HIV-AIDS is one of the most feared diseases. Globally lot of research is going on to find some methods by which this disease can be cured or can be prevented. A new research published in New England Journal of Medicine (NEJM) may be considered as one step towards this direction (Preexposure chemoprophylaxis of HIV prevention in men who have sex with men. N Eng J Med. 2010;362:2587- 99). In this study 2499 seronegative men and transgender women were divided into two groups randomly and one group was given fixed dose combination of emtricitabine and tenofovir disoproxil fumarate (FTC - TDF) and another group was given placebo. All the subjects were followed up for median 1.2 years. At the end of the study it was observed that fewer subjects were newly infected with HIV in the drug group as compared to placebo group. This reduction was 44% (95% CI 15 – 13%). It was also observed that there was small but significant rise in creatinine level in drug group as compared to placebo group. Though lot of issues need to understood before considering this fixed dose combination, as a regular method of preexposure prophylaxis. This study highlighted one more important thing. It was observed that there was mismatch between self reporting of compliance in the form of pill count and compliance measured by blood drug concentration. Most of the studies related with the HIV-AIDS, rely on pill counting as a method of measurement of compliance but this study shows that this is not a good method. Researcher working in the similar field should understand this limitation and some other method of compliance measurement should also be incorporated in research.

Is method of giving diuretics (Bolus Vs Continuous or High dose Vs Low dose) may affect the outcomes in patients of acute decompensate heart failure? The answer is “No” . In a study published in New England Journal of Medicine patients of acute decompensate heart failures were assigned into few groups (furosemide as bolus or as continuous infusion, furosemide in low dose Vs high dose). It was observed that there was no significant difference between all these groups for primary endpoints (patients global assessment of symptoms and serum creatinine). Though this study is criticized for its small sample size. (Diuretic Strategies in Patients with Acute Decompensated Heart Failure. N Eng J Med. 2011;364:797-805)

Is chanting “OM” can cure depression? May be YES. In this study published in International journal of yoga (Neurohemodynamic correlates of 'OM' chanting: A pilot functional magnetic resonance imaging study. Int J Yoga 2011;4:3-6) subjects were trained to chant ‘OM” a Sanskrit word mentioned in Upanishads. Neurohemodynamic function was assessed by fMRI (Functional Magnetic Resonance Imaging). It was observed that this “OM” chanting was associated with deactivation of limbic system. Author hypothesized that vibrations of this sacred word leads to stimulation of auricular branch of vagus nerve which ultimately affect the respective brain area. According to authors, this finding is similar to the effect observed when vagus nerve stimulation is done for the treatment of depression and epilepsy.

It was observed that drug advertisements published in medical journals usually give insufficient and incorrect information regarding the drug. At many forums this issue is debated and appeal were made to journal editors for restriction of drug advertisements in journals. A bold is step is taken by Journal of emergency medicine Australia to ban the drug advertisements. According to journal, evidence shown in these

drug advertisements are of low quality and most of these evidences are gathered through research which is funded by the pharmaceutical companies. Journal requested other journals to support and follow this step of banning pharmaceutical advertisement in medical journals. (A stand against drug company advertising. Emergency Medicine Australia. 2011;23:4-6).

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