

**Saraswati Dental College, Faizabad Road, Lucknow**

**Science Update Notice Board**

**September 2015**

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## The Thomson Reuters Impact Factor (IF)

- Librarians and information scientists have been evaluating journals for the last at least 75 years. Gross & Gross (Science 66:385-389, 1927) conducted a classic study of citation patterns in the '20s. Others initially followed this lead.
- Later, the *Institute for Scientific Information (ISI)* founded by Dr. Eugene Garfield in 1960, offered bibliographic database services. This made it possible to do computer-compiled statistical reports not only on the output of journals but also in terms of citation frequency.
- The Impact Factor was devised by Dr. Eugene Garfield in the '60s to help librarians choose the most read journals.
- The *ISI* was acquired by Thomson Scientific & Healthcare in 1992, and came to be known as *Thomson ISI*. It is now is part of Intellectual Property & Science business of Thomson Reuters (<http://ip-science.thomsonreuters.com/cgi-bin/jrnlst/jloptions.cgi?PC=D>).
- Impact Factor is calculated yearly for journals indexed in *Journal Citation Reports (JCRs)*. JCRs, published by Thomson Reuters, offer systematic, objective means to critically evaluate world's leading journals, with quantifiable, statistical information based on citation data.
- Impact Factor of an academic journal is a **measure of the frequency with which the "average article" in a journal has been cited in a particular year or period.**
- Impact Factor is frequently used as a proxy for the relative importance of a journal within its field, with journals with higher impact factors deemed to be more important than those with lower ones.
- Impact Factor and other bibliometric indicators continue to be utilized to evaluate institutions, scientific research, entire journals and individual articles.
- Impact Factor relates to a specific time period; it is possible to calculate it for any desired period. JCR also includes 5-year Impact Factor. JCR shows rankings of journals by Impact Factor, and by discipline, such as organic chemistry or psychiatry, if desired.
- Calculation of Impact Factor

In a given year, Impact Factor of a journal is the average number of citations received per paper published in that journal during the two preceding years. For example, if a journal has an Impact Factor of 3 in 2008, then its papers published in 2006 and 2007 received 3 citations each on average in 2008. The 2008 Impact Factor of a journal would be calculated as follows:

$A$  = Number of times that articles published in 2006 and 2007 cited by indexed journals during 2008.

$B$  = Total number of "citable items" published by that journal in 2006 and 2007. **"Citable items" are articles, reviews, proceedings, or notes; not editorials or letters to the editor.**

Thus, 2008 Impact Factor =  $A/B$ .

- Note that 2008 Impact Factors are actually published in 2009; they cannot be calculated until all of 2008 publications have been processed by the indexing agency.
  - New journals, which are indexed from their first published issue will receive an Impact Factor after two years of indexing.
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The academic community has long been demanding more transparency, choice and accuracy in journal assessment. There are three different impact metrics all based on methodologies developed by bibliometricians and use Scopus as the data source that provide three alternative, transparent and accurate views of the true citation impact a journal makes. Scopus is the largest citation database of peer-reviewed literature and features tools to track, analyze and visualize research output. Scopus is dynamic: it shows citations per document in real time and is continuously updating historical content, in addition to new content as it comes out. The three impact metrics are:

- Source Normalized Impact per Paper (SNIP)
- The Impact per Publication (IPP)
- SCImago Journal Rank (SJR)

To download the entire dataset 1999-2014 (June 2015) go to:

<http://www.journalmetrics.com/values.php>

It is the entire collection of journals (listed in alphabetical order) covered by Scopus (currently the largest database of academic literature with 21,900 journals from 5,000 publishers) along with their SNIP, IPP and SJR metrics going back to 1999.

### **Source Normalized Impact per Paper (SNIP)**

- Created by Professor Henk Moed at CTWS, University of Leiden (Journal of Informetrics 4:256-277, 2010), SNIP measures contextual citation impact by weighting citations based on the total number of citations in a subject field. The impact of a single citation is given higher value in subject areas where citations are less likely, and vice versa.
- **It is defined as the ratio of a journal's citation count per paper and the citation potential in its subject field.**
- It aims to allow direct comparison of sources in different subject fields.
- Citation potential is shown to vary not only between journal subject categories – groupings of journals sharing a research field – or disciplines (e.g., journals in Mathematics, Engineering and Social Sciences tend to have lower values than titles in Life Sciences), but also between journals within the same subject category. For instance, basic journals tend to show higher citation potentials than applied or clinical journals, and journals covering emerging topics higher than periodicals in classical subjects or more general journals.

- SNIP corrects for such differences. Its strengths and limitations are open to critical debate. All empirical results are derived from the Scopus abstract and indexing database.
- SNIP values are updated once a year, providing an up-to-date view of the research landscape.
- SNIP provides alternative values that bibliometricians can use to create more refined and objective analyses.
- It helps editors evaluate their journal and understand how it is performing compared to its competition.
- SNIP provides more contextual information, and can give a better picture of specific fields, such as Engineering, Computer Science, and/or Social Sciences.
- It can also help all academics identify which journals are performing best within their subject field so they know where to publish. This is especially helpful to researchers publishing in multidisciplinary fields.

### **The Impact per Publication (IPP)**

- IPP measures the ratio of citations per article published in the journal.
- IPP measures the ratio of citations in a year (Y) to scholarly papers published in the three previous years (Y-1, Y-2, Y-3) divided by the number of scholarly papers published in those same years (Y-1, Y-2, Y-3).
- IPP metric is using a citation window of three years which is considered to be the optimal time period to accurately measure citations in most subject fields.
- Taking into account the same peer-reviewed scholarly papers only in both the numerator and denominator of the equation provides a fair impact measurement of the journal and diminishes the chance of manipulation.
- The IPP is not normalized for the subject field and therefore gives a raw indication of the average number of citations a publication published in the journal will likely receive.
- When normalized for the citations in the subject field, the raw IPP becomes the Source Normalized Impact per Paper (SNIP). Note that in the context of the calculation of SNIP, the raw IPP is usually referred to as RIP. Like SNIP, the RIPP metric was also developed by Leiden University's Centre for Science & Technology Studies (CWTS).

### **SCImago Journal Rank (SJR)**

- Developed by Prof. Félix de Moya, Research Professor at Consejo Superior de Investigaciones Científicas and Vicente Guerrero Bote, University of Extremadura, SJR is a prestige metric based on the idea that 'all citations are not created equal'.
- With SJR, the subject field, quality and reputation of the journal have a direct effect on the value of a citation.

- It is a size-independent indicator and it ranks journals by their 'average prestige per article' and can be used for journal comparisons in the scientific evaluation processes.
  - SJR is a measure of scientific influence of scholarly journals that accounts for both the number of citations received by a journal and the importance or prestige of the journals where such citations come from.
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### **QUOTE OF THE DAY**

*Perfection is not attainable, but if we chase perfection  
we can catch excellence ..... Vince Lombardi*

<http://www.rediff.com/getahead/slide-show/slide-show-1-health-top-5-reasons-why-young-india-is-getting-obese/20120416.htm>

## **Why the collective waistline of young India is widening more than ever and just what YOU can do about it**

by

**Swati Bhardwaj, Center of Nutrition and Metabolic Research and Prof Anoop Misra,  
Chairman, Fortis-C-DOC Centre of Excellence for Diabetes, Metabolic Diseases and  
Endocrinology**

Obesity among children and adolescents is emerging as a serious health burden and is acquiring epidemic proportions in developing countries such as India. It has been reported that childhood obesity tracks into adulthood and is associated with an increased risk of mortality, independent of weight loss later in life.

Childhood obesity is associated with a number of health problems such as hypertension, Type 2 Diabetes Mellitus, hypercholesterolemia and impaired glucose tolerance that were once confined to adults are now being diagnosed to children.

Likelihood of obese adolescent girls to suffer from Polycystic Ovarian Syndrome, a syndrome of variable combinations of menstrual irregularity, acne with obesity and insulin resistance.

Childhood obesity is associated with significant other morbidities including gallstone, dyslipidemia, obstructive sleep apnea syndrome, early puberty or menarche, eating disorders, skin infections, orthopedic disorders, asthma and other respiratory disorders.

According to our recent data, prevalence of overweight among 14-17 year old urban children increased from 24.2 per cent in 2006 to 25.2 per cent in 2009, while over the same duration, obesity prevalence increased significantly from 9.8 per cent in 2006 to 11.7 per cent in 2009.

Increasing trends overweight prevalence among 5 to 19 year old children/adolescents is because of the following socio-cultural factors:

### **Unhealthy Nutrition**

Comparatively low cost of energy - dense foods, improved purchasing power, television advertisements targeting children and junk foods being sold in the school cafeterias are shifting the children's dietary habits from healthy foods to fried fatty and processed foods. Also because of the brand building effort that heavily targets this age-group; fast food becomes their first choice.

**Working status of parents**

Parents these days are both working and have a hectic lifestyle. They are often overworked and it easy to let children order "fast foods" and hardly have any time to oversee balanced nutrition for children.

**Lack of physical activity**

Shift from outdoor play to indoor entertainment; television viewing, internet and computer games has attributed to increased childhood obesity. Children no longer want to ride a cycle and parents feel it is safer to ride a car than a cycle in a chaotic city.

**Academics**

Increasing burden of academic competitiveness among students has led to decreased participation in sports and any other form of physical activity. This is particularly true for girls who are sedentary form school years. Many of the studies from India show that females have more obesity and metabolic syndrome as compared to males.

**Socio-economic status**

Increased purchasing power in the form of daily allowance (pocket money) to purchase foods/snacks available in school cafeteria or nearby fast food joints could be a major reason for this.

**Wrong parental approach**

Parents in India and other developing countries usually have a general misconception that an obese child is a healthy child. And that if the child is fat, "baby fat" will go away with time. In an effort to keep child "healthy", he/she is fed in excess. **Many of these children remain obese for the lifetime.**

**Technology**

Most importantly with the advancement in technology, especially in the field of entertainment more time is spent on front of television, computers and video games at the expense of sports and physical activity, making it a sedentary lifestyle for the children.

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**QUOTE OF THE DAY**

*Success is simple. Do what's right, the right way, at the right time ..... Arnold H. Glasow*

<http://www.rediff.com/news/report/all-you-need-to-know-about-dengue-fever/20150915.htm>

## All you need to know about Dengue fever

September 15, 2015

### What is dengue fever?

Dengue infection is caused by a virus. It occurs commonly as dengue fever. Occasionally the patient suffering from dengue may develop bleeding. Common sites for bleeding are nose, gums or skin. Sometimes, patient may have coffee ground vomiting or black stools. This indicates bleeding in gastro intestinal tracts and it is serious. **Patient with dengue who has bleeding has dengue haemorrhagic fever (DHF)**. Rarely, **patient suffering from dengue may develop shock, then it is called dengue shock syndrome (DSS)**.

### When should I suspect dengue?

Dengue should be suspected when you have sudden onset of fever. The fever is high 103-105 °F or 39-40 °C. It is accompanied with severe headache (mostly in the forehead), pain behind eyes, body aches and pains, rash on skin and nausea or vomiting. The fever lasts for 5-7 days. In some patients, fever comes down on 3rd or 4th day but comes back. All the above symptoms and signs may not be present in the patient. Patient feels much discomfort after the illness.

### There are several types of fever, when should dengue be suspected?

The characteristics of dengue that make it different from other causes of fever are: (1) Pain behind eyes, (2) Severe pains in muscles, (3) Severe joint pains, and (4) Skin rashes. These features make diagnosis of suspected Dengue likely. Severe joint pain caused by Dengue Fever (DF) are the reason why DF is also called break-bone fever.

### What is the difference between suspected and probable case of dengue?

If a patient suspected to be having dengue has reduced platelets or increase in blood haematocrit, then the patient has probable dengue. These additional findings make dengue more likely. Patients with dengue may not have a high haematocrit if the person was anaemic to start with. Platelets are cells in blood that help to stop bleeding. Haematocrit indicates the thickness of blood.

### Can you get dengue again after suffering from it once?

It is possible to get dengue more than once. Dengue can occur because of 4 different but related strains of dengue virus. If a person has suffered from one virus, there can be a repeat occurrence of dengue if a different strain is involved subsequently. Being affected by one strain offers no protection against the others. A person could suffer from dengue more than once in her/his lifetime.

### Can the diagnosis of dengue be confirmed?

There are laboratory tests that provide direct or indirect evidence for dengue fever. These tests provide evidence for the occurrence of dengue infection. There are some

additional tests that can help to identify the type of dengue infection. The tests for confirmation of dengue should be done in reliable laboratories.

### **How can someone get dengue fever?**

Dengue fever occurs following the bite of an infected mosquito *Aedes aegypti*. This **mosquito has a peculiar white spotted body and legs** and is easy to recognise. It breeds in clean water and has a flight range of only 100-200 meters. The mosquito gets the dengue virus after biting a human being infected with dengue virus.

### **Can someone get dengue fever from another person?**

Dengue does not spread directly from person to person. It is only spread through the bite of an infected mosquito.

### **When does dengue develop after getting the infection?**

After the entry of virus in the person, it multiplies in the lymph glands in the body. Symptoms develop when the virus has multiplied in sufficient numbers. This happens **generally about 4-6 days** after getting infected with the virus.

### **Can people suffer from dengue and not appear ill?**

Yes. There are many people who are infected with the virus and do not suffer from any signs or symptoms of the disease. For every patient with symptoms and signs there may be 4-5 persons with no symptoms or with very mild symptoms.

### **Can dengue fever be treated at home?**

Most patients with dengue fever can be treated at home. They should take rest, drink plenty of fluids that are available at home and eat nutritious diet. Whenever available, Oral Rehydration Salt/ORS (commonly used in treating diarrhea) is preferable. Sufficient fluid intake is very important and becomes more important in case DF progresses into DHF or DSS where loss of body fluid / blood is the most salient feature. It is important to look for danger signs and contact the doctor as soon as any one or more of these are found.

### **What is the treatment? Is it curable?**

Like most viral diseases there is no specific cure for dengue fever. Antibiotics do not help. Paracetamol is the drug of choice to bring down fever and joint pain. Other medicines such as **Aspirin and Brufen should be avoided since they can increase risk of bleeding.** Any medicines that decrease platelets should be avoided.

### **Can dengue fever become dangerous?**

The infection can become dangerous since it may cause damage to blood vessels. The damage may range from increased permeability of the blood vessels, causing leakage of blood fluid/plasma into various organs to completely broken blood vessels that causes bleeding. The symptoms and signs of dengue haemorrhagic fever and dengue shock syndrome are related to damage to the blood vessels and derangement in functioning in components of blood that help it to clot.

### **Can people die from dengue fever?**

People who suffer from dengue fever have no risk of death but some of them develop Dengue Haemorrhagic Fever or Dengue Shock Syndrome. In some of these cases death can occur. With proper treatment, the patients with DHF and DSS can recover fully. Good treatment provided in time can save most lives.

### **When should a patient suffering from dengue go to the hospital or consult a doctor?**

Generally, progress towards DHF or DSS occurs after 3-5 days of fever. At this time, fever has often come down. This may mislead many of us to believe that patient is heading towards recovery. In fact, this is the most dangerous period that requires high vigilance from care-givers. Signs and symptoms that should be looked for are severe pain in abdomen, persistent vomiting, bleeding from any site like, bleeding in the skin appearing as small red or purplish spots, bleeding from nose, gums, passage of black stools like coal tar. Bring the patient to the hospital whenever first two signs (severe pain in abdomen and persistent vomiting) are detected. Usually it is too late if we wait until bleeding has occurred. **Most dangerous type of dengue is the dengue shock syndrome**. It is recognised by signs like excessive thirst, pale and cold skin (due to very low blood pressure), restlessness and feeling of weakness.

### **Is there a vaccine to prevent dengue fever?**

A vaccine has been developed to prevent dengue fever, but it is still under trial. It is not yet available in the market. Scientific progress is likely to help in prevention of dengue fever by vaccination in the years to come.

### **Are there any long-term ill effects of dengue fever?**

Most people who suffer from dengue fever recover in 1-2 weeks. Some may feel tired for several weeks. If symptoms persist after this period, consult a doctor.

### **Where does the mosquito that spreads dengue live?**

The highly domestic mosquito *Aedes aegypti* rests indoors, in closets and other dark places. Outside, it rests where it is cool and shaded. Female mosquito lays her eggs in water containers in and around homes, and dwellings. Eggs will develop, become larvae, and further develop into adults in about 10 days.

### **How can the multiplication of mosquitoes be reduced?**

Dengue mosquitoes breed in stored, exposed water collections. Favored places for breeding are barrels, drums, jars, pots, buckets, flower vases, plant saucers, tanks, discarded bottles, tins, tyres, water coolers etc. To prevent mosquitoes from multiplying, drain out water from desert coolers (when not in use), tanks, barrels, drums, buckets etc. Remove all objects containing water from the house. Collect and destroy discarded containers in which water collects.

### **How can I prevent mosquito bites to prevent dengue?**

There is no way to tell if a mosquito is carrying the dengue virus. Therefore, people must protect themselves from all mosquito bites. Dengue mosquitoes bite during the daytime. Highest biting intensity is about 2 hrs after sunrise and before sunset. Wear full sleeves clothes and long dresses to cover as much of your body as possible. Use repellents, mosquito nets to protect children, old people and others who may rest during the day.

### **Is there any advice for the patient with dengue fever to prevent spread of the disease to others?**

Spread of dengue from a patient to others is possible. The patient should be protected from contact with the mosquito. This will prevent the mosquito from biting the patient and from getting infected and spreading it to others.

### **Any advice on travel if there is an outbreak of dengue?**

There is no travel restriction. However, you should be aware of what to do if you are travelling an area where dengue has been reported. This includes observing prevention measures and reporting to the doctor if you have fever and are worried that it might be dengue fever.

### **What should the doctors treating dengue do?**

Patients suspected to be suffering from DHF or DSS should be admitted to a hospital without delay. Progress of these patients should be monitored regularly at 1-2 hour intervals. Platelet counts and haematocrits should be monitored repeatedly to review the progress. If haematocrit levels fall dangerously then blood transfusion should be considered. A fall of more than 20% as compared to previous levels may be an indication for transfusion. If the haematocrit values rise, patient should be given fluids intravenously and the fluids carefully monitored to ensure that the patient does not get excess fluids. A rise of more than 20% as compared to previous levels may be an indication for IV fluids. The doctor should decide based on best judgement of patient's condition.

### **What should the doctors treating dengue NOT do?**

Do not prescribe aspirin and brufen or any other medicine that reduces platelets or increases tendency to bleed. Avoid giving IV fluids unless the patient is bleeding or the haematocrit level is rising progressively. Avoid rushing into giving blood transfusion unless haematocrit is falling dangerously. Do not give platelet transfusion unless the platelet count is very low or unless there is bleeding.

### **In the case of a dengue outbreak or epidemic what are our strategies?**

Prevention of mosquito breeding places remains our mainstay. However, to stop or to slow down transmission it may be supplemented by "thermal fogging", using fogging machines. In fogging, we use an insecticide that has an immediate knockdown effect on adult mosquitoes. When fogging is undertaken after an epidemic occurs, it is unfortunately too late. Fogging, to be effective, should be done at about 3-4 days interval. It is expensive and time consuming. Therefore, measures undertaken by the

community, for the community, to prevent breeding of mosquitoes is far more cost-effective than containment measures once an outbreak occurs.

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**QUOTE OF THE DAY**

*Life is 10 percent what you make it, and 90 percent how you take it ..... Irving Berlin*

<http://www.rediff.com/getahead/report/achievers-a-dentist-whos-making-people-laugh/20150909.htm>

## **A dentist who's making people laugh**

September 09, 2015 18:06 IST

### **What inspired a young dentist to quit his job and make cartoons on nature and wildlife? Find out!**

Rohan Chakravarty is the man responsible for transforming a dreary subject into rib tickling cartoon images. His website 'Green Humour' is a rage and replete with his tongue in cheek wit about the natural world. Rohan Chakravarty set out to be a dentist. At the age of 28, he's perhaps the only one in the country who's making cartoons on natural history. What sets apart Rohan's work is his ability to translate complex messages on wildlife conservation into simple laugh-out-loud images from dancing penguins to polar bears sipping beer. His doodles may make people laugh, but they come with a strong conservation message and that's why NGOs, scientists and publishers are lining up for a slice of his work. Not just cartoons, his website Green Humour is the one-stop shop for his cartoons and products on the natural world - from mugs and calendars to illustrated maps of protected areas across India. The man behind the drawing board, Rohan Chakravarty, in a free-wheeling chat with Bahar Dutt talks about his journey so far as a wildlife cartoonist, on being the CEO, Coffee boy, Desk Manager of his own company called 'Green Humour'.

#### **From halitosis to cartoons**

Nagpur, the tiger capital of the world has been my home for the most part of my life. Growing up here meant that I had the most amazing wildlife at my doorstep (quite often literally!). My parents, an ex-journalist (mother) and a footwear merchant (father) always encouraged inquisitive behaviour, and that I think was a very important part of learning about animals. Dentistry happened as a result of several wrong teenage choices and the five years I spent pulling out teeth in a dental college were the most aimless years of my life. I have since then never recommended teenagers to consult aunts from small towns for career-related advice!

Green Humour started off as a pastime then, and paved the way for animation as my next career. After my course got over, I found a job with a multimedia firm in Bangalore where I directed 2-D animated segments for web films for three years during the day, and drew cartoons for Green Humour by night. Mundaneness crept into my job as well, in the form of IT films, and an existential crisis ensued. After some deliberation, and finding meaning only in drawing cartoons with animals for some odd reason, I decided to quit the day job and took up Green Humour as a full time occupation in 2014. Since then I have served as the Director, CEO, alarm clock, writer, artist, chief breakfast chef and head coffee boy at My Little Desk in My Bedroom Corp. and I've had quite a joyride. My first education about the natural world came from my late grandfather who was a wildlife enthusiast and would often

take me for strolls to the city zoo and occasionally on safaris too. Spending time with him served as early crash courses in natural history.



### **A brother who's Batman**

That's right. My brother Rohit Chakravarty (alias Bruce Wayne) is a wildlife scientist with a special interest in bats. I've accompanied him on a couple of bat expeditions, but we are more of birding-buddies; often even rivals, constantly trying to trump one another with our bird counts (he is 50 ahead of me currently, damn it!). His work, and his adventurous and fearless approach at it, is a constant source of inspiration to me; and one cartoon has even been a direct result of observing him on-field."

### **Does being a wildlife cartoonist pay?**

You would be surprised by my answer, and it is indeed a satisfying feeling saying so - yes, it is financially viable, if you're up for the struggle and long, unending hours of ideating and execution. It took a while for me to start making a reasonable income out of drawing cartoons about wildlife. Like every freelance job, you have good and bad months. In my line of work, where work and play mean the same thing, it isn't very difficult being disciplined at your job, and that helps a great deal. I kid you not, I reply in the negative to at least three e-mails every day from people who look to publish my work free of cost. As an artist still in your struggling years, it is mandatory to realise the worth of your art and to make sure it is in the right hands. It takes several years of proving yourself over and over again to reach a point where you have the freedom to say no to projects that either do not interest you enough or do not pay well. But of course, it does not stop me from contributing pro-bono on some occasions to causes that directly benefit wildlife and conservation.

### **Your advice to budding cartoonists**

I think if cartooning had an IUCN status, it would be 'critically endangered' or even 'extinct in the wild!' Cartooning is a dying art and I wouldn't recommend it to the weak-'arted'. The biggest pitfall of the job is the same question that you will inadvertently end up asking yourself every night, which for me goes something like this -- 'Great, I had loads of fun drawing today. But does anybody else on the planet even care a damn about why the frigate bird in my cartoon is inflating his gular

pouch?' But there are pluses too. After all, you get paid to make mischief and commit buffoonery each day. In my knowledge, that seems to be the best job in the world!

The response from the wildlife fraternity has been beyond overwhelming. Spending four years in Bangalore, the 'wildlife capital' of India, and even hosting my first solo exhibition there, meant tremendous exposure of my work to the wildlife circles and even though I do not fit into any specific category (scientist, photographer, writer, film-maker etc.), the wildlife folks have always accepted me with open arms. I have had the fortune of collaborating with some leading wildlife publishers, NGOs and state-run organisations, both Indian and international, to bring out illustrated material on awareness and conservation over the years.

### **Where do you get your ideas from?**

Ideating is an annoyingly random process for me. You see, inspiration is like a fat gecko on the wall. When you're watchful about it, it sneaks behind the clock. When you least expect it, it drops on to your lap! My ideas usually come from observing animals on a trek or from reading about them in books and now on the web. I also find a great deal of inspiration in the antics of our Environment Minister. My recent exhibition was held in Hyderabad in June, in association with WWF India, and it was also the first time I conducted a workshop on drawing wildlife cartoons, the response to which was heartwarming. I got requests from school kids to draw tiny animals in their notebooks, and that was the best feedback I could get!

### **What's your favourite cartoon?**

I have a long list of favourite cartoons. One I can think of at the moment is a Calvin and Hobbes strip in which Calvin captures a butterfly and presents in to Hobbes, who retorts, "If humans could put a rainbow in a cage, they'd do it." Ashamed, Calvin releases the creature back to where it belongs - the wild. I'm usually acutely critical of my work, but one cartoon that stands out as my favourite is of Arctic Terns (known for migrating for the longest distance - one pole to another and back) recounting their migration experiences to Penguins in the South Pole and Polar Bears in the North Pole. It makes me laugh out like the bears in the second panel, each time I read it. I think it has the right balance of craziness and science in it.

### **What's it like to run your own company?**

The striking of harmony between the natural history enthusiast in you and the mischief monger in you is a very satisfying feeling!"

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## **QUOTE OF THE DAY**

*Start by doing what is necessary, then do what's possible and suddenly you are doing the impossible .. Francis of Assisi*