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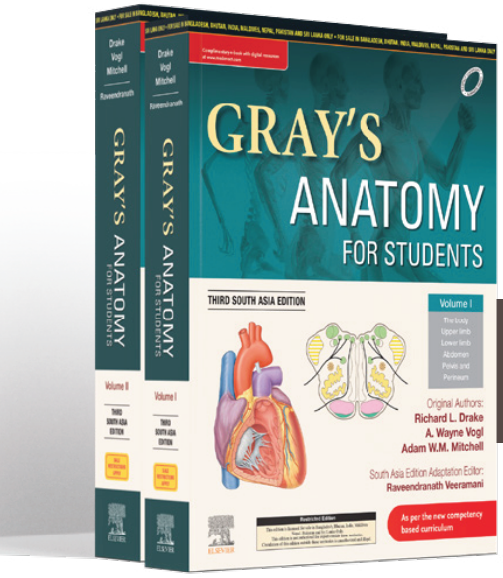
Anatomy Catalogue 2026-2027



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Anatomy



Gray's Anatomy for Students, 3rd South Asia Edition—2-Volume Set

By **Richard L Drake, A. Wayne Vogl, Adam W.M. Mitchell**

South Asia Edition Adaptation Editors: **Raveendranath Veeramani**

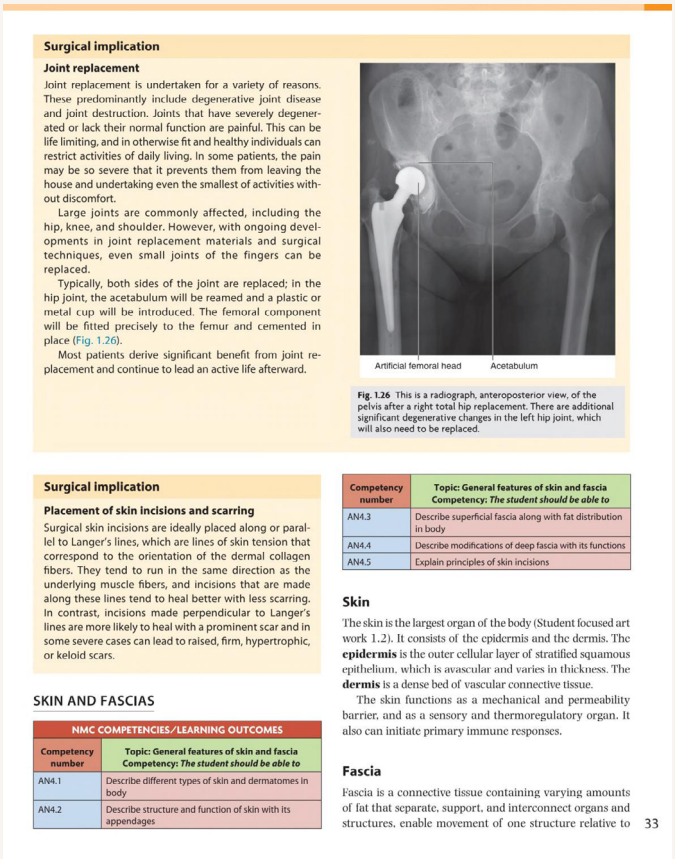
ISBN: **9788131267486** | Pub Year: **2023** | INR **4,050.00**

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Surgical implication

Joint replacement

Joint replacement is undertaken for a variety of reasons. These predominantly include degenerative joint disease and joint destruction. Joints that have severely degenerated or lack their normal function are painful. This can be life limiting, and in otherwise fit and healthy individuals can restrict activities of daily living. In some patients, the pain may be so severe that it prevents them from leaving the house and undertaking even the smallest of activities without discomfort.

Large joints are commonly affected, including the hip, knee, and shoulder. However, with ongoing developments in joint replacement materials and surgical techniques, even small joints of the fingers can be replaced.

Typically, both sides of the joint are replaced; in the hip joint, the acetabulum will be reamed and a plastic or metal cup will be introduced. The femoral component will be fitted precisely to the femur and cemented in place (Fig. 1.26).

Most patients derive significant benefit from joint replacement and continue to lead an active life afterward.

Artificial femoral head — Acetabulum

Fig. 1.26 This is a radiograph, anteroposterior view, of the pelvis after a right total hip replacement. There are additional significant degenerative changes in the left hip joint, which will also need to be replaced.

Surgical implication

Placement of skin incisions and scarring

Surgical skin incisions are ideally placed along or parallel to Langer's lines, which are lines of skin tension that correspond to the orientation of the dermal collagen fibers. They tend to run in the same direction as the underlying muscle fibers, and incisions that are made along these lines tend to heal better with less scarring. In contrast, incisions made perpendicular to Langer's lines are more likely to heal with a prominent scar and in some severe cases can lead to raised, firm, hypertrophic, or keloid scars.

SKIN AND FASCIAS

NMC COMPETENCIES/LEARNING OUTCOMES	
Competency number	**Topic: General features of skin and fascia Competency: *The student should be able to***
AN4.1	Describe different types of skin and dermatomes in body
AN4.2	Describe structure and function of skin with its appendages
AN4.3	Describe superficial fascia along with fat distribution in body
AN4.4	Describe modifications of deep fascia with its functions
AN4.5	Explain principles of skin incisions

Skin

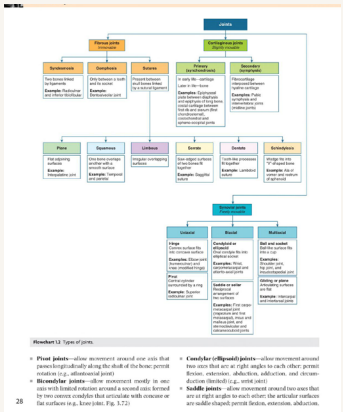
The skin is the largest organ of the body (Student focused art work 1.2). It consists of the epidermis and the dermis. The **epidermis** is the outer cellular layer of stratified squamous epithelium, which is avascular and varies in thickness. The **dermis** is a dense bed of vascular connective tissue.

The skin functions as a mechanical and permeability barrier, and as a sensory and thermoregulatory organ. It also can initiate primary immune responses.

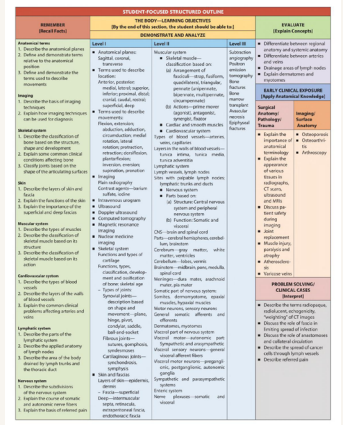
Fascia

Fascia is a connective tissue containing varying amounts of fat that separate, support, and interconnect organs and structures, enable movement of one structure relative to

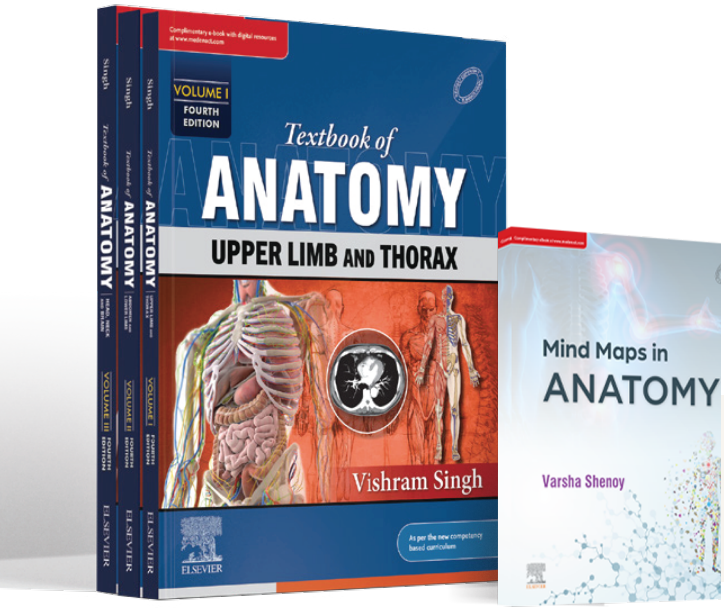
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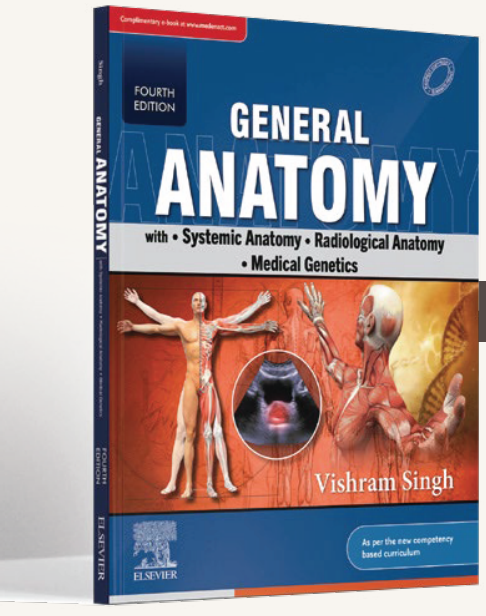
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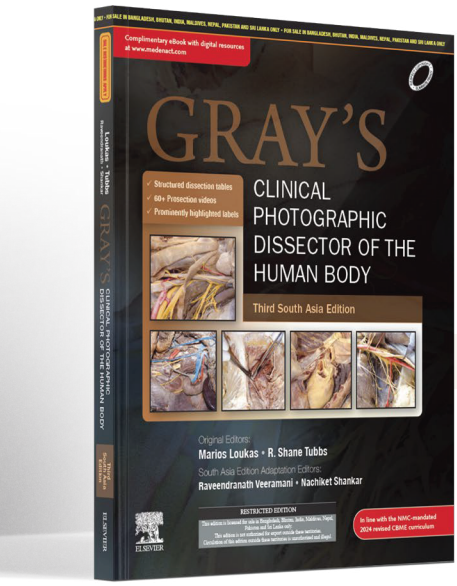
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Gray's Clinical Photographic Dissector of the Human Body, 3rd South Asia Edition

By **Marios Loukas, R. Shane Tubbs**

South Asia Edition Adaptation Editors:

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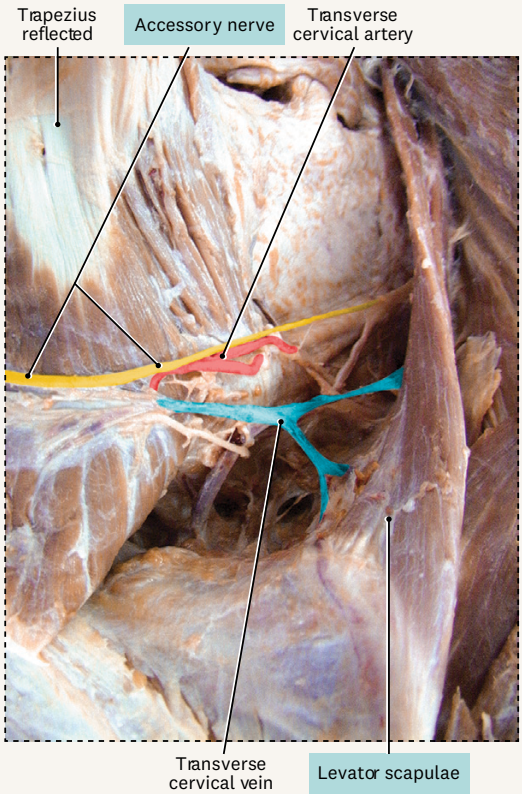


Fig. 4.3 Trapezius muscle is reflected and the accessory nerve identified.

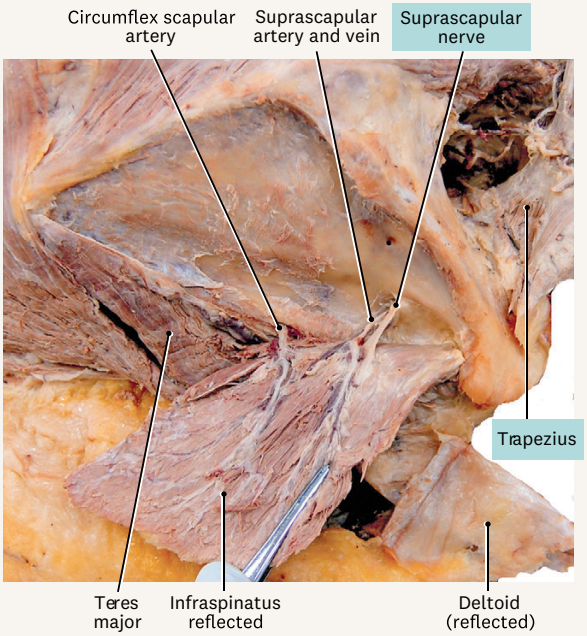
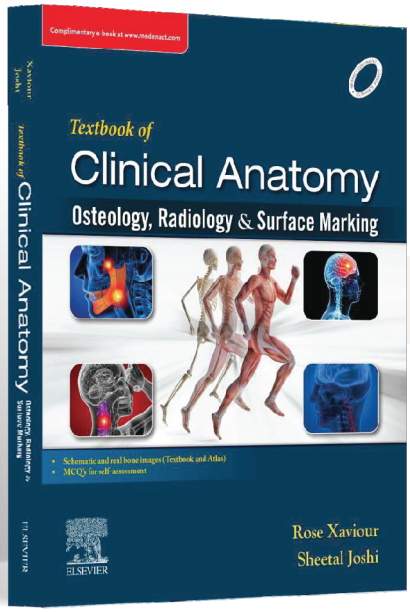


Fig. 4.5 Connective tissue is dissected out, exposing the suprascapular artery, vein and nerve, as well as the scapular circumflex artery.



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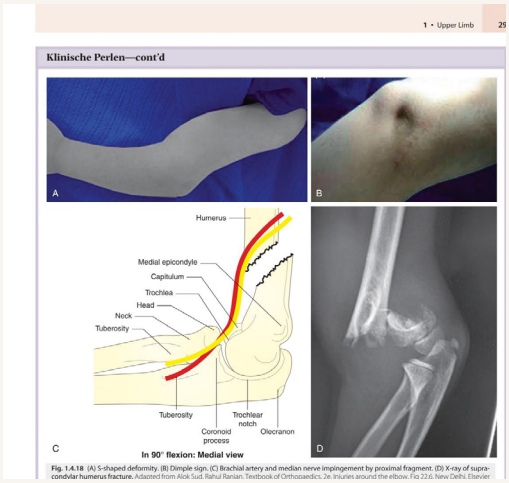


Fig. 1.4.18 (A) S-shaped deformity. (B) Dimple sign. (C) Brachial artery and median nerve impingement by proximal fragment. (D) X-ray of supracondylar humerus fracture. Adapted from Alok Sud. Rahul Ranian. Textbook of Orthopaedics. 2e. Injuries around the elbow. Fig 22.6. New Delhi. Elsevier

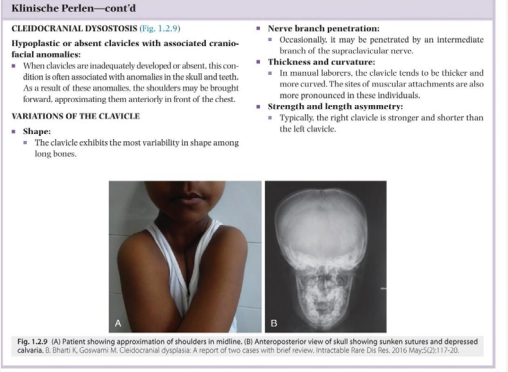


Fig. 1.2.9 (A) Patient showing approximation of shoulders in midline. (B) Anteroposterior view of skull showing sunken sutures and depressed calvaria. B. Bharti K, Goswami M. Cleidocranial dysplasia: A report of two cases with brief review. Intractable Rare Dis Res. 2016 May;5(2):117-20.

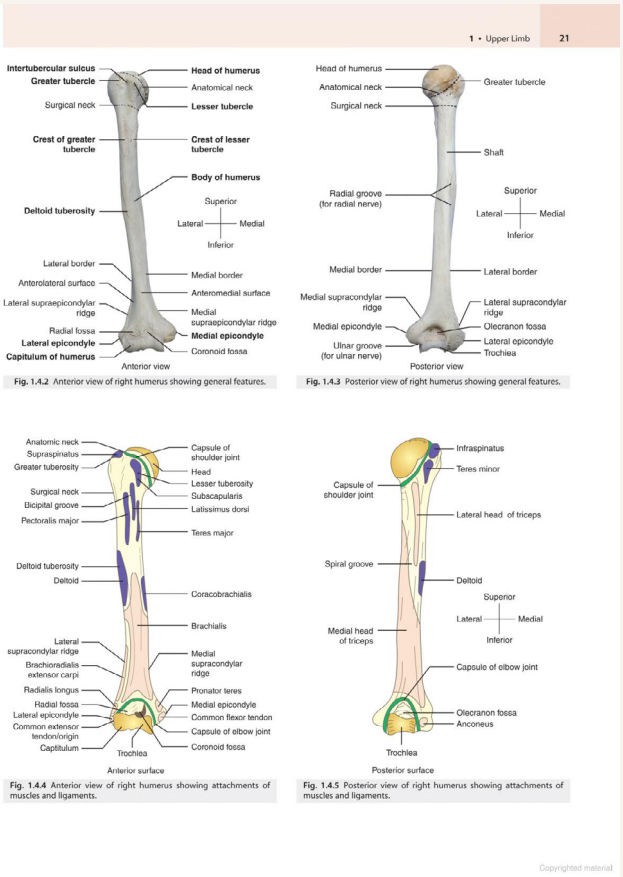


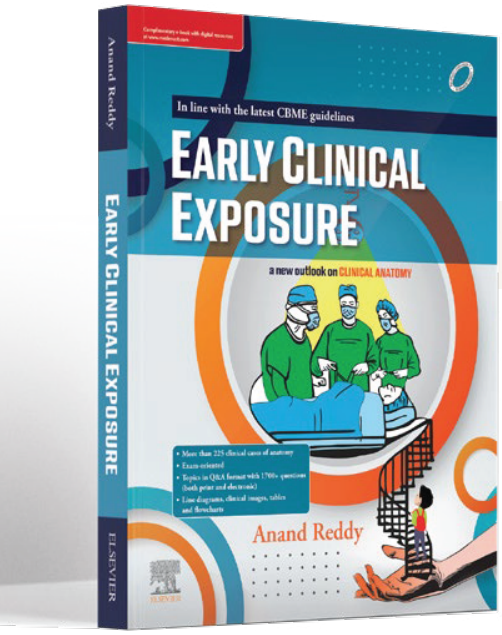
Fig. 1.4.2 Anterior view of right humerus showing general features.

Fig. 1.4.3 Posterior view of right humerus showing general features.

Fig. 1.4.4 Anterior view of right humerus showing attachments of muscles and ligaments.

Fig. 1.4.5 Posterior view of right humerus showing attachments of muscles and ligaments.

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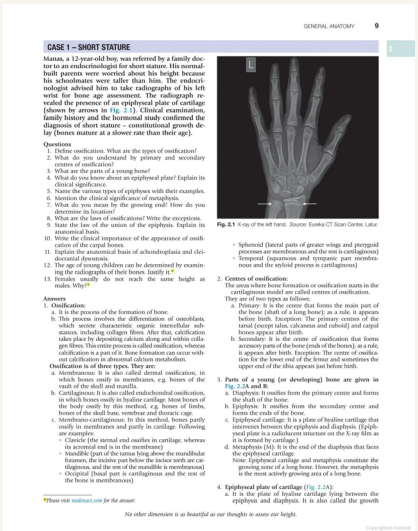
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GENERAL ANATOMY 9

CASE 1 – SHORT STATURE

Manas, a 12-year-old boy, was referred by a family doctor to an endocrinologist for short stature. His normal-built parents were worried about his height because his schoolmates were taller than him. The endocrinologist advised him to take radiographs of his left wrist for bone age assessment. The radiograph revealed the presence of an epiphyseal plate of cartilage (shown by arrows in Fig. 2.1). Clinical examination, family history and the hormonal study confirmed the diagnosis of short stature – constitutional growth delay (bones mature at a slower rate than their age).

Questions
1. Define ossification. What are the types of ossification?
2. What do you understand by primary and secondary centres of ossification?
3. What are the parts of a young bone?
4. What do you know about an epiphyseal plate? Explain its clinical significance.
5. Name the various types of epiphyses with their examples.
6. Mention the clinical significance of metaphysis.
7. What do you mean by the growing end? How do you determine its location?
8. What are the laws of ossifications? Write the exceptions.
9. State the law of the union of the epiphysis. Explain its anatomical basis.
10. Write the clinical importance of the appearance of ossification of the carpal bones.
11. Explain the anatomical basis of achondroplasia and cleidocranial dysostosis.
12. The age of young children can be determined by examining the radiographs of their bones. Justify it.*
13. Females usually do not reach the same height as males. Why?*

Answers
1. **Ossification:**
   a. It is the process of the formation of bone.
   b. This process involves the differentiation of osteoblasts, which secrete characteristic organic intercellular substances, including collagen fibres. After that, calcification takes place by depositing calcium along and within collagen fibres. This entire process is called ossification, whereas calcification is a part of it. Bone formation can occur without calcification in abnormal calcium metabolism.

Ossification is of three types. They are:
   a. Membranous: It is also called dermal ossification, in which bones ossify in membranes, e.g. bones of the vault of the skull and maxilla.
   b. Cartilaginous: It is also called endochondral ossification, in which bones ossify in hyaline cartilage. Most bones of the body ossify by this method, e.g. bones of limbs, bones of the skull base, vertebrae and thoracic cage.
   c. Membrano-cartilaginous: In this method, bones partly ossify in membranes and partly in cartilage. Following bones ossify in this way:
      - Clavicle (the sternal end ossifies in cartilage, whereas its acromial end is in the membrane)
      - Mandible (part of the ramus lying above the mandibular foramen, the incisive part below the incisor teeth are cartilaginous, and the rest of the mandible is membranous)
      - Occipital (basal part is cartilaginous and the rest of the bone is membranous)

*Please visit medexact.com for the answer.

No other dimension is as beautiful as our thoughts to assess our height.

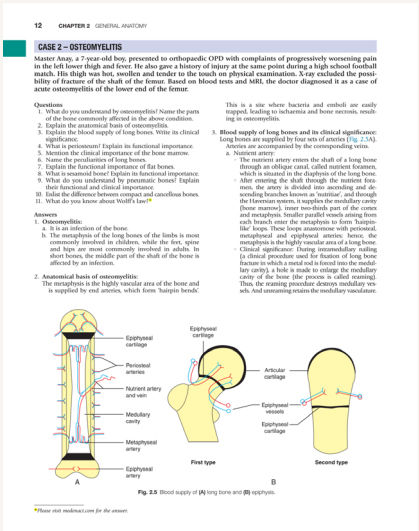
Fig. 2.1 X-ray of the left hand. Source: Eureka CT Scan Center, Latur.

   - Sphenoid (lateral parts of greater wings and pterygoid processes are membranous and the rest is cartilaginous)
   - Temporal (squamous and tympanic part membranous and the styloid process is cartilaginous)

2. **Centres of ossification:**
   The areas where bone formation or ossification starts in the cartilaginous model are called centres of ossification. They are of two types as follows:
   a. Primary: It is the centre that forms the main part of the bone (shaft of a long bone); as a rule, it appears before birth. Exception: The primary centres of the tarsal (except talus, calcaneus and cuboid) and carpal bones appear after birth.
   b. Secondary: It is the centre of ossification that forms accessory parts of the bone (ends of the bones); as a rule, it appears after birth. Exception: The centre of ossification for the lower end of the femur and sometimes the upper end of the tibia appears just before birth.

3. **Parts of a young (or developing) bone are given in Fig. 2.2A and B:**
   a. Diaphysis: It ossifies from the primary centre and forms the shaft of the bone.
   b. Epiphysis: It ossifies from the secondary centre and forms the ends of the bone.
   c. Epiphyseal cartilage: It is a plate of hyaline cartilage that intervenes between the epiphysis and diaphysis. (Epiphyseal line: On the radiographic structure on the X-ray film as it is formed by cartilage.)
   d. Metaphysis (M): It is the end of the diaphysis that faces the epiphyseal cartilage.
   Note: Epiphyseal cartilage and metaphysis constitute the growing zone of a long bone. However, the metaphysis is the most actively growing area of a long bone.

4. **Epiphyseal plate of cartilage (Fig. 2.2A):**
   a. It is the plate of hyaline cartilage lying between the epiphysis and diaphysis. It is also called the growth


12 CHAPTER 2 GENERAL ANATOMY

CASE 2 – OSTEOMYELITIS

Master Anay, a 7-year-old boy, presented to orthopaedic OPD with complaints of progressively worsening pain in the left lower thigh and fever. He also gave a history of injury at the same point during a high school football match. His thigh was hot, swollen and tender to the touch on physical examination. X-ray excluded the possibility of fracture of the shaft of the femur. Based on blood tests and MRI, the doctor diagnosed it as a case of acute osteomyelitis of the lower end of the femur.

Questions
1. What do you understand by osteomyelitis? Name the parts of the bone commonly affected in the above condition.
2. Explain the anatomical basis of osteomyelitis.
3. Explain the blood supply of long bones. Write its clinical significance.
4. What is periosteum? Explain its functional importance.
5. Mention the clinical importance of the bone marrow.
6. Name the pneumatics of long bones.
7. Explain the functional importance of flat bones.
8. What is sesamoid bone? Explain its functional importance.
9. What do you understand by pneumatic bones? Explain their functional and clinical importance.
10. Enlist the difference between compact and cancellous bone.
11. What do you know about Wolff's law?*

Answers
1. **Osteomyelitis:**
   a. It is an infection of the bone.
   b. The metaphysis of the long bones of the limbs is most commonly involved in children, while the feet, spine and hips are most commonly involved in adults. In short bones, the middle part of the shaft of the bone is affected by an infection.

2. **Anatomical basis of osteomyelitis:**
   The metaphysis is the highly vascular area of the bone and is supplied by end arteries, which form 'hairpin bends'.

This is a site where bacteria and emboli are easily trapped, leading to ischaemia and bone necrosis, resulting in osteomyelitis.

3. **Blood supply of long bones and its clinical significance:**
   long bones are supplied by four sets of arteries (Fig. 2.5A).
   Arteries are accompanied by the corresponding veins.
   a. Nutrient artery:
      - The nutrient artery enters the shaft of a long bone through an oblique canal, called nutrient foramen, which is situated in the diaphysis of the long bone.
      - After entering the shaft through the nutrient foramen, the artery is divided into ascending and descending branches known as 'nutritiae', and through the Haversian system, it supplies the medullary cavity (bone marrow), inner two-thirds part of the cortex and metaphysis. Smaller parallel vessels arising from each branch enter the metaphysis to form 'hairpin-like' loops. These loops anastomose with periosteal, metaphysal and epiphysal arteries; hence, the metaphysis is the highly vascular area of a long bone.
      - Clinical significance: During intramedullary nailing (a clinical procedure used for fixation of long bone fracture in which a metal rod is forced into the medullary cavity), a hole is made to enlarge the medullary cavity of the bone (the process is called reaming). Thus, the reaming procedure destroys medullary vessels. And unreaming retains the medullary vasculature.

Fig. 2.5 Blood supply of (A) long bone and (B) epiphysis.

*Please visit medexact.com for the answer.

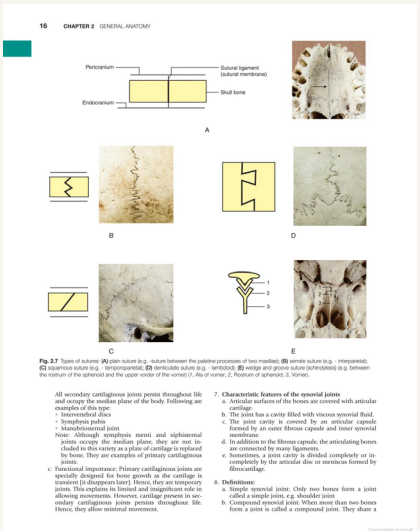

16 CHAPTER 2 GENERAL ANATOMY

Fig. 2.7 Types of sutures: (A) plain suture (e.g. -suture between the palatine processes of two maxillae); (B) serrate suture (e.g. - interparietal); (C) squamous suture (e.g. - temporoparietal); (D) denticulate suture (e.g. - lambdoid); (E) wedge and groove suture (schindylesis) (e.g. between the rostrum of the sphenoid and the upper vorder of the vomer) (1, Ala of vomer; 2, Rostrum of sphenoid; 3, Vomer).

All secondary cartilaginous joints persist throughout life and occupy the median plane of the body. Following are examples of this type:
- Intervertebral discs
- Symphysis pubis
- Manubriosternal joint

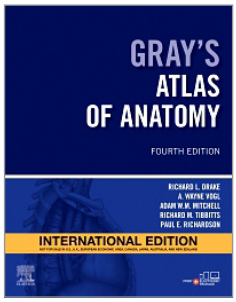
Note: Although symphysis menti and siphisternal joints occupy the median plane, they are not included in this variety as a plate of cartilage is replaced by bone. They are examples of primary cartilaginous joints.

c. Functional importance: Primary cartilaginous joints are mainly designed for bone growth as the cartilage is transient (it disappears later). Hence, they are temporary joints. This explains its limited and insignificant role in allowing movements. However, cartilage present in secondary cartilaginous joints persists throughout life. Hence, they allow minimal movement.

7. **Characteristic features of the synovial joints**
   a. Articular surfaces of the bones are covered with articular cartilage.
   b. The joint has a cavity filled with viscous synovial fluid.
   c. The joint cavity is covered by an articular capsule formed by an outer fibrous capsule and inner synovial membrane.
   d. In addition to the fibrous capsule, the articulating bones are connected by many ligaments.
   e. Sometimes, a joint cavity is divided completely or incompletely by the articular disc or meniscus formed by fibrocartilage.

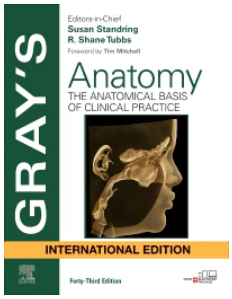
8. **Definitions:**
   a. Simple synovial joint: Only two bones form a joint called a simple joint, e.g. shoulder joint.
   b. Compound synovial joint: When more than two bones form a joint is called a compound joint. They share a

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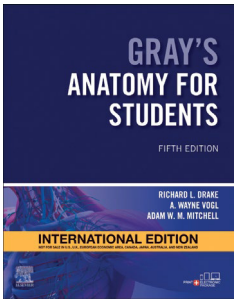
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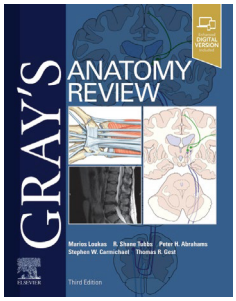
Gray's Anatomy,
43rd edition—International
Edition

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ISBN: 9780443378140
Pub Year: 2025 | INR 6,850.00



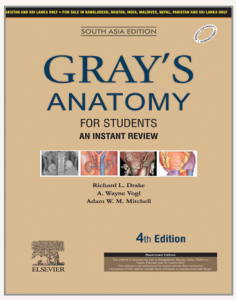
Gray's Anatomy for Students,
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Edition

By Drake
ISBN: 9780323935081
Pub Year: 2023 | INR 4,895.00



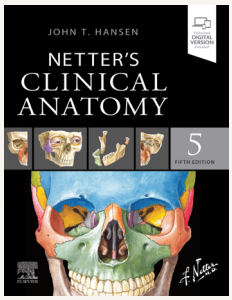
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By Loukas
ISBN: 9780323639163
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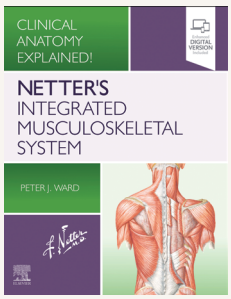
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Pub Year: 2019 | INR 1,185.00



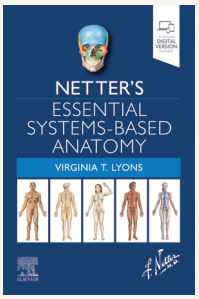
Netter's Clinical Anatomy,
5th Editon

By Hansen
ISBN: 9780323826624
Pub Year: 2023 | INR 4,800.00



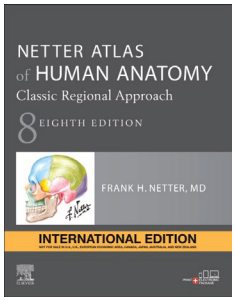
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Clinical Anatomy Explained

By Ward
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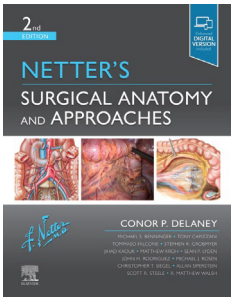
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By Lyons
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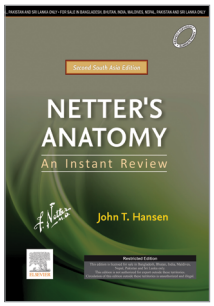
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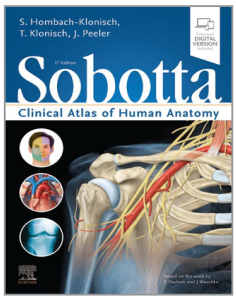
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Pub Year: 2021 | INR 14,010



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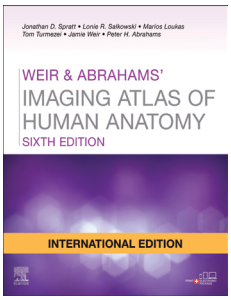
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Pub Year: 2019 | INR 1,235.00

Other titles



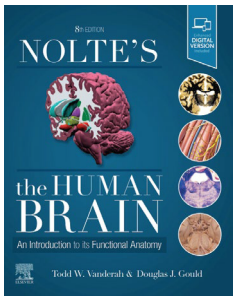
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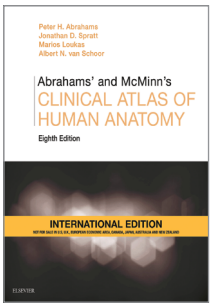
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By Spratt
ISBN: 9780702079276
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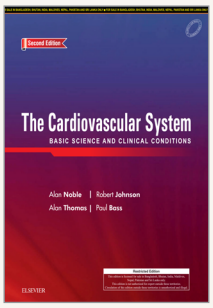
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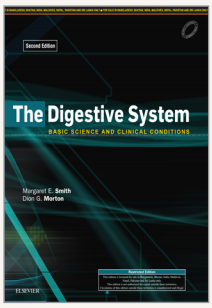
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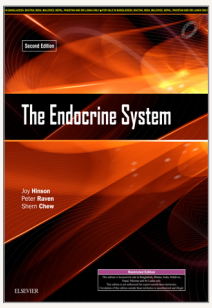
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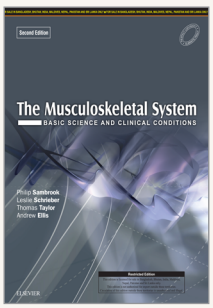
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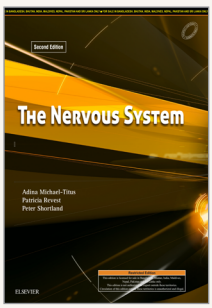
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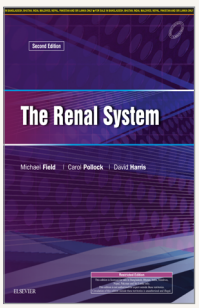
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Pub Year: 2018 | INR 765.00



The Nervous System, 2nd Editon

By Michael-Titus
ISBN: 9788131256848
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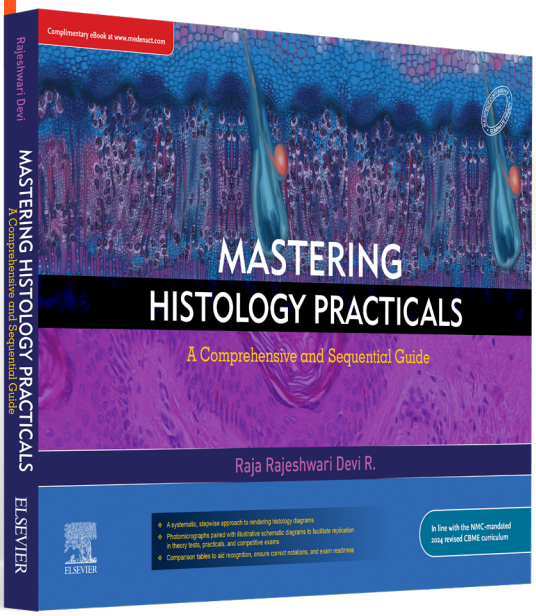


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Histology

New release



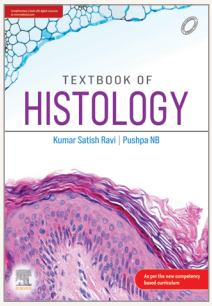
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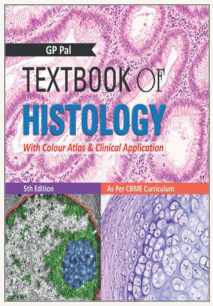
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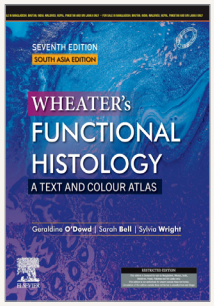
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ISBN: 9788131268391
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Textbook of Histology:
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By GP Pal
ISBN: 9788181915085
Pub Year: 2024 | INR 1,095.00



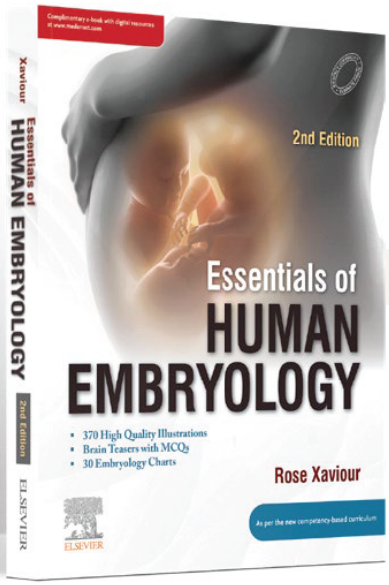
Wheater's Functional Histology
a Text and Colour Atlas, South Asia,
7th Edition

By Geraldine O'Dowd, Sarah Bel, Sylvia Wright
ISBN: 9788131268575
Pub Year: 2023 | INR 1,545.00

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ISBN	Author	Title	Pub Year	Price (INR)
9788131255704	Gunasegaran	Textbook of Histology: Atlas and Practical Guide, 4e	2020	980.00
9780323672733	Gartner	Textbook of Histology, International Edition, 5e	2020	4205.00
9780323694643	Ovalle	Netter's Essential Histology, 3e	2020	5250.00
9780702068645	Suvarna	Bancroft's Theory and Practice of Histological Techniques, 8e	2018	17685.00
9780323417402	Pollard	Cell Biology, International Edition, 3e	2016	6795.00
9788131240021	Ovalle	Netter's Histology : An Instant Review: First South Asia Edition	2014	965.00

Embryology



5 ★★★★★ rating on amazon

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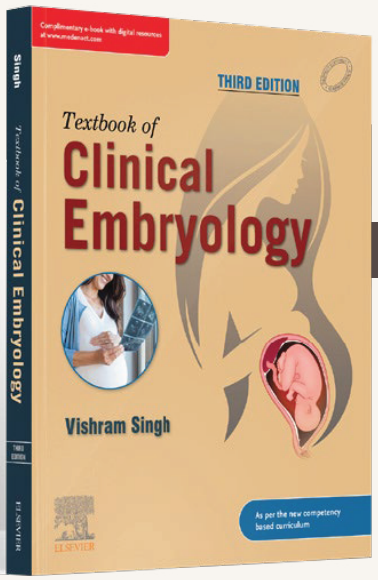
By **Rose Xaviour**

ISBN: **9788131269107** | Pub Year: **2024** | INR **765.00**

Labelled 30 embryological charts for a quick recap before viva voce

- **Application-based structure:** Organized into five sections with new chapters on genetic counseling and recent advances to build clinical relevance.
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Textbook of Clinical Embryology, 3rd Edition

By **Vishram Singh**

ISBN: **9788131263969** | Pub Year: **2022** | INR **1,135.00**

Chapter-wise image bank and 47 animations to supplement learning

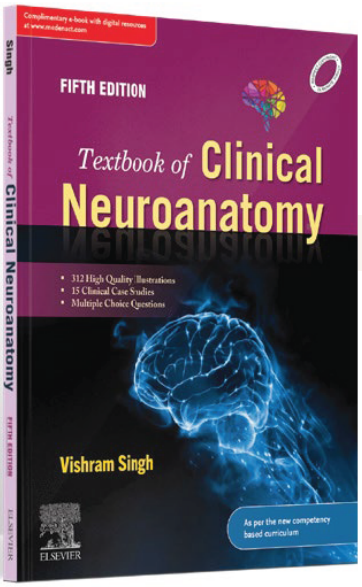
- Addition of new chapters on basic processes of development and their molecular Regulation; teratology/birth defects; prenatal diagnosis, and fetal therapy.
- Weekly organization of developmental events up to 8th week of development.
- Enriched with line diagrams, photos, ultrasounds, flowcharts, tables for better retention.
- Integrated clinical correlations to highlight practical application of embryological facts.
- Embryological events clinically correlated with prenatal diagnosis & surgery.
- Case studies with embryological and genetic basis for problem-based learning.

✓ Includes access to complimentary digital resources

Other Recommended Titles

ISBN	Author	Title	Pub Year	Currency	Price
9780323696043	Schoenwolf	Larsen's Human Embryology, 6e	2022	INR	5845.00
9780323696159	Torchia	Concise Clinical Embryology: an Integrated, Case-Based Approach, 1e	2022	INR	3175.00
9788131262955	Moore	The Developing Human: Clinically Oriented Embryology, 11e-South Asia Edition	2020	INR	2885.00
9788131262931	Moore	Before We Are Born: Essentials of Embryology and Birth Defects, 10e: South Asia Edition	2020	INR	2590.00

Neuroanatomy



4.7 ★★★★☆ rating on amazon

Textbook of Clinical Neuroanatomy, 5th Edition

By **Vishram Singh**

ISBN: **9788131268599** | Pub Year: **2024** | INR **935.00**

New to this edition

- **Practical clinical application:** Anatomical foundations of clinical vignettes at the end of each chapter for early clinical exposure, bridging theory and practice.
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- **Competency-driven learning:** Competency codes at the beginning of each chapter and within the text, ensuring alignment with learning objectives for a structured educational journey.
- **Cutting-edge content:** Thorough chapter revisions based on the latest scientific advancements, with added higher-value information in n.b. sections to spark curiosity and deepen understanding.
- **Focused exam preparation:** "Facts to remember" for exam success (pgme, usmle, plab), along with clinical problem solutions and chapter-end mcqs to test and reinforce knowledge.

✓ Includes access to complimentary digital resources

Other Recommended Titles

ISBN	Author	Title	Pub Year	Currency	Price
9780702079092	Mtui, Estomih	Fitzgerald's Clinical Neuroanatomy and Neuroscience: 8ed	2023	INR	4525.00
9788131258156	Misra	Clinical Neurophysiology: Nerve Conduction, Electromyography, Evoked Potentials, 4e	2019	INR	4210.00

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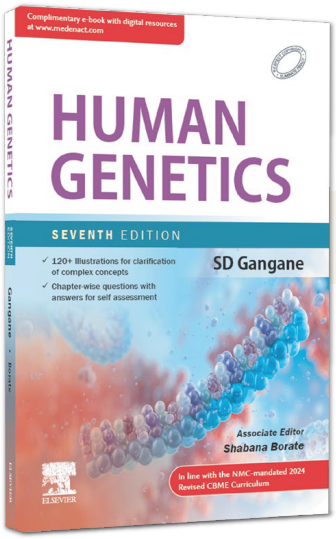
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Genetics



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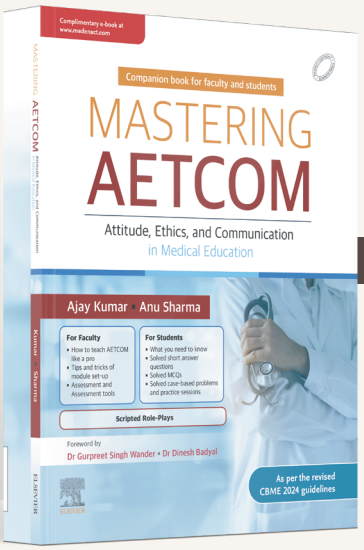
- **Focused, updated learning for modern medical genetics:** Aligned with nmc 2024 guidelines fully updated to meet the latest competency-based curriculum set by the national medical commission, this edition emphasizes core concepts in a concise, easy-to-grasp format ideal for undergraduate medical students.
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9780702079665	Turnpenny	Emery's Elements of Medical Genetics and Genomics, 16e	2022	INR	4490.00
9788131273494	Jorde	Medical Genetics, 6e	2019	INR	3,995.00

AETCOM



Mastering AETCOM: Attitude, Ethics, and Communication in Medical Education

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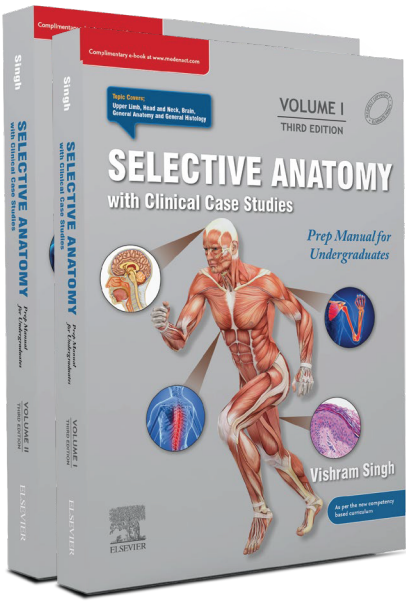
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Prep Manual



4.0 ★★★★☆ rating on amazon

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By **Vishram Singh**

Volume-I : ISBN : **9788131268612** | Pub Year: **2024** | INR **925.00**
Volume-II : ISBN : **9788131268636** | Pub Year: **2024** | INR **925.00**

Vol 1 - Upper Limb, Head and Neck, Brain, General Anatomy and General Histology

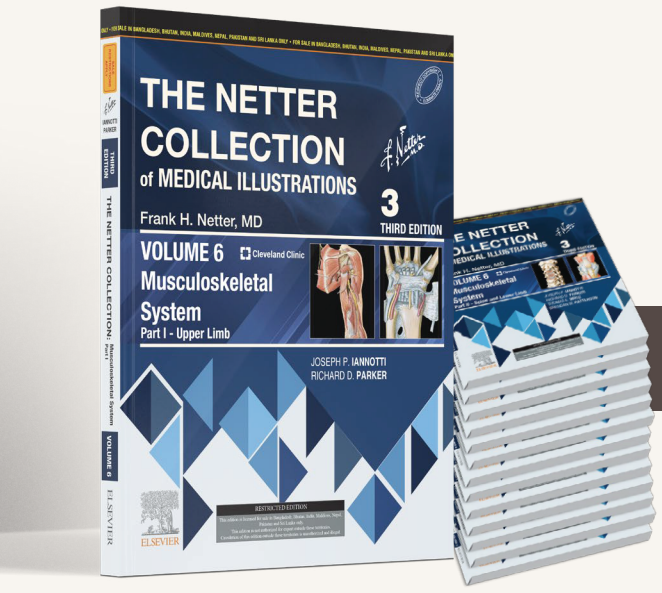
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- Quick recall format: bullet points for rapid revision & self-assessment
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- Clinical case studies: real-world application at the end of each section
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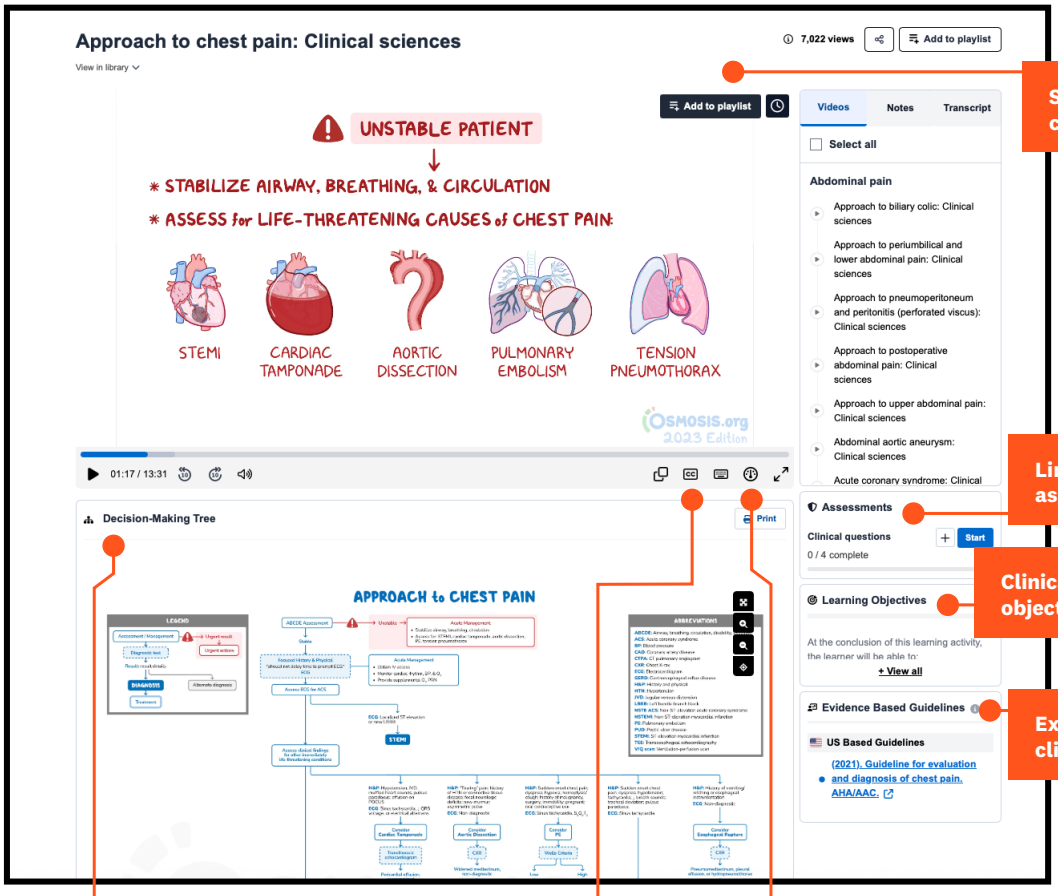
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