

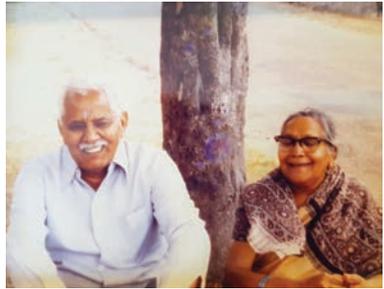


Vijendra Kumar Jain, President NSI 2011

Senior Director Neurosurgery, Max Hospitals NCR & Delhi
 Max Superspeciality Hospital, West Block
 1, Press Enclave Road, Saket, New Delhi - 110017
 Email Id : vkjneuro@gmail.com
 Tel: 91 9650977077

Introduction:

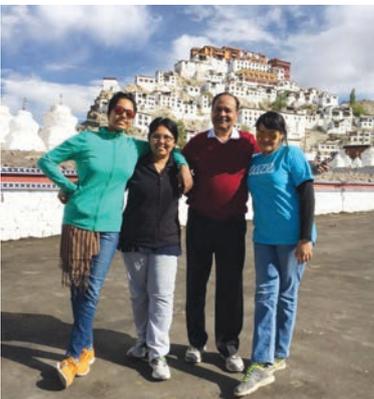
Vijendra Kumar Jain (VKJ) was born in Meerut on 30th June 1953. His father who had a diploma in civil engineering from Roorkee, was at the time earning his living by giving tuitions to children. He had given up his government job in response to a call by Gandhiji in the freedom movement. That was a courageous decision indeed as Hukum Chand Jain had a large family. Vijendra



Ammaji and Bauji

was his eighth son; in all nine sons were born to Hukum Chand and Bishambri Devi. Later, Hukum Chand got employment in Roorkee University as an overseer and that is where Vijendra was raised.

Roorkee, a small town near Haridwar, was always famous for its university. Those who worked in the University, aspired to see their children study



Malvika, Neera, Surabhi and VKJ

there and become engineers. Hukum Chand, with his love for learning, instilled in his children, discipline and a desire to excel. He would get up before dawn, wake his sons up and make them sit around a study table. There the boys would sit, half-awake and longing to go back to their warm beds, but forced to pore over their books as their watchful father sat close by. Gradually, they would become more alert and before leaving for school they would have gone

over their lessons well. In later years, V.K. Jain credited his parents and his brothers for his achievements. He recalled how his mother uncomplainingly managed the large family with limited means. She made her boys give utmost respect to their father, which helped him to channelize their energies positively. Of the nine boys, six went on to become engineers and three doctors.

Schooling:

Vijendra used to walk three kilometres every day to reach his primary school, Primary Pathshala number 8. The lessons were in Hindi and the students sat on the floor. One teacher was assigned one class and he taught all the subjects. It was a good system as the teacher got to know his students well and was able to teach holistically. Admission to class 6 was dependent on a competitive exam conducted by Government Inter College. After successfully clearing the exam, Vijendra pursued the rest of his schooling at this institution. Vijendra enjoyed commuting to school. On the way, were large trees laden with fruits. The young boy became adept at climbing mango, mulberry and guava trees etc. He knew the trees that had good strong branches and those that didn't. Throughout school, Vijendra stood at the top of his class and more often than not was the class monitor. In class 9, the students were asked to choose between maths and biology streams. Vijendra chose maths as he planned to become an engineer from Roorkee University. However, destiny had planned otherwise. A student with whom Vijendra was always in competition had opted for biology. This classmate challenged Vijendra to do as well in biology as he did in maths. Since Vijendra wanted to prove to his competitor that he could do equally well in any subject, he switched over to biology in class XI. He stood first in class XI, but more importantly, and rather fortuitously, set himself on the road to becoming a doctor rather than an engineer. Studies and games were the only two things that occupied Vijendra's attention at that time. When he would return from school, he would put down his school bag and run to the sports field to join other boys who played basketball with him. They would play till the sun went down and Vijendra would get back home hoping that he would not be scolded for staying out till dusk. However, he became good at the game and was selected in the college team. At one point he was selected to play at the state level but that dream had to be given up in favour of studies.

Undergraduate medical education:

After completing Intermediate from GIC, Vijendra sat for the Medical College entrance examination. He was selected at both Allahabad Medical College and King George Medical College, Lucknow and ranked seventh



At KGMC

in the KGMC entrance exam. The young man chose to study at KGMC as the grand building of the college had a huge impact on him. It seemed like a hallowed portal to enter which would be a dream come true. Classes began and Vijendra eagerly took his place in the huge classroom. But to his dismay, he understood very little from the lectures as they were in English. Till then

his medium of instruction had been Hindi. Here was an unforeseen challenge. With his customary doggedness, Vijendra set about resolving this problem. Fortunately for him, KGMC had a system wherein the college issued the timetable of the entire year in advance. Students thus knew the topic of every lecture at the beginning of the academic year. Vijendra used this timetable to prepare for every lecture on his own. Before going to the lecture theatre he would read the topic in his textbook. The lecture would then be like a revision of the material that he already knew. This strategy worked well for him and he completed M.B.B.S in the first attempt. When in 1975, the Chief Minister of U.P. Hemvati Nandan Bahuguna, came to KGMC for its convocation, he pinned 'Colour' on the lapel of Vijendra Kumar Jain. 'Colour' was awarded to the student who excelled in both studies and sports. In addition to being a good student, Vijendra had excelled in basketball and other sports.

Postgraduation:

After completing MBBS, VKJ took admission in M.S. General Surgery at KGMC. In the second year of this course, residents were posted to one of three specialities - plastic surgery, CTVS (cardio-thoraco vascular surgery) and neurosurgery. When VKJ was assigned neurosurgery, his heart sank. All the residents saw this branch as a depressing one, in which there was high rate of mortality and very little surgical experience to be gained. The most that one could expect to do then were investigations such as myelograms and angiograms. Added to this was the fact that the CNS had

always been a hard nut to crack for most students and few fancied getting lost in its labyrinths.

However, VKJ decided to make the best of his posting and learn as much as he could. One day, a patient with aphasia and right hemiplegia was brought on a stretcher. He had a chronic subdural hematoma and was operated on the same day. When he was taken out of the OT, he thanked VKJ with folded hands. Two burr holes had been made to drain out the haematoma and that had made all the difference. This transformation seemed like a miracle to the young doctor and changed his opinion about neurosurgery. A branch of surgery that had seemed to be full of doom and gloom now shone as a magic wand. It had the power to make the blind see, the dumb speak, and the lame walk! At that moment VKJ was hooked by neurosurgery. He felt that though it required hard work and was quite challenging, it gave miraculous results that were very rewarding for the neurosurgeon.

VKJ now knew that neurosurgery was his chosen field and he put his heart and soul into learning as much as he could from this posting. He was lucky to be given a chance to place shunts and operate on chronic SDH. What really inspired and motivated him most was the dedication and attitude of the whole neurosurgery team – Prof VS Dave, D K Chhabra, A K Singh and SC Tandon. Dr Chhabra spent all his waking hours in the hospital with indefatigable energy. Neurosurgery was his entire life. Dr Dave was extremely meticulous in all he did and expected everyone to do the same. He would seriously ask the residents for their opinions and instilled in them self-respect.

The neurosurgery posting came to an end and VKJ was back in the general surgery routine when Dr Chhabra persuaded him to join the new five year course in Neurosurgery offered at NIMHANS. VKJ was taken aback. He had already completed one and a half years of MS and was not mentally prepared to leave the course midway. It would be wiser to apply for M.Ch. in KGMC after completing MS. However, Dr Chhabra, Dr Tandon and Dr Singh refused to take no for an answer and almost pushed him to go to the interview. They were convinced that it was the premier institute for neurosurgery at that time. They bought him a train ticket and friends escorted him to the railway station to make sure that he boarded the train!

NIMHANS admitted Vijendra Jain to its five year MCh course. Giving up his half completed M.S. course at KGMC he reached Bangalore on 7/7/77.

Neurosurgical training at NIMHANS:

In Bangalore the problem of language again cropped up. To communicate with patients it was important to know Kannada. VKJ set about learning it. Fortunately Kannada is similar to Sanskrit which he had studied in school. He wrote down ten Kannada words in a notebook every day and memorized them with their meanings. Interacting with patients helped and before long he was able to speak and understand the language well. In NIMHANS the world revolved around neurosciences so there was a lot, that a neurosurgeon in training could absorb and learn. It was a world without CT and MRI Scans. Neurosurgery residents worked as neuro-radiologists doing angiograms, ventriculograms, pneumo encephalograms and myelograms for all patients.

A patient who came to the ER with altered sensorium and with presentation of raised intra-cranial pressure (without localization) would be investigated by doing right carotid angiogram. When evidence of hydrocephalus was demonstrated the patient would be taken to the OT, a right frontal burr hole made and taken back to the radiology department for a ventriculogram. If this revealed a posterior fossa tumour the patient would be taken back to the OT for a ventriculoperitoneal shunt. The entire procedure, was the responsibility of the neurosurgery resident on duty.

For all neurosurgery residents, the days were packed with a really gruelling schedule. Every day there was a class session, eg., Preoperative discussion, a group discussion, a pathology slide session, brain cutting session, mortality meeting or a combined neurology and neurosurgery seminar. The rigorous training at NIMHANS was something that VKJ prizes. He says, "NIMHANS taught me how to arrive at decisions through a process of logical reasoning and testing one's thought processes in discussions with one's peers." The academic schedule and clinical duties did not leave much time for recreation or rest. VKJ felt lucky in not having any family duties or obligations to fulfill as his family lived far away in North India. Once a year he would take three weeks off to visit his parents in Roorkee.

After completing M.Ch, VKJ joined NIMHANS as a faculty member and was soon made the chief of a unit. He thus got ample opportunity to do all kinds of complicated surgery – vascular surgery, C.P. Angle tumour, Ventricular tumours, etc. In those days, aneurysm surgery was considered very challenging and difficult and therefore very few surgeons performed it in India. In NIMHANS however, Prof B.S. Das and VKJ did it with fair results. In time, the department got bipolar coagulation, microscopes, CT scan machine and many other advanced tools that improved surgical results considerably. In 1983, Vijendra Jain married Neera, an M. Phil. in English literature from Delhi University. A daughter was born to them in 1985, the year in which VKJ got a chance to go to Fujita Gakuen Health University in Japan on a year-long fellowship. This was a golden chance for him, given his interest in aneurysms. He left for Japan leaving behind a newborn daughter. Soon, however, his family joined him in a small apartment in Toyoake, Japan. Those were exciting days for the family. A new country with a new culture brought surprises and friendships at every turn.

Neurosurgical Fellowship in Japan:

Before settling into work in the department, VKJ had to once again surmount the language barrier. This time the challenge was the Japanese language. Once again he set about learning a new language to be able to communicate with patients and once again he was successful. In Japan, VKJ worked under the guidance of Prof. Kano, who has facilitated many Indian neurosurgeons to learn and work in Japan. Dr Sano was an international authority in aneurysms and AVMs and VKJ felt privileged to work with him. In one day he would sometimes assist Dr Sano in four aneurysm surgeries while in NIMHANS only ten to fifteen aneurysms reached the hospital in a year. Apart from surgery VKJ also did experimental work in Japan. It was there that he learnt and practiced vascular anastomosis in rats. Before the fellowship was over, he was allowed to independently operate aneurysms and do STA-MCA anastomosis. He learnt fine surgical skills and Japanese work ethics. He was immensely impressed with the punctuality, hard work and caring of Japanese doctors. Respect and obedience for seniors was deeply ingrained in the Japanese system. This facilitated smooth functioning of their institutions. VKJ returned to India resolving that he would try to emulate and impart these qualities in his country.

Neurosurgery at SGPGI:

On returning to India in 1986, VKJ was invited to join a new Institute that was being developed in Lucknow. This involved working with Dr Chhabra to build a department from the drawing board stage. The functioning of the department had to be planned, equipment procured and systems put in place. VKJ joined SGPGI in 1987 and moved into a beautiful type 5 bungalow with his wife and two daughters, Malvika and Surabhi. The family would spend a wonderful seventeen years in that house. They would enjoy campus life, play, swim, entertain friends, neurosurgery residents,



Annual party with the residents at home in SGPGI

visiting neurosurgeons and Japanese guests. Two things set the department of Neurosurgery at SGPGI off to a great start. Right from the beginning the department had equipment of very high quality and also had the support of the department of Neurosurgery, Nagoya University, Japan. Headed by the legendary neurosurgeon, Professor Sujita, the department

of neurosurgery, Japan, formed a close bond with the department at SGPGI. Nine Japanese neurosurgeons visited the department for a period of two to four months each from Nagoya university. The famous professor Y. Suzuki was the first one to visit and later he made it a point to come to Lucknow every time he visited India.

Enthusiasm among the faculty members rose further when the department got a state-of-the-art operating microscope and started micro-neurosurgery work which was not being done anywhere else in Uttar Pradesh. The department laid emphasis on early surgery for aneurysmal SAH and preservation of seventh nerve in C.P. Angle surgery. CV Junction surgery, sellar and parasellar tumour surgery, pediatric neurosurgery and skull base surgery. These sub specialities were divided among the department surgeons to a large extent. The quality of service soon came to be recognized in UP and its neighbouring states, as a result of which the department became deluged with patients.

Teaching at SGPGI:

The M.Ch. Neurosurgery course was started in SGPGI in 1989. VKJ drew upon his experience of teaching M.Ch. students at NIMHANS. His idea of teaching was to stimulate the students to acquire learning. He wanted them to feel like consultants and therefore asked them to present cases as if they were the decision makers for treatment. Then he would ask them questions as if he was trying to learn from them. They were encouraged to formulate their own concepts and not feel that the consultant's words were gospel truth. The consultants would give their opinion later. VKJ was known for questioning the residents for minute details of patient's history and examination. He liked things to be crystal clear and there was little that escaped him. It was difficult to fool him with half-baked knowledge and though the residents sometimes resented the cross-questioning at that time they were grateful for it later. VKJ wanted the residents to be so sure of their line of thought that at one time he even asked them to write their tentative operation notes before the actual surgery. The purpose was that they should be able to visualize in their minds, every step of the surgery beforehand. The teaching aspect of the work at SGPGI was precious to VKJ. He saw his students as the best of the best and felt that he learnt as much from them as they may have learnt from him. Through their presentations and discussions they stimulated his mind. He always regarded his M.Ch students as his greatest wealth and they numbered nearly a hundred.

Surgery at SGPGI:

VKJ's chief characteristic as a surgeon was his courage to take up challenges. He welcomed difficulties and sought to overcome them. Which is why, perhaps, he became known as a surgeon for difficult cases. VKJ's expertise was in the triple As – Aneurysms, AADs and Acoustic schwannoma. His work on CV Junction anomalies has been internationally recognized and published. VKJ himself credits his success in this area to his ability to visualize the anatomy of the area three-dimensionally. In 1986, he described an entity that he called "benign sub-arachnoid haemorrhage". This entity was usually called SAH of unknown etiology. When he visited Japan, as a visiting professor, he was pleasantly surprised to find the term benign SAH in use there. Yet another area of expertise was

C.P. Angle Tumours. He was able to save the seventh nerve in approximately 80% cases.

Post SGPGI:

In 2010, VKJ took voluntary retirement from SGPGI. He felt that life had begun to stagnate. The department was not getting more equipment and seemed to have reached a static level. His salary had also reached the highest level with no more yearly increments. He did not aspire to become the Director of the Institute as that was mainly an administrative job. He therefore left SGPGI to join Sir Ganga Ram Hospital in Delhi. Two years later he shifted to Max Superspeciality Hospital, Saket.

Conferences and Societies:

From the beginning, VKJ used to attend and present papers at NSI conferences. As new subspecialty societies came into being, he also got involved with those. He was one of the founding members of Neurotrauma Society, Cerebrovascular Surgery Society, and Skull Base Surgery Society. He became a member of Paediatric Neurosurgery Society also. As he used to attend conferences of all the societies and was also popular among the members he went on to become the President of Skull Base Surgery Society of India, Indian Society of Cerebrovascular Surgery, Neuro Trauma Society of India, and Neurological Society of India. He was also a founding member and Vice President of Asian Congress of Neurosurgery which was started by Prof. Kano of Japan. He arranged three Indo-Japanese conferences in association with Prof. Kano. Later, another Japan-India Neurosurgery society was created at the initiative of Prof Suzuki for which conferences are held once in two years alternatively in India and Japan. VKJ was also elected as Vice-President of Asian Australasian Society of Neurological Surgeons for a period of four years and took part in teaching programmes organized by the society in various countries. In 1990, he had organized the first meeting of neuroscientists of Uttar Pradesh at SGPGI when a society was formed for Uttar Pradesh and later he was elected the President of U.P. Neuro Science Society.

VKJ's main academic contribution in conferences and lectures in India and abroad has been in surgery on aneurysms, surgery of CP angle tumors, and surgery of CV Junction anomalies. He described a unique technique of creating an artificial arch of atlas for posterior fusion in those cases of

atlanto-axial dislocation in which the arch of atlas was assimilated with the occiput and was not available for sublaminar wiring. The instrumentation for fixation of CV Junction was not available in India those days. He also did many transoral surgeries for fixed AAD and demonstrated the surgical technique in many operative workshops in India. VKJ, however, wryly says, “Although, I have written many papers, delivered many lectures and done many surgeries for CV Junction Anomalies, it still remains somewhat of a mystery to me. The same rule cannot be applied to all cases.”



*As NSI President with
APJ Kalam and Prof PN Tandon*

As President of NSI, VKJ was involved in making some changes in the constitution of the society and in starting various academic programmes for DNB and MCh students on behalf of the society in India with the help of the Executive Committee. He regarded it as great luck that he got to deliver his Presidential oration at NIMHANS, Bangalore, his alma mater.

The Present:

Now, VKJ operates at Max Hospital, Saket in Delhi. His first love continues to be challenging surgery. Both his daughters have an MBA and are happy pursuing their chosen careers. They chose their life partners and are leading very independent lives. VKJ’s wife, Neera, works as an editor and writer of children’s books. ■