

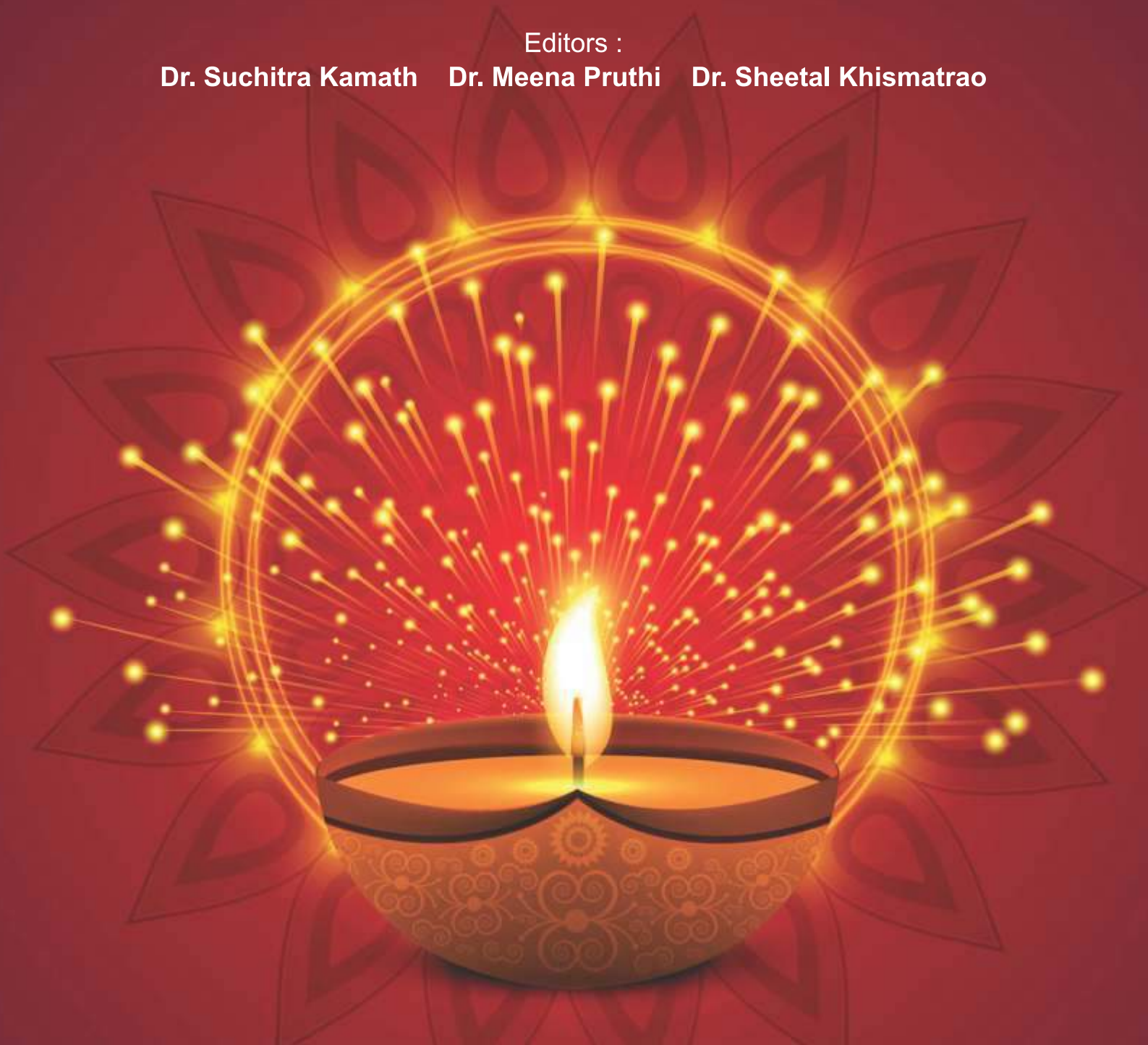
DIALOGUE



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Editors :

Dr. Suchitra Kamath Dr. Meena Pruthi Dr. Sheetal Khismatrao





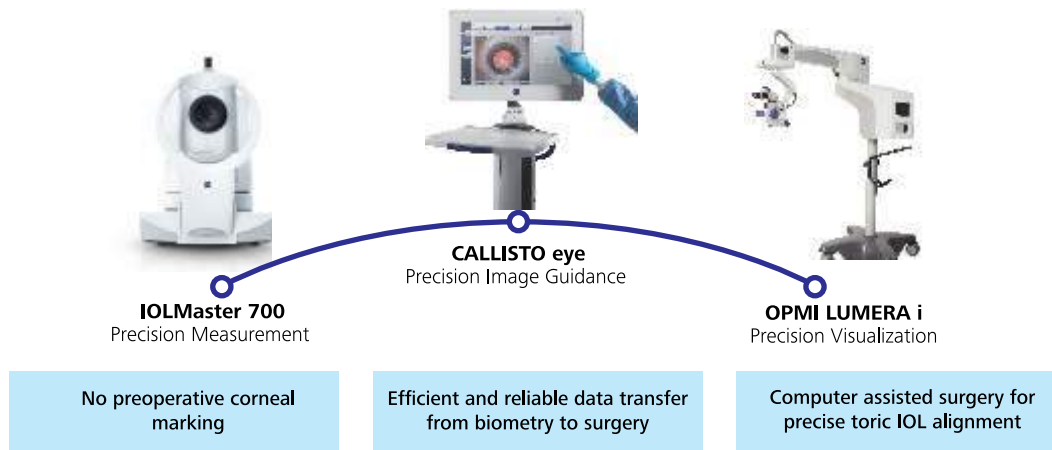
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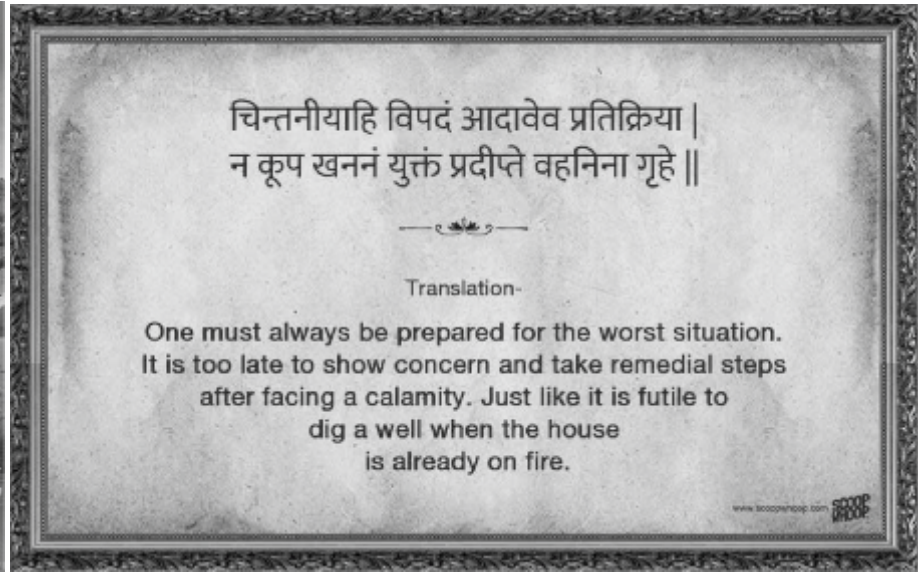
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In 1958, Mao Zedong, Founder of the People` s Republic of China and the Ruler of China introduced a Hygiene Campaign aimed to eradicate the pests responsible for transmission of pestilence and disease. This was called as `Four Pests Campaign.` This was aimed to eradicate pests responsible for transmission of disease like Mosquitoes for Malaria, Rodents for plague, Airborne flies and sparrows for eating grains.

The sparrow nests were destroyed, chicks were killed and eggs were broken. Rewards were given to those killing highest number of rats and rodents, dead flies and mosquitoes. It was assumed that this campaign will bring about an increase in the yield of food grains .

But ,instead of rise ,there was a substantial decrease in the rice and other crops .With no sparrows to eat them, there was an increase in locust population ,swarming the country side leading to environment problems. This imbalance resulted in the `Great China Famine `that cause death of millions due to starvation.

In a village ,there lived a Chief ,who ordered his villagers to kill all frogs because their croaking at night disturbed him. An old wise woman told him not to do so because Everything is connected. Nevertheless ignoring her, he ordered the frogs to be killed. Things were quite for a while.Slowly,there was increase in mosquitoes. The constant buzzing kept the chief and villagers awake. The Chief then ordered all mosquitoes to be killed. The villager knowing that this was a task impossible, choose to quietly leave the village. The Chief now realized his folly and what the old woman meant by Everything is connected.

The recent floods in state of Kerala affected millions of people .The unusually heavy rainfall caused the dam water to rise to dangerous level.35 out of 54 dams had to be opened for the first time in history. Release of dam water plus heavy rainfall caused flooding in low lying areas. After receiving one of the highest rainfall in a century,kerala came under the threat of severe drought. The water levels in wells ,ponds, rivers fell .The top soil in the hills and upland areas were shoved off. This ruined the hills capacity to sponge and hold rainwater. This ecological destruction was caused by large scale deforestation,illegal land mining, and sand quarry .The rampant digging of pits lead to land slips and landslides. This was exacerbated by the impact of climate change.

Renowned ecologist Madhav Gadgil ,the author of government backed study on Western Ghats Ecology ,had forewarned against the potential disaster that could result from this ecological violation. He warned against excessive destruction to sensitive flora and fauna and how it could affect the environment. But the government as well as organizations strongly protested the implementation of the recommendations in the report. Could the implementations and recommendations prevented the disaster in Kerala?

The arguments for ecological conservation can start with sane use of Land and wise utilization of natural resources. It can only and only succeed , if the people are involved and if people want it.

After all the Environment and Nature and Human welfare and Survival are irrevocably interwoven.

Man is at cross roads and his predicament can be best described in this classical Sanskrit Sholka,

जानामि धर्मम् न च मे प्रवृत्तिः
जानामि अर्धमम् न च मे निवृत्ति ।

(I know what is right I cannot attain it,
I know what is wrong, I cannot abstain from it)

What Man does from here in next few decades will decide for ages to come the Destiny of Mankind and Earth.

Suchitra Kamath

FROM THE PRESIDENT'S DESK



IMA Dombivli has broadened its wings in past few years & is visible at the state and national levels. Our members are securing official posts at State & National level IMA. This has increased our responsibilities tremendously at branch level. We as a branch need to continue doing good work and this requires huge support from IMA Dombivli members.

IMA Dombivli always stands for its members whenever required, but unfortunately, our members are not participating wholeheartedly in our branch activities. Those members who can provide crucial insight into planning or execution of activities are missing from the scene. Support and participation of each and every member will bring about greater benefits for the branch as well as the entire organization. Even participation into events which are meant to improve fellowship amongst our members needs to be enhanced. **It is my sincere most appeal...do get to know each other during happy times, so that people stand with you during tough times!!**

My sincere request to all members to actively participate in the branch activities & help us to take our branch to newer heights!

For the first time ever, we thought of making IMA Dombivli directory, but unfortunately very few of our members have cooperated. We received details for directory from only half of our members and with heavy heart, we are going ahead with directory making only with whatever details that we have received so far.

I am very happy to announce that in last 6 months, team 2018 – 19 has accomplished 27 projects so far – 13 community service projects, 8 educational workshops/CMEs worth 10 credit points, 4 wonderful fellowship programs and all IMA HQ activities. This has been largely possible because of the monetary help by our members in the form of Annual maintenance charges. IMA Dombivli is committed to continue doing good social work!!

We have heard people say very hurtful things regarding the Annual Maintenance Charges collected by IMA Dombivli – to the extent of some people criticizing the branch in outside meetings or people from other branches advising our members to leave our branch and join the neighboring branches – to these members I can only say – be proud of your branch, trust and support the people who are trying to bring about a change and who are working for the betterment of the branch even at the cost of sacrificing their personal time and energy. If you have any queries, please come and talk to us – we are committed to answer your questions – that's what General Body Meetings are held for!

The upcoming star event of our branch is IMAFEST 2018. IMAFEST, the annual conference of IMA Dombivli has evolved as a brand. **For any organization, the success of its annual conference is a matter of pride.** Over the last 3 years, we have shown strength & organizational skills of our branch during Vibrance, Evecon & Idicon. IMA Dombivli pioneered the concept of National conference of Hospital Board through **Vibrance. Evecon** made a mark as the best conference of IMA MS Women's wing held ever; which is still remembered by the participants. **Idicon** made another mark as the first ever District Conference of all IMA branches in Thane district.

This year, IMAFEST 2018 will be associated with MAHAHOSPICON; the state level conference of IMA-HBI on December 1st & 2nd 2018. We are expecting stalwarts of IMA for this conference at Dombivli. The guests look forward to our now famous, IMA Dombivli hospitality, which I am sure they will enjoy during IMAFEST.

I request 100% registrations from our own branch for this State level conference. For the first time, our 2 days conference has additional Pre-conference workshop on 30th November 2018 on **ICU MANAGEMENT AND BASIC VENTILATION**. Also on the evening of 30th November we have our cultural Program – **NAVRANG**, as a part of IMAFEST celebration. Let us enjoy this festival of IMA Dombivli like a family, with lot of fervor, excitement and enthusiasm and make this event a grand success!! I request all the members to extend their maximum support – everyone kindly register for the event, help with sponsorship in whichever way you can and spread a word around about our conference encouraging others to participate.

The achievements of an organization

Are the results of combined efforts of each member...

An organization is never good or bad

It's the intentions, working and participation of its members

Which makes it good or bad!!

Let's work together towards making our IMA Dombivli the best of the lot!

Long live IMA!!

Dr. Archana Pate

SECRETARIAL REPORT



The following Programs were conducted by IMA DOMBIVILI in the Second Quarter.

July 1

Doctor's Day : Doctors Day was celebrated on 1 st July in Heritage Hall. 125 People attended the program. In first part GBM was conducted. In Second part Award distribution ceremony was conducted for Doctors and their children with special achievement. MOC were Dr Niti Upssani and Dr Makarand Gsnapule. The Chief guest was Dr Shrikant Shinde (M.P.) Dr Smita Rode EX -MOH KDMC graced the occasion. Dr Mangesh Pate -National Joint secretary IMA HQ spoke on the Theme "ZERO TOLERANCE ON VIOLENCE AGAINST DOCTORS AND HEALTH CARE" Third part was stand up comedy by well known Dr Sanket Bhosale .

3rd July

Mission pink health and Aao Gaon Chalein organised s camp at DKVC school. Anemia Detection and General Health check up was done for 90 girls and 100 boys in the age of 12 to 16 yrs. A lecture on Anemia Awareness, general health and menstrual hygiene was given by Dr Manasi Karandikar. A lecture on general health to Adolescent boys was given by Dr Bhadlikar. MPH State Coordinator Dr Meena Pruthi was the

8th July

Blood Donation Camp : A Blood Donation camp was organised by Dr Utkarsh Bhingare in Pathare Hall,. 74 IMA Doctors donated blood.

18th July

IMA Dombivli Women's Wing and Aao Gaon Chalein Jointly under MPH state Co-ordinator. Dr Meena Pruthi conducted a camp at Kumkum School in Dombivili east. Anemia detection , treatment and health check up was done for 70 girls and 90 boys between age of 11 to 14 yrs. A lecture on Anemia Awareness and hygiene was given by Dr Vijaylaxmi Shinde to girls and Dr Bhadlikar to boys.

22nd July

ECG AND TMT WORKSHOP : This was organised by CGP Committee. 40 Doctors from Dombivili, Kalyan, Bhiwandi, Ulhasnagar, Ambarnath were trained by Dr Harin Vyas.

10th August

Cultural Committee organised a Picnic to Dushet Forest Lodge Khopoli. 30 IMA attended and enjoyed the Adventurous activity and Rain dance and Games. Dr Bhakti Lote organised the Bus and Picnic spot.

19th Aug

Maharashtra State Executive meeting was held at Amravati. IMA Delegation of Dr Mangesh Pate, Dr Archana Pate, Dr Meena Pruthi, Dr Niti Upasani, Dr Vandana Dhaktode, Dr Sunit Upasani attended it.

22 Aug. CME

MEDICAL CME was conducted with topics on Sleep Apnoea, Acute Renal Failure, Understanding LFT's. Doctors attended. 1CME POINT was approved by MMC. Dr Ashwini Acharya was the moderator.

9th September

Fu by Fu : WW organised Mangala Gaurat Regency Community Hall. 32 Ladies attended and enjoyed Traditional Games conducted by group "Sangeet Virangula" Traditional Lunch accompanied it. Various prizes for Traditional Dress, Best Ukhana and Most active player were given. The Project Chair person were Dr Nayana Chaudhri and Dr Manasi Karandikar.

22nd Sept

Sanjeevan Committee took a BASIC LIFE SUPPORT TRAINING in Holy Angels School for 50 teachers. Dr Sandhya Bhat and Dr Archana Pate gave thr training. Dr Sandhya Bhat organised the BLS Training.

28th Sept

Organ Donation Awareness Program was organised at Model College. 100 NSS Students , teachers and Volunteers attended it. Dr Archana Pate spoke about organ and Body Donation. Dr Sheetal talked about Eye Donation and Dr Sunit Upasani enlightened about Skin Donation. Dr Niti Upasani our IPP also graced the occasion

RECENT ADVANCES IN ASTHMA MANAGEMENT

Dr. Sandhya Kulkarni
Chest Physician

For people living with asthma or allergies, life can be difficult, especially during high allergy seasons. Many people struggle to function in daily lives & have to avoid going outside or exercise outdoor. For these people medical breakthroughs in asthma and allergies are of high importance.

In recent years there have been major advances in understanding and treatment of asthma. One of the most recent developments, as early as March 2017, is that scientists have found a protein HMGB1, that is related to asthma and is not triggered by allergens. The study showed that people, who have moderate to severe asthma experience inflammation from the overproduction of mucus from this protein. The HMGB1 protein is released in the lung passage and bronchioles constrict making it difficult to breathe. Based on this data pharmaceutical companies can work with scientists on developing new prescriptions for people who suffer from asthma.

Newer developments in exercise induced asthma suggest that people suffering from this should use short acting or fast acting inhalers such as albuterol at least 20 minutes before exercise along with regular maintenance medicines (ICS + LABA or LTRA). There has also come to light a new study that reveals that the root cause of asthma is environmental triggers, like allergens, cigarette smoke or certain perfumes. In this study researchers found that the calcium sensing receptors (CaSR) cause allergy induced asthma triggering airways inflammation, twitching in the breathing passages as well as causing them to become narrow making it harder

for people to breathe. Drugs known as calcilytics can help reverse this reaction. The research is ongoing in that direction.

Does asthma pose a risk for obesity? It's like asking the question, "Which came first, the egg or the chicken?" People who have asthma and are obese are forcing their bodies to work harder to breathe. When you carry extra weight, it taxes your body. Hormone leptin helps to energize the metabolism in addition to regulating the air passages. It's also proven that people who are obese or overweight need more asthma medications to manage their symptoms. Unfortunately people who have high levels of leptins are susceptible to being overweight.

In another research, researchers have found a sublingual tablet specifically designed for individuals who suffer from dust mite allergies. It's called Odactra and is approved by US FDA in March 2017. It is taken once a day. The medicine is not recommended for children under 15 and adults more than 65. It's to be used only and only for dust mite allergies.

Important research is now emerging that demonstrates crucial links between the innate immune response and traditional type II acquired immune responses in asthma. Clinical trials of biological agents are likely to continue to evolve. It is possible that in near future, if they are applied in their current forms to early disease, they may modify the disease course in asthma.

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MAHAHOSPICON 2018
IMA Fest 2018

1st and 2nd December 2018
Savitribai Phule Auditorium,
Dombivli (E).

RECOGNISING THE MULTIPLE FACES OF OBSTRUCTIVE SLEEP APNEA IN CLINICAL PRACTICE AND ITS MANAGEMENT

Dr. S. Ramnathan Iyer
Consultant Sleep Medicine

Dr. Revati R Iyer
Consultant Obstetrician and Gynaecologist

Dr. Bhagyalakshmi Venkatraman
Dentist

Introduction-Sleep of good quantity and quality is essential for physical, mental and emotional well being. There are nearly 88 disorders of sleep. Obstructive sleep apnea(OSA) is one of the most important disorder identified in the last 50 years which has several systemic effects. Sleep disordered breathing (SDB) comprises of snoring, upper airway resistance syndrome and sleep apnea. Sleep apnea can be obstructive, central or mixed. Obstructive sleep apnea is a common disorder but not well recognized in clinical practice. Study In India has revealed the prevalence of SDB as 19.5% while the prevalence of SDB with daytime hypersomnolence as 7.5%.Studies done abroad indicate the prevalence of SDB as 9% for women and 24% for men. OSA can affect all ages. The prevalence increases as the age advances. The prevalence in postmenopausal women is also high.

Risk Factors for OSA- These include obesity, narrow upper airway due to anatomical reasons in the face like macroglossia, retruded chin, crowded pharynx, advancing age and menopause. Hypotonia of pharyngeal dilator muscles cause pharyngeal closure in sleep. This hypotonia is more marked in REM sleep. Chronic sleep deprivation contributes to pharyngeal hypotonia. Alcohol consumption also promotes hypotonia. ***It must be appreciated the OSA affects both obese and non-obese subjects.*** OSA is known to run in families. (Family history of type 2 diabetes, hypertension, IHD may also signify underlying OSA.)

What Happens in OSA?-In OSA there is repetitive pharyngeal collapse in sleep resulting in cyclical hypoxemia, sympathetic stimulation and cyclical hypertension adversely affecting the functions of several body systems. (See Fig 1 and Flow Chart)

Symptoms-Nocturnal

- (a) Snoring often loud and habitual. Snoring can be mild in elderly and subjects who sleep prone.
- (b) Restless sleep. Constantly changing posture. Requires head elevation with pillows, choking, breathlessness

- (c) Jerking and feeling for falling from bed.
- (d) Talking, biting teeth and sleep walking
- (f) Drooling
- (g) Nocturia (prominent symptom in elderly)
- (h) Dry throat. Drinking water at night.
- (i) Excessive dreams can be seen.
- (j) Burning in chest-hyperacidity.

Daytime Symptoms

- A. Unrefreshed sleep.
- B. Headache and/or bodyache on awakening.
- C. Daytime sleepiness.(daytime sleepiness can be reduced by consuming tea, coffee and tobacco). Patients of OSA can sleep while driving vehicles and operating machinery resulting in accidents.
- D. Irritable behavior
- E. Increased appetite - can exhibit fast eating, binge eating possibly due to REM sleep deprivation.
- F. Increase in body weight.(OSA can lead to obesity) OSA patients find it difficult to lose weight.

OSA in Women- OSA in women can present as fatigue, insomnia, headaches, mood disturbances, lack of energy, depressive feelings and mild snoring. Depression is often diagnosed.

Following are the consequences of OSA on various body systems.

1. Cardiovascular –

- (a) **Hypertension.**OSA is one of the important causes of secondary hypertension. OSA is an important cause for secondary hypertension. Early morning headaches and early morning hypertension may be due to OSA. Patients of OSA often develop resistant hypertension. All patients of hypertension must be enquired for sleep habits since sleep deprivation

also leads to hypertension.

(b) **Ischemic heart disease**

(c) There is a high prevalence of sleep disordered breathing in patients with **congestive heart failure** (CHF). Studies have revealed that in CHF patients with reduced ejection fraction the prevalence of SDB ranges between 47%-76%

(d) **Cardiac arrhythmias.** (atrial fibrillation, ventricular tachycardia and others)

(e) **Venous thrombosis** and varicose veins. We have reported Schamberg's purpura in severe OSA. (First case report in world literature).

(f) **Idiopathic oedema of legs-** Patients of OSA can present with unexplained oedema of legs. Administration of diuretics to these patients can precipitate hyponatremia demanding hospitalization. The oedema is due to apnea related venous hypertension.

2. Endocrinal - Insulin resistance -which ultimately causes Type 2 Diabetes Mellitus. Insulin resistance has several adverse effects on the body systems. OSA is an independent risk factor for metabolic syndrome. In fact there are many similarities between OSA and Type 2 diabetes mellitus. (Ref No10). There is increasing evidence to show that there is high prevalence of OSA in patients of Type 2 Diabetes Mellitus. This has now been termed as interacting epidemics. In India majority of Type 2 DM are lean and OSA occurs even in lean subjects. Lean metabolic syndrome is being recognized and has been reported by us. Lean OSA patients can become obese in later life. Sleep deprivation both conscious and unconscious (due to destroyed sleep architecture) leads to obesity.

In clinical practice the following needs attention.

a. **Elevated Fasting blood glucose levels with normal post lunch blood glucose levels.** A post glucose blood glucose (82.5 gms of commercial glucose) level is often high in these cases signifying impaired glucose tolerance.

b. **Fatty Liver can be consequence of OSA.**

c. **Puffy and tired face** can be confused with hypothyroidism. OSA and hypothyroidism can co-exist. It is to be noted TSH levels may be high in patients with poor sleep. Administration of thyroxine in untreated OSA can precipitate cardiac arrhythmias.

d. **Polycystic Ovary Syndrome** is commonly associated with SDB-OSA.

e. **Erectile dysfunction** possibly due to REM Sleep deprivation.

f. **Obesity:** Obesity is both a consequence and a risk factor of OSA. Children suffering from OSA can become obese with poor academic performance.

3. **Gastrointestinal** – Fatty liver, Gastro-esophageal reflux disorder.

4. **Respiratory-** Nocturnal aspirations can occur at the termination of apnea leading to respiratory complications- viz bronchial asthma. In fact, OSA should be suspected in all asthmatic patients.

5. **Psychiatric** - Mood swings, depression, insomnia, Bipolar affective disorder, paranoid psychosis and acute delirium have been reported.

6. **Hematological** - Unexplained polycythemia.

7. **Neurological-** Cerebrovascular accidents. Sleep disordered breathing and CVA have a bidirectional relationship. Management of SDB in CVA gives rewarding results. Loss of memory and reversible dementias are the other consequences. OSA has been reported to worsen neurological disorders like Parkinsonism.

8. **Pregnancy-** SDB in pregnancy can lead hypertension, preeclampsia resulting in intrauterine growth retardation .

9. **Nephrology** – OSA is known to cause proteinuria. Patients with renal failure have high prevalence of OSA. This is possibly the reason for hypertensive crisis in patients, who sleep while undergoing dialysis. OSA patients run a high risk for kidney disease.

10. **Ophthalmic-** OSA has been associated with several eye disorders viz floppy eyelid syndrome, anterior ischemic optic neuropathy, optic neuropathy, glaucoma, papilloedema, For the first time in 2003, the first author had proposed that- since retina is highest oxygen consuming part of the body cyclical hypoxia in OSA can lead to angiogenesis in patients with diabetic retinopathy. Several workers have confirmed this hypothesis. Diabetic patients often have sleep complaints. It is advisable to suspect OSA in all diabetic patients. Correction of cyclical hypoxia in OSA by continuous positive airway pressure (CPAP) is expected to give good results.

11.Cancer-Recent reports suggest an intriguing link between SDB and cancer.

In clinical practice it is necessary to record sleep history. This guides the physician to suspect a sleep disorder. *(There are nearly 88 disorders of sleep)*. If required, a polysomnogram may be done. Polysomnography (PSG) is the gold standard test for diagnosing OSA. The test is best done in a hospital under supervision. (Level 1 study). Once diagnosed a second night PSG of CPAP titration is essential.

Management Achieve optimal body weight, This is usually difficult. It is advisable not to undertake stressful exercises in gymnasium since it may precipitate cardiac events. (Hypoxic myocardium plus elevated catecholamines) 2.

Management of OSA mainly rests mainly on the usage of Continuous Positive Airway Pressure (CPAP). Recently several advances have been made on the mask and CPAP unit which have made them more user friendly. Several workers have demonstrated the efficacy of CPAP in treating OSA.

Benefits of CPAP Therapy: (i) Alleviation of all symptoms of OSA. (ii) Better quality of life, improved creativity, improved attention in classrooms and better academic performance. (iii) Improvement in insulin sensitivity and therefore reduction in insulin resistance leading to better glycemic control. Reduction of dosages of anti-diabetic drugs. Reduction in body weight. (iv) Improved cardiac function, increase in ejection fraction. (iv) Better control of hypertension. Reductions in dosages of anti-hypertensive drugs. (v) Improved neurological function-behaviour, memory, and also early recovery from stroke has been reported. I have observed better retinal health in patients suffering retinal diseases. Patients of diabetic retinopathy have also shown improvement. In general, *the benefits of CPAP outweighs its cost*.

Conclusions: It is important to recognize OSA in a given clinical setting. The consequences of OSA are the guiding forces to identify OSA. Treatment of OSA is highly rewarding in terms of, not only treating the sleep disorder but also giving significant beneficial effects to body systems.

REFERENCES FOR FURTHER READING :

1. Young T, Palta DM, Dempsey J et al The occurrence of sleep disordered Breathing among middle aged adults. *N Engl J Med* 1993; 328: 1230–1235 08–120.
2. Ancoli Israel S, Kripke DF, Klauber MR et al. Sleep disordered breathing in Community dwelling elderly. *Sleep* 1991; 14: 486–495.
3. Udawadia Z.F., Doshi A.V., Lonkar S.G., Singh C.I. Prevalence of sleep disordered breathing and sleep apnea in middle aged urban Indian men. *Amer J Resp. Crit Care Med* 2004; 169: 167–73.
4. Iyer S.R. Type-2 Diabetes Express Highway. Where is the ‘U’ turn? (Prof. Rathinavelu Subramaniam Endowment Oration 2003) *J Assoc Physicians India*, 2003; 51:495-500
5. Iyer S. R. & Iyer Revati R. Sleep and obesity in the causation of metabolic syndrome. *Int. J. Diab. Dev. Ctries* (www.ijddc.com) 2006; 26(2): 63–69.
6. Principles and Practice of Sleep Medicine. William C. Dement, MH Kryger, T.Roth Fifth edn. Elsevier Saunders.
7. Iyer S.R. and Iyer Revati R., Sleep, Aging and Metabolic Syndrome, Editorial, *Sleep Diagnosis and Therapy (USA)*, 2006; 1(4):16-18
8. Iyer S. R., Iyer Revati R. & Baitule M. Type 2 Diabetes mellitus and obstructive sleep apnea beneficial effects of continuous positive airway pressure on blood glucose levels preliminary observations. *Journal of Diabetes UK – Diabetic Medicine UK*. Dec.2006; 23–supplement 4: 531.
9. Iyer S.R., Iyer Revati R. Sleep, Ageing and Stroke- Newer Directions in the Management of Stroke. *J Assoc Physicians India* 2010;58:442z-446.
10. Iyer S.R. Sleep and Type 2 Diabetes Mellitus- Its Clinical Implications. *J Assoc Physicians India* 2012; 60: 42-47 (Boehringer Knoll Jr. Lecturership in Diabetes award 2007).
11. Iyer S.R. Sleep is it the Hidden agenda in the aging programme? *Indian J Sleep Med*.2014;9.3:96-101.(Dr.G.S.Sainani oration award)
12. Publication in a Text Book “Sleep Disorders” (Authors Dr.S.Ramnathan Iyer and Dr.Mrs.Revati R.Iyer) a chapter in *Geriatric Care- A Text Book of Geriatrics and Gerontology* Ed.O.P.Sharma 2008 pages 197-200.& 2014 pages 254-262. (Viva Books Pvt Ltd, New Delhi)
13. Punjabi N M. Do sleep disorders and Associated Treatments impact Glucose Metabolism? *Drugs* 2009; 69 (suppl 2):13-27.
14. Lindberg E, Berne C, Elmasry A, Hedner J and Janson C. CPAP treatment of a Population based sample-what are the benefits and the treatment compliance? *Sleep Medicine*.2006;7(7): 553-560.
15. Iyer SR, Iyer Revati R, Parikh V and Ramchandani S. Obstructive sleep apnea and ophthalmic Disorders-Clinical Implications *J Assoc Physicians India* 2018;66:55-59
16. Coughlin SR, Mawdsely L, Mugarza JA, Calverly PM, Wilding JP. Obstructive sleep apnea is independently associated with an increased prevalence of metabolic syndrome. *Eur Heart J* 2004;25:735-41.
17. Harsch IA, Schahin SP, Radespiter-Trogen M, Weintz O, Jahreiss H, Fuchs FS, et al. Continuous positive airway pressure treatment rapidly improves insulin sensitivity in patients with obstructive sleep apnea syndrome. *Am J Respir Crit Care Med* 2004; 169:156-62.

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THYROID DISORDERS (NON COMMUNICABLE DISEASES)

Dr. Medha Oak
Consultant Physician

There are major 8 endocrine glands or ductless glands in human body which secrete hormones directly into the blood. Thyroid is the largest amongst them. Others are Hypothalamus, Pineal, Pituitary, Pancreas, Parathyroid, adrenals, ovaries / testes.

42 million Indians suffer from various disorders of thyroid. Worldwide also it is the commonest endocrine disorder. Common are 1) thyroid nodules (Goitre) 2) Hypothyroidism, 3) Hyperthyroidism 4) Autoimmune Thyroiditis 5) Thyroid Cancer. Subclinical Hypothyroidism, a milder form is the most prevalent across the country. Pregnant women are 3 times more likely to suffer than men from hypothyroidism.

This gland is 'H' shaped with 2 Lateral lobes & isthmus joining the two, overlying 2nd to 4th tracheal rings & weighing 15-20 gm. It is a highly vascular gland.

Follicular cells which are basic structural & functional unit of the gland produce thyroid hormones parafollicular cells secrete calcitonin which regulate calcium metabolism. Thyroid glands works on a feedback mechanism. Hypothalamo pituitary thyroid axis is important.

TSH is most sensitive indicator of thyroid function & single best test for screening .T₄ has suppressive action on TSH. Only T₃ & T₄ enter circulation. Pituitary lags by 3 to 4 weeks while responding to thyroid gland T₃ & T₄ are predominantly bound to proteins called 'Chaperone' proteins. 70% bound to TBG (thyroid binding globulin) Antibodies to enzymes involved in process are de-iodinase & peroxidase i.e. Anti TG & Anti -TPO antibodies.

Retina, spleen, lymph nodes, brain & gonads do not have direct receptors & hence are only indirectly affected.

TBG is manufactured in Liver & hence altered in Liver diseases (Hepatitis) pregnancy, oral contraceptive pills intake, Nephrotic syndrome, HIV, acromegaly.

TSH levels vary with age & at different time of the day & therefore these are important while reporting. TSH is also affected by various illnesses & drugs & during pregnancy (due to B - HCG).

T₄ & TSH together can lead to definitive diagnosis.

Antibody testing is only onetime test especially in:

- autoimmune diseases
- subclinical

c) postpartum &

d) before lithium & amiodarone treatment.

Action of thyroid Hormone

Virtually all organs are influenced. It increases, basic metabolic rate (BMR), heat production, lowers cholesterol, stimulates mental function & growth & helps glucose utilization.

Hypothyroidism

Clinical state with reduced circulating thyroid hormone. It can be

- Subclinical (Prevalence : 9.40%)
- Primary (due to gland failure) with prevalence of 3.9%
- Secondary (due to pituitary failure)

Causes

- Iodine deficiency.
- Hashimoto's : Chronic auto immune
- Post radioactive iodine therapy
- Subtotal thyroidectomy
- Excess Iodine intake (wolff chaikoff effect).

Manifestations :

- Puffy face & weight gain.
- Hoarse Voice
- Fatigue & muscle cramps.
- Dry Skin
- Cold Sensitivity
- Constipation
- Depression, loss of interest in surrounding
- Infertility, menstrual disturbances

Other are :

Goitre , Deafness, Chronic anemia, Galactorrhea ,Low Academic Performance, Growth Failure, Hyponatremia, Dyslipidemia .

Diagnosis :

- Blood test : T₃ T₄ TSH , Free T₃ T₄
- Immunological : antibody testing : anti -TPO, AMA, Anti TG , TRAB .

- 3) For HPT Axis : thyroid release hormone : TRH .
- 4) ULTRASOUND and X-RAY NECK .
- 5) Fine needle aspiration cytology and Histology .
- 6) Nuclear imaging with pertechnetate Tm 99 /131 radio-labelled Iodine .

Goitre implies stress on thyroid gland & so it enlarges. Here T₃ & T₄ hormones are low & TSH is high or very high i.e. Thyroid stimulating Hormone.

TSH normally should be between 2 to 3 IU/ml, or at least less than 5: **So thyroid hormone replacement therapy is required i.e. levothyroxine.**

In age group of more than 60 years, TSH between 4 to 10 IU/ml is considered sub clinical & needs to be checked after 4 to 6 weeks. If symptomatic & rising trend of TSH, treatment is given. Start slow with levothyroxine & up titrate every 4 to 6 weeks till TSH is around 2 to 3, is the principle. High doses of drug to begin with may trigger Angina in elderly due to increase in BMR. Dose of synthetic levo thyroxine is 1.6 mcg /kg body weight.

TSH reports may vary from Lab to Lab & hence better to stick to one laboratory & **AACE** (American Academy of Clinical Endocrinology) recommends continuing treatment with the same brand as bio-availability of the drug does vary.

This is usually a lifelong treatment & the tablet is to be taken on empty stomach, preferably in the morning, to avoid drug & food interactions.

Dose may vary from 12.5 mcg to 300 mcg / day.

In secondary Hypothyroidism, pituitary fails to recognize low T₃ & T₄ & hence TSH is also low i.e. thyroid stimulating hormone.

One of the classic example is : 'Sheehan's Syndrome' which occurs due to postpartum ischemic necrosis of pituitary gland due to Hypovolemic shock during & after child birth.

Reproductive life, pregnancy and hypothyroidism:

Most common cause of infertility and hence TSH needs to be in desired range in child bearing age group in women. During pregnancy the original dose needs to be increased by 30 to 50 %. The

developing fetus needs it for mental and physical growth and is dependent on maternal supply. fetus develops its own gland only after 16 to 18 weeks of gestation. Untreated pregnant women may experience post partum hemorrhage, abruptio placenta, miscarriage, anemia, pre-eclampsia, low birth weight babies, congenital hypothyroidism.

Beta HCG in early pregnancy is a TSH agonist, hence may show low TSH in early pregnancy. ESTROGENS increase TBG and hence low free T₄ may be noted.

Cretinism :(congenital hypothyroidism)

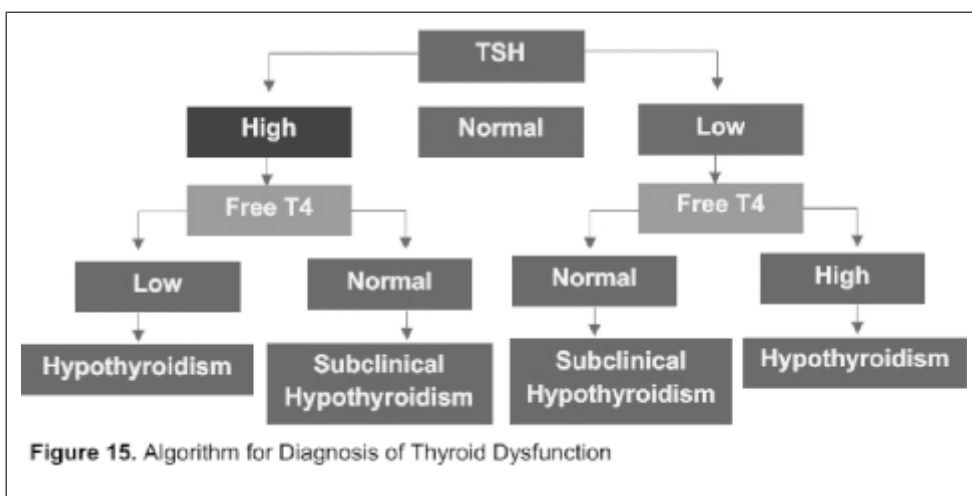
condition with severe stunted mental and physical growth owing to untreated congenital deficiency of thyroid hormone due to maternal hypothyroidism or inborn errors of metabolism.

Some foods are called goitrogens if consumed in large quantities and hence need to be avoided. Eg : 1)gluten containing foods like pasta cereals beer, 2)Soy foods like tofu soy milk, 3) vegetables like cabbage, spinach, kale, broccoli, 4) fruits like peach, strawberries, pears.

Foods rich in vitamin B 12 and selenium are good. eg : banana, avocado, poultry, almonds, fish, eggs, pumpkin seeds.

Some water purifiers may filter healthy minerals like iodine, bromine, fluoride, along with contaminants..so choose purifier wisely.

Common side effects of levothyroxine are : fatigue, heat sensitivity, weight loss, headache, anxiety, nervousness. They go away with lower dose and continued treatment. A check for hyperactive thyroid is needed.



ACTIVITIES OF IMA DOMBIVLI WOMEN'S WING

Dr. Nayana Chaudhari
Convener, Women's Wing

IMA Dombivli Women's Wing is always keen to do philanthropic work. The national programme Mission Pink Health provided the opportunity. Two back to back anaemia detection and treatment camps were held in schools on 3rd July & 18th July 2018 under the able leadership of state MPH coordinator Dr. Meena Pruthi & with valuable support & guidance from IMA President Dr. Archana Pate, IPP Dr. Niti Upasani & Women's Wing Chairperson Dr. Leena Lokras.

A lot of preparations were needed. We started with meeting the school authorities to seek permission for the camps. We confirmed the dates and timings with them as also the number of students. The Aao School Chalein Committee also joined in & male students were also benefitted. The requirements were chalked out. Provisions were made for haemoglobin estimation of the students free of cost. Procuring Fe supplements & deworming medications was also accomplished. We required consultants for examination of the students. Our

appeal to our own IMA Dombivli members was very well responded to and we soon had a list of consultants on board.

The first camp on 3rd July was conducted at DKVC school, Dombivli (E). The beneficiaries were 90 girls & 100 boys of the age groups 12-16 years. A lecture on anaemia awareness & menstrual health & hygiene was given to the girls by Dr. Manasi Karandikar. A lecture for boys on general health & adolescent issues was given by Dr. Dushyant Bhadlikar, chairman, Aao School Chalein Committee. General health checkup of girls was done by Dr. Anjana Parashar, Dr. Charusheela Deodhar, Dr. Shalaka Sonavane, Dr. Vijayalakshmi Shinde & myself. The boys were examined by Dr. Shyamkant Ghotikar, Dr. Dilip Joshi, Dr. Vandana Dhaktode (Hon Secretary, IMA), Dr. Dushyant Bhadlikar, Dr. Sunit Upasani, Dr. Vinay Byadgi & Dr. Rahul Karandikar. Hb estimation & Fe supplements were arranged by Emcure Pharma. The deworming medications were provided by KDMC.

The second camp on 18th July was conducted at Kumkum school, Dombivli (E). The beneficiaries this time were 70 girls & 90 boys between 11-14 years of age. Lectures were taken separately for boys & girls on anaemia awareness, hand hygiene, general health & adolescent issues by Dr. Vijayalakshmi Shinde & Dr. Dushyant Bhadlikar. General health checkup of girls was

done by Dr. Niti Upasani, Dr. Vandana Dhaktode, Dr. Dilip Joshi, Dr. Anasuya Gopal & Dr. Manasi Karandikar & that of boys was done by Dr. Nikhil Kulkarni, Dr. Milind Sakpal & Dr. Niti Upasani. Dr. Bharti Chaudhari had arranged for Hb estimation 2 days prior to the camp. Fe supplements & deworming medicines were supplied by KDMC.



FU BAI FU

With a view to uphold our rich cultural heritage , drowning in the festivities of Shravan, Women's Wing organized an out of the box programme. Mangalagaur was celebrated by Women's Wing on 9th September. The 32 participants included female IMA members, spouses of male IMA members & family members. The professional group 'Sangeet Virangula' was invited to perform & guide our members in the various games. The highlight of the event was that everyone was dressed in traditional Maharashtrian attire. The colourful & vibrant atmosphere was a fantastic experience. The competitions suited the theme well. The prize winners are as follows-

Best Ukhana

- 1) Dr. Leena Lokras
- 2) Dr. Alka Gadgil
- 3) Dr. Manasi Karandikar

Most traditional attire

- 1) Dr. Sheetal Khismatrao
- 2) Dr. Manasi Karandikar
- 3) Dr. Vandana Dhaktode

Best performer

- 1) Dr. Niti Upasani
- 2) Dr. Rashmi Phansalkar
- 3) Mrs. Geeta Joshi

The organizing team consisted of Chairperson Dr. Leena Lokras, Co chairperson Dr. Manasi Karandikar & myself. We had unconditional support from President Dr. Archana Pate. IPP Dr. Niti Upasani guided the project right from its conception to its execution. The project was also supported by Hon. Secretary Dr. Vandana Dhaktode & Dr. Bhakti Lote. A letter of thanks was handed over to President Dr. Archana Pate by the performing group.

All in all, it was a memorable experience & it was the zeal & enthusiasm of the participants, which made the event a grand success.

Dr. Nayana Chaudhari

Convener
IMA Dombivli
Women's Wing



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HAIR TRANSPLANT & COSMETIC SURGERY CENTRE

Dr. Hemant M. Patil

M.S. (Gen. Surgery) Gold Medalist
M.Ch. (Plastic Surgery)
Consultant Plastic & Cosmetic Surgeon



WHAT IS HAIR TRANSPLANT ?

A hair transplant is a minimally invasive out patient surgical procedure that can permanently restore the hair of men & women who are experiencing partial baldness by transplanting new follicles into balding or thinning areas.



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- NEPHROLOGY
- NEUROLOGY
- NEURO SURGERY
- OBSTETRICS & GYNAECOLOGY

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- ONCOLOGY - RADIATION THERAPY & BRACHYTHERAPY
- ONCOLOGY - SURGICAL (BREAST, GYNEC, GI & HPB, HEAD & NECK, URO, HAEMATO)
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- OPHTHALMOLOGY
- PEDIATRICS & NEONATOLOGY
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NATIONAL SNAKEBITE MANAGEMENT PROTOCOL

India is recognised as having the highest snakebite mortality in the world.

Most of the fatalities are due to the victim not reaching the hospital in time and are preventable.

Research has shown that PHC doctors do not treat snakebite mainly due to lack of confidence.

At the secondary and tertiary care level Emergency departments, multiple protocols are followed mainly from western textbooks which are not appropriate for Indian settings.

Anti snake venom (ASV) are administered when it is not required and/or in doses well in excess of the required amount.

In response, Government of India, Health & Family Welfare Department with WHO, has prepared a National Snakebite Management Protocol to provide doctors and lay people with the best, evidence based approach to dealing with snakebite in India.

The majority of current first aid methods adopted by victims such as tourniquets, cutting and suction and herbal remedies are completely ineffective and dangerous.

It is now recommended to adopt what has been called the 'Do it R.I.G.H.T.' approach, stressing the need for Reassurance, Immobilisation as per a fractured limb, Getting to Hospital without delay and Telling the doctor of any symptoms that develop.

20 Minute Whole Blood Clotting Test (20WBCT) in the diagnosis and management of viperine bite- 10ml blood of victim in plain vial is checked for clotting after 20min. If not clotted- suggest viper.

Pain management - never give NSAIDs- causes more bleeding. Never give morphine- can cause respiratory failure.

ASV Administration Criteria-ASV should be administered if there is significant envenomation i.e. incoagulable blood shown by the 20WBCT or significant limb swelling for viperine bite, neurological signs for cobra & krait bite.

ASV Dosage & Repeat Dosage-The recommended initial dose of ASV is 8-10 vials administered over 1 hour.

Mode of administration of ASV is IV only.

Dose of ASV is same in children, pregnant or elderly, because venom injected is of same amount, so ASV

required is of same dose.

Repeat doses for haemotoxic viperine snakes is based on the 6 hour rule.

Repeat doses for neurotoxic snakes is based on the 1-2 hour rule.

The maximum recommended dose for haemotoxic bites is 30 vials of ASV.

The maximum recommended dose for neurotoxic bites is 20 vials of ASV.

ASV Reactions - No ASV Test Doses are to be administered.

At the first sign of an adverse reaction the ASV is halted- 0.5mg Adrenaline is given IM- ASV remaining dose should be given- Avil & Efficorlin can be given to prevent ASV anaphylaxis.

Neurotoxic Bite -neostigmine test-Despite the fact that the neostigmine test (Neostigmine 0.5mg IM with atropine 0.6mg IV) was actually an Indian discovery, it is still poorly used in India. Neostigmine works in cobra bite as cobra venom acts on post-synaptic neurons.

Hemotoxic bites with correct signs of envenomation can be treated with 8-10 vials of ASV, stabilised if any ASV reaction occurs with adrenaline and then transferred to a higher centre with the ability to carry out the required blood tests to identify occult bleeding or renal impairment.

Heparin has no role in curing DIC of snakebite, and can increase bleeding, so contraindicated in viperine bites.

Botrophase should not be used as coagulant in controlling viperine bite bleeding, as it causes consumptive coagulopathy.

Neurotoxic bites with correct signs of envenomation can be treated with 8-10 vials of ASV, stabilised if any ASV reaction occurs with adrenaline and administered the neostigmine test.

If there is no evidence of impending respiratory failure, determined by patient ability to perform a neck lift the patient can be treated locally.

If the patient is unable to perform a neck lift then they will be transferred to a higher centre with mechanical ventilatory capability.

The rational application of ASV and repeat doses has resulted in patients being discharged earlier.

HEN GAP LAI, VIETNAM {SEE YOU SOON, VIETNAM}

Dr. Dushyant Bhadlikar
Consultant Psychiatrist

Main characters in the story

Jen : Canadian Psychologist in Vietnam, now back in her country

Skye : Australian psychologist in Vietnam

Chau : Vietnamese psychologist

Tri Hadi : Indonesian psychologist, he was a co-trainer



Jen is the one who started it all. She had got her training in EMDR Therapy in Canada and found it very effective. So, when she came to Vietnam with her husband, who is an adviser to various governments on environmental issues, She thought it would be great if the mental health professionals in the **Blue Dragon Children's Foundation** could learn EMDR Therapy.

A little bit about EMDR : EMDR Therapy is an evidence based psychotherapy originated by Francine Shapiro [1987] and recognised by the WHO (2013). It is used for treating the effects of Psychological trauma, which could be man-made or natural; suffered by an individual or a large number of people. EMDR Association is a registered organisation; we are actively involved in imparting training in India and other Asian countries. Jen got in touch with us and initiated the proceedings.

The first thing I did was to find the country on the globe.

Had been to some Asian countries before, but this was the first visit to Vietnam. I was not expecting to see any development, we have been hearing about 'The War with America' and the toll it had on both the countries. I was proved wrong. Hanoi , the capital of Vietnam , is modernising , clean, beautiful and green. The Thousand year anniversary was celebrated in 2010. The effect of the French architecture is quiet evident. The wide and smooth roads and the bridge over The Red River welcomes you. Red river? It is because of the red coloured silt that it carries.[and I thought the communist government had renamed it!]

Skye welcomed us on arrival. We stayed in cute wooden cottages near Jen's apartment. Jen had filled the fridge with fruits and chocolate. She had also bought us some good quality soap and shampoo. Beautifully packaged gifts were ready for us and so were some million Vietnamese Dangs to spend in five days! 1 rupee is equal to 340 VNDs. A small bottle of water costs 10,000 VND

and Vietnamese Beer costs 8,000 VNDs! Tri was having his *Roja*, his early morning breakfasts were also taken care of by Jen.

On the day 2, Jen took me to a restaurant nearby. It was run by a European. I asked if I can get an omelette sandwich. I asked if he can put some chicken pieces in it. Had tasted one such in Shanghai. 'Omelette is for lunch, no omelette for breakfast', he said. 'And, chicken in omelette would be a weird choice'. Both of us found it rude. 'So, you do not serve egg in the morning?' I asked. 'No omelette in the morning, in the morning it is fried egg.' he showed me the menu which had the details. I had a fried egg burger for breakfast for the rest of my stay! In Maharashtra, we would have called him *A PUNEKAR*, I thought. And, how wrong this kind of labelling is!

Susegad in Hanoi.

The training. I had to remove my shoes, like everybody else before entering the room; and the hot and humid weather did not allow for the jacket. I looked around and found that the boys and girls, were dressed comfortably for the weather. They were helping themselves with Tea, Coffee, juices, fries and many varieties of fruits. This was a constant feature. They eat a lot of fruits. Almost all were seated on the floor, quite informal. The language was an issue; they had a professional translator ready for all the four days. She is really good and fast too. Tri had his *Roza*. I gave some rest to Tri on the first day; but, then I realised I won't be able to teach alone. Tri obliged happily. He brought in his flavour to the training. Tri and I were together in Bangkok, years ago.

The training went a bit slow, but we made sure that they understood everything. There is this prejudice that Vietnamese are not very sharp. I found that they asked very pertinent and intelligent questions and understood the concepts quite fast. The Foundation works for street children and survivors of human trafficking from 2003. I learned that the Vietnamese girls are trafficked to China as child brides. The BDCF has rescued more than 700 people from trafficking and reunited almost 500 runaways with their families, among many other good things! I am sure; they will make good use of the new therapy they have learned.

Jen would step in, from time to time, with her Mind Gym breaks. We did some physical activity to refresh ourselves. Vietnamese are very active people; they do some exercise or other. Each one showed us his or her

favourite one and we followed it. At one break, they surprised me with a fast bollywood song. They liked the moves. [They are quite relaxed; Jen told me that govt. employees take a nap after lunch. They get their own pillows, the employees.] The lunches were never rushed through, and then they would all rest on the sofas.

The Hoan Kiem Lake [The lake of the restored sword] is in the Old quarter. It has an old world charm- The Peace Lily jungle by the road, bands performing, food stalls with small stools to sit on, people playing Jianzi [the shuttle-cock game played with legs], lots of tourists, majestic trees and very serene feel. Traffic is closed on weekends. The children can play on the wide and smooth roads. Small cars and bikes are what the children enjoy. I felt jealous of the kids, the whole big road to themselves!

The Water Puppets. The artists operate the puppets from behind the curtains standing in waist high water. The musical instruments in the show were quite unique. It goes on for an hour or so. Sorry Jen, I lied to you, I did not enjoy it much. I would give it only a 5/10.

Oh, you want a Massa? Vietnamese, like the Thai people, drop the last syllable. We asked the apartment receptionist about a retreat nearby, highly recommended by Skye; She just could not understand it. Next day, when I asked an English speaking Vietnamese friend, she paused for a while and asked: Oh, you want a massa? I realised the 'GE' was dropped from massage!

Giving Bad- Dirty names to the child to save it from bad luck, is common in Vietnam. Similar to our *Kachara*, *Dhondu*, *Chindhi* etc. Vi a handsome man, told us that his name means Ugly! Many examples were given.

Food: Someone or the other would take us out for dinner, everyday. Sea food treat is unforgettable. The restaurant had a peaceful ambience. A steam pot cooks the food. We had some plastic paper-like things given to us. Those were rice papers. Wrap the food in it, it would turn to white color, our own spring rolls were ready. This was my first time. The food was really very tasty.

One evening Jen took us to the American Club, a place for the expatriates to spend their evenings. I found it very interesting- An American Club in Vietnam!

On the last night Jen and Skye treated us. Chou and Mike, the founder of The Blue Dragon Children's Foundation, were also there. I remember the Vietnamese sweet Rice-Wine and the fried Ant-Eggs, among many other things. There were insects too, not flying around, but on the menu! One psychologist narrated her experience of food

allergy after eating the insects, she had to be hospitalised. I postponed the idea of eating Insects. I needed to finish the yummy dinner and the wine, and had no intention of landing in a hospital. By the way, WHO thinks insects can be rich source of proteins. Jen gave me a CD - 'The Vietnam war' - a web-series by Ken Burns and Lynn Novick. Jen was quite critical of the American policy of not allowing foreigners in and expecting them to melt in,

the melting-pot. She was, naturally all praise for Canada. Canadian artists, my favourite Jim Carry included, were discussed too. The wine was working, all feeling light and euphoric!

Saying them goodbye was not easy. I hope to go back for part two in Jan-Feb next year. *Hen gap lai*, Vietnam.

• • •

MOBILE PHONE ETIQUETTE: DOS AND DON'TS

Shared by **Dr. Meena Pruthi**
Consultant Physician

Mobile phones are ubiquitous and research shows that although most users think they have good mobile manners, many people report being irritated or annoyed by the use of the phones in public places.

Clearly there's a lack of understanding of what is and isn't acceptable in terms of mobile etiquette.

Following is a list of dos and don'ts:

Do respect those who are with you

When you're engaged in a face-to-face with others, either in a meeting or a conversation give them your complete and undivided attention. Avoid texting or taking calls. If a call is important, apologize and ask permission before accepting it.

Don't yell

The average person talks three times louder on a mobile phone than they do in a face-to-face conversation. Always be mindful of your volume.

Do be a good dining companion

No one wants to be a captive audience to a third-party phone conversation, or to sit in silence while his or her dining companion texts with someone. Always silence and store your phone before being seated. Never put your phone on the table.

Don't ignore universal quiet zones such as the Theatre, Pray Halls, the library, hospitals, Doctor's Consulting room and funerals.

Do let voicemail do its job

When you're in the company of others, let voicemail handle non-urgent calls.

Don't text and drive

There is no message that is so important.

Do keep arguments under wraps

Nobody can hear the person on the other end. All they are aware of is a one-sided screaming match a few feet away.

Don't forget to filter your language

A rule of thumb: If you wouldn't walk through a busy public place with a particular word or comment printed on your T-shirt, don't use it in phone conversations.

Do respect the personal space of others

When you must use your phone in public, try to keep at least three meters between you and others.

Good mobile phone etiquette is similar to common courtesy. Conversations and text exchanges have a tendency to distract people from what's happening in front of them. Mobile users should be Thoughtful, Courteous and Respect the people around them.

पाऊले चालती

डॉ. प्रियदर्शनी जोशी

गायनेकोलॉजिस्ट

आस्तिक आणि नास्तिक हा वाद खूप जुना आहे. देवाची आराधना करण्यासाठी कोणी काही पूजा करतात तर कोणी काही नेम करतात. यात कोणाला अतिशयोक्तीही वाटू शकते. या लेखाचा उद्देशही देव आहे अथवा नाही याची चर्चा करणे नाही. मी देव मानणारी आहे. पांडुरंगाचे सर्व भक्त पांढरपूरची यात्रा करतात. पंढरपूरच्या देवळात विठ्ठल विठेवर उभा आहे. पण या वारीत तो भक्तांना वेगवेगळ्या ठिकाणी वेगवेगळ्या रूपात भेटतो. मी गेली सहा वर्षे आषाढीच्या वारीत जात आहे. सलग एकवीस दिवस चालण्याची माझी शारीरिक व मानसिक ताकद नाही. म्हणून मी दरवर्षी एक टप्पा पूर्ण करते. आळंदी पासून सुरुवात सुरुवात केली. यावर्षी पुणे सासवड टप्पा पूर्ण करायचा होता. संपूर्ण वारीत हा सर्वात अवघड टप्पा समजता जातो. कारण एक अंतर खूप जास्त आणि घाटातील रस्ता. संपूर्ण नाने-घाट पार करायचा असतो. ह्या वाटेवर मला पांडुरंग अनेक रूपात भेटला. त्याचे हे शब्दचित्रण.

एक महत्त्वाची गोष्ट म्हणजे वारीत कोणीही कोणाही नावाने हाक मारत नाही. स्त्री-पुरुष आम्ही यात नाव नोंदवून त्यांच्याबरोबर गेलो होतो. मी जन्मापासून डॉबिवली मुंबईत असल्यामुळे पुण्याचे असल्यामुळे पुण्याचे भौगोलिक ज्ञान शुन्यच. त्यांनी आम्हाला सात वाजता हडपसर पुलाखाली मगरपट्टा चौकात बोलावले होते. आम्ही वाकडहन पहाटे साडेपाचला ओला कॅबने निघालो पण त्याने आम्हाला आधीच उतरवले. तेथे कोणी दिसेना. बाजूने इतर दिंडी चालल्याच होत्या. आम्ही आयोजकांना फोन केला. ते म्हणाले सह्याद्री हॉस्पिटल जवळ या. आम्ही आजूबाजूच्या लोकांना विचारले तर ते म्हणाले जुने सह्याद्री का नवीन सह्याद्री ? मी आयोजकांना विचारले आम्ही तुमच्या मागे आहोत की पुढे ? ते म्हणाले तुम्ही आहात तिथेच थांबा आम्ही येत आहोत, मग तुम्ही आपल्या दिंडीत सामील व्हा. शेवटी सव्वा आठ वाजता आम्हाला आमची दिंडी मिळाली.

आम्ही त्यात सामील होऊन चालू लागलो. ते सर्वजण सफेद पोषाखात होते. काही जणांच्या कपाळाला गंध होते. त्यांनी आम्हाला बरोबर थोडा खाऊ आणि पाणी घेऊन यायला सांगितले. मी झांजा ठेवल्या होत्या. तेवढ्यात एका माऊलीने मला विचारले तुझ्याकडे टाळं नाहीत का ? मी टाळं काढून वाजवू लागले तर ते म्हणाले हे टाळं नाहीत. मग त्यांनी मला टाळं आणि झांजा यातील फरक समजावून सांगितला. तो पर्यंत मी सर्व ऐकून घेतले नंतर तिकडे पहात एका माऊलींना विचारले आपण अजून पुणे शहरातच आहोत का ? ते म्हणाले हो. पण लवकरच पुण्याबाहेर पडून सासवडचा रस्ता चालू होईपर्यंत आम्ही तोंडाने ज्ञानोबा-तुकाराम, विठ्ठल-विठ्ठल, विठ्ठला हरी ओम विठ्ठला म्हणत चाललो होतो. विठ्ठु माझा लेकरुवाळा, ध्याने उभे विठेवरी, कानडा राजा, वगैरे गाडी

रेकॉर्डवर वाजत होती. आणि आम्ही पुणे शहराबाहेर पडलो. रस्त्याच्या कडेला असणाऱ्या धाब्यांमुळे चे कळले. काहीजण धाब्यावर जायला निघाली, मी लगेच आपण ही जाऊया का असे विचारले. माझी बहिण बोलली, वारीला आली आहेस ना ? लगेच कसली भुक् ? माझा चालायचा वेग फारच कमी आहे त्या इतर दिंडी मध्ये घुसल्या व आमची दिंडी खूप पुढे निघून गेली. तरी आम्ही चालतच राहिलो. त्यानंतर लक्षात आले की आता दिवेघाटाची सुरुवात होणार आहे तेव्हा खायला काही मिळणार नाही. मग आम्ही एका ढाब्यावर गेलो तिकडे आम्हाला ब्रेकफास्ट खिचडी मिळाली. मी आयोजकांना फोन केला, ते म्हणाले आम्ही ब्रेकफास्टला थांबलो आहोत तुम्ही इकडे या. माझा परत तोच प्रश्न ? तुम्ही आमच्या पुढे आहात की आम्ही तुमच्या पुढे आहोत ? ते म्हणाले घाट सुरु होण्याआधी आम्ही शेवटच्या हॉटेलमध्ये आहोत. तुम्ही पुढे चालत रहा. जवळजवळ दिड किलोमीटर पुढे गेल्यावर आमची भेट झाली. मग आम्ही एकत्र चालायला लागलो.

आम्ही दिवे घाट चढायला आणि पाऊस यायला एकच वेळ आली. मला एकदम वारा घोंघावल्याचा आवाज आला. मी इकडे-तिकडे पाहिले. आजूबाजूच्या झाडांचे पानं पण हलत नव्हती पण आवाज तर येतच आहे. मग माझ्या लक्षात आले, तो माझ्या श्वासोच्छ्वासाचा आवाज होता आणि मग मला कळले की मला धाप लागली आहे. रस्त्याच्या कडेला थांबलो. मी दोन घोट पाणी प्यायले दोन मिनिटे थांबले परत चालायला सुरुवात केली. पण दहा पावले सुद्धा पुढे चालता आले नाही. परत थांबलो, दोन घोट पाणी प्यायले, दोन मिनिटे विश्रांती, परत दहा पावले, हे बहिणाचा हात धरून चालत होते. तेव्हा एक माऊली पुढे आले त्यावेळेस वीस पावले चालले. परत धाप, पाणी, विश्रांती. त्यावेळेस बहिण म्हणाली जास्त विश्रांती घे, श्वासोच्छ्वास नॉर्मल झाला की चालायला लाग. रस्त्याच्या कडेला उभे राहायलाही जागा नव्हती. एक माऊली म्हणते, तुम्ही बसा. मी खाली बघितले सगळा चिखल होता. मी मानेने नाही म्हटले. तेवढ्यात दुसरी माऊली गोणपाट घेऊनी आले. माझी बहिण सारखी म्हणत होती तू बसू नकोस तुला उभे राहता येणार नाही. पण मला बसणे आवश्यक होते. मी बसले. ती म्हणाली तुला कोणी जबरदस्ती केली नाही. आपण इथेच थांबु. संध्याकाळ नंतर वाहतूक चालू होईल आपण परत पुण्याला जाऊ. मी म्हणाले चालू केलेली वारी पूर्ण करायची हे माझेच मी मला दिलेले वचन आहे.

तेवढ्यात एक माऊली पुढे आले. ते म्हणाले तुम्ही एखाद्या खासगी गाडीने किंवा टेम्पोने सासवडला जा. मला हा पर्याय बरा वाटला. मग ते आणि माझी बहिण रस्त्याच्या पलिकडच्या बाजूला जाऊन काही गाड्या थांबवायचा प्रयत्न करू लागली. पण यश आले नाही. मग ते परत आले. माझ्या बाजूला एक टेम्पो उभा होता. दींडीचा शिधा

त्याच्यात होता. एका माऊलीने माझ्या बहिणीच्या बरोबर जाऊन त्या ड्रायव्हरला आमच्यासाठी लिफ्ट मागितली तर म्हणाला मी तर ड्रायव्हर आहे माझ्या मालकांना विचारा. पाच मिनिटात टेम्पोचे मालक आले व चालकाला त्यांनी संमती दिली. इतका वेळ मी खाली बसलेले होते. मी नेहमीप्रमाणे गुडघे व हात टेकून उठायचा प्रयत्न केला पण जमेना. मग बहिणीने आधारासाठी तीचा हात दिला तरी जमेना. मग एका माऊलीने मला खांद्याला धरून उठवले. मी उभी राहिले. पाहते तर काय ? मला ताठ ऊभे राहता येत नव्हते, उजवा पाय सरळ रहातच नव्हता, थरथरू लागला. मागच्या आजारपणात डावी बाजू अंधु झाली होती. आता हे नवीनच काय ? माझी पायाखालची जमीन सरकली. डोळ्यासमोर काजवे चमकू लागले. आता काही मी घरी पोहचत नाही. तेव्हा मात्र मी स्वतःला बजावले, वारी मध्ये दींडी बरोबर चालताना मरण यायला खुप पुण्याई लागते. एवढे तू या जन्मी काही केलेले नाहीस. मागच्या जन्मातील पुण्याई मागच्या आजारपणात कामी आली. तेव्हा तू घरी परत जाणार. पण जेव्हा माझ्याच्याने एकही पाऊल पुढे टाकवेना तेव्ही मी टेम्पोने पुढील अंतर जायचा निर्णय घेतला. त्या मघाच्या टेम्पो ड्रायव्हरला सांगून आम्ही त्यांच्या टेम्पोत बसलो. त्यांनी आम्हाला सासवडला सोडायचे कबूल केले. आमचा टेम्पो जसा पुढे जाऊ लागला तसतश्या आम्हाला दिंडी दिसू लागल्या. त्यांच्या आवाजातील चैतन्याने मला मानसिक बख मिळाले. ते पण एवढे थोडे की मी झोपले होते ते उठून बसले. मंत्रजागर करायची शक्ती नव्हती आणि अचानक आमच्या टेम्पोमागे चार बायका धावत सुटल्या. त्यातल्या दोघी धावत पुढे गेल्या. टेम्पो थांबला. आम्ही पुढे बघितले तर तो आमच्याशी काहीतरी बोलायचा प्रयत्न करत होता. त्यातून असे कळले की त्या चार बायकांना टेम्पोत लीफ्ट हवी होती. आम्ही होकार दिल्यावर त्या पण येऊन बसल्या. त्यांच्या बोलण्यातून कळले की चार चौघी पुण्यात राहणाऱ्या मैत्रिणी. यावर्षी त्यांनी पुणे सासवड जायचे ठरवले. त्या स्वतंत्रपणे येत होत्या. चालता चालता त्यांच्यातील एकीला पित्ताचा त्रास सुरु झाला. उलट्या होऊ लागल्या. दुसरीचा पाय मुरगळला. चालता येईना. वारीच्या वेळेस सर्व रस्ता बंद केलेले असतात त्यामुळे त्यांना काही पब्लिक ट्रान्सपोर्ट उपलब्ध नाही किंवा लिफ्ट मागायला रस्त्यावर

एकही खाजगी वाहन नव्हते. तेवढ्यात त्यांना आमचा टेम्पो दिसला आणि त्यांना आधार मिळाला.

अचानक जाणवले बाहेरील मंत्रजागराचा आवाज ऐकू येईनासा झाला आहे. तेव्हा कळले की नाणेघाट संपला. माझ्या बहिणीचा जीव फारच हळहळला. शेवटच्या जेमतेम २-३ कि.मी. साठी तुला चालता आले नाही ग. ती म्हणाली.

वारीचे आणखी एक प्रघात आहे. आपण आपल्या ईच्छेने आणि शक्तीने चालले असे कोणी म्हणत नाही. माऊलींच्याच कृपेने सर्व होते. त्यांची इच्छा असेल तर सर्व काही होतं. बहिणीला म्हणाले माझी ईच्छा होती पण शरीराने साथ दिली नाही. आपण परत हा टप्पा पूर्ण करू.

टेम्पोमालकाने गाडी कडेला थांबवली. त्याने आम्हाला हायवेवर उतरवले. आम्ही चौघींशी चर्चा केली की पुण्याला एसटीने कसे जायचे. एसटी स्टँड ५ कि.मी. वर होता. एक बाई म्हणाल्या इथे तुम्हाला एकही ओला कॅब मिळणार नाही. एखादी रिक्शा मिळू शकते, पण दोन मिळणे अशक्य. त्यांच्यातली एक म्हणाली की मी १०८ ला फोन करते, तुम्ही तीन पेशंट आम्ही तीन केअरटेकर्स. तीने मोबाईल काढला. मी घाबरले ती आता खरच फोन करणार. तेवढ्यात लांबून गाडीचे लाईट दिसले. मी सारखी म्हणत होते की अॅम्ब्युलन्स सीरीयस पेशंटसाठी असते आपल्यासाठी नाही.

समोरचे लाईट्स जवळ येऊ लागले आणि काय आश्चर्य. ती अॅम्ब्युलन्सच होती. पेशंटला सोडून परत जात होती. आम्ही हात दाखवून अॅम्ब्युलन्स त्याला सर्व परिस्थिती सांगितली. त्याने आम्हाला घेऊन जायचे कबूल केले.

आम्ही सगळ्याजणी अॅम्ब्युलन्सच्या मागील भागात गप्पा मारत रात्री दहा वाजता एका एसटी स्टँडवर पोहोचलो आणि नंतर तासाभरात वाकड येथील घरी या निर्धाराने की काही वर्षात टप्प्या टप्प्याने का होईना वारी पूर्ण करायचीच.

विठ्ठला हरी ओम विठ्ठला.

...

15 Easy Ways to Simplify Your Life You'll Wish You'd Tried Sooner

So, your life is crazy is it?

Do you feel as if you are on a roller coaster that won't stop, running here and there, forgetting things and falling behind? If so, you are not alone. We seem to be a culture addicted to fast-paced living, sometimes complicated living.

When you compare how we live to some other cultures in the world, it's no wonder we suffer from chronic conditions such as diabetes, heart disease, and cancer. Crazy living can make you sick – if not sick, just plain tired and irritable.

If you are at a breaking point, it may be time to simplify your life. To put in place some practical boundaries, deal with excess and take some time to smell the roses. The good news is, there are some very simple things you can do right now to bring relief to the chaos.

Simplifying is trendy now, however, it is also amazingly practical and a way to clear clutter so that you can enjoy life more. You don't have to be an extreme minimalist either to enjoy all that simplification has to offer. Here are just fifteen ways to simplify your life. Even implementing a few of these each week can make a tremendous difference in your life, physical health, and mental well-being.

Understand what simplification means

What does it mean to you to simplify? Before you begin taking steps to simplify your life, it is important to have a well-laid plan in mind. Understanding what it means to you to simplify and how you would like your life to look is paramount to this plan. Keep in mind that your idea of simplification may be different than others and this is ok. Understand also that simplification doesn't happen overnight – it is a process that takes time, energy and focus. Jot down any ideas you have about simplification and start here to formulate a bigger picture. This can serve as your framework as you move forward.

Sleep more

Millions of people are sleep deprived, victims of minds & information overload. Sounds like you? Do you toss and turn at night, staring at the ceiling thinking of all of the things you have to do? If so, it's time to give your

Dr. Meena Pruthi

body what it needs to cope, more **quality sleep**.

Adopt some healthy sleep solutions such as leaving your phone or tablet off about an hour before bed, enjoy a warm bath with **Epsom salts**, drink a cup of **herbal tea** before bed and try to go to bed and get up at the same time each night. Once you are getting some regular sleep, you will be able to face your simplification project with zeal and clarity.

Learn how to cope with stress

O.K. stress is inevitable and very hard to escape, however, there are ways to mitigate this monster in your life. Try using Simple stress reductions techniques that will make you much more capable of dealing with life in general.

Meditation is a wonderful way to relax and refocus. When you do this, you will let go of your stress burden. Adopting a healthy diet and participating in regular exercise also helps tremendously with stress and releasing feel-good hormones that help you cope. When you feel anxiety coming on, learn how to diffuse the situation on the spot by deep breathing, affirmations or other techniques such as visualization. No matter what tool you choose, getting a grip on stress is essential to the simplification process.

Understand the meaning of necessity

This is a very hard one for many people, We often feel that we need everything that we have and more. The sad part about this is that the more we have, the more clouded our judgment often becomes. If you are serious about simplification, it is time to get out a pad and paper and focus on what you need. Ultimately, these may end up being the things that you value the most – be cautious that you are valuing them for the right reasons. With your list in hand, it will be easier to start downsizing. Keep in mind, there is nothing inherently wrong with keeping a few items that have sentimental value – just be sure that you can draw the line at some point.

Tackle declutter projects one at a time

Getting rid of clutter is essential to the simplification process. It is always best to tackle a small project first. Perhaps a hall closet or even a bathroom. As you approach the task of weeding through your belongings, keep in mind the meaning of necessity and your goal for a simpler life. Be willing to part with anything that you have not

used in the last year, be it clothes or otherwise. As you declutter, take inventory of what you are keeping. You can go back later and track whether or not you need the item at a later date. Once you have decluttered a small area, move on to a larger project such as the kitchen, store room or garage. Don't forget about the fact that you can always sell or give away things that you no longer need. Start a throw-away box, a donation box and a sell box for easy sorting. Also, always have a place for everything – don't leave anything out of place once you declutter. It is essential that everything is placed back in its home after use.

Value your time

Do you often say to yourself or others, "I don't have enough time?" Or perhaps you say, "If only I had another hour or two in the day." Truth be told, we all get the same amount of time in a day – 24 hours and there is only one way to feel as if you have more time, become a better time manager. This will require you to schedule, prioritize and evaluate where your time goes. One valuable exercise you can do is to draw a circle and first shade in the essentials with regards to your time. For instance, if you work or go to school, how much time a day does that take. Next, how much time do you need to sleep – keep in mind 7-9 hours is best. Once you have finished with work and school, fill in the rest as far as your ideal goes.

For example, how much time do you want to spend on a hobby, with loved ones, etc.... Now, for comparison, draw a realistic pie chart of how you presently spend your time. What do you need to stop doing? Where do you spend needless amounts of time? Asking yourself these questions will help you make some changes in how you spend your time. Aim to make a least one small change a week to reclaim your time.

Set boundaries with your time

As you begin to reclaim your time, it is paramount that you set some new boundaries. Many people, maybe even you, have a very hard time **saying "no"** If you are always up for that volunteer position or game for every social occasion that you are invited to, you may be giving up valuable time. Again, don't worry about saying no, you have to set those boundaries so that not only people know what to expect, but also that you can make the most of the time you have.

Schedule "nothing" time for yourself

Simplifying your life means slowing down, breathing

deeply and taking the time to just exist. Schedule at least an hour a week for yourself to just do nothing. You don't have to have an agenda, just be. Getting away in nature is a good idea, away from the rat race. Many people find that they can unwind and clear their mind when they are alone in nature.

Don't be afraid to ask for help

As you consider simplifying your life, don't be afraid to reach out for help from a family member or friend. Sometimes we are so close to our stuff that we can't see clearly what we need to part with. Often the best thing for us is sound and considerate advice from a loving and honest friend. Just be open minded and willing to listen.

Assess your shopping habits

Do you need to put an end to needless spending? If you are drawn to deals, whether you need something or not, or perhaps you are an avid garage saler, it may be time to assess your shopping habits. You can get rid of as much as you can but if you still have spending habits that are out of control, you will never reach that point of simplification you so desire. Set up a budget for yourself and only purchase what you need. If you must purchase a nonessential item, such as new sweater or pair of shoes, make it a habit to get rid of one thing in exchange for the new item. The "one in one out" method is a great way to ensure that you will not be overrun with stuff and always maintain an equilibrium.

Pay off your debt

Nothing clutters your life more than owing others money. As you embrace a simpler existence consider paying off as many debts as you can. Some of the things you are getting rid of can be sold to help pay off your debt. Once you are free from debt, adopt a cash-only budget. If you don't have the cash to pay for it – don't buy it.

Keep a journal

If you are not accustomed to keeping a journal, now is a great time. As you simplify your life, it will be useful to record your thoughts and insights. Writing is cathartic and allows you to reflect. It is important that you celebrate even the smallest steps that you have taken toward simplifying your life. Keep your dreams and desires in the journal along with your struggles.

Do a digital detox

How much time do you spend on a computer, tablet or phone? Things like social media, email, and texting can

take up big chunks of time and energy. A good way to be sure that your electronics are not ruling your life is to give yourself a set time each day to check your email, social media, etc... Try to refrain from using your devices apart from this time. You may even find it useful to have one day each week that you are completely free from your **electronic devices**.

Plan your meals

Running to the grocery store last minute or eating out all of the time can leave you ragged. Creating a meal plan and shopping list will help you get organized, save you money and improve your health. Start with a seven-day plan, keep your meals simple, but healthy and add on as

you get more into a routine. Take the time to prepare some healthy meals and enjoy the process. Many people find great satisfaction in spending time cooking meals. If possible, consider growing a vegetable and **herb garden** to supplement your food bill.

No matter how many of these steps towards simplification you decide to implement, the important thing to remember is that simplification is as much a mindset as it is an action. If you don't have your mind around what it means to simplify, you will never arrive at a place where your life has the freedom you desire.

HAPPY SIMPLIFYING



SPARSH

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Hospital Reg. No. KDMC/HD/BNHRA/02/148



36 BEDDED HOSPITAL ✦ 10 BEDDED ICU

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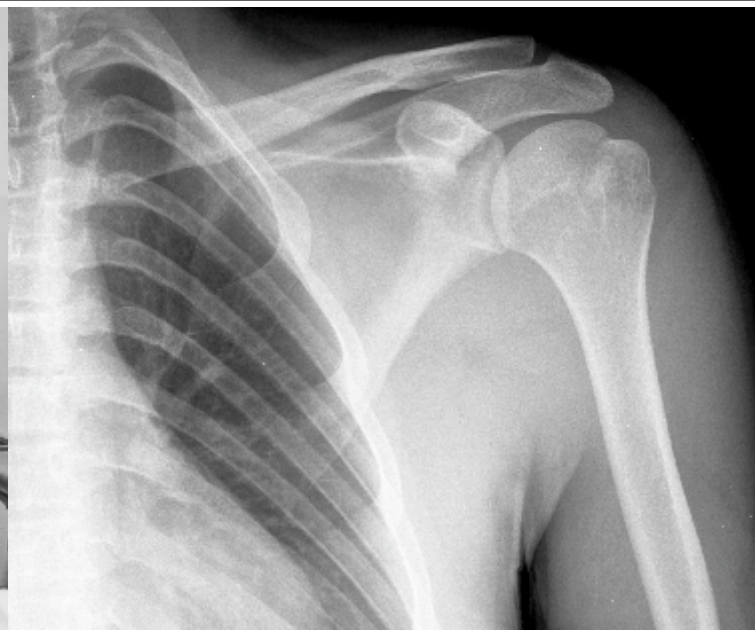
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एक माता बाळपणाच्या प्रक्रियेतून जाताना काय काय अनुभवते, कोणाकोणाला शारिरीक व मानसिक अवस्थेतून व घालमेलीतून प्रवास करते. आपल्या गर्भातील बाळाशी मनानेच कसा संवाद साधत असते त्या अवघड वाटेवर त्याला धीर देत असते. चला तर सृजनाच्या या सोहळ्याचा अंतर्मनाने वेध घेऊया.

सृजनसोहळा

मुरलीचा नाद
घाली मनासाद
अधीर हा भाव
सोडी मन ठाव
काजळली रात
मन राहिना कह्यात
रातराणी उमलली
धुंद वासाची काहिली

नभी चंद्र उजळला
मनी पारवा घुमला
साद आणि प्रतिसाद
झाले कोंदाट कोंदाट
तगमग ही साहुनी
छेडी आर्त ती विराणी
विराणीची सुरावट
अनोळखी अनवट

चाहुल ही नवागत
त्यांचे करुया स्वागत
सृजनाचा हा सोहळा
मातृत्वाचा भाळी टिळा
माय लेऊनी कपाला
मिरविते कळीकाळा

डॉ. (सौ.) अंजली अरुण वैद्य

आपल्याला हवा असलेला जीवसाथी मिळाला तर जीवनाचा हा प्रवास सुखात व दुःखातही कसा उमळून व बहरून जातो. आपल्याबरोबर इतरांचे जीवन उजळण्यास वसा उपयुक्त होतो पाहुयात.

साथ

तुझ्यासवे मी गीत गाईले
मधुस्वप्नांचे पंख लावुनी
गातच राहू असेच ठरले
जीवनातल्या संकटातुनी
बोल जीताचे मनी उतरले
मंतरलेल्या क्षितीजामधुनी
खडतर वाटा अवघड वळणे
गेल्या नकळत कधी बहरुनी

मुखी हास्य डोळा ना पाणी
चालत असता काट्यामधुनी
तुझा हात हातातच असता
भीती दुःख तर गेले पळुनी
दवात भिजला पहाटवारा
शीळ घालतो वेळूबनातुनी
खुणावतो क्षितिजावर दिनकर
मार्ग दावण्या तिमिरामधुनी

हीच वेळ ही अवेळ नाही
उचलु पाऊल जोम लावूनी
उजळुया जीवन सर्वांचे
आनंद उधळीत दहादिशांनी

डॉ. (सौ.) अंजली अरुण वैद्य

What is evidence based medicine?

Shared form the Internet

Put ice into a glass of water
The ice floats
Its called Observational study

Press the ice down
And it comes up again
Its called Experimental study

Randomize ice and stones
And put in glasses of water
Only the ice floats....
This is called Double blind RCT

Meta analyse all these experiments done with ice and water in the world
It becomes Cochrane data base

Present your ice experiments in a conference.
Its is free paper presentation

Publish your ice experiments in a reputed journal.
It becomes EVIDENCE

Impressed by the results of ice in water, put ICE IN A GLASS OF VODKA with a squeeze of lime and a little sugar syrup and savor it....

ITS CALLED CLINICAL PRACTICE PRINCIPLED ON EVIDENCE BASED MEDICINE

माणसांच्या वस्तीत शिरणाऱ्या, त्यांच्यावर हल्ला करणाऱ्या चित्यांच्या बातम्या आपण नेहमी वाचतो. खरं सांगायचं तर माणसानेच प्राण्यांच्या जंगलावर अतिक्रमण केल्यामुळे त्यांना ना घर उरले ना अन्न. मुके असले तरी जंगलात प्राणी अलिखित कायदे पाळत जगतात. माणसांच्या समाजात मात्र लिखित कायदे असूनही काय घडते ते सांगताना कवियत्री प्राण्यांना काही सांगू इच्छिते. काय ते ही कविताच तुम्हाला सांगेल.

नका रे येऊ प्राण्यांनो
या माणसांच्या जंगलात
औषधालाही मिळेना
माणुसकी या श्वापदात
जंगलातही प्राण्यांच्या
एक असतो कायदा
पायदली तो तुडविण्याचा
तिथे नसे वायदा
इथे मात्र पळवाटांसह
कायदा आकारतो
वाकविण्याचा कायदा
इथे धंदा चालतो
भूक आणि स्वरक्षणास
होतसे हत्या तिथे
पोटभरल्या वाघासवे
विहरती मग हरीणजथे

संपत्ति अन्न सलेचा
हव्यास इथे जडला असे
साम्राज्यी दहशतीच्या
हसेचा हैदोस दिसे
तिथे भूक पोटारती
अनुभवती तृप्तता
उद्याची ना फिकीर त्यांना
मनी त्यांच्या शांतता
इथे भुकेला नसे माप
कलेकलेने वाढणे
तृप्तता ना शांतता
ब्रह्मांड सारे ग्रासले
सात पिढ्यास्तव केला साठ
तरीही कमी भासतो
अजुन हवे आणखी हवे
मनी मंत्रजप चालतो

उपभोगासही असते सीमा
इंद्रियांना प्राण्यांच्या
कधी कोण ध्यानी घेई
गावा सारा शहाण्यांचा
संचय, साठा, हव्यासाने
आयुष्य सारे संपते
इथेच राही मिळविलेले
कोण कडी उपभोगते ?
डॉ. (सौ.) अंजली अरुण वैद्य

BEASTS OF BURDEN

Written by MBBS student

Just heard a patient groaning:
"These doctors are all beasts!
They overcharge then kill us,
And then enjoy their feasts!"

I smiled sarcastically
At the overall I wore,
At scars I got to win it,
At the awful pain I bore.

They wonder how we changed,
Once cream of the nation,
I'll share some reasons why
We get this accusation.

Ever touched a human bone?
Oh no! It gives you frights!
We can even sleep with them,
Studying in pre-stage nights.

As they enjoy bridal showers,
Alive with lovely melodies,
We work in autopsy rooms-
Examining assaulted bodies.

They shout when their dress is dirty
With a little spilt;
We're in the pathology labs
Hands dirty with their filth!

Expecting baby, they take rest,
Buy clothes and baby carriages.
We travail in labor rooms,
Preventing their miscarriages.

We see a patient breath his last
But We're too busy to cry,
For there's a patient next in line
Whom We just can't let die.

And if we take a ten-minute rest
In a thirty-six-hour toil,
"Murder!", "Cruelty!", "Negligence!"
We sigh- at this turmoil.

Frequently, we hear humans
Threatening to abate us.
We, the beasts, stand unarmed-
Wondering about our status.

Then they attack so horribly
We get disfigured and fractured.
Yet, seminars are held where
On humanity, we get lectured!

When we raise our voices,
Through media, you react!
Declaring natural deaths as
Expiries by neglect!

Hoping in hopelessness,
Breaking down, we stand!
All to give these "Humans"
In their hourglass, sand!

Now when they call us beasts,
Then maybe, they're right
For we are the Beasts of burden-
Ploughing yet beaten, day and night!

Shared by
Dr. Pallavi Mestry

PROJECT CHITRA - ORGAN DONATION

Painting by **Dr. Avadhut Dange**
Oncosurgeon



ORGAN DONATION PAINTING

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This can save upto 9 lives !*

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Dr. Sandhya Bhat - 9820228931

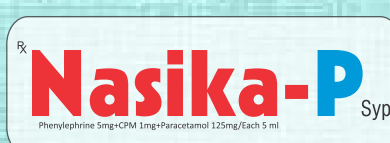
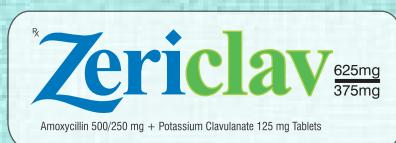
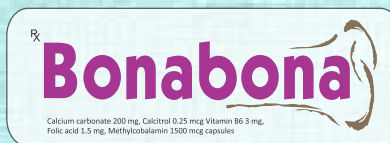
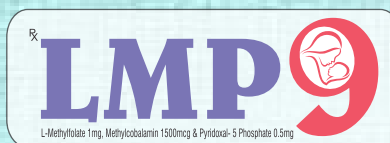
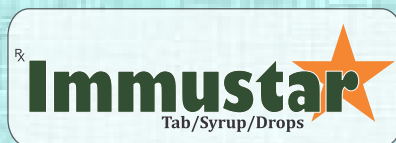
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