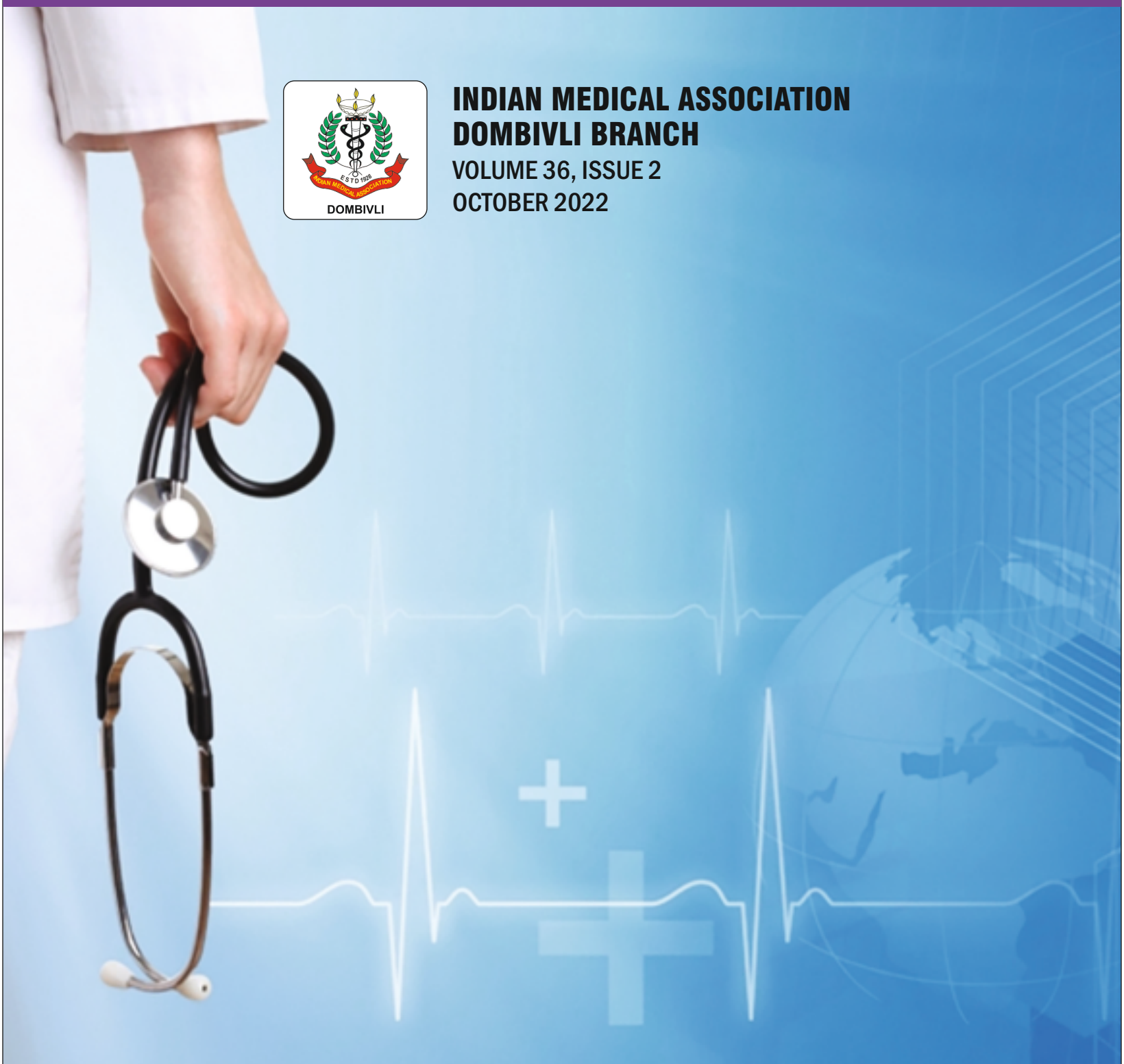
DIALOGUE



INDIAN MEDICAL ASSOCIATION
DOMBIVLI BRANCH
VOLUME 36, ISSUE 2
OCTOBER 2022

Kumars'
J K Women Hospital

MULTISPECIALITY ★ ENDOSCOPY ★ FERTILITY

Woman's Health - Family's Wealth

NABH ACCREDITED

ONLY ACCREDITED WOMEN HOSPITAL IN THE REGION

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- Mammography

Wellwomen checkup package

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- Most Advanced 3-D Endoscopic Surgery Centre
- Ambulatory Hysteroscopy-Freedom from Menorrhagia
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Tel: 0251-2444421/31,+91 7045947047,+91 9833922942
email: jkwomenhospital@gmail.com
website: www.jkwomenhospital.com

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CO-OPTED MEMBERS

DR. MEDHA OAK
DR. ADWAIT PADHYE

EDITORIAL

Respected IMA Dombivli Members,

Warm greetings to everyone,

Under the guidance of our President Dr. Makarand Ganpule, Hon. Secretary Dr. Archana Pate and Respected Managing Committee Members, Dialogue team has decided to release Dialogue Magazine in Hard copy as well as E-Dialogue Format.

Dialogue team is pleased to present to you, the release of our second issue of the dialogue magazine for the year 2022-2023.

Dialogue team had requested articles from our very own IMA Dombivli faculty members.

My special thanks to Dr. Anagha Heroor, Dr. S. Ramnathan Iyer, Dr. Sharad Gurav, Dr. G. V. Kulkarni for providing articles for this current issue.

Under the guidance of Hon. Secretary Dr. Archana Pate we have added article on measles management guidelines released by Maharashtra State.

I would like to thanks my wife Mrs. Nikita Kene and my colleague Dr. Mano Priya R for sharing poems for this current issue.

I would like to urge our senior faculty members to provide articles in their respective field with respect to recent advancement and Good-to-know information.

My sincere gratitude to all our sponsors who have supported us through this year of 2022-2023.

My special thanks to my dialogue team who have provided their valuable time and efforts in compiling this issue.

We would like to hear feedback from each one of you regarding this current issue via the email ID provided below.

Email id: editordialogue.imadbl@gmail.com

Long live IMA !

Dr. Bhushan Tukaram Kene
Editor,
IMA Dombivli Dialogue Committee

PRESIDENT'S ADDRESS

Greetings !

First of all let me congratulate Team IMAFEST 22 for excellent team work shown. Each and every delegate who attended enjoyed every bit of it. Scientific sessions were well planned and gala banquate SAMAR was icing on the cake.

We are doing good but I sincerely request each one to come forward, come together, join hands with our colleagues and members to make our branch bigger. Let's all contribute our bit to make our branch into a group of close friends, all equitable and inclusive. Let's bring that feel good factor into our branch because feeling good is prerequisite of doing good.

I again congratulate TEAM IMAFEST 22 and millions of thanks to them.

Wishing you all a very Happy, Healthy and prosperous New year !

Jai Hind !

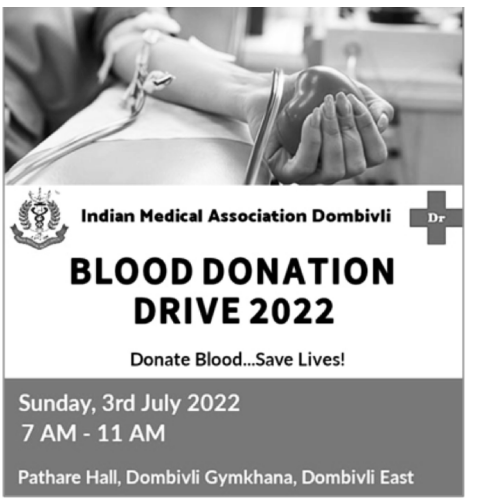
Jai IMA !

Dr. Makarand Ganpule
President, IMA Dombivli

Branch Activities Report (Quarterly Report)

Blood Donation Camp on 3rd July 2022

INDIAN MEDICAL ASSOCIATION, Dombivli organised blood donation camp on the occasion of Doctors' day in association with Dombivli Gymkhana and Plasma Blood Bank at Pathare Hall, Dombivli Gymkhana on 3rd July 2022. The response of blood donors was quite enthusiastic - Total 45 units of blood were collected. We thank the IMA Dombivli members who donated blood along with other donors. We sincerely thank Dr. Bahekar for all the meticulous arrangements at Dombivli Gymkhana alongwith Dr. Aparna Shirudkar, Dr. Pradip Bhagat & Team of Plasma Blood bank for smooth functioning of the camp.



Doctors' Day Celebration on 3rd July 2022

IMA Dombivli celebrated Doctor's day on Sunday, 3rd July 2022, with much pomp and grandeur! A general body meeting was conducted followed by Awards & Felicitations of IMA Dombivli members and their families for their wonderful achievements. It was an honor to have Professor Emeritus Dr. Vedprakash Mishra (Hon. Pro Chancellor, Datta Meghe Institute on Health Sciences, Nagpur) as our esteemed Chief Guest. Gracious presence and active participation of Patron of IMA Dombivli and Hon. Secretary IMA Maharashtra State Dr. Mangesh Pate indeed added glory to the program. In their speeches, Chief Guest - Professor Emeritus Dr. Vedprakash Mishra sir in his eloquent & elaborate speech spoke on need to be aware, alert, responsible and responsive. He asked everyone to come out of the emotional fossilization which has set in and be aware of changes going around us. We must be proud of being doctors of modern medicine which has been able to bring so many positive changes in the healthcare of the country & must stand unitedly for what rightfully belongs to us. Being united is the only choice left or else we are looking at a grim situation which will affect not only us but generations to come.

IMA Dombivli Patron and Hon. Secretary IMA Maharashtra State Dr. Mangesh Pate spoke regarding changes post pandemic, to be aware about the various laws & rules applicable to medical fraternity, need for Zero violence, implementation of Code violet & the need for each member to contribute for the betterment of the branch. The award ceremony was followed by Cultural Event 'Sur Bahaar' - **सुरों की सुरीली महफलि** by Dr. Shashikant Kamat & his group along with sumptuous dinner. They awed & mesmerized the audience with their wonderful songs and left everyone asking for more!

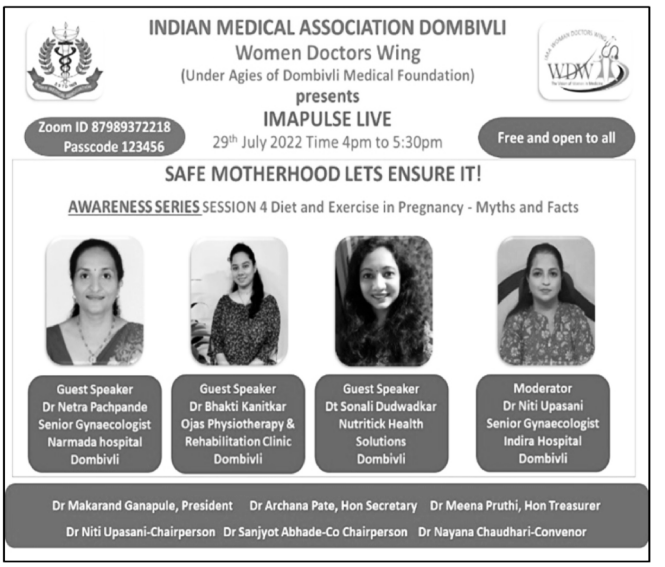
Scientific CME - 6th July 2022

IMA Dombivli CGP conducted 3rd CME for year 22-23 on 6th July 2022 at Pathare Hall, Dombivili Gymkhana, in association with AEG eye care, Dombivli. Sessions on Cornea transplant & eye donation was taken by Dr. Harish Phatak. Retinal surgeon Dr. Vinayak Damgade spoke about the importance of corneal transplant and eye donation. Dr. Lalit Verma, gastroenterologist from SRCC Hospital, Haji Ali spoke next on ABCs of LFT. Dr. Sumeet Pawar took session on OPD management of head injuries in children. The total registrations were 88 deligates.

SAFE MOTHERHOOD, LET'S ENSURE IT @ IMAPULSE LIVE – 29th July 2022

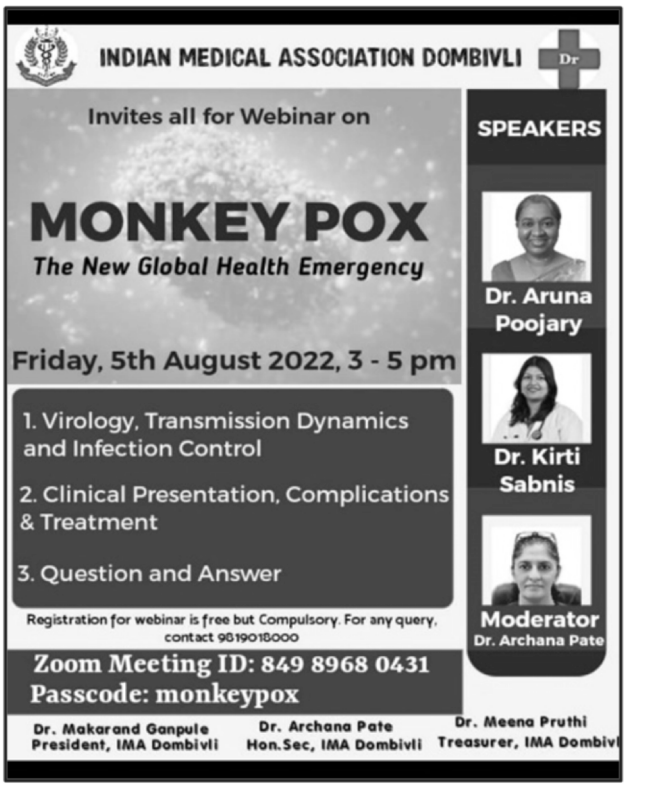
IMA Dombivli Women Doctors Wing under the aegis of DMF conducted 4th session of community awareness program 'Safe Motherhood – let's Ensure it' on 'Diet & Exercise in pregnancy, Myths & Facts' on Friday, 29th July 2022.

The speakers were Dr. Netra Pachpande (Obstetrician & Gynaecologist), Dr. Bhakti Kanitkar (Physiotherapist) & Mrs. Sonali Dudhawadkar (Dietician). The session was moderated by Dr. Niti Upasani.



Online CME on Monkeypox on 5th August 2022

Smallpox was eradicated in 1980, followed by subsequent cessation of smallpox vaccination. As reports of cases of patients infected with monkeypox, a zoonotic disease by virus belonging to the same genus as smallpox - orthopoxvirus were coming from across the globe & authorities had declared monkey pox as new Global Health Emergency, Online CME was organised to discuss all aspects of this new disease. Microbiologist Dr. Aruna Poojary and Infectious disease specialist Dr. Kirti Sabnis were invited for the CME. The session was moderated by Dr. Archana Pate. The speakers elaborately discussed all aspects of the disease, followed by a Q&A session. 178 members attended the online session



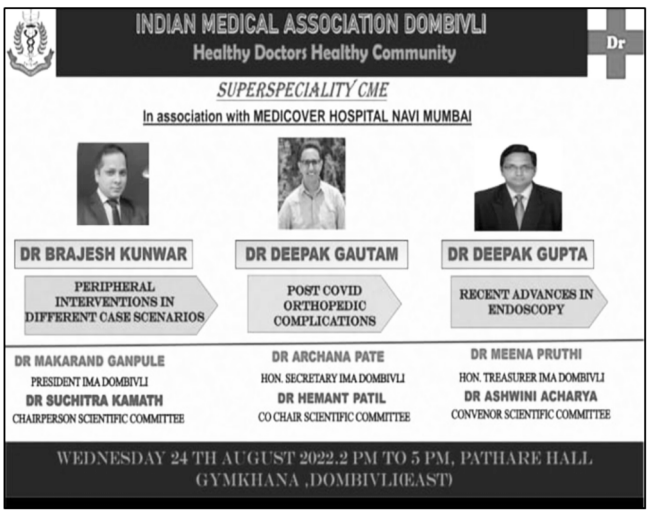
Project Saavli (Tree Plantation Drive) – 9th August 2022

श्रावणाच्या पवित्र महिन्यात आझादी का अमृत महोत्सव या निमित्ताने आय्.एम.ए., डोंबिवली ने प्रोजेक्ट सावली च्या अंतर्गत ७५ वृक्षांचे रोपण केले. ह्या प्रसंगी प्रमुख पाहुणे म्हणून कल्याण डोंबिवली महानगरपालिकेचे अतिरिक्त आयुक्त श्री. सुनिल पवार आणि आदरणीय पाहुणे म्हणून महानगरपालिकेचे सचिव श्री. संजय जाधव आणि आय्.एम.ए. महाराष्ट्र राज्याचे मानद सचिव डॉ. मंगेश पाटे उपस्थित होते.विधिवत वरूण पूजन केल्यानंतर वृक्षारोपण करून, पर्यावरणाचे रक्षण करण्याचा संकल्प घेऊन हा उद्घाटन सोहळा मंगळवार, दि. ९ ऑगस्ट २०२२ सकाळी ९.०० वाजता पार पडला.

ह्या प्रसंगी आय्. एम. ए. डोंबिवली चे अध्यक्ष डॉ. मकरंद गणपुले, मा. सचिव डॉ. अर्चना पाटे, डॉ. उत्कर्ष भिंगारे, डॉ. मीना पृथी, डॉ. नीति उपासनी, डॉ. सुनीत उपासनी, डॉ. शरद गुरव, डॉ. मेधा ओक, डॉ. अजित ओक, डॉ. विजय चिंचोले, डॉ. विनय ब्याडगी, डॉ. दुष्यंत भादलीकर, क.डों.म.पा. चे श्री. महेश देशपांडे इत्यादि मान्यवर उपस्थित होते.

Scientific CME – 24th August 2022

CGP subfaculty of IMA Dombivli conducted 4th scientific CME for year 22-23 on 24th August 2022 at Pathare Hall, Dombivili Gymkhana. The educational partner for the CME was Medicover Hospital, Navi Mumbai. Dr. Brijesh Kunwar spoke on peripheral interventions in different case scenario. The session was moderated by Dr. Anasuya Gopal. Dr. Deepak Gautam next spoke about Post COVID Orthopaedic Complications. The session was moderated by Dr. Mohini Kulkarni. Final session was by Dr. Deepak Gupta, who spoke on Advances in Endoscopy. The session was moderated by Dr. Vijay Aage. Dr. Hemant Patil was master of Ceremony. 87 members attended the CME.



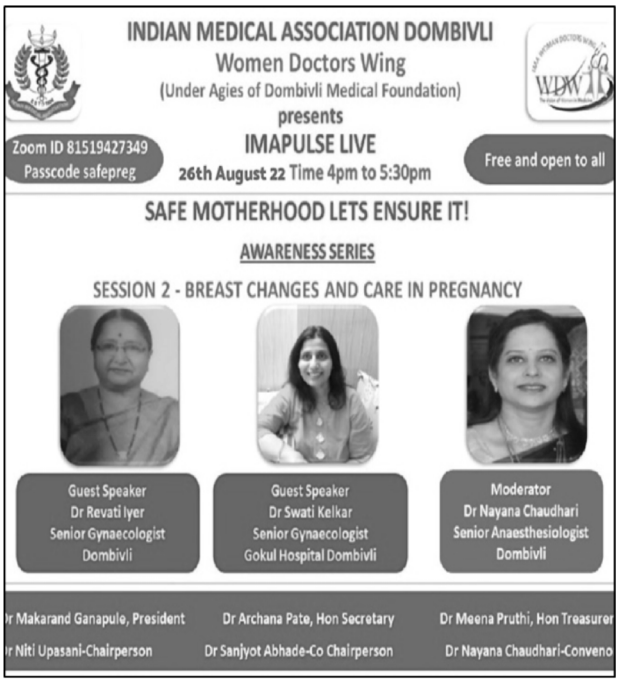
IMA Maharashtra State Elections - 24th August 2022

On 24th August, in the banquet area next to Pathare Hall, IMA Maharashtra State elections by secret ballot for President and VP (from Marathwada region) were conducted, as per instructions received from IMA Maharashtra State. Dr. Archana Pate as branch secretary was the nodal officer for the elections held @ IMA Dombivli & Dr. Supriya Arwari from IMA Bhiwandi was the observer for elections.

SAFE MOTHERHOOD, LET'S ENSURE IT @ IMAPULSE LIVE – 26th Aug. 22

IMA Dombivli Women Doctors Wing under the aegis of DMF conducted 5th session of Community Awareness Program 'Safe Motherhood – let's Ensure it' on 'Breast changes & care in pregnancy' on Friday, 26th August 2022.

The Speakers were Dr. Revathi Iyer (Obstetrician & Gynaecologist) & Dr. Swati Kelkar (Obstetrician & Gynaecologist), The session was moderated by Dr. Nayana Chaudhari .

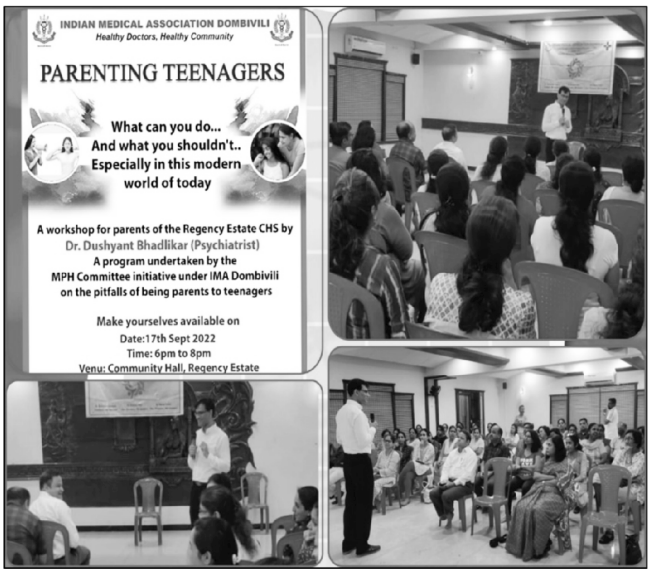


Organ Donation Awareness program - 10th September 2022

IMA Dombivli conducted Organ Donation Awareness program for Regency estate CHS members on 10th Sept. 2022. The coordination for the program was done by Dr. Shruti Pataki & Dr. Bhakti Lote. The session was conducted by Dr. Archana Pate. All information regarding various aspects of organ & body donation was given.

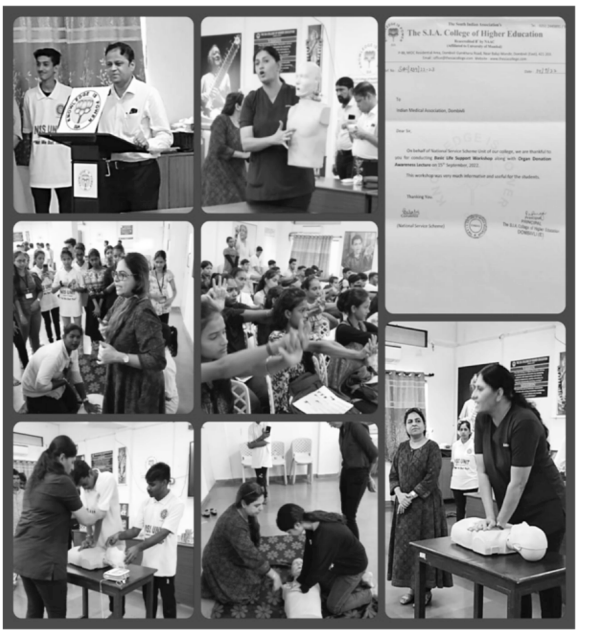
Workshop on 'Parenting Teenagers' – 17th September 2022

IMA Dombivli MPH committee in association with Rotary Club of Regency Estate conducted workshop on 'Parenting Teenagers' for residents of Regency estate on 17th September 22. Dr. Dushyant Bhadlikar (Psychiatrist) conducted the session, interacted with parents & also discussed about teenage suicides. The entire event was coordinated by Dr. Bhakti Lote & Dr. Shruti Pataki.



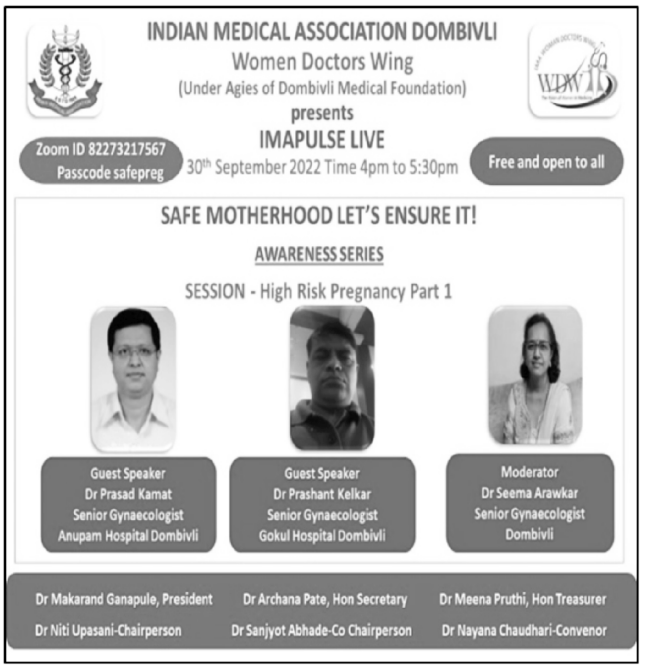
Hands-on Life Support along with Organ Donation Awareness Session - 15th September 2022

Hands-on Life support along with Organ donation awareness was organised for teachers, caretakers and students of Rotary school for Deaf & Mute on 15th Sept. 22, with the help of Dr. Makarand Ganpule & Dr. Pravin Sawant. The session was attended by nearly 100 participants. The teachers helped in explaining the concept to students by use of sign language. The session was conducted by Dr. Archana Pate & Dr. Meena Pruthi.



SAFE MOTHERHOOD, LET'S ENSURE IT @ IMAPULSE LIVE – 30th Sept 22

IMA Dombivli WDW under the aegis of DMF conducted 6th session of community awareness program 'Safe Motherhood – let's Ensure it' on 'High Risk Pregnancy – part 1' on Friday, 30th September 2022. The speakers were Dr. Prasad Kamat (Obstetrician & Gynaecologist) & Dr. Prashant Kelkar (Obstetrician & Gynaecologist), The session was moderated by Dr. Seema Arawkar.



Dandiya Night – 2nd October 2022

IMA Dombivli organised a grand Dandiya Night with family & friends on Sunday, 2nd October 2022 at Harmony Hall, Dombivli Gymkhana. Friends & family joined for a wonderful stress-free evening full of fun & happiness. Families dressed up elaborately for the occasion, played Dandiya & Garba to the beats of music & enjoyed themselves thoroughly.

Diwali Sandhya – 23rd October 22

IMA Dombivli celebrated Diwali Sandhya for the first time along with it's own "Musical Medicos' Rhythm Group" on 23rd October 2022. Dr. Makarand Ganpule, Dr. Dushyant Bhadlikar, Dr. Vijay Aage, Dr. Meena Pruthi & Dr. Archana Pate performed at this event. It was overwhelming to see wonderful attendance & the encouragement extended by IMA Dombivli members. More than 100 members attended the program with their families.

ICU Skill Enhancement Hands-on Workshop - 11th Nov. 22

ICU Skill Enhancement Hands on Workshop was organized by IMA Dombivli in association with Dept of Anaesthesia, Fortis Hospital, Mulund at Pathare Hall, Dombivli gymkhana, on Friday 11th November 2022. In first half, theory sessions were conducted on Basic and Advanced Airway, Vascular access, BLS and ACLS along with crash course on Cardiac drugs. Following this in second half, the participants were given hands on practice on manikins for insertion of basic and advanced airways including Tracheostomy, Central venous access and arterial line insertion along with CPR (BLS / ACLS), followed by Q&A session. The workshop was accredited with 2 MMC credit points.

IMAFEST 2022

23rd Annual Conference of Indian Medical Association, Dombivli

12th& 13th November 2022

IMA Dombivli's Annual Conference – IMAFEST - is a time, where for years together entire IMA Dombivli family comes together and enjoys the scientific feast! All members despite belonging to different specialities, come together at IMAFEST to strengthen our extended family bond! IMAFEST 2022 was organised on 12th and 13th November 2022 at Harmony – Symphony Hall, Dombivli gymkhana. Excellent scientific sessions were arranged by the scientific team. Prolific speakers of National and International reputation participated in the conference. The prestigious Late Dr. U. Prabhakar Rao oration was delivered by Eminent Psychiatrist and mental health activist Dr. Harish Shetty, who spoke eloquently on 'Mind and Heart – Friends or Foes', which kept the audience enthralled and mesmerised. The conference was inaugurated by IMA Maharashtra State (then) President Elect Dr. Ravindra Kute, who was the Chief guest and Dr. Mangesh Pate, (then) IMA Maharashtra State Hon. secretary. The conference saw wonderful attendance of delegates and was extremely well appreciated by everyone!

Samar – The Gala Banquet Night @ IMAFEST 2022 – 13th November 2022

'Samar - Back to College', was IMA Dombivli's banquet night @ IMAFEST 2022, which was organized on 13th November 2022 at Symphony Hall, Dombivli gymkhana. The event was fun filled, entertaining and refreshing, which took all participants down the memory lane, back to their college days! College katta, college library, college classroom, lots of games, lots of cheer, fish ponds, fashion show and many more activities were thoroughly enjoyed by one and all. This was followed by sumptuous dinner, fellowship and dancing to the tunes of DJ.

MYOPIA

Dr. Anagha Heroor
Medical Director

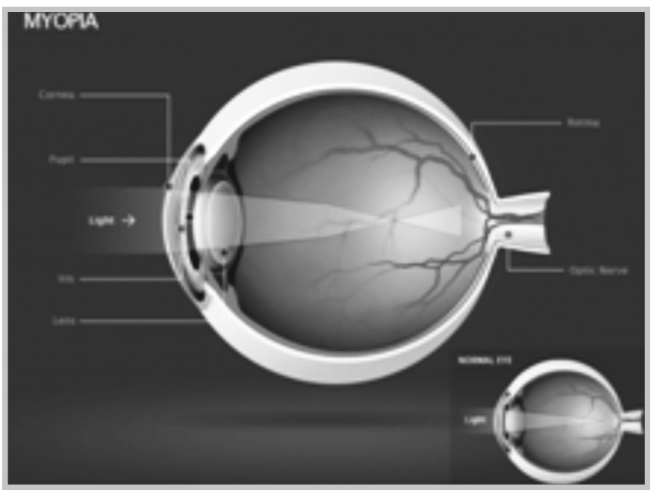
Dr. Priti Deshpande
MBBS, DOMS

Anil Eye Hospital, Dombivli

Myopia is short sightedness means the person is able to see near objects clearly but unable to see distant objects clearly.

Current prevalence
Worldwide prevalence is 22.9% and in India is 7.5%.

Pathophysiology of Myopia
The rays of light coming from a distant object are focused in front of retina instead of on the retina leading to blurred images.



Types of Myopia

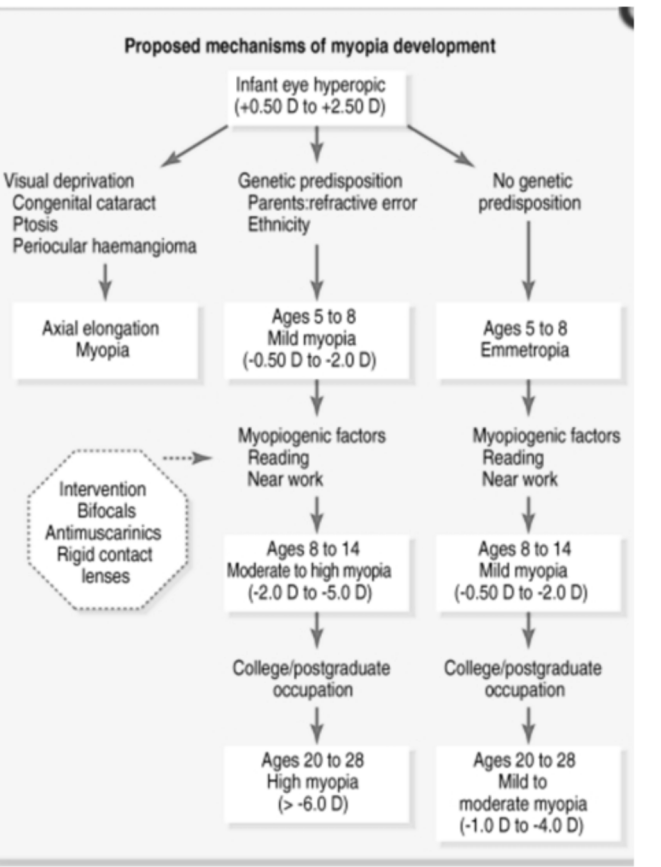
- Depending on Pathophysiology

1. Simple (Commonest type): usually till -4.00 to -6.00 dipotres; in an otherwise normal eye
2. Pathological or progressive: Usually associated with some or other pathology of eye leading to future complications
3. Others: Myopia associated with cataracts, systemic diseases or treatment procedures

- Depending on age of onset

1. Congenital - present since birth
2. School going age - usually in school going children
3. Young adult onset - seen in teenagers and young adults
4. Adult onset
   a. Early adult onset: between 20 to 40 yrs of age
   b. Late adult onset: after 40 yrs of age

Causes of myopia
Myopia is multi factorial disorder of the eye



Degrees of Myopia

1. Myopia between 0.00 to -0.50 is classified as emmetropia
2. **Low Myopia:** between -0.50 to -3.00 is classified as low myopia
3. **Moderate Myopia:** between -3.00 to -6.00 is classified as moderate myopia
4. **High Myopia:** -6.00 is classified as high myopia

Symptoms of Myopia

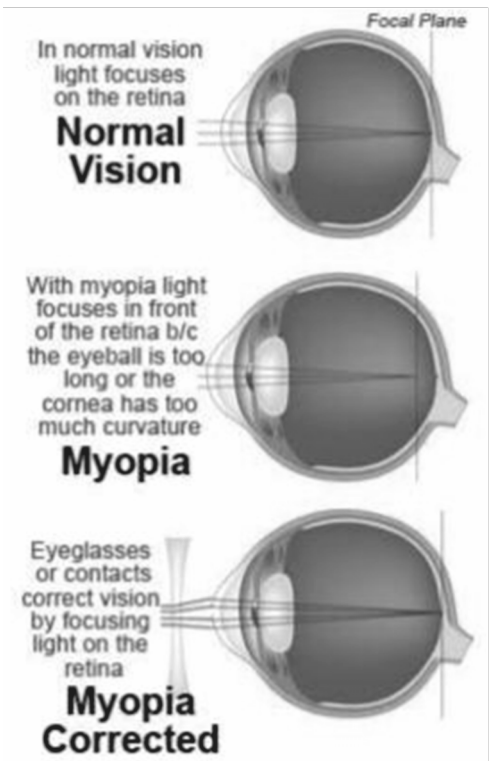
1. Blurring of vision which is typically presents as:
   a. Inability to read writings over blackboard
   b. Moving too close to television screens
2. Frequent headaches and eye strain
3. Rubbing of eyes
4. Frequent blinking with recurrent eye allergies or eye infections
5. Need to squint or partially close eyes to view objects
6. Failure to identify distant objects

Diagnosis:

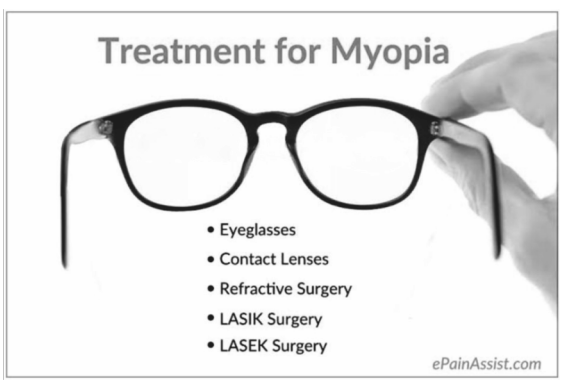
Detailed ophthalmic checkup which includes refraction, slit lamp examination, fundus evaluation and topography

Management:

Myopia is corrected by use of concave lenses



Myopia can be treated in following ways:



Progression of Myopia :

When myopia progresses more than -0.50 diopters in a year it is termed as progression of myopia and if it is more than -1.00 dioptre per year it is termed as rapid progression of myopia.

Contributing factors:

Increased near work, reduced outdoor activity, heavy school curriculum, increased digital screen time and several socioeconomic factors are contributing to progression of myopia.

Management:

Following factors can be considered for management of myopia progression:

Management Type	Pros	Cons
Atropine (recommended dosage of 0.01%)	• Limited side effects • Can be used with conventional spectacles • Parents can manage • Avoids contact lens wear	• Compounded medication and costs may be a challenge • Mechanism of action unknow
Modified Spectacle Prescription	• Potential high effect on con-current associated near signs/ symptoms • May be used in tandem with ortho-K for higher refractive errors	• Standardization for prescribin difficult • Undercorrection has not proven to be effective
Orthokeratology (Ortho-K)	• Correction-free vision during waking hours • Ideal for activities where water exposure is inevitable or lens dislocation is likely • Parents can assume responsibility for lens application, removal and care • Well-established treatment regimen in some global regions • Minimal reliance on spectacles	• Risk of infectious keratitis • Only corrects low to moderate refractive error • Variable responses • Fluctuating vision possible • Compliance/consistent wear schedule important • More exacting lens parameter
Bifocal/Multifocal Soft Contact Lenses	• Commercially available options • Wide parameters availability for correcting high ametropia	• Risk of infectious keratitis • Increased expense compared with single-vision contact lenses • Back-up spectacles add to the expense of the regimen

Complications of myopia

- If myopia is left untreated can lead to amblyopia i.e. permanent visual loss
- Unilateral myopia if untreated can lead to squints and abnormal head postures
- Pathological myopia or progressive myopia can lead to retinal tears, retinal detachments leading to permanent visual loss

Myopia and its increasing prevalence

The prevalence of myopia is fast riding and is expected to affect 50% of the world's population by 2050 with 10% being high myopes.

Increase in near work, reduced outdoor activity, increased exposure to digital devices, heavy school curriculum, squints, and several other changing socioeconomic parameters are responsible for the increasing prevalence

Myopia and refractive procedures

Several refractive procedures can be safely and effectively used to treat myopia permanently namely

- LASIK (laser assisted insitu keratomileusis)
- Phakic intraocular lenses like ICL, IPCL
- Depending on degree of myopia and other eye related factors appropriate line of management can lead to a permanent spectacle free life

Summary

Myopia is a emerging global problem and can be effectively managed with the help of an ophthalmologist by regular check up and follow-ups. Awareness amongst public for the same are essential.

A spectacle in time can save from being blind !

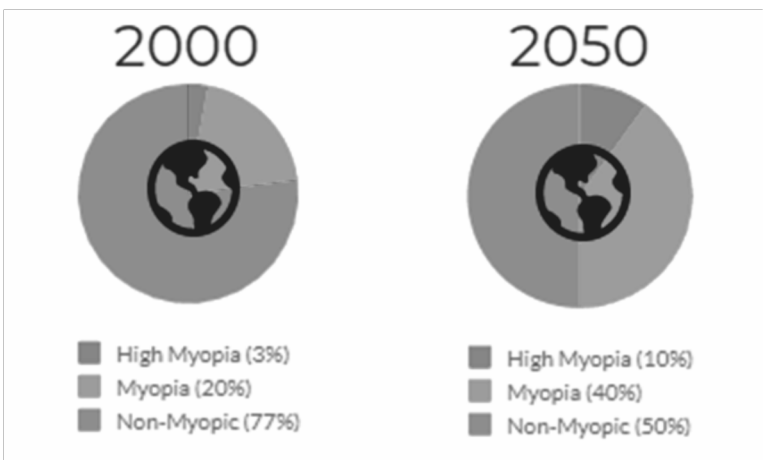
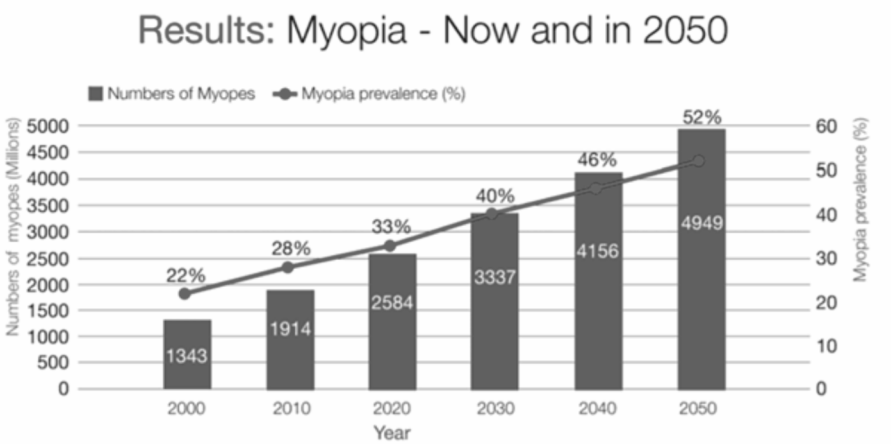


Fig. 1. Numbers of cases (blue) and prevalence (red) of myopia worldwide between 2000 and 2050



SPIRITUALITY, MEDICINE AND ORGAN DONATION

Dr. S. Ramnathan Iyer
MD (Medicine), FRCP, FICP, FGSI. FISDA, FISH
Consultant Physician - General Medicine,
Sleep Medicine, Geriatrics

Dr. Revati R. Iyer
M.S. (Gynaecology and Obstetrics)
Ambika Clinics
A/224, Kasturi Plaza, Dombivli (E).
Purnima Arcade, Sec 19, Kharghar, Navi Mumbai.
Mail: SRAMIYER@GMAIL.COM

We are well aware the importance of spirituality in our lives. In medical science there are several diseases/ disorders for which there is no definitive treatment. I recall from my college days that one of my class fellows in MBBS was against believing in GOD. Once he entered 3rd year with pathology, he discovered the word idiopathic. He discussed with me in a disturbed state of mind that we should not fall prey to these diseases. We have a long way to go. This made him spiritual. It is known the *Karma* plays a major role in our lives. Even then we look forward for a pillar to lean, in times of distress. *Poet Kabir* once wrote, *"people pray in times of distress and suffering but if one prays in happy times, he/she may not encounter pain and suffering"*. Spirituality is being recognized by wider section of society. Modern lifestyle has generated several disorders. We all know the close relation of mental stress and hypothalamus. Chronic partial sleep deprivation is extremely common due to invasion of modern technology in our personal lives. "Take life one day at a time", holds true today. It is heartening to note that our IMA has initiated programmes related to spirituality.

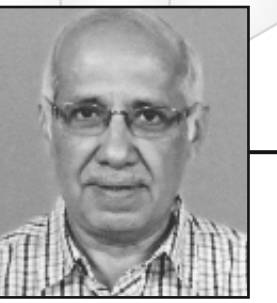
Patients often depend on GOD for recovery and prayers find their way to HIM. It is known that walls of hospitals and clinics have heard more prayers than places of worship. Even medical professionals believe in HIM and pray for success in the treatment advised. I had mentioned in my book "The Healing Heptagon" that spirituality is one of the key 7 elements for healing. The poor and the helpless particularly beggars have no option but to pray for survival.

LORD RAM in LIVER
(Ref.Book- Srimad Bhagavad Gita and the Medical Profession-Reflections in Modern times- authored by us)

The incident dates back to sometime in 1970 when I (Dr.S.Ramnathan Iyer) was MBBS 2nd year student at Government Medical College, Jabalpur (now Netaji Subash Chandra Bose Medical College). Dissection of dead bodies is necessary to learn anatomy. While cutting across the abdomen I noticed that there was a venous inscription of RAM in Hindi on the liver. My colleagues and teachers confirmed my findings. The liver was dissected out and kept in the anatomy museum. The news appeared in local dailies. There was a steady stream of visitors to the museum. Anatomy department dug out the records of the dead body. We were surprised to note that this body was of a beggar who used to sit outside a Shree Ram Temple at Balaghat (a town now in Chhattisgarh state) and chant RAM name. This was a unique experience. A perfect blend of spirituality and medical science. This can be titled as an internal spiritual tatoo. On a lighter note, people visiting the museum, used to enquire, as to whose liver is this? Somebody said its Dr. Iyer's liver.

Organ donation is being promoted. Each donor can save 8 lives and enhance 75 more. A significant healing effect. Citing the above case history, it is relevant to state that even internal tatoos of spirituality will be transferred to the recipient. Therefore, after death we need to look into the bodies and organs for such internal tatoos. The future looks bright with advances in medicine.

4 DECADES OF PRACTICE IN DOMBIVALI



Dr. G. V. Kulkarni
MD, DCH, Ankur Hospital and Director, ACE Hospital

It's a long journey of 40 years made short here. It made me happy, exciting, eventful and memorable by my children patients. At the same time I realized that after 40 years of practice how I became Dr. uncle to Dr. Ajoba and my wife Dr. Ajji.

It was challenging to start small hospital "Ankur Hospital" in 1982 not because of competition but for the scarcity of facilities like telephone communication, good path lab, no ultrasonography & blood bank. The nearest blood bank was Pooja at Mulund.

1) USG -- came into existence 20 years down the lane before that our diagnosis was solely dependent on detailed history and thorough clinical examination Most difficult cases like pericardial effusion ,alcapa disease liver absces and many more were diagnosed without USG.

Tetanus was rampant in 80's the attitude of patients was like villagers. For patients who needed NICU, ICU, paediatric surgery it was really a difficult task. It was a nightmare for me as patients had to be referred to higher centre for further management. As it is said rightly, *"if you find a path with no obstacles it doesn't lead you anywhere"* but still we could do justice to rare cases like ALCAPA, Brain tumours, Liver abccess. These are few many more to go.

2) DOMBIVALI FEVER: was really challenge to me. A girl was brought to me in 1990 from Ratnagiri in an ambulance with fever for 1 month. It turned out to be resistant salmonella finally treated by Ciprofloxacin which turned out to be a magical medicine.

3) AGE (acute gastroenteritis): Patients use to come with grade 3 dehydration. The real circus was administering IV with a scalp vein needle it use to go out. I remember once I was sitting with a baby for 4 hours holding scalp as I didn't wanted to loose the vein. Now that plastic cannula has made simple.

4) ACE HOSPITAL: In the year 2017 this was established with 7 pediatricians coming together. From that day my nightmares were almost reduced as we have 24/7 pediatrician RMO and of course with all ultra modern facilities. A big operation theater is also in service. So no more shifting of patients to Wadia or any other centres.

5) IMA: To begin with it was a small organisation of 20 to 25 members. I was president in 1985. It was very difficult to run without cell phones whatsapp. I was also president of IAP Dombivali to Karjat branch for 10 years which kept the academics upto mark. I use to take CME on various topics for general practitioners.

Now my 40% patients are of 2nd generation, their parents bring their children to me remembering me and go with full satisfaction.

I know if you make use of your brain more you have still more left to use it.

A doctor need to upgrade his knowledge to give justice to his patients by reading journals attending conferences.

I am deeply grateful to my wife Dr. Geeta Kulkarni to join in this journey of course my other family members, my parents, my sons too one of them is in Melbourne who has a bright career in paediatrics along with daughter in law who is an ophthalmologist. My 2nd son and daughter in law studied in US and are back in Pune in IT sector.

Medical science is dynamic and ever changing hence we need to upgrade by keeping on learning.

We all are still students A doctor need to upgrade his knowledge throughout his practice.

Lastly my heartfelt thanks to **IMA DOMBIVALI** for honoring me with a prestigious award a **"LIFETIME ACHIEVEMENT AWARD"**. It was a great moment for me.

One point of advice to young generation always spend time with your family which gives you immense pleasure, joy and happiness time and time doesn't wait for anyone. So get out of your busy schedule for vacation in India and abroad too to boost up.

I wish to retire when I get tired .

Lasers In Hemorrhoids

Dr. Sharad Gurav
Laproscopic Surgeon, Dombivali

Hemorrhoids or piles are commonly used words used by patients to describe their stool related and peri anal problems. Their description of symptoms can be anything from pain, swelling, straining, bleeding, mucous in stools and so on. But clinically commonest symptoms of hemorrhoids is PR (per-rectal) bleeding, minimal to moderate discomfort, swelling per rectum (SCOPR), occasionally pain is predominant symptom in case of prolapsed thrombosed grade 4 piles.

Causative Factors:

- Most and foremost factor can be considered as straining for stools knowingly or unknowingly.
- On detailed history one can elicit history of hard stools and prolonged straining in most if not in all cases.
- Unhealthy dietary habits can also be factor in aggravating constipation and hence aggravating symptoms of piles.
- Smoking and alcohol consumption also might contribute in same way.

Differential diagnosis and warning symptoms:

As mentioned in beginning, patient can label many perianal problems as piles. So clinician has to obtain an unbiased history and do a thorough examination to rule out other problems which may have similar symptoms, such as fissure, fistula, abscess, rectal prolapse, colonic bleeding disorders, malignancy etc.

What are Hemorrhoids?

With newer advances and studies, hemorrhoids are considered now a disease of prolapse of hemorrhoids cushions. These cushions are naturally present in anal canal and these cushions might play role in maintaining flatus continence and differentiating gas vs stools. Because of prolonged straining these hemmorhoidal cushion prolapse into anal canal and dilate. Understanding of this concept has changed treatment approach in recent years drastically. Which we will discuss further.

Treatment :

Stop straining and treatment of constipation should be first and foremost thing in treatment plan for piles. Patient should be educated about causative factor of constipation and straining, hence patient should be advised not to strain to avoid future progression and also future recurrences post surgery. Dietary changes usually advised are less spicy diet, avoid constipating diet, high fibre diet and plenty of liquid intake regularly. Regular exercise is advised.

Surgical Treatment:

1. Sclerothearapy:

Sclerothearpy is usually reserved for patients with grade 1 piles not responding to medical management or if patient is medically unfit for surgery. It is associated with high recurrence rates if used for grade 2 piles and beyond.

2. Open surgery: Hemorrhoidecotmy

Excision of piles by surgery is also an option. Disadvantage being pain, bleeding, prolonged dressings, possible anal canal stenosis if too much mucosa is compromised.

3. Stapler hemorrhoidectomdy / PPH

This involves circumferential excision of submucosa above dentate line with subsequent stapling.

This serves in form of cutting off blood supply of piles and also doing hemorrhoidopexy subsequently. Disadvantage being possible bleeding, moderate pain or discomfort, possible stapler related complications etc.

4. Laser Hemorrhoidectomy or hemorrhoidopexy.

In this technique, laser is used to ablate submucosal vascular supply and also there is remodeling of collagen in submucosal tissue leading to hemorrhoidopexy.
Diode 980 nm or 1470 nm laser is used for proctology use. These wavelength have high affinity to water and RBCs hence it causes heat production and coagulation effects when energy is passed.

For piles energy is given submucosally as well as into pile mass, which leads to coagulation and hemorrhoidopexy. Effect of which to some extent can be seen immediately post operative period. However, in presence line to augment hemorrhoidopexy for better results.

Advantage of Laser Procedure:

Significantly less pain in post-op period, No external wound or wound care.

- Early mobilisation
- Day care surgery possible
- Early return to work
- Equivalent results compared to traditional methods

Disadvantages :

- Cost of equipment
- Training and understanding of laser required
- Dedicated trained staff required

Some rare post-op complications such as burn in mucosa if too much energy is delivered, recurrence etc.

Lasers can also be used to other proctology conditions such as fissures, fistulas and also in pilonidal sinus offering similar advantage as mentioned above .

Measles Management Guidelines

Measles

Measles is a highly contagious viral disease with serious complications (such as blindness in children with pre-existing vitamin A deficiency) and high mortality. It is rare in infants < 3 months of age. It is caused by a paramyxovirus virus, genus Morbillivirus. Measles transmission is primarily person to person via large respiratory droplets. Airborne transmission via aerosolized droplet nuclei has been documented in closed areas for up to 2 hours after a person with measles occupied the area.

Clinical Presentation: The incubation period for measles is usually 10–14 days (range 7–23 days), measured from exposure to onset of fever. The disease is characterized by prodromal fever, rash, cough, red inflamed eyes (conjunctivitis) or runny nose (coryza) and the presence of Koplik's spots (reddish spots with a white centre) on the buccal mucosa. The characteristic erythematous maculopapular rash appears 2–4 days after onset of the prodrome, beginning on the face and becoming generalized and lasting 4–7 days. Skin peeling is common after resolution of the rash. Other common symptoms are malaise/weakness, diarrhoea, Anorexia/nausea/vomiting, watery eyes, Photophobia or sensitivity to light.

All suspected cases of measles should be reported to public health authorities as mandated

Common Complications:

1. Pneumonia
2. Diarrhoea.
3. Croup (laryngotracheobronchitis)
4. Mouth Ulcers
5. Otitis Media
6. Eye complications
7. Malnutrition

Uncommon Complications

1. Encephalitis
2. Myocarditis
3. Pneumothorax
4. Pneumo- mediastinum
5. Appendicitis
6. Sub acute sclerosing panencephalitis (SSPE)

Table 1: Public Health Definitions for Surveillance

Suspected measles case	A suspected case is one in which a patient with fever and maculopapular (non-vesicular) rash, or in whom a health care worker suspects measles.
Laboratory-confirmed measles	A suspected case of measles that has been confirmed positive by testing in a proficient laboratory,[1] and vaccine-associated illness has been ruled out.
Epidemiologically linked measles	A suspected case of measles that has not been confirmed by a laboratory, but was geographically and temporally related with dates of rash onset occurring 7–23 days apart from a laboratory-confirmed case or another epidemiologically linked measles case.
Clinically compatible measles	A suspected case with fever and maculopapular rash and at least one of cough, coryza or conjunctivitis, but no adequate clinical specimen was taken, and the case has not been linked epidemiologically to a laboratory-confirmed case of measles or other communicable disease.

Non-measles discarded case	A suspected measles case that has been investigated and discarded as non-measles through: negative laboratory testing in a proficient laboratory on an adequate specimen collected during the proper time after rash onset; epidemiological linkage to a laboratory-confirmed outbreak of another communicable disease that is not measles, i.e. confirmation of another etiology; failure to meet the clinically compatible measles case definition.
Measles outbreak	A single laboratory-confirmed measles case should trigger an aggressive public health investigation and response in an elimination setting. An outbreak is defined as two or more laboratory-confirmed cases that are temporally related (with dates of rash onset occurring 7–23 days apart) and epidemiologically or virological linked, or both.

Patients with clinically suspected measles or other clinical warning signs should be admitted to a treatment facility with isolation capacity – a single room is preferred. If this is not possible, then safeguard cohort patients in confined areas, separating clinically suspected and confirmed cases.

A. Measles (Mild)

Diagnose mild measles in a child whose mother clearly reports that the child has had a measles rash, or if the child has:

Fever, a generalized rash and one of the following:
- cough
- runny nose or
- red eyes

but none of the features of severe measles

Treatment

- Treat as an outpatient case.
- Vitamin A therapy: Check whether the child has already been given adequate vitamin A for this illness. If not, give 50,000 IU (if aged < 6 months), 1,00,000 IU (6–11 months) or 2,00,000 IU (1–5 years). Administer second dose the next day. A third dose should be given 4–6 weeks later if any clinical signs of vitamin A deficiency, such as xerophthalmia, including Bitot's spots and corneal ulceration, present themselves.

Supportive care

- **Fever:** If the child's temperature is ⩾ 39 °C (⩾ 102.2 °F) and is causing distress or discomfort, give paracetamol.

- **Nutritional support:** Assess the nutritional status of child. Monitor child weight daily and their intake. Encourage the mother to continue breast feeding and to give the child frequent small meals. Treat malnutrition if present.

- **Eye care:** For mild conjunctivitis with only a clear watery discharge, no treatment is needed. If there is pus, clean the eyes with cotton boiled in water or a clean cloth dipped in clean water. Apply chloramphenicol eye ointment three times a day for 7 days. Never use steroid ointment.

- **Mouth care:** If the child has a sore mouth, ask the mother to wash the mouth with clean, salted water (a pinch of salt in a cup of water) at least four times a day. Advise the mother to avoid giving salty, spicy or hot foods to the child.

Treatment Summary:

Symptom	Treatment
Fever	Treat fever with paracetamol.
Nutrition	Monitor child's weight daily and their intake. Encourage breast feeding for infants and small frequent meals for children. Consult dietician. Treat malnutrition if present.
Mouth ulcers	Wash mouth with clean, salted water at least four times a day. Avoid giving child spicy foods. If mouth ulcers appear super infected with bacteria, treat with antibiotics.
Eye care	For mild conjunctivitis, clear and watery discharge, no treatment is necessary. Monitor for change in discharge quality, if pus present, then treat for bacterial conjunctivitis. If eye has more than just clear watery discharge, such as pus or cloudy discharge, then treat for super-infection with bacteria with bacterial ointment, such as chloramphenicol ointment, applied three times a day for 7 days. Clean the eye carefully using clean cloth dipped in clean water or sterile gauzes. Consult with eye specialist as needed. Do not use steroid ointment on infected eyes.
Skin care	Ensure skin is kept clean and dry. Monitor for signs of infection, such as cellulitis or other more severe soft tissue infections.

Monitor:

Monitor and refer to higher center if any of the below warning sign is found.

- Convulsion
- Lethargy or unconsciousness
- Respiratory distress, grunting severe chest wall in drawing
- Inability to drink or breastfeed
- vomiting all oral intake
- Corneal clouding
- Deep or extensive mouth ulcers
- Dehydration
- Stridor due to measles croup
- Severe malnutrition.

(For example mild is to be treated as moderate and moderate is to be treated as severe)

Follow-up

Ask the mother to return with the child in 2 days to see whether the mouth or eye problems are resolving, to exclude any severe complications and to monitor nutrition and growth.

A. Severe Complicated Measles

1. Introduction:

In a child with evidence of measles (as above), any one of the following symptoms and signs indicates the presence of severe complicated measles:

Symptoms

- Inability to drink or breastfeed
- Vomits everything
- Convulsions

Signs

- lethargy or unconsciousness
- corneal clouding
- deep or extensive mouth ulcers
- pneumonia
- dehydration from diarrhoea
- stridor due to measles croup
- severe malnutrition

2. Treatment: Children with severe complicated measles require treatment in hospital.

2.1 Vitamin A therapy: Give oral vitamin A to all children with measles unless the child has already had adequate vitamin A treatment for this illness as an outpatient. Give first dose of oral vitamin A at 50 000 IU (for a child aged < 6 months), 100 000 IU (6–11 months) or 2,00,000 IU (1–5 years). Administer second dose the next day. A third dose should be given 4–6 weeks later if any clinical signs of vitamin A deficiency, such as xerophthalmia, including Bitot's spots and corneal ulceration, present themselves.

2.2 Supportive care

- **Fever:** If the child's temperature is ⩾ 39 °C (⩾ 102.2 °F) and is causing distress, give paracetamol.
- **Fluid Management:** Give fluids to maintain hydration.
- **Nutritional Support:** Assess the nutritional status by weighing the child and plotting the weight on a growth chart (rehydrate before weighing). Encourage continued breastfeeding. Encourage the child to take frequent small meals. Check for mouth ulcers and treat them, if present.

3. Complications

3.1- Pneumonia:

Give antibiotics for pneumonia to all children with measles and signs of pneumonia, as over 50% of all cases of pneumonia in measles have secondary bacterial infection.

Management of Pneumonia Does the child have cough or difficult breathing? IF YES,
ASK: For how long?
LOOK, LISTEN:
Count the breaths in one minute. Look for chest indrawing. Look and listen for stridor

NO PNEUMONIA	PNEUMONIA	SEVERE PNEUMONIA OR VERY SEVERE DISEASE
No signs of pneumonia or very severe disease. If coughing more than 30 days, refer for assessment. Soothe the throat and Relieve the cough with a safe home remedy if child is 6months or older. Advice mother when to return immediately. Follow-up in 5 days if not improving.	Fast breathing • Give Amoxycillin / Azithromycin • (As per Physicians description) for 5 days • Soothe the throat and Relieve the cough with a saferemedy if child is 6 months or older. • Advice mother when to return immediately. Follow- up in 2 days.	Any general danger sign or Chest indrawing or Stridor in calm child. • Give first dose of injectable Amoxycillin-clavulanic acid / Ceftriaxone. • Refer URGENTLY to hospital. • Step up Antibiotics as per Culture report & clinical condition

Severe pneumonia in a child: defined with cough or difficulty breathing and signs of pneumonia either:

1. A general danger sign, such as lethargy, convulsions or unconsciousness or
2. In breastfeed, or central cyanosis (SpO2 < 90%) or
3. Sign of severe distress, such as grunting or very severe chest in drawing

Recommendations for antibiotic treatment for severe pneumonia in children

WHO Pocket book of hospital care for children (1) recommendations for severe pneumonia:

- Start with ampicillin or penicillin G + gentamicin.
- If no signs of improvement within 48 hours, switch to third generation cephalosporin (e.g. cefotaxime or ceftriaxone).
- If no improvement in 48 hours and suspect community-acquired S. aureus, switch to cloxacillin and gentamicin.

The Infectious Diseases Society of America guidelines' suggestions for severe pneumonia in children more than 3 months of age (15):

- Ampicillin for fully immunized child OR third generation cephalosporin (e.g. cefotaxime or ceftriaxone) for non-fully immunized child, if life-threatening infection give macrolide/vancomycin or clindamycin based on local susceptibility data.

Oxygen therapy in children

- Titrate to lowest flow rate necessary to reach target SpO_2 > 94% if in shock or > 90% if no shock.
- Nasal cannula is preferred in children as it may be easier to tolerate.
- Medical-surgical facemask with reservoir bag at 15 L/minute can be used for adults and children in an emergency.

Age	<1 month	1-12 months	Pre school age	School Age
Oxygen flow rate	0.5 – 1.0 L/min	1-2 L/min	1-4 L/min	1-6 L/min

3.2 Diarrhoea: Treat dehydration, bloody diarrhoea or persistent diarrhoea with ORS/Zinc/IV Fluids.

3.2.1 Treatment of patient with SOME Dehydration (PLAN B)

Recommended volume of ORS within the first 4 hours to treat sever dehydration						
Weight of patient	< 5 kg	5-8 kg	8-11 kg	11-16 kg	16-30 kg	>30 kg
ORS (mL)	200-400 mL	400-600 mL	600-800 mL	800-1200 mL	1200-2200 mL	2200-4000 mL

3.2.2 Treatment of patient with SEVERE Dehydration (PLAN C)

Recommended volume of IV fluid and type to treat severe dehydration			
Age	**First fluid bolus, 30 ml/kg**	**Second fluid bolus, 70 ml/kg**	**Fluid Composition**
Infant <12	1 hour	5 hour	RL with 10% dextrose or NS with 10% dextrose
12 months - 5 years	30 minutes	2.5 hours	RL with 5% dextrose or NS with 10% dextrose

3.3 Measles croup: Give supportive care. Do not give steroids.

3.4 Eye problems: Conjunctivitis and corneal and retinal damage may occur due to infection, vitamin A deficiency or harmful local remedies. In addition to giving vitamin A (as above), treat any infection present. If there is a clear watery discharge, no treatment is needed. If there is pus discharge, clean the eyes with cotton-wool boiled in water or a clean cloth dipped in clean water. Apply chloramphenicol eye ointment three times a day for 7 days. Never use steroid ointment. Use a protective eye pad to prevent other infections. If there is no improvement, refer to an eye specialist.

3.5 Mouth ulcers: If the child can drink and eat, clean the mouth with clean, salted water (a pinch of salt in a cup of water) at least four times a day.

- Apply 0.25% gentian violet to sores in the mouth after cleaning.

- If the mouth ulcers are severe and/or smelly, give IM or IV benzylpenicillin (50 000 U/kg every 6 h) and oral metronidazole (7.5 mg/kg three times a day) for 5 days.

- If the mouth sores result in decreased intake of food or fluids, the child may require feeding via a nasogastric tube.

3.6 Otitis media: Treatment as per specialist advise.

3.7 Neurological complications:

Convulsions, excessive sleepiness, drowsiness or coma may be symptoms of encephalitis or severe dehydration. Assess the child for dehydration and treat accordingly.

3.8 Severe acute malnutrition: Management of SAM children to be done as per NRC guidelines as given below

3.8.1 Appetite test

the complications in malnutrition lead to loss of appetite. Appetite test helps in identifying SAM children with medical complications who will need hospitalization. children who have good appetite can get nutritional rehabilitation in community settings.

Appetite test feed

Based on the nutritional needs, the suggested method of testing of appetite is as follows:

For children 7–12 months: offer 30-35 ml/kg of catch-up diet. if the child takes more than 25 ml/kg then the child should be considered to have good appetite.

For children >12 months: Feed locally prepared with the following food items may be offered.

- Roasted ground nuts 1000 gm
- Milk powder 1200 gm
- Sugar 1120 gm
- coconut oil 600 gm

How to prepare Appetite test feed

Take roasted ground nuts and grind them in mixer

- Grind sugar separately or with roasted ground nut
- Mix ground nut, sugar, milk powder and coconut oil
- Store them in air tight container
- Prepare only for one week to ensure the quality of feed
- Store in refrigerator

❖ Amount of appetite test feed that a child with SAM should take to PASS the appetite test

Body Weight (kg)	Weight in grams
Less than 4 kg	15 g or more
4-7 kg	25 g or more
7-10 kg	33 g or more

3.8.2 Recipe for Starter - (F -75) diet

Contents (per 1000 ml)	Starter (F – 75) diet	Starter (F – 75) diet (Cereal based)
Fresh cow's milk or equivalent milk (e.g. toned dairy milk) (ml)	300	300
Sugar (g)	100	70
Cereal flour: Powdered puffed rice (g)	–	35
Vegetable oil (ml)	20	20
Water: make up to (ml)	1000	1000
Energy (kcal/100 mL)	75	75
Protein (g/100 mL)	0.9	1.1
Lactose (g/100 mL)	1.2	1.2

3.8.3 Recipe for catch up diet (F-100)

Contents (Per 1000 ml)	Catch-up diet (F-100)
Cow's milk/toned dairy milk (ml)	900
Sugar (g)	75
Vegetable oil (g)	20
Water to make (ml)	1000
energy (kcal/100 mL)	100
Protein (g/100 mL)	2.9
Lactose (g/100 mL)	4.2

Ten Steps for Management of SAM

Management Steps	Stabilisation		Rehabilitation	
	Day 1-2	Day 3-7	Day 7-14	Week 2-6
1. Treat/prevent hypoglycaemia				
2. Treat/prevent hypothermia				
3. Treat/prevent dehydration				
4. Correct imbalance of electrolytes				
5. Treat infections				
6. Correct deficiencies of micronutrients	No Iron		With Iron	
7. Start cautious feeding				
8. Rebuild wasted tissues (catch-up growth)				
9. Provide loving care and play				
10. Prepare for follow-up				

3.8.5 local home made alternative food items like Khichadi, Halwa may be given as catch up diet.

1. Monitoring

Take the child's temperature twice a day, and check for the presence of the above complications daily.

2. Follow-up

Recovery after acute measles is often delayed for many weeks and even months, especially in children who are malnourished. Arrange for the child to receive the third dose of vitamin A before discharge, if this has not already been given. Follow up check up of all severe cases to be done at RH/SDH/DH level.

Referral of Severe Measles cases to higher facility:

•Home visit for monitoring of all non severe measles cases by ASHAs everyday

• ASHA to monitor warning signs and symptoms for referral as below.

• Use 102/108 ambulance for transport.

Danger Signs:

- Convulsions
- Lethargy or unconsciousness
- Respiratory distress, grunting severe chest wall indrawing
- Inability to drink or breastfeed
- vomiting all oral intake
- Corneal clouding
- Deep or extensive mouth ulcers
- Dehydration
- Stridor due to measles croup
- Severe malnutrition.

General principles for management of shock in children

1. Recognize child with shock:
- Presence of all three: delayed capillary refill time (CRT) > 3 seconds; cold extremities; weak rapid pulse OR hypotension for age (systolic BP < 70 + [age in years × 2]).
- Hypotension is a late finding in children.

2. In emergency situations, parenteral fluids can be given via an intraosseous (IO) line to deliver fluids for patient with shock or severe dehydration.
3. Start oxygen therapy to maintain SpO_2 > 94% while child in shock.
4. Use isotonic crystalloid fluid for fluid resuscitation: NS (0.9% NaCl) or RL solution (also called Hartmann's Solution for Injection).
- Hypotonic fluids should not be used for resuscitation; these include 5% glucose (dextrose) solution or 0.18% saline with 5% dextrose solution, as they increase the risk for hyponatraemia, which can cause cerebral oedema.
- Dextrose-containing fluids should not be delivered as a bolus as they are hypotonic and can also cause spikes and drops in glucose level.

5. In well-nourished children, bolus 10–20 mL/kg as initial bolus over 30–60 minutes (use lower dose for malnourished children). The child should be re-assessed at the completion of infusion and during subsequent hours to check for any deterioration. If the child is still in shock, consider giving a further infusion of 10 mL/kg body weight over 30 minutes. If shock has resolved, provide fluids to maintain normal hydration status only (maintenance fluids).
6. If shock persists, despite fluid loading, then vasopressors may be added to maintain perfusion.
   - Adrenaline 1 mg = 1 mL of 1:1000 (or noradrenaline 1 mg = 1 mL 1:1000 if hypotensive).
   - add 1 mL to 49 mL of G5% to obtain 50 mL;
   - 1mcg/kg/kg/min at initial flow rate for adrenaline and norepinephrine.
   - Close haemodynamic monitoring with adequate staffing; watch for extravasation.
7. If, at any time, there are signs of fluid overload, cardiac failure, hepatomegaly or neurological deterioration (in children), the infusion of fluids should be stopped, and no further IV infusion of fluids should be given until the signs resolve.

For children with severe anaemia or severe malnutrition:

- Rapid fluid therapy may also be harmful. Thus, use alternate resuscitation protocols found in the WHO Pocket book of hospital care for children (1).

In children, markers of good perfusion include:

- CRT ⩽ 2 seconds, skin exam: absence of skin mottling, well felt peripheral pulses, warm and dry extremities, urine output > 1 mL/kg/hour (< 12 years of age).
- Heart rate thresholds: up to 1 year: 120–180 bpm; up to 2 years: 120–160 bpm; up to 7 years: 100–140 bpm; up to 15 years: 90–140 bpm.
- Age-appropriate BP.

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नव्या युगाची नवी दिवाळी

सौ. निकिता भुषण केणे

आनंद उत्साह, जल्लोषाची असते
शहरातली दिवाळी तरी कशी असते ?

गावी कंदील दाराच्या बाजूला टांगतात
तेच कंदील शहरामध्ये खिडकीत जावून बसतात
फराळ बनतो गावी घरोघरी
शहरीमात्र तगून बसतो व्यापारी
नको मेहनत, नको तो त्रास
असा कसा हा दिपावली चा उल्हास

गावी असते दारोदारी रांगोळी
भल्या पहाटे उठून करतात उटण्याच्या अंघोळी
शहरात मात्र तसे नाही अभ्यंगाचा मुंहुर्त माहित नाही !
रांगोळी तर सोडा साध्या स्वस्तिकाला जागा नाही
खरी दिवाळी काय असते हे शहराला माहित नाही

अस नाही म्हणत मी शहरामध्ये दिवाळी नाही
जिकडे पाहावे तिकडे दिसते फक्त रोषणाई !
रंगबेरंगी कंदील, डिजीटल दिवे, गावाला मात्र मातीचे दिवे हवे

गाव हरवलं, शहर मोठे झाले
दिवाळी राहिली नावाची, सण सारे हरवून गेले
दिवे सारे झाले गायब, नव्या पिढीने संशोधन केले
बदल होणे स्वाभाविक, पण माणूस हरवून गेला आहे.

स्पर्धेच्या या जगात नात्याचे ही डाव मांडले
धावपळीच्या जीवनात मात्र माणुसकी ही हरवून गेली
गेली जुनी माणसं, आली नवी पिढी
चला मारुया नव्या जगाच्या नव्या दिवाळीत उडी !

सौ. निकिता भुषण केणे

नया दौर

Dr. Anagha Heroor
Medical Director
Anil Eye Hospital, Dombivli

नया दौर

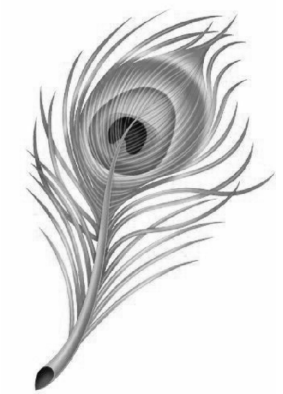
नयी रोशनी, नया सवेरा, नया लगे ये जग सारा,
नया जोश है, नयी उमंगें, नया आज जीवन प्यारा ।

रीत जहाँ की, .. रीत रहेगी, सच्चाई जबसे माना,
बदलो खुद तो .. बदले दुनिया, ये तबसे हमने जाना ।

रात पुरानी अंधकार की, आज यूँही ढल जायेगी,
नयी नजर से, नये सिरे से, नयी रोशनी लायेगी ।

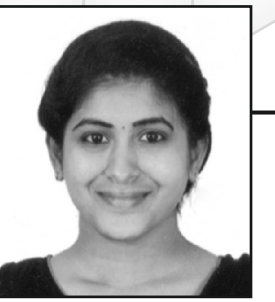
सच्चे मन से, नयी लगन से, नयी बहारें पायेंगें,
साहस से हम खुद अपनी एक नयी दिशा बनाएँगे ।

है मन में विश्वास कि एक दिन नया जमाना आयेगा,
यही जिंदगी, नये अर्थ से, फिर से वो दोहरायेगा ।



डॉ. अनघा हेरूर

Dr. Mano Priya R
General Practitioner
Tamil Nadu



Live, Love and Laugh

We do live only once
Let's not waste it, even an ounce;

Allow the pains to fade away
Dance it out baby, just slay;

Worried of being not too smart?
Realise it baby, you are an art;

Enough being the self critique
Love yourself, 'coz you are unique;

Even in the extremes of emotions
All you had were good intentions;

Oh no baby! It's not your degree
You just gotta live life stree free.

- Dr. Mano Priya R

क्रस्ना डायग्नोस्टिक्स लि.

(पूर्वीचे क्रस्ना डायग्नोस्टिक्स प्रा. लि.)

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Department of Oncology

DR. SAGAR GAYAKWAD
RADIATION ONCOLOGIST
M.B.B.S., M.D.(Radiation Oncology), D.N.B.(Radiotherapy), M.N.A.M.S.

DR. SUPRIYA BAMBARKAR
DIRECTOR (DEPT. OF ONCOLOGY),
CONSULTANT ONCOSURGEON
D.N.B., M.Ch. (Surgical Oncology)

DR. RAKESH PATIL
(MEDICAL & HEMATO ONCOLOGIST)
M.D. (Medicine), D.M. (Medical Oncology and Hematology)

DR. NIMESH LODH
(BREAST SURGEON)
D.N.B. (General Surgery), Fellowship in Breast Diseases & Breast Cancer

DR. NEHA PANGAM
(ENT CONSULTANT)
M.S. (ENT), Fellowship in Head and Neck Oncosurgery, Fellowship in Rhinosurgery

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