Science fiction has always been a constant staple of cinema regardless of the age, all the good, the bad and the ugly. The wonder and awe of worlds beyond our own, the dark and nefarious of beasts beyond description, the naïve and innocence of discovery and expedition and the charm and poignancy of childhood adventure. As Freddie Mercury may have said, there's no time for us, there's no place for us, what is this thing that fills our dreams, yet slips away from us? Let us then take off and drown in these our realm of endless possibilities.

## **Inception. (2010)**

Popularly, and appropriately, quoted as one of the most engaging/confusing/exciting/mind-bending movies all in one, Inception came out as a blinding beacon of awe and wonder. Cobb and Arthur are professionals in 'extraction' which is an experimental use of dream-sharing technology to infiltrate a target's subconscious in order to obtain information which they can then sell. They are approached by Saito, who is impressed by their work, to perform the opposite, that is, as you may have guessed, 'inception' which is deemed impossible. Cobb accepts the job as Saito has promised to help wipe his criminal record which will allow Cobb to go back home to his children. Cobb assembles his merry team consisting of an architect, a point-man, a forger and a chemist, and takes us down the rabbit hole of adventure as they try to implant an idea into the mind of Saito's business rival. The chaos unravels as soon as they enter the first dream-space and threatens not only the integrity of their mission but also puts their lives, and minds, at stake. We delve into the deeply fractured and fragmented reality of Cobb's mind, ghosts of his past that haunt him every day, and unravel the origin of his unsavory criminal record as well as get to know why he is confident that inception works when everybody else disputes its significance. As a work of Christopher Nolan, the movie is incredibly grounded in reality, with fantastic visual effects and a score to die for by Hans Zimmer. The Watcher recommends patience and attention for a movie that heavily rewards second-time and third-time watchers but still also compelling, also read as confusing, enough for first time viewers. One more thing, I have a question, do you think in the end the totem keeps spinning or not?



## **The Matrix. (1999)**

Mr. Anderson alias Neo, is a computer programmer who gets contacted by an anonymous person called Trinity after he has a brush with the matrix. He is however arrested by agents led by the divine, inimitable Agent Smith. After interrogation, he meets up with Trinity who leads him to Morpheus who promises him the truth. On his awakening, he discovers that they live in a dystopian future where sentient machines waged war and won against humans in turn enslaving them in a simulated reality, the matrix, modeled after what the world was in 1999. Neo joins Morpheus' band of human survivors and Morpheus believes him to be "The One" who was prophesied by The Oracle. They are pursued by sentient programs, Agents, who are tasked with locating and destroying the last of the human survivors. Morpheus grooms Neo in the workings of the matrix as the battle between the machines and humans keeps waging and the machines getting closer and closer, Neo becomes the last hope for these surviving humans of Zion. The Wachowskis crafted an era-defining, cultural nuke with stunning action sequences and groundbreaking visual effects especially with the use of 'bullet time'. A high-octane, adrenaline-pumping wonder instilling pure, genuine delight or as rightly put, "A dazzling pop allegory that is steeped in a dark, pulpy sensibility that transcends nostalgic pastiche and stands firmly on its own merits." So now, would you like to take the blue pill or the red pill?

## **Arrival. (2016)**

When twelve mysterious spacecrafts show up in different locations on Earth, governments send their experts and military to determine their origin and purpose. A linguist, Louise and physicist, Ian are dragged to go investigate the ships. On board, they meet two seven-limbed aliens they call 'heptapods' and begin trying to understand their complex method of communication which includes circular symbols. The grueling pace of understanding this new language suddenly turns into a race as Chinese scientists announce they understand their language. However, they misinterpret a lexical semantic, as is common in translating languages, leading to a hostile reaction from the country while Louise insists that the message translates to a different thing. As the world goes into panic amid diplomatic crisis as more and more countries follow China and demand the ships leave, Louise stumbles on the verge of understanding the message. The more she gains an understanding of this language, the more she also gains a startling and uncomfortable realization about the meaning of their message and why they appear here and now and what she eventually gives up in order to get the message. The Watcher recommends this as a must-see experience for anyone who enjoys a deeply engaging film dabbling in existentialism and philosophical sentiments, one which approaches the question of how 'first contact' will probably be and ask some more introspective questions which the film duly answers. A terrific performance from Amy Adams as well, driving forward the narrative with calm and intelligence even when all is looking futile. Definitely a movie that will get you thinking and will get you talking about it.





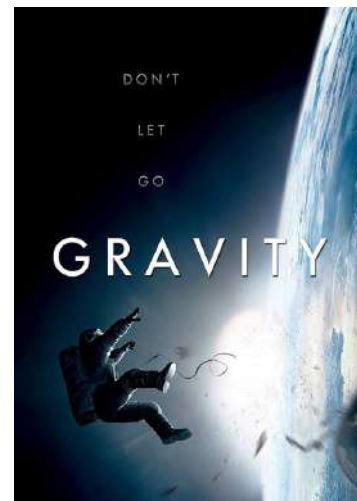
## Interstellar. (2014)

Now a sci-fi list would surely not be complete without a space epic, would it? Enter Interstellar. If Interstellar was food for the mind, then this is definitely food for the soul. The year is 2067 and Earth is dying of dust storms and crop blights. Cooper stumbles upon some mysterious coordinates by the alleged working of his daughter's, Murph, imagined 'ghost' which leads him to a secret NASA base. He finds out that humanity has one of two choices left in order to survive and agrees to lead the mission to find inhabitable planets in a distant galaxy. Cooper bids goodbye to a distraught Murph who he promises to come back to. As they visit, the first potential habitable planet, its location near a massive black hole results in severe time dilation and this is made worse when they experience an accident leading to them losing even more time. The harrowing implications of some of their actions start to bear weight on some of the choices that they must make in order to ensure the survival of humanity. A visual monument of par excellence, this film transcends the grand ideas of our own existence in celestial magnitude and the very things that makes us human including love and sacrifice. A film that is just about what we have come to expect of a Christopher Nolan film with entertaining, thought-provoking sci-fi saga yet still with personal reach and effect. Hailed as well as being as close to real science as can be in its portrayal of several events such as black holes and time relativity. At the end of the day, this grand space adventure boils down to a story of a father and her daughter and the thing that transcends through all space and time, love.



## Gravity. (2013)

Dr. Ryan Stone is out in space making a few repairs on the Hubble Space Station when they get a distress call from Mission Control that warns them of a rapidly approaching cloud of debris. Before evacuation, they are hit and DrStone who is tumbling through space is rescued by Kowalski (no, not that Kowalski). They decide to head towards the International Space Station before the debris comes back around and before they run out of oxygen. Kowalski talks down a shaken Stone as they approach the ISS. However, they run out of maneuvering fuel and get tangled up in the mess of ISS debris, threatening to go past it and float away forever. Kowalski gives himself up so that Stone may be propelled towards one of the escape pods. Now alone, and scared, Dr. Stone must find the will to survive and get back home safe and sound with no help from Mission Control and no single soul aboard or alive. A massive thriller and edge-of-your-seat kind of film, that gets your adrenaline pumping from the beginning and does not let you go. It reinvigorates the old, exciting genre of the wonder and horror of space and the human instinct to stay alive. Apart from its human element, it is resplendent with space photography, with alternating first person views from within Stone's helmet and expansive wide shots showing truly the magnitude of how alone we are in the vast emptiness of space.



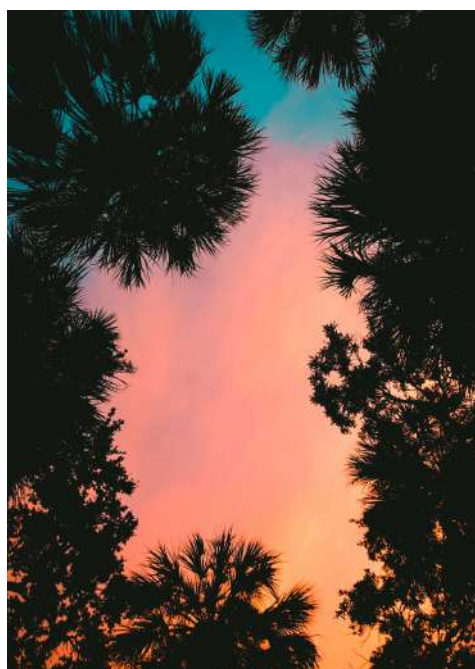
That's all for today, go away now.

The Watcher on the Wall.

# PHOTOGRAPHY

BAGHA ABDULKADER  
INSTAGRAM: BAGHA\_ABDULKADER

**Tropical Dreams**  
Within the palm trees  
and the beach breeze  
some moments freeze.  
In time,  
making everlasting memories...





# **ALONE**

**I am free, yet I am not.  
Free as a bird, to soar on high.  
Yet unfortunately, I cannot.  
Free to go anywhere I want, anywhere I can.  
Yet still, I am unable to.**

**For the shackles of boredom hold me back.  
Hold me in a reality that isn't meant to be.  
A reality that I can't escape.  
A reality in which sleep, is the best way out of  
my misery.  
Sleep that I fear,  
Sleep that I may not awaken from.**

**I am lonely, all Alone.**

**Kinyori Dennis  
Year 6  
MBChB**



# **WHERE'S HOPE**

**Dark shadows in a room full of light,  
Open windows in a windowless room,  
Drawings on the unpainted wall,  
Not a sign of hope.**

**Clean shoes in an empty room,  
A room occupied by mites and roaches,  
In it, nothing but a single bed,  
A mattress occupied by a thin being,  
A blanket, thin as a sieve, with holes in it.  
Loneliness the smell in the air.  
Pure, original and yet totally different.  
The knock on the door fading,  
Fading until it is no more,  
No hope left, roof caving in,  
Walls closing in.**

**Kinyori Dennis  
Year 6  
MBChB**

# REFLECTIONS

Hi there :)

Seems a minute since we last talked huh?  
Funny that I see your face in the mirror,  
How your eyes are a little uneven  
Those nostrils a little large for a girls  
The scar on your top lip from when he last hit you  
And yet, we never talk  
You built a wall I cannot seem to climb over,  
Your eyes will mist when memories resurface,  
But only for a while,  
It's back into your mind, a world all dark and sad,  
And I cannot seem to get you out again.

Help me a little maybe?

And just let the rays shine in your eyes again  
Just let the nostrils flare up in anger again  
Oh please, don't let the lips just quiver,  
Let them smile when I smile at you  
The whites of your teeth is a forgotten memory.

Or maybe I should cry, maybe then you would too  
Maybe I should laugh, and then you will too.  
If I let myself feel it all;  
the rain, the sun, the quiet night,  
I think you would feel it all as well.  
After all that's how reflections work.

Speaking of reflection;

I can only see your face on the small size mirror  
On a full mirror I would see the bruised arms too  
The broken hip and a limp when you walk  
The scars from when he choked us  
The shackles inside us,  
the urge to keep the picture beautiful  
Maybe that's why you don't feel a thing  
Maybe that's why you escape inside,  
because outside is not an option  
Believe me, I would do it too.  
I am doing it too.  
Because I don't think anyone is coming to save me.  
I would run, but can I?  
He is closer than you think.

**Alice Njeri Ndegwa**  
**Year 6**  
**MBChB**

Recently came across a GBV victim in the wards. I think the best way to honour her is to dedicate a piece to her plight. May we be brave enough to look beneath the surface for truth.



# ROLL ON

Roll on Roll on  
The wheel of time in time  
Drive this loaded truck of circumstances  
And bring it to the awaited future  
Where dreams and life lie  
Roll on Roll on.

The wheel of time in time  
Make tomorrow today  
And today yesterday  
And end this gamble  
Of unexpected education in time  
Roll on Roll on.

The clock tickles round  
And the process is halted  
Roll on the wheel of love  
And bring the object in time  
That love may be made valid  
Roll on Roll on.

Covid has taken away your wings  
Bureaucracy your engine  
But keep rolling and rolling  
And bring those fat pockets  
To the owner of the trouser  
Roll on Roll on.

Man must live  
Though the truck is halted  
Man must live  
Whether tomorrow never comes  
Man must live  
Whether love's object is dim  
Man must live  
With the pockets having holes.

Roll on roll on  
Roll on roll on  
The wheel of time in time  
And make tomorrow today  
And today yesterday  
That the heart may merry.

**G for Gifted Gurrifow  
Griffins Omondi  
Year 6  
MBChB**





## A LITTLE LIKE THIS

The rising sun breaches the top horizons in the far east.  
Slowly, flashes of a radiant smile strike the face of mother.  
In that still silence, she thinks of a word and another.  
Perhaps making breakfast,  
Perhaps not!  
She would rather enjoy the rays with baby Plunter.

Like the rosy hue across the sky,  
Determined to shine all day till it's time,  
To be in the west and eventually set,  
Giving way to stars and moon of the night,  
Was our very own Relaxed Ruby!  
Who couldn't be patterned by the circadian rhythm,  
At least not for the time before the run.  
It was like her baby Plunter.  
She always wanted to babble with her,  
Under the golden fingers of sunlight,  
In the morning of 4th June!

Whether black or green,  
Or even shades of red,  
Passion found home in the doctor.  
She picked the duty like a man on the first date,  
And before it was too late,  
Charity run had known how nice Ruby tastes!  
Honestly,  
It's worth it to be passionate.

**John Mavine Otieno**  
Year 1  
MBChB



# **THE SCIENCE OF FITNESS**

Everyone seeks to get into a gym and look good, pose on Instagram or just rock that figure hugging attire. A common question that people often ask is why should you consider working out and how does it work?

## **1. The Hill Muscle Model**

The first breakthrough in muscle contraction research was the development of the Hill Muscle Model in 1938. The Hill Model was able to explain what intrigued scientists the most at the time: a muscle can produce more force while lengthening than it can while shortening. The Hill Muscle Model proposed that passive elements in the muscle worked with active elements, like the contractile proteins and series elements (tendons and connective tissue), to produce more force while lengthening. This also somewhat explained how a muscle can produce more force after an eccentric, or lengthening, action as the passive elements may have some elastic component.

## **2. The Sliding Filament Theory**

The Hill Model offered a decent explanation as to why the muscle could produce more force eccentrically, but we still didn't know how exactly a muscle contracted. This theory stated that there were two contractile proteins, myosin and actin, and that these proteins slide past one another to shorten or lengthen a muscle fiber. The "cross-bridge theory," was formulated to describe how exactly actin and myosin slide past one another. This theory states that myosin has, "heads," that attach to actin and pull it closer to the center (M-line) of the sarcomere, or contractile unit, of a muscle fiber. This theory adequately described both shortening, or concentric actions, and isometric actions like flexing your biceps.

The sliding filament theory and cross-bridge theory are still both heavily taught and referenced to this day when concerning muscle contraction. However, it was often noted that they did not adequately describe the phenomenon of increased force during eccentrics and increased force following eccentric actions. The increase in force following an eccentric action is known as, "residual force enhancement (RFE)," and the cross-bridge theory lacks an explanation as to why this would happen.

## **3. Sarcomere Non-Uniformity**

The next major development towards residual force enhancement was the idea of "sarcomere non-uniformity." We know the sarcomere is the contractile unit of a muscle fiber; several sarcomeres in a row comprise a full fiber. Some studies suggested that RFE was induced by the fact that some sarcomeres are longer than others. This would mean that some sarcomeres are producing more or less force than others while the muscle changes length, and at extreme muscle lengths, some could produce more force than we thought was possible. While sarcomere non-uniformity is quite common, it is not responsible for all of RFE - it may contribute up to 10%. Furthermore, studies have found RFE to be exhibited by single sarcomeres which completely debunks the theory. Other studies have found that sarcomere non-uniformity also contributes to force enhancements in both isometric and concentric actions which no longer renders it a special aspect of eccentric actions and would not explain

Exercise sciences are always evolving. That doesn't always mean that outdated information is wrong, we've probably just expanded further on the ideas and theories. Realistically, the Hill Muscle Model from the current understanding is still accurate. We just know why the muscle acts like it does now. Secondly, muscle sciences have huge implications for training and performance and it's imperative to always stay on top of them, especially if you're an aspiring athlete, coach, or trainer. Lastly, don't be afraid to experiment with new knowledge.

# THE SCIENCE OF FITNESS

## How does Weight Loss Work?

We need to talk about general weight loss. Weight loss is kind of one of those go to phrases – it doesn't take long to come across a news article, or Instagram post, magazine cover discussing weight loss and how to achieve it. While most people know that consistently burning more calories than you consume results in losing weight, the actual process for achieving this can be far more complex than a simple calculation.

The food we eat contains energy, in the form of kilocalories/calories. We use this energy to support our daily activities, normal physiological functioning, and any kind of exercise-related activity. When we don't use as much energy as we take, we store the excess energy as body fat so it can be used later. Well, when does later come?

If we, purposefully or not, end up not eating enough food to support our daily activity or exercise, our bodies can mobilize this stored fat tissue to provide energy. However, our bodies can also utilize skeletal muscle to provide energy and can even break down skeletal muscle to provide amino acids for the protein synthesis process in other parts of the body. Since dieting often involves reducing caloric intake, oftentimes people get trapped by not consuming enough protein during their diet. This can result in muscle loss due to the aforementioned.

In addition, consistently consuming a low-calorie diet and losing weight can result in a hormonal environment that is not particularly suited for maintaining or even building muscle. Another common mistake people make is not performing any resistance training.

## What is body recomp?

Body recomp is the process of losing fat and maintaining, or even gaining, muscle mass.

We have multiple studies showing that body recomposition is possible; In addition, we even have studies showing that nutrition only interventions (no training!) can also lead to body recomposition.

How exactly does it work?

## Can I Lose Fat Without Losing Muscle?

We just listed several studies that proved it's possible to lose fat without losing muscle. Heck, some of these studies even had subjects gain muscle while losing fat. It is possible! However, there are going to be a few rules for setting yourself up for potential recomp.

1. Studies show that resulted in body recomposition had subjects consume a high protein diet; the average protein intake was 2.56g/kg/day. A recent review on protein intake recommended an intake of 1.62g/kg/day to "optimize" muscle gains. Therefore, to recomp, you might be looking at an additional 58% protein intake compared to that recommendation.

2. One area where most scientific studies overlook is sleep. One study actually found that subjects sleeping 8.5-hrs per night lost more fat than a group sleeping 5.5-hrs per night. Interestingly, both groups lost the same total amount of weight, but the 5.5-hr/night group lost a good chunk of their weight as muscle (80% versus 48% in the 8.5-hr group). The subjects in this study only consumed 1.18g/kg/day of protein and they didn't exercise. Hence the significant loss in muscle in both groups.



A similar study indicated that restricted an hour of sleep 5 nights/week in one group of overweight adults while a control group maintained their normal sleeping schedule. Both groups lost the same amount of weight (3.2kg), but the sleep restricted group lost proportionally more muscle mass than the normal sleep group. A third study examined two groups of subjects performing a resistance training protocol, but one group also received a sleep education program designed to improve sleep habits and outcomes. Both groups ended up gaining similar amounts of muscle from the training program (1.7 vs. 1.3kg), but the sleep education group also lost a significant amount of body fat (-1.8kg vs. +0.8kg). We now have three studies showing the importance of sleep for body composition, so always be mindful of your sleep quality when trying to recomp. Therefore, if you're trying to body recomp, make sure you're doing the following:

- 1) Consume at least 2.2g of protein/kg of bodyweight (1g/lb). Remember, you need a higher dietary protein intake in order to maintain muscle during a cut – let alone gain muscle.
- 2) Train hard and keep training heavy. Keep giving your body a mechanical stimulus that forces it to maintain muscle. The minute you drop to lighter weights, you stop giving the body a reason to stay jacked.
- 3) Sleep, sleep, sleep! Try to get 8-hours of sleep every day. Shoot for at least 80-90% of this sleep overnight, and then add naps throughout the day if needed.
- 4) It is also recommend making sure you're hydrated. Dehydration can actually cause similar fluctuations in anabolic/catabolic hormones when compared to chronic low-calorie diets – i.e. reduced testosterone and increased cortisol. Sip on water throughout the day and keep sipping throughout your workout to ensure proper hydration.

## Do you Need to be in a Calorie Deficit to Recomp?

A true recomp would involve eating right around your maintenance calories. With this, you'd be losing fat and gaining muscle at a similar rate and, therefore, staying at the same body weight. How do you find your maintenance calories? Track your food intake for a week. Did you stay the same weight? Your average daily intake from that week is probably a good estimate of your maintenance calories.

If you eat in a calorie deficit, you're going to have a tougher time gaining muscle during your cut. You can certainly maintain muscle but gaining muscle will be harder. Recent estimates paint the energy cost of building muscle at around 360-480 calories per day. If you're not eating at least close to maintenance calories, it's going to be hard to come up with the energy to build muscle. If you truly want to cut, I'd plan on consuming a slight calorie deficit while maintaining the previously mentioned recomp guidelines in the above section. That will help you maintain muscle as much as possible while shredding fat. Maintaining muscle in a deficit is certainly possible, just lift heavy and eat your protein!

## The role of water .

Water is not at all exciting, but it may be one of the most important factors for your performance today and your gains in the long term. It's one of the easiest deficits to overcome. Just get yourself a water bottle and keep it at your side at all times – lug around a gallon jug if you feel the need. If you absolutely can't stand plain water, don't be afraid to toss some sort of flavoring into it to make it more palatable.

Whatever you have to do, just do it!



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